BEHAVIORAL HEALTH

Strategies to prevent substance misuse, strengthen mental wellness, and improve access to behavioral health services in SC.

INDICATORS

- ALCOHOL MISUSE
- DRUG OVERDOSE
- SUICIDE
- BH RELATED HOSPITALIZATIONS AND ED VISITS

PARTNER STRATEGIES

ALCOHOL MISUSE

Prevention, Screening & Early Intervention: Organizations are implementing alcohol education, SBIRT screening, youth prevention initiatives, and early intervention efforts to identify risky alcohol use and connect individuals to appropriate supports before more serious problems develop.

Treatment & Clinical Services: Submissions highlight expanded access to counseling, integrated behavioral health services, medication-assisted treatment, and specialized care for individuals experiencing alcohol misuse and co-occurring conditions.

Recovery Supports & Peer Services: Many organizations are investing in peer support, recovery coaching, Clubhouse models, and community-based recovery programs that foster long-term recovery, belonging, and social connection.

Community Education & Awareness: Stakeholders are conducting public education campaigns, school-based outreach, and stigma reduction activities that increase awareness of alcohol-related harms and available recovery resources.

Care Coordination & Integrated Systems: Efforts focus on building stronger connections between healthcare providers, behavioral health agencies, recovery organizations, and community partners to improve referrals, transitions, and continuity of care.

Social Determinants & Recovery Stability: Strategies recognize the importance of employment, housing, transportation, and social connectedness in supporting recovery and reducing the likelihood of relapse.

Workforce Development & Capacity Building: Organizations are training healthcare professionals, community health workers, and frontline staff to strengthen prevention, screening, treatment, and recovery support services.

Data, Quality Improvement & Systems Change: Several initiatives utilize data analysis, quality improvement processes, and systems-level advocacy to identify service gaps and strengthen behavioral health infrastructure.

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DRUG OVERDOSE

Harm Reduction & Overdose Prevention: Organizations are expanding access to naloxone, harm reduction resources, overdose education, and community-based prevention efforts designed to reduce overdose-related injuries and deaths.

Prevention, Screening & Early Identification: Strategies include substance use education, school-based prevention initiatives, outreach activities, and screening efforts that identify individuals at risk before overdose occurs.

Treatment & Recovery Services: Submissions emphasize recovery-oriented systems of care, treatment access, peer support, recovery coaching, and long-term recovery resources that support sustained recovery following substance use or overdose.

Care Coordination & Continuity of Care: Stakeholders are strengthening partnerships among healthcare providers, behavioral health organizations, emergency response systems, and recovery services to improve engagement in care and recovery outcomes.

Community Education & Stigma Reduction: Many efforts promote public awareness, community conversations, and stigma reduction activities that encourage help-seeking and support recovery-focused approaches.

Social Determinants & Recovery Supports: Organizations are addressing housing stability, transportation, employment, social isolation, and other factors that influence overdose risk and recovery success.

Workforce Development & Community Capacity: Training initiatives are building the capacity of healthcare providers, first responders, educators, CHWs, and community organizations to respond effectively to substance use and overdose prevention needs.

Data, Policy & Systems Improvement: Strategies leverage data, policy development, quality improvement efforts, and cross-sector collaboration to strengthen overdose prevention and recovery systems.

SUICIDE

Crisis Response & Suicide Prevention Infrastructure: Organizations are strengthening crisis response systems through 988 services, mobile crisis teams, safety planning, crisis intervention programs, and implementation of evidence-based suicide prevention frameworks.

Screening, Assessment & Early Identification: Strategies promote suicide risk screening, assessment, and early identification across healthcare settings, schools, justice systems, and community programs.

Clinical Treatment & Mental Health Services: Submissions highlight trauma-informed care, evidence-based counseling, specialized behavioral health treatment, and mental health services designed to reduce suicide risk and improve well-being.

Community Awareness, Education & Stigma Reduction: Stakeholders are increasing awareness of suicide warning signs, available resources, and prevention strategies through trainings, outreach efforts, and public education campaigns.

Peer Support, Social Connection & Protective Factors: Many organizations are fostering peer support, community connection, recovery supports, and opportunities for meaningful engagement that strengthen protective factors against suicide.

Caregiver, Family & Community Supports: Strategies provide caregiver education, respite services, support groups, counseling resources, and family-focused interventions that build resilience and support individuals at risk.

Care Coordination & Cross-System Collaboration: Collaborative efforts connect healthcare systems, behavioral health providers, schools, crisis services, correctional facilities, law enforcement, and community organizations to improve suicide prevention and response.

Workforce Development & Training: Organizations are equipping providers, educators, first responders, community members, and other frontline professionals with skills to recognize and respond to suicide risk.

Social Determinants & Upstream Prevention: Submissions recognize the role of housing, employment, transportation, access to care, and social support in shaping mental health outcomes and suicide risk.

Data, Quality Improvement & Continuous Learning: Several initiatives use data, quality improvement methods, and lived-experience feedback to strengthen suicide prevention efforts and improve outcomes.

BH RELATED HOSPITALIZATIONS AND ED VISITS

Crisis Diversion & Alternative Response Models: Organizations are implementing mobile crisis services, telepsychiatry, community paramedicine, EmPATH units, and other alternatives that help individuals receive appropriate care outside of emergency departments and inpatient settings.

Care Coordination & Transitions of Care: Strategies strengthen discharge planning, care transitions, follow-up services, and cross-system coordination to reduce repeat crises and unnecessary hospital utilization.

Community-Based Behavioral Health Services: Submissions emphasize outpatient treatment, community-based behavioral health programs, early intervention services, and recovery supports that address needs before they escalate.

Access to Behavioral Health Care: Many organizations are expanding access through telehealth, workforce development, provider consultation programs, and improved referral pathways.

Recovery Supports & Peer Services: Stakeholders are investing in peer support, recovery coaching, community integration programs, and recovery-oriented services that help individuals maintain stability and avoid crisis-driven care.

Prevention, Early Intervention & Self-Management: Strategies provide education, wellness planning, self-management tools, and early intervention supports that help individuals manage behavioral health conditions before they require emergency care.

Social Determinants & Community Supports: Organizations are addressing housing, transportation, employment, social support, and resource navigation needs that contribute to behavioral health crises and healthcare utilization.

Workforce Development & System Capacity: Efforts include provider training, workforce expansion, and strengthening community-based behavioral health infrastructure to meet growing demand for services.

Data, Quality Improvement & Systems Improvement: Many initiatives use data analysis, performance monitoring, and quality improvement processes to identify service gaps and reduce avoidable hospitalizations and ED visits.

Partnerships & Integrated Systems of Care: Collaborative efforts bring together healthcare providers, behavioral health agencies, schools, justice systems, emergency responders, and community organizations to create a more coordinated behavioral health system.

OUR DESIRED RESULT: All people in South Carolina experience mental wellness and reduce substance misuse.

LIVE HEALTHY SOUTH CAROLINA