



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

2100 Bull Street
Columbia, SC 29201

Behavioral Health Subcommittee

June 15, 2021

Minutes

The SHaPE SC Behavioral Health Subcommittee met on June 15, 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)
Bill Lindsey, Executive Director, SC Chapter of the National Alliance for Mental Illness
Kenneth Rogers, Director, South Carolina Department of Mental Health
Anne Summer, Co-Chair, Policy, Legislative & Regulatory Committee, SC Behavioral Health Coalition

Attending virtually:

Gayle Aycock, President and Chief Executive Officer, LRADAC
Jarrod Bruder, Executive Director, South Carolina Sherriff's Association
Anna Marie Conner, Attorney/Team Leader, Disability Rights South Carolina
Lee Dutton, Chief of Staff, South Carolina Department of Alcohol and Other Drug Abuse Services
Beth Franco, Executive Director, Disability Rights South Carolina
Sara Goldsby, Director, South Carolina Department of Alcohol and Other Drug Abuse Services
Amy McCulloch, Probate Judge for Richland County, Probate Judges Association
Joseph McLamb, Chief of Staff, South Carolina Department of Veterans' Affairs
Kacey Schmitt, Director of Social Work, SC Department of Health and Environmental Control
Gerald Wilson, Chair, SC Behavioral Health Coalition

Not in attendance:

Laura Aldinger, Executive Director, Behavioral Health Services of South Carolina
William Grimsley, Secretary of Veterans' Affairs, South Carolina Department of Veterans' Affairs

Also, in attendance were Bernie Hawkins, Facilitator (SHaPE SC), Cassandra Harris, Director of Strategy and Engagement (DHEC), 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, welcomed members to the first subcommittee meeting and introduced members and attendees before moving on the main agenda items.

Item 2: Review Goals of Subcommittee

Chairman Binkley reviewed the three (3) overarching goals of the Behavioral Health subcommittee. The goals, which were vetted through the greater SHaPE SC taskforce, were shared with the subcommittee. Chairman paused for feedback/questions from the subcommittee; none received.

Item 3: Overview of Department of Mental Health (DMH)

Chairman Mark Binkley shared a brief overview of DMH. Overview included highlights of the agency's mission and governance, services offered at the three (3) state hospitals and service availability at community mental health centers throughout the state. Chairman Binkley's overview also highlighted the state's use of telehealth/telepsychiatry and other key partnerships throughout South Carolina.

Item 4: Overview of the Department of Alcohol and Other Drug Abuse Services (DAODAS)

Subcommittee member Sara Goldsby shared a brief overview of DAODAS. Overview included highlights of the agency's mission and governance, stewardship over the federal Block grant for substance abuse prevention and collecting and reporting data in support of service delivery. The DAODAS overview also highlighted the state's promotion of evidence-based practice and quality and the level of coordination with other state and local agencies and organizations.

Item 5: Overview of SHaPE SC Goals and Process

SHaPE SC Facilitator, Bernie Hawkins, provided a brief overview of the goal and objectives of SHaPE SC. Mr. Hawkins reemphasized the sense of urgency and aggressive schedule for the taskforce overall. The primary goal of SHaPE SC is to gather input from the stakeholders, customers and subject-matter experts to draft actionable recommendations regarding Behavioral Health services across the state. The mission of the subcommittee is three-fold: 1) examine how services are currently being provided, 2) evaluate the structure and function of existing agencies and 3) analyze the alignment, or realignment, of behavioral health agencies currently delivering services in South Carolina. As a result, the final deliverable of the Behavioral Health subcommittee will be to draft a report of recommendations to SHaPE SC leadership for review and planning.

Mr. Hawkins also highlighted that the process of the subcommittee should be as transparent and data-driven as possible. Thus, the public will be engaged throughout the process and will have the opportunity to attend subcommittee meetings and provide feedback using a structured "open comment" process. The subcommittee was also reminded to work by consensus and open dialogue to reach decisions and recommendations.

Mr. Hawkins also reviewed the Subcommittee Input template with the subcommittee. The template includes considerations for evaluating:

- Current delivery of behavioral health services throughout the state
- Future challenges associated with behavioral health service delivery in South Carolina
- Recommendations related to behavioral health service delivery
 - a. Preserving strengths
 - b. Proposals for structural/functional changes, as needed
 - c. Proposals for state agency realignment, as needed
 - d. Other recommendations related to improvements in behavioral health service delivery, as needed

Mr. Hawkins then reviewed a PowerPoint template with the subcommittee that can be used to capture high-level decisions and recommendations throughout the process.

Mr. Hawkins then notified the subcommittee that the large SHaPE SC taskforce will not likely meet at the end of June as originally planned but, instead, will likely schedule a smaller meeting with SHaPE SC leadership and subcommittee Chairs at the end of July to review progress made to-date and discuss next steps and milestones.

The deadline for final recommendations and reporting will be due to SHaPE SC leadership at the end of October.

Item 6: Other Ideas and Suggestions

Subcommittee members referenced recent studies in both the General Assembly and by non-profit entities of public behavioral health services in South Carolina, which resulted in reports and other information that are relevant to the goals and objectives of SHaPE SC. Several members made the point that the Subcommittee need not duplicate those efforts and instead should both refer to and draw from those existing sources to maximize the time of subcommittee members. The collection of these reports will provide a strong foundation that the subcommittee can build upon when preparing its report and recommendations.

Subcommittee members also mentioned the importance of describing the behavioral health impacts of the pandemic on behavioral health and evaluating the lasting effects of COVID-19 on the future of behavioral health services in South Carolina.

The Subcommittee reviewed the minutes from the first general SHaPE taskforce meeting.

Subcommittee members re-emphasized the existing partnerships that exist throughout the state for addressing the treatment needs of persons with a mental illness and persons with a substance misuse disorder. It was noted that as many as 20% of individuals with serious mental illness also experience substance misuse disorder and it is frequently those with these co-occurring disorders who require crisis intervention services. An important goal remains improving the state's capacity to assess and address both disorders for optimal crisis diversion.

Subcommittee members discussed possible integration with private behavioral health providers in looking at improvements in service delivery. Federal funding restrictions prevent full integration with this group of providers since the current funding is restricted to governmental entities and non-profit organizations. However, private providers currently serve as a referral base. Private providers

are experiencing access challenges as well (may take up to six weeks for an initial evaluation). There are also concerns of split services and effective coordination of care.

Subcommittee discussed the nationwide behavioral health provider shortage which will have to be considered in drafting recommendations. There are not enough residency slots available to match the demand of medical students wanting to go into psychiatry.

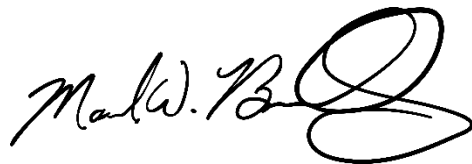
After discussion, the subcommittee discussed action items to work on until the next meeting.

- Subcommittee members will review the Subcommittee Input template and provide feedback and recommended edits prior to the next meeting.

Being no further business, Subcommittee Chair Mark Binkley adjourned the meeting at 2:35 pm.

The next Behavioral Health Subcommittee meeting, will be held on July 14, 2021 at the Lexington/Richland Alcohol and Drug Abuse Council Columbia, SC.

Recordings of Task Force and Subcommittee meetings can be found at https://zoom.us/rec/share/xalSj2_EE1kIzKdn78cHO44nE1ODuXSvjrlmgzglYiFt7jpOjWhARGeUIZ8aSQ8b.A6zfVPGG5WZa5D9C (Passcode: !^4WK6Mj).

A handwritten signature in black ink, appearing to read "Mark W. Binkley". The signature is fluid and cursive, 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
June 22, 2021