

# Behavioral Health Needs Assessment: Spartanburg County, South Carolina

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## Executive Summary

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:

Dr. Wanda Andrews  
Dr. Otis Baughman  
Dr. Kathleen Brady  
Jane Clemmer  
David Forrester  
Chris Lombardozi  
Clay Marion  
Dr. William Powell  
Dr. Jim Rentz  
Renée Romberger  
Chris Steed  
Vanessa Thompson  
Neal Urch  
Heather Witt

Key Informant Interviewees:

Robbie Allen  
Judge David Anderson  
Dr. Wanda Andrews  
Dr. Otis Baughman  
William Barnet  
Dr. Kathleen Brady  
Trez Clarke  
Jane Clemmer  
Kathy Dunleavy  
Tony Fisher  
Robert Flandry  
David Forrester  
Cindy Goodin  
Jane Hall  
Lynn Hawkins

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Emmanuel Igwe  
Rev. Charles Jackson  
Kelly Kennedy  
Maureen Kriese  
Penni Kucaba  
Lou Landrum  
Chris Lombardozzi  
Hunter Mahon  
Rev. Clay Marion  
Cathy McMillan  
Candice Morgan  
Kathy Murphy  
Dr. Christian Neal  
Rev. Kirk Neeley  
George Newby  
Dr. William Powell  
Dr. Jim Rentz  
Renée Romberger  
Kim Rosborough  
Komron Saaditi  
Monika Scott-Rogers  
Cathy Sparks  
Chris Steed  
Vanessa Thompson  
Clay Turner  
Neal Urch  
Calvin Vinson  
Debra West  
Joanie Williams  
Rev. Ray White

Focus Group Hosts:

The Haven Homeless Shelter  
Miracle Hill Homeless Shelter  
Spartanburg Alcohol and Drug Abuse Commission  
New Day Club House  
Adult and Community Education Center

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**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 182<sup>nd</sup>. For emotional health Spartanburg County ranked 178<sup>th</sup>.
  - 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).<sup>1</sup>

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<sup>1</sup> South Carolina Department of Mental Health

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- o 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.<sup>2</sup>
- 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

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<sup>2</sup> <http://ors.sc.gov/hd/edrateb.php>

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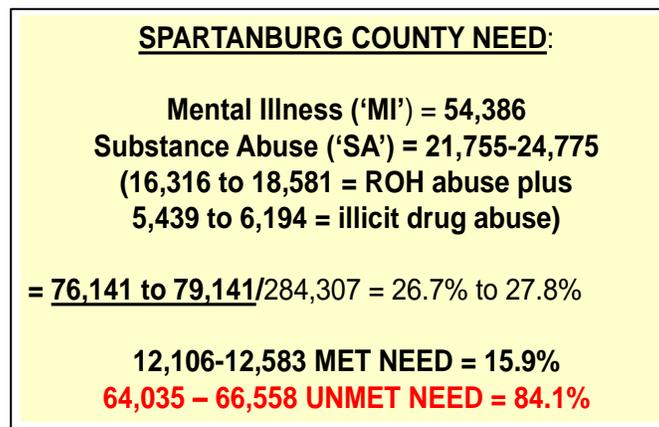
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### 2. EXECUTIVE SUMMARY

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.

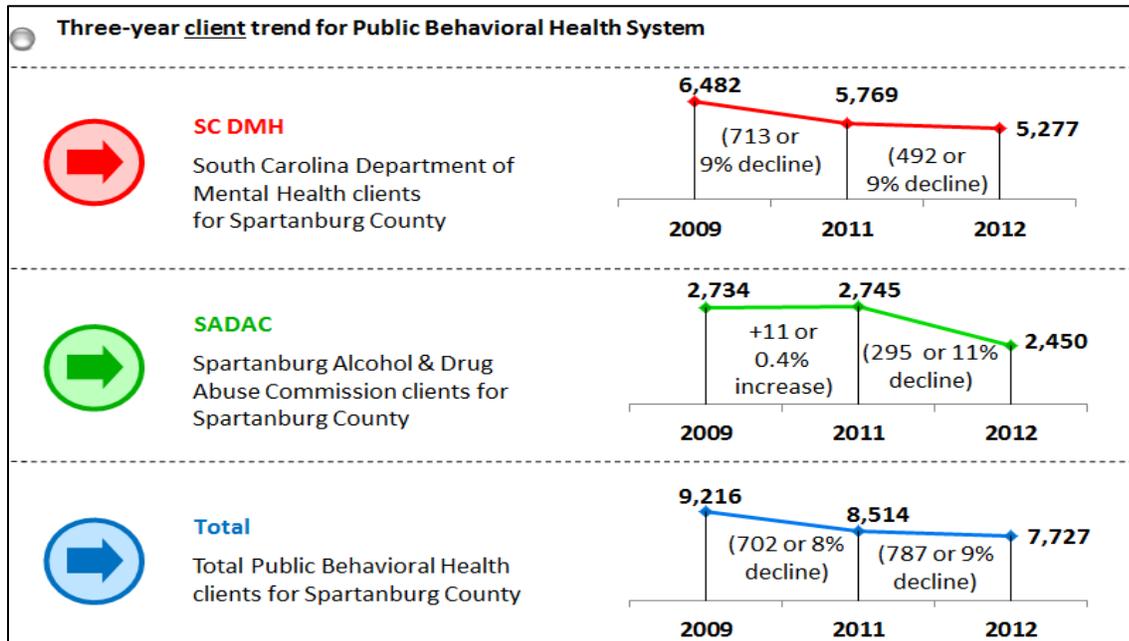
Nationally, state departments of mental health determine ‘penetration rates’ or the ability to provide public mental health services to their populations. As evidenced in the graphic in the lowest level of the funnel, the penetration rate for South Carolina’s Department of Mental Health is 15.9% in 2012 (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.

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Findings from the Key Informant Interview and Focus Groups are summarized below:

<p><b>KEY INFORMANT INTERVIEWS (42)</b></p> <ul style="list-style-type: none"> <li>All Joint Funders of Mental Health (4 foundations and SADAC)</li> <li>All members of the Steering Committee (12)</li> <li>Spartanburg Department of Corrections</li> <li>Spartanburg School System</li> <li>Miracle Hill Ministries, The Haven Homeless Shelter, Safe Homes Rape Crisis Center, Probate Judge, SADAC and SC DMH office</li> </ul>	<p><b>FOCUS GROUPS (6)</b></p> <ol style="list-style-type: none"> <li>Female Intensive Outpatient Program at SADAC</li> <li>The Haven Homeless Shelter</li> <li>Miracle Hill Ministries</li> <li>New Day Clubhouse</li> <li>Beginning level English as Second Language class-Hispanics (Jim Rentz at WestGate Counseling)</li> <li>Advanced level English as Second Language class-Hispanics (Jim Rentz at WestGate Counseling)</li> </ol>
<p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>Extreme need but very limited supply with funnel narrowing due to last 2 years funding cuts at state level to a ‘pinhole’</li> <li>Only severe and persistent need get service</li> <li>Medications and Primary Care physicians role with BH therapist integration seen as key</li> </ul>	<p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>Little awareness of public behavioral health services, eligibility, offerings</li> <li>Homeless had highest awareness with lifetime history of use and incarceration</li> <li>Least awareness was among Hispanics</li> <li>Regular use of services only by New Day Clubhouse</li> </ul>
<p><b>BARRIERS</b></p> <ul style="list-style-type: none"> <li>Need to have client go to EC since many agencies can’t prescribe psychotropic medications</li> <li>Cost of psychotropic meds for Dept. of Corrections (estimate)</li> </ul>	<p><b>BARRIERS</b></p> <ul style="list-style-type: none"> <li>Long wait to access MH services</li> <li>Frequent rejection as not presenting with sufficient need (‘severe AND persistent’ mental illness)</li> <li>Strong desire to pair counseling with medications</li> <li>Lack of health insurance, lack of affordability of care</li> </ul>
<p><b>GAPS</b></p> <ul style="list-style-type: none"> <li>Adequate reimbursement</li> <li>Detoxification services</li> </ul>	<p><b>GAPS</b></p> <ul style="list-style-type: none"> <li>Transportation to Counseling or Treatment</li> <li>Cost of medications, frequent reference to running out of meds, using less than prescribed, having to go to EC</li> </ul>

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.

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**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**

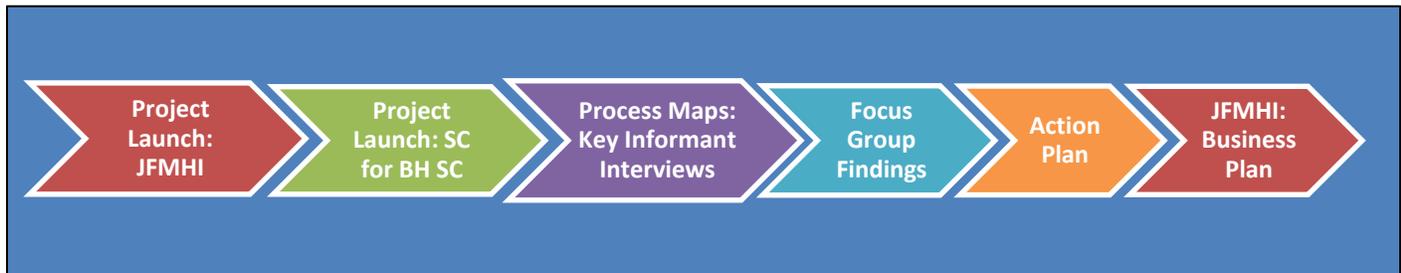
**Brief Description:** Multi-faceted team approach to treat individuals with serious behavioral health needs earlier to manage their behavioral health issue before it reaches a crisis phase. Pillars of this approach include education, prevention, and availability of mental health professionals to those 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.

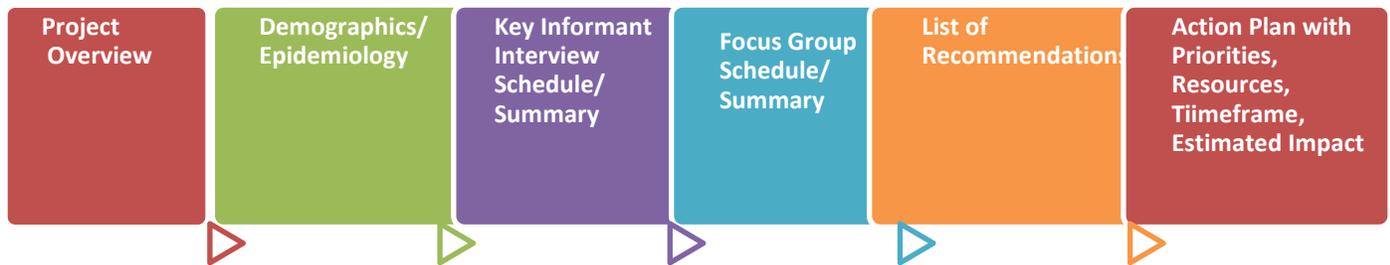
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**3. METHODOLOGY:**



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.



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