



SOUTH CAROLINA OFFICE OF
RURAL HEALTH

Investment. Opportunity. Health.

The Intersection of Workforce and Behavioral Health

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- RCORP Planning Grant 2018
- RCORP Implementation 2019-2022
- CDC Health Equity Grant
- Academic Partnerships

Future Initiatives

- Collaboration on BH workforce development with 3RNET
- Development of robust Peer Support Program
- Supporting a more culturally diverse BH workforce
- Advocating for removal of barriers to BH workforce growth

The Landscape in SC

- South Carolina is a unique state in many wonderful ways, but we also have challenges.

- **27%** of our population lives in a rural area.

- SC has a **poverty rate of 13.8%** However, there are massive discrepancies between counties, with Allendale

County at **31.6%**

and 9 counties with

>20% of the

population living below the poverty line.

- **13.8%** of our state is **uninsured**, all rural counties have rates of uninsured higher than the state average.

Behavioral Health Landscape in SC

- **32** Drug and Alcohol Commission serving our 46 counties operating as a mix of non-profit organizations or county agencies
- **16** community mental health centers serving all counties

- In 2020, over **3.5 million** opioid prescriptions dispensed.
- **9,455** naloxone administrations
- **7,830** hospitalizations related to opioid overdoses.

- **1400** deaths involving opioids
- **244** reported deaths involving heroin
- **1100** reported deaths involving fentanyl

Why is this important to recruitment and retention?

- Burnout of current workforce
- Engagement of new paraprofessional roles
- Advocation for a robust, inclusive payment model for BH providers
- True understanding of scope of practice for BH professions

TO SAVE LIVES!!!

Peer Support Specialists

- Peer Support Specialists can be used in health care organizations in a variety of ways.
- Our office is working to expand the peer support workforce in SC through increasing access to training for interested individuals, and through encouraging the creation of new jobs for peer support specialists.
- We would like to create a career ladder that can allow people in recovery to advance their careers and education, if they choose, after becoming a peer support specialist.



An organized system of services, based on local need, which are provided by...Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians. [It] not only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities”

*- Rural and Frontier EMS Agenda for the Future from
ORHP's Community Paramedicine Evaluation Tool*

First Responder Workforce

COPE program-Community Outreach Paramedic Education

- Paramedics visit a survivor at their residence following a Narcan administration or overdose event (typically within 72 hours)
- A “warm handoff” to drug treatment and peer support
- A timely linkage to relevant services and resources
- A COPE team generally consists of three participants: one paramedic, one law enforcement officer, and one peer support specialist, mental health counselor, or social worker



Addressing Stigma Among Providers and Communities

- We know that stigma against substance use disorder is widespread; often among those you provide care.
- University of Rochester Recovery Center of Excellence
- With our RCORP 2019 Implementation grant, we created consortiums in 4 SC counties. In Georgetown County, a rural county on the coast of SC, we identified stigma as a major issue in the community. In order to better direct our anti-stigma campaign, we developed a survey and administered it to members of the community and to healthcare workers.
- We will readminister the survey after a series of campaigns, events, and town halls to measure the impact of the interventions.
- The aim is to identify common biases and barriers to care



Opioid Settlement Money

- In SC, the opioid settlement money will be split 50/50 between Treatment and Prevention
- We will receive \$360 million over 18 years

9 Areas for Allocation

**** ALL OF THESE AREAS REQUIRE A DEDICATED WORKFORCE****

- Naloxone Distribution

- MOUD

- Pregnant and Postpartum Women

- Neonatal Abstinence Syndrome

- Warm Handoff and Recovery Services

- Treatment of Incarcerated People

- Data and Research

- Prevention Programs

- Syringe Services

Recovery Ready Employers

- A deep understanding of SUD as a disease, treatment options and the recovery process
- The amount of individuals effected
- Development of policies to support those in recovery
- Encouragement of a healthy and safe work environment
- Removal of policies which promote stigma and barriers to individuals in recovery obtaining and sustaining employment
- An open and accepting workplace



What's is Going on in Your State?

- Do you recruit BH providers?
- Innovative solutions to BH recruitment?
- Do you have recovery ready workplace programs in your state?





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