Workforce for Health Taskforce Meeting

South Carolina Hospital Association | Congaree Room
1000 Center Point Road | Columbia, SC 29210

Thursday, November 29, 2018 | 10:00 a.m. – 2:00 p.m.

1. **Welcome** *(10:00-10:10)*

   Dick Wilkerson
   Co-chair

2. **Framework for Considerations in the Behavioral Health Workforce** *(10:10 – 10:20)*

   Gerald Wilson, MD
   IMPH Board Member
   Chair, SC Behavioral Health Coalition

3. **Mental Health Parity and Addiction Act (MHPAA): Parity and Behavioral Health Access** *(10:20 – 10:40)*

   Pete Liggett, PhD
   Deputy Director, Long-Term Living and
   Behavioral Health, SC DHHS

4. **Panel: Bright Spots in Workforce Applications for Community-Based Behavioral Health** (*10:40-12:00)*
   1. Workforce Planning for Substance Use Disorders: Sara Goldsby, Director, DAODAS (10:40 – 11:00)
   2. Innovations in the Workforce to Support Recovery (SUDs): Rich Jones, CEO/COO, FAVOR Greenville (11:00 – 11:20)
   3. A History of Collaboration and Community-Based Care for People with Mental Health Illnesses: Deborah Blalock, M.Ed., LPCS, Deputy Director, SC DMH Community Mental Health Services and Chanda Brown, Ph.D., LMSW, Director, The Charleston Center (11:30 – 12:00)

5. **Lunch With Discussion Groups** *(12:00-1:40)*

   Group 1: Health Systems (Edisto)
   Group 2: Health Care Education & Training (Saluda)
   Group 3: Community Based Organizations (Waccamaw)

6. **Work Group Report Out & Closing Remarks** *(1:40-2:00)*

   Dick Wilkerson
   Co-Chair

Meeting Objectives

By the end of the meeting,
1) Taskforce members will understand the emerging workforce roles being used to support people with behavioral health illnesses and the challenges and opportunities related to expansion of these services.
2) Taskforce members will learn about a history of collaboration and community-based care for people with behavioral health illnesses in Charleston, SC.
3) Taskforce members will learn about the workforce development plans of SC agencies addressing the needs of people with behavioral health illnesses.
4) Groups 1, 2 and 3 will have productive discussions during breakout sessions and work on drafting recommendations.