

Key Challenges/Opportunities/Needs:

- Lack of adequate shelter and supportive housing when discharging patients from hospitals and the judiciary system
- Continuity of care for patients is a challenge; oftentimes there seems to be no follow-up with providers
- Our state needs more detox capacity
- Pregnant women are a special patient population that requires special attention and improved continuity of care
- There is a lack of inpatient psychiatric capacity for the uninsured
- Our state needs more intensive outpatient services
- There is a lack of behavioral health services for children (both outpatient and inpatient)
- We need to increase awareness of suicide pathways in both behavioral health and general medical settings
- Private providers are sometimes screening patients by their coverage and not accepting patients with less desirable payor sources (or who are uninsured)
- There is a problematic lack of person-power and human resources in our public behavioral health systems
- EMTALA guidelines are a challenge related to inappropriate use of Emergency Departments (EDs)
- Funding, or lack thereof, is a major barrier to providing the services that patients need
- We need legislative attention and legislative champions for behavioral health
- Improved partnerships on the local level would create opportunities for improved care/systems
- If stakeholders were made aware of the strategic plans and budget needs/requests of state agencies, more could be done to advocate for them
- The IMD exclusion is a barrier to providing inpatient care for Medicaid patients. We need to watch what is happening in NC and GA and evaluate the impact in order to make the case to replicate the IMD waiver in SC.

Current activities to highlight:

- Crisis response services in Charleston
- Some CMHCs have access to inpatient capacity at hospitals in their community
- Telepsychiatry has been very successful in expanding access
- Peer-to-peer community groups and reassurance lines are effective and low-cost

Data Needed:

- Evaluate the cost-effectiveness of the programs at the Charleston/Dorchester Mental Health Center (mobile crisis, RV outreach, Crisis Stabilization Unit, etc.)
- How many patients are CMHCs sending to EDs?

- What care settings are performing behavioral health screenings and screenings for suicidal behavior?
- What is the average length of stay of patients with behavioral health diagnosis in hospital EDs (primary or secondary diagnosis)? Compare this to the percent occupancy of inpatient capacity to determine the need.
- Determine how many patients who frequently use EDs have behavioral health diagnoses.