

Proposal to Address Behavioral Health and Substance Use Challenges in South Carolina

August 26th, 2021

Background

- Behavioral health and substance use disorders present a serious, multidimensional, societal challenge and remain an insidious problem for federal and state policymakers and healthcare delivery systems. **COVID-19 has significantly exacerbated these challenges.**
- South Carolina ranks 43 of 51 states in overall behavioral health, primarily because of poor access to behavioral health services
- Our healthcare delivery systems continue to experience a growing need for behavioral health and substance use services.
 - Behavioral health inpatient admissions for South Carolinian's increased 6% overall the past 3 years.
 - The most significant geographic increases were experienced in the Pee Dee region (+19%)
 - The most significant growth was in pediatrics, age <18 years, (+23%).
 - Trauma related behavioral health admissions increased 11% over the past 3 years across the state, Midlands experienced the most significant growth with a 44% increase.
 - Pediatric behavioral health emergency department visits for South Carolinian's increased 11% over the past 3 years and substance use disorders increased 4%.
- **The impacts of COVID-19 will continue to drive these trends up in our state.**

Defining the Problem

The most significant increases in demand for behavioral health and substance use services as a result of the pandemic are focused in these specific areas:

- Access to basic outpatient behavioral health and substance use disorder services is inadequate.
- Lack of specialty programs across the state (i.e., Pediatric, Eating Disorders, etc.).
- Emergency departments become the only option when basic behavioral health and substance use care isn't accessible.
- Limited and inconsistent availability of Crisis Stabilization Units (CSUs).
- Behavioral health services staffing shortages have caused a significant decrease in inpatient bed availability.
- Due to the high demand for acute services at times, patients are discharged from inpatient units earlier than expected, which could lead to readmission and further increase in utilization of emergency departments and crisis services.

Addressing the Current Gaps and Future Needs

The challenges are significant, and the needs are defined by **Critical Needs** and **Sustainability Requirements**.

Critical Needs

1. Workforce development – investment to increase the number of behavioral health professionals including psychiatrists, social workers, nurses, and other clinicians trained in behavioral health disciplines
2. Expand inpatient capacity through opening existing licensed-but-not-staffed beds
3. Expand inpatient capacity in regions of the state where the need is the greatest. Example – Pee Dee
4. Develop a regionalized system of behavioral health dedicated emergency departments and crisis stabilization units throughout the state
5. Optimize use of existing ambulatory services (eating disorders, partial hospitalization, primary care integration)
6. Improve access to behavioral health care coordination and transportation
7. Expand use of telehealth

Sustainability Requirements

1. Develop new inpatient capacity in all regions of state
2. Expand residential treatment facilities
3. Ongoing workforce development
4. Develop community partnerships
5. Innovate care delivery models to expand capacity
6. Build on school support services
7. Invest in resources to address patient social determinants of health
8. Longitudinal funding support and reform at the state and federal level

Proposed Solution

Develop an accessible continuum of behavioral health and substance use treatment options to provide the right treatment at the right time to address the critical needs of South Carolinians experiencing challenges with these illnesses.

- **Vision:** Provide equal access to behavioral health services and ultimately better wellness without regard to payer source, demographic characteristics or geography, while being fiscally responsible.
- **Goal:** Improve patient outcomes and avoid unnecessary emergency department and hospital admissions.

The development of this proposal is a collaboration with multiple stakeholders which includes Blue Cross Blue Shield of South Carolina (BCBSSC), South Carolina Hospital Association (SCHA), the Departments of Health and Human Services (DHHS), Health and Environmental Control (DHEC), Mental Health (DMH), Alcohol and Other Drug Abuse Services (DAODAS), as well as the Public Employee Benefit Authority (PEBA) and the Medical University of South Carolina (MUSC).

Investment Required for Critical Needs & Sustainability Requirements

	Description	Lowcountry	Pee Dee	Midlands	Upstate
Acute Resources	Phase 1 - New and/or Refurb Beds		50		
	Phase 2 - New and/or Refurb Beds – Adult & Peds Psych & Substance Abuse	37	58		35
Crisis Stabilization Resources	Mid-Stay CSU	20	15	19	19
	Short Stay CSU	7	5	6	7
	Behavioral Health ED	1	1	1	1
Care Coordination	State-wide Call Center and Bed Board	Expansion of current infrastructure			
	Transportation and Mobile Response	Expansion of current infrastructure			
	Deployment of Innovative Care Delivery	Novel care redesign to support behavioral health and substance use care delivery			
	Violence Prevention Program	Expand current program to reduce risk factors for violence, prevent injury and re-injury, and improve outcomes			
	Workforce Development	Investment in staffing needs (physicians, clinicians and other team members)			
	Eating Disorders Center Expansion	Expansion of current infrastructure			
Long-Term Resources	Residential Treatment Center Beds	104			



Total Proposal Ask

Lowcountry	\$27.9M
Pee Dee	\$49.9M
Midlands	\$18.88M
Upstate	\$25.88M
Care Coordination / Long-Term	\$85.78M
Total	\$208.34M

Deployment

Phase 1 - Critical Needs - \$99,260,000

We recommend proceeding in the following sequence to roll-out the re-envisioned behavioral health and substance use delivery system for South Carolina:

1. Focus on deploying assets to the Pee Dee region where there is the greatest need.
2. Implement portion of crisis stabilization resources across regions, including behavioral health emergency departments in all regions, and 50% of the needed Crisis Stabilization Unit resources.
3. Implement key care coordination resources state-wide in order to address community need and lessen the need to future inpatient care.
4. Extend the stakeholder group to a guiding alliance of additional providers, health systems, state agencies and other parties to support the sustainable expansion of behavioral health and substance use deployment state-wide.

Phase 2 – Sustainability Requirements (Partial) - \$109,080,000

- Remaining Resources including Acute, Crisis Stabilization, Care Coordination, and Long-Term
- As Phase 1 resources are implemented, there will likely be changes in needed resources across the state. Needs will be monitored and validated, and resources will be deployed by the stakeholder group.

Long-Term Sustainability - Payment Reform

- Building a more effective and equitable behavioral health and substance use service delivery system requires a concerted effort on each of several fronts – physical infrastructure, provider capacity, service development, coverage, and reimbursement policy.
- Payment reform will be equally important to the success and financial sustainability of the proposed model.
- Principles and priorities related to payment reform and financial sustainability that should be advanced in lockstep with our proposal:
 - South Carolina should respond to recent federal policy changes that improve access to and modify reimbursement for Institutions for Mental Disease;
 - While improving access and expanding capacity, agencies should obtain “the greatest possible value for each state taxpayer dollar;”
 - Payors should initiate appropriate coverage and reimbursement for mobile crisis, facility-based crisis stabilization, and intensive outpatient services in a way that “shall facilitate the claiming of matching funds where feasible;” and
 - The state should pursue Medicaid waivers, plan amendments, and/or plan options that promote access to behavioral health and substance use treatment in ways that (1) obtain federal matching that helps to offset existing state costs, (2) convert indigent care to a sustainable reimbursement model, and (3) reduce levels of uncompensated care.

Impact

- Support of this proposal with **one-time funding** is an important first step and will enable critical actions to occur that will start to turn the tide on this issue and improve the behavioral health and substance use health outcomes for South Carolinians.
- The long-term success of this initiative, however, will require **longitudinal funding** support and reform at the state and, in some cases, federal level.
- To successfully accomplish this vision will require clarity of purpose, a common vision, partnership, and leadership.