Minutes

August 15, 2017

Veterans Policy Advisory Committee

A meeting of the Veterans Policy Advisory Committee (VPAC) convened at 11:00 AM in the 3rd floor conference room of the BB&T Building, Columbia, SC.

A notice of the meeting was posted in accordance with the Freedom of Information Act.

The following members were present:

Col (Ret) Dan Beatty, Lt General (Ret) Jack Klimp, John Magill (Director, SC Dept of Mental Health), Major General Van McCarty (for Major General Robert E. Livingston, Jr., SC Adjutant General), Col (Ret) Barringer F. Wingard, Jr., Sara Goldsby (Interim Director, Dept of Alcohol and Other Drug Abuse Services), and Dr. Beverly A. H. Buscemi (Director SC Dept of Disabilities and Special Needs).

Guests attending were Phillip Gaillard (Veterans and Community Outreach Coordinator for Congressman Tom Rice), Tom Robillard (Military Officers Association of America VP for SC Legislative Affairs) and Sandy Claypoole (Program Manager SC Military Base Task Force).

Dan Beatty called the meeting to order. No members of the press were in attendance.

Dan announced that Governor McMaster has asked Senator Sean Bennett from Charleston, Senator Thomas McElveen from Sumter, Representative James Smith from Columbia and Representative Shannon Erickson from Beaufort to join the Task Force. Senator McElveen has accepted.

John Magill- Department of Mental Health (DMH)

Veterans Served by DMH

794 self-identified veterans were served in community mental health centers and clinics during FY17.

44 self-identified veterans received services at Morris Village alone during FY17, resulting in 973 bed days.

820 veterans resided in veterans' nursing homes during FY17, resulting in 79,657 bed days at Campbell, 30,308 bed days at Stone, and 79,684 bed days at Veterans Victory House, for a total of 189,649 bed days.

In 2015, DMH received a grant of $1.8 Million per year for three years from the Substance Abuse and Mental Health Services Administration, funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI).

CABHI's target population is individuals, including veterans, who are chronically homeless and have serious mental illnesses or co-occurring disorders, including veterans.

The grant program funds two Assertive Community Treatment teams, each of which includes one full-time peer recovery support specialist funded by the VA. These staff provide outreach by engaging with and referring veterans as part of each ACT team.

DMH Collaboration with National Guard

Under the direction of State Director John H. Magill, DMH partnered with the South Carolina National Guard (SCNG) to give priority and provide outpatient mental health services to soldiers, using a linkage of DMH and SCNG liaisons to facilitate treatment at local mental health centers.

Since April 2014, the SCNG staff has referred 54 soldiers and seven family members to local DMH centers or clinics for treatment. Designated DMH staff continue to collaborate with assigned SCNG staff to facilitate behavioral assessments of soldiers and their family members. Center staff are becoming more aware of the uniqueness of treating individuals with current or history of service in the military.

DMH and SCNG staff have participated in four statewide conferences on understanding military culture and have held several individual meetings to establish an acceptable referral protocol, understand military culture, and ensure continuity of soldiers' treatment.

SCNG staff presented to the DMH Multi-Cultural Council (2014 and 2015)

DMH staff attended the Mental Health Summit: A Community of Care: Building Connections at the VA Hospital (September of 2013, 2014, 2015 and 2016)

Launched in 2011, the Star Behavioral Health Providers (SBHP) program trains civilian mental and behavioral health professionals on the unique aspects of military life. It is a collaborative effort of the Center for Deployment Psychology, which provides training, and the Military Family Research Institute at Purdue University in Indiana. The USC School of Social Work was instrumental in obtaining the STAR training grant to offer the training free of charge to DMH staff.

In 2015 and 2016, DMH, SCNG staff, and community partners took part in Star Behavioral Health training.

SC National Guard checks each provider's licensing credentials to ensure all providers on the SBHP registry are current and in good standing with their individual reporting licensing board.

The program helps service members and those who care about them locate trained civilian behavioral health professionals who better understand challenges associated with military service.

Proposed Veterans Nursing Homes

Central Region

The Central Region, for purposes of this application, is defined as the following counties:

Aiken, Calhoun, Clarendon, Fairfield, Kershaw, Lee, Lexington, Newberry, Orangeburg, Richland, and Sumter.

Northeast Region

The Northeast Region is defined as the following counties:

Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg.

Northwest Region

The Northwest Region is defined as the following counties:

Cherokee, Chester, Fairfield, Lancaster, Spartanburg, Union, and York.

Veterans' Cemetery Land Donation

In 2002, the SC Mental Health Commission transferred 45 acres on the site of the Richard M. Campbell Veterans Nursing Home from the DMH to the Office of Veterans Affairs for a veterans cemetery. In 2005, the Commission transferred an additional 12.29 acres, expanding the cemetery location to 57.29 acres.

Veterans' Art Project

In 2009, led by Brian Cripps, Director of the Art Alliance Team, talented local artists generously donated a collection of approximately 900 works of art to beautify DMH's three veterans' nursing homes.

According to Mr. Cripps, he watched the D-Day invasion from a hilltop near his home. Spearheading this project was a way to show his appreciation to American servicemen for liberating France.

The art is displayed at Veteran's Victory House, Richard M. Campbell Nursing Home, and the C. M. Tucker Nursing Home – Stone Pavilion, and is insured by DMH for $250,000.

Veterans represent 50% of patient load due to the number of beds in their nursing homes. The biggest challenge is getting reimbursement/funding from the VA, helping veterans understand how to get services, and breaking the stigma for those veterans getting help.

Beverly Buscemi-SC Department of Disabilities and Special Needs (SCDDSN)

SCDDSN Authority

South Carolina Code of Laws

South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act - Title 44 - Chapter 20

Department of Disabilities and Special Needs Family Support Services – Title 44 – Chapter 21

http://www.scstatehouse.gov/code/title44.php

SCDDSN Organizational Structure

SCDDSN is governed by a seven member commission appointed by the Governor with advice and consent of the Senate.

A Commission member is appointed from each of the seven Congressional districts.

The Commission hires a State Director and provides general policy guidance to the agency.

The State Director is responsible to oversee all agency personnel and resources and provide oversight to the system of services delivered by community service providers.

SCDDSN Role

SCDDSN is responsible for developing and implementing a statewide plan of service delivery for those individuals eligible for services.

The Agency is responsible to seek funding from all available sources to deliver services and advocate for other federal, state and local agencies to provide benefits/services/rights to which SCDDSN consumers are entitled.

SCDDSN establishes provider service requirements, monitors compliance with these requirements, and offers technical assistance to providers to assure needs of consumers are being met.

SCDDSN collaborates with other federal, state and local agencies in disability prevention efforts.

SCDDSN Mission

Assist people with disabilities and their families through their choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

SCDDSN Service Delivery

Groups eligible for services through SCDDSN

Persons with Intellectual/Related Disabilities - 63%

Persons with Autism Spectrum Disorder – 26%

Persons with Head and/or Spinal Cord Injuries – 6%

High Risk Infants – 5 %

All ages of individuals with eligible disabilities are served

Birth – 6 years – 17%

Seven – 21 years – 28%

Twenty-two years – death – 55%

Intellectual/Related Disability Eligibility Criteria

Significantly sub-average intellectual function – IQ or 70 or below, and

Concurrent deficits in adaptive functioning in at least two of the following adaptive skill areas:

Communication

Self-care

Home living

Social/interpersonal skills

Use of community resources

Self-direction

Functional academic skills

Work, leisure, health and safety

Deficits must occur during the developmental period (prior to age 21 years)

Related Disabilities Eligibility Criteria

A severe and chronic condition related to intellectual disabilities requiring similar treatment but not including a mental illness (e.g., epilepsy, cerebral palsy)

Must be concurrent deficits in at least three of the adaptive skill areas listed above.

Autism Spectrum Disorder Eligibility Criteria

Relies on DSM-5 ASD definition

Persistent deficits in social emotional reciprocity

Deficits in nonverbal communications

Repetitive patterns of behavior

Symptoms must be present in early life

Head Injury Eligibility Criteria

Insult or injury to skull or brain as documented in medical records

Not of a degenerative nature

Resulting in impairment in adaptive function

Spinal Cord Injury Eligibility Criteria

Acute traumatic lesion of neural elements in the spinal canal

Documented in medical records

Results in deficits in sensory, motor, or major life functions

Similar Disability Eligibility Criteria

A disability not related to a progressive degenerative disease, dementia, or a neurological disorder related to aging

Results in deficits in adaptive skills

High Risk Infant Eligibility Criteria

Less than 36 months of age

Has a genetic, medical or environmental history that is predictive of a high risk for future developmental disability

DDSN delivers over 98% of services in community settings through County DSN Board or private service providers

Services are available in every county in the state

DDSN also directly operates five regional centers providing residential services to approximately 700 of those individuals with the most extensive needs

Emphasis is placed on supporting individuals to live at home with family rather than in out of home settings

Primary in-home support service for adults is Day/Employment

Primary in-home support service for children is Early Intervention

The agency strives to provide services in the “least restrictive” setting to promote maximum independence

Services are intended to respond to documented needs with those in greatest need having first access to services

Efforts are made to provide services as cost effectively as possible to increase the number of person who can be served

SCDDSN Service Expansion

Over the past three years SCDDSN has received over $70 million in new funding which has allowed expansion of both in-home and residential services

There has been an expansion of nearly 3,300 individuals receiving in-home services and 390 receiving residential services

This expansion has made a significant dent in the waiver service waiting lists

SCDDSN Reserved Capacity for Military Families

Eligible family members of a member of the armed services who maintains a South Carolina residence, regardless of where the service member is stationed, will maintain waiver status

A family member on the waiting list would return to the same place on the processing list when the family returns to South Carolina

An eligible family member previously enrolled in the waiver program would be reinstated into the waiver program once South Carolina Medicaid eligibility is established upon their return to South Carolina

No services will be provided outside the South Carolina Medicaid Service Area

SCDDSN Pending System Changes

Centers for Medicare/Medicaid Services (CMS) has issued new regulations governing how and where Medicaid waiver services for persons with disabilities can be provided:

Must be provided in small community integrated settings.

Must allow opportunities to interact with persons without disabilities.

Must maximize opportunities for paid employment.

Must offer individual choice in settings, activities and service.

CMS is requiring states to implement Conflict Free Case Management (CFCM):

CFCM should be provided by separate agency from service providing agency.

Service provider agency should not determine amount of service required.

State should monitor recipient satisfaction with CFCM provider.

SCDDSN Future Challenges

The aging of primary caregivers

Service waiting lists have been growing significantly since the national recession

Continued movement of individuals with most extensive needs from more restrictive and segregated settings to less restrictive and integrated settings

Shrinking work force to supply staff to serve consumers

Federal efforts to control national deficit are threating funding to disability service systems

Medicare is the primary funding source; VA pays for the veterans (at least a portion of the funding). DDSN serves 38,000 in-home patients and about 700 in their regional campus. Of that, veterans make up a proportionally small percentage of that total (single digits). Most of the veteran-related issues are traumatic head and spine issues (generally from accidents). Have quarterly meetings with Fort Jackson.

Sara Goldsby-Dept of Alcohol and Other Drug Abuse Services (DAODAS)

OUR MISSION:

To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.

OUR VISION:

DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.

STRATEGIC VISIONS:

Ensure an accessible continuum of effective services within each community.
Coordinate continuous quality improvement of services and promote service innovation.
Lead in community engagement and interagency collaboration for the integration of physical and behavioral health services.

LEADERS IN COLLABORATION AND INTEGRATION

1) Increase number and capacity of partnerships.

2) Increase referral source volume and diversity.

3) Increase inter-agency resource collaboration.

4) Increase integration with physical and specialty health care providers.

WORLD CLASS QUALITY SERVICES

1) Increase evidence-based and practice-based evidence service menu and fidelity monitoring.

2) Increase client and community partner satisfaction.

3) 100% provider contractual compliance.

4) Increase service quality.

ACCESSIBLE SERVICE MENU WITHIN EACH COMMUNITY

1) Increase provider financial and operational sustainability.

2) Improve service delivery experience.

3) Increase service menu options.

4) Extend access beyond traditional service delivery environments.

AGENCY IMPACT INDICATORS

1) Reduce the state's substance use disorder prevalence rate.

2) Reduce youth and young adult use of alcohol, tobacco, and other drugs.

3) Increase access to a continuum of evidence-based substance use disorder services across all communities.

4) Increase the number of service recipients and family members reporting significant health improvements.

5) Reduce consequences associated with substance use:

a. Substance use-related overdose fatalities.

b. Substance use-related child maltreatment.

c. Substance use-related criminal justice system involvement.

d. Substance use-related emergency room visits and inpatient hospitalizations.

e. Impaired driving crashes and fatalities.

6) Increase number of staff participating in workforce development and continuing education opportunities.

Finally, our agency advocates for any and all paths to recovery. We want any South Carolinian who is suffering to find peace in recovery no matter the path they take to get there.

While a cabinet level position, we are small with about 45 state employees. Agency funding is generally pass-through; goes directly to county-level treatment centers for execution. Treats 50,000 persons annually; about 1800 are self-identified veterans.

The meeting was adjourned at 12:15 and lunch was served.

The next VPAC meeting will be September 19, 2017.