



SHaPE SC Full Task Force Update

Dec. 15, 2022

Minutes

The [Task Force to Strengthen the Health and Promote the Environment of South Carolina \(SHaPE SC\)](#) provided its [final report and recommendations](#) on Nov. 3, 2021. Since that time, much work has been done to accomplish the intent of the recommendations outlined by the task force and improve the quality of health and environmental services provided by state government in South Carolina. On **Dec. 15, 2022**, the task force came together to receive an update on this progress. The meeting was held virtually via Microsoft Teams.

Item 1: Welcome

Cassandra Harris, DHEC Chief Strategy and Engagement Officer, welcomed and thanked everyone for participating in the meeting. She also reviewed several housekeeping items before turning the meeting over to SHaPE SC Chair and Former State Senator Larry Martin. Senator Martin then provided opening remarks and reviewed the day's agenda. He informed participants that they would receive final updates from the South Carolina departments of Health and Environmental Control (DHEC), Mental Health (DMH), and Alcohol and Other Drug Abuse Services (DAODAS) on the progress of the agencies to address the task force's 28 recommendations. Following his opening remarks, Senator Martin welcomed SHaPE SC Facilitator Bernie Hawkins.

Item 2: Overview

Mr. Hawkins provided a historic overview of the task force, including its charge, goals, and resulting work.

SHaPE SC first met as a task force on June 3, 2021. Task force participants consisted of more than 50 diverse stakeholders from across the state. To support the work of the task force, three service-specific subcommittees were formed – **(1.)** Behavioral Health, **(2.)** Environmental Protection, and **(3.)** Health, which since changed its name to Public Health. The subcommittees were asked to:

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

As part this work, the task force sought to provide consensus-driven recommendations to improve delivery of quality health and environmental services in the most accessible, efficient, and effective manner. The focus of the task force was on state government. Specifically, the task force was asked to identify recommendations that could improve services by making changes within the current organizational framework, modifying the current organizational framework or structure, and creating a new organizational alignment between agencies.

During the task force’s evaluation process:

- 17 public meeting were held, including 30+ hours of subcommittee discussion
- 100+ hours were spent by the chair and facilitator to gather feedback/conduct research
- 400+ public comments were received
- 28 consensus-driven recommendations were identified

The culminating results of the task force’s evaluation include a final report which was unanimously approved by the South Carolina Mental Health Commission on Nov. 5, 2021 and submitted to the DHEC Board on Nov. 10, 2021. The DHEC Board then voted to submit the report to the General Assembly and the Office of the Governor so recommendations that required legislative action could be considered.

Mr. Hawkins stated that the information he provided represented “where we were.” He then introduced Dr. Edward Simmer, DHEC Director, to begin the agency updates and share “where we are now.”

Item 3: Progress Updates

- **DHEC**

Dr. Simmer thanked Senator Martin for serving as chair, Mr. Hawkins for facilitating, and the rest of the task for members for participating. He stated that while this was the last formal meeting of the task force, DHEC would like to continue to hear from members.

Of the 28 recommendations identified by SHaPE SC, DHEC subdivided associated activities into four major categories: **(1)** salaries and workforce development, **(2)** finances, **(3)** services and engagement, and **(4)** process improvements.

| Salaries | Finances | Services & Engagement | Process Improvement | Stand-alone |
|--|---|---|--|---|
| CC.3: Comp salaries EP.2: Salary Analysis EP.4: Non-management Scientists Advancement | CC.1: Funding CC.2: Budget Process CC.8: Financial Reports EP.1: Unfunded Mandates | CC.4: Enhance Partnerships CC.5: Mission Critical Service Objectives CC.7: Comms with GA BH.1: Addressing Stigma with Behavioral Health BH.2: Integrate Primary and Behavioral Health BH.7: Information Sharing PH.1: Supplement with Partners PH.3: County Government PH.4: Interagency Coordination | CC.6: Support Alignment CC.9: Streamline Processes PH.5: Maintain Synergy PH.6: Preserving Efficiencies | EP.3: Hire a Toxicologist BH.9: Participation in Coalition PH.2: Communications between PH Regions and Central Office |
| No DHEC Action Required | | | | |
| BH.3: Coordinate federal DMH and DAODAS SUD funding BH.4: Expanding behavioral health services in jails and prison BH.5: Invest in DMH and SUD workforce | | BH.6: Availability of diversionary courts BH.8: Paraprofessionals | | |

In addition, there were several stand-alone recommendations that the agency noted and five recommendations that were determined not within DHEC's scope.

Salaries:

To address the task force recommendations focused on salaries and workforce development, DHEC:

- Conducted a cross-agency salary analysis for critical positions.
- Submitted a more than \$26 million state budget request for Fiscal Year (FY) 24, focusing on core areas of need of which \$19.4 million is for staffing, including funding for 184 positions. This includes 150 Full-Time Employees (FTEs) for positions like septic inspectors, and support for lead abatement by replacing an ending federal grant for obesity with state funding.
- Received \$3 million to support increased salaries in FY 23, supporting pay increases for more than 1,000 FTEs in 20 classifications with the goal of getting everyone up to at least \$15 per hour.

Dr. Simmer stated that the agency's future budget requests will also be developed with the recommendations of the task force in mind. In addition, he explained that DHEC will continue to pursue other funding opportunities. As part of this effort, DHEC recently applied for and will receive about \$47.5 million in funding over the next five years through a federal Public Health Infrastructure grant.

Dr. Simmer also stated that DHEC recognizes the need to better use the specialized skills of its workforce. He provided an example of septic tank inspectors, and the agency's work to find staffing support for non-specialized needs such as completing required paperwork so that inspectors can focus on the required technical work they are trained in. He also discussed the agency's work to evaluate professional development and growth opportunities.

Finance:

To address the SHaPE SC recommendations focused on organizational finances, DHEC conducted a review of its current budget processes. As a result, the agency has continued to work to ensure its Deputy Areas have the information they need to make funding decisions; developed an internal website so all staff can see DHEC's budget request; and encouraged the submission of staff suggestions as part of the agency's annual state budget request process. Dr. Simmer also mentioned that the agency's FY 24 state budget request seeks to address unfunded/underfunded environmental mandates. The request includes additional Environmental Affairs FTEs to support the agency in processing required certification and enforcement actions faster.

Service & Engagement:

Concerning service and engagement related recommendations identified by the task force, Dr. Simmer outlined several actions undertaken by DHEC. These actions include continued work to strengthen agency partnerships, make DHEC subject matter experts directly available to decision-makers, and communicate agency priorities. Examples of this work range from presenting at an upcoming meeting of the South Carolina Association of Counties to meeting with stakeholders such as the Chamber of Commerce, Farm Bureau, SCMA, SCHA, and creating new partnerships with universities as well as engagement in the opiate program with DAODAS. DHEC's Environmental Affairs Director Myra Reese is also now president of the Environmental Council of the States,

increasing South Carolina's visibility with the US Environmental Protection Agency and other state entities. In addition, DHEC recently launched its new [Bridge Strategic Plan](#) which defines its core goals of: **(1)** partnering with stakeholders, **(2)** promoting healthy outcomes, **(3)** protecting the environment, and **(4)** providing quality services.

Meanwhile, several of the service and engagement recommendations overlapped with behavioral health efforts. Dr. Simmer stated that DHEC is committed to working with DMH to review current location structures and develop a plan to address the potential of co-location of services and improving referral processes. The agency is also working closely with private mental health providers to support greater collaboration. In addition, DHEC is working with SCDHHS on increasing access to Mental Health Crisis Stabilization beds. This includes locating crisis stabilization units in or next to existing hospitals rather than create new facilities and getting rid of unnecessary requirements and other barriers to access. DHEC is also set to pilot the use of Electronic Health Records in Florence starting in January 2023, with a statewide roll out anticipated by June 2023. The new system will improve referrals to services, ensure availability of records regardless of where a client is seen in our system, and eventually reduce the costs for records storage.

Process Improvements:

DHEC has also taken actions to address SHaPE SC recommendations related to process improvements. This includes conducting a year-long review of the current structures and functions of the agency. Based on this review and feedback of the task force, DHEC is in the process of implementing several operational changes to improve customer service and delivery:

- Combining EA and PH rabies functions to reside together in PH, including vector control
- Moving the Food and Dairy Programs from EA to PH, including lead assessments
- Creating a Cross-Agency Disaster Response Leadership Team
- Reviewing the various avenues for interacting with our customers with a focus on improving customer service and stakeholder engagement
- Moving the agency's centralized Project Management Office and Continuous Quality Improvement functions under the Office of the Chief of Staff, decentralizing where appropriate

Other key initiatives to improve internal agency processes include updating the agency's workforce development plan to include a focus on succession planning, recruitment, and retention; streamlining DHEC's contracts process to support electronic routing and signatures, as well as the ability to check status in real-time; and leading state government agencies in the use of telecommuting.

Stand-Alone:

Lastly, DHEC has worked to address several stand-alone recommendations by hiring an Environmental Risk Specialist, continuing to be an active member of the Behavioral Health Coalition, and reducing communications gaps between the agency's Central Office and the Regional teams.

• **DMH & DAODAS**

Mark Binkley, Executive Project Manager for DMH and SHaPE SC Behavioral Health subcommittee chair, provided a progress update on behalf of DMH and DAODAS. He thanked task force members and introduced Lee Dutton, Chief of Staff for DAODAS. He shared that Mr. Dutton would provide additional comments on concerns pertaining to DAODAS.

Like DHEC, DMH and DAODAS subdivided SHaPE SC recommendations into four major categories: **(1)** salaries and workforce development, **(2)** finances, **(3)** access and care, and **(4)** partnerships and engagement.

| Salaries | Finances | Access & Care | Partnerships & Engagement |
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DMH Salaries:

To address concerns related to competitive salaries, DMH requested, but did not receive, additional state funding in FY 23. To date, the agency’s vacancy rate is 30%. In addition, some direct care positions have 50% vacancies. In response, the agency is having to use temps to fill positions at higher cost.

In an innovative approach, DMH has utilized non-recurring sources of revenue and savings from its large number of vacant positions to provide bonuses and some additional skills and knowledge salary increases to certain categories of its staff. The agency is also working with the state’s Division of State Human Resources (DSHR) to raise salaries of Masters-prepared therapists which currently have a 25% vacancy rate. Based on the evaluation, DSHR recommended up to 40% increases. Using agency funds, DMH recently implemented an “up to” 15% increase for its therapists but is again seeking funding for employee salaries in its FY 24 state budget request.

DAODAS Salaries:

With over 180 vacant positions throughout the system, workforce development is a priority of DAODAS and local service providers. DAODAS has contracts in place with local providers for care and received \$2.5 million in FY 2021 for retention bonuses.

DMH Workforce Development:

To enhance workforce development efforts, DMH has multiple collaborations with South Carolina technical colleges and universities aimed at getting students interested in careers with DMH. This includes having its Chief Nursing Officer serve on several technical colleges’ advisory boards, as well as registered nurses serving as adjunct faculty for nursing programs. DMH facilities also provide

nursing student rotations for most nurse training programs statewide. In addition, the agency has worked with a number of Tech Colleges to offer a Behavioral Health Tech certification program and participated in a pilot 'Clinical Faculty Academy' with SCHA, hospitals, and the Technical College System. The pilot seeks to increase the faculty and students enrolled in nursing/other clinical programs at technical colleges. In collaboration with USC, DMH also funds an internship specific to the school mental health. In addition, the DMH Deputy Director meets quarterly with training directors of graduate programs in social work and counseling. The agency is now also offering paid internships for nursing, social work, counseling, and psychology and has started an accredited Forensic Psychology Fellowship. DMH and DAODAS are supporting a new psychiatric residency program in Orangeburg and are hopeful it will be approved in 2023. This program would include 10 positions per year, eventually training 40 new psychiatrists. However, competitive salaries remain a challenge for the department, Mr. Binkley explained. Starting pay for master's prepared counselors at DMH was \$37k and increased to \$43k. However, at least \$50k is needed to consistently be able to recruit such staff.

DAODAS Workforce Development:

Like DMH, DAODAS currently has a lack of psychiatric consultants available. The agency hopes to work with the new psychiatric residency training program in Orangeburg. If approved, the program will start in July 2023.

DMH and DAODAS Finances:

Both DMH and DAODAS receive federal Substance Abuse and Mental Health Services Administration (SAMHSA) formula funds. While these funds have increased, you can't merge funds between DAODAS and DMH, but the agencies do use opportunities to align their funds to improve services to patients with co-occurring disorders.

With the ARPA supplement to the Federal Substance Abuse Prevention and Treatment Block Grant, DAODAS will be funding training for mental health workers along the crisis continuum of care to address substance use disorder and substance-driven crisis. Currently there are approximately 1,200 DMH and 1,000 DAODAS counselor positions. Although offering this training will be a large and ongoing undertaking, it will encourage competency to treat both disorders to the eventual benefit of the patients which the agencies serve.

In addition, while unsuccessful in gaining FY 23 additional state funding for mental health services, DMH continues to enjoy success in obtaining grant funding for mental health services. This includes more than:

- \$50 million in active non-competitive federal block grants
- \$35 million in other non-VA federal grants
- \$10 million in non-federal grants

Examples include Pediatric Mental Health Care Access Expansion (HRSA); Expanding Mobile Crisis Services in 10 counties (SAMHSA); Mental Health/Law Enforcement Alliance Project (Blue Cross/Blue Shield SC Foundation).

DAODAS is also working to provide more crisis stabilization units encouraged by SAMHSA. The agency has requested \$8 million from legislature for treating opioid, and other substance use issues.

DMH Access and Care:

Task force recommendations pertaining to access and care were also discussed by Mr. Binkley. To address these two issues, he shared that DMH formed an Integrated Care Workgroup to identify and pursue opportunities to increase primary and mental health care integration. This includes multiple initiatives and approaches, mostly involving partnerships between community mental health centers and Federally Qualified Health Centers (FQHCs).

DMH has also placed an emphasis on identifying and treating tobacco dependence in its patient population. Mr. Binkley stated that the tobacco use rate has significantly decreased except among individuals with mental health and substance abuse disorders. With resources from DAODAS and DHEC, the agency has launched an initiative in its mental health centers to identify patients with tobacco use disorders and provide them with cessation assistance. In addition, DMH recently started a new program to improve behavioral health integration in primary care settings for children and adolescents known as YAP-P (Youth Access to Psychiatry Program). YAP-P was begun with a HRSA grant award. The goal is to improve access to and quality of mental health/psychiatric services for children and youth in South Carolina. The program centers on providing rapid psychiatric consultation to community pediatric and other primary care providers and uses the scaffold of DMH community mental health centers to link patients and providers efficiently to appropriate levels of psychiatric care and support.

As part of YAP-P, DMH has created a new Behavioral Health Liaison position to support primary care clinicians and created two new clinical services: **(1)** provider consultation line and **(2)** direct DMH services with enhanced primary care collaboration.

In the continued furtherance of another SHaPE SC behavioral health recommendation, the agency has developed partnerships with law enforcement, detention centers, and other first responders – embedding DMH therapists with law enforcement and in detention centers, including providing support when requested by means of a mobile crisis response to detention centers for evaluation of an inmate.

DMH is also improving access to mental health services by means of using specially modified recreational vehicles (RVs) as Mobile mental health clinics in a new program known as “Highway to Hope.” This includes one in each of the agency’s 16 mental health centers to help cover rural areas. The clinics park in at Dollar Stores, church parking lots, etc. Of those who have received services from the mobile clinics, 2/3 weren’t prior mental health patients.

DAODAS Access and Care:

To address access and care recommendations by the task force, DAODAS is working with the Upstate DHEC Public Health Region to coordinate collaboration with community mental health centers and county alcohol and drug directors. The agency also continues to promote its ‘Just Plain Killers’ ad campaign. In addition, Case Western is assessing integrated dual disorder treatment between DMH community mental health centers and county alcohol and drug authorities. DADOAS also recently supported the drug court opening in the 6th Judicial Circuit.

DMH Partnerships and Engagement:

As part of its ongoing work to enhance partnerships and engagement opportunities, DMH has actively been establishing partnerships to improve mental health services in South Carolina for a number of years. This includes participating in multiple coalitions. The agency has also embedded clinicians in schools since 1990's. While there used to be over 800 public schools with an embedded mental health counselor prior to the pandemic, it has declined significantly as a result of the drop in the number of DMH therapists. DMH would like to see it start increasing again.

DMH, through the State Suicide Prevention Coalition and in partnership with multiple State agencies –including both DHEC and DAODAS -- school districts, health care systems and private entities has also provided hundreds of suicide prevention trainings as well as post-vention services in the wake of completed suicides.

DAODAS Partnerships and Engagement:

DAODAS currently has partnerships with nine recovery organizations, 28 outpatient treatment programs, 8 hospitals, 88 community Naloxone distributors. The agency continues to pay salaries for 50+ Certified Peer Support Specialists (PSS) in healthcare settings. This effort has resulted in the training of 120 South Carolina Department of Correction inmates PPS to provide peer support within the fence. DAODAS also continues to participate on the Governor's Opioid Response Team. This includes monthly meetings, weekly calls regarding rouge drugs. Additionally, agency sends resources to communities where overdoses are occurring.

Item 4: Q&A

Following the agency updates, Ms. Harris facilitated a question-and-answer session.

The first question was provided by Mr. Hawkins on behalf of another task force member. Mr. Hawkins referenced page 34 of the task force report and stated, "previously, support staff (including finance, IT, communications, and human resources), were embedded within the three-deputy level substantive support areas of DHEC, in many cases down to the bureau level or inter-divisional level within DHEC. The resources were directly involved with the services being provided by the substantive program area. These support providers were accountable to the deputy area leader. This organization appears to have streamlined and made the support efficient and effective. Because the support staff was more involved with the provision of core external services, they were better positioned to provide efficient and effective support to address critical needs. . . . To address this identified area of concern, the Environmental Protection and Public Health subcommittees recommended a review and appropriate alignment of support services at DHEC to maximize the provision of services within the substantive core program areas. Can you explain how this recommendation has been addressed?" Dr. Simmer shared that the agency had identified and assigned Central Office Communications/IT/HR staff to support coverage for the agency bureaus and regional offices. These areas now have a specific person assigned who is familiar with the particular needs and issues of the bureau/regional office and is better able to respond to their needs. He stated that this provides better support, increased communication/visibility, and ensures that individuals know who to reach out to.

M. Hawkins then asked, based on staff salary comparisons, how is disparity affecting retention, hiring? Dr. Simmer responded that DHEC salaries are often below the average for state agencies, which puts the agency at a competitive disadvantage vs other agencies. He stated that this does affect retention and hiring. While telecommuting, which is available to many DHEC staff, is a helpful advantage, it's not

enough. Last legislative session, DHEC received \$3 million to support salary increases and is requesting \$6 million this year. These increases will allow DHEC to better compete with other state agencies, but the agency is still behind the private sector. Ms. Harris mentioned that the [salary comparison analysis](#) was available on the SHaPE SC website.

Lil Mood asked, “what is (the) number of (the) House bill realigning agencies that has been filed for upcoming legislative session? She also asked, “what involvement have agencies had with this bill?” Ms. Harris replied that the bill number is H.3239 and that it proposes splitting DHEC into two separate agencies. Dr. Simmer also replied that the Senate deadline for pre-filed bills had passed, and that the House deadline was today. Bills can also be submitted at any time during the session. He didn’t know what else would be filed but added that the agency will implement whatever gets adopted. Scott Jaillette shared that 595 House bills had currently been pre-filed.

Dr. Lee Pearson requested that Dr. Simmer explain the impact of realigning the Environmental Affairs regions and how the agency plans to sustain the use of federal grant dollars for salary improvements. Concerning reducing the number of Environment Affairs regions, Dr. Simmer stated that DHEC would not physically close offices, so there would be no lost FTEs in the consolidation. He continued that this change would allow for more time in field and less administrative time. It will also allow for better support from functions like IT, HR, and Communications and will encourage more collaboration between health and environmental services. Concerning federal grant funding, Dr. Simmer reported that the funding would work for several years. However, when the grants run out, additional funding may need to be requested to move to state funding and/or other internal funds used.

Elizabeth Harmon shared that on behalf of Behavioral Health Coalition, she was encouraged by what she was seeing and will support the efforts of the various agencies.

Tommy Lavender asked what other recommendations from the Environmental Protections subcommittee have been implemented? Dr. Simmer responded that communication liaisons are located in each region (public health and environmental), and local leaders have increased authority over IT staff. In addition, financial staff have been assigned to each program and the agency is working on equitability of funding across Deputy Areas. He noted that more than 80% of the agency’s current state funding request is related to Environmental Affairs and also focuses on pay increases to help retain existing staff. However, he also realized that these efforts are still a work in progress.

Item 5: Closing Remarks

In closing, Senator Martin thanked the participating agencies for their presentations. He stated that he had never seen this level of follow-up before and shared that still much more needs to be done. He noted that the legislature needs to do their part in this as well and he commended the agencies for their collaboration and efforts in attempting to respond to the task force’s recommendations.

Mr. Hawkins also thanked leadership for their efforts since last meeting and for considering each recommendation. He stated that the task force can see their efforts served a purpose and encouraged them to keep pushing.

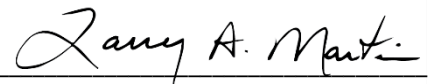
Dr. Simmer then thanked Senator Martin, Mr. Hawkins, and the task force members for their critical feedback. He shared that sometimes the agencies didn’t realize there were issues that needed to be

addressed until they were identified by the task force. He encouraged task force members to continue to provide guidance going forward and welcomed positive and negative feedback. He ended by saying that the changes being made are being made thanks to the hard work of the staff at the various agencies, and that he looked forward to continuing the journey next year.

Ms. Harris thanked DHEC IT staff as well for all their technical support and the meeting adjourned at 4:00 p.m.

A recording of the final SHaPE SC update held on Dec. 15, 2022, is available [here](#).

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



Larry Martin, SHaPE SC Chair
Jan. 13, 2023