Task Force to Strengthen the Health and Promote the Environment of South Carolina

3rd Meeting of the Full-Task Force

Sept. 17, 2021

Opening Remarks

Larry A. Martin

Task Force Chair

SHaPE SC

Overview

Bernie Hawkins

Task Force Facilitator

SHaPE SC

Agenda

- Welcome & opening remarks
- Overview
- Subcommittee report outs
  - Behavioral Health
  - Environmental Protection
  - Health
- Group Discussion, Q&A
- Next steps and closing remarks

Behavioral Health Subcommittee

Final Recommendations

Mark Binkley, Subcommittee Chair

Sept. 17, 2021

Subcommittee Chair and Members

Mark Binkley, Subcommittee Chair, Senior Executive Assistant to the State Director, SC Department of Mental Health

Laura Aldinger, Executive Director, Behavioral Health Services of South Carolina

Gayle Aycock, President and Chief Executive Officer, LRADAC

Jarrod Bruder, Executive Director, SC Sherriff's Association

Anna Marie Conner, Attorney/Team Leader, Disability Rights South Carolina

Lee Dutton, Chief of Staff, SC Department of Alcohol and Other Drug Abuse Services

Beth Franco, Executive Director, Disability Rights South Carolina

Sara Goldsby, Director, SC Department of Alcohol and Other Drug Abuse Services

William Grimsley, Secretary of Veterans' Affairs, SC Department of Veterans' Affairs

Elizabeth Harmon, Executive Director, SC Behavioral Health Coalition

Bill Lindsey, Executive Director, SC Chapter of the National Alliance for Mental Illness

Amy McCulloch, Probate Judge for Richland County, Probate Judges Association

Joseph McLamb, Chief of Staff, SC Department of Veterans' Affairs

Kenneth Rogers, State Director, Department of Mental Health

Kacey Schmitt, Director of Social Work, SC Department of Health and Environmental Control

Anne Summer, Co-Chair, Policy, Legislative & Regulatory Committee, SC Behavioral Health Coalition

Gerald Wilson, Chair, SC Behavioral Health Coalition

Final Subcommittee Recommendations

Identify the Key Challenges

- **Competitive salaries, availability of sufficient qualified staff and other resource constraints** are the greatest roadblocks to improving and increasing behavioral health service delivery and integration.

- **Stigma associated with receiving behavioral health services** stands as a primary challenge to all providers of behavioral health services, and one that requires constant effort to combat.

- **Insufficient integration of behavioral health and general health services** is also a major challenge, especially as it is a recognized means of improving both the effectiveness and efficiency of healthcare services, as well as improving population health outcomes.

Preserving What is Working

- **Continue collaboration across agencies, community organizations and other stakeholders** to minimize silos and improve the continuum of care for behavioral health services.

- **Continue to leverage partnerships and available resources** that offer employment and housing support for individuals receiving behavioral health services.

- **Increase the availability of diversionary courts**, such as mental health courts and drug courts, to increase participation by defendants with behavioral health disorders in effective treatment and reduce criminal recidivism and court- and corrections-related costs.

Recommendations for Current Service Improvements

- An opportunity exists to **expand behavioral health services in jails and prisons** across the state.

- **Investments in workforce development** for behavioral health and substance use disorder (SUD) professionals are critical needs.

- **Legal issues and separate funding streams** with different requirements between the public mental health providers and publicly funded SUD agencies makes it difficult to coordinate care for comorbid individuals. Current efforts to better integrate efforts between the two systems, as well as work-around the prohibitions on sharing of SUD treatment information as a result of 42 CFR Part 2, should continue.

Recommended Structural or Functional Changes

Co-location

- **Identify and leverage opportunities to co-locate behavioral health and general health services** in communities across the state. Co-location could do much to remedy the stigma challenges associated with receiving behavioral health care.

- **Co-location would also improve the opportunities for the integration of primary and behavioral healthcare**, making it easier to treat comorbid patients. Integration of primary and behavioral healthcare has been shown to significantly improve the overall health outcomes of patients while reducing health care costs.

- **Explore future opportunities to co-locate county-based public health, mental health and publicly funded SU providers**.

Recommended Structural or Functional Changes

Co-location (cont'd.)

- **Soft savings associated with co-location** for citizens receiving services from both agencies (i.e., time savings, reduced transportation costs, increased satisfaction, etc.) should also be considered when developing a plan. As should differences when planning for co-location in urban communities versus rural communities.

- **Co-location of support services, non-profit organizations, other partner agencies and primary care providers** should also be considered wherever possible to maximize access to care for citizens, especially in rural areas.

Recommended Structural or Functional Changes

Information Technology:

- **Address information-sharing roadblocks** that would allow for easier communication between providers treating the same individual for their behavioral health and SUD needs.

- Explore ways to **improve the ability for all State operated or supported healthcare providers, and specifically DHEC, DMH and DAODAS (including its county authorities) to share patient information electronically**. At a minimum, secure direct messaging for care coordination, as needed.

- Recommendations would positively impact service delivery across the state by **(1)** improving *timeliness of care*, **(2)** improving *quality of care*, **(3)** *integrating primary care and behavioral health services* and **(4)** improving *overall health outcomes* across the continuum of care.

Recommended Structural or Functional Changes

Information Technology (cont'd.):

- Increased information availability will also improve *providers' overall ability to assess, diagnose and appropriately prescribe treatment for patients*.

- An **evaluation regarding the appropriate platform for information sharing between DHEC and DMH** would need to occur. The evaluation should include feasibility and usability.

- Although currently unknown, the **cost of establishing an electronic platform for information sharing can become cost prohibitive**, especially if it is applied broadly across all providers in the state that offer behavioral health services.

Recommended Structural or Functional Changes

Funding:

- Support to **repeal or modify the federal IMD Exclusion** that prohibits payment/coverage for Medicaid recipients in need of inpatient behavioral health services.

- Advocate for **adequate reimbursement for behavioral health services** provided in the private hospital setting; such action is likely to increase the availability and access for inpatient and residential behavioral heath services, when needed.

Staffing:

- Evaluate **use of paraprofessionals** and **new innovative ways to staff behavioral health services** (i.e., peer support specialists, community health workers, etc.).

Recommended Structural or Functional Changes

Collaboration:

- Continue **active participation and engagement in the Behavioral Health Coalition** to strengthen the relationship and collaboration with the state hospital association to maintain behavioral health services as a core priority.

Recommended Realignment of Agencies and Services

- It is the recommendation of the subcommittee that **DMH and DAODAS remain autonomous while strengthening service delivery through joint trainings and continuing the routine meetings** between the leadership of both agencies.

- Pursue opportunities to **expand access to behavioral healthcare** via paraprofessionals and leveraging technology to increase information sharing (to include DHEC).

- It is also recommended that **representation from FQHCs, through the SC Primary Health Care Association, be included on the Behavioral Health Coalition on a permanent basis**. FQHC involvement on the Coalition will serve to strengthen service delivery for patients that overlap public systems across the continuum of care.

Recommended Realignment of Agencies and Services

- The subcommittee also recommends **advocacy for Medicaid payment policy improvements** related to reimbursement rates for SUD and behavioral health treatment, including telehealth and telepsychiatry.
- Current State Budget Proviso 117.177 directs **SC DHHS, DMH and DAODAS to identify way to coordinate their efforts to ensure that the state's system for the delivery of behavioral health services** is structured so as to "provide a range and supply of treatment options and settings that are appropriate to meet the varying needs of individual patients;"
- It is also the recommendation of the subcommittee to **continue implementation of recommendations listed in the *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health System* report** by the South Carolina Institute of Medicine & Public Health (IMPH).

Recommended Realignment of Agencies and Services

Recommendations in the IMPH report address each of the following areas of opportunity:

- Increasing School Mental Health Services
- Development of a Statewide Array of Crisis Stabilization Services
- Discharge and Reentry Planning in the South Carolina Department of Corrections
- Integration of Primary and Behavioral Healthcare and Collaborative Care
- Developing an Adequate Behavioral Health Workforce

Environmental Protection Subcommittee

Final Recommendations

Tommy Lavender, Esq., Subcommittee Chair

September 17, 2021

Subcommittee Chair and Members

Chair: Tommy Lavender, Esq.

Members:

Jeffery Allen, PhD	*SC Water Resources Center at Clemson University*
Art Braswell	*Braswell Consulting*
Emily Cedzo	*Coastal Conservation League*
John Durst	*SC Restaurant & Lodging Association*
Michael Fields	*SC Convenience & Petroleum Marketers Association*
Todd Glover	*SC Municipal Association*
Rebecca Haynes	*Conservation Voters of SC*
Sara Hazzard	*SC Manufacturers Alliance*
Erika Hollis	*Upstate Forever*
Clint Leach	*SC Department of Agriculture*
Jill Miller	*SC Rural Water Association*
Harold Mitchell	*ReGenesis Community Development Corporation*
Mark Nix	*Home Builders Association of South Carolina*
Myra Reece	*SC Department of Health and Environmental Control*
Ken Rentiers	*SC Department of Natural Resources*
Gary Spires	*SC Farm Bureau*
Bill Stangler	*Congaree Riverkeeper*

Current Strengths

- A **strong process and focus on building stakeholder input** surrounding environmental issues.
- Recent **improvements in communications** with external partners.
- An enhanced internal coordination of customer service through efforts like ePermitting.
- The **leveraging of limited resources** to enhance environmental protection.

Key Challenges

- **Severe lack of sustainable funding and resources**
  - Increasing overhead and operating expenses
  - Other increasing costs and resources related to hiring, training, and retention of qualified employees.
- **Increasing federal environmental mandates** (many of which are unfunded)
  - Grant funding has not increased in decades
- **Low salaries** compared to other agencies and private sector
  - Professional categories, such as engineers, geologists, biologists, chemists, etc.
- Additional **emerging contaminants**
  - Will require built-in capacity and expertise to understand and communicate public health risks
- **Centralization of internal agency support services** within DHEC
  - Unintentionally resulted in a decreased focus on mission-critical services

Final Subcommittee Recommendations

Recommendations

- Cross-analysis of salaries of mission-critical positions
- Equitable consideration of budget requests from each of the three core deputy areas
- Full-time dedicated environmental toxicologist(s)
- De-centralization of support functions
- Career advancement opportunities for non-management scientists

Recommended Functional Changes

- Cross-analysis of salaries of mission-critical positions
  - Compare to the private sector
  - Provide justification for increasing, decreasing, or maintaining salaries to levels that promote mission-critical activities
  - Support the hiring, training, and retention of qualified employees
- Equitable consideration of budget requests from each of the three core deputy areas
  - Promote the different resource needs of core deputy areas
  - Advocate for adequate funds to support the effective implementation of mission-critical programs
- Full-time dedicated environmental toxicologist(s)
  - Encourage and enhance direct communication between environment and public health
  - Further promote the coordination of decision-making and communication
  - Serve as a conduit of specific information and knowledge related to environmental programs

Recommended Structural Changes

- Career advancement opportunities for scientists
  - Career track for non-management scientists
  - Promote professional growth and development
  - Provide commensurate salaries
- De-centralization of support functions
  - Embed support functions, such as Information Technology, Human Resources, and Finance in core deputy areas
  - Provides greater integration and the ability to implement plans and initiatives
  - More effectively and quickly address critical needs

Realignment of Agencies and Services

- No formal recommendation for realignment
  - Recommend priority be placed on adequate funding and support to the existing mission-critical programs.

Health Subcommittee

Final Recommendations

Lee Pearson, Subcommittee Chair

September 17, 2021

Subcommittee Chair and Members

Lee Pearson, Chair

Members:

Graham Adams
Thaddeus Bell
Eric Bellamy
Samuel Green Jr.
Alan Hughes
Thornton Kirby
Jeffrey Korte
Lill Mood
Patricia Moore-Pastides
Connie Munn
Brenda Murphy
Juana Slade
Richele Taylor
Brannon Traxler
Gwen Thompson
Kim Wilkerson
Lathran Woodard

Health Subcommittee Recommendations

The SHaPE SC Health Subcommittee recommends that the full budgetary needs of DHEC (including public health and environmental protection) be adequately documented for sufficient legislative investment on the part of the state.

- SC ranks **32nd in per capita public health funding** based on pre-pandemic data ($27 per person in 2019).
- The state allocation to DHEC currently represents **23% of the agency budget**, requiring broader dependence on fee revenue, federal allocations and competitive grant funding.

The SHaPE SC Health Subcommittee recommends that DHEC be enabled to enhance its workforce capacity and expedite hiring processes to adapt more readily to evolving demands.

- **The workforce capacity to carry out the mission of DHEC is severely diminished.**
  - The agency has lost **1/3 of its FTE capacity** over the past decade and the challenges of recruitment and retention of qualified staff are made greater by non-competitive salaries and a hiring process that is ineffective and cumbersome.
  - The agency has been further challenged by **frequent turnover in leadership** in key senior positions.

The workforce recommendation includes:

- **Hiring and appointing capable leadership and staff** with expertise in public health and environmental science, supplemented by active partnerships.
- **Enabling and trusting DHEC's professional staff to use their expertise** to do their jobs to protect the health of the residents of our state.
- **Comprehensively adjusting salaries** to be competitive and enhance the recruitment and retention of staff.
- **Streamlining** hiring processes to more efficiently meet the needs of the agency.
- **Creating and maintaining a collaborative work environment** that seeks and respects other perspectives and values the contributions of others, including the public.

The SHaPE SC Health Subcommittee recommends that DHEC be enabled to enhance local and regional units that are responsive to community needs and support public involvement.

- The existing centralized structure of DHEC promotes statewide coverage and flexibility in addressing varying needs and priorities, but it is the local presence through the regional and county structure that encourages the establishment of essential trusting relationships and partnerships to enable healthy communities.

The local/regional recommendation includes:

- **Sustaining and strengthening the local (e.g., county-level) presence**
- **Facilitating efficient contact** from the public with the appropriate DHEC staff member or unit to address an immediate issue
- **Establishing strategies that place value on DHEC staff's community involvement** (e.g., community work teams)
- **Facilitating DHEC staff involvement in improving both internal and external work processes** (e.g., WIC tele-visits)
- **Improving communication channels** within the agency divisions and regions and with the public

On the issue of restructuring…

The SHaPE SC Health Subcommittee recommends that public health and environmental protection be retained as one agency.

- The subcommittee recognizes that the role of **environmental programs** within DHEC share the mission of protection of human health.
  - The range of environmental programs reflect protection against illness from diseases that are spread through the air, water, waste, food and other vectors.
- Importantly, no organizational restructuring should be undertaken without a full examination by the General Assembly of the fiscal and functional impacts of such action.

SHaPE

THANK YOU!

Group Discussion



Closing Remarks

Contact Us

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