



# SOUTH CAROLINA

**"The funding positioned us to have these conversations [with community partners] now, so we can absolutely now be productive."**

## INCREASING MENTAL HEALTH AND SUBSTANCE USE ACCESS FOR INDIVIDUALS ENTERING AND EXITING JAILS

### Project Background, Vision, and Outcomes

South Carolina wanted to improve access to mental health and substance use disorder services for people entering and exiting jail by improving patient care coordination between Alvin S. Glenn Detention Center, drug and alcohol centers, and state mental health systems. Using Transformation Transfer Initiative (TTI) funds, South Carolina hired two behavioral health professionals to improve patient care coordination and increase referrals for individuals in jail to community-based mental health treatment within 30 days of release. By improving this treatment connection, South Carolina aimed to ensure continuity of care for jail-based populations.

Referral data was the main outcome collected for the project. With data on the percentage of referrals connected to care, South Carolina now has more information on how many individuals are seeing the most appropriate providers for their mental health and substance use treatment needs.

Several data reporting challenges existed including complicated referrals, inadequate mental health and correctional staffing, and a lack of mental health screening at the detention center although the use of the Brief Mental Health Screener is encouraged.

### Project Implementation: Challenges and Lessons Learned

Limited buy-in from law enforcement and an overall large reliance on human capital and resources from law enforcement were mentioned as prominent barriers to implementing the project. Following this experience, the main lessons learned were the need for early buy-in and upfront collaboration from partners to complete the strategic goals outlined in the award. The interviewee said, "don't do it alone" and to work with partners starting at the award writing stage. Additionally, it is important to be familiar with the

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existing law enforcement infrastructure (i.e., staffing levels and current internal barriers) to create realistic and feasible programming. The award's quick timeline was also mentioned as a challenge and there was a suggestion for more time to allow for coordination with partners throughout the award period.

The Covid-19 pandemic impacted operations where TTI project staff were “just trying to keep the mental health center afloat” and community programming had to “somewhat be put on hold”. Closures at the jail prevented access to the clients inside and impaired the ability to provide jail-based services.

## Sustainability and Project Legacy

Funding from this project supported the hiring of two mental health professionals to improve patient care coordination and connections with community-based mental health providers for treatment; however, the program cannot be sustained without additional funding. One of the mental health professionals will remain at the state agency but their job duties and responsibilities will be expanded to support other organizational initiatives.

## Health Equity

This project was designed as a “catch-all for anyone going in or coming out [of jail] with an identified

mental health need”. From an equity standpoint, the programs provide equitable services to legal-involved individuals with mental health needs, two groups that are often marginalized or underserved. Within the organization as a whole, “DMH has a big equity push right now”, and is making plans to reach more special populations, such as military and veterans.

## Peer Services Utilization

Peer support services are used on a limited basis. Currently, access to a peer support specialist is only available on a referral basis. There is only one peer support specialist at DMH, but plans are being made to hire one more peer.

## Trauma Informed Care

The interviewee stated that “DMH is a trauma-informed agency, so we incorporate that into any service we provide”. In this sense, trauma informed care is built into DMH's organizational framework.

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