



South Carolina Institute of  
Medicine & Public Health

***Transforming South Carolina's Behavioral Health Systems  
through Collective Action***

***2016 NNPHI Annual Conference***

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South Carolina Institute of  
Medicine & Public Health

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



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# SUBSTANCE USE & MENTAL ILLNESS IN U.S. ADULTS (18+)

FROM THE 2013 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH)

Behavioral health (substance use and mental health) issues affect millions in the United States each year.

## SUBSTANCE USE IN THE U.S.



adults had a Substance Use Disorder (SUD) in the past year

That's  
**20.3 MILLION**  
adults who have SUD



U.S. adults engaged in binge drinking

That's  
**58.5 MILLION**  
adults



U.S. adults used illicit drugs

That's  
**22.4 MILLION**  
adults



Substance Use Disorder (SUD)

**7.7 MILLION**  
adults had both

Any Mental Illness (AMI)

## MENTAL HEALTH IN THE U.S.



U.S. adults had Any Mental Illness (AMI) in the past year

That's  
**43.8 MILLION**  
adults with AMI



Including  
**10 MILLION**  
adults with Serious Mental Illness (SMI)

# COSTS



**\$57 BILLION**  
**per year**

**BEHAVIORAL HEALTH CARE  
COSTS IN THE U.S.**

[About the same as cancer-related treatment costs.]

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

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# COSTS

**MENTAL ILLNESS  
COSTS \$444  
BILLION  
per year**



In medical care



In societal costs such  
as lost productivity and  
disability payments

Source: Szabo, Liz. 2014. "Cost of not caring: Nowhere to go—Overwhelmed Emergency Rooms." *USA Today*, May 12.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

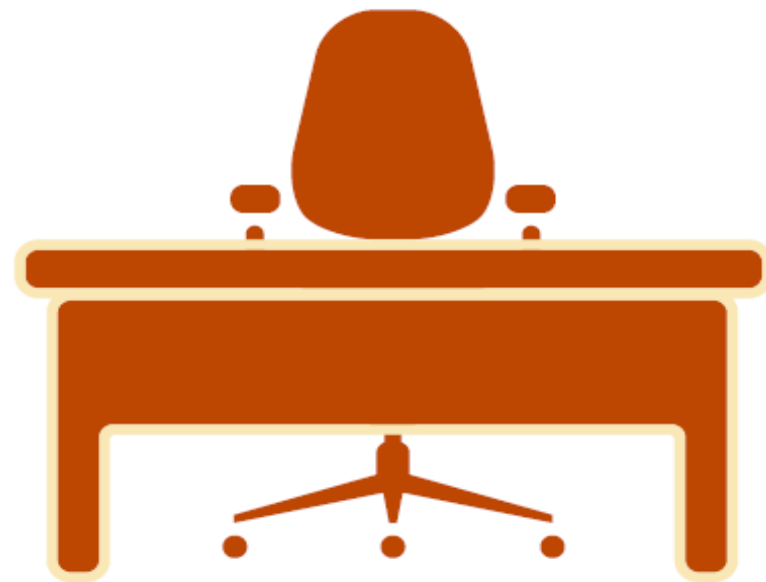


# COSTS

**\$120 BILLION**  
**per year**

## **THE SOCIAL COSTS OF SUDs**

This includes lost productivity, absenteeism, incarceration, drug-related illness and premature death.



Source: South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). 2014. *Fiscal Year 2013–14 Accountability Report*. South Carolina DAODAS.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# COSTS

**44%**

**People receiving federal disability payments**

have a serious mental illness  
and are too sick to work



Source: Szabo, Liz. 2014. "Cost of not caring: Nowhere to go—Overwhelmed Emergency Rooms." *USA Today*, May 12.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# INFOWARS

## SUICIDE EPIDEMIC: WHY DOES THE NUMBER OF PEOPLE KILLING THEMSELVES JUST KEEP GOING UP?

According to the CDC, there has been a substantial spike in suicide deaths in the United States in recent years

**Newsweek** EDUCATION

## WHY SUICIDE HAS BECOME AN EPIDEMIC-- AND WHAT WE CAN DO TO HELP

theguardian

BBC

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Earth

Travel

NEWS

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Business

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Science

Magazine

US & Canada

US Election 2016

### Why is death rate rising for white, middle-aged Americans?

By Ashley Gold  
BBC News, Washington

US suicide rate soars to 30-year high in growing epidemic across America



PBS NEWSHOUR

## What's causing a rising rate of suicide?

April 22, 2016 at 6:45 PM EDT

SECTIONS SEARCH

Chicago Tribune

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## U.S. suicide rate surges to three decade high

Psychology Today

## White, Middle-Age Suicide In America Skyrockets

White, middle-age suicide spiked 40% in the last 10 years. Why?

The New York Times | <http://nyti.ms/212FMnr>

HEALTH

## U.S. Suicide Rate Surges to a 30-Year High

By SABRINA TAVERNISE APRIL 22, 2016

THE NEW YORKER

MARCH 13, 2014

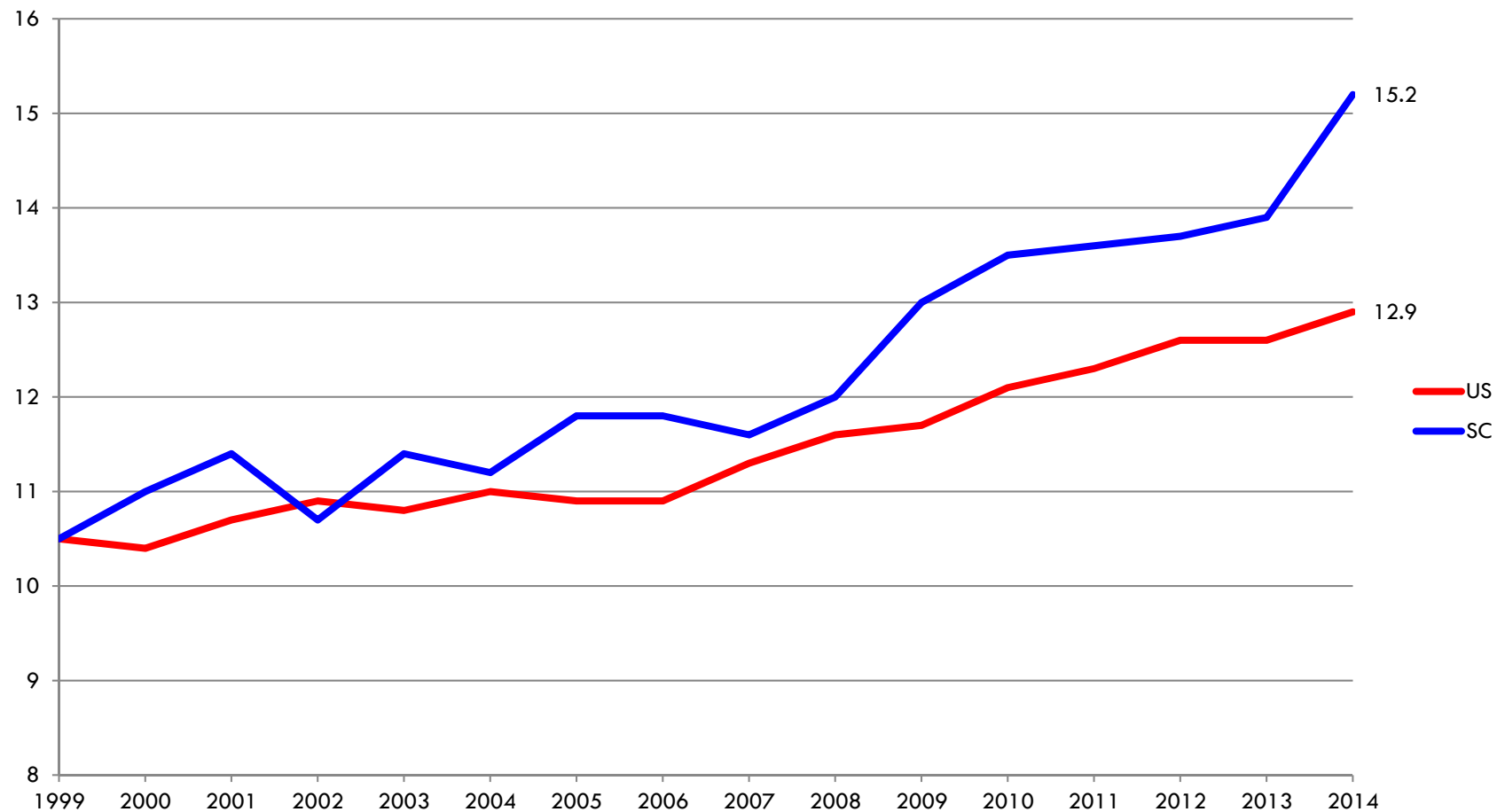
## THE NEGLECTED SUICIDE EPIDEMIC

BY EMILY GREENHOUSE





## Suicide Deaths per 100,000: SC vs. US



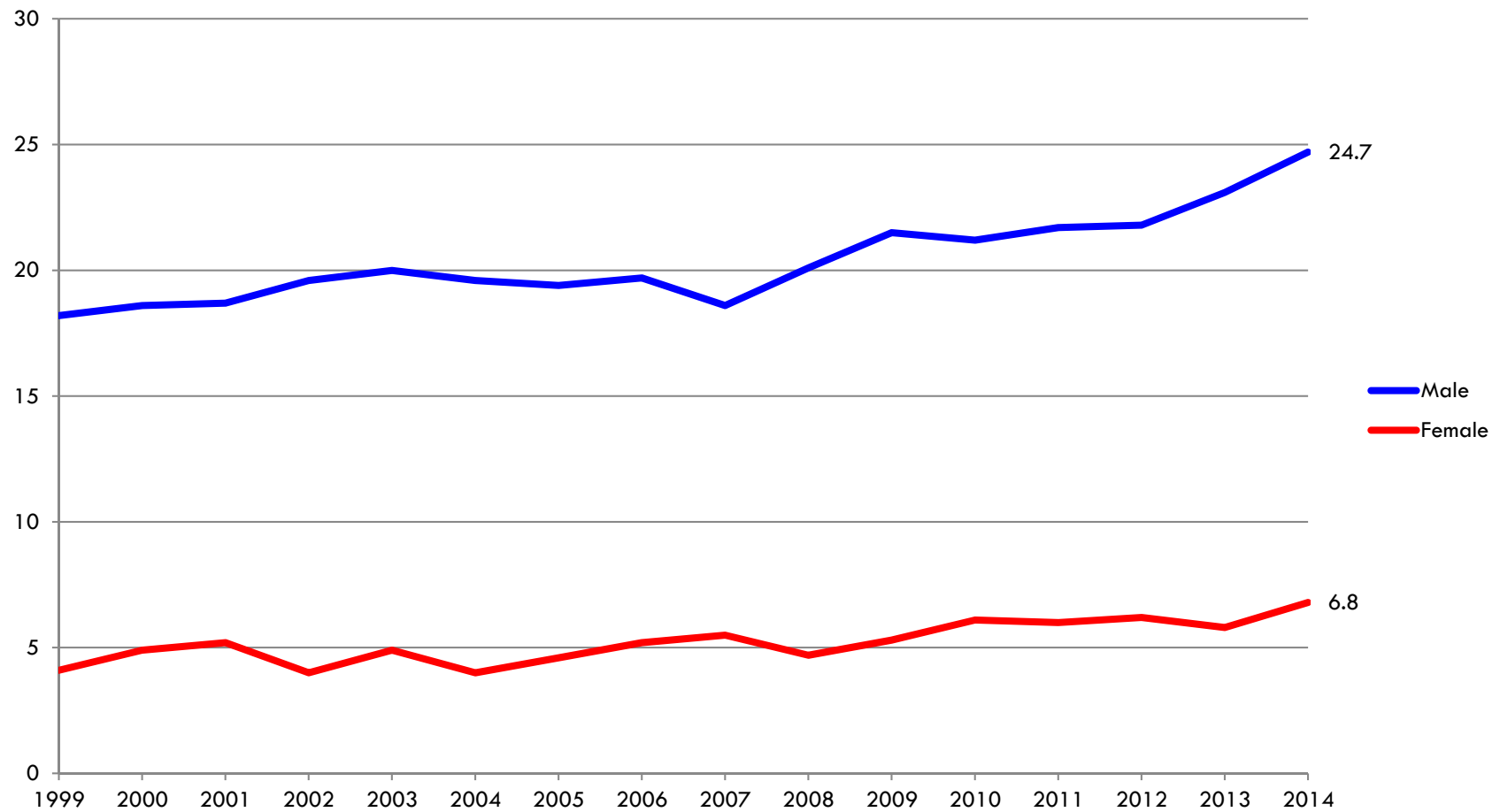


# Suicide: Key Facts

- ❑ More Americans die from suicide than in car accidents
- ❑ There are more than two suicides for every homicide
- ❑ Among young Americans, suicide is the third leading cause of death
- ❑ Among all Americans, suicide is the tenth leading cause of death

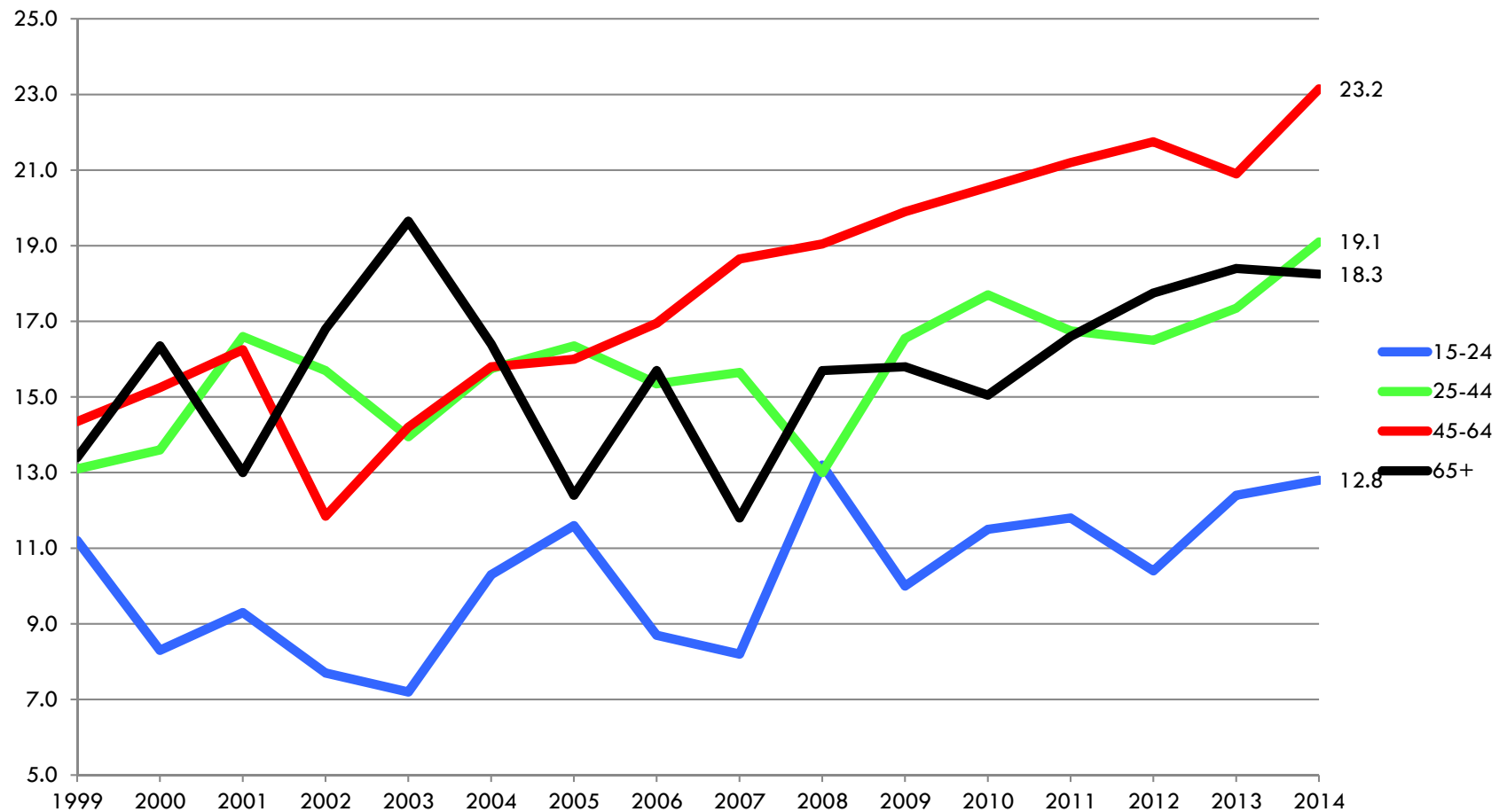


## Suicide Deaths per 100,000 in SC by Gender





## Suicide Deaths per 100,000 in SC by Age





# Suicide Epidemic – Why?

- ❑ Depression is on the rise
- ❑ Most depression is untreated
- ❑ Economic inequality, poverty and debt
- ❑ Accessibility to drugs
- ❑ Chronic pain
- ❑ Poor retirement outlook
- ❑ Social isolation
- ❑ Gun ownership on the rise





# Leading Causes of Death, 2014

## U.S.

1. Heart disease
2. Cancer
3. Chronic Lower Respiratory Diseases
4. Accidents
5. Cerebrovascular Disease
6. Alzheimer's disease
7. Diabetes
8. Influenza & Pneumonia
9. Nephritis
10. Suicide

## South Carolina

1. Heart disease
2. Cancer
3. Chronic Lower Respiratory Diseases
4. Accidents
5. Cerebrovascular Disease
6. Alzheimer's disease
7. Diabetes
8. Nephritis
9. Septicemia
10. Suicide



# Funding for Suicide Prevention

## Where is the Federal Funding to **Fight Suicide?**

In the last 10 years, we've invested federal funding to research leading causes of death like HIV/AIDS, heart disease, and prostate cancer. Major progress has led to decreased mortality rates. It's time we do the same with suicide.



AMERICAN FOUNDATION FOR  
Suicide Prevention

[afsp.org](http://afsp.org)

### LEADING CAUSES OF DEATH

### 2013 FUNDING

### 2003-2013 DEATH RATE

HIV/AIDS



\$2.9 Billion



53.2%

Heart  
Disease



\$1.2 Billion



29.1%

Prostate  
Cancer



\$266 Million



13.7%

Suicide



\$37 Million



20.4%

Death rates taken from Centers for Disease Control data for 2003 and 2013 (most recent available).  
Each flask represents \$1 billion of research funding by the National Institutes of Health.

The New York Times

# How the Epidemic of Drug Overdose Deaths Ripples Across America

The Washington Times

HOME

NEWS ▾

OPINION ▾

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MARKET ▾

## Kansas City woman's opioid abuse reflects US epidemic

The Washington Post

## The legal drug epidemic

*The Atlantic*

## The Pain Points of Opioid Policy

FRONTLINE

WATCH SCHEDULE INVESTIGATIONS

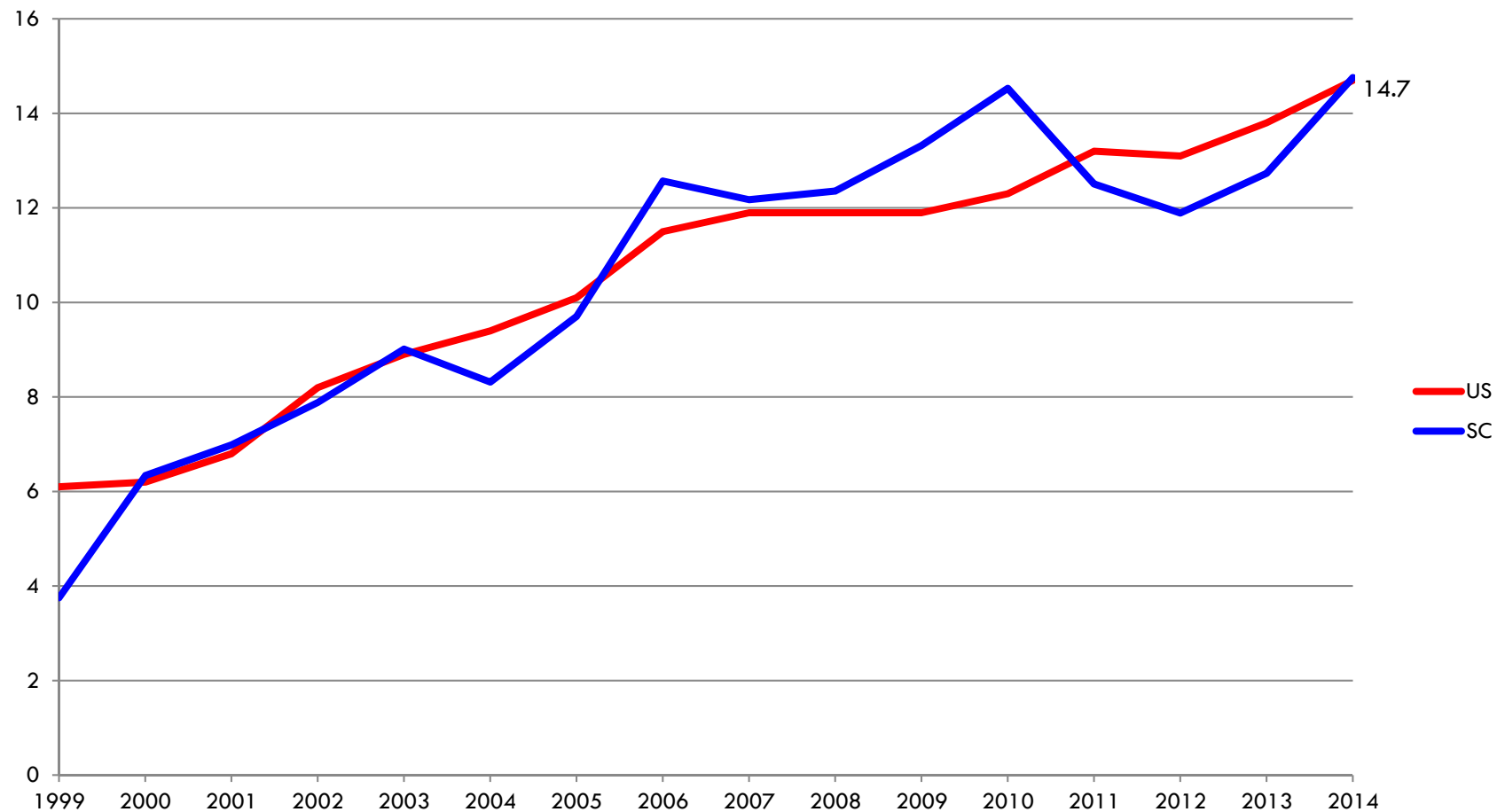
## How Bad is the Opioid Epidemic?

The New York Times

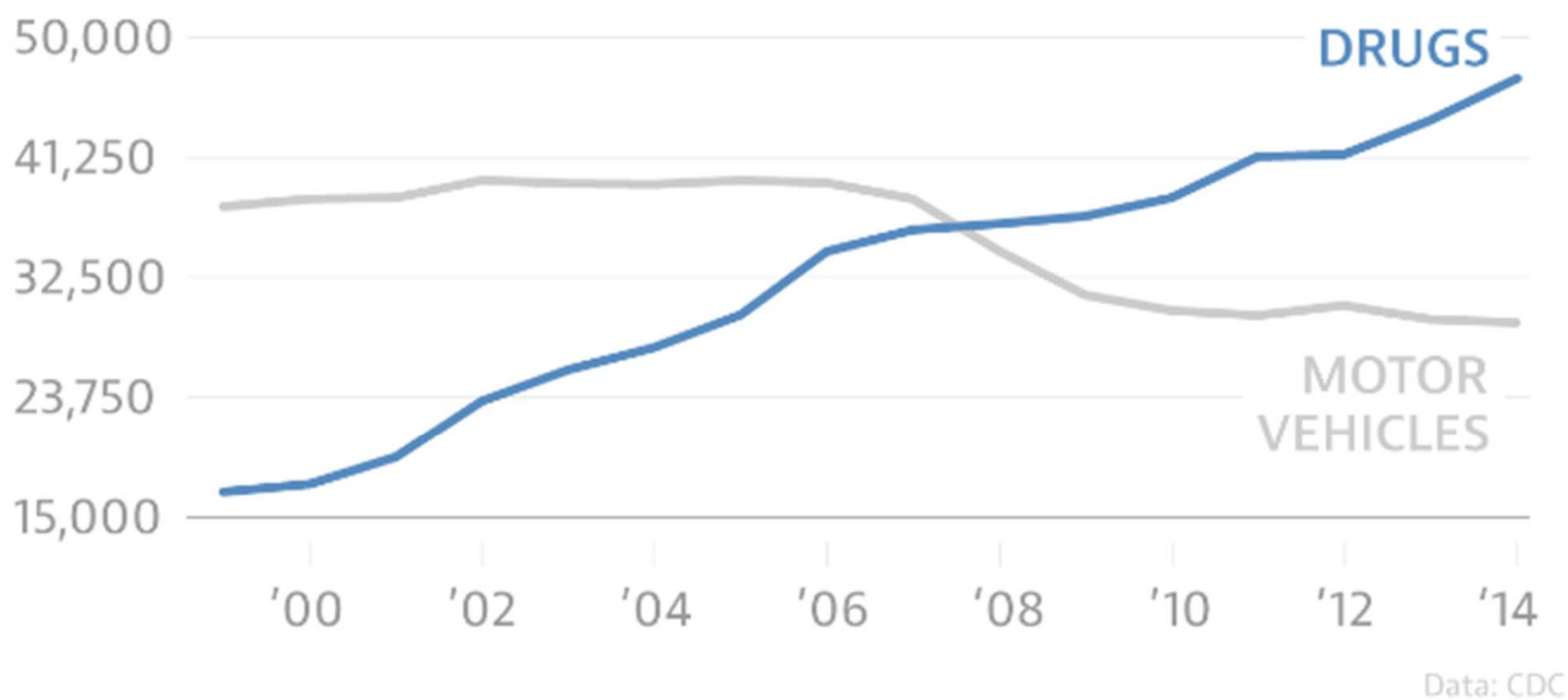
## The Opioid Epidemic We Failed to Foresee



## Age-adjusted Drug Overdose Death Rate per 100,000: SC vs US

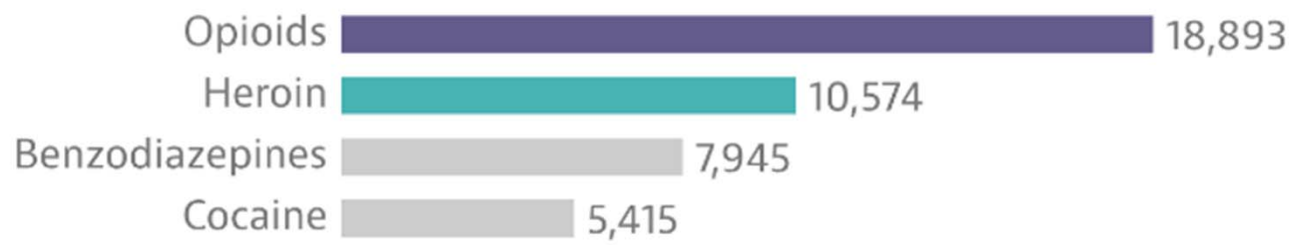


## Drug Overdose & Motor Vehicle Accident Deaths



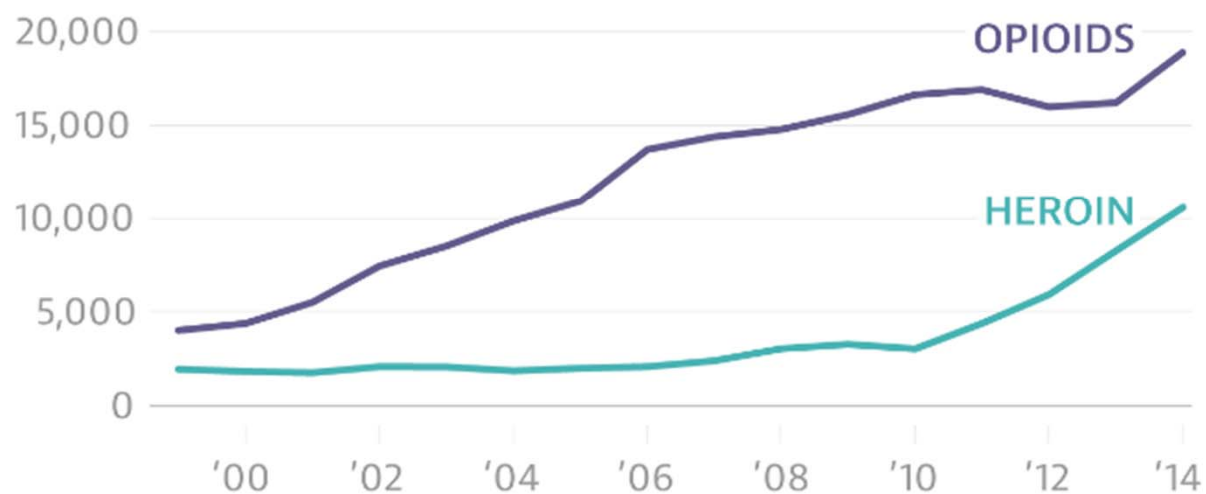


## Drug Overdose Deaths in 2014



Data: CDC

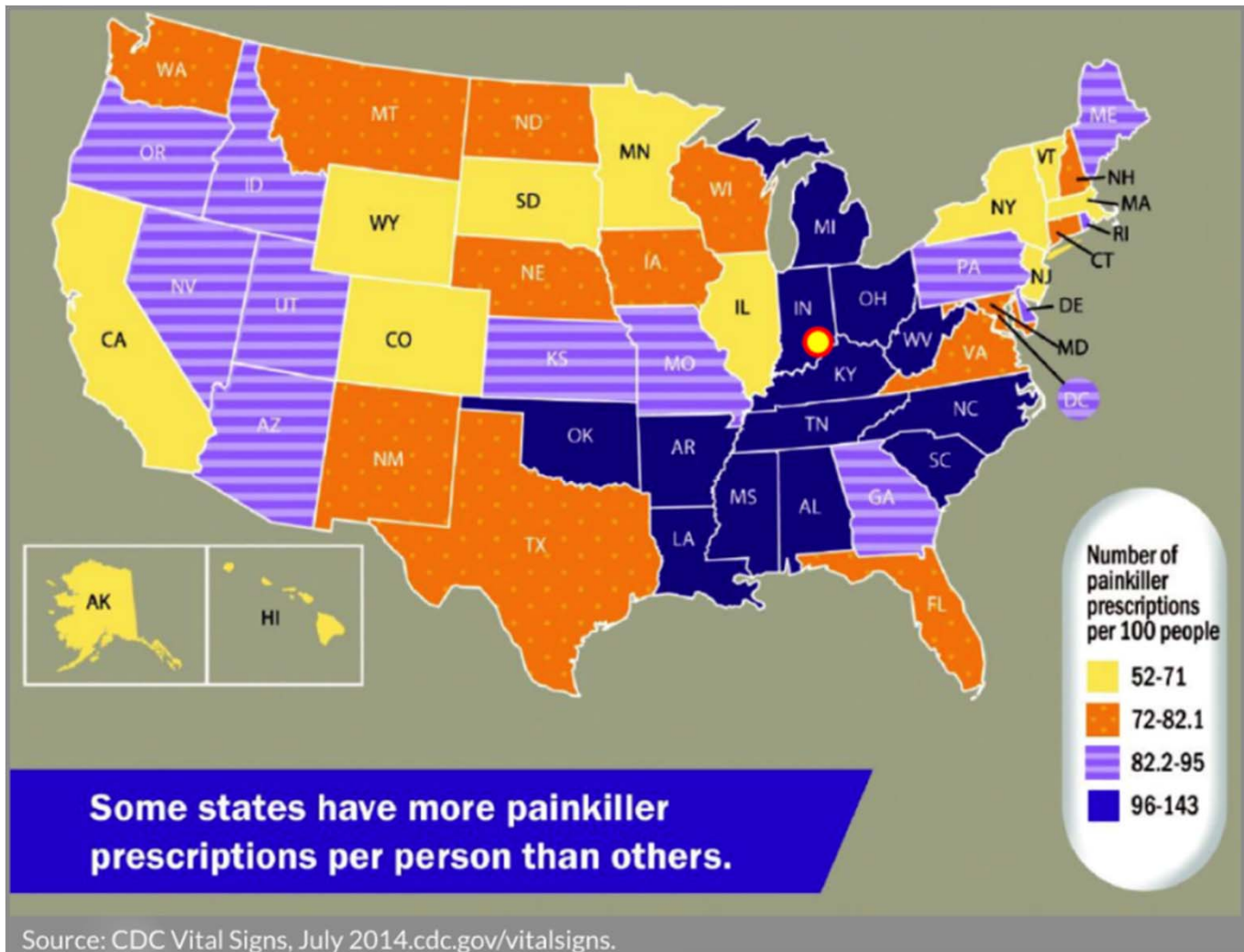
## Heroin & Opioid Overdose Deaths



Data: CDC



# Prescription Painkillers





# Prescribing Trends

From July 1, 2014, to June 30, 2015

**4,003,369** prescriptions for opiates were dispensed to

**1,225,487** individuals in South Carolina, for a total of

**291,438,514** pills dispensed.

**4,832,000** individuals resided

in South Carolina in 2014.



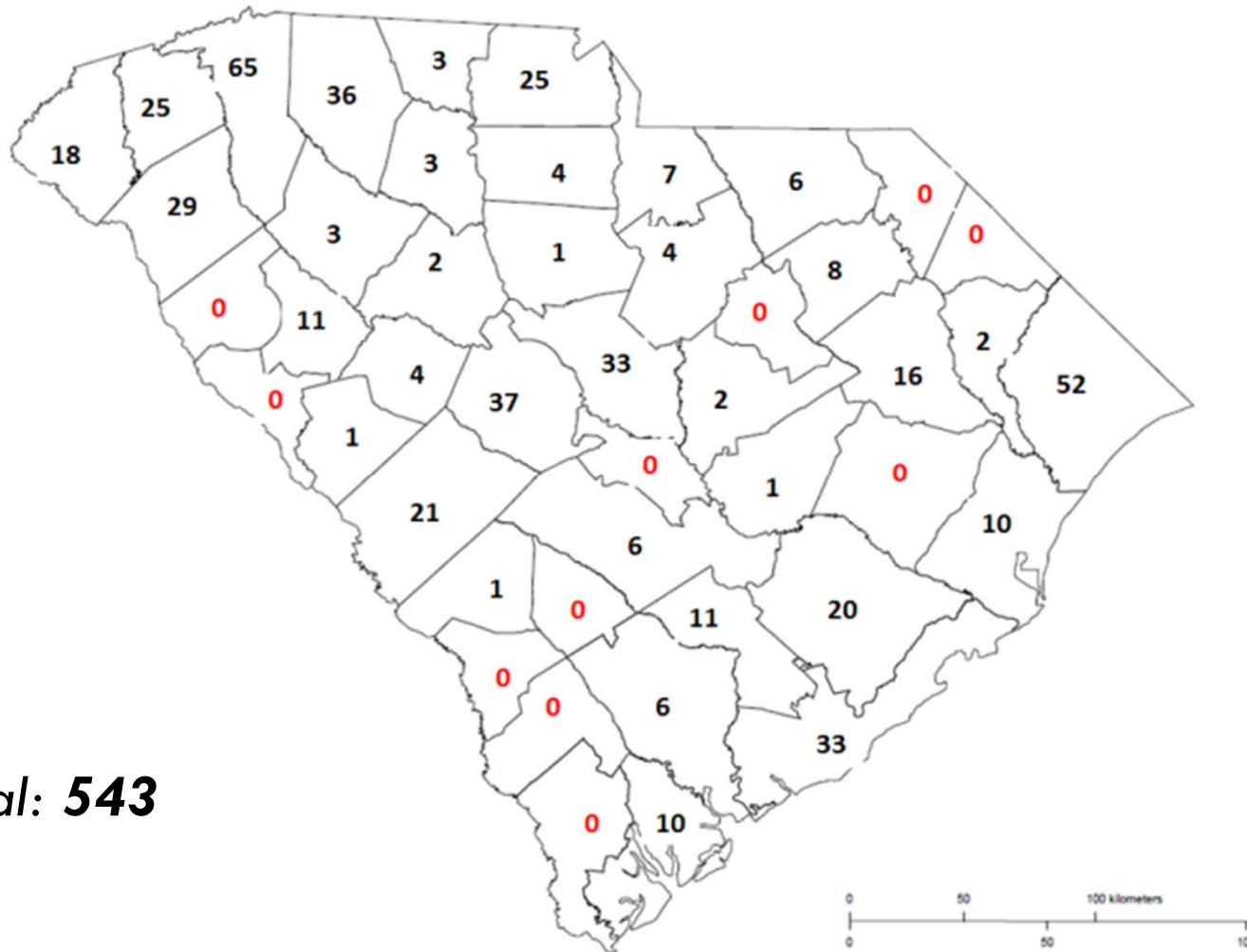


# Accidental Death from Drug Overdose in SC

	<b>Drug Unspecified</b>	<b>Rx Drugs</b>	<b>Heroin</b>	<b>Cocaine</b>
2008	198	210	7	89
2009	228	244	15	68
2010	239	276	14	60
2011	216	222	9	56
2012	205	225	12	45
2013	230	236	25	41
<b>2014</b>	<b>54</b>	<b>487</b>	<b>56</b>	<b>85</b>



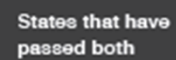
# SC Opioid Deaths by County, 2014



**Total: 543**

*\*Includes accidents, suicides and deaths of undetermined intent (homicides are excluded)*



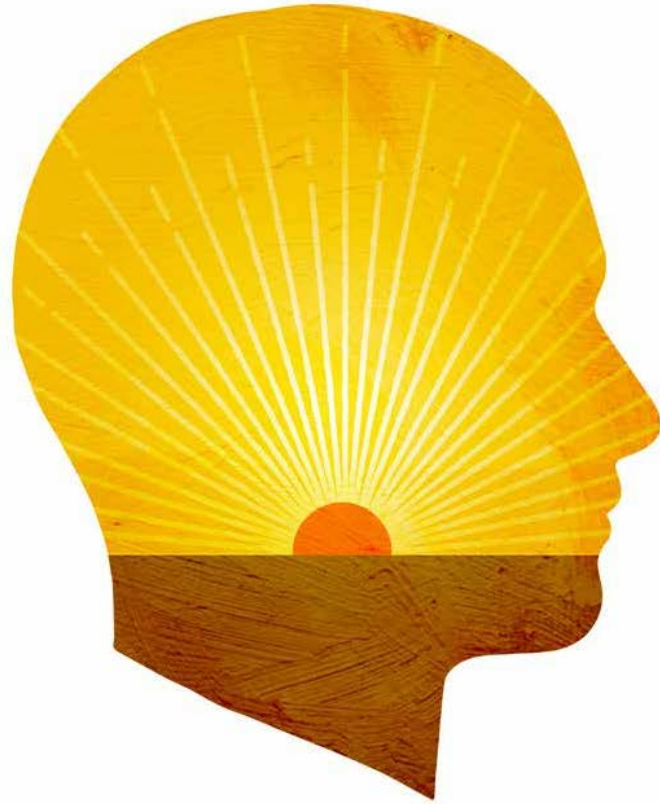


**States that have passed a Naloxone Access Law**



# Behavioral Health Taskforce

- Chair – Mr. Kester Freeman
- IMPH Board Liaison – Dr. Gerald Wilson
- Steering Committee
- Two working committees



**Report Released  
May 6, 2015**

## **HOPE FOR TOMORROW**

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



South Carolina Institute of  
Medicine & Public Health



May 2015



# Behavioral Health Taskforce Vision

- ❑ Significant need for **crisis stabilization** services and a better, more accessible system of **chronic care management**
- ❑ All residents of South Carolina will have **equal access** to quality behavioral health services regardless of their individual means or where they live in the state
- ❑ **Behavioral health care should be as accessible as care for physical illnesses**, such as a heart attack or trauma.

The background consists of a grid of colored rectangles. On the left, there is a vertical column of three rectangles: a tall light beige one at the top, a small dark red one in the middle, and a medium light beige one at the bottom. To the right of this column is a large light beige rectangle that occupies the top half of the page. Below this large rectangle is a horizontal row of two rectangles: a medium olive green one on the left and a large light beige one on the right. The word "Access" is centered in the top-right light beige rectangle.

# Access





# Taskforce Vision for Access to Clinical Services

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We will build upon current infrastructure to create a system that can provide all-hours access to behavioral health services for every resident of South Carolina.



# Access to Clinical Services – Mental Health

- ❑ States cut \$5 billion from mental health services between 2009 to 2012, along with 10% of psychiatric hospital beds.
- ❑ 40% of people with serious mental illness, such as schizophrenia, received no treatment in the past year.
- ❑ South Carolina has a penetration rate of 16.8 per 1,000 population (the national rate is 22.8).
- ❑ South Carolina's public psychiatric hospitals are operating at capacity.



# Access to Clinical Services – Substance Use Disorders

- ❑ DAODAS experienced a 60% cut in base state funding between 2008 and 2011 (about \$5.33 million).
- ❑ As a result of sequestration, a \$1 million cut to direct substance abuse service provision in South Carolina was implemented for FY14.
- ❑ South Carolina spent \$1.39 per capita on substance abuse and addiction services, including prevention, treatment and research in FY 2008 (national average was \$10.64).

# EMERGENCY DEPARTMENTS



**12  
million**

## EMERGENCY DEPARTMENT VISITS

The Agency for Healthcare Research and Quality (AHRQ) reported that behavioral health diagnoses accounted for nearly 12 million Emergency Department (ED) visits in 2007, or 12.5% of the total ED visits in the U.S.

## OF THESE VISITS



due to  
**MENTAL  
ILLNESS**



due to a  
**SUBSTANCE  
USE DISORDER**



due to  
**CO-OCCURRING  
DISORDERS**

Source: United States Department of Health and Human Services, Agency for Healthcare Research and Quality. 2010. "Mental Disorders and/or Substance Abuse Related to One of Every Eight Emergency Department Cases." *AHRQ News and Numbers*, July 8.

Graphic Provided by the South Carolina Institute of Medicine & Public Health



# Recommendations Related to Access

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.



# Recommendations Related to Access, continued

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***



# Taskforce Vision for Integrated Care

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.





# Integrated Care

- 20-40% of primary care patients have behavioral health needs
- 50% of behavioral health disorders are treated in primary care
- 80% of people with a behavioral health disorder visit primary care at least once a year

# COSTS



**60% to  
240%**

Having depression and a chronic physical health condition (such as hypertension, arthritis, diabetes, heart disease or asthma) increases the cost of care by 60 to 240% compared to costs associated with only the physical health condition.

Adding alcoholism to one of these chronic physical health conditions increases costs by about 65 to 200%.

Source: Melek, Stephen P. 2012. *Bending the Medicaid healthcare cost curve through financially sustainable medical-behavioral integration*. Milliman Research Report, July.

Graphic Provided by the South Carolina Institute of Medicine & Public Health



# Recommendations Related to Integrated Care

1. 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.
2. 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.
3. 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***



# Taskforce Vision for Housing

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Every person with a behavioral health illness in South Carolina will have the opportunity to live in safe, appropriate and affordable housing supported by comprehensive and coordinated supportive services as needed to maintain residency in the community housing option of choice.

# HOMELESS

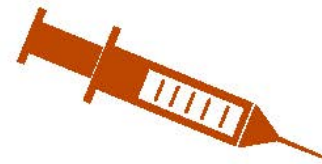


Of the approximately 600,000 homeless persons in America, about one-third (200,000 people) have an untreated mental health illness. One-fifth have a serious mental illness.

Sources: Treatment Advocacy Center. "Consequences of Non-treatment" Fact Sheet.; Jervis, Rick. 2014. "Mental disorders keep thousands of homeless on streets." *USA Today*, August 27.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# HOMELESS



Approximately

**50%**

**OF HOMELESS  
HAVE A SUBSTANCE  
USE DISORDER**

Approximately

**70%**

**OF HOMELESS  
VETERANS  
HAVE A  
SUBSTANCE  
USE DISORDER**



Source: United State Interagency Council on Homelessness. "Substance Abuse," [http://usich.gov/issue/substance\\_abuse](http://usich.gov/issue/substance_abuse).

Graphic Provided by the South Carolina Institute of Medicine & Public Health





# Recommendations Related to Housing

1. 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.
2. 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.
3. 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***



# Taskforce Vision for School-Based Services

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All children attending South Carolina elementary, middle and high schools will have access within their school to behavioral health services.



# Recommendations Related to School-Based Services

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



# ***Justice-Involved Individuals***



# Taskforce Vision for Justice-Involved Individuals

Prevent unnecessary incarceration of persons with a behavioral health illness, provide appropriate care and treatment of 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 re-entry to the community through a formal discharge planning process.

# INCARCERATION



U.S. Bureau of Justice reported

Source: James, Doris J. and Lauren E. Glaze. 2006. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report, NCJ 213600. Washington, DC, US Department of Justice. September. <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

Graphic Provided by the South Carolina Institute of Medicine & Public Health



# INCARCERATION

**16%** OF THE TOTAL  
JAIL AND PRISON  
POPULATION IN THE  
U.S. HAVE AN  
**UNTREATED  
MENTAL ILLNESS**

(about 300,000 people)

Source: Treatment Advocacy Center. "Consequences of Non-treatment" Fact Sheet.  
<http://www.treatmentadvocacycenter.org> <http://www.treatmentadvocacycenter.org/resources/consequences-of-lack-of-treatment/violence/1384>.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# INCARCERATION

**65%**  
**OF U.S. INMATES  
HAVE A SUBSTANCE  
USE DISORDER**



**85%** Are considered to be  
**SUBSTANCE INVOLVED\***

\*Ranges from having a diagnosable SUD, having committed a crime to acquire drugs or alcohol, being incarcerated for a drug or alcohol violation or being under the influence when committing the crime for which they were arrested.

Source: The National Center on Addiction and Substance Abuse at Columbia University (CASA). 2010. *Behind Bars II: Substance Abuse and America's Prison Population*. New York, NY: Columbia University.

Graphic Provided by the South Carolina Institute of Medicine & Public Health

# INCARCERATION

40%



**“OF ADULTS WITH A SERIOUS  
MENTAL ILLNESS ARE  
ARRESTED AT SOME POINT**

...because of symptoms of their illness,  
rather than their intent to harm.”

According to the National Alliance on Mental Illness.

Source: Szabo, Liz. 2014. “Cost of not caring: Nowhere to go—Overwhelmed Emergency Rooms.” *USA Today*, May 12.

Graphic Provided by the South Carolina Institute of Medicine & Public Health



# Recommendations Related to Justice-Involved Individuals

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



***Workforce***



# Taskforce Vision for Workforce Development

---

Support a comprehensive behavioral health system by creating and sustaining a stronger and larger behavioral health professional workforce.



# Behavioral Health Workforce

- ❑ In the U.S., 91 million adults live in areas that have a shortage of behavioral health professionals.
- ❑ South Carolina ranks 38<sup>th</sup> in behavioral health provider availability as determined by a ratio of population-to-behavioral health provider.
- ❑ 41 of the 46 counties in South Carolina received Health Professional Shortage Area (HSPA) designation for mental health professionals.





# Recommendations Related to Workforce

1. 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.



# Current Activity: Ensuring Impact

## **Behavioral Health Implementation Leadership Council**

Focusing attention  
Prioritizing actions  
Minimizing barriers



Reporting progress  
Highlighting successes

SURGE APRIL 19, 2016 12:13 PM

How Heroin is impacting Horry and Georgetown counties | Cover Story

GoUpstate.com

Spartanburg mental health providers prepare for change in Medicaid payments

GreenvilleOnline  
PART OF THE USA TODAY NETWORK

Clinic fills void in opioid abuse treatment

GreenvilleOnline  
PART OF THE USA TODAY NETWORK

Sharing secrets a powerful tool to defeating the stigma of mental illness

Greenvillians with mental illness struggle behind the scenes

State ranks near bottom in substance abuse spending

GREENVILLEJOURNAL

HEALTH | APR 28, 2016 | BY MELINDA YOUNG

Region lacks resources to fulfill mental health, substance abuse needs

The Post and Courier  
Winner of the Pulitzer Prize

Medicaid provision to improve behavioral health access

npr SOUTH CAROLINA PUBLIC RADIO  
news arts & life music programs

HEALTH INC.

Shortage Of Addiction Counselors Further Strained By Opioid Epidemic

GreenvilleOnline  
PART OF THE USA TODAY NETWORK



# National Attention

About **43.8 million Americans**, or **1 in 5**, have a mental health condition, and **10 million** of them suffer from a serious condition such as schizophrenia or bipolar disorder.

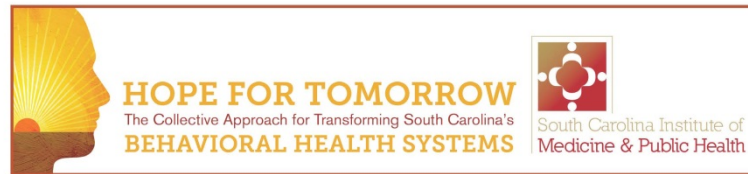
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South Carolina Institute of Medicine & Public Health

**[TheKennedyForum.org](http://TheKennedyForum.org)**



# Next Steps: Ensuring Impact



## One Year Update – Behavioral Health Taskforce May 6, 2016

**The number of people and families in our state and nation affected by mental health conditions and substance use disorders is substantial and growing.** We are reminded daily by media headlines about the addiction and suicide epidemics that have overtaken the country. More Americans are dying annually each from opioid overdoses and suicide than from automobile accidents. This is a phenomenon that our country has never experienced. The social, economic and human toll of behavioral health issues is unprecedented and, more than ever, we must collaborate and innovate to improve the health and well-being of the people of South Carolina.

Since 2013, the South Carolina Institute of Medicine & Public Health (IMPH) has served as the leading convener in our state around this important health challenge. The IMPH Behavioral Health Taskforce, comprised of over 60 public and private behavioral health providers, researchers and advocates, worked during 2014 to identify the most significant needs in the behavioral health services and support systems and to develop solutions to improve outcomes and control costs. The taskforce was chaired by Kester Freeman, executive director of IMPH, and guided by a 20-member steering committee.

The taskforce created a bold vision for behavioral health in South Carolina based on two focal points: the need for crisis stabilization services and 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 behavioral health services regardless of their individual means or where they live in the state. The taskforce concluded that behavioral health care should be as accessible as care for physical illnesses, such as a heart attack or trauma.

In May of 2015, the twenty recommendations developed by the taskforce were published in the report *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health Systems*. Recommendations fell into six categories: access to clinical services, integrated care, housing, school-based services, services for justice-involved individuals and workforce. The release of the report garnered significant media attention, buy-in from partners and momentum among stakeholders invested in improving and expanding services.

**To build upon that momentum, IMPH established the Behavioral Health Implementation Leadership Council (ILC). The role of the ILC is to:**

- Keep continued, focused attention on the recommendations.
- Provide the vision for how the recommendations will be achieved.
- Minimize or eliminate barriers to implementation.
- Promote and track progress toward implementation and issue an annual report demonstrating progress to date.

The ILC has met quarterly during the past year and this fall, will be guiding IMPH in releasing a formal update on all twenty recommendations. The ILC has focused its conversations to date on expanding crisis intervention services around the state. This includes the development of crisis stabilization facilities, mobile crisis services and expanded outpatient hours. The ILC has also explored the need for a new licensure category for crisis stabilization centers.



# Seeking Systems Transformation

- Accountability and ownership
- Connect the right people
- Balancing competing demands for resources
- Cultivating diverse champions to motivate progress
- Highlighting successes and maintaining momentum



South Carolina Institute of  
**Medicine & Public Health**

Questions?

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