Coordinating action on shared goals to improve the health of ALL people in SC

January 24, 2016

General Meeting
Agenda

9:30am – Networking Time

10:00am – Welcome and Introductions
10:10am – Chairman Updates
10:15am – Alliance Progress Report
10:30am – Member Updates
10:40am – Improving Behavioral Health in SC
11:55am – Final Thoughts

12:00pm – Networking time
Health Equity Commitment
For all people in SC
Strive to attain the highest level of health for all people, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, education level, or socioeconomic status

Healthy Babies
Improve the health of moms and babies from preconception through the first year of life

Healthy Children
Improve the health and educational outcomes of children

Healthy Bodies
Improve physical health through good nutrition, physical activity, and increased access to high quality primary care

Healthy Minds
Improve access to appropriate behavioral health services and other necessary critical and support services

At a lower per-capita cost
Reduce the cost of care for every individual in the state
COLLECTIVE IMPACT

No Strategic Alignment

Alignment of LHDs, Non-profit Social Service Agencies, Hospitals, Employers, Schools, Community Groups, Faith Communities, Families, Individuals & Government Agencies

Adapted from a graph by Bill Barberg from InsightVision.
Chairman Updates

• Dues for 2017
• Additional giving
Data tells the real STORY

Aunyika Moonan, PhD, CPHQ
Health Improvement Dashboard

Healthy Babies - 2015
- Reduce Infant Mortality Per 1000 Children: 7/1000, Target 2020: 6.6
- Reduce Racial Disparity Gap in Low Birth Weight: 98%, Target 2020: 78%
- Reduce Economic Disparity Gap in Low Birth Weight: 46%, Target 2020: 36%

Healthy Children - 2015
- Increase % of 3-5 Year Olds Who Received Annual Well Child Check-Up: 54.54%, Target 2020: 67.30%
- Reduce % of Third Graders Not Reading at Grade Level: 48.90%, Target 2020: 44%
- Reduce Economic Disparity Gap in Failure to Read at Grade Level in Third Grade: 203%, Target 2020: 146%

Healthy Minds - 2015
- Increase % of People with Depression Who Used Prescribed Anti-Depressants the Minimum Recommended Time: 43.18%, Target 2020: Acute: 60%, Cost: 40%
- Reduce Days Behavedly Ill Patients Spent at the Hospital Due to Primary Care Preventable Conditions: 2.78 days, Target 2020: 2.50
- Reduce % of Low Income Adults Who Spent 3 Days or More Feeling Mentally Ill Last Month: 30.90%, Target 2020: 23%

Healthy Bodies - 2014/2015
- Reduce % of People who Couldn’t See a Doctor Due to Cost: 16.40%, Exceeded Target 2020: 18.48%
- Reduce % of People with Diabetes - 2014: 10.7%, Target 2020: 9.74%
- Increase % of Children with Appropriate Balance Between Control and Rescue Medications for Their Asthma: 80%, Target 2020: 85%
- Reduce Preventable Hospitalizations Per 1000 People: 13.5/1000, Exceeded Target 2020: 13.5
- Reduce Racial Disparity Gap in Preventable Emergency Department Visits: 103%, Target 2020: 85%

Colors:
- Green - improved from last year
- Yellow - same as last year
- Red - worse than last year

Alliance for a Healthier South Carolina
www.healthiersc.org
QUESTIONS?
Member updates

• Sue Williams – Child Health and Wellbeing Coalition
• Graham Adams – Rural Health Action Plan
• Ally Money – Health Sciences SC
• Dr. Foster – SC State University
• David Garr – Preceptor Teaching Incentive Program and Rural Physician Program
• April Meeting – Bill Kirkland Office of Economic Development
Improving Behavioral Health in SC

• Department of Mental Health
• Department of Alcohol and Other Drug Abuse Services
• Institute of Medicine and Public Health
South Carolina Department of Mental Health
State Director John H. Magill

January 2017
South Carolina was one of the first states in the nation to provide state funding for the care and treatment of people with mental illnesses.

DMH’s first patient was admitted to the South Carolina Lunatic Asylum in 1828.

Inpatient occupancy peaked in the 1960s, when the average daily population at the SC State Hospital and Crafts–Farrow State Hospital totaled more than 6,000 patients.

The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) led to deinstitutionalization, the movement of patients from inpatient hospitals to community–based, outpatient treatment settings.
The DMH system comprises:

- 17 community-based, outpatient mental health centers, each with clinics, which serve all 46 SC counties – approximately 60 outpatient sites;
- Several licensed hospitals, serving adults, children, adolescents, and addictive disease:
  - Bryan Psychiatric Hospital
  - William S. Hall Psychiatric Institute for Children at Bryan Psychiatric Hospital
  - Harris Psychiatric Hospital
  - Morris Village Alcohol and Drug Treatment Center;
- 4 nursing homes, including three for veterans;
- An inpatient Forensics hospital and an outpatient Forensics program.
- A Sexually Violent Predator Treatment Program.

All DMH centers, hospitals, and programs are fully accredited.

The Agency serves approximately 100,000 patients per year, approximately 30,000 of whom are children.

DMH is one of the largest healthcare systems in South Carolina.
Since its inception, DMH hospitals and nursing homes have treated more than 1 million patients and provided more than 150 million bed days.

DMH outpatient mental health centers and clinics have served more than three million patients, providing more than 40 Million clinical contacts.

Today, DMH services are made possible by the Agency’s approximately 5,400 full-time state and contract employees, who facilitate daily operations.

DMH’s annual budget is approximately $422 Million.

The Agency is governed by the South Carolina Mental Health Commission. Seven commissioners, each representing a SC Congressional district, are appointed by the Governor, with the advice and consent of the SC Senate, and serve terms of five years.

The Mental Health Commission appoints the DMH state director.
Portals of Access to DMH Services

As of January 1, 2017
Hospitals & Nursing Homes

Inpatient facilities operated or contracted for operation by DMH.
DMH’s community mental health system is divided into geographic areas. It comprises 17 community-based, outpatient mental health centers, each with clinics, approximately 60 outpatient sites.
30+ additional DMH sites providing some type of specialized clinical care.

Examples include:
- The Forensic Program
- The Sexually Violent Predator Treatment Program
- The Assessment and Resource Center
140+ non-DMH facilities where DMH staff regularly provide clinical services.

Examples include:
- **Co-located staff** – DMH staff work out of a DJJ or DSS office
- **Embedded staff** – DMH staff work a set number of hours at a local ED to screen patients for care
- Regular consultation services at jails, etc.
24 Local hospital emergency departments utilize technology directly linking ED patients to a DMH psychiatrist for face-to-face behavioral health consultation via video.
DMH’s School-based Services employs Master’s-level mental health professionals, who provide mental health assessment, intervention, and treatment services on-site in approximately 540 SC schools.
There are 800+ portals to access DMH Services
Affiliations with Institutes of Higher Learning

- DMH has affiliation agreements with more than 60 educational institutions across South Carolina and more than 10 in other states.

- Allen University
- Anderson University
- Appalachian State University
- Argosy University, Atlanta, GA
- Aspen University, School of Nursing, Denver, CO
- ATEC Technical College
- ATSU/SOMA Medical School-Mesa, AZ
- AT Still Medical University
- Augusta State University
- Benedict University
- Campbell University, NC
- Capella University
- Central Carolina Technical College
- Charleston Southern University
- Chamberlin College of Nursing, LLC
- Citadel
- Clemson University
- Columbia International University
- Coker College
- East Carolina University
- ECPI University
- Edwards Via College of Osteopath Medicine Carolina Campus
- Erskine College
- Florence-Darlington Technical College
- Francis Marion University
- Furman University
- Gardner Webb
- Greenville Technical College
- Horry Georgetown Technical College
- Lander University School of Nursing
- Lenoir-Rhyne University
- Liberty University
- Limestone College
- Low Country Technical College
- Medical University of South Carolina
- Mesa University, AZ
- Midlands Technical College
- Northeastern Technical College
- Orangeburg Calhoun Technical College
- Piedmont Technical
- Presbyterian College, School of Pharmacy
- Regent University, Virginia Beach, VA
- Rush University Medical Center
- Simmons College
- South Carolina College of Pharmacy
- South Carolina State University
- South University
- Tri County Technical College
- Trident Technical College
- University of Akron
- University of North Carolina
- University of North Dakota
- University of Rochester
- University of South Alabama
- University of Southern California
- University of Southwest Hobbs, NM
- USC – Columbia
- USC – Aiken
- USC – Lancaster
- USC – Upstate
- USC School of Medicine - Neuropsychiatry & Behavioral Science Residency Training Programs
- Vanderbilt University, TN
- Wake Forest University
- Walden University
- Webster University
- Williams College
- Winthrop University
- Wofford College
- York Technical College
Inpatient & Outpatient Services
## Functional Inpatient Facility Capacity, as of 1/11/17

<table>
<thead>
<tr>
<th>Number of Functional Beds</th>
<th>Facility/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>297</td>
<td>Adult Psychiatric Hospitals: 131 Harris 166 Bryan</td>
</tr>
<tr>
<td>51</td>
<td>Hall Child &amp; Adolescent Psychiatric Institute at Bryan</td>
</tr>
<tr>
<td>103</td>
<td>Morris Village Alcohol and Drug Addiction Treatment Center</td>
</tr>
<tr>
<td>530</td>
<td>Veterans Nursing Homes: 220 VVH 220 Campbell 90 C. M. Tucker–Stone Pavilion</td>
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<tr>
<td>176</td>
<td>C. M. Tucker Nursing Home–Roddey Pavilion</td>
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<tr>
<td>230</td>
<td>Bryan–Forensic Inpatient</td>
</tr>
<tr>
<td>210</td>
<td>Sexually Violent Predator Treatment Program</td>
</tr>
<tr>
<td>1,597</td>
<td><strong>Total Functional Inpatient Facility Capacity</strong></td>
</tr>
</tbody>
</table>
Inpatient Services

- 530 of DMH’s 706 nursing home beds are designated for veterans.

- Approximately 300 of DMH’s almost 1,600 functional beds are utilized by adult psychiatric services.

- 440 of DMH’s almost 1,600 functional beds are utilized by Bryan Forensic Inpatient Services and the Sexually Violent Predator Treatment Program.
Outpatient Services

FY16 Outpatients Served

- In FY16, DMH community mental health centers provided more than 1.3 million clinical services.

Productivity is increasing

- DMH has increased access to community mental health services:
  - From FY14 to FY15, new cases (new/readmissions) increased 3.17%.
  - From FY15 to FY16, new cases (new/readmissions) increased 3.29%.

Access Standards

- Patients in crisis can been seen by a Mental Health Professional on the day they walk in.

- Wait times for appointments with counselors and psychiatrists have been reduced.
Earned revenue represents 48% of DMH’s operating budget.
DMH Blue Ribbon Programs:

- Assessment and Resource Center
- Crisis Stabilization/Mobile Crisis
- Dialectical Behavioral Therapy
- Disaster Response
- Firefighters Support Program
- Housing
- Integration and Care Coordination
- Individual Placement & Supported Employment
- Mental Health Primary Health Integration
- Multi-Systemic Therapy
- National Guard & Veterans Policy Academy
- Parent–Child Interaction Therapy
- Trauma–Focused Cognitive Behavioral Therapy
- School–based Services
- Telepsychiatry
New & Expanding Initiatives
Telepsychiatry
- As of January 1, 2017, DMH’s innovative and award winning Telepsychiatry Consultation Program has provided more than 31,500 psychiatric consultations in emergency departments (EDs) across South Carolina.
- Built on the success of telepsychiatry services to EDs, SCDMH has equipped its hospitals, mental health centers, and clinics to provide psychiatric treatment services to its patients via telepsychiatry.
- The ED Telepsychiatry Consultation Program is working on an initiative to decrease the length of time required to credential and privilege its psychiatrists in new and participating hospitals. The ‘expedited credentialing agreement’ would delegate credentialing and privileging to DMH by means of a contractual relationship between DMH and each hospital.

School–based Services
- DMH has continued to expand school–based programs; services are now available in 540 schools across South Carolina.
- In addition to State funds, in 2016, the Program received a $1.4 Million grant from the Blue Cross Blue Shield Foundation of South Carolina to further expand its services.
- The award allowed DMH to implement school–based services in 11 elementary schools, a program called PERSIST/Carolina Cares.
Crisis Stabilization
- DMH has allocated $1 Million to develop crisis stabilization centers in communities.
- The Charleston community, through a funding partnership comprising three local hospitals, the Charleston–Dorchester Community Mental Health Center, law enforcement and others, will open a 10–12 bed center in early 2017.
- Discussions are ongoing in Spartanburg, Anderson, and Greenville with local community stakeholders, including hospitals, law enforcement, county councils and local alcohol and drug agencies to look at the future development of crisis stabilization centers.

Cost Shared MHPs
- DMH has entered into agreements with community hospitals to embed mental health professionals for a number of predetermined, specified hours to assist EDs with meeting the needs of psychiatric patients.
- DMH currently has this type of partnership in 10 community hospitals, resulting in more than 5,700 dispositions from EDs in FY16.
SC Suicide Prevention Coalition

With the goal to develop a State plan to address suicide prevention, the SC Suicide Prevention Coalition was created by the South Carolina chapters of the American Foundation of Suicide Prevention (AFSP) and Mental Health America (MHA).

The Coalition, chaired by State Director John H. Magill, consists of lawmakers and leaders of non-profit organizations and the public and private sector.

SC Youth Suicide Prevention Initiative

In 2015, DMH received an award of $736,000 per year for five years from SAMHSA, which launched the SC Youth Suicide Prevention Initiative.

The goal of SCYSPI is to provide an intensive, community-based effort to reduce suicide attempts and suicides among youths and young adults, aged 10 to 24, by 20% statewide by 2025.
CABHI–SC
- In 2015, DMH received a grant of $1.8 Million per year for three years from SAMHSA, funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC.
- The target population is individuals who are chronically homeless and have serious mental illnesses or co–occurring disorders, including veterans.

Community Crisis Response and Intervention
- A regional approach to provide crisis response services, this initiative aims, over the next two years, to provide central, 24/7/365 toll–free phone number for individuals in need of immediate care.
- Staff will respond on–site when appropriate.
Clinical Care Coordination

- Launched in 2013, this patient-centered, assessment-based, multidisciplinary approach serves individuals with high-risk, multiple, chronic, and complex conditions.
- Patients are given a comprehensive care assessment to identify medical, dental, housing, employment, education, behavioral, & other community support needs.
- Care coordinators link patients to needed resources and monitor their progress until successful completion.

Disaster Response

- The Department’s Charleston Dorchester Mental Health Center continues to serve those impacted by the Mother Emanuel AME Church massacre.
- Following the school shooting in Townville, the Anderson–Oconee–Pickens Community Mental Health Center (AOP), with additional personnel from other Upstate CMHC's provided crisis counseling and support to the victims, families and school personnel. Following the initial response, AOP continues to provide support for the affected community and the school children and personnel in dealing with the longer term impact of this tragic event.
- Carolina United, is fully funded by FEMA with monitoring and support by SAMSHA. The initiative places these resource referral specialists in affected areas, to guide citizens not only to behavioral health resources, but also legal, financial, housing, and other resources as well. This team has supported the responses to both the October 2015 floods and Hurricane Matthew.
DMH Tomorrow

Future Challenges
DMH has requested the following amounts to sustain and support its operations and continue its mission to support the recovery of people with mental illnesses in its FY18 Budget Request:

- Recurring funds – $18,180,248
  - Forensics
  - SVP Treatment Program
  - Inpatient Clinical & Medical Services
  - Long-term Care Services
  - Community Housing
  - School-based Services

- Non-recurring funds – $11,763,931
  - Forensics
  - Inpatient Clinical & Medical Services
  - Long-term Care
Forensic Services

- Forensic Evaluations – DMH is mandated to provide court-ordered forensic evaluations, which are increasing.

- SVPTP – More residents enter the program than leave, resulting in continuous program expansion.

- “Forensification” of Inpatient Beds – DMH is mandated to admit forensic patients committed by the criminal courts, and such commitments are increasing.

- Compared to the 1st Quarter of FY16, the total number of DMH forensic bed days (Forensics and SVP) increased by 3.21% in the 1st Quarter of FY17.
  - As a percentage of the total inpatient bed days, DMH forensic bed days have increased from 17.12% in FY08 to 27.69% in FY16.
  - This trend towards the usage of inpatient bed days for Forensics programs rather than acute psychiatric episodes is being experienced nationally.
DMH is continuously recruiting for psychiatrists, nurses, and other certified mental health professionals to staff its hospitals, centers, and nursing homes.

Being competitive with regard to compensation is difficult in the public sector, particularly in State government.
How can I help?
For more information:

www.scdmh.org
DAODAS & the “301 System”

- Single State Agency for Substance Abuse Services in South Carolina
- South Carolina Act 301 of 1973
- 32 local agencies covering all 46 counties to provide prevention, intervention, treatment, and recovery services
To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.

**FY2016-17 Appropriations**

<table>
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<th>General Funds</th>
<th>Other Funds</th>
<th>Federal Funds</th>
<th>Total Funds</th>
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<td>$9,018,132</td>
<td>$31,938,406</td>
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Categories are not mutually exclusive. Substance use diagnosis category totals do not add up to total patient count

* Substance use categories created through examination of primary and secondary diagnosis fields
* Categories are not mutually exclusive. Substance use diagnosis category totals do not add up to total patient count
Occurrence of Accidental Death Due to Drug Overdose in South Carolina

<table>
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<tr>
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<th>Rx Drugs</th>
<th>Heroin</th>
<th>Cocaine</th>
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<td>2008</td>
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<td>210</td>
<td>7</td>
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<tr>
<td>2014</td>
<td>54</td>
<td>487</td>
<td>56</td>
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Source: S.C. Department of Health and Environmental Control, Division of Biostatistics/PHSIS, August 2015
Alliance for a Healthier South Carolina
General Meeting
January 24, 2017
IMPH Behavioral Health Initiative
Our **mission** is to collectively **inform policy** to improve health and health care

We **serve** as an **informed, neutral, non-partisan convener** to provide evidence-based information relevant to policy decisions and other actions impacting the health and well-being of all South Carolinians

@SC_IMPH   www.imph.org   @SC.IMPH
Why Behavioral Health?

- Prevalence
- System and societal costs
- Lack of resources/investment
- Stigma
- Overwhelmed hospital Emergency Departments
- Jails and prisons warehousing people with serious mental illnesses
Behavioral Health Taskforce
Process & Timeline

- Fall 2013: Steering Committee established
- 2014-2015: Taskforce Convened
- May 2015: Taskforce Report Released
- June 2015: Implementation Leadership Council formed
- October 2016: First Annual Progress Report Released
1. Access to Clinical Services
2. Integrated Care
3. Housing
4. School-Based Services
5. Services for Justice-Involved Individuals
6. Workforce
Prioritized Recommendations

1. Support the **expansion of hours** at outpatient behavioral health service sites around the state.

2. Develop a network of **Mobile Crisis Units** around the state.

3. Create short-stay **crisis stabilization facilities** across the state for patients experiencing a behavioral health emergency.
Successes

- Five communities planning Crisis Stabilization Units and new resources in public system
- New Statewide Mobile Crisis Program
- Legislative attention
- Policy changes
- Media attention
Next Steps

- ILC setting year two priorities
- Planning a Statewide Behavioral Health Coalition
  - Expanded convening, research, evaluation and communications capacity
  - Review and refresh focal areas and priorities
  - Engage a broader set of stakeholders
3 out of 4 people who used heroin in the past year misused opioids first.

7 out of 10 people who used heroin in the past year also misused opioids in the past year.

Most Commonly Misused or Abused Types of Legal Drugs

Opioid Pain Relievers

- drugs that contain active ingredient codeine, hydrocodone, and oxycodone.

Buprenorphine
Butorphanol (Stadol®)
Codeine
Fentanyl (Duragesic® patch)
Hydrocodone (Vicodin®)
Hydromorphone (Dilaudid®)
Meperidine (Demerol®)
Methadone

Morphine
Nalbuphine (Nubain®)
Oxycodone (Percocet®/Percodan®)
Oxymorphone
Pentazocine (Talwin®)
Paregoric
Propoxyphene (Darvon®)
Opioid Use Disorder
Occurrence of Accidental Death Due to Drug Overdose in South Carolina

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Source: S.C. Department of Health and Environmental Control, Division of Biostatistics/PHSIS, August 2015
Opioid Overdose Deaths by County in 2015

*The incidence of opioid overdose deaths in 2015 is displayed below each county.*
Medication-Assisted Treatment

A combination of behavioral therapy and medications (most commonly methadone or buprenorphine)

- **230** Physicians authorized to treat opioid dependency with buprenorphine in South Carolina

  **2015**

- **53** Physicians with **30** patients
- **18** Physicians with **100** patients
Award from SAMHSA to Prevent Prescription Drug/Opioid Overdose-Related Deaths

“The SC Overdose Prevention Project”
Naloxone Protocol

Joint Protocol to Initiate Dispensing of Naloxone HCL without a Prescription
State Targeted Response to the Opioid Crisis Grant (SAMHSA)

- Statewide Multi-Level Multimedia Campaign
- Healthcare Professional Training
  - Online Learning Collaborative
  - Academic Detailing
- SCRIPTS Integration With EHRs
- Re-Entry Programming
- Treatment Expansion
- Recovery Programming
- Peer Support
3 Asks, 3 Gives

1. Institute at least one drop-box for unused prescription drugs per county
2. Encourage all pharmacies to carry Naloxone, making it more accessible to individuals with opiate overuse disorders
3. Support the existence of Employee Assistance Programs
Upcoming Meetings

General Meetings
• April 25
• June 20
• October 24

Team Meetings:
• February 3 – Communications Team
• February 28 – Alignment
• March 7 – Health Equity
• March 29 – Policy and Advocacy