Behavioral Health Needs Assessment: Spartanburg County, South Carolina

Final Report and Business Plan

Tracy Kulik & Virginia Thomas
2/7/2013
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CONTRIBUTORS:

Joint Funders of the Behavioral Health Initiative:
- United Way of the Piedmont
- Spartanburg Regional Hospital Foundation
- Spartanburg County Foundation
- Mary Black Foundation
- South Carolina Department of Alcohol and Other Drug Abuse Services

Steering Committee Members:
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- Dr. Otis Baughman
- Dr. Kathleen Brady
- Jane Clemmer
- David Forrester
- Chris Lombardozzi
- Clay Marion
- Dr. William Powell
- Dr. Jim Rentz
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Miracle Hill Homeless Shelter
Spartanburg Alcohol and Drug Abuse Commission
New Day Club House
Adult and Community Education Center
1. POSITION PAPER:
The Joint Funders, a collaborative consisting of the Mary Black Foundation, Spartanburg County Foundation, Spartanburg Regional Hospital Foundation and the United Way of the Piedmont, have developed through their combined efforts a Behavioral Health Initiative. Through this venture they have decided to conduct a detailed needs assessment for Behavioral Health in the Spartanburg County area. This needs assessment includes a survey of the community, obtained from prior studies, focus groups with consumers accessing mental health services and a survey of behavioral health providers; an inventory of available services; and an action plan to be developed over a four-month period in conjunction with key stakeholders and community leaders and experts.

SUMMARY OVERVIEW:
Community leaders in Spartanburg County have discussed concerns about the County’s capacity to effectively address Spartanburg County’s behavioral health needs. Due to the designation of the Spartanburg County area as a Mental Health Professional Shortage Area in 2009, the closure of a local clinic that treated the severely mentally ill, escalating visits to the local hospital emergency room, and declining penetration rates for consumer access to behavioral health services, the Joint Funders have decided to hire a public health consulting firm, Collaborative Research, to conduct a needs assessment and develop an action plan. This plan will pinpoint specific problem areas in Spartanburg County’s existing system, highlight its strengths, and provide steps toward an efficient and cohesive model for Spartanburg County to serve its community and enhance its health and well-being.

BACKGROUND:
In April of 2011, nearly 80 service providers, community leaders and concerned citizens convened at USC Upstate to discuss the status of mental/behavioral health in Spartanburg County. Convened by the Mayor’s Committee for People with Disabilities, this gathering was intended as a first step towards building collaboration in the community to address challenges with the Spartanburg County area mental/behavioral health delivery system. The impetus for this meeting was as follows:

- Behavioral Risk Factor Surveillance System data show that, compared to the state average, Spartanburg residents reported a slightly higher number of “mentally unhealthy” days than the state average – 3.8 per month, vs. 3.6 per month.
- Although 37% of Behavioral Risk Factor Surveillance System respondents indicated that mental health conditions interfered to some extent in normal activities in the past month, only 12% were receiving some sort of treatment.
- A recently released Gallup-Healthways Well-Being study polled 353,000 U.S. adults in 2010 and ranked 188 metropolitan areas for health and well-being. Overall, Spartanburg ranked 182nd. For emotional health Spartanburg County ranked 178th.
- The Primary Care office of SC Department of Health & Environmental Control determined in 2009 that the whole county is a Mental Health Professional Shortage Area for low income residents. That is, there are not enough providers to serve low income residents who need their services.
- In the last several years, the Department of Mental Health reports a decrease in their “penetration rate” – the extent to which the department reaches adults and children who need mental health services. In 2002, the department served 23.6 adults per 1,000 adult residents of the state. By 2009, that number dropped to 17.9 adults per 1,000 adult residents. Reportedly, this reflects a shift in service priorities toward the more severely and persistently mentally ill. The latest figures indicate further decrease, with a drop in the penetration rate for 2012 to 15.9 (national = 19.9).

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1 South Carolina Department of Mental Health

Collaborative Research, LLC
Final Recommendations

- When the behavioral health systems are not adequate to address need, hospital emergency departments become sources of default mental health treatment. In 2009, there were 4,308 visits to Spartanburg County EDs for behavioral health issues or a rate of 1,509.98, with total charges of $21,036,512. In 2010, this figure increased to 4,444 or a rate of 1,550.47. In 2011 there were 4,623 visits to Spartanburg County EDs for behavioral health issues equivalent to a rate of 1,611.54. This persistent increase in use of the Emergency Department for behavioral health indicates a void in the care delivery system at a lower level of acuity.\(^2\)

- Discussion in the Project Launch meeting reinforced that while Spartanburg County has several important assets, the need to address community issues related to behavioral health is significant. Since this meeting, the Joint Funders have agreed that improving the behavioral health system of Spartanburg County is crucial to creating a healthy and self-sustaining community.

- In an effort to define steps to improve Spartanburg County’s behavioral health, the Joint Funders have hired Collaborative Research, a public health consulting firm, to develop a detailed needs assessment and action plan for Spartanburg County. Over a four-month period, Collaborative Research will work in conjunction with community partners to identify specific needs and gaps in Spartanburg’s behavioral health system and to define action steps to making Spartanburg County’s behavioral health system a national model.

2. EXECUTIVE SUMMARY

As part of the Road to Better Health project, with analysis conducted annually for the Spartanburg Community Health Indicators project, behavioral health was prioritized as one of five critical health issues, due to high levels of Unmet Need as displayed in the visual below.

Nationally, state departments of mental health determine ‘penetration rates’ or the ability to provide public mental health services to their populations. As evidenced in the graphic in the lowest level of the funnel, the penetration rate for South Carolina’s Department of Mental Health is 15.9% in 2012 (down from 17.9% in 2010); or displaying an Unmet Need of 84.1%. This is further substantiated by national estimates of mental illness, substance abuse and co-occurring disorders that maintain that only 20% of ALL funded clients (private and public) receive the behavioral health services that they require.

The analogy of a funnel is apt, with frequent references that the funnel to public behavioral health has contracted from severely mentally ill with no or few financial means to severely and persistently mentally ill. The other comment often heard is that the funnel has narrowed to a pinhole and is in danger of closing completely. The macro-economic sizing of the issue in Spartanburg County was conducted through data collection and refined in key informant interviews and focus groups.

Relative volumes of publicly funded behavioral health services demonstrate this contraction over the prior three-year period, from 2009 to 2011. It should be noted that the cumulative contraction of 17% over the past 3 years is even greater when viewed from a 5-year history of 40% reduction.

<table>
<thead>
<tr>
<th>SPARTANBURG COUNTY NEED:</th>
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<tbody>
<tr>
<td>Mental Illness ('MI') = 54,386</td>
</tr>
<tr>
<td>Substance Abuse ('SA') = 21,755-24,775</td>
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<tr>
<td>(16,316 to 18,581 = ROH abuse plus 5,439 to 6,194 = illicit drug abuse)</td>
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</table>

\[ = 76,141 \text{ to } 79,141 / 284,307 = 26.7\% \text{ to } 27.8\% \]

\[ 12,106-12,583 \text{ MET NEED } = 15.9\% \]

\[ 64,035 \text{ to } 66,558 \text{ UNMET NEED } = 84.1\% \]
Findings from the Key Informant Interview and Focus Groups are summarized below:

**KEY INFORMANT INTERVIEWS (42)**
- All Joint Funders of Mental Health (4 foundations and SADAC)
- All members of the Steering Committee (12)
- Spartanburg Department of Corrections
- Spartanburg School System
- Miracle Hill Ministries, The Haven Homeless Shelter, Safe Homes Rape Crisis Center, Probate Judge, SADAC and SC DMH office

**FOCUS GROUPS (6)**
1. Female Intensive Outpatient Program at SADAC
2. The Haven Homeless Shelter
3. Miracle Hill Ministries
4. New Day Clubhouse
   - Beginning level English as Second Language class - Hispanics (Jim Rentz at WestGate Counseling)
5. Advanced level English as Second Language class - Hispanics (Jim Rentz at WestGate Counseling)

**FINDINGS**
- Extreme need but very limited supply with funnel narrowing due to last 2 years funding cuts at state level to a ‘pinhole’
- Only severe and persistent need get service
- Medications and Primary Care physicians role with BH therapist integration seen as key

**FINDINGS**
- Little awareness of public behavioral health services, eligibility, offerings
- Homeless had highest awareness with lifetime history of use and incarceration
- Least awareness was among Hispanics
- Regular use of services only by New Day Clubhouse

**BARRIERS**
- Need to have client go to EC since many agencies can’t prescribe psychotropic medications
- Cost of psychotropic meds for Dept. of Corrections (estimate)

**BARRIERS**
- Long wait to access MH services
- Frequent rejection as not presenting with sufficient need (‘severe AND persistent’ mental illness)
- Strong desire to pair counseling with medications
- Lack of health insurance, lack of affordability of care

**GAPS**
- Adequate reimbursement
- Detoxification services

**GAPS**
- Transportation to Counseling or Treatment
- Cost of medications, frequent reference to running out of meds, using less than prescribed, having to go to EC

A summary of the recommendations to resolve the barriers and gaps with in Spartanburg’s behavioral health system is displayed with a brief description of the strategy.
BRIEF OVERVIEW OF TEN RECOMMENDATIONS:

ACCESS

(1) Hot or Warm Line for Primary Care Physicians
*Brief Description:* State or county-wide resource in which a psychiatrist is available by phone to primary care physicians and other mental health professionals for consultation.

(2) Improved Access to Behavioral Health
   a. Mobile Medical Van
   b. Federally Qualified Health Center (FQHC)
   c. Treatment of the Incarcerated using Nurse Practitioners
*Brief Description:* The mobile medical van is a means to provide health care to those with transportation barriers. The van would visit certain sites with regularity and is available to visit other sites with high demand in the county. A Federally Qualified Health Center is an affordable institution designed to provide wrap-around health related services to individuals that would not otherwise have access to health care. Use of Nurse Practitioners is a means to provide adequate treatment of incarcerated individuals with high unmet need for behavioral health care.

(3) Education of Primary Care Physicians in Behavioral Health Protocols
*Brief Description:* Education of Primary Care Physicians on the ways in which they can handle and properly refer individuals with behavioral health needs.

CAPACITY

(4) Telepsychiatry
*Brief Description:* Technology that allows consumers to receive counsel on their behavioral health status via video or phone conferencing with a psychiatrist who can then create a care plan with the patient.

(5) After-Care/Follow-up Services
*Brief Description:* Services at various institutions such as County Corrections and Spartanburg Alcohol and Drug Abuse Commission that follow up with clients to assure they are linked to proper agencies upon leaving the current institution

(6) Expand Psychiatrists and Psychiatric Nurse Practitioners in Spartanburg County
*Brief Description:* Attraction and retention of more psychiatrists in Spartanburg County to meet the high unmet need in this Mental Health Professional Shortage Area.

COST

(7) Compassionate Care using Welvista for Department of Corrections
*Brief Description:* Using the Welvista program to defer the high cost of medications for which County Corrections must currently pay.
INTEGRATED CARE

(8) Health Homes—Medical Family Therapy
Brief Description: Health Homes are part of the Affordable Care Act provisions and mandate intensive medical case management through use of a behavioral health therapist working with primary care physicians to guide patients with a co-occurring chronic medical condition and a behavioral health issue.

(9) Early Intervention for Behavioral Health
Brief Description: Multi-faceted team approach to treat individuals with serious behavioral health needs earlier to manage their behavioral health issue before it reaches a crisis phase. Pillars of this approach include education, prevention, and availability of mental health professionals to those who are not yet in crisis.

(10) SBIRT: Screening, Brief Intervention, Referral & Treatment
Brief Description: A practice that a variety of medical agencies and providers can use to more effectively link individuals to the care they need. It normalizes and makes available screening, provision of a short-term care plan, referral and long-term treatment as needed to any person.
3. METHODOLOGY:

Facilitated discussion occurred over a five-month period, with monthly meetings occurring using a Steering Committee selected by the Joint Funders of the Mental Health Initiative. This steering committee represented a broad cross-section of Spartanburg county, with intentional inclusion of not only private and public behavioral and physical health representatives, but also representatives from the criminal justice, school and faith-based sectors. In addition, Dr. Kathleen Brady from USC Upstate was involved to assist with broader research impact upon community health indicators.

Agendas for the monthly meetings were supported by presentation or bullet point information collected and analyzed by Collaborative Research, with time spent in each meeting allocated to glean insights from Steering Committee representatives. The materials supporting each meeting and minutes are contained in Appendix B: Reference Material.
## 4. BUSINESS PLAN

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<th>STRATEGY</th>
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<th>IMPACT</th>
<th>QUICK SUCCESS</th>
<th>WEIGHTED PRIORITY</th>
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<tr>
<td>1</td>
<td>Capacity</td>
<td>Telepsychiatry</td>
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<td>Integrated Care/ Access</td>
<td>Hot or Warm Line for Primary Care Physicians (FP, IMED, EC, OB/GYN, Pediatrics)</td>
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<td>6</td>
<td>Integrated Care/ Access</td>
<td>Education of Primary Care Physicians in Behavioral Health Protocols (Screening, Geriatric, Depression, Bipolar, Schizophrenia, etc.)</td>
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<td>Integrated Care</td>
<td>Early Intervention for Behavioral Health</td>
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<td>8</td>
<td>Access</td>
<td>Improved Access to Behavioral Health Care 1) Mobile Medical Van 2) FQHC 3) Treatment Incarcerated: Nurse Practitioners</td>
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<td>Capacity</td>
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<td>2.7</td>
<td>2.3</td>
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RANKING

#1 rank: 3) Compassionate Care: Defray cost of SCC psychotropic meds thru Welvista

#2 rank: 6) Educate Primary Care Physicians in Behavioral Health Protocols AND
       10) SBIRT: Deploy Screening, Brief Intervention, Referral & Treatment

#3 rank: 2) Health Homes: Medical Family Therapy

URGENCY:

#1 rank: 4) Expand Psychiatrists in Spartanburg County
       6) Educate Primary Care Physicians in Behavioral Health Protocols
       10) SBIRT: Deploy Screening, Brief Intervention, Referral & Treatment

#2 rank: 3) Compassionate Care: Defray cost of SCC psychotropic meds thru Welvista

#3 rank: 2) Health Homes: Medical Family Therapy

 IMPACT:

#1 rank: 4) Expand Psychiatrists in Spartanburg County

#2 rank: 6) Educate Primary Care Physicians in Behavioral Health Protocols

#3 rank: 2) Health Homes: Medical Family Therapy

QUICK SUCCESS:

(3 – 1 to 2 years; 2 – 2 to 4 years; 1 – 5 years or more)

#1 rank: 3) Compassionate Care: Defray cost of SCC psychotropic meds thru Welvista

#2 rank: 8c) Use Nurse Practitioners to treat behavioral health among incarcerated

#3 rank: 2) Health Homes-Medical Family Therapy and 10) Deploy SBIRT
Four (4) strategies were developed, with ten (10) recommendations supporting these strategies to address Spartanburg County’s behavioral health needs.

<table>
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<th>STRATEGIES</th>
<th>RECOMMENDATIONS</th>
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<td>Access</td>
<td>1. Hot or Warm Line for Primary Care Physicians (FP, IMED, EC, OB/GYN)</td>
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<td>2. Improved Access to Behavioral Health Care</td>
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<td></td>
<td>1) Mobile Medical Van</td>
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<td>2) FQHC</td>
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<td>3. Education of Primary Care Physicians in Behavioral Health Protocols (Screening, Geriatric, Depression, Bipolar, Schizophrenia)</td>
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<td>10. SBIRT: Screening, Brief Intervention, Referral &amp; Treatment</td>
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The recommendations below show underlined potential funding sources as a means of financing implementation of these recommendations.

Overlap and Coordination Opportunities in Recommendations:

- The two primary care recommendations and SBIRT recommendation overlap, all of which could be integrated into a Health Home-Medical Family Therapy model.
- Improved Access to Behavioral Health Care through a Mobile Medical Van, Federally Qualified Health Center, and Treatment of Incarcerated Individuals with Nurse Practitioners overlaps with Follow-Up/Aftercare, SBIRT and Early Intervention for Behavioral Health recommendations.
- Hot or Warm Line overlaps with the development of screening protocols for behavioral health conditions, the SBIRT recommendation and the Health Homes recommendation.
- After Care/Follow-Up correlates with Health Homes-Medical Family Therapy strategy.
**ACCESS**

(1) **Hot or Warm Line for Primary Care Physicians**

**Brief Description:** State or county-wide resource in which a psychiatrist is available by phone to primary care physicians and other mental health professionals for consultation.

**Goal:** To provide on-call resources for primary care doctors who need assistance and consultation regarding patients presenting behavioral health issues. Implementation of this resource would seek to reduce stigma of treating individuals with behavioral health issues among primary care physicians and offer more opportunities for treatment and early intervention among consumers.

**Rationale:** As Dr. Otis Baughman stated, primary care physicians often encounter individuals with mental health or substance abuse issues in their practices. While some primary care doctors are trained and equipped to handle patients presenting these issues, many primary care practices are unwilling to provide treatment to clients with behavioral health needs due to stigma, lack of education and training, concerns about liability, and overall discomfort with the field of behavioral health. Spartanburg County was listed as a Mental Health Professional Shortage Area in 2009; the County lacks sufficient psychiatrists and mid-level providers for behavioral health issues. Due to this shortage, individuals often are forced to wait for treatment until they are in crisis resulting in heavy flow through Emergency Departments and County Corrections of individuals with mental health or substance abuse problems in Spartanburg. The “Hot or Warm Line” would allow primary care doctors to assist in addressing the needs of individuals with behavioral health issues at an earlier stage which arms consumers with the tools needed to manage their behavioral health in a sustainable manner.

**Estimated Impact on Behavioral Health in Spartanburg County:** For minimal resources (potentially overlapping with the FQHC strategy which could ‘host’ the hot or warm line), primary care physicians would have access to professional behavioral health advice to treat and refer patients.

**Resources currently impacted by NOT having Hot or Warm Line:** Emergency Departments at local hospitals have high numbers of individuals with behavioral health issues and no treatment plan, County Corrections has a high recidivism rate and “frequent flyers” whose behavioral health goes unaddressed inside or outside of jail, The Department of Mental Health has long waiting lists resulting in the prioritization of treating individuals who are in crisis versus those who need long-term treatment, the Department of Public Safety has encountered increasingly dangerous situations with those whose mental health and substance abuse issues go untreated and is unsure of where to find help for these individuals,

**Resources required:** Annual cost of hot or warm line (equipment), cost to develop guiding protocols for hot or warm line and cost to staff (hours of operation). Potentially could be financed under FQHC. Recommend use of psychiatric nurse practitioners for this strategy with possible use of psychologists.

**Return on Investment:** Avoidance costs of caring for patients with behavioral health conditions
in lower cost setting (primary care practice, FQHC) versus Emergency Department/summary of costs in RESOURCES REQUIRED.

*Urgency Rating:* 2.2  
*Impact Rating:* 2.2  
*Quick Success Rating:* 1.9

*Comment:*
**ACCESS**

(2) Improved Access to Behavioral Health

a. Mobile Medical Van  
b. Federally Qualified Health Center (FQHC)  
c. Treatment of the Incarcerated using Nurse Practitioners

**Brief Description:** Mobile Medical Van as a means to provide health care to those with transportation barriers, van to visit certain sites with regularity and available to visit other sites with high demand in the county. Federally Qualified Health Center is an affordable institution designed to provide wrap-around health related services to individuals would not otherwise have access to health care. Use of Nurse Practitioners to provide adequate treatment of incarcerated individuals with high unmet need for behavioral health care.

**Goal:** To effectively and efficiently deliver behavioral health services to individuals with high unmet need in Spartanburg and to ensure access to behavioral healthcare through reducing current barriers individuals face in Spartanburg’s existing behavioral healthcare system. To provide more options for providers to write referrals for clients whose needs that cannot meet in a comprehensive manner. To more fully utilize the network of behavioral health services through institutionalizing the incorporation of existing agencies such as WestGate Family Therapy in all efforts to develop the behavioral health services network in Spartanburg.

**Rationale:** The greatest barriers to accessing adequate and timely behavioral health services in Spartanburg County are transportation, affordable services for those who are uninsured or underinsured, and the dearth of behavioral healthcare for individuals while incarcerated along with lack of follow-up to ensure linkage to services after release. Among the greatest barriers to current service providers is lack of referral options for patients. This three-tiered approach to improve access to behavioral health care in Spartanburg targets the barriers to both consumers and existing providers listed above. Through providing behavioral health care to a greater population of individuals, the residents of Spartanburg County will be able to manage their behavioral health issues, avoid crisis situations and lead more independent lives. Efforts to formalize collaboration between existing agencies in the formation of an FQHC would promote the full usage of the behavioral health system in Spartanburg without reinventing the wheel.

**Estimated Impact on Behavioral Health in Spartanburg County:** Strengthening of behavioral health system in Spartanburg County through formalized collaboration efforts, increasing access to behavioral health services through a variety of outlets, and relieving pressure on costly visits to County Corrections and the Emergency Department in Spartanburg.

**Resources currently impacted by NOT having a Mobile Medical Van:** Homeless Shelters, Police Department (called to escort individuals in crisis from homeless shelters), Emergency Departments at local hospitals, Department of Mental Health.

**Resources currently impacted by NOT having a Federally Qualified Health Center:** Department of Mental Health, Emergency Departments at local hospitals, variety of Faith-based and service organizations have limited options for referral, County Corrections, Spartanburg Alcohol and Drug Abuse Commission. ReGenesis, the only FQHC currently licensed to operate in Spartanburg County, has limited (2.0 FTE) counselors amidst overwhelming demand. Ideally,
an FQHC could accommodate after-hours (evening, weekend) behavioral health need. No current institutionalization of collaboration opportunities between already existing agencies like WestGate Family Therapy and New Day Clubhouse.

**Resources currently impacted by NOT having Nurse Practitioners to treat incarcerated individuals:** County Corrections, Department of Public Safety, Probate Court System, Homeless Shelters, Domestic and Sexual Violence Prevention Center.

**Resources required:** An entity (or ReGenesis) to fully staff and provide integrated behavioral and physical health services with provision of after-hours care. Overlapping strategy of using SBIRT to identify behavioral health needs earlier in the disease process. An FQHC can list a mobile van as an identified ‘site’ for care with nurse practitioners used from its staff to treat the incarcerated. Strategies to incorporate existing institutions into structure geared toward strengthening the behavioral health network. Cost to develop behavioral health capacity in an FQHC.

**Return on Investment:** Reduced behavioral health visits to the Emergency Departments at SRHS and Mary Black hospitals with correlated lower costs for behavioral health and significant reduction in the rate of incarceration could occur if clients with behavioral health issues are identified and treated earlier/Summary of costs to develop behavioral health capacity in FQHC. Full and comprehensive utilization of all agencies working to address the behavioral healthcare needs of individuals living in Spartanburg County through institutionalized and sustainable collaboration.

**Mobile Medical Van**

- **Urgency Rating:** 2.0
- **Impact Rating:** 2.2
- **Quick Success Rating:** 1.7

**Federally Qualified Health Center**

- **Urgency Rating:** 2.7
- **Impact Rating:** 2.7
- **Quick Success Rating:** 1.7

**Treatment of Incarcerated Individuals with Nurse Practitioners**

- **Urgency Rating:** 2.8
- **Impact Rating:** 2.1
- **Quick Success Rating:** 2.4

**Comments:**
ACCESS

(3) Education of Primary Care Physicians in Behavioral Health Protocols

**Brief Description:** Education of Primary Care Physicians on the ways in which they can handle and properly refer individuals with behavioral health needs.

**Goal:** To expand the capacities of primary care doctors to provide comprehensive and wrap-around care to individuals as preventative and early intervention strategies. To equip primary care doctors with the means and knowledge of how to do assessments, write proper referrals, and successfully link their clients to the resources they need. Educating primary care doctors on the clinical behavioral health protocols is also geared toward destigmatizing the acknowledgement and treatment of mental health and substance abuse problems. To integrate education of primary care physicians into the structure of existing and future behavioral health oriented institutions.

**Rationale:** Primary care practices are designed to offer regular and consistent health care to consumers and are thus often among the first to encounter concerns related to behavioral health issues in a patient. Themes drawn from Focus Group Discussions, Key Informant Interviews, and Steering Committee member conversations point to high stigma against and lack of education among primary care providers in dealing with patients who have behavioral health concerns. With more education on protocols primary care doctors can follow when faced with a behavioral health issue in their practice, physicians can equip their patients with the steps needed to take in addressing and handling their overall health including mental health and avoiding substance abuse.

**Estimated Impact on Behavioral Health in Spartanburg County:** Reduction in more serious behavioral health conditions and lower cost at lesser levels of severity.

**Resources currently impacted by NOT having Education of Primary Care Physicians in Behavioral Health Protocols:** Primary Care Practices, Emergency Departments at local hospitals, School Districts that become de facto care providers to children with emerging behavioral health issues, Faith-based organizations.

**Resources required:** Time and effort for development of screening protocols for behavioral health to be used by primary care physicians and for actual education and orientation to their use plus time invested in practice to use these.

**Return on Investment:** Reduced Emergency Center use/summary of costs stated in RESOURCES REQUIRED.

**Urgency Rating:** 3.0
**Impact Rating:** 2.9
**Quick Success Rating:** 2.1

**Comments:**
CAPACITY

(4) Telepsychiatry

**Brief Description:** Technology that allows consumers to receive counsel on their behavioral health status via video or phone conferencing with a psychiatrist who can then create a care plan with the patient.

**Goal:** To leverage the case loads of existing and limited amount of psychiatrists in Spartanburg County and to increase availability of psychiatric attention to consumers with high and unmet need for psychiatric services. This measure would also create the potential to have a bi-lingual psychiatric care to help bridge the gap in services for individuals who do not speak English as their primary language.

**Rationale:** Spartanburg County has an extremely limited quantity of psychiatrists, especially those who specialize in child and adolescent psychiatry. This shortage creates back-log of consumers waiting to be seen by a psychiatrist and stops psychiatrists from being able to form for more consistent and thorough clinical relationships with their patients. Many consumers reported being unable to receive the psychiatric attention they need and that negatively impacting their ability to live life independently and efficiently. Through Focus Groups with individuals who did not speak English as their primary language, it is apparent that there is great unmet need for multi-lingual psychiatrists. Greater access to psychiatrists through Telepsychiatry would reduce pressure on existing psychiatrists in Spartanburg County.

**Estimated Impact on Behavioral Health in Spartanburg County:** The consultative ability of psychiatrists diagnosing and treating behavioral health clients would be coupled with the prescribing authority of a clinician at the site where the client seeks care. This would help alleviate the severe shortage of psychiatrists in Spartanburg County.

**Resources currently being impacted by NOT having Telepsychiatry:** Psychiatric Units in the Emergency Departments of local hospitals are the current focus of grants bestowed by the Duke Endowment. Potential expanded use could occur in School Districts, Homeless Shelters, and Spartanburg County Corrections.

**Resources required:** Equipment (for Emergency Departments, funded by the Duke Endowment) and training in use. Staff time of psychiatrist and primary care physicians or clinicians prescribing medications.

**Return on Investment:** Reduced need for scarce and expensive resource of psychiatrist plus reduced use of more acute levels (i.e. Emergency Department, Hospital)/cost of equipment – null if grant funded—and staff time of psychiatrist and primary care clinician.

**Urgency Rating:** 2.5
**Impact Rating:** 2.7
**Quick Success Rating:** 2.0

**Comments:**
CAPACITY

(5) After-Care/Follow-up Services

Brief Description: Services at various institutions such as County Corrections and Spartanburg Alcohol and Drug Abuse Commission that follow up with clients to assure they are linked to proper agencies upon leaving the current institution.

Goal: To strengthen the network of behavioral health care providers so that already-existing services are utilized more fully and to assure that consumers who are at risk of discontinuing services despite high need are getting the services and attention they need. Including more ways of following up with patients at various institutions accessed the services they were referred to will also increase multiple agency collaboration so that fewer fall out of care resulting in high recidivism rates in County Corrections and the Emergency Department of local hospitals.

Rationale: Agencies with the highest volumes of behavioral health patients like County Corrections, the Emergency Department, Spartanburg Alcohol and Drug Abuse Commission and the Department of Mental Health do not have a means of following up with the patients they see or means of insuring that their long-term needs were met after short term remediation services they received while in the care of their respective organizations. Due to the lack of after-care guidance, many individuals do not link to services that would assist in creating a treatment plan or goal-setting to help patients learn to manage their behavioral health issue. Without long-term care and maintenance, many individuals in Spartanburg rely on agencies to deal with crisis situations when they arise versus working toward a system of preventive care.

Estimated Impact on Behavioral Health in Spartanburg County: A reduction in criminal and behavioral health recidivism and increased compliance with psychotropic medications would favorably impact Spartanburg County.

Resources currently impacted by NOT having After-care/Follow-up services: County Corrections, Department of Mental Health, Spartanburg Alcohol and Drug Abuse Commission, Probate Court, Department of Public Safety, Emergency Departments of local hospitals.

Resources required: Behavioral health personnel to provide after-care and follow-up services. Potentially funded through health homes-medical family therapy project, if only for 2-year pilot.

Return on Investment: Reduced recidivism/summary of costs in RESOURCES REQUIRED.

Urgency Rating: 2.2
Impact Rating: 2.2
Quick Success Rating: 1.9

Comments:
CAPACITY

(6) Expand Psychiatrists and Psychiatric Nurse Practitioners in Spartanburg County

**Brief Description:** Attraction and retention of more psychiatrists in Spartanburg County to meet the high unmet need in this Mental Health Professional Shortage Area.

**Goal:** To better meet the high unmet need for psychiatric attention among consumers in Spartanburg County and to reduce the large case loads of existing psychiatrists in Spartanburg. To assure that consumers are utilizing correct and adequate medication and counseling to meet their mental health and substance abuse needs. To possibly have a “circuit-rider” psychiatrist who is able to provide psychiatric services at a variety of behavioral health agencies to strengthen and coordinate behavioral health service provision and care.

**Rationale:** With such heavy case loads, psychiatrists in Spartanburg County are unable to adequately meet the needs of residents who need psychiatric care. Long wait lines exist to see psychiatrists and there is a gap in child and adolescent psychiatrists. The shortage of psychiatrists in Spartanburg County has led to misdiagnoses, issues with medication adherence and prescription practices, and a limited number of individuals who feel properly prepared to manage their mental health or substance abuse issue. A traveling psychiatrist would promote coordination of care among consumers.

**Estimated Impact on Behavioral Health in Spartanburg County:** Enhanced access to psychiatrists, potentially through resident placement in Spartanburg from the Greenville Health System would reduce the severe unmet need currently experienced in attempting to treat seriously and persistently mentally ill. The overwhelming demand has clogged the local Emergency Departments.

**Resources currently impacted by NOT having Expanded Psychiatrists in Spartanburg County:** Department of Mental Health, Local Hospitals, School Districts, County Corrections, Counselors and Therapists offices, New Day Club House.

**Resources required:** Cost of recruiting additional psychiatrists with potential lower costs if Spartanburg Regional Healthcare System is used as a residency training site for Greenville Health System’s psychiatry program. Potentially attracting a “circuit-rider” psychiatrist with the ability to visit a variety of institutions providing behavioral health services in Spartanburg County.

**Return on Investment:** Reduced cost of high level (emergency department, inpatient hospitalization) behavioral health care/ RESOURCES REQUIRED

**Urgency Rating:** 3.0
**Impact Rating:** 3.0
**Quick Success Rating:** 1.3

**Comments:**
COST

(7) Compassionate Care using Welvista forDepartment of Corrections

**Brief Description:** Using the Welvista program to defer the high cost of medications for which County Corrections must currently pay.

**Goal:** To leverage the County Corrections budget by providing more affordable medications to incarcerated individuals.

**Rationale:** Without after-care or follow-up services in the Emergency Department or Spartanburg Alcohol and Drug Abuse Commission, many times inmates arrive at County Corrections without the medications they need to manage their mental health or substance abuse issue nor do they have a payer source to cover their medications while in jail. Due to federal laws concerning the health care inmates shall receive while imprisoned, County Corrections covers the cost of psychotropic medications for all inmates who need them which is a costly endeavor. Leveraging the amount of budget spent on psychiatric medications will allow County Corrections to reallocate funds in a more efficient and cost-effective manner.

**Estimated Impact on Behavioral Health in Spartanburg County:** Use of Welvista to defray the high cost of psychotropic medications for individuals in the County Corrections Department would significantly reduce the cost currently incurred by the County.

**Resources currently impacted by NOT having Welvista for the Department of Corrections:** County Corrections, Emergency Departments at local hospitals who receive patients from Corrections whose needs have exceeded the capacity of Corrections to meet those needs, Police Departments who transport those individuals.

**Resources required:** DHHS to authorize the use of Welvista funds, designated for free clinic patients to be used for eligible Corrections patients. Welvista to revise processes to meet Correction Facility needs

**Return on Investment:** Reduced cost of Spartanburg County Corrections behavioral health medications/RESOURCES REQUIRED

**Urgency Rating:** 2.9

**Impact Rating:** 2.6

**Quick Success Rating:** 2.7

**Comments:**
INTEGRATED CARE

(8) Health Homes—Medical Family Therapy

**Brief Description:** Health Homes are part of the Affordable Care Act provisions and mandate intensive medical case management through use of a behavioral health therapist working with primary care physicians to guide patients with a co-occurring chronic medical condition and a behavioral health issue.

**Goal:** Health homes are a strategy for helping individuals with chronic conditions manage those conditions. Federal mandates under the Affordable Care Act require providers to couple chronic medical conditions such as obesity with behavioral health issues such as mental health. An eligible individual—for example, a person with diabetes and a mental illness—selects a provider or team of health care professionals to be his or her health home. That home then becomes accountable for the entire individual’s care, including the following:

- Manage and coordinate all of the services the person receives from multiple providers.
- Promote good health.
- Help with transitions from one kind of setting to another.
- Provide support to both the individual and her family members.
- Offer referrals to community and social support services

Efforts related to Health Home implementation to coordinate with existing agencies to promote wrap-around services.

**Rationale:** As part of the Affordable Care Act, states began offering the health homes option under Medicaid in January of 2011. The new provisions allow Medicaid to reimburse providers for the time they spend on such vital tasks as coordinating interdisciplinary care, whether in person or virtually, or meeting with family members to help support an individual’s recovery. The legislation features a “sweetener”—a 90 percent Federal match for the first 2 years—to encourage states to add health homes to their list of benefits, she said. Institutionalizing the incorporation of existing institutions like WestGate Family Therapy and others into the creation of a Health Home would optimize system coordination and efficacy.

**Estimated Impact on Behavioral Health in Spartanburg County:** This approach, frequently termed Medical Family Therapy, would integrate behavioral health professionals in primary care practices, allowing for earlier intervention in behavioral health care.

**Resources currently impacted by NOT having Health Homes-Medical Family Therapy:** Loss of the two-year reimbursement enhancement in South Carolina that is exacerbated by the State’s refusal to expand Medicaid and inability to integrate physical and behavioral health in a coordinated and cost-enhanced manner.

**Resources required:** States interested in including health homes in their Medicaid programs must submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS).

**Return on Investment:** Improved behavioral health and chronic medical condition outcomes,
lower cost of hospitalizations; emergency department use with enhanced reimbursement

_Urgency Rating:_ 2.8  
_Impact Rating:_ 2.8  
_Quick Success Rating:_ 2.3

_Comments:_
INTEGRATED CARE

(9) Early Intervention for Behavioral Health

**Brief Description:** Multi-faceted team approach to treat individuals with serious behavioral health needs earlier to manage their behavioral health issue before it reaches a crisis phase. Pillars of this approach include education, prevention, and availability of mental health professionals to those who are not yet in crisis.

**Goal:** To shift to a model system of behavioral healthcare centered on education, prevention, and addressing the behavioral health needs of individuals in a way that gives patients the tools to manage their own behavioral health. To promote coordination of care so that consumers are able to better manage their behavioral health issues earlier and more sustainably. This system would reduce the number of crises involving behavioral health in Spartanburg County and work to increase the number of healthy, productive citizens in Spartanburg County.

**Rationale:** Spartanburg County currently operates in a high-cost manner; without early intervention and maintenance of behavioral health related issues, individuals often reach a stage of crisis before seeking the help they need. This leads to high costs financially, socially, emotionally, costs to productivity of citizens and creates heavy burdens on families across. This recommendation overlaps with both Primary Care recommendations and with SBIRT.

**Estimated Impact on Behavioral Health in Spartanburg County:** The filter diagram on page 7 displays the volume impact of NOT having early intervention or a sequential intercept model deployed to prevent behavioral health issues from advancing in severity or persistence.

**Resources currently impacted by NOT having Early Intervention for Behavioral Health:** All entities related to behavioral health in Spartanburg are negatively affected by not having a model that promotes education, prevention and early intervention.

**Resources required:** Cost of staff to provide early intervention services that typically use a therapist or psychologist to provide counseling at initial stages of presenting symptoms of serious behavioral health issues. Early intervention teams are typically composed of staff such as a psychiatrist, psychologist, community psychiatric nurses, social workers and support workers. Support from an early intervention team is for a limited amount of time, usually three years for more severe forms of mental illness such as psychosis that can present as early as 14 years of age.

**Return on Investment:** Reduced progression to seriously and persistently ill (behavioral health for either mental health or substance abuse)/RESOURCE REQUIRED.

**Urgency Rating:** 2.6
**Impact Rating:** 2.7
**Quick Success Rating:** 1.6

**Comments:**
INTEGRATED CARE

(10) SBIRT: Screening, Brief Intervention, Referral & Treatment

**Brief Description:** A practice that a variety of medical agencies and providers can use to more effectively link individuals to the care they need. It normalizes and makes available screening, provision of a short-term care plan, referral and long-term treatment as needed to any person.

**Goal:** To identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs through an evidence-based practice termed SBIRT (Screening, Brief Intervention, and Referral to Treatment).

**Rationale:** This practice is conducted in medical settings, including community health centers, and has proven successful in hospitals, specialty medical practices such as HIV/STD clinics, emergency departments, and workplace wellness programs such as Employee Assistance Programs. SBIRT can be used in primary care settings and enables healthcare professionals to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues. SBIRT aims to prevent the unhealthy consequences of alcohol and drug use among those whose use may not have reached the diagnostic level of a substance use disorder, and to help those with the disease of addiction enter and stay with treatment.

**Estimated Impact on Behavioral Health in Spartanburg County:** To reduce the burden of issues related to substance use and abuse at earlier stages.

**Resources currently impacted by NOT having SBIRT:** Emergency Departments, Spartanburg County Corrections, Probate Courts.

**Resources required:** Training in SBIRT, deployment of tools, staff time to conduct SBIRT. This recommendation is highly fundable under SAMHSA grant funds.

**Return on Investment:** Summary of costs above/RESOURCES REQUIRED

**Urgency Rating:** 3.0
**Impact Rating:** 2.7
**Quick Success Rating:** 2.3

**Comments:**
5. DETAILED FINDINGS: KEY INFORMANT INTERVIEW AND FOCUS GROUP FINDINGS

Summary of Findings

Primary Research conducted through Key Informant Interviews with local leaders and experts in the field of behavioral health and Consumer Focus Groups yielded the following findings and informed the business plan above.

Through synthesizing over forty Key Informant Interviews, Collaborative Research consultants created Process Maps for different behavioral health care systems in Spartanburg County. These process maps highlight needs, gaps, and barriers in existing agencies and the overall network of behavioral health services available in Spartanburg County. Key Informant Interviews revealed weaknesses such as: deficiency of psychiatrists, need for education among primary care physicians concerning behavioral health protocols, lack of referral resources, shortage of mid-level care providers, need for institutionalized collaboration between agencies, minimal follow-up or after care services, dearth of preventative and early intervention tactics, high stigma and lack of awareness of services and how to access them. While some institutions such as WestGate Family Therapy and New Day Clubhouse provide comprehensive care for individuals, they are unable to meet the high unmet need in Spartanburg alone. The variety of barriers and gaps that exist in the Spartanburg County behavioral health system manifests in large quantities of consumers seeking behavioral health care in the Emergency Department of local hospitals during a crisis, overwhelming demand placed on the Department of Mental Health, and high recidivism rates in County Corrections resulting in a system that is costly, is inefficient, creates potentially dangerous situations, and prohibits individuals with behavioral health issues from leading healthy, independent lives.

Focus Groups were conducted with individuals who did not speak English as their primary language, substance abuse service consumers, individuals experiencing homelessness, and individuals with severe mental health issues. Top themes that emerged from Focus Group discussions were lack of awareness of services, lack of follow-up care and system navigation assistance, absence of culturally sensitive and foreign language speaking providers, long waiting lines for services, a sense that there is no support network to help with individuals who need help with mental health or substance abuse issues. Another common and demonstrative theme concerned the lack of resources available to allow individuals to manage their mental health or substance abuse issues at an early stage resulting in either self-medication or a mental health crisis before individuals are able to get any form of care. Barriers to access included lack of affordable services and transportation to services.
Process Map Graphics

Process Maps: Behavioral Health-Spartanburg County

County Jail Process Map
Entry into the Corrections System

- Pre-Trial: Committed a crime and awaiting trial if they can't afford bail with average stay of 18 months.
- Post-Trial: If prisoner's sentence is less than 90 days, their time is served in the County Jail.
- Failure to pay Child Support: Average sentence is 6 months to 1 year in jail.
- Inmates deemed 'incompetent' to stand trial are transferred to mental health ward. Jail serves as their holding cell until that time.

Probate Court System

- Mentally Incompetent of Trial: Forensic Psychiatric Evaluation once or twice, admitted for up to 6 months to restore competency. If incompetent by judicial determination, involuntarily hospitalized or receive OP care.
- Incompetent Care: Private facility in Columbia, SC known as Just Care now GTO Group manages with 50 unit known as Columbia Regional Care Center. Total beds: 354
- Reason for Incompetence: Insanity, though medical providers reluctant for clients to regain competence resulting in long-term patients and difficulty securing bed. Can take a year to get patient moved from jail to treatment facility.
- Volume: For the first 6 months of 2012, there were 121 Detention Orders issued
  217 Involuntary Admissions (the detention, direct admit, refers what distraction order, voluntary only converted to involuntary, SC residents admitted in inpatient of South Carolina)
  214 Hearings (mostly related to admit. An involuntary admit discharged within 7 days)

Barrier: Lack of on-call emergency crisis or evaluation services leaves Judge Anderson as on-call personnel.
**Probate Court/Detention/Involuntary Orders**

**County Jail Process Map**

*Medical/Behavioral Health Care Options*

- Medical Unit: Spartanburg County handles their own medical care with 1 Medical Director, 10 Nursing Staff, 1 Pharmacist and 1 Medical Records employee. Option: Contract Out.
- Training: Most staff have never receiving training on identifying or dealing with inmates with behavioral health issues. Option: SBRT, Mental Health First Aid.
- Behavioral Health: A counselor from DMH comes once every 2 weeks for half a day. Risk inmates run out of prescription meds, cost of meds borne by Jail. Option: Webbased.
- Acuity of Behavioral Health/Level of Care Options: Due to lack of state institution resources, Spartanburg Corrections is de facto psych ward with only option to refer acutely mentally ill to SRHS EC.

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**Process Maps: Behavioral Health-Spartanburg County**

**County Jail Process Map**

*Post-Sentence/Post-Jail Time/Community Impact*

- Recidivism: Spartanburg County Corrections has a high recidivism rate. Option: Cost out impact to taxpayer. Spartanburg County of return to jail due to lack of proactive attention/resources to behavioral health issues.
- After-Care/Follow-Up: Spartanburg County Corrections does not have financial means to follow-up or provide After-Care to former inmates. Referrals to SADAC or DMH may occur, but these resources do not have the capacity to ensure that former inmates are following up or make their appointments, let alone are adherent to psychotropic medication regimens.

*Department of Public Safety:* First responders who encounter an individual with behavioral health issues who have committed crimes bring that individual to jail. Often that individual does not receive proper treatment in jail, perpetuating a revolving door once that individual is released. *Barrier:* DRS is currently serving as emergency resource to individuals with behavioral health issues with lack of trained staff to address problems individuals present. Resulting safety issue.
Process Maps: Behavioral Health-Spartanburg County  

**Department of Mental Health**  
*Arrival through Therapy in OP Setting through Follow-up/Referral*

**Arrival**
- Referred from Medical Clinics, EC at Local Hospitals, Churches, Police Dept, Spartanburg County Corrections, Homeless Shelter, School Systems, Self-Referrals.
- Depending on severity, DMH evaluates client within 3 days (routine) or same day (emergency).
- Intake form does not currently include referral source.

**OP Treatment**
- Severe: DMH sets up apprt for same day as referral & evaluation.
- Contract with local hospitals to guarantee IP Psych for clients that can be stabilized within 4 days.
- Less severe: DMH completes evaluation to determine if eligible, often denies service due to lack of resources.
- Volume: Total open cases of 4,086 (2,897 or 73% adults) and 1,199 children or 27%.
- Limited CM staff with staff providing services to other agencies including Miracle Hill Ministries, Homeless Shelter, Spartanburg County Corrections and schools in all districts.

**Follow-Up/Referrals**
- DMH partners with SADAC, Vocational Rehabilitation, Continuum of Care, Safe Homes Rape Crisis Center and all School Districts.
- Provides follow-up and the ability to refer patients to continuing care.

**Barriers:**
- Lack of crisis intervention means EC is used as back up.
- Lack of transportation, physical health providers, psychiatrist.
- Medicaid Reimbursements have become much stricter causing longer waiting times.

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Process Maps: Behavioral Health-Spartanburg County  

**Spartanburg Alcohol & Drug Abuse Commission (‘SADAC’)**

**Arrival**
- AIDSAP (DUI classes to obtain driver’s license)
- School System
- Corrections
- DMH
- SRHS EC
- Community Agencies (Homeless Shelters)
- Private Practices
- Assessments on Demand ~ Walshin (M-Th only)

**Program/Intervention:**
- Level 1: One session per week
- Level 2: Outpatient programs (Alcohol, Mixed Gender, Intensive Outpatient Programs (IOP), Pregnant Women, Bridge (youth & family), Adolescents in School, Drug court mandated for non-violent offenders (in lieu of all)

**Barriers during treatment:**
- Drug court: Classes cost money, those who can’t afford it all time.
- Transportation & lack of child care
- Need for streamlined coordination with DMH for dually diagnosed
- SADAC currently has no capacity to prescribe medications for clients
- Not many LPGs trained to deal with substance abuse & addictions
- Lack of modalities to meet needs of clients
- Not currently using Electronic Health Records due to lack of funding
- Red tape when trying to partner with private entities (a wayback)

**Follow-Up/Afters-Care (no resource, refer too):**
- Safe Homes Rape Crisis Center, DMH, Westgate
Emergency Center

Arrival
Individuals arrive to the EC in one of 3 ways with the goal of the EC to stabilize vs. treat.

Evaluation/Action
1) Brief triage by Nursing staff to determine bed placement
2) E.C. doctor evaluates patient
3) If psychiatrist needed, CAT form completed
4) Insurance verified
5) Psychiatrist then evaluates patient
6) Can discharge home, admit to SMHS II, or refer for involuntary admission
7) Increase evaluation and treatment in EC until placement to involuntary facility

Follow-Up/Referral
DMH has limited ability to follow up on patients due lack of resources but partners with local agencies listed to the right.

Walk-in: Crisis due to lack of support or referred
Ambulance: Major depression, suicidal
Police Escort: Individuals with behavioral needs beyond jail, court-ordered by probate judge as first step to commit individual
Contractual: DMH has contract with each hospital to guarantee bed for clients stabilized in under 6 days
Evaluation of Less Severe: DMH completes evaluation to determine if can be treated there, but due to lack of resources, low probability
Outreach Case Manager: DMH has Limited DM staff at Miracle Hill, Corrections & School Districts.

DMH Partners: SADAC, DOL, Voc Rehab, Safe Homes Rape Crisis Center, Continuum of Care, School Districts
DMH partners w/ DOL: Camp While Pines, OSSN, Community Residential Care facilities
SHRCC: partners w/ SC DMH for mental health

Inpatient Psychiatry

To admit a patient:
- a) Psychiatrist writes a consult of patient
- b) Psychiatric liaison completes the Comprehensive Assessment Tool (CAT form)
- c) Psychiatrist completes evaluation
- d) Recommendation by Psychiatrist to:
  1. Admit to SMHS Behavioral Health Unit (voluntary)
  2. Note for admission to involuntary facility
  3. Assess patient daily on treatment plan until stabilized, then discharged.

Barriers:
- 1) Wait at DMH long
- 2) Other agencies won’t take clients who can’t pay or are on Medicaid
- 3) Insufficient beds at state facilities
- 4) Limits of psychiatrists in EC (one round per day, Mon-Fri)
- 5) No system to track disposition or follow-up after release from EC
- 6) Referrals to DMH Safe Homes Rape Crisis Center

- 136
- 518

Top Diagnoses in Adult Unit:
Major Depressive Disorder
Bipolar & Schizophrenia
Top Diagnoses in Geriatric Unit:
Degenerative Neuromuscular Disorders, Schizophrenia, and Major Depressive Disorder

Female 233 (55%)
Male 186 (45%)
Avg Age = 48
Final Recommendations

Process Maps: Behavioral Health-Spartanburg County
School Districts

Children
Parents

Special Populations:
- Homeless Children
- EA: High School
- Low-income parents
- Special home environments

Staff:
- Voc Rehab Teachers, GC Nurse

Prevention
Moderate Need
Severe Need

RESOURCES
- Education
- Parent Facilitators
- Summer Engagement
- Drug Prevention
- Guidance Counselor to assess/refer
- School Nurse: Medication
monitor, can bill MA
- In-Home Team
- Refer to IP Hospital
- Special needs classes
- Catastrophic event team
(Discussion)
- Partnerships: SSA, DMH,
SCAD, ttends, etc.,
Family Referrals, Middle Ages,
Mental Health (after school)

BARRIERS
- Lack of Community Awareness
& Stigma Accessing Services
- Lack of Social Worker to assess
risk & navigate Bil system
- Transportation & Personnel
- Lack of Psychiatrist
- Public IP Psych referrals
difficult
- No crisis resources 24/7
- Budget cuts to voc rehab

Referral by MH Counselor
- Admits new to add with history of severe and long-term
- Mental illness
- Resident of Spartanburg County, South Carolina
- Referral to attend structured day program to attend specialization and function in community
- DD of New Day, Inc. has final disposition

Orientation scheduled within 1 month
- Orientation lasts 2-4 days (based on need)
- Members work with Admissions/Admission, Membership Services or Food Services Unit
- Members address length of time in clubhouse with ability and volunteer membership

Process for New Day Clubhouse

Acceptance
Orientation
Program
Non-Acceptance

Program Components / Parameters
- Daily Living Skills
- Vocational training
- Life Planning
- Education Skills
- Social/Leisure Skills
- Interpersonal Skills
- Transportation
- Employment programs
- Housing programs
- Case Management

Reasons for Non-Acceptance
- Serious disorientation/and agitation
- No soft job skills (skill of ability will be tested)
- Can’t follow simple instructions
- Danger to self or others
- Condition precluding illness/medications
- History of violence, physical or verbal abuse, unreported sexual behavior
- Primary diagnosis of mental disability better served by substance abuse mental health, or head injury providers

Departure
- Move
- No longer needs membership offered
- Member requests discharge
- Member dies
Process Map Narratives

Corrections/Law Enforcement

 Corrections Arrival—Inmates enter jail for the following reasons:

- Pre-trial: They have committed a crime and are awaiting trial if they cannot afford bail.
  - Average stay in this capacity: 18 months
- Post-trial: If the prisoner’s sentence is less than 90 days, they serve that time in the county jail.
- Failure to pay child-support: Average sentence for a person who did not pay their child-support is 6 months to 1 year which they serve in jail.
- For inmates who are deemed “incompetent” by the court (or are deemed unable to make ethical decisions), the next step is to transfer that individual to a mental health ward. Since these facilities are scarce, the county jail often serves as a holding cell for these individuals.
- Average daily population is 815 individuals with 436 as capacity. Corrections is currently at 187% capacity.
- Barrier: Jail is currently serving as a holding cell for individuals who present a variety of behavioral health issues because there are not enough services available in the County.

 Time in Jail—Inmates present a variety of issues

- The above population presents a variety of issues while in jail and all of their medical needs must be addressed by the corrections facility.
  - Neal Urch stated that 85% of inmates have due right to process. The largest group that files the most civil law suits nationally are inmates. Sixty-five percent of those lawsuits are concerning delivery of medical services
- According to Neal Urch, a good portion of inmates brought in are dependent on some type of drug and the jail serves as a detox facility.
- Many individuals have mental illnesses or mental health issues and do not receive proper treatment during their time in jail.
- Currently, the jail provides medicine for 172 prescriptions for psychotropic medicines for 97 unduplicated inmates.

 Medical Care/Behavioral Healthcare Options—Options inside and outside the facility

- There is a medical department within the correctional facility. Some jails contract out the medical care for the facility; Spartanburg County handles their own medical care.
  - Staff: 10 nursing staff, 1 medical records personnel, 1 pharmacist, 1 medical director.
• **Barrier:** Most staff within the correctional facility has never received training on identifying/screening or dealing with inmates who present behavioral health issues.

• **Barrier:** A counselor from the department of mental health comes once every two weeks for half a day to see inmates and address their behavioral health needs. This is the only behavioral health professional to provide those services within the correctional facility.
  - There is a low-level of communication between the Department of Mental Health Psychiatrist and the Spartanburg Correctional Facility which results in the Jail covering the cost of medications that the DMH prescribes.
  - There is also risk that inmates will run out of medications before their prescriptions are renewed.

• When the needs of an inmate reach a certain level, the only available place to take that individual is Spartanburg Regional Hospital, often times to the Emergency Department.

• Spartanburg Corrections is unaware of another location they can take inmates whose needs exceed their medical department’s capacity to serve that individual.

• Because of the lack of state institutions for the mentally ill, Urch feels that Spartanburg Corrections has become a de facto psychiatric ward for many individuals.

Post-Sentence/Jail Time:

• **Barrier:** Spartanburg County Corrections has a high recidivism rate.

• **Barrier:** Spartanburg County Corrections does not currently have financial means to follow up with former inmates. They may provide referrals to SADAC or other behavioral health providers, but currently do not have the capacity to ensure that individual is receiving the help they need.

Law Enforcement Process and Barriers: Probate Court and Public Safety Department

Probate Court System Entry— The Probate Court oversees the civil commitment process for persons alleged to be mentally ill, unable to make responsible treatment decisions, and posing a significant risk of harm to themselves or others if left untreated. This flows over to those individuals accused of crimes who are determined to be incapable of standing trial due to mental illness or deficiency. Individuals are referred to the Probate Court from a variety of sources.

• Detention orders for 2012 YTD: 121

• Self-family referral: If DMH is not open or able to conduct an assessment (weekends, after hours, holidays) Judge Anderson is called out to assess whether a person should be temporarily admitted to the local emergency department for stabilization.
  - **Barrier:** No 24 hr. evaluation services. Judge Anderson is the default 24 hr. service for evaluating individuals with behavioral health problems. Several of whom present a threat to society.
Department of Mental Health may believe that an individual should be detained, at which point the DMH sends an order to the police office to take that individual to the emergency room.

- **Barrier:** No emergency crisis service resource.

Other hospitals: If a resident of Spartanburg County is admitted to a hospital (either in a voluntary or involuntary unit) outside of the County, the Probate Court must be notified within 48 hours of their admittance.

Admittance, Hearing, Commitment—The Probate Court is responsible for issuing detention orders and determining whether or not a person should be committed in a state facility.

- **Admittance:** During admittance, a forensic and psychiatric evaluation of the patient occurs to see whether the person is competent to stand trial.
  - If individual is admitted voluntarily, Spartanburg Regional Healthcare System is the holding place and stabilization option for that individual.
    - **Barrier:** If there is no room in the Inpatient Psychiatric Unit, that person is reassessed every 72 hours until they are released or room is made in the Inpatient Psychiatric Ward. Most individuals are released during this waiting period.
  - Involuntary admittance for 2012 YTD: 217. If individual is admitted involuntarily, the Police take that individual to Patrick Harris, Carolina Behavioral Health, Springbrook, or wherever they can find a place for them.
    - **Barrier:** The court competes with 15 other counties to get individuals into Patrick Harris.
  - Admittance can last up to 6 months in an effort to provide treatment designed to restore competency in court.

- **Hearing**—Judge Anderson has 15 days from the time of admission. Approximately half of all involuntary admissions result in discharge within seven days which negates the need for a hearing.
  - Hearings for 2012 YTD: 114.
  - Hearings occur if the patient remains hospitalized longer than seven days.

- **Commitment**—Inpatient or Outpatient Care
  - Inpatient care is provided by Columbia Regional Care Center.
    - **Barrier:** This facility houses individuals from other states and the federal government.
  - **Barrier:** Correctional facility serves as the holding place for several individuals awaiting entry to the facility in Columbia. It can take up to a year to transfer these individuals from the jail to the facility contracted by the state in Columbia.
  - **Barrier:** Morris Village, a facility for chemical dependence, has also reduced available beds for individuals due to budget cuts.

Department of Public Safety—Encounters with people who have behavioral health issues. The Department of Public Safety responds to approximately 80,000 calls per year. Officer Tony Fisher and Colonel Jennifer Kindall stated that they are the “ground zero” or last resort for dealing with individuals with behavioral health issues. Officer Fisher and Colonel Kindall
estimate that 5-10% of the calls they receive are pertaining to behavioral health issues (between 4,000 and 8,000).

- The Department of Public Safety get calls from a variety of agencies and who encounter people demonstrating disorderly conduct at varying levels of severity.
  - Calls from organizations such as churches, Department of Mental Health, or other Agency.
  - Calls from various places about a crime that was committed.
  - Family members or neighbors calling out of concern for others.
    - Barrier: Lack of resources, so they turn to the police department.
  - Self-referral:
    - Barrier: Some individuals do not know who else to call
    - Barrier: Some calls are placed by an individual who is interested in suicide by the police.
  - Non-call: the Department of Public Safety often encounters individuals displaying suspicious behavior on

- First responder intervention
  - Some individuals are cooperative and the police department is able to temper the situation and let them go.
  - Non-cooperative individuals are brought to jail.
    - Barrier: If a person is non-cooperative or has committed a crime, they do not receive proper treatment in jail due to lack of resources.

Barrier: Very few first responders are trained in identifying behavioral health issues.

Barrier: There are no behavioral health services on call to aid or advise the Department of Public Safety on how to handle the individuals they encounter who present behavioral health issues. The Department of Public Safety lacks access to an on-call person to do evaluations.

Barrier: Emergency Medical Services only responds to individuals if they meet a certain criteria and if they are accepted into their system, are released without treatment, and in many cases return to their previous behaviors.

Barrier: Because individuals do not know who to call when a family member, neighbor, or other person presents behavioral health issues, the Department of Public Safety become the default resource, yet they are untrained and have nowhere to place these individuals except for the emergency room or corrections.

- Safety issue: While some individuals do not pose a threat to society, the Department of Public Safety deals with highly dangerous individuals who have gone without treatment for a long time. DPS is called in when a person’s behavioral health issues have become so exacerbated that they become a threat to society. Fisher reported that individuals who have committed some of the most heinous crimes demonstrated behavioral health issues over time, but the Department of Public Safety had no recourse for dealing with those individuals prior.
**Department of Mental Health**

**Arrival**—The Department of Mental Health receives clients from a variety of sources

- Clients are referred to the Department of Mental Health by other medical clinics, the Emergency Department at local hospitals, local churches, police department, correctional facility, homeless shelter, self-referral, or school systems.
  - The most common referral source for adults: Emergency department
  - The most common referral source for children: School System
  - **Barrier:** Intake form does not currently ask for referral source

- Depending on the severity of the client’s condition, the Department of Mental Health completes an evaluation of their client within 5 days (routine) or the same day of the referral (emergency).

**Treatment**—Outpatient Therapy Tracks

- Depending on the severity of the client’s condition, the Department of Mental Health provides a variety of outpatient services:
  - If client condition is severe, the Department of Mental Health sets up an appointment the same day as the referral and evaluation
  - The Department of Mental Health has a contract with each local hospital that guarantees Inpatient Psychiatric beds for clients who the Department of Mental Health believes can stabilize in less than 6 days.
  - With clients who are less severe, the Department of Mental Health completes an evaluation to determine whether that person is eligible for services at the Department. Due to lack of funding, the Department of Mental Health denies services to those who are not in high need of mental health services.
  - The Department of Mental Health uses evidence-based practices and develops a care and treatment plan for the patients they accept into their clinic.
    - Total open cases: 4086
      - Children: 1099
      - Adults: 2987

- The Department of Mental Health has limited Case Manager Staff and some staff who provide therapy services in other agencies in the County such as the Miracle Hill Ministries Homeless Shelter, Spartanburg County Corrections, and schools in all school districts.
- **Projects for Assistance and Transition from Homelessness through Substance Abuse and Mental Health Services Administration** is a program designed to help homeless individuals transition from being homeless and out of care to off the streets and into care.
  - The PATH program currently has 160 clients with 50% open cases.
  - **Barriers:** Lack of staff, transportation, stigma, and education.

**Follow-up Services**—Referrals
• The Department of Mental Health currently partners with SADAC, Vocational Rehabilitation, Safe Homes Rape Crisis Center, Continuum of Care and all School Districts in the County with regard to follow-up and ability to refer their patients to continuing care.
  o The Department of Mental Health also partners with the Department of Juvenile Justice, Camp White Pines (camp for juvenile delinquents), Department of Disabilities and Special Needs, Community Residential Care Facilities
  o Safe Homes Rape Crisis Center partners with DMH for medicine “checks” and prescription refills and in turn they provide therapy and counseling services with individuals who have experienced Domestic Violence and Sexual Assault

**Barrier:** Economic Barriers include: lack of transportation, lack of physical health provider resources, lack of nursing, psychiatric, and social worker staff.

**Barrier:** If patients’ immediate needs exceed their staff’s capacity to provide care for that individual, there is a lack of places to send that patient. This often results in sending that individual to the emergency department at the hospital.

**Barrier:** Medicaid reimbursement regulations have become stricter and patients cannot get the medication they need at HMOs. Legislation is being implemented that requires pre-approval for all Medicaid payer source patients which will increase the wait time for clients even more.

**Spartanburg Alcohol and Drug Abuse Commission**

Arrival—Individuals are referred to SADAC by several means. The commission serves between 2500-3600 clients every year.

• ADSAP (Alcohol Drug Safety Action Program) SC
  o DUI classes for individuals to obtain their driver’s license.
• School system
• County Corrections
• Department of Mental Health
• Spartanburg Regional Health System
  o Emergency Department
    ▪ **Barrier:** Mr. Forrester stated that there is no way of knowing if clients who were referred to either the Department of Mental Health or SADAC ever came to either facility
• A variety of community agencies
  o Churches
  o Private Practices
  o Homeless Shelters
• Self or family referral
• Department of Social Services
• “Assessments on Demand”—anyone can walk in 8 AM-3:30 PM M-Th and 8 AM-11 AM Friday for an assessment.
SADAC Program—2 levels of treatment

- Level 1—one session per week
- Level 2—Outpatient Programs
  - Adolescent
  - Mix gender
- Intensive Outpatient Programs
  - Pregnant women
  - Bridge: client and family
  - Adolescents in school—SADAC has a certified teacher in house to maintain academic engagement with students. SADAC is the only commission in the state with this program.
  - Drug-court mandated non-violent offenders who go in lieu of prison
    - Barrier: Classes cost money and some of those who cannot pay chose jail/prison to serve their time.
- One nurse who is trained in addictions is currently placed at the Obstetrics and Gynecological Unit at Spartanburg Regional Hospital to address immediate needs of mothers who present substance abuse issues.
- Barrier: Transportation and lack of child care, lack of streamlined coordination with the Department of Mental Health making treatment of dually diagnosed difficult.
- Barrier: SADAC does not currently have the capability to prescribe medications for clients.
- Barrier: Not many LPCs or other mental health professionals are trained to deal with substance abuse and addictions. This makes treating individuals who are dually diagnosed difficult.
- Barrier: Lack of modalities to meet the needs of clients.
- Barrier: Not currently using Electronic Health Records due to funding which makes interagency collaboration concerning a client difficult.
- Barrier: Red tape as a state agency in trying to partner with agencies like WestGate.

Follow-up services—SADAC does not currently have any follow-up services. SADAC makes referrals to other agencies including, but not limited to:

- Safe Homes Rape Crisis Center
- Department of Mental Health
- WestGate Family Therapy Training and Consultation

Emergency Department and Inpatient Psychiatric Unit

Dr. Chris Lombardozzi stated that 105,000 patients go through the emergency department at Spartanburg Regional per year. That amounts to roughly 288 patients every day on average. Dr. Lombardozzi estimated that 50% of those visits are patients with psycho-social related issues and that while the psycho-social issue may not be a part of the primary diagnosis (and therefore is not always documented), their psycho-social health affects their overall health and care administered in the emergency department. Ex: increase in number of individuals with injuries or illness
related to substance consumption.

Arrival—Individuals with behavioral health issues enter the ER usually 1 of 3 ways. The goal of the emergency room staff is to stabilize individuals versus provide treatment.

- **Walk-in, entering the ER of one’s own accord.**
  - Often times this behavioral health patient is in search of any resource to meet their presenting needs.
  - Many of these individuals are in a crisis due to lack of supportive services from the outset.
  - A variety of agencies that encounter crises refer individuals to the emergency department to ensure the safety of the patient and the safety of others.

- **Ambulance entry**
  - Typically these individuals are experiencing major depression and are suicidal and require stabilization.
  - A variety of agencies call upon an ambulance to transport individuals they encounter who are in crisis to transport that individual to the emergency room.

- **Police escort from either a court order from Judge Anderson (probate court) or from corrections directly.**
  - These individuals can be inmates whose behavioral health needs exceed the capacity of the medical staff to deal with that individual.
  - These individuals could be court-ordered by the probate judge to be taken from their location to the hospital because they are deemed a threat to themselves or others. This is the admission process as a preliminary step in the court’s decision process on whether to commit that individual.

- **Barrier:** Because there is no crisis center for individuals with behavioral health issues, the emergency department is a common referral source for multiple agencies. The emergency department consistently has a high volume of patients with limited staff.

Evaluation and action in the Emergency Center—Emergency department consultation with regard to behavioral health to determine ensuing emergency department stay is as follows:

- **After arrival, the patient goes through a brief triage by nursing staff (chief complaint and vital signs) to determine bed placement.**
- **Once bed is assigned, the EC doctor writes an evaluation of that patient.**
- **If a psychiatric consult is written, a psychiatric liaison completes:**
  - Comprehensive Assessment Tool (CAT Form)
  - Insurance verification
- **Psychiatrist then evaluates patient (one visit per day M-F)**
- **Possible recommendations made by psychiatrist:**
  - Discharge home (can be a revolving door)
  - Admit to SRHS Behavioral Health inpatient unit (voluntary admission only)
  - Referral for admission to involuntary admission
Final Recommendations

- Ongoing evaluation and treatment of patient in EC waiting for placement to involuntary facilities.

Evaluation and action in the Hospital—Hospitalized Patient

- Psychiatrist writes a consult of patient.
- Psychiatric liaison completes the Comprehensive Assessment Tool (CAT Form)
- Psychiatrist completes an evaluation of the individual.
- Recommendation by psychiatrist based on evaluation
  - Admit to SRHS Behavioral Health Inpatient unit (voluntary admissions only)
  - Referral for admission to an involuntary facility
  - Patient is assessed on a daily basis based on their treatment plan. Once they are stabilized, the psychiatrist signs off on the case and they are discharged.

Barrier: Severe lack of referral sources that are affordable and timely. Because of this absence, those discharged from the emergency department frequently return, perpetuating the “revolving door” system of care in place.

Inpatient Psychiatric Units—The goal of Inpatient Psychiatric Units is to stabilize individuals versus providing treatment for behavioral health issues.

- Adult Unit: 518 patients during FY 2011
  - Top Diagnoses: Major Depressive Disorder, Bi-Polar, and Schizophrenia
  - Female: 283, Male: 236
  - Average age: 40
- Geriatric Unit: 196 patients during FY 2011
  - Top Diagnoses: Degenerative Nervous System Disorder, Schizophrenia, and Major Depressive Disorder.
- Spartanburg Regional Healthcare System only takes individuals in these units voluntarily.
  - Because of the lack of child/adolescent beds available at the state level, SRHS tries to hold children and adolescents so they have a place to be treated.
    - Ex: Recently, there was an adolescent patient who stayed in the emergency department for 15 days because no bed was available at William S. Hall (state child/adolescent facility).
  - Individuals between ages 21 to 25 who do not have Medicare or Medicaid have nowhere else to go. The hospital does the best they can to stabilize them, but are not able to provide the treatment they need. High return rate.

Barrier: There is a lack of referral options for emergency room doctors in Spartanburg.

- The wait at the Department of Mental Health is extremely long.
- Other agencies will not take clients who cannot pay or are on Medicaid.
• There are not enough beds available at state facilities.

Barrier: There is a limited number of psychiatrists available in the emergency department
• A psychiatrist does one round through the emergency department one time per day Monday through Friday.

Barrier: The hospital has lost safety nets it once had including crisis intervention agencies. Due to this loss, the emergency department has experienced a sharp increase in visits from individuals in crisis.

Discharge—There is no current follow-up system with patients who leave the Hospital to see where they go after their release from the emergency department.

Referrals made to: Department of Mental Health, Safe Homes Rape Crisis Center, Homeless Shelters (Miracle Hill), SADAC.

School Districts
School Districts are a unique access point to the behavioral healthcare system as they deal with children, their parents, personnel, a variety of support services and organizations in serving as the gateway from childhood to adulthood. Each school district in Spartanburg County offer different services depending on the resources available in that district (financial, proximity to Spartanburg and other cities, support organizations that exist in their district). District 7 alone has over 300 children who qualify as homeless; many districts serve free or reduced lunch to over 50% of their student population. District 2 has roughly 300 students who regularly see the mental health counselor on site and at the Department of Mental Health. Superintendents and social workers who provided Key Informant Interviews frequently spoke of the lack of child psychiatrist availability, lack of other referral sources, and general lack of education in the community about accessing behavioral health resources.

Students:
Prevention—Variety of approaches
• Education about character development with character coach model
• Parent Facilitators who provide education to parents on effective parenting
  o Many district representatives mentioned an increase in Oppositional Defiant Disorder, issues with Aggression, and Mal-adjustment.
  o Districts reported a correlation between behavioral health issues and a history of abuse, neglect, or dysfunctional family dynamics.
• Summer engagement programs
  o Mental health counselors set up times to visit students who see them during the school year.
• Drug-prevention

Barrier: Districts spoke about the lack of community awareness and stigma regarding accessing services, the importance of early intervention, and supportive resources. District representatives also lamented the lack of affordable services for students outside of the school system.
Issue emergence and process—School systems have varying approaches to addressing behavioral health problems among students. Commonly, the below steps are taken to address a behavioral health issue:

- **Moderate need:**
  - School guidance counselors assess the situation and either remediate the issue or refer the student to other resources. School guidance counselors are located at every school in the county.
  - Most schools have nurses who make referrals.
    - Nurses are often the gateway to identifying mental health issues with students
    - Nursing staff is helpful with regard to medication monitoring and are able to bill to Medicaid for students’ medications.
  - **Barrier:** Few school districts have a social worker to assess risk, make recommendations, navigate the behavioral healthcare resources available and facilitate a continuum of care
  - Most schools have a full time psychologist to do evaluations and make referrals
  - Most schools have school-based mental health counselors who also see students at the Department of Mental Health
  - Individualized Education Programs and 504 plans

- **Severe:**
  - Most schools have an in-home team that visits the homes of children with behavioral health issues
  - School-based mental health counselors and social workers can refer to hospitals with child/adolescent psychiatric wards
    - **Barrier:** Very few resources in this regard. SRHS will take students, but they do not have children psychiatrist
    - **Barrier:** Referrals to Patrick Harris or William S. Hall are very difficult
    - **Barrier:** Private hospitals with child psychiatric wards are expensive and also difficult to get placement

- **Emergency Response Teams/Crisis Intervention**
  - Catalytic Events Services: District 2 has a response team that works with schools after the death of a child. They work with the school, classmates of the student, peers, and provide services to the family including special attention to siblings of the student.
  - **Barrier:** There are no crisis resources available 24 hours/day to ensure the safety of a student except for the emergency department at the hospitals. The local hospitals are ill-prepared to deal with children/adolescents.

- **Special Needs Classes and Programs**
- **McCarthy Teszler School:**
  - Occupational Therapy
  - Speech Therapy
  - Behavioral Therapy
  - Emotional disabilities
• Substance Abuse Issues
  o Most occur at the high school level
  o Most occur after the school day
  o Top substances: Alcohol, marijuana, and increase in prescription drug usage

• Partnerships to address the needs of students with behavioral health issues include:
  o Department of Social Services
  o Department of Mental Health
    ▪ Schools are able to make referrals for students to be evaluated and seen on an emergency basis frequently
  o ReGenesis
  o Spartanburg Alcohol and Drug Abuse Commission
  o Continuum of Care
  o Family Solutions
  o WestGate Family Therapy Training & Consultation
    ▪ Agency that partners with Converse College to provide training for students seeking licensure in the field of behavioral health counseling.
    ▪ 26 graduate students who do one hour of supervision for every 5 hours of counseling. This system allows for sliding scale payment.
    ▪ Relational counseling model
    ▪ From 2011 to 2012, their intakes have nearly doubled.
    ▪ Barriers: Lack of providers who speak other languages, financial issues, lack of access to a psychiatrist, lack of referral options, transportation.
  o Middle Tyger Community Health Center (sliding-scale)
    ▪ Middle Tyger began as a resource for the needs of District 5 schools. It has since expanded to serve other districts.
      • Services available for young women with children so the mothers can finish school.
      • Afterschool program for at risk children
      • Anger management classes
      • Specialization in Play Therapy
      • Receives grant money for family therapy services and partners with WestGate in this endeavor. Currently house 20 therapists some of whom were fully licensed, some licensed interns, and some in pursuit of a degree.
      • Barrier: Not many other clinics take Medicaid so referral sources are limited. Cathy Sparks has been trying to become eligible for accepting Medicaid Patients, but it has taken over a year.

Barrier: Transportation is a major issue for many districts in serving the behavioral health needs of students because so many services are located in the city of Spartanburg.
Barrier: Parent and family unit approach is most effective, but accessing working to precipitate changes in the home environment of a child is difficult. Desire for more family-based therapy and relational wrap-around approaches.

Barrier: Partnering with agencies often requires more effort to break through “red tape” than is worth the time of the school. The ultimate goal is to create an environment in which children can learn and grow.

Personnel:

Issue emergence—When staff at the school system present a need for behavioral health services, schools commonly refer them to Vocational Rehabilitation.

Barrier: Most school districts noted that Vocational Rehabilitation has narrowed its doors due to budget cuts.

New Day Clubhouse

Acceptance—A person must be referred by a mental health counselor for consideration by the New Day Clubhouse program. The following are taken into account to determine the eligibility of an individual.

- Person must be eighteen (18) years or older with an established history of severe and long-term mental illness. Must be a resident of Spartanburg County.
- Person must need a structured day program and community based services to prevent hospitalization or to maximize functioning in the community. Must be ordered by a doctor.
- Person must be followed in treatment by a mental health professional throughout clubhouse membership.
- Final acceptance and clubhouse membership shall be made by the Executive Director of New Day, Inc. of Spartanburg.

Non-Acceptance—The following are reasons for denying a potential member.

- Persons suffering from severe disorientation and confusion.
- Persons who have no self-help skills.
- Persons who cannot follow simple instructions.
- Persons who are a danger to themselves or others.
- Persons who are constantly disturbing to others, or display anti-social behavior.
- Persons who have a history of either:
  - Violent or physically and/or verbally abusive behavior.
  - Inappropriate sexual behavior.
- Persons with a primary diagnosis of a mental disability other than severe and long-term mental illness, who would be better served by rehabilitation programs specifically designed to meet their needs including:
  - Alcohol and/or drug abuse
  - Mental retardation
  - Head injury
Orientation to New Day Clubhouse—40% of active members live in Residential Care facilities, 35% live in New Day housing, 20% live with family members and 5% live in their own residence.

- Once the referral application is received from the Mental Health Counselor, the individual is set up for an orientation at New Day Clubhouse.
  - Orientation is scheduled at least 1 time per month. Orientation lasts from 2-4 days (depending if the individual is on the “fast track” or not).
- “Fast track” is for individuals that need immediate housing. Once the individual completes orientation, they are considered a member.
- The member chooses which unit they will participate (Administrative, Membership Services or Food Service Unit) on a daily basis.
- The member (with the help of their mental health professional and unit staff) chooses how long they will stay in the clubhouse and how they will utilize services.
- Membership is lifelong and voluntary. Members choose how much or how little they attend the program.

Program Components—Psychosocial rehabilitation opportunities.

- Daily Living Skills
  - At New Day Clubhouse, a very basic approach to psychiatric rehabilitation is taken. Living in the community can be quite overwhelming for psychiatric patients. Thus, New Day members are taught such skills as riding the city bus, grocery shopping, cooking, budgeting, house cleaning, personal hygiene, banking, and utilizing available community resources.

- Prevocational Training
  - The prevocational program at New Day Clubhouse is offered five days a week from 8:00 a.m. until 4:00 p.m. The goals are to help members move toward greater economic and social independence through improvement in work habits, developing interpersonal skills, self-confidence, self-worth, and learning to accept responsibility. A major portion of each member's time in the prevocational day program is spent in work activities.

- Unit Participation—(8am-2pm, M–F) Social activities – Wednesday @2pm
  - Administrative Unit - Members are responsible for keeping up with daily and monthly attendance, billing information typing, filing, and publishing a bi-monthly newspaper.
  - Food Service Unit - Members of this unit are involved in menu planning, grocery shopping, cooking and serving breakfast and a daily lunch. Members and staff operate the food service area like a mini restaurant. They also are responsible for answering the telephones and for social planning.
  - Membership Services Unit - Members take part in helping to keep the clubhouse clean, neat and in repair, landscaping, conduct the yearly member survey and coordinate the annual membership renewal drive. They also run a snack bar where coffee, sodas, fruits and snack items are sold. The unit is also home to the employment services.

- Education Skills
Behavioral Health: Spartanburg County

Final Recommendations

- Adult Basic Education - Through the involvement of members and staff, adult basic-education will be provided. On an individual basis, a tutor or teacher will tailor a program to meet the needs of each interested member.

- Social/Leisure Skills
  - The social program at New Day is designed to break the cycle of social isolation that is so common in severely psychiatrically disabled adults. It aims at helping individuals who need supportive activities and relationships to improve their social skills, learn new ones, and learn to relax and enjoy themselves.
    - This is done by setting up a clubhouse atmosphere through activities held during afternoons, evenings and other scheduled times. Specific activities planned by members and staff include social/leisure programs such as dinners, talent shows, picnics and sports.
    - Confidence means different things to each person. For some, it may involve writing poetry, painting or playing the piano. For others, the development and maintenance of trusting relationships is the goal.

- Friendships are often begun through social/leisure activities. **Some members come and use it as a place to go for help instead of retreating to the hospital as the first difficulty arises.**

- Interpersonal Skills
  - The development of effective communication skills, both verbal and non-verbal, is emphasized throughout all member activities at New Day. Techniques that may be used include:
    - Personal effectiveness modeling
    - Education in assertiveness and problem solving
  - The program stresses maximizing the potential of the members and helping them to become more self-directed in their interactions with others in order to help prevent inappropriate hospitalization.

Program parameters—New Day Clubhouse provides linkages to other services.

- Transportation: Members who participate at New Day are encouraged to provide their own transportation; however, for some members assistance will be available on a temporary basis to assist in maintaining involvement in the program. The van(s) will primarily be used to involve members in activities such as shopping for the clubhouse, transitional employment, field trips and advocacy services.

- Employment Programs: New Day has developed Transitional Employment and Independent Employment opportunities for its members. New Day staff will assist members in addressing entitlement issues with members.
  - Under the Transitional Employment Program, temporary six-month entry-level jobs are sought which New Day takes the responsibility of filling. Through such real job experience, members can build self-confidence, self-esteem and self-worth. The real bonus for members is the real pay and job references. T.E.P. services to bridge the gap to competitive employment.
  - The Independent Employment Program is designed for members who want to conduct a job search and secure competitive employment on their own. Members
attend job training and coaching sessions where they learn resume writing, interviewing techniques, and other related topics.

- Housing Program: New Day assists its members in obtaining safe, decent and affordable housing by currently operating two semi-independent living apartment complexes.
  - Each of these two (2) HUD complexes houses twenty (20) residents in one-bedroom apartments. New Day and/or SAMHC staff provides supportive services through a visiting case management model.

- Case Management: New Day provides extensive advocacy-based case management services for all members to ensure that community living needs are met.
  - Help is provided in securing needed food, shelter, clothing, and financial assistance. Additionally assistance is provided in obtaining medical, dental, vision benefits and entitlements.

Leaving New Day Clubhouse—Often with a mental illness, members are very active for a while, and then drop out of the program when they become engaged in work or other community activities. Members then return when their symptoms reappear or need stable activities to build their confidence. Discharge from New Day Clubhouse may happen in several ways.

- A member moves from Spartanburg County and/or no longer meets criteria for membership.
- A member asks to be discharged
- Death

Faith-Based and Community-Support Organizations

Churches, homeless shelters, domestic violence organizations, advocacy organizations, and food-provision agencies all cited an increase in individuals reaching out to their agencies to either serve as a behavioral health resource or ask for referrals to behavioral health services.

Churches—Major access point that provide varying services related to behavioral health.

- Prevention
  - Many local churches provide education to their parishioners about the importance of seeking behavioral health services and work to reduce stigma around mental health.
  - Some churches like Cornerstone Baptist Church have afterschool programs for at risk children and provide transportation to and from their schools. They serve as an liaison between teachers and student’s parents. They also educate students on a variety of issues during this time.

- Encountering behavioral health issues
  - Churches reported an increase in individuals with behavioral health issues either calling or walking into their church hoping to receive services or referral for services.
    - Churches often encounter persons with behavioral health issues through their other ministries such as soup kitchens and clothing programs
Pastors noted that because of the lack of affordable services, individuals find themselves choosing between food, medication, behavioral health appointments, and other medical appointments.

- Some local pastors provide limited counseling services to their parishioners and are trained in pastoral counseling. Some pastors provide a preliminary counseling session and make recommendations to individuals who come see them.
- All churches make frequent referrals to behavioral health resources, but struggle with the lack of referral sources available, especially affordable psychiatric care and counseling services. In crisis situations, pastors will call the police or an ambulance to deal with the immediate needs of an individual.
  - **Barrier:** Pastors often serve as de facto counselors.
- Pastors frequently notice the stigma surrounding accessing behavioral health services.
  - Fear of losing control over their lifestyle, reputation, and finances.
  - Fear of confidentiality breaching.

Shelters—Presented with a wide variety of behavioral health issues

Admission Requirements—Behavioral Health

- Miracle Hill Ministries is the largest homeless shelter in Spartanburg.
  - When determining whether to accept new residents, Miracle Hill may refer an individual to get a mental health assessment prior to entry. This is to ensure the safety of that individual and others before they enter the facility and interface with previous residents.
  - **Barrier:** If long wait time at DMH or after hours, person may have to stay on the street for a few more days. Mr. Vinson noted this to be a particularly vulnerable time for those individuals, but stated his priority is to ensure the safety of individuals already under his care. Mr. Vinson would like to see a facility close to the shelter that can provide evaluations on a walk-in basis.
  - **Barrier:** Often times the DMH sees individuals for such a short period of time, that individual may not present issues in a brief clinical setting. This means that individuals could return to their facility undiagnosed and present behavioral health issues that can lead to risky situations. Mr. Vinson cited an example in which a man was sent back to him for DMH stating that he did not have any mental health issues and the man attempted to commit suicide hours later.
- The Haven is a secular shelter for families
  - They estimate that they are meeting 25% of the need in the community and served 246 families last year. They have a long waiting list.
  - They receive referrals from DSS, self-referral, local churches, DMH, and concerned families.
Final Recommendations

- Screen for identity, why the family is homeless, basic family connectedness, sexual predator check and existing family resources.
  - The Haven has an understanding that mental health and substance abuse are mitigating factors of homelessness, so they do not screen for drugs or mental health.

After acceptance—A variety of services are provided by different homeless shelters

- The average stay at Miracle Hill Ministries is 47 days with a 90 day limit (review case by base). The shelter can house up to 100 individuals and is usually at capacity. The following services are provided for duration of stay:
  - Some available counseling from the DMH Homeless Outreach therapist, Monika Scott-Rogers, though on an irregular basis.
  - Life-skills classes
  - Linking individuals to services available in the community
  - Adult learning center on-site and linkage to a GED program off campus
  - Department of Social Services and vocational therapies
  - Referrals to SADAC—Miracle Hill is a no-tolerance facility
- If a client has just come from another facility such as prison or the hospital, Miracle Hill tries to assure the client has at least 2 weeks’ worth of medications to sustain them until DMH can see them for a new prescription.
  - Patrick Harris and Spartanburg Regional are in the habit of providing patients with adequate medicine supply.
  - Carolina Behavioral health is not in the habit of providing newly released patients with at least 2 weeks’ work of the medication.
  - Miracle Hill Ministries often sends a staff member to the hospital to ensure a patient was properly stabilized before accepting them.
  - **Barrier:** If drugs have street value, individuals often sell their drugs for “quick cash”. This both means that the patient is not on their drugs and that another individual has potential to pose issues related to drug abuse. Miracle Hill does not have the capacity to provide medication monitoring services.

Post-discharge—Follow up services

- **Barrier:** Lack of referral resources. Particular lack of affordable psychiatric services.
- **Barrier:** The transient nature of the homeless population served makes follow-up difficult.
- The Haven currently serves 61 families in a variety of capacities with a 90 day limit to stay (review case by case). The Haven estimates that 90% of their clients have some form of behavioral health issue. They provide the following services for duration of stay:
  - Linkage and referral to community-support services
  - Make referrals to the DMH
Final Recommendations

- **Barrier:** Complete lack of affordable counseling and other behavioral health services. Even sliding scale for these individuals is unaffordable.
  - **Barrier:** Only crisis resource is the hospital. No crisis hotline.
    - Ex: A former donor faces behavioral health issues informed The Haven that she had called 911 claiming to be suicidal just to see someone for care. While she was in care, her bills piled up and by the time she was discharged, she was homeless.

- Intensive case management
  - Families meet with counselor within 72 hours of acceptance, complete an assessment, and develop a plan of action. The document is revised as families meet their goals.

- 3 meals a day and snacks for kids

- Daily living skills classes—heralded as a model by several other agencies.
  - These modules include classes on better parenting and education about child development. They also teach coping mechanisms for stress management, anger management, and personal communication skills.

- Partners include:
  - Department of Social Services
  - Safe Homes Rape Crisis Center

Advocacy, Domestic Violence, and Food Provision Services—clients who demonstrate needs for behavioral health services

- National Alliance on Mental Illness—volunteer organization lead by consumers themselves and all services provided are free
  - Services:
    - Support group facilitation
    - Training for Police/Law Enforcement on crisis intervention
    - Training for teachers on how to identify mental illness
    - Training for family members on how to advocate and support their loved ones with mental health issues.
    - Anti-stigma workshops and classes

- **Barriers:**
  - Those without insurance cannot access services
  - Lack of locations that truly stabilize inpatient clients
  - Lack of state beds for treatment of severe mental illness (Patrick Harris just lost half of their beds).
  - No intensive outpatient care in Spartanburg
  - Limited social worker availability
  - Lack of child/adolescent psychiatry or affordable services
  - NAMI would like to expand, but with limited resources and volunteer power, they have to maintain the services they offer first.

- Safe Homes Rape Crisis Center—Organization that provides emergency shelter and supportive services for victims of domestic violence and sexual assault. The
agency currently interfaces with roughly 7000 clients in a variety of capacities. They receive referrals from many agencies community wide. Their clients are currently experiencing domestic violence or sexual abuse or have a history of either.

- **Services:**
  - Adult and child psychotherapy
  - 24 crisis line
  - Individual and group therapy
  - Case management
  - Court advocacy
  - Education and prevention
  - Hospital advocacy
  - Shelter services with 52 beds
  - Referral to DMH for prescription filling

- **Barriers:**
  - Occasionally cannot meet needs of client and have difficulty finding placement for them
  - Hospitals try to pass excess of clients to their organization
  - Lack of resources for uninsured

- **Spartanburg Soup Kitchen**—a non-government supported organization that feeds any individual who walks through their doors during lunch time. Ms. Landrum believes that 50% of the participants have some behavioral health issue.

  - **Services:**
    - Partners with New Horizon in Greer that brings needed medication for individuals.
    - Provide food for school districts
    - Applied for grant to fund women’s empowerment program
    - Partner with a variety of organizations like Department of Social Services

  - **Barriers:**
    - Used to have a counselor onsite every day, now once a week
    - Clients are embarrassed to seek help due to stigma
    - Women are not empowered and often maintain relationships with abusive partners
    - Individuals often are released from jail and show up to the Soup Kitchen without any clothes besides their uniform and nowhere to go.
      - No mental health counselor in jail to address mental health issues while there
    - People often ask for help from non-professionals and may take negative advice.
Focus Group Findings

Focus Group Findings Summary

Six Focus Groups were conducted between November 6 and December 6, 2012 with a mix of current consumers of behavioral health services and individuals who expressed need for services, but were currently out of care. These Focus Groups came out of suggestions and contacts made during Key Informant Interviews with behavioral health providers, community leaders, stakeholders, and local experts on behavioral healthcare in Spartanburg. The Focus Groups were conducted with the Female Intensive Outpatient Program at the Spartanburg Alcohol and Drug Abuse Commission, clients of The Haven Homeless Shelter, clients of Miracle Hill Ministries, New Day Clubhouse members, a beginning-level English class with all Hispanic participants, and an advanced-level English class at the Adult Education Center. Prevailing themes gleaned from these Focus Groups are categorized below as a means of addressing unmet need, barriers and gaps among some of the identified hard-to-reach populations in Spartanburg.

Awareness:
Most groups reported an awareness that mental health and substance abuse services existed in Spartanburg. While some individuals regularly engaged in those services, most individuals did not know about the kinds of services offered nor who qualified to use those services. Most homeless individuals reported having been in the mental health care system from an early age and/or being reintroduced into the system at some point due to attempted suicide. Another common thread among the homeless individuals who participated was a history of multi-institutional involvement including stated mental health residential facility, jail or prison, the emergency room, and other mental healthcare systems in other states. The ESL class focus groups knew next to nothing about the behavioral health services in Spartanburg.

Usage:
The majority of participants across all focus groups did not regularly use services with the exception of individuals from New Day Clubhouse. Individuals, including those at New Day, all expressed frustration with the limited services available at the Department of Mental Health adding that it can take months before the next opportunity to meet with a counselor arises. Individuals in the homeless shelters who expressed concern over their ability to maintain a more stable mental state and stated their desire to be able to engage in services early so they can better manage their conditions instead of waiting to “explode” before they can receive any attention. The Female Intensive Outpatient group at SADAC served as an important example of some of the misunderstandings of what using mental health services means; most were afraid that if they used mental health services coupled with their substance abuse therapy, that they would lose their children.

Barriers:
The top barriers individuals mentioned by participants were long waiting lines to get services at the DMH and ensuing frustration, lack of insurance and affordability, lack of knowledge related to what exactly mental health offers and “what happens” to people once they being services, desire to have a relationship with providers so they can be assured of treatment that makes sense for them, transportation and location.
The group at Miracle Hill Ministries explained that they are often concerned that they will run out of their medication before their prescription is renewed. One individual shared that a DMH employee had told her, “If you start to feel out of control, feel free to go to the emergency room,” when she explained her fears about running out of her medication and lapsing into a mental or emotional breakdown.

Gaps:
The identified gaps in Spartanburg’s behavioral healthcare system were a detox center, providers who spoke Spanish, transportation, affordable counseling services, lack of involuntary stabilization unit in Spartanburg, lack of information about how to use services and who is eligible, lack of destigmatization effort and outreach. The group at New Day Clubhouse spent considerable time discussing the importance of having political allies to stand up for funding allocation to behavioral health services. One person from Miracle Hill Ministries stated that he used to speak at the detox center in Spartanburg as an outlet an opportunity to give back, but now that the center closed, he does not have a way to share his experiences and help others through their experiences in detox.

The ESL groups brought to light the blaring lack of services available to those who do not speak English. This group in combination with others voiced themes about family structure and how they did not feel that there were enough services that addressed how partners, their children and surrounding environment interacted as contributing factors to mental health and substance abuse issues. The Hispanic focus group touched on how stigma of being labeled as “crazy” prohibits family members, especially men, from using behavioral health services. They described how then individuals with the most severe issues take it out on their family members and their resulting concerns over how these negative dynamics affects the children in their community.

Suggestions:
The top suggestion consumers had with regard to improving Spartanburg’s behavioral health system was to increase the opportunities for those who are not in care to be educated about services: what is offered, who to contact to get started, the typical process, information that normalizes the use of services, and pamphlets on specific mental health conditions and how to take the first steps to dealing with that condition. The next most popular suggestions people had were to have walk-in hours at the Department of Mental Health or additional locations in which people could at least receive assessments and referrals. Overall, participants agreed that Spartanburg needed many more options for mid-level care so they could address and then work to maintain their healthiest mental health without self-medicating using illegal substances.

Demonstrative Anecdotes:
- The Haven: man given back weapons at DMH after temporary stabilization
- Miracle Hill: keeping Mental Health services secret from others due to fear of consumers taking someone’s place in line.
- Hispanic woman and alcoholism: abusive cycle here influenced by high stigma to enter services/barriers to services overall.
- New Day Clubhouse: members stated that the ones who tease them about their mental health conditions are “crazy” ones. One member whose medicine and counseling is working well now plays instruments, writes short stories, and poetry.

**Focus Groups:**

New Day Clubhouse  
600 Jeff Davis Drive  
Spartanburg, SC  29303  
11/16/2012 at 10 AM

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SADAC Female Intensive Outpatient Group  
187 West Broad Street  
Spartanburg, SC  
11/16/2012 9:30 AM

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This focus group was comprised of Hispanic females who did not use behavioral health services, but provided feedback on their current need for services and what they felt might help others in their community access behavioral health services.

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This focus group was conducted with the advanced English class with non-consumers. Most participants were Hispanic while one was Cambodian and the other Arabic (Israeli).

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The Haven Homeless Shelter  
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12/5/2012 at 9 AM

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Miracle Hill Ministries  
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Spartanburg, SC 29301  
11/26/2012 at 12 PM

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APPENDIX A. REFERENCE MATERIAL:

1) Project Launch with Joint Funders of Mental Health Initiative – September 6, 2012

Project Launch with Collaborative Research
Date: September 6, 2012
Time: 2:00 PM
Location: United Way of the Piedmont

Introduction:
Chris Steed called the meeting to order by providing a brief introduction and asking all in attendance to share their name and respective organizations. Tracy Kulik, President of Collaborative Research, presented a summary of the project rationale, objectives, work plan, and methodology. As the purpose of the meeting was to further outline partner-agency involvement and desired outcomes, the floor was opened for discussion.

Background:
- Several members provided context for Spartanburg’s current need for a community action plan concerning local behavioral health and mental health care systems.
  - Mental and behavioral health has been an issue that community leaders in Spartanburg have long discussed.
  - Funding allocation from the state level appears inconsistent.
  - In April 2011, nearly 80 service providers, community leaders, and citizens gathered for a Mental and Behavioral Health Summit facilitated by Chris Steed.
  - The closure of the Pace Center, an agency that treated the severely mentally ill, placed pressure on other agencies with immediate impact felt by emergency rooms and jails.

Goals Discussed:
- Discern how Spartanburg’s areas of need by geographic hotspots, special population, gender, racial and other characteristics.
- Further determine Spartanburg’s service needs and gaps with detail by providers, personnel, programs, collaboration mechanisms.
- Create a model that can function in other counties around the state that demonstrates effective collaboration, funding allocation, use of resources.

Steering Committee:
- The majority of the meeting was dedicated to populating the steering committee, discussing its organization, and defining its goals. Steering Committee members were chosen based on how to bring together a diverse group of community experts with experience and knowledge of issues related to mental and behavioral health manifest in the Spartanburg community. They will provide guidance and direction to the project.
- The following are action items pertaining to the Steering Committee.
ACTION ITEMS AND DECISIONS
PROPOSED BEHAVIORAL HEALTH STEERING COMMITTEE AGENDA/TOPIC/MONTH:
The Steering Committee for Spartanburg Behavioral Health will meet once a month:

<table>
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<th>MONTH</th>
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<th>MATERIALS SENT IN ADVANCE</th>
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<td>Late September</td>
<td>Epidemiology/ DRAFT Resource Inventory: Capacity of Existing Agencies</td>
<td>Epidemiology Profile with initial Special Populations, DRAFT Resource Inventory</td>
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<td>October</td>
<td>Workforce (Current) compared to Need: Gap</td>
<td>Workforce (current), Need: Gap. Capacity of existing agencies contrasted to Need: Deficit</td>
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<td>Funding (Federal to State to Agencies, Grant (Current &amp; Available)</td>
<td>1) Current Funding Formulas from SAMHSA Block Grant to South Carolina to Spartanburg Agencies compared to Per Capita Normative funding: GAP (also compare SC to rest of States)</td>
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<tr>
<td>December</td>
<td>Action Plan</td>
<td>DRAFT Action Plan &amp; Summary Report</td>
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The Steering Committee will be scheduled at the convenience of the proposed members, with each meeting held for 1-1/2 hours. Materials sent in advance will be considered ‘DRAFT’ with dissemination to the Steering Committee and the Joint Funders of Mental Health for advance review, comment. Products of each work session will then be sent to the SC and JFMHI with refined findings. Minutes will also be sent to them, within one week of each meeting.

PROPOSED STEERING COMMITTEE/JFMHI ASSIGNED INDIVIDUAL TO INVITE THEM TO PARTICIPATE:

<table>
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<th>ACTION</th>
<th>JFMHI ASSIGNED</th>
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<td>Sheila Breitweiser</td>
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<td>2 Education (university level)</td>
<td>Vanessa Thompson, Nurse Practitioner and Director of Inpatient Psychiatric Unit at Spartanburg Regional</td>
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<td>Renée Romberger</td>
<td>X</td>
</tr>
<tr>
<td>11 Metropolitan Studies</td>
<td>Kathleen Brady</td>
<td>Chris Steed</td>
<td>X</td>
</tr>
<tr>
<td>12 New Day Clubhouse</td>
<td>Jane Clemmer</td>
<td>Chris Steed</td>
<td>X</td>
</tr>
</tbody>
</table>

‘Downstream’ or Ad Hoc participants could include national funders or a state legislator, preferably a Senator.
2) Project Launch with Steering Committee for Behavioral Health: Spartanburg County – October 18

Steering Committee Meeting 1  
Date: October 18, 2012  
Time: 9:30 AM  
Location: United Way of the Piedmont

Introduction:  
Renée Romberger opened the meeting at 9:30AM by reviewing the impetus for the Behavioral Health Initiative and thanked everyone for their participation in the initiative and Steering Committee.

Collaborative Research  
- Tracy Kulik reviewed CR background and experience explaining that the firm has seen a large increase in demand for behavioral health-oriented projects in the past five years.
- Our Role is to facilitate construct including:
  - Facilitate dialogue
  - Set construct/framework with Steering Committee
  - Act as ‘medium’ to develop construct
  - Provide Objectivity

Project Overview and Discussion  
- Key Informant interviews have been under way. Themes are already emerging pertaining to concerns about awareness, access to services, unmet need for the working poor, and funding streams.
- The data provided in the PowerPoint is designed to launch discussion. Demi/EPI profile will be reviewed and added to with additional data requests from Dr. Powell and David Forrester. Trends discussed with regard to the state of the behavioral health system in Spartanburg:
  - Co-morbid medical and psychiatric and long-term chronic care needs.
  - Closure of several centers including PACE and Detox which increase Emergency Department psychiatric waits. This point in conjunction with budget/funding cuts spurred discussion concerning the increasing numbers of individuals with behavioral health issues seen and dealt with in the Emergency Department and County Corrections. Neal Urch and Chris Lombardozi mentioned that this pressure is not only exhausting, it causes serious safety concerns. Both expressed interest in seeing if the names of individuals creating pressure on both departments were similar.
  - Release from law enforcement agencies without follow-up referral source begets recidivism and high costs until release.
  - Jim Rentz also cited the ripple-effect out to family units (broadly defined) this causes. Wanda Andrews shared that there are over 300 homeless children in the District 7 school district alone.
Otis Baughman shared the positive affects a “warm-line” with back-up psychiatry help for primary care doctors could have. Based off of model in South Africa that greatly reduced pressure on ED/Corrections.

- What does the committee envision for following meeting processes and formats?
  - Detailed system maps will be created from data collected through Key Informant interviews. These system maps will highlight gaps within each system (Emergency Room, Jail, DMH, etc.), but will work to show lack of cohesion between systems as well. These maps will be created before the next meeting and discussed at that time.
  - Between this meeting and the next, CR will conduct more, community-based key informant interviews. These interviews will also be integrated into process maps.
  - Focus Groups will occur following the November meeting. These focus groups are designed to tap into populations with the highest unmet need and those at the greatest risk within the system. Discussion of these groups revolved around a desire to know how individuals who “Fall through the cracks” feel about the system and to gain some insight from that perspective.
  - Many individuals voiced interest in having state legislature and county council involvement and collaboration in the effort to alter the system as this process continues.
  - Investigating costs of continuing the way the system works as is was also a key topic of discussion. Mr. Urch stated that in his opinion, people either pay upfront for issues related to behavioral health or they pay for individuals who are in crisis down the road through taxes. Quantification of these numbers will be a part of this process.

- Foundational Pieces: CR and the Steering Committee will utilize the following foundational pieces to guide their work
  - DEMI/EPI Profiles
  - Resource Inventory
  - Workforce Capacity
  - Funding Matrix
  - Key Informant Summary and Focus Group Findings with Process Maps
  - From Process Maps- find Utopian system, and then pinpoint weaknesses in Spartanburg.
  - Where pieces of process do not mesh: Criminal Justice, School systems and behavioral health, GP skills- sequential intercept

- Ensuing project plan and meetings that emerged from discussion are as follows:
  - Review Process Maps
  - Target Populations with attention to how to address them in long term plans
  - Short Term and Long Term Action-Plan development with special attention to SBIRT and Sequential Intercept Processes.
    - Long Term Plan Discussion: Prevention, Awareness, Access to Recovery, Funding, Sequential Intercept Process (funding opportunities through SAMHSA), Restrictive State-Prescribing Processes, Mid-level care, early intervention, veterans court, Federally Qualified Health Center (FQHC) involvement: ReGenesis.
3) Process Map summarizing findings of Key Informant Interview – November 6

Steering Committee Meeting 2  
Date: November 6, 2012  
Time: 11:00 AM  
Location: United Way of the Piedmont

Introduction:  
Tracy Kulik opened the meeting by stating that after the successful launch of the Steering committee on October 18th, with numerous collaboration opportunities identified through structured brainstorming, the focus of key informant interviews was to map out their individual care processes by sector in Spartanburg County.

Project Overview:  
In the two weeks following the initial meeting, over 40 individuals were interviewed, with additional interviews still in process. The sectors involved include the public mental health and substance abuse systems (SC DMH and SADAC), Spartanburg Regional Health System and its Emergency Center and Inpatient Psychiatry Unit, the Spartanburg School System (7 districts), a number of faith-based and community service organizations including homeless shelters, churches, ministries, food pantries and the rape crisis center, advocacy organizations including NAMI, the Spartanburg County Corrections, and representatives from the private behavioral health counseling and primary care medical arenas.

- Still underway are interviews with Columbia Treatment Facility, and with the Greenville Health System and their psychiatry program. In addition to key informant interviews, utilization and financial data has been collected and was analyzed from SC DMH, SADAC and SRHS specific to behavioral health.

Collaborative Research: Process Maps

The process maps presented include:

1) Spartanburg County Corrections  
2) SRHS Emergency Center and Inpatient Psychiatric Unit  
3) The Spartanburg Region of the South Carolina Department of Mental Health  
4) The Spartanburg Alcohol and Drug Center (SADAC)  
5) The School Districts (7) of Spartanburg County  
6) A myriad of Faith and Community-Based Organizations

The Process Maps findings are located in “Findings” section.
4) Review of Focus Group findings and initial summary of BHSC Recommendations – December 6

Steering Committee Meeting 3
Date: December 6, 2012
Time: 10:00 AM
Location: United Way of the Piedmont

Project Overview:

- Discussion of the summary results of all efforts to date includes findings from the Consumer Focus Groups and concludes with how to approach legislators.
  - Consumer Focus Groups—completed with summary included in “Findings” section
  - Strategic Policy Opportunities as result of discussion to date below
  - Preparation for February Finale

Overview of Strategic Policy Options:

- We need to address Chris Lombardozzi’s concern: What is actually going to happen now and how can we move forward in a way that moves Band-Aid fixes to real change?
  - Affordable Care Act Policy Solutions: Framework—health home concept from Missouri. We have to focus on chronically ill and another co-morbid condition. David Forrester to follow up with Tony Keck about what will happen with upcoming possible amendments.
    - What is attractive about this model: we know that the governor and Mr. Keck will not accept Medicaid expansion, so let’s offer something that would benefit the state. The Health Home concept includes counseling and case management at the primary care level. Chronic condition: obesity which was #1 priority identified by DHEC. We’ve got to have a tent big enough to fit all the players in to make it a collaborative effort. Other states have had an insistence on behavioral health; the case manager had to be a therapist: key for WestGate. The counselor/case manager has to be reimbursed at an appropriate level for that. We are working to get DHEC, Magill, Toomey, Tony Keck, and others into this conversation.

Issues Discussed:

- Is this something that the 3 counties in the Spartanburg region could implement as a pilot program that would then be proven and rolled out, OR do we want to propose something at a regional (upstate-10 counties to include Greenville’s 7 counties) or at a state-wide level? Most people in the room stated a need to do a pilot program for behavioral health with the 3 counties.

- How does obesity fit in? Missouri is open to conversations about this: it can relate to diabetes, any metabolic disorder, some obesity prevention in children, obesity co-morbid with substance abuse and major depression. 10 out of 12 states have gone with obesity. Odds of co-morbid obesity with serious mental illness are highest with schizophrenia patients, followed by those with major depression.
• National Center Quality Assurance ('NCQA') performance metrics will be used to measure primary care practice success.
• The case manager can apply to any payer, and can include mid-level behavioral health practitioners, not just clinicians (Jim Rentz input: similar to 'medical family therapists' who work with co-morbid individuals with chronic medical conditions and serious mental illness at an individual or relationship level).
• This is a 2 year grant—Cherokee Health Systems in Knoxville, TN is another good example of this model (http://www.cherokeehhealth.com/)

Action Items brainstormed by group in no prioritized order:
• Telepsychiatry
• Health Homes – Medical Family Therapy
• Compassionate Care Psychotropic Medications – Welvista (Corrections & SRHS)
• Prescribing Authority (Board Certified in Substance Abuse to be reimbursed)
• Hot or Warm Line for Primary Care Physicians (FP, IMED, ED, OB/GYN, Peds)
• Education of Primary Care Physicians in Behavioral Health Protocols (Screening, Geriatric, Depression, Bipolar, Schizophrenia, etc.)
• Early Intervention for Behavioral Health
• Means to deal with those with low or no insurance (replace hole left by departure of Pace Center): role of FQHC/ReGenesis and possible service expansion to include SA/MH full continuum
• After Care
• Mobile Medical Van

Prioritizing Action Items:
• It is important to assess the urgency, potential impact, and possibility for a “quick win” in determining items that are highest priority.
• Renée Romberger imagined creating a map of an “Ideal Behavioral Health System”, using that road map to show where SPBG is the weakest, and then highlighting areas where Action Items can be used to address those problems. January 7th's meeting will be to conclude on the Summary Findings and restate these into an Action Plan with a weighted priority scale using the Urgency, Impact and Quick Win scale cited above.

Chris and Heather will schedule a Joint Funders Mental Health Initiative meeting for the middle of February so they can be updated on how the process is going and summary findings. CR will put together a Summary, Action Plan, and bullet point list of top five “lessons-learned” from Key Informant Interviews and Focus Groups to show gaps and barriers.

Kathleen Brady asked: What is the political will for this proposal? Renee explained that this may be the perfect time to do this considering the need for answers if South Carolina rejects Medicaid expansion (which is most likely).

*The findings from Consumer Focus Groups regarding Unmet Need/Issues can be found in the “Findings” section.*

Steering Committee Meeting 4
Date: January 7, 2013
Time: 2 PM
Location: United Way of the Piedmont

Project Overview:

- Workshop to Prioritize Action Items:
  - The items listed in the table below were themes that resonated throughout discussions during Steering Committee Meetings, Focus Group Discussions with disparate groups, and over 40 Key Informant Interviews. Meeting participants categorized each Action Item into Strategy Types and then rated each tactic according to urgency, greatest impact, and the feasibility.
  - The scores below are an average of each attendees’ (minus Tracy and Virginia) 1-3 rating. This tool is helpful in prioritizing tactics in terms of what will have the most impact, which is most urgent given the circumstances of behavioral health in Spartanburg, and what could potentially happen fastest.
  - Virginia and Tracy are to have a DRAFT business plan including these priorities out to the group next week. Please read and send e-comments back within 5 Days. This business plan will be delivered to the Joint Funders in the next meeting.
  - Review of Meeting with Joint Funders (February 7th, 2013): This meeting will consist of an update on our process for the Joint Funders with our analysis of potential solutions/interventions (recommendations with specific strategies).
## Final Recommendations

### ON A SCALE OF 1-LEAST TO 2-PROBABLE TO 3-MOST, RANK THE 10 REFERENCED PRIORITIES:

<table>
<thead>
<tr>
<th>STRATEGY TYPE</th>
<th>TACTIC</th>
<th>URGENCY</th>
<th>IMPACT</th>
<th>QUICK SUCCESS</th>
<th>WEIGHTED PRIORITY</th>
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<tbody>
<tr>
<td>1 Capacity</td>
<td>Telepsychiatry</td>
<td>2.5</td>
<td>2.7</td>
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<td>Health Homes—Medical Family Therapy</td>
<td>2.8</td>
<td>2.8</td>
<td>2.3</td>
<td>2.6</td>
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<td>3 Cost</td>
<td>Compassionate Care Psychotropic Medications – Welvista (Corrections &amp; SRHS)</td>
<td>2.9</td>
<td>2.6</td>
<td>2.7</td>
<td>2.73</td>
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<td>4 Capacity</td>
<td>Expand Psychiatrists in Spartanburg County</td>
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<td>3.0</td>
<td>1.3</td>
<td>2.43</td>
</tr>
<tr>
<td>5 Integrated Care/Access</td>
<td>Hot or Warm Line for Primary Care Physicians (FP, IMED, EC, OB/GYN, Pediatrics)</td>
<td>2.2</td>
<td>2.2</td>
<td>1.9</td>
<td>2.1</td>
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<tr>
<td>6 Integrated Care/Access</td>
<td>Education of Primary Care Physicians in Behavioral Health Protocols (Screening, Geriatric, Depression, Bipolar, Schizophrenia, etc.)</td>
<td>3.0</td>
<td>2.9</td>
<td>2.1</td>
<td>2.67</td>
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<tr>
<td>7 Integrated Care</td>
<td>Early Intervention for Behavioral Health</td>
<td>2.6</td>
<td>2.7</td>
<td>1.6</td>
<td>2.3</td>
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<td>8 Access</td>
<td>Improve Access for Behavioral Health Care 1) Mobile Medical Van 2) FQHC 3) Treatment Incarcerated: Nurse Practitioners</td>
<td>2.0</td>
<td>2.2</td>
<td>1.7</td>
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<td>2.8</td>
<td>2.1</td>
<td>2.4</td>
<td>2.43</td>
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<tr>
<td>9 Capacity</td>
<td>After Care/Follow-Up Services</td>
<td>2.8</td>
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<td>10 Integrated Care</td>
<td>SBIRT: Screening, Brief Intervention, Referral &amp; Treatment</td>
<td>3.0</td>
<td>2.7</td>
<td>2.3</td>
<td>2.67</td>
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**URGENCY: #1 rank:** 4) Expand Psychiatrists in Spartanburg County  
6) Educate Primary Care Physicians in Behavioral Health Protocols  
10) SBIRT: Deploy Screening, Brief Intervention, Referral & Treatment

**IMPACT: #1 rank:** 4) Expand Psychiatrists in Spartanburg County  
**#2 rank:** 6) Educate Primary Care Physicians in Behavioral Health Protocols  
**#3 rank:** 2) Health Homes: Medical Family Therapy

**QUICK #1 rank:** 3) Compassionate Care: Defray cost of SCC psychotropic meds thru Welvista

**SUCCESS: #2 rank:** 8c) Use Nurse Practitioners to treat behavioral health among incarcerated  
**#3 rank:** 2) Health Homes: Medical Family Therapy AND 10) Deploy SBIRT

**OVERALL: #1 rank:** 3) Compassionate Care: Defray cost of SCC psychotropic meds thru Welvista  
**#2 rank:** 6) Educate Primary Care Physicians in Behavioral Health Protocols AND 10) SBIRT: Deploy Screening, Brief Intervention, Referral & Treatment  
**#3 rank:** 2) Health Homes: Medical Family Therapy
6) Reconvening Joint Funders of Mental Health Initiative- February 7th, 2013