



South Carolina Behavioral Health Coalition

*South Carolina Behavioral Health Coalition  
Core Leadership Team Meeting Minutes*

Thursday, September 14, 2017  
12:40pm – 1:40pm  
SCHA Felts Board Room

**Breakout Session Briefing and Discussion**

The CLT heard reports from the priority area workgroup chairs and co-chairs. (Notes from individual sessions are attached.)

- Behavioral Health/Primary Care Outpatient Alignment: Peter Liggett, PhD and Dr. Bob Bank
- Crisis Stabilization/Acute Care Management: Geoff Mason and Bill Lindsay
- Substance Use Disorder Prevention and Treatment: Sara Goldsby and George McConnell

Auynika Moonan reported that the Data and Analytics Workgroup met to discuss overall objectives prior to the Coalition meeting. Representatives from the data workgroup are serving on each of the priority area workgroups. Their next step is to define measures and create a data dictionary.

Commentary: Local data, initiatives and stories need to be tracked to show progress and improvement which then needs to be translated and shared.

The CLT approved the creation of a Legal/Regulatory Advisory Team to provide guidance on laws or regulatory policies that may be need revising.

Commentary: There are issues that need to be fixed legislatively including scopes of practice, the Nurse Practice Act and clarification about the Telemedicine Practice Act in particular. There was discussion about potential changes to substance abuse confidentiality regulations and other aspects under 42 CFR. There are metrics that have already adopted (inquire with HSSC, FQHCs and college university infirmaries) that need to be identified and shared.

The August 16 minutes were approved followed by discussion of engaging the public and delivering information about the SCBHC with a unified voice. A power point presentation (short and detailed versions) will be put together for use by the CLT and other advocates to spread the word about the Coalition. The presentation will be built with a common message, using language, terminology and definitions that meet the mission, vision and responsibilities of the Coalition provided for under the Charter.

In addition, the Coalition will adopt and promote language, terminology and definitions that reflect its mission. Julie Cole has offered to work on this and will use existing resources such as the IMPH medical pocket guide to language and terminology to build upon.

Recommendations of the [IMPH published in the October 2016 report](#) highlight the partnership between the Coalition and IMPH, the work accomplished and those to engage. Multiple efforts need to be connected to get the most value such as, SCRIPTS, academic detail, interfacing with law enforcement (Post & Courier is working on a story), both traditional and non-traditional models treatment (SCDEA) and prevention and the criminal justice system. (Stuart Andrews has details.) Assistance for those with sickle cell disease and behavioral health needs to be addressed.