



SHaPE SC Full Task Force Meeting

Aug. 10, 2021

Minutes

The Task Force to Strengthen the Health and Promote the Environment of South Carolina (SHaPE SC) held its second full task force meeting on **Aug. 10, 2021, at 1:00 p.m.** The meeting was located at Pastides Alumni Center at UofSC, with some members attending virtually via MS Teams.

The meeting was called to order by the task force facilitator, Mr. Bernie Hawkins, and the following members were in attendance:

Attending in-person:

Larry Martin, Chair (SHaPE SC); Bernie Hawkins, Facilitator (SHaPE SC); Edward Simmer; Greg Pearce; Tommy Lavender; Mark Binkley; Lee Pearson; Graham Adams; Laura Aldinger; Gayle Aycock; Jarrod M. Bruder; Nick Davidson (representing Brannon Traxler); Lee Dutton; Sara Goldsby; Charles Gray; Sara Hazzard; Bill Lindsey; Joseph McLamb (representing Major General William Grimsley); Jill Miller; Lill Mood; Connie Munn; Mark Nix; Myra Reece; Kenneth Rogers; Gary Spires; Bill Stangler; Anne Summer; ; Jason Terry (representing Michael Fields); Gwen Thompson; Gerald Wilson

Attending virtually:

Jeffery Allen; Thaddeus J. Bell; Emily Cedzo; Megan Chase; Anna Maria Conner; Rebecca Haynes; Erika Hollis; Judge Amy McCulloch; Harold Mitchell; Patricia Moore-Pastides; Brenda Murphy; Kacey Schmitt; Lathran Woodard

Not in attendance:

Eric Bellamy; Art Braswell; John Durst; Michael Fields (represented by Jason Terry); Todd Glover; Major General William Grimsley (represented by Joseph McLamb); Bishop Samuel L. Green, Sr.; Alan Hughes; Thornton Kirby; Jeffrey Korte; Clint Leach; Ken Rentiers; Seema Shrivastava-Patel; Juana Slade; Richele Taylor; Brannon Traxler (represented by Nick Davidson); Elizabeth Harmon; Kim Wilkerson; Beth Franco

Also, in attendance were the four Regional Health Directors from the South Carolina Department of Health and Environmental Control (DHEC), Buck Wilson, Kandi Fredere, James Buckner, and Taylor

Lee, DHEC's Environmental Health Services Bureau Chief, Renee Shealy, several DHEC support staff, as well as members of the public.

Item 1: Call to Order/Welcome

SHaPE SC Facilitator Bernie Hawkins called the meeting to order, welcomed members to the second task force meeting and thanked them for their continued commitment and participation in the process. He also thanked DHEC support staff for their efforts to assist the task force and members of the public for submitting their feedback. He then shared an overview of the task force's work to date. Since SHaPE SC convened on June 6, 2021, the task force and its subcommittees have:

- Held **12 public meetings**, resulting in more than **20 hours of discussion**, and
- Received more than **320 survey responses and comments from the public**, which are now available online

Mr. Hawkins reminded task force members that they have an aggressive schedule remaining as they work to finalize the process. He then provided a brief overview of the meeting agenda before introducing SHaPE SC Chair Larry Martin.

Item 2: Opening Remarks

Chair Martin echoed Mr. Hawkins' message of appreciation to task force members. He then shared an overview of his efforts to locate and research historic documents relating to the structure of DHEC. This research included support by the South Carolina Department of Archives and History.

According to his research, Chair Martin explained the State Department of Public Health and Pollution Control Board were initially combined in the 1950s. At that time, the two, while under one organizational umbrella, were operating as two separate entities. In the late 1960s, South Carolina Governor Robert McNair recommended combining Public Health and Welfare together and separating the Pollution Control Board. Then, in 1973, South Carolina Governor John West with the State Reorganization Commission recommended combining the Board of Public Health and Pollution Control Board. Governor West submitted the reorganization plan to the South Carolina General Assembly, including message from the Governor which was recorded in the Senate journal on March 29, 1973. Chair Martin read the following excerpt from the journal:

"The effect of the merger would be to acknowledge the essential interrelationship of pollution control and public health as functions of a total living environment in South Carolina... and to restore the structural unity by which these functions could be administered in a well-coordinated manner..."

Consolidation of these agencies not only establishes a traditional operating cohesion of health and pollution control within a single agency. It also reaffirms this state's commitment or continuing commitment to the quality of its living environment as a matter of high public priority."

Chair Martin then explained that at the time there was opposition to the reorganization. However, despite opposition, the restructuring was enacted that same year.

Chair Martin continued, stating that in 1993, he recalled further discussion considering whether DHEC should be in the Governor's cabinet. At that time, based on his recollection, Chair Martin said there was not discussion about splitting the agency.

Going through introduced bills by members of the state House and Senate, Chair Martin indicated that the initial version of the current proposal to split the agency was introduced by the Senate in 2016.

Item 3: Agenda Overview

Mr. Hawkins gave an update on additional research being conducted by the Task Force's leadership team and agency support staff. This included studies on organizational management of public health in the U.S., talking to other state governments about their experience with the management of public health and environmental agencies, and reviewing and summarizing historic sources that have been provided by members of the public. These items are currently posted on the SHaPE SC website. He then provided the Task Force with a brief overview of the meeting's agenda and goals, before introducing the three subcommittee chairs.

Item 4: Subcommittee Report Outs

Environmental Protection Subcommittee Initial Report

Tommy Lavender, Chair of the Environmental Protection Subcommittee, provided an overview of the subcommittee's initial findings and recommendations. Mr. Lavender acknowledged the work of the subcommittee members, which represent a wide spectrum of diverse stakeholders across the state.

The subcommittee identified **several strengths related to the current structure** of environmental services in South Carolina: stakeholder input, improvements in communications with external partners, enhanced internal coordination of customer service through efforts like ePermitting, and the leveraging of limited resources.

Related to the leveraging of limited resources, Mr. Lavender discussed DHEC's reliance on permits to support a good portion of environmental funding, in addition to state and federal grants. He noted increasing permit fees require legislative mandates. While federal program grants have generally not increased significantly in 15 to 20 years, permit fees have increased but they're approaching the point that they're reaching their statutory limit. Meanwhile, state funding has lagged. As a result, and looking across the board, the subcommittee believes that there are limited funding opportunities that have not been identified for the agency's environmental programs.

Pertaining to **current challenges**, a severe lack of sustainable funding and resources was a top observation of the subcommittee. The subcommittee also identified low salaries across many of the professional categories, such as engineers and scientists, such as geologists and hydrogeologists, which has provided challenges impacting the state's capacity to provide services and recruit and retain subject matter experts. Specifically, the subcommittee noted an inability to keep pace with the private sector when it came to competitive salaries. In addition, the subcommittee found that the recent centralization of internal agency support services within DHEC has unintentionally resulted in a decreased focus on mission critical services provided at the local level.

The subcommittee also identified several **current gaps** in services, including internal processes built over the years which have led to a lack of flexibility for client support services. Additionally, they noted needs for clarification and coordination related to the role of local government and DHEC (e.g., stormwater issues and challenges), a full-time dedicated environmental toxicologist, and to clearly define and focus on the delivery of mission critical services due to the limited available resources.

Looking ahead to the future, the subcommittee identified the following **future challenges** which will need to be addressed:

- Expanded staffing and resource capacities to keep up with continued economic development and population growth,
- Built-in capacity to respond to increasing federal environmental mandates and emerging contaminants,
- Continued challenges related to adequate funding and resources,
- A need for embedded internal support services at the local level to provide for more efficient, effective, and meaningful mission critical services for the public, and
- A need to review internal processes and cross-agency collaborations.

Based on the subcommittee's discussions and findings, the following initial recommendations were determined:

- Provide funding for a full-time dedicated environmental toxicologist,
- Conduct a cross-analysis of critical agency positions to determine needed complete salaries with the private sector,
- Evaluate effectiveness of current centralized structure of support functions, such as Information Technology, Human Resources, and Finance, and consider restructuring to embed those support functions within the mission-focused deputy areas, and
- Consider a separate budget process for environmental programs to avoid competing with other parts of the agency for funding needs.

Lastly, the subcommittee shared that it had discussed **proposed realignment of services**, such as reassigning food services and rabies control to a more appropriate program or agency. They also discussed the consolidation of water planning functions into DHEC. However, no consensus had been reached by the subcommittee on this specific issue.

Behavioral Health Subcommittee Initial Report

Mark Binkley, Chair of the Behavioral Health Subcommittee, introduced members of the subcommittee and, like the Environmental Protection Subcommittee, noted the diverse cross-section of stakeholders serving on the subcommittee. He then provided an overview of the current strengths related to behavioral health services in South Carolina.

Current strengths in services identified by the subcommittee included the current infrastructure of behavioral services. When it comes to infrastructure, behavioral health services in South Carolina are comprehensive, community-based, and supported by strong partnerships. In addition, public mental health service delivery is coordinated under the jurisdiction of a single, integrated state agency, allowing for cohesive and consistent behavioral health practices throughout the state. Access was also identified as a strength. This includes services in all 46 counties across the state, a

mobile crisis service program, and expanded telehealth services. Additionally, the structure of the Department of Alcohol and Other Drug Abuse Services (DAODAS) has allowed that agency to be a small but nimble management team to ramp up services needed to address the opioid crisis and create an opioid response network. Relating to support services, after-care and supportive services are able to be tailored to the needs of the patients served. The Department of Mental Health (DMH) has also partnered with the State Housing Authority and residential real estate developers to create additional affordable housing options for patients. Collaboration was also identified as a strength. In addition to the State Housing Authority, DMH has long-standing collaborations with hospitals, probate courts, and other agencies, such as DAODAS, Department of Social Services, and law enforcement agencies,

Concerning **challenges** to behavioral health services, Mr. Binkley noted staffing as the biggest current challenge facing the state. Staffing challenges, such as below-market salaries and the high number of vacant positions and turnover, impact the delivery and continuity of community services and necessitate frequent re-education of direct care staff. COVID-19 also placed greater personal requirements on staff, resulting in many community service staff opting not to return to the healthcare profession which led to increasing caseloads. Inpatient capacity has declined about 25-30% as a result of both staffing challenges and precautions necessary for quarantining or isolating patients.

Other challenges identified by the subcommittee included reimbursement policies and the current federal funding structure which prohibits the blending of block grant funding to address the behavioral health needs of co-occurring patients across the state. There is also a lack of reimbursement for some public behavioral telehealth services, which limits the expansion into new treatment modalities. In addition, the Medicaid "institution for mental disease (IMD) exclusion" prohibits payment and/or coverage for Medicaid recipients and indirectly limits the use of Medicaid waivers to create home and community-based mental health services. Support services such as transportation and coordinating housing and employment opportunities are also issues impacting behavioral health treatment, particularly for rural and underserved communities. While a lot is underway to improve access, staffing remains a challenge for the state.

To preserve what is working, Mr. Binkley stated that the subcommittee determined that the need for adequate staff is critical in order for services to be effective. The subcommittee also feels it is necessary to continue to collaborate across agencies, community organizations and other stakeholders to minimize silos and promote the continuum of care. It will also involve continuing to leverage partnerships and available resources and increasing the availability of diversionary courts. The subcommittee also identified the need to reduce stigma related to receiving help for mental health or substance abuse.

Solutions recommended for addressing challenges included identifying and leveraging opportunities for the co-location of behavioral health and general health services in communities across the state to reduce stigma, provide cost savings, improve opportunities for the integration of primary and behavioral health care, etc.

Health Subcommittee Initial Report

Dr. Lee Pearson, Chair of the Health Subcommittee, thanked members of the task force leadership and agency staff for their support. He also thanked members of the subcommittee, which at the time had met together four times.

Dr. Pearson then reviewed several **current strengths**, which included the:

- Existence of a mission-driven synergy between DHEC's public health and environmental Sides of the agency,
- County-level presence of the agency throughout the state,
- Regional leadership, and
- Strong community partnerships.

The subcommittee also noted that the regional capacity drives much of the work of the agency with public health staff in the regions composing 41 percent of all DHEC staff and 69 percent of all public health staff. In addition, it was mentioned that the pandemic created opportunities to strengthen the use of telehealth and through the engagement of community health workers.

Current challenges identified by the subcommittee include a severe lack of funding at DHEC. State allocations currently represent approximately 23 percent of the agency budget and South Carolina ranks 32nd in per capita public health funding. In addition, there is a severe lack of capacity at the agency, as the number of full-time employees have been reduced by 1/3 in the past decade, largely as a result of the Great Recession. Funding and capacity have had a direct detrimental impact on services. Salaries are also notably low across many professional categories, improvement to efficacies in the hiring process are needed, and the frequent turnover in agency leadership in the past decade has had an enduring and negative impact on the agency.

The subcommittee noted several gaps. The **current gaps** include:

- Communications between central office and the regions, particularly related to agency-level directives,
- Lack of clarity, as well as considerable variability, in the county-level commitments in support of the agency, and
- The need for inter-agency coordination in key areas to eliminate gaps in services and to support improved health outcomes.

The subcommittee identified four notable **future challenges**. These challenges include:

- Growth in the state's population and the shifting demographics, which will require changing and expanding capacity in both health and environmental services,
- Reality of new and emerging infections, which will require continued agility on the part of DHEC and other related state agencies,
- A need to regain trust as underscored by the escalating challenges of political neutrality and autonomy of public health, and
- Adequate funding, which must be viewed through the lens of availability of services and access to care.

Concerning initial **recommendations** by the subcommittee, Dr. Pearson explained that the subcommittee determined that it was not yet ready to provide recommendations at this time.

Although, several key themes have emerged. In developing their final recommendations, the subcommittee will take into consideration the following:

- The mission is the hinge on which the alignment of services should hang.
- Creating and supporting the conditions in which people can be healthy is the first and foremost priority.

[**To view the presentations provided by the Subcommittee Chairs, click here.**](#)

Item 5: Facilitated Discussion and Report Out

The task force members met in their appointed subcommittees as part of a facilitated dialogue, with the flexibility of representation from other subcommittees. Subcommittee members were asked to discuss and report out on six questions:

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?
2. Did other task force subcommittees identify positions you found interesting, but have not yet discussed in your subcommittee?
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?
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?
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?
6. What next steps are needed to complete the process and generate recommendations from your subcommittee?

These 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, members were asked to consider all points addressed during the meeting for potential consensus recommendations. Specifically, consideration was provided to the following themes which were identified as potential areas of initial consensus:

- Increasing overhead and operating expenses,
- Increasing costs for unfunded mandates, and
- The hiring, training, and retention of qualified employees.

[**Worksheets summarizing the subcommittees' discussions are available here.**](#)

Item 6: Next Steps and Closing Remarks

At the closure of the facilitated discussion and subcommittee report outs, Dr. Edward Simmer, DHEC Director, thanked SHaPE SC members for their time, participation, and commitment. He stated that the initial goal of the task force was to create meaningful recommendations to improve the way health and environmental protection services are provided in South Carolina. Based on the

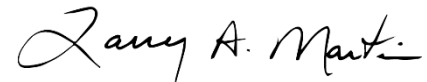
information presented by the subcommittees to date, he is confident that the work of this task force will profoundly inform the agency and/or agencies.

Mr. Hawkins echoed Dr. Simmer's remarks. He noted the schedule and timeline of next steps, with a goal of presenting a final report to the DHEC Board on Nov. 10, 2021. Being no further business, the meeting was adjourned.

A recording of the inaugural SHaPE SC meeting held on June 3, 2021, is available [here](#). The presentation from the June 3rd meeting is available [here](#).

A recording of the 2nd SHaPE SC meeting held on Aug. 10, 2021, is available [here](#).

Additional information regarding the SHaPE SC task force is available at shapesouthcarolina.gov.



Larry Martin, SHaPE SC Chair
Sept. 9, 2021