



# FAST FACTS AND BY THE NUMBERS

## Task Force Overview

On April 8, 2021, the South Carolina Department of Health and Environmental Control's Director Dr. Edward Simmer, with approval by the agency's Board, established the Task Force to Strengthen the Health and Promote the Environment of South Carolina (SHAPE SC).

The Task Force was comprised of three subcommittees: (1.) Behavioral Health, (2.) Environmental Protection, (3.) Public Health. The first meeting of SHAPE SC was held on June 3, 2021, and task force participants were charged with:

1. Evaluating how South Carolina government agencies currently deliver health and environmental protection services
2. Making recommendations that might improve delivery of those services for all those residing in South Carolina

**Its goal**—to provide consensus-driven recommendations to improve delivery of quality health and environmental services so that they are provided in the most accessible, efficient, and effective manner.

## Task Force Evaluation Process and Recommendations

A total of 19 service-specific and 9 cross-cutting recommendations were a direct result of the task force's work.



**17** Public Meetings



**400+** Public Comments Received



**30+** Hours of Subcommittee Discussion



**50+** Subcommittee Stakeholders



**100+** Hours Spent by Chairman and Facilitator to Gather Feedback and Conduct Research



**28** Consensus-Driven Recommendations

## Task Force Report

The task force submitted its final report to the DHEC Board on Nov. 10, 2021. Upon receipt, the Board voted to submit the report to the General Assembly and the Office of the Governor for consideration of those recommendations that require legislative action. In addition, report was unanimously approved by S.C. Mental Health Commission on Friday, Nov. 5, 2021.

**Task force recommendations are being evaluated and implemented by DHEC and others.**

## Snapshot of Critical Services Provided by DHEC in Fiscal Year (FY) 2021



**78 / 543,206**

investigated acute disease outbreaks/reports of acute diseases



**7,692,573**

received and responded to clinical client visits by local health departments



**117,033**

conducted environmental inspections



**7,162**

conducted inspections and investigations of health facilities, providers, and equipment



**123,294**

managed active environmental permits

# Key SHaPE SC Findings and Recommendations



## Meeting the Needs of a Competitive Workforce

- **10%** expected increase in demand for mental health workers by 2026
- **42%** DHEC employees eligible for retirement within three to five years
- **146** DMH nurses and nursing assistants eligible for retirement
- **~13%** average employee turnover rate at DHEC for last three years
- **33.2%** employee turnover rate of DMH in FY 2021, leading to substantial nursing vacancies
- **\$11.14/hr.** starting rate for DHEC health dept. admin jobs. vs. **\$13-17/hr.** fast food, retail, grocery
- **\$47K** average starting salary for DHEC Engineer Associate I vs. **\$63K** private sector equivalent



## Impact of Nurses Shortage

- **7.89 nurses** per 1,000 population as of 2019; highest nursing shortage in U.S.
- **\$978/week** starting salary of an RN at DHEC vs. **\$6,900/week** as a travel nurse
- **\$76K** average starting salary of DHEC Nurse Practitioner vs. **\$85K** SC Nurse Practitioner
- **9,100** "lost" appointments last year due to nursing staff covering vacancies in other regions



## Per Capita Funding

- **34th** – SC's ranking in per-capita health funding, pre-pandemic
- **37th** – SC's ranking in per capita environmental services funding



## Lingering Impacts of the Great Recession of 2008

- **\$62M** – reduction in state funding for DHEC following the Great Recession, resulting in a 43% reduction from FY08 - FY11 appropriations
- **2.25%** – average annual increase to DHEC's state general fund appropriation since 2012
- **55%** – approximate increase as a percent of salary from 2008 to 2020 in cost of state Full-Time Employee (FTE) fringe benefits including insurance and retirement contributions
- **\$93M** – reduction in state recurring funding for DMH during FY9 - 12
- **\$124M** – increase in DMH state funding since FY13; only **\$38M** supports existing agency services
- **\$55M** – the annual amount, excluding inflation, in reduced State recurring funds DMH has available to provide the same services it provided prior to the Great Recession

## Summary of Core Cross-Cutting Challenges and Areas for Improvement

- Providing **significant increases in funding and resources** for health and environmental services, including flexible funding sources that can be used to address priority needs.
- Addressing the **serious lack of competitive salaries** for hiring and retaining qualified employees, particularly in a competitive environment where there is a limited available applicant pool.
- Providing **more clearly defined yearly mission-critical objectives** based upon direct input from core-program areas delivering services, and then **aligning support services** around accomplishing those objectives to best leverage the availability of current limited resources, increase staff and stakeholder buy-in, and ensure DHEC meets its core mission.

- **Strengthening lines of communication among DHEC subject-matter experts**, the Governor's Office, and the General Assembly.
- Providing **more partnering and co-location opportunities** between agencies offering cross-functional services.
- Removing **information-sharing roadblocks** between agencies providing overlapping services.
- Reviewing the **structure and centralization of internal support services** at DHEC to provide for a more efficient and effective support of mission-critical services.
- Ensuring that **regional offices are adequately supported and represented** in DHEC decision-making processes.
- Streamlining **internal processes**.
- Addressing **frequent turnover** of agency leadership at DHEC.