

S.C. MENTAL HEALTH COMMISSION MEETING
January 6, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

January 6, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The January 6, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham, Program Manager in the Division of Community Mental Health Services, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr Evans acknowledged the following guests: Matt Dorman of Charleston-Dorchester Mental Health Center; Shanna Amerson; Leigh Hewlett, Protection and Advocacy Intern; Phil Butler and George Goldsmith.	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Commission dinner of December 1, 2010.</i></p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of December 2, 2010.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Business Meeting of December 2, 2010.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	Mr. Binkley said there is nothing of major significance to report in the Public Safety or the State Law Enforcement Division (SLED) Report. Mr. Binkley provided the breakdown of the 45 cases referred to SLED. Of the 45 cases, SLED retained four cases to be investigated by them, one case was referred to the Department of Social Services, 20 cases were referred to the Long Term Care Ombudsman, and the remaining cases were referred to local law enforcement.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>▪ Financial Status Update – Brenda Hart</p>	<p>Ms. Hart distributed copies of the monthly financial report. She said that we are currently almost 42 percent through the year. Overall, the Department has spent 39.64 percent of its projected revenues. Ms. Hart said the second page of the report details where each division, facility and mental health center stands regarding expenses. She said that inpatient will be the big focus in the coming months with the reduction in Medicaid funds. On the last page, the graph depicts the year to date expenditures as of November 2010. Personnel costs account for 69 percent of the budget.</p> <p>Ms. Hart next discussed the House budget. Previously, the Department has been asked to prepare for a cut of 15 percent for the FY 2012 budget. Since that time, we have been asked to prepare for a reduction of 20 percent. This is a reduction of \$27.8 million. Ms. Hart said the House is scheduled to begin its budget meetings next week. We do not know exactly when DMH's hearing will be, but it will take place this month.</p> <p>Ms. Hart said that if we receive a base reduction of 20 per cent, our recurring base would be \$111 million; a 15 percent reduction would result in a recurring base of \$118 million. Ms. Hart said there will be a big impact on service delivery because of these cuts. Mr. Magill said the cuts to clinical services were done previously, but it was predominantly in Administration. Now, the impact will be on service delivery. Ms. Hart said that if the Department were cut by the 20 per cent, staff estimates it will result in a reduction in Medicaid revenue of \$29 million. The Department does have a proviso this year where the Department of Health and Human Services (HHS) is to "hold DMH harmless" regarding disproportionate share (DSH) funding. Ms. Hart said that since provisos run "year-to-year", DMH would have to try to get the proviso approved again for next year. If this does not happen, an additional \$10 million could be lost.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Ms. Hart said another threat to the Department's budget is the deficit projected by the Department of Health and Human Services. That agency is requesting to run a deficit of \$228 million for the current year. DHHS has indicated that one possible way to address their deficit would be to eliminate optional services. Behavioral health services, as a whole, are categorized as optional and could be eliminated. This covers many services that are provided by mental health centers, such as adult outpatient services, pharmacy, and services to clients in the child and adolescent facility of Inpatient Services. Depending on the funding next year at HHS, if optional services are eliminated, DMH could lose an additional \$40 million in Medicaid earnings.</p> <p>On the plus side, Ms. Hart said that the state's revenues are going up. There is also hope for some one-time capital reserve money next year. Another piece of good news is that the Department's budget is currently in balance and the agency is working to create plans to balance the budget next year.</p> <p>Ms. Hart said the Governor's Executive Budget was released on Tuesday. This budget gives DMH a \$13.6 million reduction in its base budget. This budget, overall, gives lower reductions for the health agencies. This budget also gives DMH \$12.5 million in one-time money. There are some proposals in this budget that would have to be implemented on a state-wide basis. One of these proposals would be a five percent salary reduction for all state employees. This actually works out to a two days unpaid furlough for everyone and five percent cut for all employees over \$35,000. The Department is still trying to get clarification on this proposal. Other proposals included are the creation of a central travel agency and savings through the employee insurance program. There were many other proposals in the Governor's budget that have to be reviewed by the House and the Senate before they are adopted. In all likelihood, many of these proposals will not be adopted.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>▪ Bull Street Update – Mark Binkley</p> <p>▪ Approval of Medical Care Account – Mark Binkley</p> <p>▪ Returning Veterans Policy Academy – Phil Butler/George Goldsmith</p>	<p>Mr. Magill has met with the new director of HHS. The new director, Anthony Keck, has a good background in health care. Mr. Magill has formed a Medicaid committee within DMH to offer ideas for the changes underway in health care financing, and information from this committee was shared with the new Director of HHS.</p> <p>Mr. Binkley said that the Department received the counter-signed contract from Hughes Development Corporation on December 16, 2010. This resulted in some media publicity. He said there is still a lot of work to do concerning finalization of the sale. The Department also received the first installment of the escrow payment on December 16. The city requested a copy of the contract, which was provided. The Commission thanked Mr. Binkley for all his efforts in bringing this matter to a near conclusion.</p> <p>Mr. Binkley said there is one medical care account that needs Commission review. This is the waiver of an outstanding balance on a deceased patient's account (Patient #898-0823) that is being recommended by the Legal Office. General Counsel is recommending that the Department accept \$2,500 as payment in full and waive the balance upon receipt of payment and issue of releases/satisfactions of the claim. There are no other assets in the patient's estate.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the waiver of the outstanding balance in deceased patient #898-0823 account as recommended by the Legal Office. All voted in favor; motion carried.</i></p> <p>Mr. Phil Butler, co-chair of the Returning Veterans Policy Academy, said that this effort has been in existence for approximately 2.5 years. Through the office of the Governor, South Carolina applied for and received from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health</p>	

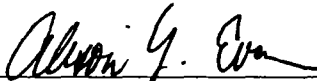
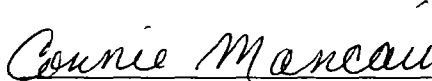
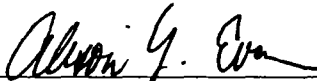
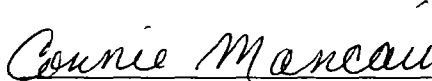
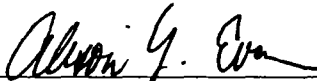
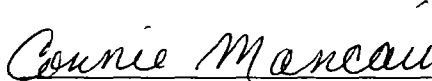
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Services an invitation to participate in, along with nine other states, a conference entitled, <i>"The Returning Veterans and Their Families Strategic Planning Conference and Policy Academy."</i> The conference was held in Washington and was designed to find ways to help returning veterans and their families find services. The original ten agencies grew to 15 agencies that developed a plan to help returning South Carolina veterans. This full committee today has grown to 35+ individuals and agencies covering the entire state.</p> <p>Mr. Butler said that the academy has had many successes. Some of these are:</p> <ul style="list-style-type: none">- DMH hosted a conference for 142 healthcare providers involved in treating veterans. They were provided information to help them understand the culture of the veteran, and were taught techniques to communicate with veterans and families concerning their symptoms.- The Department of Vocational Rehabilitation (VR) hosted a program to help veterans apply for services.- The Dorn VA had a round table conference on the many different things a veteran faces upon returning from combat.- There have been many recreational activities for veterans in the state. Just recently over 500 veterans and families were housed at Hilton Head in luxury homes and condos as a means of respite. An event was also held at Keowee Key. Over 70-80 wounded warriors from Camp Lejeune were brought to South Carolina where they were given the opportunity to relax and spend time on the lake. <p>Gen. Goldsmith said that trying to provide services to veterans closer to home entails a lot of work. The committee has been trying to help all veterans, not just the returning veterans. The first step was to try to identify who the veterans are and where they live, and then try to make the services readily available to them. Gen. Goldsmith said he had to get the community committed to helping veterans. The services they need range from training for a job to finding housing.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>▪ Restructuring Update – Brenda Hart</p>	<p>Gen. Goldsmith said that a communications system needs to be developed that will link a serviceman or woman to the services in their particular area. Communications is a key to this. Mr. Butler said that a “needs” list also is being developed for veterans. For instance, if used computers are available in one location, how can these be made available to the veterans who need them. Mr. Butler also said that the definition of a veteran has changed. At one time, it would refer to an individual who has retired from active service. Recently, it has been extended to active duty personnel as well.</p> <p>Mr. Magill said that DMH acts as a clearinghouse for information. If any member of the committee sends information to DMH pertaining to veterans, it is sent out electronically to the full committee. Mr. Magill said that 15-18 veterans commit suicide every day. Mental illness and alcohol and substance abuse for new returning veterans is skyrocketing. It is necessary to get as much information out as possible. Gen. Goldsmith said that it is necessary to concentrate on members of the Guard and Reserve; however, this is difficult to do as they are constantly moving. He said the 108th Division in North Carolina developed a computer system that has the information on all its soldiers and where they live. Commanders are responsible for keeping the program updated so that current information is available. Plans are underway to see about adopting this system in South Carolina.</p> <p>Ms. Hart said that restructuring was included in the Governor’s Executive Budget. This is essentially the same as was mentioned previously where the public health functions from the Department of Health and Environmental Control (DHEC), DMH, the Department of Alcohol and Other Drug Abuse Services (DAODAS), and the Department of Disabilities and Special Needs (DDSN) would be grouped under a Department of Health. DMH and DAODAS would be combined under the Department of Behavioral Health Services under the Department of Health. Ms. Hart said this language was included in a pre-filed bill, which is currently in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>▪ Columbia Area Mental Health Center Phase II Opening – Robert Bank, MD</p> <p>▪ Community Forums – John Magill</p> <p>OTHER DISCUSSION</p> <p>▪ Highway to Hope – Geoff Mason</p>	<p>the House.</p> <p>Dr. Bank said the construction is complete and the open house is scheduled for January 26. He thanked the Commission for their help in getting this project complete.</p> <p>Mr. Magill said that 13 forums have been completed thus far. The two forums scheduled for January are Santee-Wateree Mental Health Center on January 20, and Bryan Hospital on January 27.</p> <p>Mr. Magill mentioned that he and Dr. Evans met recently with Governor-elect Haley and provided her with information on the size and scope of the agency. The Governor-elect indicated that she is somewhat familiar with the mental health system and how to get people into care. It is felt that she will be amenable to assisting DMH; for instance, she is interested in telepsychiatry and has offered her support in going with Mr. Magill to The Duke Endowment to lend her name in support of obtaining additional funding for this project. Mr. Magill has had a meeting with the Attorney General-elect and will be meeting with the Treasurer-elect on Friday.</p> <p>Mr. Mason introduced Matt Dorman from the Charleston Dorchester Mental Health Center who drove the Highway-to-Hope RV to Columbia. Mr. Mason said that this project is indicative of the center's desire to increase access to services for clients. It is an extremely innovative idea and one that may be expanded in the future. The center applied for a grant and finally received funding. Obtaining the RV took several months, but the outcomes are a huge success.</p> <p>Mr. Dorman said that the Tri County Crisis Stabilization Unit was closed in January 2009. The center also closed a North Charleston clinic. As a result, many of the hospitals were concerned that behavioral health clients would now</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>PRESENTATION BY COMMISSION CHAIR</p>	<p>appear in the emergency rooms and there was no way to treat them. Roper St. Francis Hospital wrote the grant and it was submitted to The Duke Endowment. In October 2009, funds in the amount of \$680,000 were awarded to the center for a three year period to fund a recreational vehicle (RV) that would be equipped as a mobile mental health unit to serve the rural areas of Charleston and Dorchester counties. While approval for purchase of the RV was going through the Procurement process, the concept was marketed throughout the area. The vehicle was finally received in November 2010. Mr. Dorman said that the RV goes to four sites and serves 150 unserved clients in a year's time. Thus far, the RV has diverted 25 emergency room visits. The combined investment should result in the diversion of more than 260 clients from area emergency rooms and psychiatric facilities, and realize a cost savings of approximately \$279,000. It has been extremely successful and Mr. Dorman expressed congratulations to all the stakeholders for their support of this project.</p> <p>Mr. Magill said that The Duke Endowment has given tremendous support to the Department of Mental Health. This is a tremendous change for The Duke Endowment to place so much funding in a state agency. As the months progress, he feels that it would be good to have the Commission prepare a Resolution for The Duke Endowment.</p> <p><i>At 11:40 a.m., the meeting recessed to tour the RV. The business meeting was reconvened at 12:05 p.m.</i></p> <p>At the reconvening of the business meeting, Dr. Evans presented Mr. Magill with the Order of the Palmetto. She explained that the Order of the Palmetto is considered the highest civilian honor in the State of South Carolina. It was first awarded in 1971 by Governor John C. West. It recognizes a person's lifetime achievements and contributions to the State of South Carolina. The award comes in the form of a certificate or plaque that, in part, reads:</p>	

January 6, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.												
	<p>“In grateful recognition of your contributions and friendship to the State of South Carolina and her people. I do hereby confer unto you the Order of the Palmetto with all the rights and privileges appertaining thereto.”</p> <p>Dr. Evans presented the award to Mr. Magill on behalf of Governor Sanford. She said Mr. Magill has worked in every capacity of the Department, and he has been an outstanding leader of Mental Health. He is extremely competent and she expressed the Governor’s thanks and appreciation for all Mr. Magill has done.</p>													
NOTICE/AGENDA	A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.													
ADJOURNMENT	<i>At 12:10 p.m., on a motion by Buck Terry, seconded by Rod Rutledge, the Commission entered into executive session to receive legal advice concerning a potential claim. Upon reconvening in open session at 1:00 p.m., it was noted that only information was exchanged; there were no votes taken. The business meeting formally adjourned at 1:00 p.m.</i>													
ATTENDANCE Commission Members	<table><tr><td>Alison Y. Evans, PsyD, Chair</td><td>J. Buxton Terry</td></tr><tr><td>Joan Moore, Vice Chair</td><td>Everard Rutledge, PhD</td></tr><tr><td>Jane B. Jones</td><td></td></tr></table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry	Joan Moore, Vice Chair	Everard Rutledge, PhD	Jane B. Jones								
Alison Y. Evans, PsyD, Chair	J. Buxton Terry													
Joan Moore, Vice Chair	Everard Rutledge, PhD													
Jane B. Jones														
Staff/Guests	<table><tr><td>John H. Magill</td><td>Mark Binkley</td><td>Geoff Mason</td></tr><tr><td>Brenda Hart</td><td>Robert Bank, MD</td><td>Versie Bellamy</td></tr><tr><td>Phil Butler</td><td>George Goldsmith</td><td>Jeff Ham</td></tr><tr><td>Leigh Hewlett</td><td>Shanna Amerson</td><td>Bonnie Pate</td></tr></table>	John H. Magill	Mark Binkley	Geoff Mason	Brenda Hart	Robert Bank, MD	Versie Bellamy	Phil Butler	George Goldsmith	Jeff Ham	Leigh Hewlett	Shanna Amerson	Bonnie Pate	
John H. Magill	Mark Binkley	Geoff Mason												
Brenda Hart	Robert Bank, MD	Versie Bellamy												
Phil Butler	George Goldsmith	Jeff Ham												
Leigh Hewlett	Shanna Amerson	Bonnie Pate												
APPROVALS	<table><tr><td> Alison Y. Evans, PsyD, Chair</td><td> Connie Mancari, Recording Secretary</td></tr></table>	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary											
 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary													

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes February 2, 2011

Attendance – Commission Members

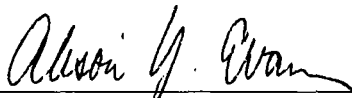
Alison Y. Evans, PsyD, Chair (excused)
Joan Moore, Vice Chair
Jane B. Jones
Everard O. Rutledge, PhD
J. Buxton Terry

Staff/Guests

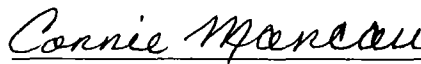
Murry Chesson, Executive Director – Tri County Mental Health Center
Staff and Board members of Tri County Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:00 p.m., on Wednesday, February 2, 2011, at El Sherif's Restaurant, 315 Second Street, Cheraw, SC.

There was no one particular topic or focus of discussion and social topics predominated. However, Murry Chesson briefed the Commission and answered specific questions on Tri County's catchment area, services and needs. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Tri-County Mental Health Center
1035 Cheraw Highway – P.O. Box 918
Bennettsville, South Carolina 29512**

**February 3, 2011
Center Presentation**

**Attendance:
Commission Members**

Alison Y. Evans, PsyD, Chair
Jane B. Jones
Everard Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

Staff/Guests:

John H. Magill
Christin David
Cliff McBride
Roberta Ayers
Merle Hopkins

Mark Binkley
Murry Chesson
Carolyn T. Cohen
Bob Thomas
Emily Freeman

Geoff Mason
Teresa Rhodes
Sallie Rouse
Ruby McRae
Harvel Parnell

The S.C. Mental Health Commission met at the Tri-County Mental Health Center, 1035 Cheraw Highway, Bennettsville, SC, on Thursday, February 3, 2011. The center presentation was called to order by Alison Y. Evans, PsyD, Chair at 9:00 a.m. Dr. Evans welcomed everyone to the meeting and turned the program over to Murry Chesson, Executive Director of Tri County Mental Health Center.

Mr. Chesson said that at the dinner meeting last night he told the Commission that Tri County Mental Health is a small center, and mentioned the counties the center covers, the needs and the services. Mr. Chesson introduced the center's board chair, Clifford McBride, and the staff from the center who were attending today's meeting. Introductions from the Commission took place next.

Mr. Chesson introduced the Outpatient Coordinator at Tri County Mental Health, Mr. Michael Truluck, who told the Commission about an innovative housing option available to the clients, which is Homeshare. Homeshare is an arrangement where a person takes a client into his or her home. The provider receives a monthly stipend for the clients care. The client, in turn, learns how to live and interact with the individuals in the particular home, as well as the community. Mr. Truluck introduced a very special client/provider team who spoke about their relationship. It was quite obvious from the presentation that this particular team works very well together and has developed a very close relationship.

Mr. Chesson next presented the other item on the agenda, which is the Integration of Behavioral and Primary Healthcare Grant. He said that approximately two years ago, the Northeastern Rural Healthcare Network, which is a rural healthcare entity in this region, partnered with the local hospital, Marlboro Park Hospital, the mental health center, and Care South and developed a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to integrate primary healthcare into a mental health center. Mr. Chesson felt that this integration of primary healthcare into the mental health center in a rural section of the state is something that is vitally needed. The grant was awarded in October 2010. Since October, the center has been working to hire staff to manage the grant. He said this is a federal grant, and that the grant has three staff

Center Presentation
Tri-County Mental Health Center

Page 2

currently to manage it. Mr. Chesson next introduced Dr. Teresa Rhodes, Clinic Director at Tri County Mental Health Center who explained the grant more fully for the Commission. Dr. Rhodes is also the Director of the Rural Health Network. Dr. Rhodes said the grant is a four year grant awarded to three cohorts:

- Cohort one consisted of 13 grantees who awarded in October of 2009;
- Cohort two consisted of nine grantees who were awarded in 2010; and,
- Cohort three consists of 38 grantees who were awarded in October of 2010.

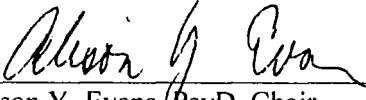
Tri County Mental Health Center is a Cohort three grantee and has partnered with the Northeastern Rural Health Network and Care South-Carolina to provide SAMHSA supported integrated mental and primary healthcare services to the clients of the Cheterfield, Marlboro, and Dillon community mental health clinics. The integrated team will be known as the Healthy Mind Body Alliance and is comprised of healthcare professionals from both Tri County Mental Health Center and Care South-Carolina.

The overall purpose of the grant is to improve the overall wellness and physical health of persons with serious mental illnesses (SMI), including individuals with co-occurring substance use disorders, by supporting communities in the coordination of integrated mental health and primary care services at publicly funded mental health centers and other community based mental health care settings. Primary healthcare services would be provided to the clients at the mental health center.

Dr. Rhodes said that some of the expected outcomes of the grant are a decrease in number of client emergency room visits, a decrease in number of in-patient hospital admissions, and an increased length and quality of life for SMI clients. Dr. Rhodes said the need for integrated healthcare services for individuals that are SMI are necessary as these people are dying at the average age of 53. Also, persons with mental health factors and substance abuse die on the average at age 45. Dr. Rhodes said that persons with schizophrenia have one of the highest rates of smoking.

Dr. Rhodes said that clients are billed according to their income and Medicaid is accepted. The grant is a very unique way of bringing mental health services and primary care services to individuals in a rural area. Physician coverage at the center's locations will be increased throughout the grant's life. By year four of the grant, the Electronic Medical Record (EMR) should be in place to enable each area to have access to all client records. Initially, the team is working together to enable all staff to overcome the privacy issues of viewing a client's record. Complete details of the grant and Dr. Rhodes' presentation are filed with today's minutes.

There being no further business, the center presentation concluded at 10:00 a.m.


Alison Y. Evans, PsyD, Chair


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

February 3, 2011, Tri-County Mental Health Center, 1035 Cheraw Highway, Bennettsville, SC 29512

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The February 3, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Tri-County Mental Health Center, 1035 Cheraw Highway, Bennettsville, SC. Mr. Robert Thomas, Assistant Director of Tri-County Mental Health Center, delivered the invocation.</p> <p>Dr. Evans thanked the center for its hospitality and expressed regret that she could not attend the dinner meeting yesterday evening.</p>	
INTRODUCTION OF GUESTS	<p>There were no guests acknowledged at this time.</p>	
APPROVAL OF MINUTES	<p>Dr. Rutledge suggested that a change be made to the Business Meeting minutes of January 6, 2011. On page 3, the second sentence, currently reads, <i>"That agency is currently projecting a deficit of \$829 million,"</i> referring to the Department of Health and Human Services (HHS). Dr. Rutledge said this is an error as it was reported that the \$829 million is the state's total projected deficit, not HHS. This sentence is being changed to <i>"That agency is requesting to run a deficit of \$228 million for the current year."</i></p> <p><i>With the above change noted, on a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Business Meeting of January 6, 2011. All voted in favor; motion carried.</i></p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Magill presented those reports listed under Monthly/Quarterly Informational Reports.</p>	
<ul style="list-style-type: none"> • Patient Protection Reports – Public Safety & SLED – January 2011 – Mark Binkley 	<p>Mr. Binkley said that there is nothing notable in either the Public Safety or the State Law Enforcement Division (SLED) reports for January. He said that of the 45 cases pending investigation last month, only four of those are being investigated by SLED, 14 cases have been referred to the Long-Term Care Ombudsman, and the remainder of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Statistical Measures Quarterly Report</p>	<p>the cases has been referred to local law enforcement. Mr. Binkley said that the Department does not hear the disposition of the investigations of the cases referred to local law enforcement and the Long Term Care Ombudsman for a long period of time. Some of these cases go back as far as 2009. Mr. Binkley said his office has started a procedure whereby local law enforcement and the Ombudsman are contacted periodically to determine the disposition of the cases. This is not reflected on this report; however, in the last two weeks, 11 of these cases have been closed.</p> <p>Mr. Geoff Mason reported on the statistics for community mental health in Dr. Bank's absence.</p> <ul style="list-style-type: none"> - There is only a one percent reduction in the total number of clients served for 2010 compared to 2009. Approximately one-third of the total number served (93,361) are children (31,798). This is the same for 2010 as in 2009. - In the Perception of Care Survey, Mr. Mason said that overall client satisfaction for FY10 was at 83 percent, compared to 89 percent for FY'09. Mr. Mason said this drop in satisfaction is due to the fact that the surveys were mailed out to the clients rather than having the clients complete the surveys on site. In comparing South Carolina's satisfaction to other states, it was noted that other states incurred the same drop in satisfaction. Mr. Magill asked to review this process of completing perception of care surveys as he believes the return rate on a mailed out survey is always lower. - In the GAF scores for functional improvement, the average GAF score on date of admission is 54.8 percent and the score within 30 days of discharge is 57.6 percent. This is not a significant change from the last report. - For 2010, consumer employment is at 11.6 percent. The national average is 15 percent. This is indicative of South Carolina's economy and unemployment numbers. - Total admissions for children and adults for July through December 2010 is 52,345. This is slightly lower than 2009, which was approximately 54,000. - Client contacts – in FY10, Rehabilitative Services totals \$1.7 million which is an approximate \$400,000 decrease from the previous year. This decrease is 	

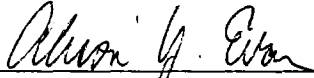
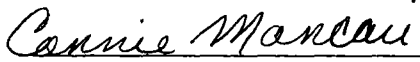
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p> <p>• Legislative Update – Brenda Hart</p>	<p>due to the private providers performing their own billing services.</p> <p>Ms. Versie Bellamy reported on the inpatient statistics:</p> <ul style="list-style-type: none"> - Admissions and Discharges - Bryan has had a slight increase in the number of admissions in the first quarter, Morris Village is lower, Hall Institute is up and Harris Hospital is about the same. - Length of Stay (LOS) – Morris Village LOS has increased for the less than 90 day patients; Hall Institute's less than 90 day patients is about the same; Sexual Predator Program greater than 90 day population is increasing; and all the nursing homes have had an increase in length of stay, indicating a good trend. <p>Mr. Magill presented those items listed under the Departmental Overview and Update.</p> <p>Ms. Hart said that Finance is still encountering problems with the new accounting system; however, we have been able to provide a financial report this month. Ms. Hart said that Medicaid revenue is down from last year. This was expected due to billing for rehabilitative services at the centers and at Tucker. Personal services are down throughout the agency. The agency did receive the FMAP funds of \$2.9 million for the last half of the year. The available revenue balance is \$186,471,592. Ms. Hart said that the item "Uncompensated Patient Medical Care Proviso" has a ceiling of \$500,000. The contract states that if the Department exceeds the \$500,000, it can be carried over into the next year. This is the contract the Department has with Palmetto Health to care for medical needs of its patients. Ms. Hart said the Department will not run a deficit for this year.</p> <p>Ms. Hart said the agency had its budget hearing on January 25. Membership of the Health Sub-Committee of the House Ways and Means is completely new this year. Brian White is the chair of the Sub-Committee. Other members of the Sub-Committee</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>are William Herbkersman, Dwight Loftis and Harry Ott. Mr. Magill said that the Sub-Committee reviewed each agency's Accountability Report and asked the Director to respond to certain items. It is Mr. Magill's opinion that the hearing went very well.</p> <p>Ms. Hart said there was a proviso meeting yesterday afternoon where the Department's Paying Patient Fee Account was reviewed. Rep. White had many questions on this item. Ms. Hart said that the Sub-Committee is very involved and thorough in its reviews.</p> <p>Mr. Magill said the agency was asked to turn in a budget showing a 20 percent reduction in the base allocation. The members of the Sub-Committee spent very little time reviewing this, which indicated that the agency should expect the 20 percent. Their review of the Accountability Report gave the impression they were looking at other areas to cut.</p> <p>Ms. Hart presented the following bills that the Department is watching:</p> <p>S.187 – Nursing Homes – This bill requires nursing homes to carry at least \$1 million in comprehensive general liability insurance to obtain a license. Ms. Hart said the Department will be watching this bill closely. Presently, the agency does not require the nursing homes to do this.</p> <p>S.191 – Community Residential Care Facility Star Rating System – This bill pertains to those homes with more than two beds, and include the homes that are being run by DMH.</p> <p>S.323 – Health Care Facilities – This bill relates to definition of the state Certification of Need and Health Care Facility Act, to revise the definition of "health care facility."</p> <p>H.3012 – Licensure of In-Home Care Provider Act – DMH and the Department of Disabilities and Special Needs (DDSN) are exempt from this bill. This bill creates the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Licensure of In-Home Care Provider Act, which will set forth requirements of agencies that provide in-home care for individuals.</p> <p>H.3016 – Commission on Disabilities and Special Needs – Ms. Hart said this is a clean-up bill in the language used previously related to DDSN.</p> <p>H.3150 & H.3229 – Behavioral Health Services Act – These two bills are virtually the same, wherein it would create a Department of Behavioral Health Services with a Division of Mental Health and a Division of Alcohol and Drug Abuse services.</p> <p>H.3421 – Division of Alcohol and Other Drug Abuse Services – This bill takes DAODAS out of the cabinet and places the agency under the Department of Mental Health, and would call the division the Division of Alcohol and Other Drug Abuse Services.</p> <p>H.3563 – Restructuring Bill – This bill was introduced by Rep. Crawford yesterday. This bill creates a Department of Health and Wellness. This bill also takes the Department of Health and Human Services (HHS), Department of Alcohol and Drug Abuse Services (DAODAS), DMH, DDSN and the Commission for the Blind and place these agencies into one mega health agency. It would be a cabinet agency with a Secretary appointed by the Governor and a Deputy over each division.</p> <p>Ms. Hart said there are four restructuring bills introduced this year that would restructure DMH in some way.</p> <p>H.3413 – Health Information Exchange – This bill would allow the agency to have electronic access to the health records of other state agencies.</p> <p>Mr. Binkley said that we are close to having a final appraisal. Tomorrow, Legal will be filing a lawsuit that will bring the contract for sale of the property before the court. Mr. Binkley has had a long discussion with the appraiser as to which parts of the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Six Month Report of Medical Care Accounts – Mark Binkley</p> <p>• Development of Regional Telemedicine Program – Geoff Mason</p>	<p>appraisal would be subject to the Freedom of Information Act. It was decided to provide only the summary numbers of the appraisal. Mr. Binkley said that the sale of the Bull Street property will go before the Budget and Control Board in April for approval.</p> <p>Mr. Binkley presented the Six Month Report of Medical Care Accounts for the period July 1 through December 31, 2010 for approval. Total collections for the period were \$86,575.15, the amount waived by delegated authority was \$731,211.33, and the amount waived by the Commission was \$123,906.55.</p> <p>Mr. Binkley said that the Set Off Debt Collection Program began in 2001. In 2000, when this program was not in effect, the total amount collected was nearly \$900,000, which almost the entire amount came from the Paying Patient Fee Account. Since 2001 when the program began, the amount collected from the Set Off Debt Program has grown. In 2010, it amounted to 74 percent of the total funds collected.</p> <p>Mr. Binkley made note that the Legal Office handles a lot of home foreclosures for the Department. Our clients, like many other Americans, are losing their homes.</p> <p>Mr. Mason said that the Department is looking to develop a regional telemedicine program that would include the Region C mental health centers of Tri County Mental Health Center, Pee Dee Mental Health, Santee Wateree Mental Health Center and Catawba Mental Health. Mr. Mason said there is a lack of psychiatrist coverage in this region. Currently, the average time for the clients in those centers to get an initial assessment by a doctor is three months. The program would allow the centers to provide quicker assessments. There are 12 locations where the program would be operated across these four centers. This is similar to the telepsychiatry program. The centers would pick up the costs of three psychiatrists, which the centers have within their budgets. The big issue is, of course, the equipment cost. Approximate cost of equipment is \$313,000. The center directors have looked at other options, one, of which, is Poly Com, which is one of the providers on the network. Also, we are</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● DAODAS Co-location – John Magill</p>	<p>looking to see if Blue Cross/Blue Shield would be willing to participate in the one time cost of the equipment. If successful and if funding for the equipment could be obtained, Mr. Mason said this may be able to be done in other areas of the state.</p> <p>Mr. Chesson said the region is getting together to work this proposal out. One plus from the program is that psychiatrists would not be limited by geography.</p> <p>Mr. Magill said that the staff of DAODAS would be relocated to the DMH Administration Building sometime in the next several months. Preliminary meetings have been held at DMH as to where the staff would be located, specifically. DAODAS will be giving notice to their landlord as to when they will be leaving. The big problem is the move of the Information Technology data systems. Mr. Magill said that the Department will have consultants available to us at no cost in this regard.</p>	
<p>● Community Forums Update – John Magill</p>	<p>Mr. Magill said that when the Administration Building opened, a number of agencies were located in it, such as the State Credit Union, Mental Retardation, Commission on Alcohol, Soil Conservation, and Commission on Aging.</p> <p>Mr. Magill said that 14 forums have thus far been completed. The two this month are at Waccamaw Mental Health on February 17 and one at Anderson-Oconee-Pickens Mental Health on February 24.</p>	
<p>OTHER ISSUES</p>	<p>Mr. Magill said that on February 14 there will be a meeting in Columbia of staff from the Duke Endowment, DMH and Governor Haley to see the commitment level of the state in support of the telepsychiatry system. It is hoped The Duke Endowment will continue their involvement by way of funding this program.**NOTE** Since the Commission meeting on February 3, the telepsychiatry meeting with Governor Haley and The Duke Endowment has been postponed to a later date.</p>	
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
ADJOURNMENT	<i>At 11:20 a.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session to receive the Six Months Report of Litigation, and to receive legal advice concerning a potential claim. Upon reconvening in open session at 12:30 p.m., it was noted that only information was exchanged; there were no votes taken. The business meeting was formally adjourned at 12:30 p.m.</i>	
ATTENDANCE Commission Members	<div> <div>Alison Y. Evans, PsyD, Chair</div> <div>Joan Moore, Vice Chair</div> <div>Jane B. Jones</div> </div> <div> <div>J. Buxton Terry</div> <div>Everard Rutledge, PhD</div> </div>	
Staff/Guests	<div> <div>John H. Magill</div> <div>Brenda Hart</div> <div>Shanna Amerson</div> <div>Harvel Parnell</div> </div> <div> <div>Mark Binkley</div> <div>Robert Bank, MD</div> <div>Murry Chesson</div> <div>Cliff McBride</div> </div> <div> <div>Geoff Mason</div> <div>Versie Bellamy</div> <div>Emily Freeman</div> <div>Bob Thomas</div> </div>	
APPROVALS	<div>  Alison Y. Evans, PsyD, Chair </div> <div>  Connie Mancari, Recording Secretary </div>	

March 3, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The March 3, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, at the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham, Program Director in the Division of Community Mental Health Services, delivered the invocation.	
INTRODUCTION OF GUESTS	There were no guests acknowledged at this time.	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Dinner Meeting of February 2, 2011. All voted in favor; motion carried.</i></p> <p><i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of February 3, 2011. All voted in favor; motion carried.</i></p> <p><i>On a motion by Joan Moore, seconded by Rod Rutledge, the Commission approved the minutes of the Commission Business Meeting of February 3, 2011. All voted in favor; motion carried.</i></p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	Mr. Magill presented those reports listed under Monthly/Quarterly Informational Reports .	
<ul style="list-style-type: none"> • Patient Protection Reports – Public Safety & SLED – February 2011 – Mark Binkley 	Mr. Binkley said there is nothing notable in either the Public Safety or the State Law Enforcement Division (SLED) reports for February. He called the Commission's attention to the substantiated allegation of an assault by a patient of Bryan Hospital against a Social Worker. He said this is a reminder that staff in our hospitals face	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>safety hazards in the workplace on a daily basis.</p> <p>Mr. Binkley said that there was a significant drop in the number of pending cases on the SLED report. As previously mentioned, Rochelle Caton, Director of Client Advocacy, has broadened her role to do more assertive follow up on pending cases to determine the status. A large number of pending cases have been assigned to local law enforcement agencies. These are typically slow to conclude. It appears that Ms. Caton's recent efforts have been successful as the number of pending cases has shown a significant decrease.</p> <p>Mr. Binkley said of the current 30 pending cases, four have been assigned to SLED; ten cases have been referred to the Long Term Care Ombudsman; and 16 cases have been referred to local law enforcement.</p> <p>Mr. Magill presented those items listed under Departmental Overview and Update.</p> <p>Ms. Hart said that the full House Ways and Means Committee met and developed its proposal which will go to the full House the week of March 14. DMH had been asked to prepare a 20 percent budget reduction plan, which would have been another decrease in state appropriations of \$28 million. The House Ways and Means Committee's proposal was a six percent reduction, or approximately \$8 million in state recurring appropriations.</p> <p>Ms. Hart said DMH had been working with the Department of Health & Human Services (HHS) to try to figure out several issues concerning the agency's disproportionate share entitlement. Through proposed amendments to the state plan, HHS would permit DMH hospitals to be reimbursed at 100 percent of the upper payment level. If approved, this will help DMH significantly. We are hopeful that even though there will be a slight decrease in the disproportionate share revenue, DMH may receive \$35 or 36 million. Next year, the amount may be closer to \$34 million.</p>	

March 3, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update – Brenda Hart</p>	<p>Mr. Magill said that DMH is also working closely with the new HHS Director, Tony Keck, to protect the optional services, which is approximately \$40 million.</p> <p>Ms. Hart said that House Ways and Means passed a capital reserve fund bill for one-time expenses. In the bill, DMH would receive funding for the following projects: replacement of roofs at Bryan Psychiatric Hospital due to faulty fire retardant-treated wood - \$6,572,388; deferred maintenance at Campbell Veterans Nursing Home, to include repairs to the dam - \$750,000; and deferred maintenance to the interior of Stone Pavilion - \$1,330,000.</p> <p>Ms. Hart discussed several provisos:</p> <ul style="list-style-type: none"> - For years, physicians did not have to receive prior authorization from the insurance company before prescribing certain brand name mental health drugs. The House agreed to amend this so as to require the prior authorization requirement. Ms. Hart said that Mr. Magill discussed this with Mr. Keck and he is aware that many of our patients cannot use generic drugs. These individuals are currently stable on the brand-name drugs and changing them to generics would put them at serious risk of becoming ill. Dr. Bank explained that the biggest concern of Medicaid appears to be with the prescribing practices of private physicians, such as family physicians. There are many DMH patients who are stable on medications for which a generic is not available. - Ms. Hart said that there is also a proviso that would transfer the veterans' homes that the Department operates to the Office on Aging in the Lieutenant Governor's Office; a proviso where DMH would gain the Continuum of Care, and yet another proviso where DMH would gain the Department of Alcohol and Other Drug Abuse Services (DAODAS). <p>It was mentioned that there has been no recent consideration of restructuring by any legislative committees, but several bills are pending. Ms. Hart said that some of the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>restructuring legislation which would affect Mental Health are:</p> <ul style="list-style-type: none"> - A bill to create a Department of Administration has received second reading in the House yesterday. - Rep. Gilda Cobb-Hunter introduced legislation to move the Continuum of Care to DMH. - A bill to create a seven year cycle to perform a legislative review of all state agencies was introduced. <p>Ms. Hart mentioned the bill that would create the Department of Behavioral Health, which would have the Division of Mental Health and the Division of Alcohol and Drug. Another bill would create the Department of Health and Wellness which would have a Secretary of Health, appointed by the Governor. Under this large agency would be DMH, DAODAS, the Department of Disabilities and Special Needs (DDSN), Commission for the Blind and HHS. Another bill, introduced by Rep. Brian White, would merge DAODAS into DMH. None of these bills have been scheduled for sub-committee meetings as yet.</p> <p>Other bills mentioned by Ms. Hart were:</p> <p>S.187 – Nursing Homes – This bill would increase the amount of insurance the Department would have to have for its nursing homes.</p> <p>S.567 – Long Term Care Accessibility Task Force – This would create a ten member board, consisting of members from the House and Senate, as well as the State Director of Mental Health. The task force would address access to long term care services and ways to avoid fraud and abuse.</p> <p>S.590 – Geropsychiatric Distinct Part Unit – This would exempt the establishment of a geropsychiatric distinct part unit for prospective payment system exclusion of up to ten beds from the requirement of obtaining a Certificate of Need.</p>	

March 3, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Budget Update – Brenda Hart</p>	<p>H.3012 – Licensure of In-Home Care Provider Act – This bill is being watched closely so as to be sure it does not impose more requirements on the Department.</p> <p>H.3413 – Health Information Exchange – This bill provides for oversight and guidance for the health information of the state.</p> <p>Ms. Hart distributed the monthly report of the Department’s expenditures and revenues. She noted that currently we are about 58.33 percent through the year and, all in all, DMH appears to be in good shape regarding the budget. Under the A.R.R.A. funds, there is a negative \$209,467. DMH prepared a projection at the beginning of the year based on Medicaid, as to how much A.R.R.A. funding DMH would receive. DMH did not bring in as much as expected.</p> <p>Regarding expenditures, Ms. Hart said that overall the agency is doing well. There are a couple of areas that are being addressed. One of these areas is Inpatient Services where Medicaid revenue is below that projected. However, overall the forecast for the agency shows a surplus. Permanent positions are decreasing, and there is an increase in contract positions.</p> <p>On the Medicaid summary page, it is noted that DMH is down again in Medicaid by about eight percent from last year. Some of this has been anticipated due to less billing occurring in the community and there is a decline in billable services. Some centers are behind in billing and the Department is working with them to determine the reasons as to why this is happening.</p> <p>On the Inpatient side, Ms. Hart said that overall bed days at Hall and Tucker are down from last year. Tucker Center had a 15 percent decrease in bed days. Hall Institute has had a decrease in bed days of approximately 16 percent.</p> <p>Mr. Binkley said we are currently at the point in the process where the Department needs to get court approval and Budget and Control Board approval for the sale of the</p>	
<p>• Bull Street Update – Mark Binkley</p>		

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>•Training Update – Sandy Hyre</p>	<p>property. The case has been filed in Circuit Court and we are hoping for a hearing date as quickly as possible. It is hoped that the contract will be on the Budget and Control Board agenda for its April meeting. Mr. Binkley said that at the present time, it is not expected that the Commission would need to provide any assistance for when the Department meets with either the Budget and Control Board or the Circuit Court. He said that the Department was in a similar proceeding when the property was sold to Lexington/Richland Alcohol and Drug Abuse Commission (LRADAC). Only DMH staff was required in the presentation of information. If the situation changes, Mr. Binkley will advise the Commission. Mr. Binkley said that some senior staff testimony may be needed in the court case to establish the fact that the property is no longer needed or used for the care of the mentally ill, and describe the migration of the agency's treatment services to the community. The other issue is whether the Department is getting fair market value for the property. This area would be addressed by the agency's appraiser and possibly the Department's broker. Mr. Binkley said that the Budget and Control Board may want to hear from senior staff, including the State Director.</p> <p>Ms. Hyre said that DMH started a Nurse Leadership Development program in November 2010. The first program had 11 participants, and this program will be done annually as an extension to the Mentoring Program. There are eight sessions in the program that include effective writing, root cause analysis, strategic planning, managing positive outcomes, communication/leadership styles, trust/team building, critical thinking, principles of leadership and legal aspects of nursing. This is a budget neutral program and has received positive feedback from participants.</p> <p>DMH's Mentoring Program this year began on February 25 with 34 participants. Participants meet once a month in Columbia and meet with the individual mentors throughout the month. Class lasts 10 months with graduation in November.</p> <p>Ms. Hyre said that currently DMH has a Certified Nursing Assistant (CNA) Program at Tucker. The program received certification from HHS on February 3. This is a 120</p>	

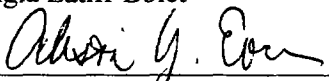
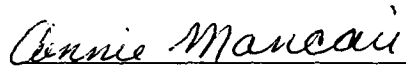
March 3, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Department of Justice Suit – Mark Binkley</p>	<p>hour program, which includes 60 hours of classroom instruction and 60 hours of clinical experience. Ms. Hyre said that 15 have completed the first class and will take the exam in April. The next program will begin on April 8. Ms. Hyre said that it is hoped this program will help to train and retain a cadre of qualified CNA's thereby reducing the amount of money spent on agency staff.</p> <p>Ms. Hyre said that the Child and Adolescent Training program will continue this year for psychiatrists. There are 17 participants in this year's program.</p> <p>The Supervisory Mini Series and Case Management training will again be offered this year. Both will also be provided via video-conferencing.</p> <p>The Division of Education, Training and Research (ETR) also sends out a detailed listing monthly to staff of free or low cost Distance Learning Opportunities.</p> <p>Ms. Hyre announced that the Psychiatric Update will be held on Friday, September 16.</p> <p>Dr. Bank expressed his appreciation to Sandy regarding her help in the trainings offered. Ms. Hyre has also been invaluable with her assistance during the Department of Justice (DOJ) suit.</p> <p>Mr. Binkley said that on February 13 the case brought against the Department by DOJ was dismissed, with prejudice, which means they can't come back. There has been a lot of staff time involved in responding to the DoJ investigation. Mr. Binkley commended Tucker's staff, and also the assistance of Sandy Hyre. Mr. Binkley said that a recognition event will be held today at Roddey Pavilion at 1:00 p.m. The Commission is invited to attend, if possible. This was a five year task which ended favorably for DMH.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Facilities Governing Body Meeting of 2/2/2011 – Versie Bellamy</p>	<p>Ms. Bellamy presented the highlights from the February 2, 2011, Inpatient Facilities Governing Body Meeting:</p> <p><u>Accreditation/Regulatory Issues – Surveys</u></p> <ul style="list-style-type: none"> - Ms. Bellamy echoed Mr. Binkley's comments regarding the conclusion of the Department of Justice case. She, too, expressed appreciation for General Counsel's assistance in dealing with the matter. She also expressed her appreciation to Sandy Hyre. - Harris Hospital underwent a DHEC fire and life safety survey on November 4, 2010. There were three findings and corrective actions were taken. - C.M. Tucker underwent DHEC licensure of the Roddey Pavilion on November 3, 2010. Also at Tucker, DHEC completed a complaint survey on November 17, 2010. Follow-up survey was done on January 24, 2011, and it was reported that everything was in compliance. The annual survey of the Stone Pavilion by the Veterans Administration is due at any time. - Hall Institute's eligibility range for its next Joint Commission survey is May 14, 2011 to February 14, 2013; and Bryan's eligibility range is June 19, 2011 to March 19, 2013. <p><u>Recruitment/Retention</u></p> <ul style="list-style-type: none"> - The CNA Training Program was implemented on January 10, 2011 at C.M. Tucker. HHS certified the program, of which 15 students will graduate from the first class. - Hall Institute received a resignation from a child psychiatrist in early January. - A psychiatrist has been recruited for the Forensics service and has been hired, effective January 3, 2011. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><u>Strategic Planning</u></p> <ul style="list-style-type: none"> - The Division of Inpatient Services has the following specific goals for FY'11: <ul style="list-style-type: none"> a) Reduce expenditures to address the DMH budget deficit; b) Maximize number of persons served; and, c) All hospitals/programs will maintain appropriate accreditation, and/or licensure. <p><u>Performance Data</u></p> <ul style="list-style-type: none"> - During this period (August-September 2010) Harris Hospital utilized more restraints than any other two-month period. Two unique patients accounted for the utilization, with one patient accounting for 64 percent of the total. This same patient also accounted for 76 percent of the total seclusion utilization during this period. - C.M. Tucker continues to have a low occurrence of restraint usage. It was noted there are several Huntington's residents at Tucker for which Broda Chairs are used for mobility. The Broda Chair is viewed as a restraint. Also, some residents are on 1:1 observation and this, too, is considered a restraint. - Acquired pressure ulcer rate at Tucker for April – September 2010 was below the state rate of 4.5 percent for each month, with the exception of August when the Stone Pavilion rate was 5.9 percent. - Morris Village's elopement rate exceeded the performance improvement trigger with a fiscal year rate of 0.57 (trigger 0.27). Two intensive team reviews have been conducted and recommendations made. Monitoring is ongoing. - Patient fall rates for Hall, BPH Forensics, and Infirmary exceeded the performance improvement trigger. A fall reduction program is in place at each hospital/program. Hospital leadership has been directed to conduct a review and evaluation of the effectiveness of prevention/reduction initiatives. Findings will be reported regularly. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP-UP</p>	<ul style="list-style-type: none"> - With the exception of Hall and the Infirmary, fiscal year rates for all hospitals/programs were above the trigger regarding patient-to-patient assaults. Initiatives aimed at decreasing patient-to-patient assaults are on-going. - Nursing staff injury data for BPH adult psych reflects a significant upward trend while Hall shows a slight downward trend. These two programs continue to report the highest number of injuries. - Data reported for lost work days for the period March-November 2010 reflect a slight upward trend, with November being the highest. A downward trend in lost days is noted for Bryan Adult Psych, while a significant upward trend is noted for Hall Institute. <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the February 1, 2011 meeting of the Inpatient Facilities Governing Body Committee. All voted in favor; motion carried.</i></p> <p>Mr. Magill mentioned that the state's new Medicaid Director, Tony Keck, visited DMH this week. A very productive meeting was held with him and we look forward to working with him in the future.</p> <p>The Duke Endowment staff also met with DMH last week to begin thinking about further continued funding on the telepsychiatry program.</p> <p>Two community forums were conducted since the last Commission meeting, Waccamaw Mental Health and Anderson-Oconee-Pickens Mental Health. Both forums were well attended and had good representation from the General Assembly. John Fletcher feels the legislators who do attend have a better idea of what DMH and the mental health centers are doing. He feels these forums have been a good tool to use to inform the community about DMH. Bill Lindsey feels the last forum at Anderson-Oconee-Pickens Mental Health was the best as it had a good cross representation.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
OTHER ISSUES RAISED BY MEMBERS	Mr. Magill said that he will begin the process of profiling the centers and hospitals, which began last spring. Completed last year were Berkeley, Harris and Veterans Victory House. Bill Lindsey thanked the Commission for coming to Mental Health Advocacy Day. It was felt that this rally was the best that was held. There were no other issues raised by Commission members.	
NOTICE/AGENDA	A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.	
ADJOURNMENT	<i>It was noted that the Executive Session listed on the agenda was not necessary; therefore, there being no further business, on a motion by Buck Terry, seconded by Joan Moore, the business meeting was adjourned at 11:30 a.m.</i>	
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones J. Buxton Terry Everard Rutledge, PhD	
Staff/Guests	John H. Magill Versie Bellamy Sandy Hyre Jeff Ham Ligia Latiff-Bolet Geoff Mason Mark Binkley Bill Lindsey Shanna Amerson Paul Cornely Brenda Hart Robert Bank, MD Mallory Miller Shirley Furtick Bernard Johnson	
APPROVALS	 Alison Y. Evans, PsyD, Chair  Connie Mancari, Recording Secretary	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes April 6, 2011

Attendance – Commission Members

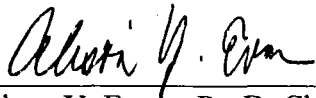
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard O. Rutledge, PhD
J. Buxton Terry

Staff/Guests

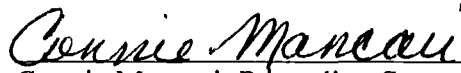
Debbie Blalock, Exec. Director – Charleston/Dorchester Mental Health Center
Mrs. Everard Rutledge
Sharon Atkinson, Board Chair – Charleston/Dorchester Mental Health Center
Emanuel Williams, Board Member – Charleston/Dorchester Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, April 6, 2011, at The Glass Onion, 1219 Savannah Highway, Charleston, SC.

There was no one particular topic or focus of discussion and social topics predominated. The Department's budget was mentioned briefly in casual conversation. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Charleston/Dorchester Community Mental Health Center
2100 Charlie Hall Blvd.
Charleston, SC 29414**

**April 7, 2011
Center Presentation**

**Attendance:
Commission Members**

Alison Y. Evans, PsyD, Chair
Jane B. Jones
Everard Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

Staff/Guests:

John H. Magill
Rebecca Scott
Stephanie Kotos
Juli Giglio

Geoff Mason
Valerie O'Neal
Steve Miller
Maureen Phlegar

Debbie Blalock
Susan Monogan
Jennifer Roberts
Frank Giorgianni

The S.C. Mental Health Commission met at the Charleston/Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, on Thursday, April 7, 2011. The center presentation was called to order by Alison Y. Evans, PsyD, Chair at 8:45 a.m. Dr. Evans welcomed everyone to the meeting and turned the program over to Debbie Blalock, Executive Director of Charleston/Dorchester Community Mental Health Center (CDCMHC).

Ms. Blalock introduced the Commission and DMH Central Office staff to those present at today's meeting. She said that the center has two presentations this morning. The first is the Firefighter Support Team, and the second is a presentation on Parent-Child Interaction Therapy (PCIT). Ms. Blalock first introduced Chief Gerald Mishoe, Team Leader of the Firefighter Support Team, who in turn introduced Chief Thomas Carr, Fire Chief of the Charleston Fire Department.

Chief Carr said the program is a wonderful collaboration of the City of Charleston Fire Department, the South Carolina State Firefighters' Association and the South Carolina Department of Mental Health. The Charleston Firefighter Support Team was organized in July 2007, shortly after the Sofa Factory Fire. This team works to ensure that firefighters are able to come to work and have a mechanism to relieve the stressors of their lives. The use of the program has been remarkable. Chief Carr said that the State of Maryland has a similar program. He is very hopeful that this program will continue as it's a very important part of the community.

The Charleston Firefighter Support Team was founded on the principles of hope, healing, respect and recovery. All counseling services are free of charge to our firefighters and their families. The support team provides advocacy education and treatment through its Peer Outreach and Counseling Service Unit. Chief Frank Marker, who is a member of the Peer Counselors of the team, said that many firefighters experience tremendous grief at the loss of their fellow firefighters. This grief is so great and weighs so heavy on them that they are unable to function in their day-to-day job.

The primary goals of the team are to develop services that are easily accessible and available, ensure the services meet the needs of the firefighters and their families, and identify those in most distress and respond effectively. The team has received assistance from the New York Fire

Center Presentation
Charleston/Dorchester Community Mental Health Center

Page 2

Department who had the experience of going through the trauma from 9/11. Currently, the team is composed of a Team Leader (Gerald Mishoe); Clinicians (Amanda Custer and Sarah Braswell); Clinician/Peer Team (Chris Wells); Peer Supervisor (Richard Denninger); Administrative Support (Sherri Dangerfield); and a 14 member group of Charleston Fire Department Peer Counselors.

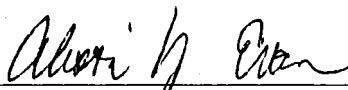
Ms. Blalock next introduced Robin Nance, who is one of the few registered PCIT trainers in South Carolina. Ms. Nance has been at the center for over ten years. Parent-Child Interaction Therapy (PCIT) is an evidence-based, real time, coached, behavioral parent training intervention for children ages 2-7 that are experiencing disruptive behaviors. Both child and parent behaviors are targeted. Ms. Nance said that approximately four years ago a grant was funded by The Duke Endowment for disseminating PCIT with fidelity across the Carolinas. Charleston/Dorchester Mental Health Center is one of four local agencies to participate in this grant. Ms. Nance said that PCIT is considered the gold standard of treatment for children with disruptive disorders, ages 2-7.

PCIT was developed in the '70's by Dr. Shelia Eyberg, when she was a clinical psychology intern. She explored the more traditional play therapy approaches to child treatment, and observed that children enjoyed the play with her and seemed to calm down, but the parents were not reporting any behavior changes. The children were bonding with her and not the parents. PCIT is best used for children with disruptive behaviors, including ADHD and OCD, children affected by abuse and neglect, children in foster care, recently adopted or pre-adoptive children, and any parent of a child between the ages of 2 – 7.

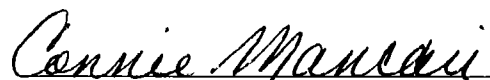
There are two phases of PCIT. The first phase is Child Directed Interaction (CDI) aka special play time for parents and kids. The goal of this phase is to improve the relationship between parent and child. The second phase is Parent Directed Interaction (PDI). This is a step-by-step discipline method that emphasizes consistency, predictability and follow through. Parents learn how to properly use time out.

Ms. Nance said there are ten graduates of the PCIT Program. Currently, there are 12 active children in the program and she has referrals from four other sources. She explained that referrals come in weekly. Mr. Magill requested a synopsis of the grant so that he could speak with The Duke Endowment.

There being no further business, the center presentation concluded at 10:35 a.m.



Alison Y. Evans, PsyD, Chair



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

April 7, 2011, Charleston/Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, SC 29414

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The April 7, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:40 a.m., by Alison Y. Evans, PsyD, Chair, at the Charleston/Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, SC. Deputy Senior Chaplain, Eddie Driggers, of Coastal Crisis Chaplaincy, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr. Evans welcomed everyone to the meeting and thanked the center for all its courtesies extended to the Commission during its visit.	
APPROVAL OF MINUTES	Debbie Blalock, Executive Director of the Charleston/Dorchester Community Mental Health Center (CDCMHC), acknowledged the members of the center's board who attended, center staff, and Debbie Calcote, Executive Director of the Berkeley Mental Health Center. Dr. Evans acknowledged Shanna Amerson of Capitol Information Affiliates.	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	<i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the March 3, 2011, Business Meeting. All voted in favor; motion carried.</i>	
• Patient Protection Reports – SLED/Public Safety – Mark Binkley	Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports . Mr. Binkley stated there was a noticeable increase in the number of reports of abuse and neglect at the State Law Enforcement Division (SLED) in March. The follow-up on the status of cases referred to outside law enforcement agencies is continuing. In the course of this effort, several local law enforcement agencies have stated that they did not receive the referral reports from SLED. We have requested that SLED modify their referral procedure so they have written confirmation of the receipt of the referrals.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>Mr. Magill presented those items listed under Departmental Overview and Update.</p> <p>Ms. Hart said there isn't much change in the Department's financial situation from the previous month. Ms. Hart said that the workers' compensation premium has been reduced resulting from the reduction in the number of employees. Under equipment costs, the year-to-date expenditures are not reflected in the totals due to a problem with SCEIS. Ms. Hart said that recently a new Director has been named at SCEIS and she is hopeful that many of the problems the Department is having with the system can be resolved.</p> <p>Medicaid is approximately \$5 million off from where the Department wanted to be this year. DMH is continuing to look at billable services and units to see what can be captured.</p> <p>Ms. Hart said the House had passed its version of the Appropriations Act. In the House version, DMH will receive an \$8.3 million (six percent) base reduction. This was the proposal of the House Ways and Means Committee. The Capital Reserve bill would provide the Department with over \$8 million for capital projects. These were specifically targeted to replace faulty fire retardant treated wood at Bryan Hospital, and deferred maintenance projects at Campbell Veterans Home and the Stone Pavilion.</p> <p>Ms. Hart said that in addition to the funding, the House adopted a proviso that provides that if a patient is receiving a non-generic drug and the patient's condition is stable, then this medication must be continued. Several provisos that were adopted by House Ways and Means and retained in the House bill were:</p> <ul style="list-style-type: none"> - A provision that Medicaid beneficiary be allowed to choose a qualified Medicaid provider for community based rehabilitative behavioral health services determined to be medically necessary; - The transfer of the veterans' nursing homes to the Office on Aging in the Lt. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Possible Outsourcing Opportunities – John H. Magill</p>	<p>Governor's Office.</p> <ul style="list-style-type: none"> - The transfer of the duties, functions, responsibilities, personnel, funding and assets of the Department of Alcohol and Other Drug Abuse Services (DAODAS) to the Department of Mental Health. - The transfer of the duties, functions, responsibilities, personnel, funding, and physical assets of the Continuum of Care, Governor's Office of Executive Policies and Programs to the Department of Mental Health. <p>Ms. Hart said the Appropriations Bill now moves to the Senate Finance Committee. The full Senate Finance is scheduled for the week of April 11, and debate on the Senate floor is scheduled for the week of April 25.</p> <p>Ms. Hart said the Senate proviso committee deleted the proviso that transferred the veterans' homes to the Office on Aging, as well as the proviso that transferred DAODAS to DMH. The Senate has a rule that if a portion of a proviso changes legislation, the proviso is ruled "out of order."</p> <p>Concerning Disproportionate Share (DSH) – Ms. Hart said that DMH was very concerned about a significant reduction in its DSH revenue this year. However, she now feels that all issues have been worked out with the Department of Health and Human Services (DHHS). Ms. Hart is confident that the loss will not be as high as originally predicted.</p> <p>Ms. Hart said that if the Senate furloughs for Easter, the final debate on the Appropriations Bill would move to the first week of May. She also said that redistricting is taking a lot of time for the Senate.</p> <p>Mr. Magill said that the Department continues to look at those services that can be outsourced. He said that DMH is in the process of reviewing the responses to the Request for Proposals (RFP) for Veterans Victory House. This is a large contract, approximately \$60-70 million for one year.</p>	

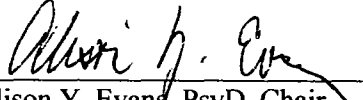

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update – Brenda Hart</p>	<p>A few weeks ago, staff of the Department had a meeting with the Department of Corrections (DOC). Mr. Magill feels that, as a result of the meeting, DMH is closer to locating space for the Sexually Violent Predator Treatment Program (SVPTP). Mark Binkley accompanied Mr. Magill to this meeting. He said that DOC appeared to be very willing to try to assist us which was encouraging. Mr. Magill said the program has grown to the point where it has started to require agency funds over and above the amount expressly appropriated by the General Assembly. In other words, its growth is diminishing funds available for other agency services. The SVPTP is a legislatively mandated program and DMH is obligated to fund the program. Space has been a big issue for the Department. The population has grown to 121. Ms. Bellamy said this population has many health issues and co-morbidity issues, and as long as they are in our care, we have to provide that care.</p> <p>Dr. Rutledge had some questions regarding the process the residents go through once in the program. Staff make the recommendation when they feel that someone has improved to the degree that staff feels they are safe to be at large. In some cases, a resident's medical problems have become so severe that staff considers them safe to be at large. Once the recommendation is made, it goes to the court. The Attorney General represents the state, the resident has an attorney. The ultimate decision regarding release is made by a judge or a jury.</p> <p>Mr. Magill said that the Commission will hear more regarding outsourcing opportunities at next month's meeting.</p> <p>Ms. Hart said that H.3229 is on the House calendar today to receive second reading. This bill would create a Department of Behavioral Health, and would include the Division of Mental Health, the Division of Alcohol and Drug, and the Continuum of Care. This would become a cabinet agency. There would be an advisory board for Mental Health and Alcohol & Drug. Nothing has been mentioned for the Continuum of Care in the way of an advisory board. It is anticipated it will pass in the House and go to the Senate. We haven't been able to determine how the bill would fare in the</p>	

April 7, 2011

[illegible]

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>were done. We will review these two profiles and bring them up-to-date under the new format.</p> <p>Mr. Magill will continue to chair the Joint Council on Children and Adolescents because of the new state agency heads coming onto the committee.</p> <p>Mr. Mason said the first meeting this year was held about a week ago. There was a large attendance at the meeting from groups that were not represented previously. One such group was the Governor's Office. The new Director of the Department of Social Services attended, as well as Tony Keck from HHS. Mr. Mason said all these new attendees generated new energy and drive for the council.</p> <p>Mr. Magill said that the agency has expended a lot of effort on the Returning Veterans and Families Policy Academy. The South Carolina team has come up with a lot of good initiatives. We were disappointed that the Substance Abuse and Mental Health Services Administration (SAMHSA) didn't do more after the first team went to Washington. However, last week, Mr. Magill was contacted by SAMHSA and they are ready to pursue the Academy initiative again. We will be invited to come to Washington and go through the process again. SAMHSA has offered technical assistance in this effort. Grants will be available to states who have demonstrated a significant level of commitment.</p>	
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p><i>At 11:25 a.m., on a motion by Rod Rutledge, seconded by Buck Terry, the Commission entered into Executive Session to select the winner of the Louise R. Hassenplug Award. At 12:00 p.m., the Commission entered into open session at which time it was determined that no votes were taken. The business meeting was adjourned at 12:00 p.m.</i></p>	

April 7, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones	J. Buxton Terry Everard Rutledge, PhD
Staff/Guests	John H. Magill Versie Bellamy Rebecca Scott Stephanie Kotos Arenella Bush Maureen Phlegar Jamilah Frazier Shanna Amerson	Brenda Hart Mark Binkley Valerie O'Neal Steve Miller Amanda Custer Frank Giorgianni Kirby Bond Sharon Atkinson
		Geoff Mason Robert Bank, MD Susan Monogan Jennifer Roberts Juli Giglio Blaire Foutz Sonya Jenkins Debbie Blalock
APPROVALS	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING
May 5, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.																
CALL TO ORDER	The May 5, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, at the South Carolina Department of Mental Health Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham, Program Director in the Division of Community Mental Health Services, delivered the invocation.																	
INTRODUCTION OF GUESTS	The center directors present at today's meeting – Melanie Gambrell, Executive Director of Beckman Center for Mental Health Services; Ray Norris, Executive Director of Coastal Empire Mental Health Center; Debbie Blalock, Executive Director of Charleston/Dorchester Mental Health Center; and Paul Cornely, Executive Director of Catawba Mental Health Center – introduced the individuals from their respective centers who were nominees for the Louise Hassenplug Award. Also present was a member of the Coastal Empire Mental Health Center Board, Ms. Carola Eldridge.																	
PRESENTATION OF LOUISE R. HASSENPLUG AWARD	<p>Dr. Evans said the Louise R. Hassenplug Award is a Commission Award. Nominee names are submitted to the Commission for review and the decision on the winner is made by the entire Commission. This award is the Commission's way of thanking staff for their hard work. Dr. Evans will have each Commission member read the information about the accomplishments of each nominee. The winner will be announced by Dr. Evans.</p> <p>Nominees for the 2011 Louise R. Hassenplug Award are:</p> <table><tr><td>Matthew Dugan</td><td>Charleston/Dorchester Mental Health Center</td></tr><tr><td>Winifred Jean Eubanks</td><td>Beckman Center for Mental Health Services</td></tr><tr><td>Traylor Jowers</td><td>DMH Forensics Division</td></tr><tr><td>Brenda Parker</td><td>Catawba Mental Health Center</td></tr><tr><td>Marion Scott (absent)</td><td>Education, Training & Research Division</td></tr><tr><td>Tamara Starnes</td><td>Charleston/Dorchester Mental Health Center</td></tr><tr><td>Jerry Stewart</td><td>Coastal Empire Mental Health Center</td></tr><tr><td>Sandra Ward</td><td>Charleston/Dorchester Mental Health Center</td></tr></table>	Matthew Dugan	Charleston/Dorchester Mental Health Center	Winifred Jean Eubanks	Beckman Center for Mental Health Services	Traylor Jowers	DMH Forensics Division	Brenda Parker	Catawba Mental Health Center	Marion Scott (absent)	Education, Training & Research Division	Tamara Starnes	Charleston/Dorchester Mental Health Center	Jerry Stewart	Coastal Empire Mental Health Center	Sandra Ward	Charleston/Dorchester Mental Health Center	
Matthew Dugan	Charleston/Dorchester Mental Health Center																	
Winifred Jean Eubanks	Beckman Center for Mental Health Services																	
Traylor Jowers	DMH Forensics Division																	
Brenda Parker	Catawba Mental Health Center																	
Marion Scott (absent)	Education, Training & Research Division																	
Tamara Starnes	Charleston/Dorchester Mental Health Center																	
Jerry Stewart	Coastal Empire Mental Health Center																	
Sandra Ward	Charleston/Dorchester Mental Health Center																	

May 5, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
APPROVAL OF MINUTES	<p>Dr. Evans expressed appreciation of the entire Commission to all nominees, and announced that the 2011 winner of the Louise R. Hassenplug Award is:</p> <p style="text-align: center;">Tamara Starnes Chief Mental Health Counselor Charleston/Dorchester Mental Health Center</p> <p>Mr. Magill commented that this ceremony was very well done and he said this is the fifth such ceremony he's attended at the Department.</p> <p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the Dinner Meeting minutes of April 5, 2011. All voted in favor; motion carried.</i></p> <p><i>On a motion by Jane Jones, seconded by Rod Rutledge, the Commission approved the minutes of the Center Presentation of April 6, 2011. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the Business Meeting of April 6, 2011. All voted in favor; motion carried.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Magill presented those items listed under Monthly/Quarterly Informational Reports.</p> <p>Mr. Binkley said that the number of cases concluded during April is a good sign that outstanding reports are being brought to a conclusion. Mr. Binkley said that of the 33 reports that are pending investigation, three are being investigated by the State Law</p>	
<ul style="list-style-type: none"> • Patient Protection Reports – April – Mark Binkley 		

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Statistical Indicator Report – Robert Bank, MD/ Versie Bellamy</p>	<p>Enforcement Division (SLED), 20 are being investigated by the Long Term Care Ombudsman, and ten reports have been referred to local law enforcement for investigation.</p> <p>Robert Bank, MD, and Versie Bellamy presented the Quarterly Key Statistical Indicator Report.</p> <p><u>Community Mental Health Services – Dr. Robert Bank</u></p> <ol style="list-style-type: none"> 1) <u>Total Admissions & Discharges for Children & Adults</u> – Dr. Bank said the total number of open cases for the period 7/1/09 through 3/31/11 is 51,526, which is roughly the same as for 2007. The number was as high as 54,000 a few years ago, but with budget reductions, the number declined to 2007 levels. The percentage of children remains the same, approximately 29 percent. 2) <u>Summary of Client Contacts & Billable Units by Clinical Services</u> – Dr. Bank said that as a result of decisions reached by DMH and Health and Human Services (HHS) this year, several services are no longer in our contract. H006, H015 and H020 were combined into H056, Rehabilitation Psychosocial Services. In fiscal 2010, these services totaled about 900,000, and in 2011, H056 totaled approximately 650,000. Dr. Bank said that part of the reason for the reduction is that DMH has been working toward individualizing the treatment plan, and some individuals have been moved into group therapy, if their level of functioning allowed them to be moved. The reimbursement rate for the new services is a bit higher than the previous three services combined, so the reduction in revenue is not as great. Dr. Bank said that H012, Physician Services, has been separated into initial and follow up visits. The total still results in a reduction in physicians. Dr. Bank said that the Department has had some physicians leave that have been with the Department for many years. These physicians have been replaced with locum tenens physicians, who do not stay in one location for any length of time. Dr. Bank also said that with the change in rehabilitative services, those clients come in three days a week 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>as opposed to five days a week. The center still has a good grasp of how those individuals are functioning. The concern is for those clients who do not usually see a doctor and may have an acute episode.</p> <p>3) <u>Continuity of Care Discharges</u> – Dr. Bank said the chart is self-explanatory.</p> <p><u>Inpatient Services – Versie Bellamy</u></p> <p>1) <u>Alcohol & Drug Addiction Inpatient Services – Morris Village & Hall Substance Abuse</u> – Ms. Bellamy said that Inpatient Services consistently serves more males than females in these programs. Also there was a slight decrease in the number of patients served.</p> <p>2) <u>Inpatient Programs – Admissions & Discharges</u> – Ms. Bellamy mentioned that Bryan Hospital has had an increase in the number of acute admissions and a decrease in the number of chronic admissions. Morris Village maintains a rapid turnover rate in its program. Hall Institute had an increase in both admissions and discharges, and a decrease in the number of residential treatment facility admissions, owing to the closure of the female unit. The Substance Abuse unit had a 50 percent increase in admissions. This has become more of an individualized treatment process than what has been done previously. There was an increase in forensics admissions; discharges are the same. Overall, by year's end, there will be a slight increase in discharges. Ms. Bellamy responded to Ms. Jones regarding the number of patients on the waiting list at Morris Village, which is slightly over 100 at the present time.</p> <p>3) <u>Length of Stay – Inpatient Programs</u> – Ms. Bellamy said that Bryan Acute has a 10.8 percent length of stay greater than 90 days, and 90 percent of the chronic patients stay longer than 90 days. Morris Village's greater than 90 day population has increased; however, the majority of the patients stay less than 90 days. Hall Institute's length of stay for less than 90 day patients has decreased slightly. The majority of the patients in the Sexually Violent Predator Treatment Program (SVPTP) are long term patients, as are the patients at Harris Hospital. Ms. Bellamy said there has been an increase in the</p>	

May 5, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p> <p>• Legislative Update – Brenda Hart</p>	<p>waiting list at Harris, possibly related to the closure of a number of community psychiatric beds in the upstate. The waiting list at Hall is predominantly in the substance abuse unit. The waiting list for the past week was at seven.</p> <p>Mr. Magill presented those items listed under Departmental Overview & Update.</p> <p>Ms. Hart said that there hasn't been much change in the Department's revenues and expenditures from last month's report. We are currently within budget. Ms. Hart said that Finance is close to getting accurate reports that reflect the dual employment numbers. Medicaid is down by about 10 percent this year from the previous year. Slight variances are noted in the centers. The Department is on target in the area of expenditures and we are three quarters of the way through the year. She mentioned that the federal grant money is received at different points of the year which results in some of the gaps noted on the third page of the report.</p> <p>Ms. Hart said that a Legislative News update has not been published. She hopes to be able to get a report out in the next week. She said the Senate is working on the Appropriations Bill. As of 12:45 a.m., the General Assembly had not given second reading to the Appropriations Bill. The schedule currently calls for third reading to occur next Wednesday. This will require a vote on each section of the act, in accordance with Roll Call Voting. Ms. Hart said she is not clear as to why the budget process has taken so long, especially in a tight budget year. She does not anticipate that DMH's budget will change very much from what the House had passed. The House gave DMH a base reduction of \$8.3 million in state appropriations; the Senate version calls for a \$7.3 million reduction in base state appropriations, but the Senate version also gives DMH funding for crisis stabilization. Ms. Hart said that no-one time operating money is in either of the budgets.</p> <p>Mr. Magill said that when the budget process is complete, the Department's loss of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>state appropriations could potentially be less than \$5 million. This is much better news since January, when DMH was looking at the potential loss of upwards of \$100 million, from three sources: Reduced State appropriations, loss of Medicaid Disproportionate Share revenue and the loss of Community Mental Health Medicaid revenue.</p> <p>Ms. Hart said the Senate also eliminated the proviso requiring the Department to pay over to the General Fund \$3.4 million from the Patient Fee Account. It is currently the Senate's intent to eliminate this requirement. If restored, these funds would be used for inpatient services.</p> <p>Ms. Hart said the Department has had the flexibility in the past to prescribe a patient with Medicaid a name-brand drug. This particular proviso has been eliminated so that now if a Medicaid patient is on a non-generic drug and a generic is available, the generic must be used. If problems occur with the generic, the patient can go back to the name-brand drug only after prior approval and with medical justification. New patients must take the generic drug. Mr. Magill said this is a complicated proviso and the Commission will be given a paper describing all the changes that have occurred. Ms. Hart said she has been working with leadership of the House in order to make them aware of all that is going on with this proviso.</p> <p>Ms. Hart said the other proviso concerning transferring the veterans homes to the Office on Aging, as well as the proviso where DMH would merge with DAODAS and Continuum of Care, have been deleted and will not be in the Senate version.</p> <p>The bill concerning restructuring that passed the House (H.3299) and created a Department of Behavioral Health as a cabinet agency, and included the Division of Mental Health, Division of Alcohol and Drug and the Continuum of Care, has been assigned to Senate Medical Affairs. It is Ms. Hart's belief that this bill will not come out of committee this year, but could potentially come back for consideration in January.</p>	<p>Ms. Hart will prepare a concept paper for the Commission regarding this proviso.</p>

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Update of the Electronic Medical Record – Barry Lloyd</p>	<p>Ms. Hart said the Electronic Medical Record (EMR) project started before she joined the Department. The whole Information Technology Department worked on the EMR, but Barry Lloyd has been a key staff person. Mr. Lloyd said the Department started to develop the EMR about five and a half years ago, at Santee Wateree Mental Health Center in November 2006. In March, Berkeley Mental Health Center became the 17th Center to receive the EMR, and presently, all centers are now operational. There are approximately 2,200 users on the system. At the height of each day, approximately 1,200 to 1,500 people are using the EMR. Approximately three million clinical service notes have been entered using the EMR since the system has been implemented.</p> <p>Some future plans for the EMR are:</p> <ul style="list-style-type: none"> - Ensure that the right size system is in place for the number of users; - Addition of Rehabilitative Psychosocial Services to the record; - Addition of E-prescribing – looking to see what prescriber is the best fit; - Connection to SCHIEX to enable sharing of different records. 	
<p>● Bull Street Update – Mark Binkley</p>	<p>Ms. Hart mentioned that Rick Widdifield, who also has worked on the EMR, will be retiring in the near future. Mr. Widdifield started at DMH in 1968.</p> <p>Ms. Debbie Blalock expressed appreciation to the entire EMR team for their help in the center's implementation of the EMR.</p> <p>Mr. Binkley said that there is still a lot of work before the contract is finally approved. The contract still needs to receive Budget & Control Board approval and Court approval. He reported last month that the property was on the agenda for the May 2 Budget & Control Board meeting; however, it was taken off the agenda a few days prior to May 2. The Department was told that the Budget & Control Board staff had some questions regarding the process. Mr. Binkley said that with the change in the Administration and in some of the members on the Board due to the election, a lot of</p>	

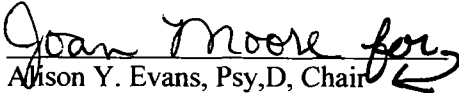
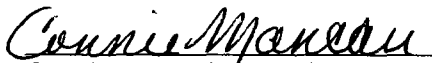
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Update of the TTI Integration w/Primary Health Grant – Geoff Mason/Sheila Mills</p>	<p>the staff who attended the Bull Street Committee meetings were no longer there, and the new staff were not familiar with the history. There will be a meeting with DMH staff and staff of the Budget & Control Board on May 16 to answer questions and concerns, and explain the process. It is the Department's hope that the contract/property will be on the Board's agenda for June 14.</p> <p>Mr. Binkley said that we are also hopeful that the Bull Street contract approval will be on the court docket the week of June 6. It is not a requirement that court approval come before the Budget & Control Board approval, just that the agency receives both approvals prior to June 16, 2011.</p> <p>Mr. Mason said that the Transformation Transfer Contract was applied for from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Association of State Mental Health Program Directors (NASMHPD). South Carolina is one of the 13 states that were successful in obtaining this contract which will enable us to determine how the present mental health system can be improved. The project is being lead by Sheila Mills.</p> <p>Ms. Mills explained that the purpose of the South Carolina Transformation Transfer Initiative (TTI) is to initiate a partnership between the DMH and the South Carolina Primary Health Care Association to facilitate a planning process for the prioritization, development, and evaluation of effective integration models of primary health care and behavioral health services for both community mental health centers and community federally qualified health centers.</p> <p>Ms. Mills said that the funding support from NASMHPD is \$221,000, for a one year contract. In addition, the state received \$15,000 for federal consultant services. Some of the strategies identified to be undertaken by DMH in partnership with Primary Healthcare are:</p>	

May 5, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<ul style="list-style-type: none"> - State Leadership – establishment of a Leadership Advisory Council for joint planning and decision making forums of mental health and primary healthcare; - Models of Integration - Identification of promising practices and models of integration; - Workforce Development – Identification of cross-training needs for workforce development; - Funding Support for Local Efforts – Identify and engage key local partnerships for assessment of integration opportunities; - Training – Conduct regional, pilot site and statewide training forums on evidence-based integration practices; and - Process Evaluation – Final evaluation and development of a state report. <p>Ms. Mills said the following eight pilot site partnerships have been identified, and it is hoped to expand this initiative to all 17 mental health centers:</p> <p>Aiken Barnwell Mental Health Center and Margaret J. Weston Health Center Beckman Center for Mental Health and Carolina Health Centers, Inc. Charleston/Dorchester Mental Health Center and Franklin C. Fetter Family Health Centers, Inc. Coastal Empire Mental Health Center and Low Country Health Care Systems, Inc. Pee Dee Mental Health Center and Hope Health Center. Santee-Wateree Mental Health Center and Sumter Family Health Center, Inc. Tri-County Mental Health Center and CareSouth Carolina, Inc. Waccamaw Center for Mental Health and Little River Medical Center, Inc.</p> <p>Mr. Magill reported the following:</p> <ul style="list-style-type: none"> - DAODAS will be moving into the Administration Building in about two weeks. DMH is trying to work through several of the integration 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUGGESTION FOR EXECUTIVE SESSION</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>items when two agencies are housed in the same location.</p> <ul style="list-style-type: none"> - Mr. Magill concurs with Brenda Hart's feeling regarding restructuring. He said that the General Assembly has gone from "wildly optimistic" several months ago, to pessimistic that anything would occur this year concerning DMH. - Twenty community forums have been done thus far. The most recent forum at Piedmont Mental Health Center had an attendance of approximately 90 people. Many good comments have been received from all the forums. There will be two forums in May. Greenville Mental Health Center on May 19 and Lexington Mental Health Center on May 26. There are three forums for June. Action plans are completed at the conclusion of each forum and these are monitored for any follow-up. - Center profiles are continuing to be completed. The first profile should be published shortly. <p>Dr. Evans asked if there is to be an executive session today. Mr. Binkley said that he had overlooked adding this to the agenda and suggested an executive session to receive legal advice concerning a contractual matter.</p> <p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 12:00 p.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice concerning a contractual matter. At 1:10 p.m., the Commission entered into open session, at which time it was determined that no votes or actions were taken. The business meeting was adjourned at 1:10 p.m.</i></p>	

May 5, 2011

TOPIC	DISCUSSION			FOLLOW UP, ETC.
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair	J. Buxton Terry Everard Rutledge, PhD	Jane B. Jones	
ATTENDANCE Staff/Guests	John H. Magill Versie Bellamy Paul J. Cornely Bill Lindsey Heidi Hoogstraal Ligia Latiff-Bolet Barry Lloyd Debbie Blalock Sandra Ward Carola Eldridge	Geoff Mason Robert Bank, MD Brenda Parker Winifred J. Eubanks Mallory Miller Shanna Amersen Rick Widdifield Tamara Starnes Virginia Johnson Ray Norris	Brenda Hart Mark Binkley Melanie Gambrell Sheila Mills Traylor Jowers Herb Drucker Amanda Henry Matthew Dugan Bonnie Pate Jerry Stewart	
APPROVALS	 Alison Y. Evans, Psy,D, Chair	 Connie Mancari, Recording Secretary		

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**William S. Hall Psychiatric Institute
1800 Colonial Drive
Columbia, SC 29202**

**June 2, 2011
Facility Presentation**

**Attendance:
Commission Members**

Alison Y. Evans, Psy.D., Chair (excused)	Jane Jones
Joan Moore, Vice Chair	James Buxton Terry
Everard Rutledge, PhD	

Staff/Guests:

John H. Magill	Jennifer Pender, MD	Deepa Sobti, MD
Rhonda Sims	Versie Bellamy	Robert Bank, MD

The S.C. Mental Health Commission met at the William S. Hall Psychiatric Institute on Thursday, June 2, 2011. In Alison Evans' absence, Joan Moore, Vice Chair of the Mental Health Commission, opened the meeting at 9:00 a.m. She turned the presentation over to Dr. Robert Caesar, who was substituting for Dr. Angela Forand, Director of William S. Hall Psychiatric Institute. Dr. Caesar introduced Dr. Jennifer Pender, Senior Psychiatrist on the Child and Adolescent Inpatient units #256 and #154.

Dr. Pender said the adolescent unit (#154) serves ages 13-17 years old. This unit has 12 beds and an average length of stay is 23 days. The children's unit (#256) serves ages 5-12, has eight beds and an average length of stay is 21 days. The mental health center with the highest number of admissions is Waccamaw Mental Health Center. Treatment modalities provided are individual, group and family therapy; psychopharmacology; and activity therapy. Education of the children is provided through the Richland School District One. Staff includes Child Psychiatrists, Nurse Practitioners, Nurses (both RN's and LPN's), Psychologists, Social Workers, Activity Therapists and Mental Health Specialists.

The adolescent unit (#154) is a behavioral-based program where the patient must meet certain goals to progress. The beginning level of the program is orientation and the focus is safety. Level One's focus is responsibility; the focus of level two is communication/development; level three's focus is self-direction; and level four's focus is preparation for life in the community. Dr. Pender said that many of the patients in this unit have been hospitalized five to six times, have multiple needs, and Hall Institute is the last resort of treatment.

The latency unit (#256) is for children ages 5-12, and children can be voluntarily admitted to this unit. The treatment basics of this unit are crisis stabilization, evaluation and treatment. Treatment begins by providing the child's basic needs of food, shelter, water and safety; security, stability and community. Dr. Pender said this provides the basis for the child's treatment. Once these areas are provided and the child is calm, the treatment team can begin to build the child's self-esteem.

Dr. Caesar next spoke on the Residential Treatment Program, or the Options Program, Unit #156. Dr. Caesar said that most of the patients on this unit come from the Department of Juvenile Justice, and the majority are male. In this case, Hall Institute is the first choice for children who

Facility Presentation
William S. Hall Psychiatric Institute

Page 2

have a history of repeat failures in other facilities. Dr. Caesar said the unit usually gets the "toughest of the tough." Dr. Caesar said that the age range of the patients is 13 to 22 years of age, with the average age being 15. Most of the patients come from a low income background, have repeated failures in school, and come from a single parent household. The average length of stay is 175 days. However, some patients stay longer.

Charles Vilord, Program Manager on Unit 170, presented on the Adolescent Recovery Program. Mr. Vilord said this unit is a co-ed, 18 bed unit, and serves patients ages 13-17 years old. The length of stay on the unit is approximately 106 days and most of the patients have had an average of 63 admissions per year. Targeted population of this unit is patients who have a chemical dependence, a co-occurring psychiatric disorder, and have experienced a significant life trauma. Most of the patients have been admitted to this unit against their will. Mr. Vilord said that marijuana sold today is ten times stronger than the drug that was sold in 1978. The earlier a person begins drug use, the earlier the brain is affected. Inpatient treatment of more than 90 days has consistently shown the greatest effectiveness for the population served. Mr. Vilord said the average youth who completes the program realizes a 79 percent improvement in functioning as measured by the CAFAS. In the same sample period, consumers who failed to successfully complete the program realized an average of 54 percent functional improvement.

Dr. Allison Foster, Program Manager of the Assessment and Resource Center (ARC), was the last presenter. Dr. Foster said that the ARC is a Children's Advocacy Center (CAC) accredited through the National Children's Alliance in Washington, DC. It is the last outpatient program associated with Hall Institute. The ARC provides integrated services for children suspected of physical and/or sexual abuse. The ARC is a partnership with DMH, the Children's Law Office of the USC School of Law, and the USC School of Medicine.

Dr. Foster said the ARC began at Richland Memorial Hospital in 1990. The program moved to Hall Institute in 1993, and was called the Abuse Recovery Center. The ARC received a grant from The Duke Endowment in 2007 to expand the ARC services. Currently, services include pediatric forensic examinations, forensic interviews, court testimony, and Multi-disciplinary team (MDT) coordination. The program sees over 700 children each year.

During the general discussion period, it was noted:

- William S. Hall Psychiatric Institute, as are all the other DMH facilities, is seeing more difficult cases than in past years.
- Hall Institute took over the Department of Juvenile Justice (DJJ) sub-class children in 1995.
- The sub-class unit for girls was closed; most of these patients are being treated at other facilities in the state.
- The reasons the girls' sub-class unit was closed are due to budget decreases, the unit does not receive the same level request for services as the boys' unit, and Hall Institute is not the only place in the state that accepts girls' admissions. The need for treatment of sub-class girls is being met at other private facilities in the state.

There being no further business, the facility presentation concluded at 10:10 a.m.


Joan Moore, Vice Chair


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

June 2, 2011, William S. Hall Psychiatric Institute, 1800 Colonial Drive, Columbia, SC 29202

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The June 2, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:20 a.m., by Joan Moore, Vice Chair, at the William S. Hall Psychiatric Institute, 1800 Colonial Drive – Dix Conference Room – Columbia. Chaplain Rosalyn Coleman delivered the invocation.	
INTRODUCTION OF GUESTS	Ms. Moore acknowledged the following guests: Rhonda Sims, Columbia Area Mental Health Center; and Shanna Amerson, Capitol Information Affiliates.	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the May 5, 2011 Business Meeting. All voted in favor; motion approved.</i>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports.	
• Patient Protection Reports – Public Safety & SLED – Mark Binkley	<p>Mr. Binkley said there was nothing noteworthy in either the Public Safety or the State Law Enforcement Division (SLED) reports. He said that the SLED report indicates that SLED is concluding cases at the same rate as they are receiving cases. This indicates the SLED investigations are being worked on in a timely manner. Ms. Caton noticed that one local law enforcement agency in particular did not appear to be making any movement on the number of open cases assigned to them. She has since met personally with the Sheriff and brought the Department's concerns to him. We are hopeful that more attention will now be given to the open cases and they will be working them to conclusion in a timely manner.</p> <p>Mr. Binkley said of the 34 open cases of alleged abuse that are pending investigation, three have been assigned to SLED, 16 have been assigned to the Long Term Care Ombudsman, 14 cases have been assigned to local law enforcement and one to the Attorney General's office.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>Mr. Magill presented those items listed under Departmental Overview and Update.</p> <p>Ms. Hart presented the status of the Department's appropriations. At present, the state does not have an approved budget. The Senate did pass its version of the budget in which DMH did fare much better than in the House version. Ms. Hart said that in both the House and the Senate budget versions, DMH would receive a six percent base reduction to its state appropriations, or \$8.3 million. The Senate added an additional \$1 million in one-time money for crisis stabilization, so the net effect would be a cut to DMH which is \$1 million less than the House version.</p> <p>Ms. Hart said that the Department has been required, on a yearly basis, by proviso, to transfer \$3.4 million to the General Fund from its Paying Patient Fee Account. The Senate passed version of the Appropriations Act deletes this proviso. This would allow DMH to keep the \$3.4 million for operating revenue in the inpatient facilities. Overall, Ms. Hart said that the \$1 million for crisis stabilization, and the \$3.4 million from the Paying Patient Fee Account would be a total of \$4.4 million more for the Department under the Senate's version of the budget.</p> <p>The Senate has not passed the Capital Reserve Bill which includes funding to complete the roofs at Bryan and for deferred maintenance at the veterans' nursing homes. It has received second reading in the Senate, and it could pass today, the last day of the session. Ms. Hart said that last night Senator Scott put his name on every House bill. This Capital Reserve Bill is a House bill and it could pass. If it is not taken up, it could be taken up in January when the General Assembly returns.</p> <p>Ms. Hart said that over the last several years, DMH has received one-time money to use from the stimulus money, or ARRA funds. In this year's Appropriations Bill, there was no one-time money. For this year, DMH had one-time appropriations of \$9.5 million that won't be available next year.</p>	

June 2, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Ms. Hart gave a breakdown of DMH appropriations over the last several years:: 2008 - \$220 million in base appropriations 2009 - \$178 million in base appropriations (includes 4 mid-year reductions); also received \$13 million in one-time money. Total appropriation is \$191 million. 2010 - \$180 million in base appropriations; 2011 - \$148 million 2012 - \$130 million with no one-time money.</p> <p>Mr. Magill said that there are two areas of potential further cuts in DMH earned revenue which needs to be monitored. One of these areas is the possible loss of disproportionate share revenue, or \$36 million. At one point this year, it appeared this would be lost; however, we have since gotten word that this revenue will continue another year and the Department has strengthened its claim on it. The second item is that the state Medicaid program still needs to look at how to reduce its budget, and what it won't pay for with optional services. In January, it appeared this would happen this year, but it did not. Mental health services are considered optional services and Mr. Magill said that this represents approximately \$40 million of revenue for the agency. If this service is eliminated from Medicaid coverage, it would have a drastic effect on the centers' revenue and could also result in the closure of Hall Institute, since the centers and Hall rely heavily on Medicaid revenue.</p> <p>Mr. Magill said that, in summary, the Department's budget situation could have been much worse. The Department could have received the 20 percent cut in state funds that it was asked to prepare for, plus the loss of \$40 million in revenue due to an elimination of mental health optional services, and the loss of \$36 million in disproportionate share revenue.</p> <p>For the current financial report, Ms. Hart said that the agency will end the year in the black. Permanent positions from the end of fiscal 2010 have been reduced significantly. DMH is working to right size the organization by not filling vacancies. Cost for personnel is down \$3 million from last year. However, Medicaid revenue is</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update – Brenda Hart</p>	<p>also down overall by 10 percent and Medicaid revenue earned by mental health centers is down eight percent. Several non-profits are now doing their own Medicaid billing. Ms. Hart said that the Department's accounting year next year will be much better regarding SCEIS. State appropriations are a little higher.</p> <p>Ms. Hart commented on the following bills impacting DMH:</p> <p>S.232 Health Care Facilities – This bill did not have a direct impact on DMH. It relates to the definitions of the state certification of need and Health Care Facility Act, to revise the definition of "health care facility." The bill was vetoed by the Governor and the veto was sustained.</p> <p>S.567 Long Term Care Accessibility Task Force – This bill would have created a task force on Long Term Care Accessibility in South Carolina. There has been no action on this bill; it has been referred to Senate Finance Committee.</p> <p>S.590 Geropsychiatric Distinct Part Unit – This bill allowed two critical care hospitals to open up to ten beds for geropsychiatric care. DMH will not be negatively impacted. Signed by the Governor on May 23.</p> <p>S.859 & H.4148 Residential Treatment Facilities for Children and Adolescents that Prohibit Licensure by DHEC. These bills deal with residential treatment facilities for juveniles in the communities. Mr. Binkley said that a fiscal impact statement was requested. DMH did not have enough information for such a statement, but the agency sent comments observing that if the bill results in DHEC creating different categories of licensure for residential treatment facilities (RTF) based on the characteristics of the residents of the RTF, specifically criminal history, DMH would likely have increased licensure requirements because the children treated at Hall Institute typically would have characteristics considered "high risk". Increased licensing requirements would impact on the Department's budget.</p>	

June 2, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Temporary Easement for City of Columbia – Mark Binkley</p> <p>• Bull Street Update – Mark Binkley</p>	<p>H.3012 Licensure of In-Home Care Provider Act – This bill was signed by the Governor on May 11, 2011.</p> <p>Ms. Hart mentioned the bill changing the language regarding the terminology “mentally retarded” to “intellectual disability” in the Department of Disabilities and Special Needs. This bill has passed and was signed by the Governor.</p> <p>Ms. Hart said that the Department of Administration Bill, H.3066, moved the Continuum of Care to the Department of Mental Health. The Senate version coming out of committee recommended that the Continuum of Care not be moved to DMH. That bill received second reading in the Senate, but all amendments were carried to third reading today. It may still pass. Ms. Hart said that all the merging of the DMH and DAODAS never made it out of the Senate committee.</p> <p>DAODAS has been physically located in our building since mid May. Mr. Magill said this will lead to closer collaboration between the two agencies.</p> <p>The Department is requesting the Commission’s approval of a temporary construction easement to the City of Columbia. The city wants to replace a deteriorated eighteen inch clay pipe used for sewers on the Bull Street property. This will require a temporary easement on the property and will extend approximately 600 feet along the existing right of way. The easement will temporarily increase the existing easement by 20 feet on each side.</p> <p>MOTION: <i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the granting of a temporary construction easement to the City of Columbia. All voted in favor; motion carried.</i></p> <p>Mr. Binkley said that the Department has received confirmation of the court hearing on the property for June 8 in Circuit Court. The property is on the agenda for the Budget</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Facilities Governing Body Meeting of 4/12/11 – Versie Bellamy</p>	<p>and Control Board Meeting on June 14. DMH is hopeful that both approvals will be received prior to the June 15 deadline. Mr. Binkley said that DMH had a preliminary meeting with the staff of the Budget and Control Board regarding the property and it went very well. DMH staff took the new Budget and Control Board staff through the history of the property sale, reviewed the timeline of all the agency's efforts to bring about the sale, and reviewed the key terms of the agreement. Mr. Binkley feels confident that all questions and concerns were answered satisfactorily.</p> <p>Ms. Bellamy presented the highlights of the Inpatient Facilities Governing Body Meeting of April 12, 2011. She would focus on three specific areas: Accreditation and Recertification, Patient Perception Surveys, and Performance Data.</p> <p><u>Accreditation and Recertification</u></p> <ul style="list-style-type: none"> - On 12/17/10, Harris Hospital underwent a Professional Liability Consultation visit by the SC Hospital Association's (SCHA) Risk Management Liaison under the Hospital Association's contract with the SC Insurance Reserve Fund. The consultant's assessment was very positive. - The Department of Justice revisited Tucker Center from December 13 through December 16, 2010. Following that visit, United States District Judge Matthew Perry, Jr., signed an order dismissing and ending the case filed by the U.S. Justice Department against the state of South Carolina. - DHEC certification surveyed Roddey Pavilion on January 24-26, 2011. This survey resulted in four tags being cited, for which an action plan was submitted. All four citations were cleared after a follow up survey on March 16, 2011. - DHEC certification surveyed Stone Pavilion February 7-9, 2011. Again, four citations were issued. A corrective action plan was submitted, and the facility was cleared of these citations. - CMS resurveyed Stone Pavilion on March 7-11, 2011. This was a federal comparative health survey. Additional citations were received. A plan of 	

June 2, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>action was submitted and the facility has since been cleared of these citations.</p> <ul style="list-style-type: none"> - The Veterans Administration surveyed Stone Pavilion on March 15-17, 2011. A written report was received, which resulted in three minor findings. - On March 25, Hall Institute received notification from SC Department of Health and Human Services Division of Program Integrity that the agency was reviewing claims for prescriptions and other related services billed for patients while in the facility. The Division of Program Integrity ensures the integrity of the Medicaid program and seeks to reduce waste and fraud in Medicaid. <p><u>Patient Perception Surveys</u></p> <ul style="list-style-type: none"> - The inpatient perceptions survey is administered twice a year to a sampling of patients. The goal is a 70 percent affirmative response for each item. Patients queried responded in the affirmative for 15 of the 17 items; 87 percent (80 percent previously) reported satisfaction with services, while 73 percent (68 percent previously) said they would recommend the facility to a friend or family member. <p><u>Performance Data</u></p> <ul style="list-style-type: none"> - Harris Hospital reported in the quarter ending December 2010, it had utilized five hours of 4-point bed restraints, for only two patients. This was lower than the previous quarter. - Tucker Center continues to document a lower usage of restraints. For the period of May 2010 through February 2011, the average number of residents with a restraint was 15 per month. This included the usage of Broad Chairs by the patients with Huntington's disease and residents on 1:1 observation. Both of these are considered restraints. - At the Columbia area hospitals, the utilization rate of restraints is below the performance improvement trigger at 4.85 percent. The one exception to this is Hall Institute where the trigger is 5.80 percent. There is a high utilization of 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>physical holds specific to the child/adolescent population at Hall Institute. This intervention was not utilized at Morris Village, Forensics or the Infirmary.</p> <ul style="list-style-type: none"> - Tucker Center's acquired pressure ulcer rate for the period October 2010 through February 2011 was below the five percent trigger 80 percent of the time. This was due to the wound care nurse conducting in-services on proper positioning and body mechanics and a number of ulcers healed quickly. - Second quarter FY'11 data indicates that patient-to-patient assaults continue to be a challenge for the inpatient psychiatric facilities. However, the data for the past year indicates that these assaults are on the decrease for each hospital/facility with the exception of the Sexually Violent Predator (SVP) Program. However, SVP numbers are very low, with 13 assaults reported for the 12 month period. - Patient-to-Staff assaults data looks positive. Data for the past year indicates that these types of assaults are on the decrease for each hospital/facility with the exception of Forensics. Ms. Bellamy thanked the staff of Education/Training and Research (ETR) for their support in conducting various trainings for staff to reduce the incidence of patient-to-staff assaults. <p>Ms. Bellamy said that beginning in January 2011, all Joint Commission accredited free-standing psychiatric hospitals surveyed under <i>the Comprehensive Accreditation Manual for Hospitals: The Official Handbook</i> were required to use the Hospital Based Inpatient Psychiatric Services (HBIPS) core measure set for reporting of discharges. The Core Measure set includes:</p> <ul style="list-style-type: none"> - HBIPS1: Screening for risk of violence to self, to others, substance use, psychological trauma history, and patient strengths. - HBIPS2: Restraint hours - HBIPS3: Seclusion hours - HBIPS4: Patients discharged on multiple antipsychotic medications - HBIPS5: Patients discharged on multiple antipsychotic medications with appropriate justification. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Agency Long Term Planning – Geoff Mason</p>	<ul style="list-style-type: none"> - HBIPS6: Post discharge continuing care plan created - HBIPS7: Post discharge continuing care plan transmitted. <p>Ms. Bellamy reminded the Commission that the Department's facilities, including the long term care facilities, are highly regulated by many outside agencies. All Joint Commission surveys are unannounced. The facilities are constantly in a state of readiness. At Hall Institute, some initiatives were instituted to improve the environment of safety and security for staff and patients. The Department has noticed a significant decrease in the number of violent adverse incidents at Hall over the last few years.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Inpatient Facilities Governing Body Meeting of April 12, 2011. All voted in favor; motion carried.</i></p> <p>Dr. Rutledge asked about the challenges with regard to nurse recruitment. Ms. Bellamy said that nurse recruitment continues to be a challenge. Currently, the Department uses about 15 percent in contract labor. With the downsizing that has occurred over the years, the reliance on contract nurses has decreased. The Department also uses temporary employees from both Providence and Richland Memorial. A nurse externship program has been instituted, whereby senior nursing students are introduced to psychiatric nursing. This summer, there are five or six students in this program.</p> <p>Mr. Magill said that the Department's centers and hospitals are all accredited. With the budget reductions DMH is facing, it is a constant challenge to keep them accredited.</p> <p>Mr. Mason said the Medicaid sub-committee, chaired by Harvey Miller, is in the process of developing a written report. A draft of this report should be available by</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>June 20. This draft will be sent to Senior Management and the Commission for review. Mr. Mason said that the meeting of the full committee that was scheduled for June 7 has been cancelled. Mr. Magill said the long term planning process will be ongoing as changes will continue to occur.</p> <p>Mr. Magill reported on the following:</p> <ul style="list-style-type: none"> • Community Forums – There have been 22 forums completed throughout the state with three forums remaining. Mr. Mason said the forums have been very well done. Also an action plan is developed after each forum and each issue is acted upon. Mr. Mason said that the groups attending from the community have been law enforcement, schools and legislators. The action plan also demonstrates that many of these groups perform the same type of services. Ms. Bellamy said the facilities' forums have also gone very well. She feels this is something that was never done before. Issues facing returning veterans are a major concern. <p>Dr. Rutledge stated that he hears many concerns about the Veterans Administration (VA). He feels that the VA should be the leading force for the veterans. Mr. Magill agreed and said the VA is the leading agency. He said that DMH is an adjunctive agency as we have many veterans in our nursing homes. The VA, at this point, could not absorb that many veterans into their system. Mr. Magill said that both VA hospitals are doing a very good job in serving the veterans. The VA pays DMH directly for the services provided to the veterans. He does feel that the gaps in services from the VA are in the rural areas of the state.</p> <ul style="list-style-type: none"> • Profiles are being done for all the centers and facilities. Mr. Magill said that the goal is to have one document for each center and hospital that would highlight a particular center or hospital. • Legislative visits have continued to the Department. Several legislators have asked to visit DMH. There are three or four visits scheduled over the summer. DMH has 	

June 2, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>provided tours for Senator Fair and Rep. Joan Brady.</p> <ul style="list-style-type: none"> • The Visiting Professor event is now occurring in the Hall Forum, honoring both Dr. Richard Harding and Dr. Harry Wright. If time permits, the Commission could attend the awards portion of the event at 11:30 a.m. Presentations at this event are being done by Dr. Carol Bernstein, President of the American Psychiatric Association, and Dr. John Oldham, the President-elect of the American Psychiatric Association. Dr. Harding is a past President of the American Psychiatric Association. <p>Dr. Rutledge said he has been hearing and/or seeing some information about the patients waiting in the emergency rooms. He would like to know the current status. Mr. Magill said there continues to be problems with psychiatric patients in the emergency rooms, even with the use of telepsychiatry. Mr. Magill continues to meet with the hospital CEO's regarding the emergency room back ups. Telepsychiatry has helped this problem immensely; however, backups are still occurring. Within its shrinking resources, the Department will continue to explore other creative ways to assist in getting persons in a behavioral crisis out of the emergency rooms and into an appropriate care setting.</p> <p>Dr. Bank said that as of yesterday, there were 46 individuals in the emergency rooms. This trend has been roughly the same for about the last six months. Dr. Bank said that the number was running closer to 60 about 1.5 years ago, prior to telepsychiatry. There are certainly other areas that have had higher numbers in the emergency room, for instance Lexington and Pee Dee. The Department is looking at this and is trying to develop ways to address this problem.</p> <p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:25 a.m., the Commission recessed from the business meeting in order to attend the Visiting Professor Symposium in the Forum. They resumed the business meeting at 11:55 a.m. At 12:00 p.m., on a motion by Buck Terry, seconded by Rod Rutledge,</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>ATTENDANCE Staff/Guests</p> <p>APPROVALS</p>	<p><i>the Commission entered into executive session to receive legal advice concerning a personnel matter. At 1:00 p.m., the Commission entered into open session, at which time it was determined that no votes or actions were taken. The business meeting was adjourned at 1:00 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair (excused) J. Buxton Terry Jane Jones Joan Moore, Vice Chair Everard Rutledge, PhD</p> <p>John H. Magill Versie Bellamy Robert Bank, MD Rhonda Sims Jennifer Pender, MD Deepa Sobti, MD Shanna Amerson Mark Binkley Lauren Glears Brenda Hart Geoff Mason Robert Caesar, MD</p> <p><u>Joan Moore</u> <u>Connie Mancari</u> Joan Moore, Vice Chair Connie Mancari, Recording Secretary</p>	

July 7, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The July 7, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:35 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building in Columbia, SC. Jeff Ham, Program Director in the Division of Community Mental Health Services, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr. Evans acknowledged the following guests: Shanna Amerson of Capital Information Affiliates, and Lauren Glears, an intern with SC Protection and Advocacy.	
ELECTION OF OFFICERS	<p>Dr. Evans said that the Commission elects new officers every year in July, as per the Commission's Bylaws.</p> <p><i>On a motion by Joan Moore, seconded by Jane Jones, the Commission re-elected Alison Y. Evans, PsyD as chair. All voted in favor; motion carried.</i></p> <p><i>On a motion by Jane Jones, seconded by Joan Moore, the Commission re-elected Joan Moore as vice chair. All voted in favor; motion carried.</i></p>	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p>MOTION: <i>On a motion by Jane Jones, seconded by Joan Moore, the Commission approved the minutes of the facility presentation of June 2, 2011. All voted in favor; motion carried.</i></p> <p>MOTION: <i>On a motion by Jane Jones, seconded by Joan Moore, the Commission approved the minutes of the Business Meeting of June 2, 2011. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>• Patient Protection Report – Public Safety – June 2011</p> <p>• Patient Protection Report – SLED – June 2011</p> <p>• Legislative Recap</p>	<p>Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports section.</p> <p>Mr. Binkley said that the State Law Enforcement Division (SLED) doesn't investigate incidents involving children or incidents that involve two patients; they are only involved in the investigation of cases of abuse and neglect of adults. Consequently, DMH Public Safety investigates allegations of abuse involving patients under 18 and assaults involving only patients. On the Public Safety report, there were two notations of incidents involving an assault of one patient by another patient at Bryan Hospital. In both cases, the same patient was the victim of two separate assaults by two different patients. The patient's family approached the State Newspaper and the paper ran an article regarding this.</p> <p>Of the 39 cases of alleged abuse pending SLED investigation, three cases are being investigated by SLED, 21 cases were referred by SLED to the Long Term Care Ombudsman, and 15 cases were referred by SLED to local law enforcement. Mr. Binkley said that Rochelle Caton, Director of Client Advocacy, is continuing to monitor these cases. Five of the cases that were referred to local law enforcement are in the same jurisdiction, Colleton County. She is attempting to meet with the Sheriff to get these resolved.</p> <p>Mr. Magill said that the change in leadership at SLED should have no effect on SLED's relationship with DMH.</p> <p>Ms. Hart said the main portion of the Legislative Recap is the passing of the Appropriations Act and the Capital Reserve Fund. She said that none of the restructuring bills that impacted DMH were enacted. These bills will be carried over into next year.</p>	

July 7, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>The Appropriations Bill was passed and the Governor's vetoes were received. The Department will receive a base budget reduction of \$8.3 million, or six percent. DMH did receive \$1 million in one-time money for crisis stabilization. The Department may use this money to develop more housing options for clients in the community. The proviso that required the Department to annually transfer \$3.4 million to the General Fund from the paying patient fee account has been deleted. The Department may now use this \$3.4 million in the operation of its inpatient facilities.</p> <p>Ms. Hart said that during the current fiscal year, DMH had \$9.5 million in one time money that will not be available in FY'12.</p> <p>The Capital Reserve fund bill was passed; the Governor's veto was overridden. DMH will receive \$8.6 million to be used to complete the remainder of the roofs impacted by faulty fire retardant chemicals at Bryan Hospital, and deferred maintenance projects at Campbell Veterans Nursing Home and Stone Veterans Nursing Home.</p> <p>The Department received two new provisos this year. The first proviso requires the agency to ensure that patients receiving Medicaid paraprofessional services be afforded the opportunity to select the provider of these services. The second proviso relates to the grandfathering of DMH patients being able to remain on non-generic medications as long as they were stable on that medication. Another part of that proviso requires that patients be placed on a generic medication if one were available and less costly than the non-generic medication.</p> <p>Ms. Hart said a proposed proviso that dealt with the transfer of the management of the veterans' nursing homes to the Lt. Governor's Office on Aging, and a proposed proviso that moved the Continuum of Care and the Department of Alcohol & Drug Abuse Services (DAODAS) under the Department of Mental Health were not included in the Appropriations Act.</p> <p>Ms. Hart said that the Department had \$138.9 million in base appropriations this year,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>plus \$9.5 million in one-time funds. This year's base appropriations will be approximately \$131 million. This amount will be offset by the \$3.4 million the Department will receive for use in the inpatient facilities. Mr. Magill said that while the cuts the Department will have to make won't be as drastic as it was feared they would be in January, the additional cuts leave the Department is down approximately \$93 million in state appropriations from FY'2008. This brings DMH back to 1987 levels in appropriations.</p> <p>Mr. Magill presented those items listed under Departmental Overview and Update.</p> <p>Ms. Hart presented the budget projections to the Commission. She said that disproportionate share (DSH) has been watched very closely this year. The Department ended up receiving slightly more DSH funds than it initially projected. Some of these funds will be carried forward into next year. Ms. Hart said DMH continued to reduce permanent positions for FY'11 so personnel costs came in lower than last year; however, employee benefits were slightly higher than projected.</p> <p>On the income side, Ms. Hart noted there was a \$7 million decrease in the agency's Medicaid revenue. This decrease is partly due to the fact that the non-profits are now doing their own billing for Medicaid than in FY 10. Other reasons that Medicaid is down are the State Plan Amendment for rehabilitative services became effective in July, and the closure of one of the residential treatment programs at Hall Institute.</p> <p>Ms. Hart said that we are approximately 92 percent through the year. She said that ARRA funds will increase slightly by year's end, as well as outside patient care costs will increase to 100 percent of the budgeted amount. This latter item is the contract that the Department has with Palmetto Health to care for the patients requiring medical assistance while in one of our facilities.</p>	

July 7, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley said the agency presented its case in Circuit Court on June 8 concerning the sale of the property, and was successful in obtaining court approval of the contract. The following week on June 14 the issue of contract approval was taken up at the State Budget and Control Board Meeting, where it was also approved. Since that time, the Department has had periodic contact with staff of Hughes Development. Mr. Hughes is in negotiations with City of Columbia officials to reach a decision on a development agreement on the property.</p> <p>Dr. Evans said this entire process of selling the Bull Street property has been long and arduous. The Commission did the absolute best job it could in protecting the clients and patients interests in the sale of the property. Dr. Evans thanked both Mark Binkley and Mr. Magill for their leadership during this process.</p> <p>Mr. Magill said that ETV is considering doing a segment on the Bull Street property in the next four to six months. In the next week, ETV will be doing a special on the South Carolina Hall of Fame. Mr. Magill said the first living person inducted into the Hall of Fame was Dr. William S. Hall. Mr. Magill, Dr. Richard Harding and Dr. Racine Brown will be interviewed by ETV regarding Dr. Hall.</p>	
<p>• Approval of One Medical Care Account – Mark Binkley</p>	<p>Mr. Binkley said that the patient in question died in 2010. The Department filed a claim against the patient's estate on June 30, 2010. On 5/23/11, DMH received a Notice of Disallowance citing lack of assets. It was determined there were no funds in the account with which to pay the Department's claim. The Department is asking the Commission to waive the remaining balance on the patient's bill in the amount of \$28,112.97.</p> <p>MOTION: <i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the waiver of \$28,112.97 on said patient's account. All voted in favor; motion carried.</i></p>	

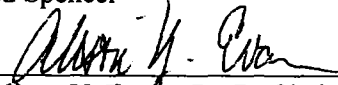

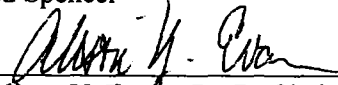

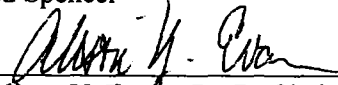

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Long Term Planning Process – Geoff Mason</p>	<p>Mr. Mason said that during the months of May and June, the recommendations, goals and ideas from the various sub-committees were written and developed into a draft report. This report will be reviewed by Senior Management, and the aim is to give the report to the Commission in August. Mr. Mason said that changes in the Affordable Healthcare Act and the Department's budget cuts were taken into consideration in writing the draft report. The main goal of the report is to maintain good quality healthcare and keep individuals on the road to recovery. Six goals were developed:</p> <ul style="list-style-type: none"> - Strengthen the agency's position as gatekeeper for State funded behavioral health services; - Control expenditures and increase efficiencies; - Increase funding; - Enhance access to care for the clients; - Improve efficiency of clinical services delivery; - More effective and better treatment for the clients. <p>Mr. Mason said that recommendations have been developed to allow DMH to go forward with these goals.</p> <p>Harvey Miller said that the job of bringing 50+ people together and trying to develop one plan was challenging. Participants came through the process believing this is a beginning process, and it will be continued and expanded.</p> <p>The goals developed were the result of several committee reports. They have not, as yet, been reviewed in terms of cost and benefit to the agency. The planning process will continue to be useful for DMH. The appendices to the report are longer than the actual report.</p> <p>Mr. Mason acknowledged several members of the Medicaid Platform Strategies Committee who wrote the report. He said that the Block Grant will have periodic</p>	

July 7, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Board Training Update – Brenda Hart</p> <p>SUMMARY & WRAP UP – JOHN H. MAGILL</p>	<p>changes and this will also have an impact on the Long Term Planning Report and the Action Plan. As stated above, the Commission should receive this report in August.</p> <p>Mr. Magill said this was a tremendous effort on the part of the agency. As the year began, it looked like DMH would be restructured, so our Governance would change. News was received about the drastic changes in Medicaid due to the new federal health care reform legislation. At one point, the agency could have lost \$100 million, and, at one point, it looked like the Department of Alcohol and Other Drug Abuse Services (DAODAS) would be a functional part of DMH rather than just housed at DMH. Developing a useful document when all these issues were ongoing is truly remarkable, and Mr. Magill thanked everyone for their efforts.</p> <p>Ms. Hart said that a “Save the Date” notice was sent out announcing the Board/Legislative Training to be held on August 25. She is working to finalize the agenda. She said further that DMH is looking forward to the Commission’s participation in the training. Mr. Magill will emphasize the center boards’ responsibility to help DMH and themselves obtain support/funding for the center. He said it is necessary to emphasize the boards’ role in securing county funding for DMH.</p> <p>Mr. Magill mentioned the following activities/issues that are occurring:</p> <ul style="list-style-type: none"> - Inpatient Quality Review – Mr. Magill has asked Dr. Bank to form an internal review of our inpatient facilities. Dr. Bank said this group will be called the Inpatient Quality Review Group. The committee will review the medical services at the Division of Inpatient Services, such as safety, quality and patient care parameters. This mechanism will enable DMH to ensure that what is being done for the patients is in line with good quality care. Included in this committee are Geoff Mason, Dr. Bank, Sandy Hyre, Ann Dwyer, Rochelle Caton and Dr. Rutledge. Recommendations will come out of this committee that will help the facility as it undergoes a CARF or Joint Commission survey. Dr. Evans commented that she appreciates the 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Commission taking part in this and other DMH committees.</p> <ul style="list-style-type: none"> - DAODAS is currently located in the Administration Building and staff appears to be settled and comfortable in their new surroundings. - The community forums are complete. The last forum was held at C.M. Tucker-Roddey Pavilion on June 30. Twenty-five forums have been completed, in which 1,500 people attended in total. This was a big commitment and management will be zeroing in on action plans that were produced from each forum. - Over the next year, Mr. Magill will continue with the profiles of DMH's centers and hospitals. These will be done in a specific format and style. Mr. Magill also plans to attend every board meeting and hospital advisory board. This, too, is a major commitment, but is one he feels is worthwhile. He will emphasize the center's role in securing county funding. - The Blue Cross Foundation was here yesterday videotaping Mr. Magill for a film they want to use in promotional activities in regards to continuing funding for the grant on school-based services. - Mr. Magill is trying to work with the original telepsychiatry partners in continuing funding for the program. There is a plan in place, and we are hopeful that further support for the project will be obtained. The data is very impressive and should help us secure this funding. - Mr. Magill is attempting to develop regional consortiums to address emergency behavioral health issues. There is a meeting on August 30 at Harris Hospital to include leadership from the SC Hospital Association, DAODAS and DMH to address this. CEO's of the major hospitals in the upstate will be invited, as well as the upstate mental health centers, and the DAODAS local 301's. This is a large scale attempt to try to alleviate the emergency behavioral health issue. Mr. Magill said the upstate was chosen because some of the large hospital CEO's desire to do this and have made their interest known to the Hospital Association. He said that telepsychiatry is an instrumental part in this issue and will try to obtain more "buy-in" for telepsychiatry to accomplish the goals of the collaborative. Mr. Magill asked 	

July 7, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.												
	<p>Commissioner Jones to be a part of this process. He said that problems are cropping up again and they need to be addressed.</p>													
NOTICE & AGENDA	<p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p>													
ADJOURNMENT	<p><i>At 11:30 a.m., the Commission recessed from the business meeting in order to conduct the Internal Audit Committee meeting. The business meeting was resumed at 12:30 p.m., at which time an executive session was recommended to receive legal advice concerning a personnel issue. This was seconded by Joan Moore. At 1:15 p.m., upon reconvening in open session, it was noted that no votes were taken; only information was received. The business meeting was formally adjourned at 1:15 p.m.</i></p>													
ATTENDANCE Commission Members	<table><tr><td>Alison Y. Evans, PsyD, Chair</td><td>J. Buxton Terry (excused)</td></tr><tr><td>Joan Moore, Vice Chair</td><td>Everard Rutledge, PhD (excused)</td></tr><tr><td>Jane B. Jones</td><td></td></tr></table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry (excused)	Joan Moore, Vice Chair	Everard Rutledge, PhD (excused)	Jane B. Jones								
Alison Y. Evans, PsyD, Chair	J. Buxton Terry (excused)													
Joan Moore, Vice Chair	Everard Rutledge, PhD (excused)													
Jane B. Jones														
Staff/Guests	<table><tr><td>John H. Magill</td><td>Brenda Hart</td><td>Mark Binkley</td></tr><tr><td>Versie Bellamy</td><td>Geoff Mason</td><td>Robert Bank, MD</td></tr><tr><td>Shanna Amerson</td><td>Jeff Ham</td><td>Harvey Miller</td></tr><tr><td>Ed Spencer</td><td>Lauren Glears</td><td>Bonnie Pate</td></tr></table>	John H. Magill	Brenda Hart	Mark Binkley	Versie Bellamy	Geoff Mason	Robert Bank, MD	Shanna Amerson	Jeff Ham	Harvey Miller	Ed Spencer	Lauren Glears	Bonnie Pate	
John H. Magill	Brenda Hart	Mark Binkley												
Versie Bellamy	Geoff Mason	Robert Bank, MD												
Shanna Amerson	Jeff Ham	Harvey Miller												
Ed Spencer	Lauren Glears	Bonnie Pate												
APPROVALS	<table><tr><td> Alison Y. Evans, PsyD, Chair</td><td> Connie Mancari, Recording Secretary</td></tr></table>	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary											
 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary													

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes August 3, 2011

Attendance – Commission Members

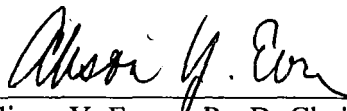
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard O. Rutledge, PhD
J. Buxton Terry

Staff/Guests


Tom Miller, Chair, Coastal Empire Board
Mrs. Jane Miller
Mary Mack, Member, Coastal Empire Board
Margaret Manor, Member, Coastal Empire Board
Bernard Credle, Member, Coastal Empire Board
Ray Norris, Executive Director, Coastal Empire Mental Health
Andrea Allen, Assistant Director, Coastal Empire Mental Health
Mr. Charles Kent
Mr. John H. Magill, State Director

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, August 3, 2011, at The Uptown Grill, 1001 Boundary Street, Beaufort, SC.

There was no one particular topic or focus of discussion and social topics predominated. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health

Coastal Empire Mental Health Center
1050 Ribaut Road
Beaufort, SC 29902

August 4, 2011
Center Presentation

Attendance:
Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Jane B. Jones

J. Buxton Terry
Everard Rutledge, PhD

Staff/Guests:

John H. Magill
Jerry Stewart

Ray Norris
Bob Medzie

Andrea Allen

The S.C. Mental Health Commission met at the Coastal Empire Mental Health Center, 1050 Ribaut Road, Beaufort, on Thursday, August 4, 2011. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m. Dr. Evans turned the meeting over to Ray Norris, Executive Director of Coastal Empire Mental Health.

Mr. Norris presented an overview of the center as well as the beginnings of the community mental health system. Mr. Norris said the community mental health system began in the 1960's. At that time, it was felt that the community mental health system was a system that would provide a place for persons coming out of the State Hospital. This concept did not work very well as the community at that time only provided minimal care for those individuals who were discharged from the State Hospital.

Mr. Norris said that the idea of "Recovery and Resiliency" was developed and both of these were encapsulated in the mission of the Department, which is to support the recovery of people with mental illnesses. This idea cannot be accomplished without competent and dedicated staff. Mr. Norris said the center has the following staff:

Psychiatrists	4
Nurses	6
Social Workers/Mental Health Counselors	34
Clinical Counselors	6
Job Coach	1
Area Support Staff	12
Administration	13
Client Affairs Coordinator	1
Housekeeping/Maintenance/Grounds	4.5
Total FTE's	95

These 95 staff are spread across six locations. Coastal Empire Mental Health Center serves the following counties: Allendale, Beaufort, Colleton, Hampton, Hilton Head and Jasper, and covers approximately 3,260 square miles. Mr. Norris said that some of these counties are the poorest in the state; e.g. Allendale County, which has also had an unemployment figure as high as 27

percent. On the other hand, Beaufort County has one of the highest per capita incomes in the state. Coastal Empire's catchment area is largely rural in nature.

Coastal Empire has a very active board that is extremely supportive of the center and its activities.

Coastal Empire provides the following services to clients, families and the communities:

- Outpatient services for both adults and children.
- Rehabilitation which is offered through the Recovery Center in Beaufort, Magnolia Place in Walterboro and Home Share in Beaufort.
- Services to children are provided anywhere, everywhere and after hours.
- Child/Family services are family focused
- Trauma services for young children.

Mr. Norris mentioned the Collaboration of Services to Youth (COSY), which has been in existence since 1993. This is an interagency service for out of home placement of children and children who have multi-agency needs.

Partners of Coastal Empire include the following:

- Mental Health America – 20 year partner providing housing in the form of the Canal Apartments, a 20 unit building.
- NAMI – 20 year partner providing housing in the form of Oakview Commons.
- Beaufort Memorial Hospital – 15 year partner providing local inpatient care. The hospital also has a 12 bed mental health unit and is looking to develop a high management unit for use as a step-down from the hospital.

Mr. Norris mentioned the contributing county partners of Beaufort, Hampton, Allendale and Jasper Counties. The center receives no funding from Colleton County. Other partners of Coastal Empire are Hampton School District 2, primary health centers, Vocational Rehabilitation and the Department of Disabilities and Special Needs in Beaufort.

Mr. Norris said the center faces many challenges in the coming years, one of which is funding. He said that the state funding levels are currently at 1986 levels. There are also many questions about the challenges surrounding the new HealthCare Reform bill. Medicaid, too, is a challenge and a problem. A continuing challenge for not only Coastal Empire Mental Health Center, but all of the Department of Mental Health is recruitment and retention of physicians and nurses. State salaries are not competitive with the private sector when looking to hire competent people. Mr. Norris said that another challenge for the center is succession planning. Also, the current staff needs to be nurtured so they have the desire to advance in the organization.

The next presentation was by Mr. Robert Medzie, Supervisor of the Recovery Center Clubhouse, who is also in recovery. Mr. Medzie said the Recovery Center acts like a mini mental health center. Its purpose is to help the individual stay on track and avoid decompensation. Other services provided include rehabilitation, psychiatric assessment, visiting nurses who provide medication monitoring, crisis intervention, targeted case management and clinical case management. Mr. Medzie said that the center provides a job coach for the clients, which is currently not a Medicaid funded service. Recovery Center also provides limited transportation for clients in certain areas in order for clients to make appointments. The center also works with

families of the clients to help families and caregivers understand the mental illness their family member is experiencing.

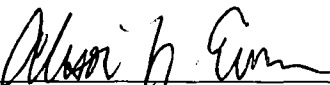
At present, Recovery Center has 92 clients in three areas. Of the 92, 28 are living independently, three clients are living with their spouses, 37 clients live with their families, and 19 clients live with providers. Coastal Empire Mental Health Center serves 215 people on any given day; Recovery Center sees about 68 clients a day. The average age of the clients in the program is 45. Each staff person has a case load of 12 clients.

Mr. Medzie said the psychosocial rehabilitative service program has seen some positive results, such as the increase in the psychosocial rehabilitative service (PSR) rate in 2009 from 59 percent to 70 percent.

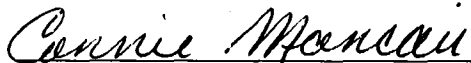
Mr. Medzie said the center had a very successful clubhouse model; however, due to changes in the Medicaid rates, it was dismantled in 2009. There were some good things done at the clubhouse, such as, support for the clients in helping them overcome the stigma of their illness, and helping clients identify with others experiencing the same type of problem.

Mr. Medzie said that Recovery Center and Magnolia Place have been training sites for 90 nurses and three medical students. These nurses and medical students come from the Technical College of the Low Country and the University of South Carolina. These individuals are able to get the flavor of the mental health field and are able to see the disability of an individual and the potential they can attain if the person obtains the right amount of supports. Mr. Medzie said the students from Technical College were able to give the center five days over a three week period; University of South Carolina's program was two days over three weeks.

There being no further business, the center presentation concluded at 10:05 a.m.



Alison Y. Evans, Psy.D., Chair
SC Mental Health Commission



Connie Mancari, Recording Secretary
SC Mental Health Commission.

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

August 4, 2011, Coastal Empire Mental Health Center, 1050 Ribaut Road, Beaufort, SC 29902

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The August 4, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Coastal Empire Mental Health Center, in Beaufort, SC. Dr. Evans thanked the center for its hospitality and courtesies extended the Commission during its visit. The Rev. Daniel Hedges, King Street Church of Christ in Beaufort, delivered the invocation.	
INTRODUCTION OF GUESTS	There were no guests acknowledged at this time.	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the July 7, 2011, business meeting. All voted in favor; motion carried.</i> Before proceeding with the business meeting, Dr. Evans acknowledged the recent passing of Dr. Alexander Donald, who played a very important role in the Department of Mental Health and Hall Institute. She said that Dr. Donald will be missed and she extended her deepest sympathies to Dr. Donald's family.	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	Mr. Magill presented those items listed in the Monthly/Quarterly Informational Reports section.	
• Patient Protection Reports – Public Safety & SLED – July 2011 – Mark Binkley	Mr. Binkley said that on the State Law Enforcement Division (SLED) report, the majority of the cases that were concluded in the past month were assigned to local law enforcement and were pending for a long period of time. He recognized the hard work of the Director of Client Advocacy in getting these cases cleared up and closed. Of the 24 cases pending investigation, two were being investigated by SLED, two were assigned to local law enforcement, and the remainder of the cases was assigned to the Long-term Care Ombudsman.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Statistical Measures Report – Robert Bank, MD/Versie Bellamy</p>	<p>Dr. Bank presented the charts for community mental health.</p> <ol style="list-style-type: none"> 1. Number of Open Cases – The total of the open cases for the period, 50,705, is down from the previous year. This reflects, among other reasons, the reduction in staff in the community. Each center has had a reduction in open cases. 2. Client Contacts and Billable Services – Dr. Bank said that each service listed on the chart has had a reduction. The total is down from 2010. Nursing Services has had a five percent reduction. This decrease could be attributed to a reduction in Medicaid revenue. <p>Ms. Bellamy presented the charts for inpatient services.</p> <ol style="list-style-type: none"> 1. Tucker Center – Falls Resulting in Serious Injury – Ms. Bellamy said that Tucker Center has a low amount of falls resulting in serious injury compared to the national average. Tucker Center is at 2.5 percent; National is 10 percent. Also, the injury rate is lower than the previous year. 2. Tucker Center – Newly Acquired Pressure Ulcers – The benchmark is to maintain less than five percent. This was accomplished 100 percent of the time. There was one outlier in one resident at Roddey who had vascular ulcers rather than pressure ulcers. 3. Number of Residents with Pressure Sores – Tucker – This item stays below the state and the national average. Tucker is at 5.4 percent; State is 7.3 percent and the National average is 6.5 percent. 4. Average Length of Stay – Tucker Center – The average length of stay at Tucker Center continues to be above the national average. This indicates that our nursing home residents are living longer than in other homes. 5. Admissions and Discharges by Program – Inpatient Facilities – Ms. Bellamy said the data speaks for itself; however, due to the downsizing in the Division of Inpatient Services, there has been a reduction in admissions and discharges. Community admissions are at 4,122 and community discharges are at 3,948. 	

August 4, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>There is, however, an increase in admissions in the Sexually Violent Predator Program. The population in the Forensics program is growing as well, although discharges in forensics are, for the most part, keeping pace with the admissions.</p> <p>6. Length of Stay by Inpatient Program – Again, Ms. Bellamy said the data speaks for itself. The Morris Village waiting list is currently at 180, and the facility has had a spike in judicial admissions. Mr. Magill mentioned there will be many closures in detox facilities throughout the state. This will put pressure on the emergency rooms and DMH in South Carolina. Mr. Magill said the decrease in detox beds appears to be due to reimbursement issues; however, he said this is a public service that has to be provided. He said he will be urging DAODAS to try to keep as many of these facilities as possible open.</p> <p>Mr. Magill presented those items listed under the Departmental Overview and Update.</p> <p>Ms. Hart said that the information that was distributed to the Commission is preliminary year end closing numbers; however, she feels that the final numbers will be very close to these. DMH ended the year with a slight surplus. Permanent personal positions were down 3.4 percent from 2010. On the equipment line, expenditures are down \$10 million from 2010.</p> <p>On the Medicaid summary, Ms. Hart said that the mental health centers, overall, are down \$4 million, or seven percent. She does, however, feel this has stabilized. One big change in Medicaid billing this past year was that the non-profits are now doing their own para-professional services billing. Overall, the agency's Medicaid revenue is down 10 percent or \$7 million. The biggest decreases in Medicaid revenue in the Inpatient Division were at Hall Institute and Tucker Center.</p> <p>Ms. Hart said the agency also had reduced expenditures for the year. The available</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Issue Action Paper Approval – Conveyance of Acreage – Brenda Hart</p>	<p>balance is approximately \$9 million. Overall, all areas are expending funds at a rate below where they are expected to be at this time.</p> <p>Ms. Hart said that this Issue Action Paper (IAP) concerns a temporary construction easement and a conveyance of 0.04 acres of the 16.47 acre tract occupied by the Aiken Barnwell Mental Health Center to the South Carolina Department of Transportation (SCDOT) for the improvement of the intersection at Gregg Highway and Bell Parkway in Aiken. The 16.47 acre tract was acquired in 1995 for \$10,000 per acre. This conveyance will improve the intersection and not impact the center's use of the remaining property. SCDOT has offered \$500.00, which is approximately \$12,500 per acre. SCDOT has agreed to pay for costs to conduct a land survey.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the temporary easement/conveyance of acreage to SCDOT to improve the intersection of Gregg Highway and Bell Parkway in Aiken. All voted in favor; motion carried.</i></p>	
<p>● Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley said the Department continues to have ongoing communications with Hughes Development Corporation. Mr. Binkley and Ms. Hart recently met with Mr. Hughes and his staff to get an update on Hughes activities regarding the City of Columbia contingencies. Hughes indicated that the time needed for the approval of the rezoning of the property will likely carry forward into early 2012, and, consequently, there may be a need for a slight extension to the contract deadline.</p> <p>Mr. Binkley said that Hughes Development Corporation will hold a week long series of meetings in Columbia with local officials, planners, architects and engineers, as well as prospective purchasers in an effort to get its development plan underway. The meetings will take place during the week of August 15.</p> <p>Mr. Magill said he has had conversations with ETV about their doing a documentary on the Bull Street campus. Even though ETV is excited and very much interested in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Six Months Report – Medical Care Accounts – Mark Binkley</p>	<p>this, they cannot do this without funding. Mr. Magill has contacted a couple of organizations who have expressed interest in sponsoring this documentary. Mr. Magill said the cost of the documentary would be approximately \$30,000.</p> <p>Mr. Binkley presented the Six Months Report of Medical Care Accounts for the period January through June 30, 2011. For this period, involuntary collections totaled \$774,659.75. The amount waived by delegated authority is \$773,817.79, and the amount waived by the Commission totaled \$248,393.98.</p>	
<p>• Approval/Waiver of One Medical Care Account – Mark Binkley</p>	<p>Mr. Binkley said that all the Centers are now participating in the Set-off Debt Collection Program. The amount collected in this manner by the mental health centers was \$275,891.55 and \$336,072.40 from the inpatient facilities. The amount collected by involuntary means for this six month period compared to the same period last year is down slightly; however, this amount is generally high compared to most other years.</p> <p>Mr. Binkley presented one medical care account for Commission waiver. Mr. Binkley said the client accrued charges were \$65,581.34. The Department collected \$35,621.29 before the client declared bankruptcy. Due to the bankruptcy, the Department is asking the Commission to waive the remaining balance in the amount of \$29,960.05.</p>	
<p>• Corporate Compliance Report – Ligia Latiff-Bolet/Mark Binkley</p>	<p>MOTION: <i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved waiving the balance of \$29,960.05 on Patient account #760-0734. All voted in favor; motion carried.</i></p> <p>Mr. Binkley said that Corporate Compliance is a big part of Risk Management. The Department does have an active program to ensure the agency remains in compliance with all the laws and regulations that are applicable. DMH's program began in the late 1990's when the primary focus was to maintain compliance with federal Medicaid and Medicare billing requirements. At its inception, corporate compliance programs were a voluntary best practice.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Mr. Binkley said that like all Medicaid providers, the Department benefited financially from the enhanced Medicaid rates that came as a result of the stimulus bill. The stimulus bill also contained other provisions. It also contained provisions to enhance enforcement of anti-fraud and abuse efforts.</p> <p>Unfortunately, there have been many high profile, high dollar violations of Medicaid/Medicare rules by some healthcare providers. It is now mandatory for health care organizations which participate in Medicaid and Medicare to have compliance programs. Failure to have a meaningful compliance program exposes the organization and its governing body to penalties and sanctions. Other new enforcement measures affecting DMH and all other providers include the use by the feds of outside contract auditors who get paid based on the amount of paybacks which they can identify. The contractors contact a healthcare provider and request copies of medical records they want to audit. The organization in question must comply. Many of DMH's facilities have been burdened by these new external audits.</p> <p>Dr. Latiff-Bolet said that Quality Assurance continues to audit the centers and inpatient facilities. The Division of Inpatient Services has developed a corrective action process. Last year, there were 97 requests from the Centers for Medicaid/Medicare (CMS) contract auditors to look at one item or an entire chart. This year the Department has received 11 such requests. The agency also receives audits from the Department of Health and Human Services (DHHS). DHHS recently has audited all psychiatric residential treatment facilities, including Hall Institute. Dr. Latiff-Bolet said that the Electronic Medical Record (EMR) has been a big help when an audit is done. The physician's signature on the EMR is very important as it ensures that oversight has been done and that the services delivered were medically necessary.</p> <p>Mr. Magill said he feels the agency has done a good job with its Corporate Compliance program. He, too, feels it's critical to have an effective Corporate Compliance program in place to avoid costly pay backs that could occur. He feels that having such a system in place protects everyone in the organization.</p>	

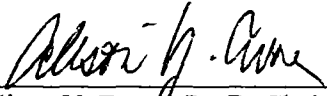
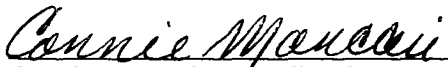
August 4, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Long Range Planning Report – Stewart Cooner</p>	<p>Mr. Cooner said the Agency's Long Range Planning Report is complete and he distributed copies of the report to the Commission. Senior Management has also reviewed the report. Contained in the report is a commentary on the project and goals and objectives based on the sub-committees' reports. The deliverable was to come up with recommendations for the organization for future planning. These recommendations are also in the report. Mr. Cooner said that a lot of the recommendations made concerned things the organization is already doing. Some of the items mentioned the agency is not doing at present, but is planning to do in the future. Mr. Cooner said that there were timelines assigned for each of the action steps. There is also an assigned individual for the action steps. Mr. Cooner said that many of these may need to be further defined, such as developing impact statements for each. He said this report is a work in progress. The Department needs to move forward on the recommendations, and the Commission will continue to receive updates on what the agency is doing on this report.</p>	
<p>• Block Grant Review – Stewart Cooner</p>	<p>Mr. Cooner said the new Community Mental Health Services (CMHS) Block Grant application is due September 1, 2011. The application has changed significantly, including a realignment of the plan date to coincide with the state fiscal year. DMH will work with DAODAS this year to ensure that each application contains components of the other agency's planned goals, objectives, and action steps, as requested by the Substance Abuse and Mental Health Services Association (SAMHSA). Next year, the two agencies will be required to submit a combined application.</p> <p>The SAMHSA CMHS Triennial Monitoring Team conducted its review of the mental health system in South Carolina from May to June 2011. There were very few observations requiring follow-up action. However, the team did offer praise to the Department on its website, Power Point overview of the mental health system in South Carolina, its ability to sustain services in the midst of reductions in appropriations, and the morale of the staff.</p>	

August 4, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="174 715 525 781">● Profiles Update – John H. Magill</p> <p data-bbox="174 1055 487 1156">● Physician Leadership Development Program – John H. Magill</p> <p data-bbox="174 1395 427 1430">NOTICE/AGENDA</p>	<p data-bbox="583 406 1613 680">The block grant application is completely new and has a new software system. The agency also has a new Project Officer. There will also be changes in what is required to be reported back to SAMHSA. We will need to develop dashboard indicators for the programs and services funded out of the block grant, in order to measure and report results. Mr. Cooner feels we are in a good position to accomplish all of this with the results from the Triennial Monitoring visit, the input from the community forums, and the data we currently have. Mr. Cooner said that by the year 2013 the Block Grant will be reduced. The current award is \$5 million.</p> <p data-bbox="583 715 1613 1015">Mr. Magill said that he will be meeting with the mental health center boards over the next year to stress the need for their efforts and support in securing county funding for their mental health centers, and to do the profiles of all centers and the hospitals. There have been four profiles done in the last several months. The Coastal Empire Mental Health Center profile will be done this afternoon. The Commission received copies of the completed profiles and the schedule for the upcoming profiles and board meetings. At present, profiles have been done at Charleston Mental Health Center, Waccamaw Center for Mental Health, Harris Hospital and Piedmont Mental Health Center.</p> <p data-bbox="583 1055 1613 1229">Mr. Magill said the agency has had three executive training programs over the past four years. The fourth program is ready to be launched and will be for Physicians. This is being coordinated with Mr. Magill, Dr. Bank and Sandy Hyre. Ten physician candidates have been selected who are also Medical Directors in the agency. Some of these physicians are new and some are long-term employees.</p> <p data-bbox="583 1262 1613 1362">Dr. Bank said it was necessary to determine where our pool of physicians is, not just for succession planning, but also for retention purposes. The first training session will occur in September and all sessions will be completed prior to Thanksgiving.</p> <p data-bbox="583 1395 1613 1463">A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p>	

August 4, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
ADJOURNMENT	<i>At 11:30 a.m., on a motion by Buck Terry, the Commission entered into executive session to receive the Six Months Report of Litigation, and to do the State Director's evaluation. Upon reconvening in open session at 12:30 p.m., it was noted that no votes or actions were taken; only information was received. The business meeting formally adjourned at 12:30 p.m.</i>	
ATTENDANCE Commission Members	<div> <div>Alison Y. Evans, PsyD, Chair</div> <div>Joan Moore, Vice Chair</div> <div>Jane B. Jones</div> </div> <div> <div>J. Buxton Terry</div> <div>Everard Rutledge, PhD</div> </div>	
Staff/Guests	<div> <div>John H. Magill</div> <div>Versie Bellamy</div> <div>Shanna Amerson</div> <div>Ray Norris</div> </div> <div> <div>Brenda Hart</div> <div>Robert Bank, MD</div> <div>Stewart Cooner</div> <div>Andrea Allen</div> </div> <div> <div>Mark Binkley</div> <div>Ligia Latiff-Bolet, PhD</div> <div>Jan Holt</div> <div>Jerry Stewart</div> </div>	
APPROVALS	<div>  Alison Y. Evans, PsyD, Chair </div> <div>  Connie Mancari, Recording Secretary </div>	

**South Carolina Department of Mental Health
Center Board/Legislative Training**

**Thursday, August 25, 2011
10:00 a.m. until 3:00 p.m.**

A training session for mental health center board members and members of the South Carolina Mental Health Commission was held on Thursday, August 25, 2011 in room 323 at the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Joan Moore, Vice Chair, of the SC Mental Health Commission, and John H. Magill, State Director for the Department of Mental Health, welcomed everyone to the training. Ms. Moore also acknowledged Commissioner James Buxton Terry. She then turned the meeting over to Mr. Magill.

Mr. Magill said he has visited the center boards last year in conjunction with his Community Forum program. He will be continuing these visits again this year, but the visits will take the form of a Profile of the center or hospital. During the Profile, Mr. Magill is trying to encapsulate all the information on the mental health center or hospital into a single document that the facility can use for its public relations initiative.

The second reason Mr. Magill will be attending the board meetings this year is to address funding issues on the local level. Central Office has accumulated data on the amount of funding that the center has been given from the local county government. Mr. Magill said that, in some instances, this funding has declined or become non-existent.

Mr. Magill said that the agency has one of the best Telepsychiatry systems in the Country. DMH also has one of the best School-based Services programs in the Country. This is evident in the fact that the national School-based Services Conference is being held next month in South Carolina. It is being held here in South Carolina because of the excellent job we are doing in this area. Mr. Magill said that our Deaf Services Program is nationally recognized for its advances in helping the deaf and hard of hearing population. Mr. Magill stressed that the centers, staff and Central Office are working hard; however, we are at a point where we cannot keep our system as functional as it has been with the declining resources we are receiving from the General Assembly. If our system of care falls apart, it will create havoc on the community by putting pressure on the local emergency rooms, court system, etc. The boards need to make their local county offices aware of the importance of their continuing to fund the local mental health center.

Mr. Magill introduced Brenda Hart, Deputy Director of Administrative Services, who introduced the keynote speaker, Senator Wes Hayes, Jr. Ms. Hart said that Senator Hayes has served on the Senate Finance Committee and is also the Chair of the Senate Ethics Committee. He is also a member of the Senate Medical Affairs Committee, and he also serves on the state NAMI board.

Senator Hayes said he has served in the House for seven years and in the Senate for 20 years. He was proud to be a sponsor of the Mental Health Parity Bill that was passed a few years ago. Senator Hayes said the Mental Health system in South Carolina is huge, and the local center boards play an integral role in securing county funding. Senator Hayes said that funds from the General Fund are given to Medicaid and Education and, even in good times, the other agencies have to fight for everything they receive. Mental illness is treatable, but if persons don't receive that treatment, they end up homeless, in the emergency room or worse. Board members can help by seeking out ways to do more with less. One way that the Department has approached this is by using Telepsychiatry.

Board members need to educate their local delegations. Schedule a joint meeting of the board and the legislative delegation and let them know your needs. They should be told of the effect of budget cuts on mental health centers. These cuts have an impact on local law enforcement, jails,

etc. Senator Hayes said the legislators should be told if the board is interested in certain pieces of legislation. He said they should be thanked for whatever assistance they extend. The Senator said he does not see a strong push to make DMH a cabinet agency. The most important restructuring bill at this time is the creation of a Department of Administration. He feels that the efforts that DMH can make in working with the Department of Alcohol & Other Drug Abuse Services (DAODAS) would be positive and would negate combining both agencies.

Next on the agenda was the Advocates' Panel. Ms. Hart introduced the following:

Joy Jay, Executive Director of Mental Health America (MHA) – SC

Bill Lindsey, Executive Director of National Alliance on Mental Illness (NAMI) – SC

Bonnie Pate, Executive Director of SC SHARE

Diane Flashnick, Executive Director of Federation of Families for Children's Mental Health-SC

Gloria Prevost, Executive Director of SC Protection & Advocacy for Persons with Disabilities

Each advocacy group explained a little about what their agency does and its link to the community. Bill Lindsey mentioned Advocacy Day, which was hosted by both NAMI and MHA, and was well attended by many people. Gloria Prevost said that Protection and Advocacy was established in 1977. It is an organization mandated by state and federal law, and is an agency that is independent from agencies providing treatment or services to people with disabilities. Ms. Prevost said that one of her priorities is to ensure adequate mental health care to individuals in the Corrections system. Ms. Jay said that the MHA has a large housing program. She, too, said that the situation in the Corrections system is becoming more acute. She knows of one individual who is schizophrenic and has been in prison for over five years. Ms. Jay said the jail or the Corrections system is the last place that persons with mental illness should be.

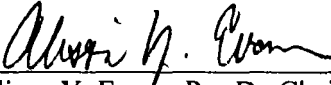
Ms. Jay said that Mental Health America is opening a new residential facility in Orangeburg named after Commissioner Terry's mother, Terry Village.

Other notable events were:

- September 19 – NAMI Golf tournament and fund raiser. Honorary chair of the event is Congressional Medal of Honor recipient, Mike Thornton.
- September 22-24 – National School-based Services Conference in Charleston
- October 28-29 – NAMI Annual Meeting

The Advocate's Panel was followed by a continuation by John Magill of an overview of DMH; and a DMH budget update by Brenda Hart.

At 1:30 p.m. board members heard a presentation from Geoff Mason, Deputy Director of Community Mental Health Services, and Mark Binkley, General Counsel, on the roles and responsibilities of community board members. The individual break out sessions began at 2:15 p.m. with the conclusion of the training at 3:00 p.m.


Alison Y. Evans, Psy.D., Chair


Connie Mancari, Recording Secretary

2011 Board Training

Thursday, August 25, 2011

10:00 a.m. – 3:00 p.m.

DMH Central Administration Bldg., Room 323

2414 Bull Street, Columbia, 29201

Agenda

- 10:00 – 10:20 ✓ **Welcome** *Alison Evans, Psy.D., Chair, SC Mental Health Commission*
✓ **Department Overview** *DMH State Director John H. Magill*
- 10:20 – 10:40 ✓ **Presentation: Making Your Voice Heard at the Legislature**
The Honorable Wes Hayes, Jr., Chair, Senate Ethics Committee
- 10:40 – 10:50 ✓ **BREAK**
- 10:50 – 11:20 ✓ **Advocates' Panel: Banding Together for the Mentally Ill**
- 11:30 – 1:00 **Lunch**
- 1:00 – 1:30 **Department Overview, cont.,** *DMH State Director John H. Magill*
DMH Budget Update *Brenda Hart, Deputy Director, DMH Administrative Services*
- 1:30 – 2:00 **Mental Health Center Board Roles & Responsibilities:**
 - *Geoff Mason, Deputy Director, DMH Community Mental Health Services*
 - *Mark Binkley, DMH General Counsel*
- 2:00 – 2:15 **BREAK**
- 2:15 – 2:45 **Break Out Sessions:** *Board Members and SC Mental Health Commissioners*
- 2:45 – 3:00 **Closing Comments** *DMH State Director John H. Magill*
- 3:00 **Adjournment**
-

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes August 31, 2011

Attendance – Commission Members

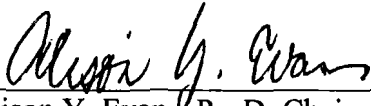
Alison Y. Evans, PsyD, Chair
Jane B. Jones
Everard O. Rutledge, PhD

Staff/Guests

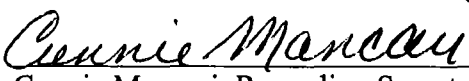
Bessie Abraham, Exec. Director, Orangeburg Mental Health Center
Board members and staff – Orangeburg Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, August 31, 2011, at The Regional Medical Center's private dining room, 3000 St. Matthews Road, Orangeburg, SC.

There was no one particular topic or focus of discussion and social topics predominated. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Orangeburg Area Mental Health Center
2319 St. Matthews Road
Orangeburg, SC 29118**

**September 1, 2011
Center Presentation**

Attendance:

Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Jane B. Jones

J. Buxton Terry
Everard Rutledge, PhD

Staff/Guests:

John H. Magill
Susan Terry
Geoff Mason

Bessie Abraham
Robert Bank, MD

Willie Priester
Brenda Hart

The S.C. Mental Health Commission met at the Orangeburg Area Mental Health Center, 2319 St. Matthews Road, Orangeburg, SC, on Thursday, September 1, 2011. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m., and turned the meeting over to Bessie Abraham, Executive Director of Orangeburg Area Mental Health Center (OAMHC).

Ms. Abraham said the center is very happy to host the Commission today. She said there would be two presentations today. The first presentation had to do with the Crisis Intervention Program, and the second presentation would be on Consumer Housing. Ms. Abraham turned the program over to Mr. Willie Priester, Assistant Director.

Mr. Priester is also the Clinic Director at OAMHC and his first presentation was on Crisis Intervention. Mr. Priester said that the center tries to serve the clients as they (the staff) would like to be served. Clients in crisis are evaluated as quickly as possible in order to relieve them of their symptoms. The Crisis Intervention program has a Program Coordinator and four full-time Mental Health Professionals. The program provides:

- Walk-in appointments for evaluation;
- 24/7 available crisis intervention;
- Post-crisis follow-up and treatment; and,
- Referral services as warranted.

Orangeburg Mental Health received \$125,000 from the Department of Mental Health for the crisis stabilization team. The center also received \$90,000 for the purpose of purchasing crisis beds.

Mr. Priester said the program began in 2006 when the center sent approximately 140 people to the State Hospital. This number is equal to about 11.7 admissions per month. The following year, the center was able to reduce this number to 108 clients, and the number of clients sent to the State Hospital has been on the decline ever since. For the period July 1, 2010 through April 30, 2011, total admissions were 55.2; the goal for FY'12 is 52.4. The number of clients waiting in the emergency room in FY'07 was .42, which is a weekly average. Mr. Priester said that on the Monday morning snapshot report for this week, Orangeburg had no clients waiting in the

emergency room. The average length of stay in the hospital for the period 7/1/08 through 4/30/09 was 8.4 days. For the period 7/1/10 through 4/30/11, the length of stay was 10.4 days. Mr. Priester said that this length of stay is higher because two clients who required an extended period of hospitalization time skewed the average length of stay. If these two clients were excluded, the average length of stay would have been eight days.

Mr. Priester next had a presentation on the housing options available to clients of Orangeburg Area Mental Health Center. He said that Mental Health America (MHA) feels that housing is important to a client's recovery; therefore, MHA has been most helpful with housing to Orangeburg's clients. Orangeburg Mental Health has the following housing units available in the counties listed:

- Bamberg County – Shilito Apartments in Denmark. Four one-bedroom units.
- Calhoun County – 14 units available in Calhoun County. These are four one-bedroom units.
- Orangeburg County
 - Allen Hearth – 14 one-bedroom units.
 - Bracey Apartments – This was previously established through a private non-profit organization out of Sumter. The apartment complex was initially three units, with four additional units added a few years ago. This apartment complex was established for individuals who may be homeless.
 - Enderly East – Twenty one-bedroom units. Enderly East was the first housing project in Orangeburg.
 - Pine Hill Apartments – This was established through a provider out of Charleston. This provider came in and provided housing not specifically designated for mentally ill clients. Pine Hill is a facility containing 70 one, two and three bedroom units. The center was able to carve out five units for mental health clients. Clients in these units are predominantly homeless.
 - Terry Village – The newest apartment complex, has 14 one-bed units. Clients are beginning to move into Terry Village. Ms. Abraham thanked Commissioner Terry for his role in acquiring the land to build Terry Village.

Mr. Priester said the total units available to mental health clients in the Orangeburg catchment area is 79. This is one of the highest available in the state. Mr. Priester said 59 of these units were started in the last ten years. Mr. Priester said that the center is continually staffing to fill all vacancies in the apartments.

There being no further business, the center presentation concluded at 9:30 a.m.

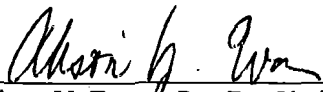
As there was some time before the Commission could begin the business meeting, Mr. Magill had two items to discuss. The first item is the documentary that ETV wants to do on the Bull Street property. He felt at first that it could be done out of ETV funds; however, the final number is well above the initial \$30,000 figure initially given. The proposal is now at \$51,000 and it could increase. This is for a 30 minute documentary. Mr. Magill asked the Commission their thoughts on raising funds to pay for the documentary. He said that he has approached a couple of entities concerning donations; one of which is Lilly. The other source of a donation is the MHA board; however, both of these donations would only cover about half of the cost of the documentary.

An idea brought to Mr. Magill by Gloria Prevost is a film called the Traveling Suitcases. He said it concerns a State Hospital in the Northeast that closed in 1995. After closing, the staff found suitcases filled with clothing from former patients in the attic of the hospital. A traveling display

was created depicting what these individuals went through while patients in the hospital. Mr. Magill is unsure about using this as a fund raiser for the documentary.

The Commission felt that guidelines need to be developed for them to use in trying to secure benefactors for the funding. These guidelines would include what the documentary is about, why the Commission and DMH are trying to have this documentary done, and the significance of the project. Also, a point person should be designated to lead this effort. Mr. Terry was chosen as the point person and a meeting will be called in the next few weeks to brainstorm ideas on fund raising.

Mr. Magill then told the Commission about the meeting at Harris Hospital on Tuesday of this week. He explained it was a hospital collaboration where the CEO's of all the upstate hospitals were in attendance. Also attending the meeting were members from the SC Hospital Association, six to seven directors of the Alcohol and Drug 301's, and DMH staff. The purpose of the meeting was to address the emergency room situation and the use of telepsychiatry. Mr. Magill said there will be follow up meetings. He is also trying to develop the same type of meeting in the Waccamaw area as the hospitals are very interested in this concept.



Alison Y. Evans, Psy.D., Chair
SC Mental Health Commission



Connie Mancari, Recording Secretary
SC Mental Health Commission.

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

September 1, 2011, Orangeburg Area Mental Health Center, 2319 St. Matthews Road, Orangeburg, SC 29118

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The September 1, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Orangeburg Area Mental Health Center, in Orangeburg, SC. Dr. Evans thanked the center for its hospitality and courtesies extended to the Commission during its visit. The Rev. Rickey James, Human Services Coordinator at the Orangeburg Mental Health Center, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr. Evans and Commissioner Terry introduced Susan Terry, wife of Commissioner Terry.	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p>MOTION: <i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the Dinner Meeting minutes of August 3, 2011. All voted in favor; motion carried.</i></p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Center Presentation of August 4, 2011. All voted in favor; motion carried.</i></p> <p>MOTION: <i>On a motion by Rod Rutledge, seconded by Joan Moore, the Commission approved the minutes of the Business Meeting of August 4, 2011. All voted in favor; motion carried.</i></p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	Mr. Magill gave the Patient Protection Reports and Client Advocacy Report in Mr. Binkley's absence.	
<ul style="list-style-type: none"> • Patient Protection Report – Public Safety 	Mr. Magill said that as noted in the enclosed report, the Office of Public Safety did investigate the report of an assault by a forensic patient on a GEO employee and it was	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Patient Protection Report – State Law Enforcement Division (SLED)</p> <p>• Client Advocacy Report</p> <p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Update</p>	<p>determined to be founded.</p> <p>Mr. Magill said that the disposition of the 38 cases of alleged abuse and neglect is as follows: Four cases are being investigated by SLED, 30 cases are being investigated by the Ombudsman's office, three are being investigated by local law enforcement agencies; and one is being investigated by DSS Adult Protective Services. Of special note is that almost all of the old pending cases have now been concluded, and investigations that are still outstanding appear to be cases under active investigation.</p> <p>Mr. Magill said there is nothing of particular note to report this month. The number and distribution of complaints is about average. Overall, these monthly reports indicate the Department has a well-publicized and active system for patients and families to raise concerns and complaints about their care, and have their concerns addressed in a timely and organized manner.</p> <p>Mr. Magill presented those items listed under the Departmental Overview and Update section.</p> <p>Ms. Hart said that Financial Services has been trying to do a final close out of the last fiscal year; however, it has been difficult because of the growth in the Sexually Violent Predator (SVP) Program. This program has required additional staffing and space which have caused the numbers to fluctuate. Ms. Hart said she will also review with the Commission the budget request this year as the method for reporting is different.</p> <p>Ms. Hart said that there has been a decrease in total personnel services costs and it is anticipated these costs will continue to be down by about five percent. There is a three percent decrease in Medicaid, which is less than the last few years. Ms. Hart said the largest decrease is at Tucker Center. Expected expenditures through the end of July are at 8.3 percent and the Department, overall, is expecting to end the year favorably.</p> <p>Regarding the budget request, Ms. Hart said the agencies were instructed this year to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>expect a zero based budget. The request is due by September 30. The agency will have to submit a justification sheet for each of its programs, identifying revenue, FTE's, etc. If the agency proposes any salary increases, these, too, have to be included. The Department is also being requested to submit long term sustainability for reserve funds, if it has any. The Department has to give complete details and descriptions of all the federal grants. Cabinet agencies have already been told there is no new money. Also, the Department has not been told, as yet, that it will need to make any initial cuts. Ms. Hart said that this zero based budget will be difficult initially, but in the long run, the budget process will be easier to follow. The Accountability Report will help us complete a lot of the information that is needed regarding description of programs, etc. DMH also has a wealth of data and information available; however, it will have to be compiled.</p> <p>Ms. Hart said that we've received a letter from the Department of Health and Human Services (HHS) that addressed the elimination of cost settlements. This would have a negative impact to the Department in 2013. Ms. Hart said that Finance will be working on a fiscal impact statement concerning the elimination of cost settlements. Currently, the Department provides the state match for funds; HHS would now keep the state share of this funding.</p> <p>Another impact to our funding is that the amount the Department receives for Disproportionate Share (DSH) will be declining in fiscal 2014. This is the result of the Health Care Reform Act. At this point, we are unsure as to how this will affect DMH. Currently, DSH funds received are \$36 million.</p> <p>It was mentioned that as part of the Health Care Reform Act, the health exchange would be established in 2013. A recent newspaper article mentioned that the Governor would not require South Carolina to do this; however, the federal government may start the health exchange for our state in 2013 if we are not proactive and get it done sooner.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – John H. Magill</p> <p>• Report of the Inpatient Facilities Governing Body Meeting of 7/12/11 & Approval of Minutes</p>	<p>An informational piece of news that Ms. Hart mentioned was that last year the cost for the veterans' homes increased by \$1.20/day. Also last year, the Commission gave the Department the authority to automatically increase the rates for these homes. Therefore, these costs will increase this year by an additional \$1.23/day, or \$124.58.</p> <p>Since Mr. Binkley was not present, there was no formal report on any developments on the property. Mr. Terry attended the reception/meeting that was held recently by the purchaser of the property, Mr. Hughes. Mr. Terry said that the reception was attended by Andre Duany, who presented the original plan for the property. Mr. Duany was not pleased that his original plan, as presented six years ago, was not adopted. Mr. Duany also talked about how the condominium market has changed since his plan was developed and other options now need to be explored for use of the property. He was of the opinion that Hall Institute would not detract from the sale of the other parcels. There were other ideas mentioned for use of the property, such as a baseball field, and use of the Babcock Building as a government building.</p> <p>Versie Bellamy presented the highlights from the Inpatient Facilities Governing Body Meeting of July 12, 2011.</p> <p><u>Accreditation and Surveys</u></p> <ul style="list-style-type: none"> - A follow up to the March Federal CMS survey at Stone Pavilion was conducted on May 5, 2011. All citations were cleared. - Bryan Adult Psych underwent an unannounced Joint Commission survey on June 23 & 24, resulting in nine findings of insufficient compliance with elements of performance. A re-survey was conducted and all findings were corrected. <p><u>Recruitment and Retention</u></p> <ul style="list-style-type: none"> - Recruit and retention of psychiatrists remains a challenge to the Division of 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Inpatient Services.</p> <ul style="list-style-type: none"> - Thirty-six students have been enrolled in the C.M. Tucker Certified Nursing Assistant (CNA) program since it was established. Thirty one or 86 percent of the students have graduated; twenty seven or 80 percent have passed the written skills demonstration test; and twenty six of the graduates have been retained at the facility. Ms. Bellamy feels the facility has a strong CNA program and it would like to “grow” its own CNA’s. <p><u>Staff Perception Surveys</u></p> <ul style="list-style-type: none"> - At Bryan Hospital, this survey is conducted annually. The response rate was 23 percent to the 2011 survey. The goal is that at least 85 percent of staff surveyed will respond in the affirmative to six items addressing incident reporting as related to patient and staff safety. The 85 percent goal was met for two items, <i>I know how to report incidents or events that could hurt patients</i>, and <i>When unsafe conditions are reported, action is taken to improve patient safety</i>. Progress is being made in the areas where the 85 percent goal has not been met. - A visitor’s survey at Bryan was completed in the first quarter of 2011. Results from 178 responses revealed: <ul style="list-style-type: none"> • 89 percent were satisfied that the overall care and treatment of the patient appears to be satisfactory. • 88 percent were satisfied that the patient is cleaned and well groomed. • 95 percent were satisfied that the facility is clean and well maintained. • 90 percent were satisfied the facility has no obvious safety hazards. • 87 percent would recommend the facility to family and friends. <p><u>Performance Data</u></p> <ul style="list-style-type: none"> - C. M. Tucker reported being below the five percent trigger 80 percent of the 	

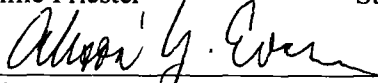

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>time for newly acquired pressure ulcers; and below the 5.4 percent state average of 80 percent of the time for use of physical restraints.</p> <ul style="list-style-type: none"> - Since implementation of the falls team at Tucker which investigates and prevents the incidence of resident falls, the number of falls at both Roddey and Stone Pavilions decreased. - Harris Hospital reported 19 employee injuries for the first quarter of 2011. This is an increase from the previous quarter where the number of staff injuries was 15. Two of the 19 injured employees lost time from scheduled duty. The facility also reported an increase in patient-related injuries for the quarter. - Nursing Staff injuries for the Columbia hospitals for the period June 2010 to May 2011 is below the trigger. There were a total of 116 injuries reported; 88 or 76 percent were due to patient/staff altercations. <p>Ms. Bellamy described the seven core measures as set by the Joint Commission, which all Joint Commission accredited hospitals are surveyed under. These are detailed in the report of the Inpatient Governing Body for this period. Ms. Bellamy feels that overall the facilities are performing very well in all of these areas.</p> <p>In conclusion, Ms. Bellamy said that DMH is working with the Department of Corrections to find additional space for the growing Sexually Violent Predator Treatment Program.</p> <p>MOTION: <i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the minutes of the Inpatient Facilities Governing Body Meeting of July 12, 2011. All voted in favor; motion carried.</i></p>	

September 1, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Sexually Violent Predator Treatment Program (SVPTP) Update – Brenda Hart/Versie Bellamy</p>	<p>Mr. Bellamy said the number of SVPTP patients is continuing to increase and space is at a minimum. Total number of these patients is currently 130. The Department has been challenged to find space to address this need. The program continues to outgrow its current space, and in recent years, there have been fewer discharges. Ms. Hart said that Corrections is looking to offer space to consolidate the entire program at Broad River. Preliminary discussions have begun and DMH has been offered an additional unit at the Broad River site, the Congaree Unit. This is next to the one DMH currently has at Broad River. There is one drawback with the Congaree Unit and that is that there is no administrative space as there currently is at Edisto. Ms. Hart said that there is a warming kitchen between the two units. The plan is to relocate the warming kitchen and use that space for office space for staff. Funds will be required for restrooms, laundry facilities and offices. These renovations will also require DMH to update the Memorandum of Agreement with Corrections. Ms. Hart said these renovations will also need to be detailed in DMH's budget request.</p> <p>Ms. Bellamy said she is concerned since there have been so few discharges from this program recently, and DMH may see only growth in the program. These residents have more medical as well as psychiatric problems than other patients.</p> <p>Dr. Rutledge said that the Department needs to spend time in making the staff areas in the new unit as good as possible. Mr. Magill said the Department is legally and statutorily bound to take each patient given to it from the courts for this unit.</p>	
<p>● Veterans Policy Academy – Geoff Mason</p>	<p>Mr. Mason said this group has been in operation since 2008 and has grown to over 50 individuals and organizations. It is currently co-chaired by Phil Butler and George Goldsmith. Yesterday, the Substance Abuse and Mental Health Services Administration (SAMHSA) visited Columbia to provide technical assistance to the Veterans Policy Academy on the committee's two main goals, employment and communication/access to services. This training comprised an entire day resulting in an action plan. Mr. Mason said that two states were conferenced in to provide assistance in these two areas. Mr. Mason said helping veterans and their families is</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Physician Leadership Development Training – Dr. Robert Bank</p> <p>• Legislative Training – Brenda Hart</p> <p>OTHER ITEMS</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>something everyone is interested in doing. Mr. Magill said there are over 480,000 veterans in South Carolina. He said that the legislature in North Carolina appropriated over \$1 million for this effort. As everyone is aware, South Carolina has received no state funding for this committee; however, it is amazing to see the combined effort of so many agencies in trying to help veterans, with little to no resources.</p> <p>Dr. Bank said that ten physicians have been selected from around the state to participate in an Executive Leadership Program for physicians similar to what was previously held. It is hoped to pique the interest in leadership responsibilities.</p> <p>Mr. Magill said that there were a total of 76 attendees at the last Board/Legislative Training held on August 25, of which 58 were board members. Surveys will be sent to the attendees to gather comments in order to make future events even more interesting. Overall, at first glance, positive comments have been received.</p> <p>Dr. Rutledge asked if there was anything that can be done about replacing individuals on local boards. He has received comments from several boards that there are individuals ready to be approved, but the process is not flowing as smooth as it should. Mr. Magill will look into this and advise the Commission.</p> <p>Ms. Abraham mentioned the Faith Based Conference in Orangeburg on September 23. Orangeburg Area Mental Health Center will be sponsoring the conference. She invited the Commission to attend. Mr. Magill will bring greetings at the conference. At this time, 100 individuals have registered for the conference and are expecting 300.</p> <p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the business meeting was adjourned at 11:30 a.m.</i></p>	<p>Mr. Magill to review and advise the Commission.</p>

September 1, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p> <p>John H. Magill Robert Bank, MD Willie Priester</p> <p>Brenda Hart Geoff Mason Susan Terry</p> <p>Versie Bellamy Bessie Abraham</p> <p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

S.C. MENTAL HEALTH COMMISSION MEETING

September 29, 2011, Conference Call Meeting, SCDMH Administration Bldg., 2414 Bull Street-room 321, Columbia, SC

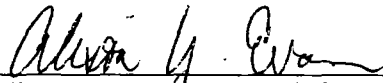
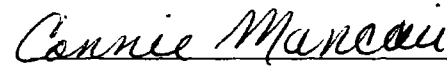
TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>A conference call meeting of the South Carolina Mental Health Commission was called to order on Thursday, September 29, 2011, at 4:17 p.m., in room 321, by Alison Y. Evans, PsyD, Chair. After opening the meeting, Dr. Evans turned the meeting over to John Magill, State Director.</p>	
DISCUSSION	<p>Mr. Magill explained that the purpose of the conference call was to present to the Commission the Department's budget request for FY'13. This request has to be submitted to the Governor's Office on Friday, September 30.</p> <p>Mr. Magill said the budget instructions for this year did not ask the Department to prepare for a 15 percent cut to its base appropriations, so we are not beginning the year with an assumption of a cut. He said that the budget that was developed acknowledges that DMH has downsized and will continue to do so; however, the agency feels that beginning July 1, funds need to come back into the agency in order to sustain operations. The Department is not requesting funding back to the 2008 level, but has drafted a budget that if not approved, could result in a huge declination of services. Mr. Magill said the agency's cost settlements are declining. In the past, we have been able to use the funds from these one-time cost settlements to carry the agency through any budget reductions received during the year.</p> <p>Under the Operating Budget, there are four major areas we are requesting funding for:</p> <ul style="list-style-type: none">• \$7.3 million for the Sexually Violent Predator Treatment Program (SVPTP). Mr. Magill said that this program has grown to the point where it has exceeded the amount of money appropriated to it. This year, the program will exceed the appropriated funds and the program will escalate in cost. Mr. Magill said the Department will be asking for funding for the SVPTP to be a line item appropriation in the budget so that DMH can receive the full cost to operate the program. We should then have the right amount of money to run the program. The \$7.3 million requested is in addition to what is already appropriated. It was mentioned that there are currently 133 residents in the	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>program. By July 2012, we could have an additional 16, bringing the total to 150. In FY'13, the program could be at a total of 175. There were only three releases in 2011, plus two residents have been authorized to petition the court for release.</p> <ul style="list-style-type: none">• Sustainability - \$7 million. Mr. Magill said the Department has been downsizing and right sizing for the past couple of years and it will continue to do so. We are asking for \$7 million in appropriations to sustain the system that will be in place in July. The Department is requesting \$7 million in new recurring funds for the next three years, so that at the end of three years, the sustainability request would equal \$21 million added to the Department's base budget. This request is the result of the decline of available cost settlements that the agency has received. Unless the agency begins receiving new State appropriations over and above its current base appropriation, DMH will have to further reduce services as the availability of past years' cost settlements decreases. Because of its recent reliance on past cost settlements, unless replaced with additional State funds, reductions in services will occur even if there are no further cuts to the Department's State appropriations.• Recruitment & Retention - \$1.3 million. From time to time, the Department has asked Human Resources to do a salary comparison with other state systems. Such reviews have confirmed that certain categories of clinical workers were under-compensated for the work they are performing, which affects the Department's ability to recruit and retain the staff necessary to provide clinical services. The Department decided to target two classes of workers in this request – Mental Health Specialists and Licensed Professional Nurses. These two groups often work with the seriously mentally ill in our hospitals. It was decided to seek additional funding to provide each of the individuals in these two groups, approximately 700 staff, a five percent increase, for a total of \$1.3 million. The average salary of a Mental Health Specialist is approximately \$21,000. Ms. Bellamy said that Inpatient Services has been using a lot of contract staff, which is quite expensive. Staffing has become a day-to-day challenge, and quality and patient/staff safety are issues.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> • Uncompensated Care - \$750,000. Ms. Hart explained that uncompensated care funds are used for medical services for the patients in our hospitals and nursing homes in the Columbia area. These services are the ones that are provided outside of the confines of what the Department can provide. The Department has a contract with Palmetto Health to care for DMH patients with acute medical conditions. The contract is capped at \$500,000 and we have asked them to stay within that amount. Palmetto Health is asking for an increase. The Department is trying to get a line item for this unavoidable expense in the Appropriations Bill so that it will not be necessary to take funds from other programs or services to pay for this care. <p>Ms. Hart said that all of these items are Operating Requests. Total capital requests for DMH are \$57.8 million, and are as follows:</p> <ul style="list-style-type: none"> \$10,173,000 – Inpatient and support building deferred maintenance \$ 3,333,630 – Community buildings deferred maintenance \$ 2,500,000 – Columbia Area Mental Health Center Carter Street facility \$ 3,700,000 – Roddey Nursing Home Roof Replacement \$ 7,100,000 – Harris Hospital HVAC Renovations \$ 9,500,000 – Santee-Wateree Mental Health Construction \$12,000,000 – Anderson-Oconee-Pickens Mental Health Construction \$ 9,500,000 – Catawba Mental Health Construction <p>Ms. Hart said this amount is well below the \$90 million previously requested for capital improvements. Last year, DMH received only \$8.6 million for capital requests, but there should be money in the Capital Reserve Fund this year to cover the items listed.</p> <p>Other clinical one-time requests are:</p> <ul style="list-style-type: none"> \$ 4,898,784 – Inpatient Electronic Medical Record (EMR) 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>OTHER ISSUES</p> <p>NOTICE/AGENDA</p>	<p>\$ 1,000,000 – Pharmaceutical automated dispensing machine \$ 126,008 – Law enforcement vehicles \$ 599,148 – Physical Plant Services replacement patient transport vehicles</p> <p>Ms. Hart said the vehicles Physical Plant currently uses to transport patients are all over 200,000 miles.</p> <p>Ms. Hart told the Commission that as we right-size operations, we also lose revenue. The Department is not trying to get back all it has lost in the way of State funds over the last several years; it is trying to get a relatively small percentage of that loss in order to stabilize its operations at approximately FY 2012 levels, and wants to do so over a three year period.</p> <p>It was noted that the Commission were all of the opinion this was a good approach to this year's budget request. Mr. Terry feels it is a good strategy to take. DMH has requested less one-time capital requests than it has done previously. Also, the approach to doing all of this over a three year period is a good one.</p> <p>The Commission was asked to send any concerns about this budget request in as soon as possible, as the whole request has to be turned into the Governor's Office on Friday, September 30. The Commission felt the request was fine to submit, as is.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission accepted the budget request as presented. All voted in favor; motion carried.</i></p> <p>Dr. Evans closed the meeting with the statement that she looked forward to seeing everyone at the Governor's School on October 3.</p> <p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p>	

September 29, 2011

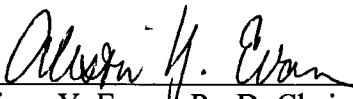
TOPIC	DISCUSSION	FOLLOW UP, ETC.
ADJOURNMENT	<i>On a motion by Joan Moore, seconded by Jane Jones, the conference call was adjourned at 5:00 p.m.</i>	
ATTENDANCE Commission Members	<div> <div>Alison Y. Evans, PsyD, Chair</div> <div>Joan Moore, Vice Chair</div> <div>J. Buxton Terry</div> </div> <div> <div>Everard Rutledge, PhD</div> <div>Jane Jones</div> </div>	
Staff/Guests	<div> <div>John H. Magill</div> <div>Robert Bank, MD</div> <div>Hal Peters</div> </div> <div> <div>Brenda Hart</div> <div>Geoff Mason</div> </div> <div> <div>Versie Bellamy</div> <div>Mark Binkley</div> </div>	
APPROVALS	<div>  Alison Y. Evans, PsyD, Chair </div> <div>  Connie Mancari, Recording Secretary </div>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

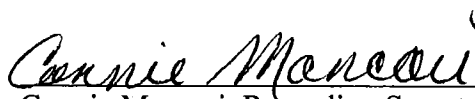
Dinner Meeting Minutes Hartsville, South Carolina October 5, 2011

A dinner/reception was held at the home of Commission Chair, Alison Evans, PsyD, 612 West Home Avenue, Hartsville, South Carolina, on Wednesday evening October 5, 2011, at 6:30 p.m. In attendance at this event were members of the Mental Health Commission, board members of the Pee Dee Mental Health Center, several DMH staff, advocacy organizations, as well as personal friends and co-workers of Dr. Evans.

This was a purely social function; there was no one particular topic or focus of discussion. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Pee Dee Mental Health Center
900 South Fourth Street
Hartsville, SC 29550**

**October 6, 2011
Center Presentation**

Attendance:

Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Everard Rutledge, PhD (excused)

J. Buxton Terry
Jane B. Jones

Staff/Guests:

John H. Magill
Brenda Hart
Chris Blackman
Kengi Stevenson

Mark Binkley
Stuart Shields
Christopher Moore

Geoff Mason
Angela Moses
Ella Johnson

Robert Bank, MD
Lettice Glenn
Hope Moore

The S.C. Mental Health Commission met at the Pee Dee Mental Health Center, Darlington County Clinic, on Thursday, October 6, 2011. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m. Stuart Shields, Executive Director of the Pee Dee Mental Health Center, welcomed the Commission to the center. Mr. Shields introduced Leesa Campbell, the Director of the Darlington Clinic. He said that he is very hopeful of good things for the center and the Department. Mr. Shields said that today's presentations are directed at the future of Pee Dee Mental Health Center, with two very innovative programs. He began by introducing Hope Moore, who is in charge of the Shelter Plus Program.

Ms. Moore said the Shelter Plus Program targets those clients who are chronically homeless and have a serious mental illness. It is designed to help these clients "get on their feet." Ms. Moore said the Shelter Plus Program provides a stable home environment. There are many advantages that the Shelter Plus Care Program provides. For example, all homes are furnished and income is not a prerequisite for entering the program. In addition the program provides support to help persons get on their feet and remain stable during their recovery process.

At the present time, there are 11 units serving 13 clients. Three of these clients entered the program from a shelter and ten entered the program from a homeless situation. Staff of the program have been able to get the clients at least one non-cash income source, such as food stamps, Medicaid, and/or Medicare. An income source, such as SSI, or SSDI, was obtained for 11 clients. Ms. Moore said that 92 percent of the clients remain in the program for six months or longer. Many of these clients are now employed and earning a living. Clients served were between the ages of 25 and 61.

The next presentation was by Kengi Stevenson, who is in charge of the Youth-In-Transition Program. Ms. Stevenson said this program targets those youth in the 17-26 age bracket, who do not have a degree, have no income, were in foster care, have no family support and no home. Ms. Stevenson said the ages of 17-26 are the foundation years for adulthood. These years can be very difficult especially for those who have a mental illness. Employment services and treatment are provided to the clients by the program's staff. Ms. Stevenson said that many of the clients don't understand what is wrong with them. No one has taken the time to explain their mental illness to them.

Ms. Stevenson said this population has unique needs. These youth are considered risk takers. Many have outside influences such as gangs. At the present time, there are 35 clients in this program, and Ms. Stevenson said she has 25 referrals. A lot of the referrals are due to drug and/or alcohol abuse.

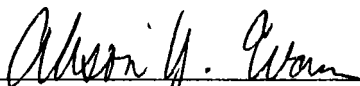
Ms. Stevenson said the staff in this program work with the youth first to treat their mental illness, then they try to help them with their medical needs. Job and/or employment services are offered. What the staff does for the youth results in them becoming useful and productive members of the community.

Mr. Shields said that these two programs will give the Commission a snapshot of what staff is doing for the clients of Pee Dee Mental Health Center. He introduced the other staff of the center present at the meeting, and Central Office staff introductions then took place.

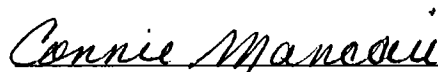
Dr. Evans said that the Mental Health America of Darlington County will be having a dance on October 25 with special guests being clients of Pee Dee Mental Health Center. Dr. Evans will be taking 40 children from the Governor's School to show them the particular needs in the community.

There being no further business, the center presentation concluded at 9:50 a.m.

At 9:50 a.m., on a motion by Buck Terry, seconded by Joan Moore, an executive session was entered in order to receive legal advice concerning a contractual issue. Upon reconvening in open session at 10:15 a.m., it was noted that only information was received, and no votes were taken.



Alison Y. Evans, Psy.D., Chair
SC Mental Health Commission



Connie Mancari, Recording Secretary
SC Mental Health Commission

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

October 6, 2011, Pee Dee Mental Health Center, Darlington County Clinic, 900 S. Fourth Street, Hartsville, SC 29550

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The October 6, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:20 a.m., by Alison Y. Evans, PsyD, Chair, at the Pee Dee Mental Health Center, Darlington County Clinic, Hartsville, SC. Dr. Evans thanked the center again for the courtesies extended to the Commission and complimented the staff on the presentations made during the morning session. Dr. Evans also thanked Frances Feagin for all her help both yesterday and today. The Rev. Phillip Thrailkill, Pastor of St. Luke's United Methodist Church in Hartsville; and Marshall Ivey, Human Services Specialist at Pee Dee Mental Health Center, delivered the invocations.	
INTRODUCTION OF GUESTS	Dr. Evans acknowledged the Commissioner of the Department of Vocational Rehabilitation, Barbara Hollis; and Shanna Amersen, Capitol Information Affiliates. Dr. Evans asked Leesa Campbell, Clinic Director, to say a few words about the center and what services are done here. Ms. Campbell said that adult and children services are provided at the Hartsville office. The staff provides outpatient services and intense group services for adult patients. Both mental illness and alcohol and drug services are provided. School based services are in 11 schools in the county. Services to children are also provided in the home and at the clinic. Ms. Campbell said the center consolidated the present building from two buildings; the clinic has been in operation in this facility since January 31, 2011.	
APPROVAL OF MINUTES	The Commission approved the following sets of minutes: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Legislative/Board Training of August 25, 2011. All voted in favor; motion carried.</i> <i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the minutes of the Dinner Meeting of August 31, 2011. All voted in favor; motion carried.</i>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</p> <p>• Patient Protection Reports (2)/Client Advocacy Report – Mark Binkley</p> <p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of September 1, 2011. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Business Meeting of September 1, 2011. All voted in favor; motion carried.</i></p> <p>Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports section.</p> <p>Mr. Binkley reported that communication with the State Law Enforcement Division (SLED) is going very well, and obtaining written resolution of cases of abuse and neglect referred to local law enforcement agencies has recently improved. Mr. Binkley said of the open 46 cases of alleged abuse and neglect, eight have been assigned to SLED, 26 to the Long Term Care Ombudsman, 11 to local law enforcement, and one to the Department of Social Services Adult Protection Services.</p> <p>Mr. Magill said that Brenda Hart is leaving DMH and will be taking a position as Deputy Director of the State Budget office. Dr. Evans mentioned that she enjoyed working with Ms. Hart and thanked her for her contributions. Ms. Hart has been working as Deputy Director of Administrative Services at DMH for the last five years.</p> <p>Ms. Hart said that the report that the Commission has is through August 31, 2011, and does not include the \$1 million the agency has received for crisis stabilization. Ms. Hart said that health insurance premiums have increased and the disproportionate share (DSH) is higher this year at \$39.5 million. The Patient Fee Account is presently at \$10.7 million and this, too, is higher. The Medicaid forecast at this time is \$64.9 million and is still decreasing. As of the end of August, expenditures are on target agency-wide.</p>	

October 6, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Budget Request – Brenda Hart</p>	<p>As everyone is aware, there was a conference call the end of September to discuss the FY'13 budget request. The Department is requesting a total of \$16.2 million in operating requests. This will be targeted at four specific areas:</p> <ol style="list-style-type: none"> 1. \$7,280,841 – Sexually Violent Predator Treatment Program. DMH will be requesting full funding of this program, and will try to get the program directly funded as a line item request. 2. \$7,000,000 – Sustainability. DMH will try to request three years of additional State Appropriations, \$7 million per year, for a grand total of \$21 million for the three year period. 3. \$1,230,761 – Recruitment & Retention. The Department will focus on the lowest paid employees, Licensed Practical Nurses and Mental Health Specialists. 4. \$750,000 – Uncompensated Care. This will be an increase in the present contract the agency has with Palmetto Health. These funds are needed in order to address the cost of necessary outside medical services of the patients in our hospitals and nursing homes. <p>Ms. Hart said that total capital requests are \$57,806,630, \$13 million of which is for deferred maintenance at our inpatient and support buildings, and the community mental health center buildings. Also included in the request were some one-time needs, such as for the inpatient electronic medical record, and replacement of vehicles used to transport clients.</p> <p>Bill Lindsey, Executive Director of NAMI-South Carolina, mentioned there is a class action suit against the Department of Corrections, which is scheduled to occur by the end of October. When this occurs, there will be much press coverage about the deplorable conditions in our prison system. Mr. Lindsey said if the State and the Department of Corrections doesn't address this issue directly, he fears DMH may be adversely impacted.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Accountability Report – Brenda Hart</p>	<p>Dr. Evans feels this budget request is very conservative. The Department is merely requesting the additional State funds needed to maintain operations at current levels, and not see further cuts in services.</p> <p>Ms. Hart said the Department submitted its Accountability Report this year as has been done in previous years. DMH made an effort to highlight our agency's achievements, such as the community forums, our efforts with supported employment and housing. Also highlighted was:</p> <ul style="list-style-type: none"> - The telepsychiatry system and the resultant decrease in the number of people waiting in the emergency rooms; - The Department signed a contract for the sale of the Bull Street property; - The Department of Alcohol and Other Drug Abuse Services (DAODAS) was moved into the Administration Building; - Implementation of a Nursing Assistants Training Program; - Four mental health centers are operating under the auspices of two center directors – Aiken-Barnwell & Lexington and Tri County and Waccamaw; - Closure of one center's clinic office (Saluda – Beckman) while continuing to serve the Saluda clinic's clients out of the Lexington Mental Health Center Batesburg office; - The very innovative use of a mobile van in Charleston to deliver services to rural areas; - Supported employment has increased by five percent; - The number of Worker Compensation Claims has fallen to an all time low. <p>Mr. Magill said that the Department has passed the 8,000 mark in telepsychiatry emergency room consultations.</p> <p>Mr. Mason said that with the many closures in residential care facilities, center staff has worked diligently to place clients into appropriate housing. Dr. Bank said that based on the effectiveness of the telepsychiatry program, the Department is now</p>	

October 6, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Vocational Rehabilitation/ Mental Health Partnership – Barbara Hollis</p>	<p>looking at expanding use of the technology to link doctors in main mental health centers to its rural clinics, with the goal of reducing physician travel time while increasing the number of patients seen.</p> <p>Mr. Magill said that the Long Range Planning effort is also included in the Accountability Report. Mr. Mason will begin to assign staff responsibility for completion of the various items.</p> <p>Mr. Magill said that our federal block grant review this year was excellent. It was mentioned that our system was very good and the Department's web page received high praise. They were complimentary of the community forum activity.</p> <p>Mr. Magill introduced Barbara Hollis, Commissioner of the Department of Vocational Rehabilitation (VR). He said that DMH works closely with many entities, but has always had a special partnership with VR. Ms. Hollis said that the partnership between DMH and VR has been in effect for many years; it probably goes back to the early 1960's when VR had a strong component at State Hospital. Counselors were on site to help assess patients and transition them into the community.</p> <p>Ms. Hollis said that the relationship between DMH and VR has worked as a family relationship. Counselors were also located at Bryan and Harris Hospital to give assistance with employment, housing and other needed services. Much of this activity occurred before 2000 and prior to the budget cuts. Vocational Rehabilitation continues to have staff available at the hospitals to help during discharge.</p> <p>In 2001, an opportunity arose through funding received from Johnson and Johnson by way of a grant that resulted in the Individual Placement and Support (IPS) model for supported employment. This program matches individuals to the jobs that are available to them. This partnership continues today.</p> <p>As a result of this grant, South Carolina was chosen as the pilot site by Johnson and</p>	

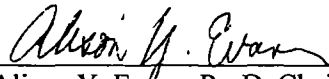
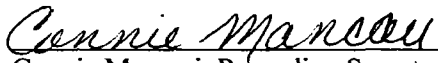
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Johnson because of the close working relationship between the two agencies. Ms. Hollis said that the budget continues to be a challenge, but the partnership continues.</p> <p>Other areas where the two agencies partner are:</p> <ul style="list-style-type: none"> - Co-Occurring State Infrastructure Grant (COSIG); - South Carolina Returning Veterans Policy Academy; - Representation on the DMH State Planning Council; and, - Disability Determination Services – helping clients apply for assistance. <p>Ms. Hollis expressed her appreciation to the DMH staff and the agency. She looks forward to the partnership continuing.</p> <p>Mr. Magill noted that VR, in addition to its employment-related duties, operates two addictive disease residential treatment facilities; Holmesview Center in Greenville and Palmetto Center in Florence.</p> <p>A detailed report of Ms. Hollis' presentation is filed with the original of these minutes.</p> <p>Mr. Binkley said that at the present time there is not much activity for DMH concerning the property. Most of the activity is being done by the purchaser of the property, Hughes Development. Hughes is actively trying to finalize their plans for the rezoning of the property with the City of Columbia. The Department will be meeting with Hughes in the near future for an update on their progress.</p> <p>Mr. Binkley said that the City's re-zoning approval process takes around three months. As soon as we have an indication that the Hughes plan will be approved by the City, DMH will need to prepare to engage with Hughes concerning the valuation of the identified parcels in the plan. It will be incumbent on DMH to ensure that the \$15 million sale price is apportioned properly among the parcels. An appraiser will, in all likelihood, be engaged by the agency in this process.</p>	

October 6, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none">• Issue Action Paper – Per Diem for Veterans Nursing Homes – Brenda Hart	<p>Ms. Hart said this concerns the per diem for nursing home care of the veterans. Currently, when a veteran was admitted as a patient in a VA or other hospital, the Department would not bill the VA for the days the patient was not in the nursing home facility; would not bill the family portion for the days the patient was not in the nursing home facility, but would bill Medicaid, if the veteran had such coverage, but would not collect the recurring income, which determines the net amount due from Medicaid. When a veteran was absent from the nursing home facility, the Department would not bill the family portion for the respective days of absence even though the bed was being held for said veteran, and would not bill the VA if the veteran was absent from the home due to hospitalization. The Department is requesting a change to this so that when a veteran is absent from the nursing home either due to hospitalization or some other purpose, all appropriate sources of revenue will be billed. Therefore, when a veteran is admitted as a patient in a VA or other hospital, the Department will bill the VA, will bill the family portion and will bill Medicaid, if applicable, including collecting the associated recurring income, for the days the patient is not in the nursing home facility up to the allowable number of days; in this instance ten days. When a veteran is absent for purposes other than receiving hospital care, DMH will bill the VA and will bill the family portion for the days the patient is not in the nursing home facility up to the allowable number of days; in this instance, 12 days.</p> <p>Ms. Hart said this would only pertain to that time beyond the ten or beyond the 12 days. Mr. Terry said that with the budget problems at present, we have fiscal responsibility to explore increasing the agency's revenue. Mr. Magill feels there may be resistance from the veterans groups, but he is planning to meet with the Director of the Office of Veterans Affairs regarding this.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the above change to the per diem for veterans in our nursing homes. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of 2012 Commission Meeting Schedule</p> <p>SUMMARY & WRAP UP</p>	<p><i>On a motion by Jane Jones, seconded by Joan Moore, the Commission approved the following schedule for 2012 meetings. All voted in favor; motion carried.</i></p> <p>January 5 – SCDMH Administration Building February 2 – Piedmont Center for Mental Health Services March 1 – SCDMH Administration Building April 5 – Catawba Mental Health Center May 3 – SCDMH Administration Building June 7 – C.M. Tucker, Jr., Nursing Care Center July 12 – SCDMH Administration Building August 2 – Anderson-Oconee-Pickens Mental Health Center September 6 – SCDMH Administration Building October 4 – Waccamaw Center for Mental Health Services November 1 – SCDMH Administration Building December 6 – Columbia Area Mental Health Center</p> <p>Mr. Magill gave the following update:</p> <ul style="list-style-type: none"> - October 16 is the Out of the Darkness Walk in Columbia. - The NAMI Annual meeting is on October 28-29 in Columbia. Mr. Lindsey said it will be a good meeting. Col. Steve Shugart will speak on PTSD in the military, and Dr. Ken Rogers from Greenville Hospital will also speak. One of the Vocational Rehabilitation staff will be doing a break-out session, and several DMH staff will also present. - Two weeks ago in Charleston was the National School Based Services Conference. South Carolina was recognized as a leader in School Based Services. - The profiles are continuing. Mr. Magill is also attending board meetings at the centers doing a state-of-the state report. - The Department has been notified that the fund raiser for the Bull Street documentary will not occur as Lilly has decided not to fund this. 	

October 6, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
OTHER BUSINESS	<i>On a motion by Buck Terry, seconded by Jane Jones, the Commission would like to have a Resolution adoption expressing appreciation to Ms. Hart. All voted in favor; motion carried.</i>	
NOTICE/AGENDA	A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.	
ADJOURNMENT	<i>There being no further business, on a motion by Joan Moore, seconded by Buck Terry, the business meeting was adjourned at 11:20 a.m.</i>	
ATTENDANCE Commission Members	<div> Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones </div> <div> J. Buxton Terry Everard Rutledge, PhD (excused) </div>	
Staff/Guests	<div> John H. Magill Geoff Mason Lettice Glenn Christopher Moore Shanna Amersen </div> <div> Brenda Hart Mark Binkley Chris Blackman Barbara Hollis Stuart Shields </div> <div> Robert Bank, MD Angela Moses Bill Lindsey Ella Johnson Frances Feagin </div>	
APPROVALS	<div>  Alison Y. Evans, PsyD, Chair </div> <div>  Connie Mancari, Recording Secretary </div>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes Lexington, SC

November 30, 2011

Attendance – Commission Members

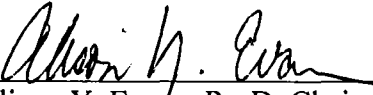
Joan Moore, Vice Chair
Jane B. Jones
James Buxton Terry

Staff/Guests

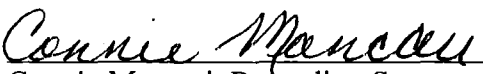
Rick Acton, Executive Director – Lexington County Mental Health Center
Board & Staff – Lexington County Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, November 30, 2011, at Travinia's Italian Kitchen, 5074 Sunset Blvd., Lexington, SC.

There was no one particular topic or focus of discussion and social topics predominated. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair
S. C. Mental Health Commission



Connie Mancari, Recording Secretary
S. C. Mental Health Commission

S.C. MENTAL HEALTH COMMISSION MEETING
November 3, 2011, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The November 3, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building, Columbia, SC. Mr. Jeff Ham, Program Manager in the Division of Community Mental Health Services, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr. Evans acknowledged Shanna Amersen of Capitol Information Affiliates. There were no other guests acknowledged.	
PRESENTATION OF RESOLUTION	Dr. Evans mentioned that Brenda Hart is not present at today's meeting to receive this Resolution as she has to attend a meeting of the Budget & Control Board. Dr. Evans expressed appreciation to Ms. Hart for her cooperation and knowledge, which have been assets to the Commission and the Department. She did not read the Resolution; but as has been done at past Commission meetings, following is the Resolution that the Commission prepared for Ms. Hart, which will be sent to her.	
	South Carolina Mental Health Commission RESOLUTION	
Whereas:	the members of the SC Mental Health Commission note with regret the resignation of Brenda Hart from the Department of Mental Health, effective November 1, 2011; and	
Whereas:	the members of the SC Mental Health Commission extend our deep appreciation to Ms. Hart for her five years of dedicated service to the Department of Mental Health as Deputy Director of Administrative Services; and	
Whereas:	the members of the SC Mental Health Commission express our high regard to Ms. Hart for her expertise, wisdom, and invaluable leadership;	
Now, therefore:	we express our profound appreciation to Ms. Hart for her service to the mentally ill, and for the invaluable service to the Commission and to the Department of Mental Health; we offer our sincere best wishes to her for success in her future endeavors and	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="293 508 521 536">November 3, 2011</p> <p data-bbox="165 678 378 740">APPROVAL OF MINUTES</p> <p data-bbox="165 1389 521 1450">MONTHLY/QUARTERLY INFORMATIONAL</p>	<p data-bbox="570 409 1598 470">order that a copy of this Resolution be made a part of the Commission's permanent records.</p> <p data-bbox="570 546 1598 640">Mr. Magill mentioned that there was an Employee Recognition event last week where Ms. Hart was recognized and presented with a commemorative brick from the old State Hospital wall.</p> <p data-bbox="570 678 1244 707">The Commission approved the following sets of minutes:</p> <p data-bbox="570 745 1598 839"><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes from the conference call of September 29, 2011. All voted in favor; motion carried.</i></p> <p data-bbox="570 877 1598 971"><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes from the Dinner Meeting of October 5, 2011. All voted in favor; motion carried.</i></p> <p data-bbox="570 1009 1598 1103"><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Center Presentation of October 6, 2011. All voted in favor; motion carried.</i></p> <p data-bbox="570 1141 1598 1235"><i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the Business Meeting of October 6, 2011. All voted in favor; motion carried.</i></p> <p data-bbox="570 1273 1598 1351">Dr. Evans mentioned that she enjoyed having the Commission meeting last month in Hartsville, and having the Commission attend the tour of the Governor's School.</p> <p data-bbox="570 1389 1598 1450">Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports section.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>REPORTS</p> <ul style="list-style-type: none"> • Patient Protection Reports/Client Advocacy Report – Mark Binkley • Key Statistical Measures Quarterly Report – Versie Bellamy/Dr. Robert Bank 	<p>Mr. Binkley said there was nothing specific to highlight on any of the reports. On the Patient Protection Report related to the State Law Enforcement Division (SLED) Report, of the 27 pending cases, ten are under active investigation by SLED, 14 have been referred to the Long Term Care Ombudsman, and three have been referred to local law enforcement. Mr. Binkley said the investigation process continues to work very smoothly and efficiently with all entities involved in these incidents communicating with each other.</p> <p>Dr. Bank presented/commented on those reports for the community mental health centers.</p> <ul style="list-style-type: none"> - 43 percent of all children served in both mental health centers and hospital settings (12,499) have severe emotional disturbances. Dr. Bank said that 60 percent fall into the clinical category and ten percent fall into the sub clinical category. These statistics confirm that the Department treats many of the most severely impaired children in the State. - There is documented improvement in the majority of children treated by the Centers from the initial six months assessment and the latter six months assessment in children with the disorders of anxiety and depression. - Dr. Bank said the Department utilizes the Achenbach scale to assess symptoms in children. This scale is used for children up to age 18. - Patient Satisfaction of Services – More than eight in ten youths and family members responded positively to these survey questions. The national average for satisfaction in 2010 was 83 percent; in South Carolina DMH it was 87 percent. - Total admissions and discharges for children and adults in DMH Mental Health Centers for the period 1/1/11 through 9/30/11, are 9,023 Admissions and 9,651 Discharges. As noted, there was an increase in discharges over admissions. Total open cases for the same period are down to 49,000 from a high of 54,000. - Client Contacts and Billable Units – Dr. Bank stated there has been a decline 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p>	<p>in the number of services provided. Centers will, in all likelihood, maintain this level of billing in future months.</p> <p>Ms. Bellamy presented/commented on those reports for the inpatient facilities.</p> <ul style="list-style-type: none"> - Admissions/Discharges for 1/1/11 through 9/30/11 – Of particular note is that Morris Village has had a decrease in admissions over the last quarter due to a decrease in beds. As of October 31, 2011, Morris Village has opened six severe co-occurring beds, following the closure of 12 such beds last Summer. Hall Institute had an increase in Admissions and Discharges; the Sexual Predator Program has increased Admissions and there have been no Discharges. - Length of Stay – Ms. Bellamy said the only comment to make is that the overall patients are staying longer. Bryan Acute's length of stay has increased from last year, and Forensics patients length of stay is longer for the greater than 90 day patients. - ORYX Data – Ms. Bellamy said this information is compiled on a monthly basis by the National Research Institute and sent to the Joint Commission for ORYX Reporting. <p>Elopements – Bryan, Harris and Hall are lower than the national rate with occasional spikes. These "spikes" are usually caused by one patient.</p> <p>30 Day Readmission Rate – The state rate is above the national rate for a couple of months. Rates at Bryan, Harris and Hall have been above and below the national rate, with some months higher.</p> <p>Seclusions – The state rate has been below the national rate, with Harris being higher for several months.</p> <p>Restraints – The state rate has been lower than the national rate, with the exception of Harris in March and April.</p> <p>Mr. Magill presented those items listed under Departmental Overview and Update.</p>	

November 3, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Financial Update – Mark Binkley</p>	<p>Mr. Binkley apologized that this report had not been previously sent as some of the data had to be verified. He said that as of September 30, the end of the first quarter, the report indicates that expenditures are ahead of projections. Mr. Binkley said this is misleading as a 7th payroll fell into this period, making the expenditures higher. Total expenditures for the first quarter are in reality closer to 23 percent.</p> <p>The amount of the agency's State Appropriations increased from last month. The reason for the increase is that the Department received an additional allocation from the state to cover the increase in employee health insurance premiums, approximately \$1.35 million.</p> <p>There has been an apparent decline in the Medicaid revenue at the centers. The Department is watching this item closely as it could be a function of some billing issues that relate back to some Information Technology problems. We are uncertain if it is, in fact, a real decrease in Medicaid revenue.</p> <p>Financial Services is now able to generate reports for each mental health center titled "Expenditures by Source of Revenue". This has been a goal of this Administration and Financial Services has been working hard to realize this in order to get information out to the centers in a timely manner. Centers will have a more detailed report than what the Commission currently has in its agenda packet.</p>	
<p>● Bull Street Update – Mark Binkley</p>	<p>Mr. Hughes was in town on Monday, October 31, and met with a reporter for the State Paper. He told the reporter he was going to DMH to brief the Department on the status of his plan. The reporter apparently misunderstood him, and the subsequent article stated that Mr. Hughes met with the Mental Health Commission. As mentioned previously, the developer has not yet submitted a rezoning plan for the property to the City of Columbia. The focus of Hughes' meeting this week with the State Director was to provide us with an update of where Hughes is in that process. Mr. Binkley said it was clear from the materials presented that Hughes Development corporation has a comprehensive development plan in the works. It is their hope to have the plan</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• CAF Update - Geoff Mason/Dr. Monica McConnell</p>	<p>submitted to the City of Columbia by January, and that it will be through the review process and voted on by the City Council in April, 2012. If approved by the City, the last remaining contingency in the Contract will be satisfied and the remaining earnest money will be deposited by Hughes with the Escrow agency. Sales of individual parcels would then begin, and DMH would begin receiving its money.</p> <p>Mr. Magill said that there are major entities interested in pieces of the property. The media did publish an article mentioning the proposed ballpark. Location of the proposed ballpark is close to where the Civil War prisoner of war camp was situated.</p> <p>Mr. Mason introduced Dr. Monica McConnell who is Director of Children's Services at Columbia Area Mental Health Center, as well as the newest Chair, of the Children/Adolescents & Families (CAF) Council.</p> <p>Dr. McConnell explained that in fiscal year 2011, CAF served approximately 30,000 children ages 0-17 years of age. Approx. 44 percent of children seen are diagnosed with ADHD, 17 percent with Conduct Disorder, and 10 percent with adjustment disorders. Over the years, there has been a decrease in the number of children DMH has placed in out-of-home placements. This is the result of centers increasing intensive, effective, community-based options for children that preserve their placement within their home communities. We are being asked to do more with less for children who are presenting at our doors younger and sicker than in the past.</p> <p>Dr. McConnell said that CAF utilizes evidence-based practices, which are very effective and typically very time limited. Most of these services come with high costs to train clinicians and provide support to help them maintain their fidelity. Due to good collaboration and support, CAF has been able to obtain and sustain several evidence-based practices, such as:</p> <ul style="list-style-type: none"> - Multi-systemic therapy (MST) provides community based treatment to adolescents presenting with behavior issues that place them at risk for out-of- 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>home placement or incarceration. It is very expensive, but very effective.</p> <ul style="list-style-type: none"> - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) allows clinicians to assess and treat trauma as 80 percent of the clients that present at a center have experienced trauma. - Parent-Child Interaction Therapy (PCIT) is unique treatment in which the parents are empowered to be the therapist. The Assessment and Resource Center (ARC) was able to obtain access to PCIT through their Duke Endowment Grant several years ago. Cost of training in PCIT is expensive; however, Columbia Area was granted admission last year into the first learning collaborative for PCIT through the Duke Endowment. Greenville Mental Health Center has been given admission into the second class of PCIT. - Center on the Social Emotional Foundations for Early Learning (CSEFEL) is a training model for consultation within early learning environments, such as day cares and Head Start for very young children. <p>Collaboration on services in the community is evidenced in:</p> <ul style="list-style-type: none"> - School-based Services – There are more than 200 School-based counselors in nearly 400 schools in the state. Some counties have seen a move to have centers provide more School-based Services; however, recently there has been an increase in school districts contracting with private entities or hiring their own staff to provide services in the schools. - Funding from the Blue Cross/Blue Shield has enabled the Department to develop School-based Services in the rural areas of the state. - Santee-Wateree and the Kershaw County School District were granted a Safe Schools/Healthy Students grant to develop School-based Services in Kershaw County. <p>Dr. McConnell said there are many talented clinicians that work for DMH. The CAF directors are dedicated toward hiring licensed staff and providing an avenue for staff to become licensed. Greenville Mental Health has five Spanish speaking therapists that</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Long Term Planning – Geoff Mason</p>	<p>include a physician. This is essential with the increase in the Hispanic population in the state. Several counties including Columbia Area and Greenville have developed Youth In Transition Programs to meet the needs of those who age out of CAF services. Dr. McConnell said that Columbia Area took over administration of the Developmental Disorders and Infant Clinics from Hall Institute about three years ago. This clinic treats children with Autism Spectrum Disorders. Dr. McConnell explained that the Department of Disabilities and Special Needs (DDSN) has a waiver to treat Pervasive Developmental Disorder (PDD) that allows them to provide specific services until the age of 10. After the age of 10, children with PDD are not served by DDSN. Also, DDSN does not serve children with Asperger's Disorder or children with Autism who function higher than a certain level. She said that 70 percent of children with Autism have a co-existing psychiatric diagnosis. Columbia Area provides individual, group and family therapy, as well as medication monitoring to children seen at the Developmental Disorders Clinic.</p> <p>Dr. McConnell said that opportunities for improvement include:</p> <ul style="list-style-type: none"> - Increase funding to be able to continue providing School-based Counselors; - Increase training funds to maintain the quality of the workforce; and, - Develop and sustain collaborative relationships with other agencies. <p>Mr. Mason distributed a spreadsheet of what is needed to be done to actualize the six goals that were developed from the Long Term Planning sessions. There are timelines listed to complete all the action steps listed. All the action issues have been assigned to the different Divisional Deputies. Mr. Mason said the next step is for the Deputies to choose staff to address each of these issues, and develop a plan for completion. Mr. Mason said that significant progress has been made on several of these issues; for instance, the integration with Primary Healthcare and Mental Health. Progress reports will regularly be provided to the Commission.</p> <p>The urgency rankings are the priorities set by Senior Management. Mr. Mason said</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>these may need to be reviewed regularly as to the progress made. The “strategy and data source” column is essentially what it will take to accomplish the goal listed, such as funding.</p> <p>Dr. Evans is very much in favor of the format developed and Mr. Mason gave thanks to Stewart Cooner for his assistance.</p> <p>Mr. Terry voiced a concern about the Sexually Violent Predator Treatment (SVP) Program. He is concerned that we will always be handling this program and will not be able to help others. He is very concerned about what we are doing to mitigate this problem 20 years from now. Mr. Magill said that for four years the Department has asked the General Assembly to pass legislation that would change the ownership of this program.</p> <p>Mr. Terry asked if it would be possible to bring a suit against some entity to get something accomplished with this legislation. Mr. Binkley said that no state agency could do this. He said that the Department’s number one priority is to get the General Assembly to fully fund this program and thereby not put the Department in the position of having to use its funds designated for services to persons with mental illness. Since DMH is asking for a big chunk of money to fully fund the program, the General Assembly may re-consider whether the state has made a wise decision in giving DMH ownership of this program.</p> <p>Mr. Magill reported on the following items:</p> <ul style="list-style-type: none"> - The Department has had a group reviewing some of the inpatient operations. A draft report has been completed. The final report should be completed in the next few weeks. Dr. Bank said that data was reviewed, staff interviewed and lay out of the facilities has been reviewed concerning safety issues. All these areas are listed in the report. Dr. Bank said that the committee included Rochelle Caton, Zina Hampton, Sandy Hyre and Dr. Rutledge. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Recommendations will be based on the findings of the committee. As stated previously, the final report will be sent to the Commission before Thanksgiving. Dr. Bank said he will address the report at the next Commission meeting.</p> <ul style="list-style-type: none"> - Mr. Magill mentioned that funding for the ETV documentary on Bull Street did not materialize as Lilly has decided not to fund this. There is some good news, however, in that Mental Health America has agreed their donation for the documentary will not be withheld. The Department can count on this money for this in the event additional funds are raised. - The profiles are continuing. Anderson-Oconee-Pickens Mental Health Center will be profiled tomorrow, November 4. Three profiles are in final form – Charleston, Waccamaw and Pee Dee. Five additional profiles should be completed in the next few weeks. - Mr. Magill said that there will be a presentation next Wednesday, November 9 to the Health Sub-Committee of Senate Finance. Four agencies will be asked to present; Department of Health and Human Services, Department of Social Services, Department of Health and Environmental Control and Department of Mental Health. Mr. Magill said this is quite early for the Department to be making this presentation and it may be a sign of good news for DMH. - Last week in San Francisco, the American Psychiatric Association awarded a Silver Medal for achievement to Mental Health and the University of South Carolina School of Medicine, Department of Neuropsychiatry and Behavioral Science, for the Telepsychiatry Program. The award was accepted by Mr. Magill and Dr. Narasimhan on behalf of all the staff in the program. Mr. Magill congratulated the whole Telepsychiatry team and Dr. Narasimhan for all that's been accomplished. <p>Dr. Bank said this has been an amazing program. It has been very successful in reducing the wait times in the emergency rooms.</p> <p>Dr. Narasimhan said it is a wonderful project that included collaborations with many entities and produced wonderful outcomes. The Duke Endowment has</p>	

November 3, 2011

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>never funded a state agency to this level in its history.</p> <p>Dr. Evans feels that Mr. Magill has been the driving force in the Telepsychiatry project. Mr. Terry mentioned that on October 12, the School of Medicine awarded Mr. Magill with the Dean's Distinguished Service Award. The Commission is fortunate to have Mr. Magill as State Director.</p> <p>A notice and agenda for the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 12:07 p.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered Executive Session to receive legal advice concerning contractual matters. Upon reconvening in open session at 12:55 p.m., it was noted that no votes or action were taken; only information was received. The business meeting was formally adjourned at 12:55 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p> <p>J. Buxton Terry Everard Rutledge, PhD</p> <p>John H. Magill Versie Bellamy Gloria Prevost Bill Lindsey John Fletcher Leigh Ann Chmura</p> <p>Mark Binkley Robert Bank, MD Shanna Amersen Murry Chesson Alan McEniry Meera Narasimhan, MD</p> <p>Geoff Mason Monica McConnell Jeff Ham Tom Lucas Herb Drucker</p> <p><i>Alison Y. Evans</i> Alison Y. Evans, PsyD, Chair</p> <p><i>Connie Mancari</i> Connie Mancari, Recording Secretary</p>	
NOTICE/AGENDA		
ADJOURNMENT		
ATTENDANCE Commission Members		
Staff/Guests		
APPROVALS		

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Lexington County Mental Health Center
301 Palmetto Park Blvd.
Lexington, SC 29072**

**December 1, 2011
Center Presentation**

**Attendance:
Commission Members**

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Everard Rutledge, PhD (excused)

J. Buxton Terry
Jane B. Jones

Staff/Guests:

John H. Magill
Versie Bellamy

Mark Binkley
Rick Acton

Geoff Mason
Jenifer Sharpe

Robert Bank, MD
Sarah Main

The S.C. Mental Health Commission met at the Lexington County Mental Health Center, on Thursday, December 1, 2011. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m. Rick Acton, Executive Director of Lexington County Mental Health Center, introduced Sarah Main, who presented an overview of the center's residential housing programs.

Ms. Main said that approximately 20-25 percent of the homeless population have a severe mental illness. According to the South Carolina Council on Homelessness' 2011 Count, 17.4 percent of the homeless individuals in Lexington County have a severe mental illness. Ms. Main said that an individual needs to feel safe and secure before his/her mental illness can be treated.

Lexington Mental Health's housing programs are based on the following philosophy:

- Decent, safe, and affordable housing;
- Level of care;
- Supportive services; and,
- Residential continuum

Ms. Main said that "residential continuum" is the progression in housing options to assist consumers in becoming more independent and achieving recovery.

It was stressed that program staff's focus on promoting recovery, educating about mental health, encouraging independent and reduce institutionalization, assist consumers in developing daily living skills, improve quality of life for everyone, include natural family supports, access and promote usage of community resources, and develop individualized treatment plans with input from consumers based on their goals.

Ms. Main described the different housing options available to clients, from highest to lowest level of care, as follows:

Brookpine Community Residential Care Facility – Gaston, SC. This facility has 16 beds for individuals with a severe and persistent mental illness. It provides 24 hour supervision by DMH staff and medication management services. Encourages community integration and living skills.

Private Residential Care Facilities (People's Residential Care Facility) – Lexington Mental Health has Memoranda of Agreement with five local privately owned community residential care facilities (CRCF), of which People's is one. Transitions consumers who are coming out of the hospital to a CRCF to promote successful discharge planning. People's takes referrals from the forensics hospital and is predominately for older adults, although recently several 20-30 year olds have been admitted.

Homeshare – The Homeshare program was established to de-institutionalize people living at the State Hospital who were long-term patients. Lexington Mental Health currently has 35 clients living in Homeshare placements. The Homeshare program is a situation where a client lives in a private home with a family. These providers receive a stipend of \$1,339/month for the client which covers room and board. In contrast, CRCF operators receive \$1,100 for each client. Clients are encouraged to have independence and to participate as an active member of the family.

Assisted Living Program (ALP) – The ALP program is located in West Columbia and has 15 apartments with an office on-site to provide services and support. An array of supportive services are provided to promote independence. The majority of the ALP residents come from other housing programs such as Brookpine, Homeshare or CRCF.

Youth-In-Transition Leaphart Place Apartments – Leaphart Place consists of 19 apartments which are owned and managed by Growing Home Southeast, a local private non-profit agency. Six of the 19 apartments are reserved for individuals meeting HUD homelessness criteria. Leaphart Place consists of mainly 18-20 year olds.

MIRCI Apartments – Gault Grove and Sandstone apartments each have 20 one bedroom apartments, which are owned and managed by Mental Illness Recovery Center (MIRCI). Center staff provide on-site mental health services, focusing on community integration and daily living skills. Although all residents do have a severe mental health diagnosis, residents are generally more independent than other supported apartment programs.

The goal of level of service is to assist consumers make the final transition from the center's housing programs to its adult services clinics. Although they have reached independence in housing, they still need significant support to sustain housing and maintain their stability.

Ms. Main went on to describe the Rehabilitation Psychosocial Services (RPS) at the center. The RPS programs are designed to prepare clients to function as actively, adaptively and independently as possible. Lexington currently has two programs, and a collaborative program with Beckman Mental Health:

- Our House Clubhouse which focuses on building independent living skills and promotes community integration; and,
- Teamworks which focuses on similar skills, but is designed for individuals with more severe baseline symptoms.

The center provides transportation for the clients to these programs.

Ms. Main said that the center has a hospital liaison who works closely with the community and the hospitals to ensure that the consumers have a dependable and suitable discharge plan. The liaison will also follow up after discharge and assist with resolving any issues regarding housing or support for the

very vulnerable individuals. Ms. Main went on to relate a particular case study of a client of the center and how he progressed through the different levels of service.

Challenges for the housing programs:

- Budget cuts reduce the number of staff available to provide services in the programs;
- Economy
- Reduction in CRCF beds
- Reduction in hospital beds
- Changes in Medicaid


Ms. Main said that she has noticed that individuals coming from private hospitals are not as stable as they used to be which presents a challenge in placing them. This is also a factor that makes these individuals at risk for re-hospitalization.

Ms. Main said that some of the items the center is looking to do in the future are:

- In 2012, the center will work to transition its Teamworks RPS program into a drop-in center to support our consumers' recovery and provide them with a safe place to reach their goals.
- Lexington Mental Health Center is also developing a Youth-in-Transition mental health professional position. This individual will work to transition individuals from the Child and Family Services Program to the Adult Services programs. The person will work out of the drop-in center in order to develop more supports for this population.

Ms. Main said that at any given time, there are approximately 160 clients living in some type of housing option through the center. Mr. Mason said that at one time, the Department sponsored a Homeshare Providers Retreat. Due to budget constraints, this has not been done for the last several years. He said the Homeshare option is so successful that the Department is looking to see if some of the crisis stabilization money can be used for Homeshare situations.

There being no further discussion, the center presentation concluded at 10:10 a.m.



Alison Y. Evans, Psy.D., Chair
SC Mental Health Commission



Connie Mancari, Recording Secretary
SC Mental Health Commission

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

December 1, 2011, Lexington County Mental Health Center, 301 Palmetto Park Blvd., Lexington, SC 29072

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The December 1, 2011, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Lexington County Mental Health Center, 301 Palmetto Park Blvd., Lexington, SC. Dr. Evans express appreciation to the center for the presentation this morning and for all the courtesies extended to the Commission during its visit.</p> <p>Karl Boston, Administrator of Lexington County Mental Health Center, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>There were no guests acknowledged at this time.</p>	
APPROVAL OF MINUTES	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the November 3, 2011, business meeting. All voted in favor; motion carried.</i></p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports section.</p>	
<p>• Patient Protection Reports – October 2011; Client Advocacy Report – September 2011- Mark Binkley</p>	<p>Mr. Binkley said that there was nothing of significance to call to the attention of the Commission in the reports this month. He said that on the Patient Protection Report containing State Law Enforcement Division (SLED) reports, of the 28 cases of alleged abuse that are pending, nine are being investigated by SLED, 15 have been referred to the Long-Term Care Ombudsman, and four cases were referred to local law enforcement.</p>	
DEPARTMENTAL OVERVIEW/UPDATE	<p>Mr. Magill presented those items listed under Departmental Overview & Update.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Financial Status Update – Mark Binkley</p>	<p>Mr. Magill said that Dave Schaefer will be attending the Commission meetings as an assist to Mr. Binkley.</p> <p>Mr. Binkley said that one item to be highlighted is on the first page of the report under Medicaid Reimbursement. As discussed last month, the Medicaid reimbursement is falling below projections; however, it has since been confirmed that this is more than likely due to identified problems between DMH's billing system and the claims system at the Department of Health & Human Services (HHS). HHS made some changes to their automated claims system and, in so doing, inadvertently prevented DMH claims from getting through. Some of the agency's bills have now gone through to HHS. The Department is in the process of trying to resolve this with HHS as this has affected the agency's cash flow. The Department is confident this will be resolved sometime this month. Because of the back up in the bills that could not be processed electronically, it could be two months before accurate numbers can be obtained concerning Medicaid revenue.</p> <p>Mr. Binkley said the other figures are within projection. Expenditures and revenues are where they should be for the first third of the year. Mr. Binkley said that Geoff Mason and Dave Schaefer have been visiting each of the centers in order to review the budget and compare the numbers they have against the agency's numbers. Mr. Mason feels that the agency will now be providing numbers to the centers that are reliable and fairly accurate. Mr. Magill said that the centers have been very complimentary of what Mr. Schaefer and Mr. Mason have been doing.</p> <p>Mr. Binkley said that all indications are that Hughes Development is on track to submit their plans to the City of Columbia by January, which was their previous intention. If this timeline holds, the final approval will be before City Council at the end of April 2012. If all goes well and as planned, development will begin shortly after the City Council gives approval. Mr. Binkley said it appears that the only major issue outstanding is creation of a tax incremental financing (TIF) district to provide money for infrastructure improvements that Hughes wants the City to provide as part</p>	

December 1, 2011

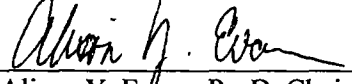
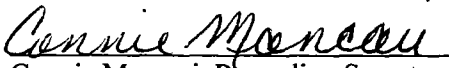
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Services Review Committee – Robert Bank, MD</p>	<p>of the overall development agreement. City Council has indicated they may be willing to modify the current TIF to address the objections by the County and the School District.</p> <p>Mr. Magill said that he asked certain members of the Quality Management Advisory Committee (QMAC) to review operations in the Inpatient system. Dr. Bank said that on May 20, 2011, a team of staff was appointed to review issues at the Division of Inpatient Services. Dr. Bank was the lead on the committee. Other members included Rochelle Caton, Client Advocacy; Ann Marie Dwyer, Risk Management; Zina Hampton, Human Resources; Sandy Hyre, Evaluation, Training & Research (ETR); Geoff Mason, Deputy Director of Community Mental Health Services; and Everard Rutledge, PhD, Member, SC Mental Health Commission.</p> <p>Dr. Bank said that all inpatient facilities were reviewed, except nursing homes. Emphasis was placed on the Columbia facilities. The completed report was sent to the Commission and was included in the agenda packet.</p> <p>Detail of the recommendations that came from the review is in the full report. Summarized, they are as follows:</p> <ol style="list-style-type: none"> 1) Continue to refine the adverse incident reporting system as it relates to patient assaults; 2) The Division of Inpatient Services (DIS) should adopt a system for monitoring PRN medication rates and the rates of refusal of medications for all of the inpatient facilities. DIS Performance Improvement should review the data and use it as part of their ongoing performance improvement process; and, 3) DIS should automate the Key Control Process so that accountability is clear. Key cards should be on an automated software program rather than paper records. Supervisors should have passes to access this program. <p>Dr. Bank said that Harris Hospital has a good system for tracking PRN medications,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>•Report of the Inpatient Facilities Governing Body Meeting of October 11, 2011 and Approval of Minutes – Versie Bellamy</p>	<p>and DIS will try to implement this system in the Columbia facilities.</p> <p>Dr. Rutledge reviewed the incident reporting process and found it more than adequate. The Commission was urged to contact Dr. Bank if they have questions on any part of the report. Ms. Moore felt the report was very well done and very easy to understand.</p> <p>Ms. Bellamy highlighted several areas of the Inpatient Facilities Governing Body Meeting of October 11. These highlighted areas are included under the following headings:</p> <ul style="list-style-type: none"> • Accreditation and Regulatory Surveys • Recruitment and Retention • Scope of Services • Performance Data/Core Measures <p><u>Accreditation and Regulatory Surveys</u></p> <ol style="list-style-type: none"> 1. C.M. Tucker has had no surveys since the last Governing Body meeting. 2. Bryan Hospital Adult Psych underwent an unannounced Joint Commission survey on June 23 & 24. A one-day follow up survey occurred on August 4. The follow up survey on August 4 was done on behalf of CMS and was the result of the hospital receiving a Condition Level Deficiency during the June survey period. The deficiency was related to the standard “leaders create and maintain a culture of safety and quality throughout the hospital”, particularly in the area of managing disruptive behavior on the part of staff. The deficiency was cleared by the surveyor. The Surveyor was impressed by revisions to the Disruptive Behavior/Code of Conduct policy that the facility has in place. 3. Morris Village is beginning work on undergoing Joint Commission accreditation. Currently, the facility is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). The hospital is exploring 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>all opportunities and is trying to ensure we are receiving credit for all services that are provided at Morris Village.</p> <p><u>Recruitment and Retention</u></p> <ol style="list-style-type: none"> 1. Dr. Purcell and Dr. Kimball have announced their retirement plans for January 2012 and November 2011, respectively, at Harris Hospital. Active discussions are occurring with locum tenens groups that have contracts with DMH. 2. At C.M. Tucker, the Activity Therapy Department had participated in a Volunteer Recruitment Day at Benedict College. Eighty three students signed up to complete service house with Tucker Center. Three Benedict College students are in intern rotation in Stone and Roddey Pavilions. <p><u>Plan for Services/Scope of Services</u></p> <ol style="list-style-type: none"> 1. On September 17, Veterans Victory House was presented the Patriotic Service Award from the South Carolina Society of the Order of the Founders and Patriots of America, in recognition of exceptional services rendered to the veterans. 2. Effective 10/31/11, Morris Village opened six co-occurring beds. These beds are designated for individuals experiencing severe and persistent mental illness coupled with psychoactive substance dependence. <p><u>Performance Data/Core Measures</u></p> <p><u>C.M. Tucker</u></p> <p>For the period April to August 2011, newly acquired pressure ulcer rate at Tucker was below the five percent trigger.</p> <p>On patient satisfaction surveys, over 80 percent of residents and their family members</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>were either “exceptionally satisfied” or “satisfied” with the care received at Tucker.</p> <p><u>Harris Hospital</u></p> <p>There were 14 employee injuries reported for this reporting period as compared to 19 the previous quarter. Patient-related injuries accounted for 71 percent of the overall total, compared to 68 percent the previous quarter.</p> <p>There was one significant patient injury for the quarter ending June 2011.</p> <p><u>Columbia-area Hospitals</u></p> <p>The total number of patient injuries requiring treatment beyond first aid was 62 for the period September 2010 to August 2011. This is below the trigger for each hospital.</p> <p>The total number of nursing staff injuries for the period was 113, of which 85 (75 percent) were due to patient/staff altercations.</p> <p>Patient-to-patient altercations for the period are below the performance trigger, with the exception of Bryan Adult and Forensics. Bryan Forensics had a slight increase and Bryan Adult a slight decrease.</p> <p>Patient-to-staff altercations for the period are below the performance trigger, with the exception of Bryan Forensics, which had an upward trend.</p> <p>Finally, Ms. Bellamy said that a new policy was reviewed at the October 11 meeting concerning Disruptive Behavior/Employee Code of Conduct.</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Inpatient Facilities Governing Body Meeting of October 11, 2011. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>Mr. Magill reported on the following:</p> <ol style="list-style-type: none"> 1. Within the next two weeks, the second meeting of the Upstate Coalition will be held at Harris Hospital. This group discusses issues concerning emergency services. Mr. Magill and Dr. Bank will attend. 2. The State Medicaid Agency (HHS) decided to further its past financial support of the telepsychiatry program with an additional \$750,000. The Duke Endowment was pleased to hear this as it now allows them more flexibility in funding. There will be a meeting at state office with all entities to cement the relationship and formalize the adoption of the budget plan, which includes the funding from HHS. The Governor's office was also invited to this meeting. 3. There is a new Medical Director at Santee Wateree Mental Health Center. Mr. Magill is hopeful that the Medical Director will make a positive impact in this catchment area. 4. Yesterday, Rep. Murrell Smith toured the Sexual Predator Program (SVP). The Department feels that he is very supportive of its efforts to try to get this program fully funded. Mr. Magill also mentioned that staffers from Senate Finance will be touring the SVP buildings at Crafts Farrow. They are interested in seeing the northeast facilities for which the Department requested additional funding. 5. Bill Lindsey of NAMI said the NAMI Report came out on November 10. It noted that South Carolina has lost more money percentage-wise than any other state. NAMI went to work immediately to raise awareness of the report. As a result, there was extensive media coverage. Also, the Governor said that more funding needs to be appropriated for Mental Health. Mr. Lindsey mentioned that NAMI has pre-filed legislation to enhance communication between clinicians and families. This legislation would make it easier for a family member to be involved in a person's treatment. 6. Mr. Magill said that several members of the General Assembly have commented that the Community Forums were very well done and have produced results. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p>7. The Profile process is about halfway complete. Mr. Magill said this has not been an easy task; however, like the Community Forums, should produce good results in the community.</p> <p>8. The annual Lawyers and Judges Seminar will be held at the Medical University on Friday, December 2. This is the 28th year that this seminar has been held. Mr. Magill said this is a good opportunity for attorneys to learn about mental illness and addictions. Monique Lee of our Legal office will accompany Mr. Magill and be a part of his presentation. Also presenting is Dr. Trey Causey.</p> <p>A notice and agenda for the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:10 a.m., on a motion by Rod Rutledge, seconded by Buck Terry, the Commission entered Executive Session to receive legal advice concerning a contractual matter. Upon reconvening in open session at 12:00 p.m., it was noted that no votes or action were taken; only information was received. The business meeting was formally adjourned at 12:00 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p> <p>John H. Magill Versie Bellamy Shanna Amerson</p> <p>Mark Binkley Robert Bank, MD Rick Acton</p> <p>J. Buxton Terry Everard Rutledge, PhD</p> <p>Geoff Mason Dave Schaefer</p> <p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	