



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

2100 Bull Street
Columbia, SC 29201

Behavioral Health Subcommittee

August 4, 2021

Minutes

The SHaPE SC Behavioral Health Subcommittee met on **August 4, 2021, at 1:00pm at the South Carolina Department of Mental Health Columbia, SC**. The meeting was called to order and the following members were in attendance:

Attending in person:

Mark Binkley, Subcommittee Chair, Senior Executive Assistant to the State Director (DMH)
Jarrod Bruder, Executive Director, SC Sherriff's Association
Anne Summer, Co-Chair, Policy, Legislative & Regulatory Committee, SC Behavioral Health Coalition

Attending virtually:

Gayle Aycock, President and Chief Executive Officer, LRADAC
Beth Franco, Executive Director, Disability Rights South Carolina
Elizabeth Harmon, Executive Director, SC Behavioral Health Coalition
Bill Lindsey, Executive Director, South Carolina Chapter of the National Alliance for Mental Illness
Amy McCulloch, Probate Judge for Richland County, Probate Judges Association
Joseph McLamb, Chief of Staff, South Carolina Department of Veterans' Affairs
Kenneth Rogers, State Director, Department of Mental Health (DMH)
Kacey Schmitt, Director of Social Work, SC Department of Health and Environmental Control (DHEC)
Gerald Wilson, Chair, SC Behavioral Health Coalition

Not in attendance:

Laura Aldinger, Executive Director, Behavioral Health Services of South Carolina
Anna Marie Conner, Attorney/Team Leader, Disability Rights South Carolina
Lee Dutton, Chief of Staff, SC Department of Alcohol and Other Drug Abuse Services
Sara Goldsby, Director, South Carolina Department of Alcohol and Other Drug Abuse Services
William Grimsley, Secretary of Veterans' Affairs, SC Department of Veterans' Affairs

Also, in attendance were Saad Howard, Director of Continuous Quality Improvement (DHEC) and members of the public attending virtually.

Item 1: Call to Order/Welcome

Chairman Mark Binkley called the meeting to order and welcomed members to the third subcommittee meeting before moving to the main agenda items.

Item 2: Review Goals of Subcommittee

Chairman Binkley reviewed the three (3) overarching goals of the Behavioral Health subcommittee as a primer for discussing the questions provided in the *Subcommittee Input* document.

Item 3: Review of Minutes of July 14, 2021

Chairman Binkley directed members through a review of the minutes, which were provided in advance of the meeting. Chairman Binkley asked members if any corrections were needed before moving on to the next agenda item. Upon receiving no corrections, the minutes of the July 14 meeting were approved.

Item 4: Review of Input Question #3 (Subparts B. – M.)

3B. *What structural or functional changes would you recommend making within the existing agency structure (i.e., without consolidating and/or separating any existing agencies)?*

- Co-location of primary care and behavioral health services wherever possible.
- Increase use of paraprofessionals/extenders to increase access to care.
- Eliminate roadblocks associated with information sharing between providers, particularly, between the Department of Health and Environmental Control (DHEC) and the Department of Mental Health (DMH). Explore feasibility and usability of the State's electronic Health Information Exchange platform (SCHIEx) as a solution to this recommendation.

3C. *Why would these proposed structural or functional changes improve the delivery of services?*

- Recommendations would positively impact service delivery across the state by 1) improving information sharing, 2) improving timeliness of care, 3) improving quality of care, 4) integrating primary care and behavioral health services and 5) improving overall health outcomes across the continuum of care.
- Increased information availability will also improve providers' overall ability to assess, diagnose, and appropriately prescribe treatment for patients.

3D. *Would you further evaluate these proposed structural or functional changes?*

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

3E. *What do you expect to be the cost impacts of these proposed structural or functional changes?*

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

- The Kansas Medical Society may serve as a potential source of information as the state recently established an electronic “highway” system for information sharing related to clinical services. Lessons learned and planning for cost and effectiveness could be gleaned by reaching out to Kansas for more information.
- Regarding the recommendation of co-locating primary care and behavioral health services wherever possible, a cost analysis and feasibility study would have to be conducted to identify opportunities across the state to combine county-based public health and mental health locations and systems.
 - Soft savings associated with colocation 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 colocation in urban communities versus rural communities.
 - A co-location pilot was conducted in Georgetown County; the results of this pilot may serve as a starting point for evaluating the expanded cost of integrated colocation statewide.
 - 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.

3G. What realignment of agencies providing relevant services would you recommend (i.e., including consolidating and/or separating any existing agencies)?

- None. Although the substance use authority and behavioral health authority is often aligned under a single agency in many other states, the collaborative leadership and ongoing dialogue regarding opportunities to improve service delivery (especially for patients with co-occurring conditions) accomplishes the desired result without the need for public behavioral health realignment in SC.
 - The Directors of both agencies sit on the Executive Leadership Council of the SC Behavioral Health Coalition. This body adds an additional forum for the two agencies to interact with one another and address challenges in partnership with primary care providers and specialists across the state.
 - The SC Behavioral Health Coalition is composed of stakeholders and external partners who are vested in aligning services, when needed, and ensures that goals, objectives and outcomes for substance misuse and behavioral health services are aligned and monitored. The Coalition also addresses and plans for integration of services wherever possible.
- It is the recommendation of the subcommittee that the Department of Mental Health and the Department of Alcohol and Other Drug Abuse Services remain autonomous while strengthening service delivery through co-location, expanded access to care via paraprofessionals and leveraging technology to increase information sharing for patient care (to include the Department of Health and Environmental Control).
- It is also recommended that representation from Federally Qualified Health Centers (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.

- 1) *How would you fill any gaps or deficiencies that exist?*
 - Continue implementation of recommendations listed in the *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health Systems* report. Recommendations address each of the following areas of opportunity:
 - School Mental Health Services
 - Crisis Stabilization
 - Discharge and Reentry Planning South Carolina Department of Corrections
 - Integration and Collaborative Care
 - Developing an Adequate Behavioral Health Workforce
 - Advocate for Medicaid payment policy improvements related to reimbursement rates for substance misuse and behavioral health treatment, including telehealth and telepsychiatry.

Item 5: Other Business

Chairman Binkley reminded the subcommittee of the SHaPE SC Taskforce meeting on Tuesday, August 10, 2021 at 1:00pm at the Pastides Alumni Center of the University of South Carolina. Chairman Binkley also asked for two volunteers from the subcommittee to participate in discussions with the other two subcommittees during the Taskforce meeting. Two volunteers – Mr. Bill Lindsey and Dr. Gerald Wilson – were successfully solicited from the subcommittee.

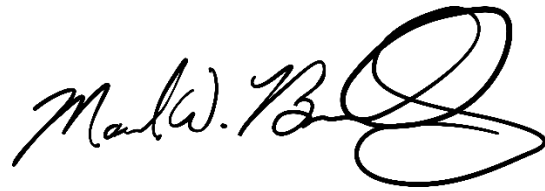
Chairman Binkley also reviewed the three (3) questions included on the public input survey:

- 1) How is our state doing now when it comes to delivering health and environmental services?
- 2) What are our state's greatest challenges to delivering effective, efficient and accessible health and environmental services in the future?
- 3) If you could improve 1-3 things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?

Very few responses, to-date, relate directly to the public behavioral health system. However, the work of the subcommittee has largely addressed public comments that have been received. Chairman Binkley will share comments relevant to the subcommittee for review as a follow-up action item.

Being no further business, Subcommittee Chair Binkley adjourned the meeting at 1:42 pm. The date and location of the next Behavioral Health Subcommittee meeting is to-be-determined. The next meeting will provide a forum for subcommittee members to provide feedback and comments on draft recommendations that will be put forth for review by the general SHaPE SC Taskforce.

Recordings of Task Force and Subcommittee meetings can be found [here](#).

A handwritten signature in black ink, reading "Mark W. Binkley". The signature is written in a cursive style with a large, stylized "B" at the end.

Mark Binkley, Behavioral Health Subcommittee Chair, SHaPE SC
Senior Executive Assistant to the State Director, S.C. Department of Mental Health
August 9, 2021