Facilitation Worksheet

Facilitator and/or Member to complete.

Facilitator: <u>Saad Howard</u>
Subcommittee: <u>Behavioral Health</u>

> The following 6 questions were developed to help SHaPE SC subcommittees look for potential cross-subcommittee consensus recommendations for the full-task force report. As part of this process, we ask that subcommittee members consider all points addressed during today's meeting for potential consensus recommendations. Specifically, we would like to know if your subcommittee agrees that the following items present current and future challenges for providing needed services:
> - increasing overhead and operating expenses
> - increasing costs for unfunded mandates
> - the hiring, training, and retention of qualified employees
>
> From initial feedback, it appears that all three subcommittees may be in agreement on these items.

1. What recommendations, if any, have you identified that appear to be a consensus position with respect to one or more of the other subcommittees? – *10 Minutes*

When discussing this question, think about key areas of agreement that might currently exist between your subcommittee and one or both of the other subcommittees. Are there areas between your subcommittee and others that are sufficiently similar that you believe could be developed into consensus recommendations? Do you feel that further work is needed to better understand any similar or different positions that exist between your subcommittee and other subcommittees?

Resources
 - Funding to support delivery of services
Capacity and Workforce
 - Recruitment, retention and competition for talent
 - Salary compression

2. Did other task force subcommittees identify positions you found interesting, but have not yet discussed in your subcommittee? – *10 Minutes*

In your discussions today, consider any key findings of the other subcommittees that your subcommittee may not have considered. Do you think you might develop a consensus recommendation with one or more other subcommittees on a position you have not presently considered? If so, please identify those items below.

None noted.

3. What, if any, potential points of disagreement have you identified between your subcommittee views and those of other subcommittees and do you see any room for resolving those disagreements? – 10 *Minutes*

Building on the previous two questions, please discuss potential challenges to building consensus between all three subcommittees. Can you identify any actions you might take in conjunction with another subcommittee to resolve disagreements on positions taken and develop a consensus view for the task force before drafting final recommendations?

None noted.

4. Are there topics your subcommittee is considering where you feel more information is required about the services and/or more input is required from people that provide, use, and/or need the services in question? – *10- Minutes*

Remember that the success of this process is dependent on input from the widest possible range of views. Do you have sufficient input from customers, stakeholders, the public, service providers, residents, etc. If not, what can you do to get that input? The more input you receive, the better position you may be in to identify a consensus view. What other input do you need and have to not yet received to further evaluate services before making final recommendations?

Health Information Exchange (SCHIEx)
- One exchange that meets the needs of everyone without being too cumbersome
- Competing platforms across the state and within health systems
- Interconnectivity

Public Input
- Patient survey results (DMH)
- Public input feedback

Vocational rehab providers
- Solicit feedback through partners to get input from this population of providers

5. What themes/recommendations appear to be unique to your subcommittee because of the types of services being evaluated? For these potential items, which ones appear to be consensus views among your subcommittee members? (10 minutes)

We recognize that some of the critical input your subcommittee develops may be unique to the services your subcommittee is focused on, and, there may not be overlap with the other subcommittee recommendations. These service-area-specific recommendations are important. What recommendations of this nature has your subcommittee developed that appear to be consensus positions across the members of your subcommittee (i.e., subcommittee consensus views)?

Reimbursement issues, specifically the Medicaid IMD (Institutions for Mental Disease) Exclusion
Regulations governing delivery of behavioral health services
Co-location and integration w/ primary care (stigma)
Threats of increasing competition for human resources

6. What next steps are needed to complete the process and generate recommendations from your subcommittee? (10 minutes)

Discuss a plan for what you intend to focus on to complete your information gathering and evaluation process and prepare a report that includes your formal recommendations. When discussing this question, consider how best to ensure sufficient input is received from stakeholders, customers, residents, etc.; what information is still needed; and what are the best steps to help build consensus among your subcommittee members as well as potentially between your subcommittee and other subcommittees?

- SC Institute of Medicine & Public Health recently published Hope for Tomorrow Behavioral Health Progress Report
- Reimbursement
  - Expanded model for county authorities who provide for health-related services

MH centers can bill primary care codes – basic primary care codes
Reimbursement – tag on to what we're talking about
 - reexamining reimbursement
 - IMD Exclusions

Facilitation Worksheet

Facilitator and/or Member to complete.

Facilitator: Tommy Lavender/Lawra Boyce (notetaker)
Subcommittee: Environmental Protection

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- **increasing overhead and operating expenses**
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1. What recommendations, if any, have you identified that appear to be a consensus position with respect to one or more of the other subcommittees? – *10 Minutes*

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Funding
Salaries
Consistent **staffing/hiring/retention**

2. Did other task force subcommittees identify positions you found interesting, but have not yet discussed in your subcommittee? – *10 Minutes*

In your discussions today, consider any key findings of the other subcommittees that your subcommittee may not have considered. Do you think you might develop a consensus recommendation with one or more other subcommittees on a position you have not presently considered? If so, please identify those items below.

None identified.

3. What, if any, potential points of disagreement have you identified between your subcommittee views and those of other subcommittees and do you see any room for resolving those disagreements? – 10 *Minutes*

Building on the previous two questions, please discuss potential challenges to building consensus between all three subcommittees. Can you identify any actions you might take in conjunction with another subcommittee to resolve disagreements on positions taken and develop a consensus view for the task force before drafting final recommendations?

None identified.

4. Are there topics your subcommittee is considering where you feel more information is required about the services and/or more input is required from people that provide, use, and/or need the services in question? – *10- Minutes*

Remember that the success of this process is dependent on input from the widest possible range of views. Do you have sufficient input from customers, stakeholders, the public, service providers, residents, etc. If not, what can you do to get that input? The more input you receive, the better position you may be in to identify a consensus view. What other input do you need and have to not yet received to further evaluate services before making final recommendations?

- **Sources of revenue** (i.e, state funding, federal funding, fees, other, etc) **for all environmental programs**
    - Sources of revenue by program area (i.e., hazardous waste, solid waste, air, drinking water, etc)
- **Funding for environmental programs in SC compared to neighboring states**
- **Budget information: what has been requested for the environmental programs, what requests have been pushed forward to the General Assembly, and what has been received**

5. What themes/recommendations appear to be unique to your subcommittee because of the types of services being evaluated? For these potential items, which ones appear to be consensus views among your subcommittee members? (10 minutes)

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Full budget request sequence for environmental programs

Food protection and rabies are not directly related to environmental protection
- May be better fit in another part of the agency or in another agency

Still considering and discussing the best organization and structure for the state's water planning functions *(no consensus)*

6. What next steps are needed to complete the process and generate recommendations from your subcommittee? (10 minutes)

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One more subcommittee meeting to consider the information that has been requested.

Facilitation Worksheet

Facilitator and/or Member to complete.

Facilitator: Dr. Lee Pearson
Subcommittee: Health

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From initial feedback, it appears that all three subcommittees may be in agreement on these items.

1. What recommendations, if any, have you identified that appear to be a consensus position with respect to one or more of the other subcommittees? – *10 Minutes*

When discussing this question, think about key areas of agreement that might currently exist between your subcommittee and one or both of the other subcommittees. Are there areas between your subcommittee and others that are sufficiently similar that you believe could be developed into consensus recommendations? Do you feel that further work is needed to better understand any similar or different positions that exist between your subcommittee and other subcommittees?

Not prepared to make any recommendations at this time, so we will defer this question. The subcommittee would like to have another meeting to discuss.

2. Did other task force subcommittees identify positions you found interesting, but have not yet discussed in your subcommittee? – *10 Minutes*

In your discussions today, consider any key findings of the other subcommittees that your subcommittee may not have considered. Do you think you might develop a consensus recommendation with one or more other subcommittees on a position you have not presently considered? If so, please identify those items below.

Environmental Health subcommittee made a valid point about community presence. How close to the community do the Regions have to be in order to know local needs. Local citizens know when something isn't right in their community, so they can be part of the agency's surveillance. Environmental also made the point about the confusion over responsibility between local governments and DHEC over who is responsible for what.

Behavioral Health's discussion about taking services to the community, particularly the concept of possibly collocating services with local health departments.

Since the agency has to prioritize the budget, it was suggested that it be done so that each side identifies their greatest needs, so they don't get lost and folded up in the overall budget. However, we also want to avoid internal fighting.

Concern there has been too much focus on regional health service delivery and not discussing central office programs like Cancer Prevention and Maternal and Child Health.

3. What, if any, potential points of disagreement have you identified between your subcommittee views and those of other subcommittees and do you see any room for resolving those disagreements? – 10 *Minutes*

Building on the previous two questions, please discuss potential challenges to building consensus between all three subcommittees. Can you identify any actions you might take in conjunction with another subcommittee to resolve disagreements on positions taken and develop a consensus view for the task force before drafting final recommendations?

Disagree with the Environmental comment about casting off Food Protection and Rabies as not being core environmental functions. All environmental standards are based on their impacts to public health.

4. Are there topics your subcommittee is considering where you feel more information is required about the services and/or more input is required from people that provide, use, and/or need the services in question? *– 10- Minutes*

Remember that the success of this process is dependent on input from the widest possible range of views. Do you have sufficient input from customers, stakeholders, the public, service providers, residents, etc. If not, what can you do to get that input? The more input you receive, the better position you may be in to identify a consensus view. What other input do you need and have to not yet received to further evaluate services before making final recommendations?

The budget presentation needs to be discussed further by the subcommittee. We need to see how the funding streams align and determine how external funding drives and impact the agency's mission.

Have there been any linkages with schools yet?

Need to consider whatever comments are received from the community. We have already received a number of comments from the survey and email address, which are available on the website.

Want to understand how staff vacancies are limiting service availability.

Need more specific examples from the Region Directors of the types of community health partnerships they currently have.

There is a perception that DHEC is 'too large' based upon the total number of staff, but people are unaware of how many staff are situated in county health departments and they are still facing shortfalls. How do we address this?

5. What themes/recommendations appear to be unique to your subcommittee because of the types of services being evaluated? For these potential items, which ones appear to be consensus views among your subcommittee members? (10 minutes)

We recognize that some of the critical input your subcommittee develops may be unique to the services your subcommittee is focused on, and, there may not be overlap with the other subcommittee recommendations. These service-area-specific recommendations are important. What recommendations of this nature has your subcommittee developed that appear to be consensus positions across the members of your subcommittee (i.e., subcommittee consensus views)?

The role of DHEC is different from that of DAODAS and DMH, who are both health care providers. It is the role of public health to assure access to care and take on that role if necessary. DHEC is a gap-filler, providing services no one else will fill like STD's and TB.

There needs to be better collaboration between DHEC and our community partners. DHEC can give statewide answers but there is a need for gap-mapping to show what services are needed by individual communities and finding the right partners to fill those gaps.

Funding and staffing are going to be persistent issues.

6. What next steps are needed to complete the process and generate recommendations from your subcommittee? (10 minutes)

Discuss a plan for what you intend to focus on to complete your information gathering and evaluation process and prepare a report that includes your formal recommendations. When discussing this question, consider how best to ensure sufficient input is received from stakeholders, customers, residents, etc.; what information is still needed; and what are the best steps to help build consensus among your subcommittee members as well as potentially between your subcommittee and other subcommittees?

We still have some additional requests, so we're not finished with the information gathering stage yet. However, we do need to move away from information gathering into making actual recommendations. Would suggest another subcommittee meeting before the end of August to start formulating them.

We need participation from a number of subcommittee member viewpoints because we don't want the recommendations to only reflect the thoughts of a few members. That's why we're hesitant to make recommendations now, want to make sure everyone has the chance to have an impact.