SCBHC
South Carolina Behavioral Health Coalition

Behavioral Health/Primary Care Outpatient Alignment
Meeting Date: August 16, 2017
Chair: Pete Liggett, DHHS
Co-Chair: Bob Bank, DMH
Scribe: Carmen Wilson, SCHA

Key issues/needs identified:

- Secure easy to use way to exchange records and information on patients
  - Gold standard – Integrated Health Record
- Coverage
  - School as place of service
  - Gap in coverage after delivery/maternal
- Aging population
- Telehealth in primary care setting
- Blended/blurry treatment models to allow for both behavioral health and primary care to be delivered in same setting
- Worksite clinics to include behavioral/mental health
- Definition of "Primary Care"
- Need for depression screenings in pediatrics, OB/GYN, etc.
- Services in languages other than English (bilingual/bicultural providers)
- Address the chronicity of mental health needs
- Workforce – not centered on physicians
- Integrate health professions training into alignment efforts
- How to integrate behavioral health services into ongoing care coordination/care transitions work being done?
  - Align ongoing reducing readmissions work
  - QI teams already work on PCMH and physicians and hospitals – how to use them in the effort?
- Peer Recovery – in emergency departments
- Academic Detailing – to help educate physicians around opioids as well as other drug use
- Access to behavioral health provider
- Training to some rural providers to open, and/or access to services
- Addition promotion of telehealth program
- Need more behavioral health providers in SC
  - Increase recruitment in USC school of Medicine, etc.
- Encourage provider/practice to include behavioral health services on their websites (if appropriate)
- Primary care providers are resistant to treating behavioral health conditions
- Community education programs that help educate to services available and how to access
- Training on models of behavioral health expansion into primary care
- Better access to data for coalition members so individuals can target their resources with better grants, get leadership buy in, etc.
- Training related to assessing behavioral health AND how to access services once the screening determines services are needed, i.e. telehealth/psych for rural areas
- Consider 2-generation care – parent screening/referral by pediatricians
- Offender/Inmate Population
  - Behavioral health services for released inmate offenders returning to society with few options
  - Those in SCDC receive care but once discharged, no continuity of care exists
  - Justice involved individuals under some type of community supervision do not have knowledge or, access to, ability to pay for, transportation to, etc.

- Ensure every primary care office in the state is equipped with the ability to definitively refer their patient to the behavioral health services they need with appropriate follow-up care (whether internal/external to clinic/organization)
- Support the development of and training for an adequate behavioral health workforce that can provide services in an integrated environment (perhaps through telehealth)
- Streamline MCO, primary care and behavioral health (outpatient) documentation
- Role of non-healthcare entities in access to services and resources
    - Worksites as part of wellbeing programs and/or onsite clinics
    - Schools
    - Faith-based organization
- FQHC – limited resources beyond identification
- Need or reimbursement to FQHC's for care coordination
- Access for adult uninsured, in particular the "middle" degree between mild depression and acute suicidal/homicidal

Miscellaneous:

Patient readiness to seek behavioral care

- Racial and culture may be a barrier
- Look at what has and has not been successful integrating physical and mental health in South Carolina – learn from what we have already done.

What activities/programs/resources currently exist in South Carolina?

- Care South partnership for medication assisted treatment (FQHC's)
- FQHC and RHC behavioral health models
- Healthy PRIME Connection ≥ 65 years of age – Medicare/Medicaid
- MCO's as partners
    - Care Coordination
    - Data
    - Provider network access
- Behavioral health focus in primary care training in medical schools
- PCMH – new standards have strong behavioral health components
- Mental Health First Aid training (offered by Northeastern Rural Health Network and SC Thrive)
- Care Coordination
- Emergency room telepsychiatry
- SC Telehealth Alliance
- Healthy Outcomes Program Networks
- School based care
- SC Health Information Exchange
- DMH pilot programs
- Screening Brief Intervention and Referral to Treatment (SBIRT) – DAODAS, MUSC/GHS, DMH
- IMPH Taskforce
- Post-Partum Screenings for depression
- Managed care – Select Health Model
- Free clinics
- SCMA online education course
- PASOS
- QTIP
- MUSC Teleconsultation Program in PCP office – consult with psychiatrist
- Program ECHO – training PCP with specialty treatment – could be behavioral health treatment
    - Free training to be a ECHO provider
- Re-entry centers both in institutions and probation parole

Data analytics and informatics – to develop and support a behavioral health dashboard. What 2-3 data points are needed to support this workgroup?

- Need a clear definition of "primary care" – to include OB/GYN as specialist
  - Should include entire continuum
- Link GYN data to childbearing age
- Comorbid flash points
  - Post-partum depression
  - Opioid
  - Medication adherence
  - Treatment adherence
- How does PDMP data interface with care coordination?
- Population size with SPMI who would be "disabled" under the law if given opportunity and resources to complete application – income implications of this
- Care gap data
  - Especially for mental health/behavioral health population
  - Relevance data on behavioral health to increase awareness among PCP's and their stakeholders
- Do we have enough behavioral and mental health providers to meet the needs of population
  - Are behavioral/mental health workers working to full scope of practice?
  - How do we track the mental health workforce?
- Primary care provider readiness
- Prescription medication adherence to help monitor continuity of care
- Look at the cost of treatment for uninsured versus insured
  - Expected outcomes
  - Uninsured increased ER and hospital cost due to barriers to care
  - Stakeholder – hospital state funding