

**SOUTH CAROLINA MENTAL HEALTH COMMISSION**

**Dinner Meeting Minutes  
Aiken, SC**

**December 11, 2014**

**Attendance – Commission Members**

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

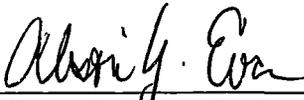
Jane B. Jones  
Sharon Wilson  
Beverly Cardwell

**Staff/Guests**

Rick Acton, Exec. Dir., Aiken-Barnwell Mental Health Center  
Tamara Smith, Aiken Administrator  
Elaine Kanara, Aiken Administration  
John Young, Aiken-Barnwell Board Chair  
Mary Head, Aiken-Barnwell Board Member  
Marion M. Gary, Aiken-Barnwell Board Member  
Janie H. Key, Aiken-Barnwell Board Member  
Christie Linguard, Recording Secretary

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Thursday, December 11, 2014, at Travinia Italian Kitchen, 470 Fabian Drive, Aiken, SC.

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

  
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Alison Y. Evans, PsyD, Chair  
South Carolina Mental Health Commission

  
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Christie D. Linguard, Recording Secretary  
South Carolina Mental Health Commission

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

**Aiken-Barnwell Mental Health Center  
1135 Gregg Highway  
Aiken, South Carolina 29801**

**December 12, 2014  
Center Presentation**

**Attendance:**

**Commission Members**

Alison Y. Evans, Psy.D., Chair  
Jane B. Jones  
Everard O. Rutledge, PhD  
Sharon L. Wilson

Joan Moore, Vice Chair  
James Buxton Terry  
Beverly Cardwell

**Staff/Guests:**

John H. Magill  
Alan Powell  
Tamara Smith  
Elaine Kanara  
John Young  
Marion Gary  
Cindy Motycka

Rick Acton  
Versie Bellamy  
Jeff Waddell  
Bianca Otterbein  
Dr. Rosa Ishmal  
Rochelle Ryan

Robert Bank, MD  
Kimberly Rudd, MD  
Vickie Key  
April T. Kilznens  
Lottie Kohl  
Mary Head

Mark Binkley  
Wanda Beasley  
Ryan Taylor  
Phyllis A. Leverett  
Janie Key  
Brandi Barnhill

Rick Acton, Tamara Smith, Jeff Waddell, Vickie Key, Ryan Taylor, Cindy Motycka and Elaine Kanara all presented a PowerPoint presentation entitled, "Center Development".

Rick Acton commenced by stating that the Aiken-Barnwell Mental Health Center (ABMHC) has undergone a paradigm shift because of the corporate culture change that has taken place. The Center has not strayed from its mission and purpose but rather has modified the approach to make things better for the citizens for the counties they serve.

The PowerPoint consists of the following discussion and slides:

*Tamara Smith – Center Development*

- Enhancing ABMHC Core and Data Collection

*Jeff Waddell – Old vs. New Culture*

- Front Door Policy; Division of Responsibilities; Management; Staff Accountability; Career Growth; Community Partners and Community Mental Health

*Vickie Key - Employee Development*

- Purpose of Employee Development; Recruitment; Challenges of Recruitment; Onboarding/Orientation; Performance Management; Succession Planning; Standards of Behavior; Established Various Employee Committee; Individual Career Development

Plan; Quarterly All Agency; Developed and Facilitated Training for Staff; and Opportunities

*Wanda Beasley & Ryan Taylor - Employee Experiences with Cultural Change*

- Performance Improvement Initiatives

*Cindy Motycka - Clinical Enhancements*

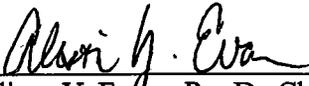
- Clinical Enhancements; and QA

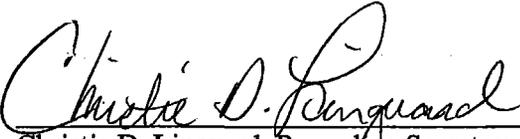
*Elaine Kanara - Administrative and Back Office Support*

- Administrative Performance Improvement Initiatives; Current Administrative Challenges; and Future Initiatives

Rick Acton concluded by stating that transparency at ABMHC is very important. Mr. Magill added that this center has been doing great things for a long time. In the mid-1970s, ABMHC was cited as the best clinical center in South Carolina. Dr. Evans thanked everyone for their participation in the presentation and stated that two things stood out in the presentation: 1) ABMHC takes great care in meeting the needs of each client; and 2) the investment in the staff along with the camaraderie/team work amongst the staff members.

The center presentation concluded at 10:15 a.m.

  
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Alison Y. Evans, Psy.D., Chair

  
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Christie D. Linguard, Recording Secretary

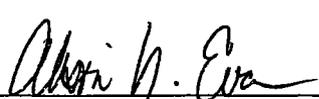
**S.C. MENTAL HEALTH COMMISSION MEETING**

December 12, 2014, Aiken-Barnwell Mental Health Center, 1135 Gregg Highway, Aiken, South Carolina 29801

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>CALL TO ORDER</b></p>	<p>The December 12, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:40 a.m. by Alison Y. Evans, Psy.D., Chair, in the Robert J Waters Community Room, 1135 Gregg Highway, Aiken, SC. Ms. Lottie Kohl commenced with the invocation.</p>	
<p><b>INTRODUCTION OF GUESTS</b></p>	<p>Dr. Evans welcomed regular attendees as well as guests.</p>	
<p><b>APPROVAL OF MINUTES</b></p>	<p><i>On a motion by Buck Terry, seconded by Beverly Cardwell, the Commission approved the minutes of the Commission Business Meeting of November 7, 2014.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>	
<p><b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b></p> <p><b>• Key Statistical Data – Dr. Robert Bank and Versie Bellamy</b></p>	<p>Mark Binkley presented those items listed under <b>Monthly/Quarterly Informational Reports</b>. There was nothing remarkable to report on the Patient Protection and Client Advocacy Reports. Of the 19 pending cases on the Patient Protection Report, 11 are being retained by SLED as potentially criminal; six (6) cases were referred to the State Long Term Care Ombudsman’s Office (SLTCOO) in the Lt. Governor’s Office on Aging; two were being investigated by the Attorney General’s Office.</p> <p>Dr. Bank began by noting that he will present a half report for the outpatient key statistical data. Because the numbers of services delivered are counted in a different way now, we still have to covert the old way to the new way to make comparisons. This conversion will hopefully be completed in time for the next Commission presentation. Billing has increased over the last 18 months. Currently, we have slightly over 54,000 open cases, which is the most we have had in the last eight (8) years. Dr. Bank summarized the content of the outpatient reports for the Commission.</p> <p>Versie Bellamy presented the inpatient key statistical data. Ms. Bellamy and Dr. Rudd gave an overview of FY14 bed utilization coverage and wait list disposition summary. They also noted that in the first quarter of FY15, inpatient facilities admissions increased by 5% and discharges have increased by 10%. At the conclusion, Dr. Bank asked if inpatient services could add the facilities average daily census to their report; Ms. Bellamy agreed that that would be a good idea.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>DEPARTMENTAL OVERVIEW AND UPDATE</b></p> <ul style="list-style-type: none"> <li>● <b>Report of Inpatient Facilities Governing Body Meeting – Versie Bellamy</b></li> <li>● <b>Bull Street Update – Mark Binkley</b></li> <li>● <b>Financial Status Update – Mark Binkley</b></li> </ul> <p><b>OTHER ADDITIONAL COMMENTS</b></p>	<p>The Inpatient Facilities Governing Body Meeting minutes presented for approval to the Commission today were from the October 15, 2014 meeting. CMS Certification Surveys were at CM Tucker Stone and Roddey. There were some citations and plans of corrections were submitted. CM Tucker Stone received a Five Star Rating. Ms. Bellamy called the Commission's attention to several areas in the minutes, including the various quality measures outcomes.</p> <p><i>On a motion by Buck Terry, seconded by Sharon Wilson, the Commission approved the Inpatient Governing Body Meeting minutes from the October 15<sup>th</sup> meeting as presented.</i></p> <p><i>All voted in favor to the above motion; motion carried forward.</i></p> <p>Mr. Binkley noted that the city is moving quickly to get shovels in the ground by the end of this month. The company which will operate the baseball stadium has sold the communication rights to Spirit Communications. In the published plan for new stadium it appears that they will incorporate and preserve the Ensor Building.</p> <p>Mr. Binkley called everyone's attention to the four page financial summary and budget projections they have before them. The projected surplus last month was a little over \$2 million and this month the projected year-end surplus jumped to a little over \$5 million. Mr. Binkley again asked the Commission members to keep in mind that we are utilizing over \$11 million of non-recurring funds in our budget. The projected surplus is due to several factors, including increases in projected revenue in some inpatient facilities and mental health centers, as well as some projected decreases in expenditures.</p> <p>The next board training session will take place at the Catawba Mental Health Center. A revised schedule of the trainings was given to each Commission member. Of note, a key representative pre-filed a bill to suspend the law that provides a guaranteed amount of State funding go to the counties. However, SCDMH is launching forward with the board training initiative.</p> <p>The Institute of Medicine (IOM) held their last Steering Committee meeting earlier this</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>month. There were 17 recommendations that were presented. These recommendations will be taken to IOM's Board of Directors for consideration. Mr. Magill, Dr. Evans and Dr. Bank all noted that these recommendations are aspirational and will probably take up to 3-10 years to implement along with millions of dollars.</p> <p>Mark Binkley noted that by Proviso during the 2013 legislative session, DMH was tasked to conduct a feasibility study regarding the possibility of South Carolina building a new state operated veterans domiciliary facility. SCDMH turned in the report for that last January. Thereafter in the 2014 legislative session, DMH was directed to conduct a feasibility study for additional State veterans nursing home, which the agency completed and submitted last month.</p> <p>Mr. Binkley talked briefly about the Joint Bond Review Committee meeting on December 5, 2014, where, in follow-up to its report, DMH sought approval to establish a project in the event the General Assembly was interested in pursuing an additional State veteran's nursing home. At the meeting one senator asked that the matter be carried over. Management will meet with the different members of the General Assembly and their staff to get a sense as to how quickly, if at all, they want us to proceed with this project.</p> <p>Dr. Rutledge asked if there is anything that the Commission can do to fill the vacancies on the community health center boards. Mr. Magill replied that the Chair and the Commission together should appropriately let the Governor know that these appointments are not occurring as rapidly as they need to.</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 10:55 a.m., on a motion by Buck Terry, seconded by Beverly Cardwell, the Commission entered into executive session to discuss contractual matters.</i></p> <p><i>Upon convening in open session at 12:10 p.m., on a motion by Joan Moore, seconded by Buck Terry, the Commission voted to authorize the State Director, on behalf of the Commission, to execute a contract of sale for the Hall Property, totaling 16.11 acres, in the form of an amendment to the December 16, 2010 sale Agreement, at a total price of \$3,612,715 as reflected in the minimum annual payment schedule presented by staff,</i></p>	

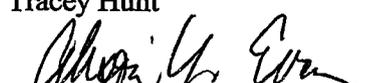
TOPIC	DISCUSSION		FOLLOW UP, ETC.
<p><b>ATTENDANCE</b> <b>Commission Members</b></p> <p><b>Staff/Guests</b></p> <p><b>APPROVALS</b></p>	<p><i>conditioned on the contract also including an amended paragraph regarding parcel sales to unrelated parties as presented by staff. All voted in favor to the above motion and the motion carried.</i></p>		
	<p><i>Dr. Evans then called the December SC Mental Health Commission Meeting to a close.</i></p>		
	<p>Alison Y. Evans, Psy.D., Chair Jane B. Jones Everard O. Rutledge, PhD Sharon L. Wilson</p>	<p>Joan Moore, Vice Chair James Buxton Terry Beverly Cardwell</p>	
	<p>John H. Magill Kimberly Rudd, MD Versie Bellamy John Young Brandi Barnhill Jeff Waddell Wanda Beasley</p>	<p>Robert Bank, MD Alan Powell Mark Binkley Dr. Rosa Ishmal Elaine Kanara Cindy Motycka Ryan Taylor</p>	
	<p> Alison Y. Evans, PsyD, Chair</p>	<p> Christie D. Linguard, Recording Secretary</p>	

**S.C. MENTAL HEALTH COMMISSION MEETING**  
**November 7, 2014, SCDMH Administration, 2414 Bull Street, Columbia, South Carolina 29201**

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<b>CALL TO ORDER</b>	The November 7, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Alison Y. Evans, Psy.D., Chair, in the Commission Room at the SC Department of Mental Health Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham commenced with the invocation.	
<b>INTRODUCTION OF GUESTS</b>	Dr. Evans welcomed regular attendees as well as guests.	
<b>APPROVAL OF MINUTES</b>	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Commission Dinner of October 2, 2014.</i></p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of October 3, 2014.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Commission Business Meeting of October 3, 2014.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>	
<b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b>	Mark presented the reports to the Commission. He noted that twenty (20) cases have been closed since the beginning of October. The one case noted was inconclusive; the involved individual did receive counseling and training related to interacting with residents.	
<b>DEPARTMENTAL OVERVIEW AND UPDATE</b>		
<b>• Staff Service Recognition – Ralph Randolph</b>	Mr. Magill personally thanked Mr. Ralph Randolph for all of his hard work and dedication to the SC Department of Mental Health. Versie Bellamy addressed the Commission and attendees with an overview and highlights of Mr. Randolph's tenure here at SCDMH. She began by stating that Mr. Randolph "epitomizes what true patient and client advocacy truly is". Dr. Evans read and presented the SC Mental Health Commission Resolution to Mr. Randolph. This Resolution will be a part of the permanent records of the SC Mental Health	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Report of the Inpatient Facilities Governing Body Meeting of July 9, 2014 &amp; Approval of Minutes</b></p> <p>• <b>Approval of Three Medical Care Accounts</b></p> <p>• <b>Bull Street Update – Mark Binkley</b></p>	<p>Commission. After the presentation, Mr. Randolph expressed sincere appreciate and gratitude to all of his former co-workers and supervisors for such a wonderful experience at SCDMH.</p> <p>The Governing Body Meeting minutes presented for approval to the Commission today were from the July 9, 2014 meeting. Ms. Bellamy called the Commission's attention to several areas in the minutes, including the various quality measures outcomes.</p> <p><i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the Governing Body Meeting minutes from the July 9<sup>th</sup> meeting as presented.</i></p> <p>Ms. Bellamy presented Stuart Shields as the new Director and Dr. Allyson Sipes as the new Clinical Director of G. Werber Bryan Psychiatric Hospital. It was also noted that Joint Commission visited the hospital on November 4, 2014. There will be a formal report at a later date but Ms. Bellamy noted that overall, the visit went well.</p> <p>Mr. Alan Powell directed the Commission's attention to the three (3) medical care accounts in their packets, which are the first accounts to be presented to the Commission this year. The first two (2) accounts were for services provided for waiver of charges over 10 years ago. There is no property involved and the Estates raised the Statute of Limitation. The third requires waiver because Medicaid denied the charges due to untimely filing.</p> <p><i>On a motion by Buck Terry, seconded by Dr. Rutledge, the Commission approved a waiver on the three (3) medical care accounts presented.</i></p> <p>SCDMH is moving ahead with relocating the utilities at William S. Hall Institute. The latest from the City and Hughes Development is that site preparation for the baseball stadium will occur sometime in December. We have not heard further about the sale of any other parcels but we know that activity is going on because there are various contractors and developers inspecting different buildings on campus. SCDMH is in discussion with Hughes Development about the potential sale of the Hall Institute site once it is vacated.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Financial Status Update – Mark Binkley</b></p> <p>● <b>Institute of Medicine and Health Coordinating Council Participation – John H. Magill</b></p> <p><b>OTHER ADDITIONAL COMMENTS</b></p>	<p>Mark Binkley explained that SCDMH is through the first quarter of FY15. We are running ahead on revenues and running below on expenditures. At this point, we are projecting a surplus of \$2.0 million by the end of the fiscal year. Again, when we speak of surpluses, always keep it in context. This year's budget includes over \$11 million in non-recurring funds. Mr. Magill noted that because of our efforts in expanding school-based services and with the addition of care coordination, we are slowly increasing the amount of counselors/therapists in our centers. We will bring these numbers at a later date to share with the Commission.</p> <p>Mr. Magill stated that SCDMH is still involved with the Institute of Medicine &amp; Public Health and helping them to develop recommendations for the states' behavioral health systems. Dr. Bank added that the Steering Committee is focused on delivery systems. Our mental health centers are strategically organized and positioned to be behavioral health homes. All of the recommendations are filtering to the Steering Committee which will vote on what will be contained in a final report. The chairman, Kester Freeman, stated that the final report will come out in February or March. Mr. Magill added that we may want to invite Mr. Freeman to a Commission meeting next year.</p> <p>SCDMH is once again involved with the Adjutant General and the VA Hospital in high level meetings to discuss how we can look at better coordination and utilization of some of the state's behavioral health systems to support returning veterans and their needs in the behavioral health arena. Jeff Ham is a member of a similar sub-group.</p> <p>The schedule of the Resource Acquisition Initiative (RAI) was sent out to all Commission members. Mr. Magill has brought in Access Health, Melanie Matney of the SC Hospital Association to see if there is any synergism that can be derived from some of their local projects that would benefit the things that we are doing within SCDMH. We would also like to collaborate with them on some of their resources.</p> <p>Dr. Meera Narasimhan shared the good news of additional funding for the Telepsychiatry program. They are in the process of hiring a Forensic Psychiatrist who will work approximately 3.5 days a week with the Forensic group within SCDMH. She has also been named the Associate Provost for Health Sciences. She is also the Director for Innovative Healthcare Technologies.</p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.
<b>NOTICE/AGENDA</b>	A notice and agenda of the meeting were sent out to all individuals and news media who requested information in accordance with state law.		
<b>ADJOURNMENT</b>	<i>At 11:10 a.m., on a motion by Jane Moore, seconded by Buck Terry, that the Commission entered into executive session to discuss contractual matters. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions were taken.</i>		
<b>ATTENDANCE Commission Members</b>	Alison Y. Evans, Psy.D., Chair Beverly Cardwell Everard O. Rutledge, PhD Sharon L. Wilson	Joan Moore, Vice Chair James Buxton Terry Jane Jones (excused)	
<b>Staff/Guests</b>	John H. Magill Geoff Mason Jeffrey Ham Dr. Allyson Sipes Ralph Randolph Meera Narasimhan, MD Irene T. Thornley Trinita Floyd Delores Monteith Doug Glover Patricia Gunn Beverly McKie Mark Binkley Larry Blanding Tracey Hunt  Alison Y. Evans, PsyD, Chair	Robert Bank, MD Ligia Latiff-Bolet, PhD Stuart Shields Kimberly Rudd, MD Valarie Perkins Shelby Herbkersman Angela Forand, MD Frances Corley Dr. Allyson Sipes Dave Schaefer Karen W. Gradon Richard Guess Robert Morgan Ann Thornley Mallory Miller  Christie D. Linguard, Recording Secretary	
<b>APPROVALS</b>			

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

**Beckman Center for Mental Health Services  
1547 Parkway  
Greenwood, South Carolina 29646**

**October 3, 2014  
Center Presentation**

**Attendance:  
Commission Members**

Alison Y. Evans, Psy.D., Chair (excused)  
Jane B. Jones  
Everard O. Rutledge, PhD (excused)  
Sharon L. Wilson

Joan Moore, Vice Chair  
James Buxton Terry  
Beverly Cardwell

**Staff/Guests:**

John H. Magill	Melanie Gambrell	Robert Bank, MD	Mark Binkley
Geoff Mason	Alan Powell	Versie Bellamy	Penny McCoy
Cherry Parker	Greg Bullard	Kimberly Kapetanakos	Tracey Perillo
Amanda Fritz	Rhonda Paxton	Colleen Staton	Tracy Bush
Shane Parnell	Camilla Bravo	James Bowman	Gail Smith
Elaine Fontana	Victoria Juran	Allen McEniry	Lee Kennerly
Emma Hall	Rick Leary	Theresa Bishop, MD	Allison Bishop
Shelby Herbkersman	Corina Samarghitan		

Kimberly Kapetanakos, Tracey Perillo, Colleen Staton, Corina Samarghitan, Amanda Fritz and Shane Parnell all presented on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) modality: *Evidenced-Based and Promising Practices, (i.e. TF-CBT, PCIT), and Integration with Primary Healthcare.*

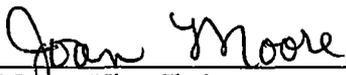
Children (ages 13 to 18) who have been abused or exposed to a life threatening or traumatic event and may do one or all of the following:

- Experience unhelpful beliefs about their trauma (guilt, shame or fear);
- Act out behaviorally or with sexual behaviors inappropriate for their age;
- Experience symptoms of PTSD including constantly thinking about the trauma, avoiding reminders including refusing to talk about it, emotional numbing, irritability, difficulty sleeping, constant awareness of surroundings for danger, troubles concentrating, etc.; and
- Show a significant change in personality or increase in depression or anxiety.

In the last nine months, Beckman Center for Mental Health Services (Beckman) has worked with 90 families whose child has experienced a significant trauma and was symptomatic. Beckman will conclude its collaboration work with Project Best at the end of the month but will continue its efforts to serve these children with the Evidence-Based models. Beckman now considers themselves to be a very trauma-informed center.

In closing, Ms. Gambrell thanked the Commission, Mr. Magill and Senior Management for all that they do for the Beckman Center for Mental Health Services. She also thanked the clinicians and staff members for their presentations. Ms. Moore echoed her sentiments to the clinicians and staff members.

The center presentation concluded at 9:56 a.m.

  
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Joan Moore, Vice Chair

  
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Christie D. Linguard, Recording Secretary

**S.C. MENTAL HEALTH COMMISSION MEETING**

**October 3, 2014, Beckman Center for Mental Health, 1547 Parkway, Greenwood, South Carolina 29646**

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>CALL TO ORDER</b></p>	<p>The October 3, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Joan Moore, Vice Chair, in the Beckman Center, 1547 Parkway, Greenwood, SC. Mr. Lee Kennerly commenced with the invocation.</p>	
<p><b>INTRODUCTION OF GUESTS</b></p>	<p>Commissioner Joan Moore welcomed regular attendees as well as guests.</p>	
<p><b>APPROVAL OF MINUTES</b></p>	<p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Commission Business Meeting of September 5, 2014.</i></p> <p><i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the minutes of the Commission Budget Meeting of September 22, 2014.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>	
<p><b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b></p> <ul style="list-style-type: none"> <li>● <b>2015 SC Mental Health Commission Meeting Dates</b></li> <li>● <b>Bull Street Update – Mark Binkley</b></li> <li>● <b>Financial Status Update – Mark Binkley</b></li> </ul>	<p>Mark Binkley presented those items listed under <b>Monthly/Quarterly Informational Reports</b>. There was nothing remarkable to report on the Patient Protection and Client Advocacy Reports. As of the end of September, only 19 cases were being retained by SLED; nine cases were referred to the State Long Term Care Ombudsman’s Office (SLTCOO) in the Lt. Governor’s Office on Aging; three to the Attorney General’s Office; and five have been referred to local law enforcement agencies. The systems we have in place for tracking these investigations are functioning well.</p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the 2015 SC Mental Health Commission Meeting Dates and Locations.</i></p> <p><i>All voted in favor to the above motion; motion carried forward.</i></p> <p>Mr. Binkley noted that the likely first parcel to sell would be the site of the baseball stadium. At SCMDH’s request, the selling of this parcel was temporarily postponed. Additional discussion will take place in the recommended executive session.</p> <p>Mr. Magill noted, as approved by the Commission on September 22, 2014, SCDMH did submit its State appropriation request for FY16. The Governor’s office has asked if Mr.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Harris/Region B Center Meeting</p>	<p>Magill and Senior Management will meet to discuss the request with its budget staff later this month.</p> <p>Mr. Binkley called everyone's attention to the four page financial summary and budget projections they have before them. These are fairly preliminary figures as they are the results for the first two months (August and September) of FY 15. Last year, DMH's actual revenues exceeded our projections. Much of the credit goes to Dave Schaefer and his staff for their efforts on collecting accounts receivables; agency collections have increased significantly; the Patient Paying Fee Account for inpatient services has increased nearly \$5.0 million over the past three years.</p> <p>Mr. Magill informed the audience that he has extra copies of the FY2016 Proposed Budget Request that was submitted to the Governor's Office.</p> <p>Mr. Mason described how Harris Hospital leadership and the Directors of the Mental Health Centers which refer patient to Harris, will soon be meeting to address patient care issues. The meeting will also include the medical chiefs of the centers as well as some Center administrators. This meeting is our "State of the State" meeting to discuss what we are doing and how do we go about improving the continuity of care between Harris Hospital and the mental health centers in the upstate. Region B consists of the Beckman Center, the Piedmont Center, Anderson-Oconee-Pickens MHCs and Spartanburg Area MHC. Dr. Bishop from Harris Hospital briefed the Commission on the growing issue of medication availability for discharged patients. Harris discharges patients home with a 14-day supply of medications; however, many patients generally cannot obtain an appointment with a prescriber (mental health center) within 14 days to get a new prescription. The patients need access to a longer supply of medicines or see a prescriber sooner. Currently, there is not a firm plan that will work for many of our discharged patients. Hopefully, in discussing these kinds of issues jointly we can improve on the continuity of care between the hospital and the mental health center. Mr. Mason added that another issue is finding timely and appropriate community residential resources for our patients in Region B. This meeting will take place on October 23, 2014 at the Piedmont Center. Allen McEniry added that Patrick B. Harris Psychiatric Hospital has recently added an on-site mail-order patient assistance pharmacy group; they occupy space in a number of our mental health centers, and the hope is they will be able to assist in ensuring the availability of medication to patients after discharge. Telepsychiatry may be</p>	

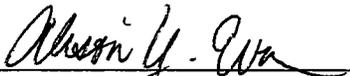
TOPIC	DISCUSSION	FOLLOW UP, ETC.														
<b>OTHER ADDITIONAL COMMENTS</b>	<p>another option to increase timely access to a prescriber for recently discharged patients.</p> <p>Mr. Magill spoke on the two year Mental Health Center Board initiative (acquisition/requisition training) to work with Center Boards and Center leadership on requests for Center funding from the County Councils in each county. The launching of this initiative will be this Monday at Beckman Center for Mental Health Services. Mr. Lee Kennerly, Beckman Center for MH Board Chair, and Ms. Melanie Gambrell outlined the process.</p> <p>The Commission and Mr. Magill recently sent out the Good News letter to many members of the General Assembly and other officials. We have to alert key people when things are not going well at DMH; therefore, we decided it made sense to also send out a letter informing every one of the 2014 DMH achievements and reminding them of things the agency is doing well.</p>															
<b>NOTICE/AGENDA</b>	<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>															
<b>ADJOURNMENT</b>	<p><i>At 10:55 a.m., on a motion by Beverly Cardwell, seconded by Buck Terry, that the Commission entered into executive session to discuss contractual matters. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions were taken.</i></p>															
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**S.C. MENTAL HEALTH COMMISSION MEETING**  
**September 5, 2014, SCDMH Administration, 2414 Bull Street, Columbia, South Carolina 29201**

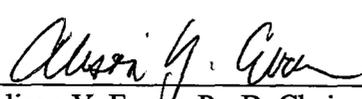
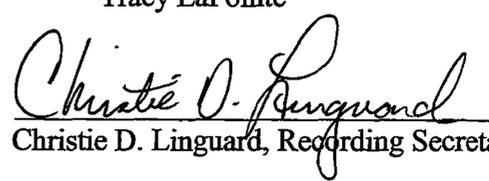
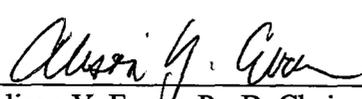
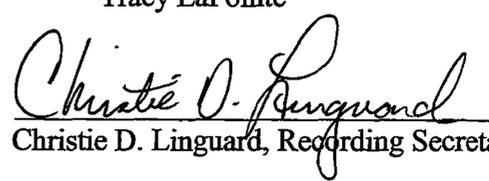
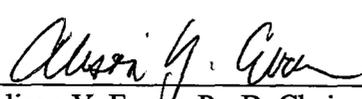
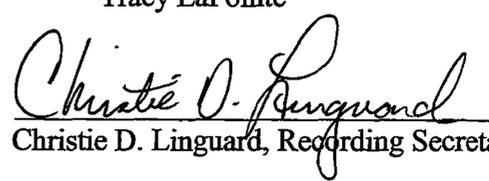
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<b>CALL TO ORDER</b>	<p>The September 5, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Alison Y. Evans, Psy.D., Chair, in the Commission Room at the SC Department of Mental Health Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham commenced with the invocation.</p>	
<b>INTRODUCTION OF GUESTS</b>	<p>Dr. Evans welcomed regular attendees as well as guests.</p>	
<b>APPROVAL OF MINUTES</b>	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Commission Dinner of July 31, 2014.</i></p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of August 1, 2014.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Commission Business Meeting of August 1, 2014.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>	
<b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b>	<p>Mark Binkley presented those items listed under <b>Monthly/Quarterly Informational Reports</b>. He noted one allegation which was deemed “founded” in the SLED Patient Protection Report. The allegation was that a DMH Homeshare provider (contractor) verbally abused a client. The Center elected to terminate the provider’s contract. SLED referred this case to the State Long Term Care Ombudsman’s Office (SLTCOO) in the Lt. Governor’s Office on Aging. Mrs. A. Dale Watson, the State Long Term Care Ombudsman, was in attendance and was recognized by Mr. Binkley and the Commission. Of the 34 cases pending at the end of August, 18 were being directly investigated by SLED; 12 by the SLTCOO; three by the Attorney General’s Office because they involved some allegation of financial misconduct; and one by DMH Advocacy office because it involved a sexually violent predator in a non-criminal abuse allegation.</p>	
<b>● Presentation of IPS Award to Greenville MHC – John H. Magill/Commissioner Barbara</b>	<p>Mr. Magill commenced by reiterating the historical and unique relationship between the SCDMH and SC Department of Vocational Rehabilitation (SCVR). Today is a celebration of the success of this collaboration at the Greenville Mental Health Center. This spring, DMH’s</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<b>Hollis</b>	<p>Greenville Mental Health Center received the Johnson &amp; Johnson-Dartmouth College 2014 Achievement Award for its Independent Individual Placement &amp; Supported (IPS) Employment program. SCVR's Commissioner Barbara Hollis was introduced and reiterated the great partnership between the two agencies. She is extremely proud of Greenville Mental Health Center adding the Peer Support component. This brings such a unique strength in order that we can reach and help more people. Geoff Mason, Demetrius Henderson, Dr. Al Edwards, staff at SC Vocational Rehabilitation and DMH's Greenville Mental Health staff all spoke on the great partnership and appreciation of the award. Pictures were taken as the award [crystal bowl] was given to SC Vocational Rehabilitation and SCDMH, Greenville Mental Health staff members. SCVR Commissioner Hollis noted that this award was featured in SCVR's latest newsletter.</p>	
<ul style="list-style-type: none"> <li>● <b>Bull Street Update – Mark Binkley</b></li> </ul>	<p>Mr. Binkley called everyone's attention to the master plan for the Bull Street project. As SCDMH understands it, the first parcel sold would be for a student housing complex. SCDMH, however, still does not know when the closing will take place. A contractual issue is recommended to be discussed later this morning in Executive Session. September 30, 2014 is the deadline for SCDMH to receive a check from Hughes Development Corporation for at least \$1.5 million.</p>	
<ul style="list-style-type: none"> <li>● <b>Key Statistical Report – Robert Bank, MD</b></li> </ul>	<p>Dr. Bank asked the Commission members to look at the two reports in their handouts as he summarized data for the FY 201 regarding open cases. Approximately, 150,000 individuals a year are receiving clinical services from SCDMH. (This number includes persons seen in detention centers and other locations where DMH clinicians assess individuals and consult with their primary care provider, but do not open a DMH case). The Summary of Client Contacts and Billable Units by Clinical Services report was summarized as well. In addition, Dr. Bank explained how Telepsychiatry has brought these numbers up in both reports. In the last four months, the Telepsychiatry Program has seen almost 1,200 clients in Tri-County and Orangeburg alone. The Program will soon add Spartanburg and Santee-Wateree to this effort. When work is done via Telepsychiatry in the ERs, the physicians automatically send a referral to the Clinical Care Coordinators for immediate follow-up. Mr. Magill introduced Dr. Meera Narasimhan who provided additional positive comments about the successes of the Telepsychiatry Program.</p>	
<ul style="list-style-type: none"> <li>● <b>Financial Status Update – Mark Binkley</b></li> </ul>	<p>The agency is loading the FY15 budgets for all facilities. Dave Schaefer, Noelle Wriston and Geoff Mason have meet with each center executive director and their staff as well as</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Local Governing Board Initiative – John H. Magill</b></p>	<p>with Versie Bellamy and inpatient staff to go over their projected budget in the way of personnel and other expenditures. Based on these meetings, each of these facilities has or will be receiving their FY15 allocation by the end of this month. Simultaneously, the Finance Department has an October 1<sup>st</sup> deadline to have SCDMH's FY16 budget request into the Governor's Office. Mr. Magill, Dave Schaefer, Mark Binkley and Geoff Mason will meet this afternoon to further discuss the centers' budgets.</p> <p>Next month, the Local Governing Board Initiative will be launched at Beckman Mental Health Center. This initiative will focus on resource acquisition training to support efforts for our centers to receive more local funding. Each board meeting will be followed the next day by individualized county council meetings in the counties in which our mental health centers function. We chose Beckman to be our kickoff area because it is a big catchment area; they have an excellent director; and the level of county participation is very low in this area. This is a building initiative that will reflect counties taking advantage of their abilities, if they choose, to do a referendum for an earmarked tax. Commissioner Jane Jones spoke briefly about what she has been doing in the Anderson area. She feels that county council will be very responsive to a referendum in Anderson but it will take selling it county-wide. Greenville, Spartanburg, Richland and Lexington Counties all do very well in their financial efforts to support mental health. Dr. Bank noted that \$2.0 million of the \$16.0 million budgeted for Columbia Area comes from a Richland County millage for the Center.</p>	
<p><b>OTHER ADDITIONAL COMMENTS</b></p>	<p>E. Roy Stone Veterans Pavilion, a veterans nursing home operated by SCDMH, has been ranked as one of the top nursing care facilities in South Carolina and the nation by both the Centers for Medicare and Medicaid Services (CMS) and the <i>US News and World Report</i> earning the facility a 5-Star rating which is the highest rating obtainable. The Commission members present have been invited to tour the facility after lunch and executive session.</p>	
<p><b>NOTICE/AGENDA</b></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><b>ADJOURNMENT</b></p>	<p><i>At 11:20 a.m., on a motion by Jane Moore, seconded by Buck Terry, that the Commission entered into executive session to discuss contractual matters. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions</i></p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.
<p><b>ATTENDANCE</b> <b>Commission Members</b></p> <p><b>Staff/Guests</b></p> <p><b>APPROVALS</b></p>	<p><i>were taken.</i></p> <p>Alison Y. Evans, Psy.D., Chair Jane B. Jones Everard O. Rutledge, PhD (excused) Sharon L. Wilson</p> <p>John H. Magill Geoff Mason Jeffrey Ham Commissioner Barbara Hollis Vicki Walker April Simpson Belinda Wilson Shelley Hoppe A. Dale Watson</p> <p> Alison Y. Evans, PsyD, Chair</p>	<p>Joan Moore, Vice Chair James Buxton Terry Beverly Cardwell</p> <p>Robert Bank, MD Ligia Latiff-Bolet, PhD Demetrius Henderson Ramona Carr Al Edwards, MD Olivia Davis Rick Poole Leslie Warren Linda Lieser</p> <p> Christie D. Linguard, Recording Secretary</p>	

**S.C. MENTAL HEALTH COMMISSION MEETING  
CONFERENCE CALL  
Monday, September 22, 2014**

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<b>CALL TO ORDER</b>	<p>A conference call meeting of the SC Mental Health Commission took place on September 22, 2014 at 3:30 PM in room 321 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC.</p> <p><i>At 3:35 p.m. Alison Y. Evans, Psy.D. called the conference call meeting to order.</i></p> <p>Mr. Magill commenced by stating that this meeting was called in order for the Commission to approve the proposed budget request for 2016.</p> <p><i>On a motion by Dr. Rutledge, seconded by Joan Moore, the Commission approved the Proposed FY16 Budget Request for submission. *It was noted that Buck Terry voted in favor of the Request during his 11:00 a.m. conference call meeting.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>									
<b>ADJOURNMENT</b>	<p><i>At 3:52 p.m., on a motion by Jane Jones, seconded by Joan Moore, that the Commission entered into executive session to discuss contractual matters. Upon convening, it was noted that only information was received; no votes or actions were taken.</i></p>									
<b>ATTENDANCE Commission Members</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Alison Y. Evans, Psy.D., Chair</td> <td style="width: 50%;">Joan Moore, Vice Chair</td> </tr> <tr> <td>Jane B. Jones</td> <td>*James Buxton Terry (excused)</td> </tr> <tr> <td>Everard O. Rutledge, PhD</td> <td>Beverly Cardwell</td> </tr> <tr> <td>Sharon L. Wilson</td> <td></td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	Joan Moore, Vice Chair	Jane B. Jones	*James Buxton Terry (excused)	Everard O. Rutledge, PhD	Beverly Cardwell	Sharon L. Wilson		
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<b>Staff/Guests</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">John H. Magill</td> <td style="width: 50%;">Mark Binkley</td> </tr> <tr> <td>David Schaefer</td> <td>Tracy LaPointe</td> </tr> </table>	John H. Magill	Mark Binkley	David Schaefer	Tracy LaPointe					
John H. Magill	Mark Binkley									
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<b>APPROVALS</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">             Alison Y. Evans, PsyD, Chair         </td> <td style="width: 50%; text-align: center;">             Christie D. Linguard, Recording Secretary         </td> </tr> </table> <p>*Mr. Buck Terry, John H. Magill, Mark Binkley and David Schaefer met via telephone at 11:00 AM to go over budget request.</p>	 Alison Y. Evans, PsyD, Chair	 Christie D. Linguard, Recording Secretary							
 Alison Y. Evans, PsyD, Chair	 Christie D. Linguard, Recording Secretary									

**SOUTH CAROLINA MENTAL HEALTH COMMISSION**

**Dinner Meeting Minutes  
Orangeburg, SC**

**July 31, 2014**

**Attendance – Commission Members**

Alison Y. Evans, PsyD, Chair

Joan Moore, Vice Chair

Everard Rutledge, PhD (excused)

J. Buxton Terry

Jane B. Jones (excused)

Sharon Wilson (excused)

Beverly Cardwell

**Staff/Guests**

Willie Priester, Executive Director of Orangeburg Area Mental Health Center (OAMHC)

Ayanna Swinton-Jamison, MD, OAMHC Chief of Psychiatry

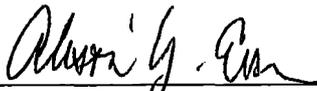
Reverend George Manigo, OAMHC Board Member

Kathy Kimpson-Payne, OAMHC Administrator

Sarah Thomas, OAMHC Children, Adolescents and Family Services (CAF) Program  
Coordinator II

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Thursday, July 31, 2014, at The Chestnut Grill, 1455 Chestnut Street, 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  
South Carolina Mental Health Commission



Christie D. Linguard, Recording Secretary  
South Carolina Mental Health Commission

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

**Orangeburg Area MHC  
2319 St. Matthews Road  
Orangeburg, South Carolina 29118**

**August 1, 2014  
Center Presentation**

**Attendance:  
Commission Members**

Alison Y. Evans, Psy.D., Chair  
Jane B. Jones (excused)  
Everard O. Rutledge, PhD  
Sharon L. Wilson (excused)

Joan Moore, Vice Chair  
James Buxton Terry  
Beverly Cardwell

**Staff/Guests:**

John H. Magill	Willie Priester	Cynthia Jones	Kathy Kimpson-Payne
Faith Arthur	Cynthia Hallman	Rickey James	Pamela Johnson-Sims
Joyce Felder	Cassandra Keller	Shaunette Lloyd	Pamela Salter
Randy Simpson	Vermell Sistrunk	Jacqueline Shuler	Sarah Thomas
Nakisha Randolph	Cheryl Martin	Laneia Walker	Edward Gibson
Arlene Smoak	Jessica Green	Teretha Mitchell	Viola Wall
Cynthia Wilson	Ayanna Swinton-Jamison, MD		

The South Carolina Mental Health Commission met at Orangeburg Area Mental Health Center (OAMHC), 2319 St. Matthews Road, Orangeburg, SC, on Friday, August 1, 2014. Alison Y. Evans, PsyD, Chair, opened the meeting at 9:00 a.m., and turned the presentation over to Mr. Willie Priester, Executive Director of the OMHC. Mr. Priester asked Mr. Rickey James to come forward and lead us in our invocation.

Mr. Priester introduced Sarah Thomas, OAMHC Children, Adolescents and Family Services (CAF) Program Coordinator II, to everyone and allowed her to introduce other School-Based Services presenters and/or guests. The theme of Ms. Thomas' presentation was, "*One Goal One Agenda. We All Are Winners Through Collaboration*". Throughout her presentation, she cited examples of why School-Based Services Programs work so well in Orangeburg, South Carolina. The success of the Program in large part is due to the services provided, which include but are not limited to, Primary Prevention, Early Intervention, Individual Family Services, Counseling, Group Counseling, Crisis Intervention, In-Service Training and Consultation. A Summer Enrichment Program takes place during the summer months which allow for the clients to participate in group therapy. Home visits by the Counselors are encouraged in order to meet every student where they are. Funding comes from Orangeburg County District 3, 4, 5 and of course the General Assembly. There are a total of 16 schools that OAMHC covers with their eight (8) School-Based Counselors.

Rose Pelzer, Principal of Lake Marion High School and Technology Center, was next to address the Commission and guests. She talked about the large Special Needs population in Orangeburg and the collaboration of Lake Marion High School and OAMHC to meet each client's needs.

Faith Arthur, School Administrator, spoke on the great partnership between School-Based Counselors and Mental Health Counselors. They have all worked hard to understand the process of referrals in the Orangeburg area. Every counselor has been trained on suicide prevention. Ms.

**Center Presentation**  
**Orangeburg Mental Health Center**

Page 2

Arthur spoke favorably about the Project Best Initiative and the fact that it has increased the number of referrals on a monthly basis, made tracking of each referral easier and it has allowed for the Counselors to note progress of each client's treatment process.

Cynthia Wilson, Superintendent of Orangeburg Consolidated School District 5, addressed the audience next. There are approximately 7,000 students in the Orangeburg district of which 14% are classified as Special Needs students. A large portion of these students are in the self-contained classes. Approximately 88% of the students in this district are in poverty (receive free and reduced lunches). Ms. Wilson made mention of the Project Best Initiative as well. Approximately 60% of our students in the Orangeburg schools have had a traumatic event take place in their lives. Project Best is a very meaningful way to address the traumatic concerns of these students.

Nakisha Randolph apprised everyone of the life of a School-Based Counselor. She talked about the different therapies she uses with the students. At the high school level, crises happen almost every day. In most crisis situations, it begins with listening to the students and ends with listening to the students. Physically, mentally and psychologically, Ms. Randolph tries to meet each student where he/she is and provide him/her with over the top services.

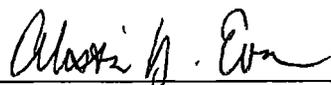
Mr. Magill asked to be invited back to the schools to sit with the Principals and Guidance Counselors. Ms. Thomas obliged by extending an invitation for Mr. Magill to come anytime to visit the Orangeburg and Calhoun County school systems.

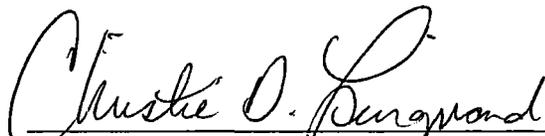
Mr. Priester presented Telepsychiatry at the OAMHC. Dr. Robert Glenn is the Telepsychiatry physician for the OAMHC. The Telepsychiatry program began in Orangeburg in May of this year. This program allows a physician in Charleston, SC to consult with a client who is in Orangeburg, SC. By partnering with Liberty Healthcare Corporation, these clients have been allowed to build a three to five year relationship with the same physician rather than seeing someone new each time they visit the ED. The physician physically consults with clients at the OAMHC at least once a month.

In closing, Mr. Priester thanked the Commission, Mr. Magill and Senior Management for all that they do for the OAMHC to assist in ensuring that all clients get the service(s) they need.

Dr. Evans thanked everyone for their presentations and noted that the love and enthusiasm for the work they do is contagious.

The center presentation concluded at 9:55 a.m.

  
\_\_\_\_\_  
Alison Y. Evans, Psy., D., Chair

  
\_\_\_\_\_  
Christie D. Linguard, Recording Secretary

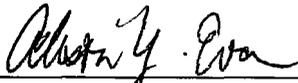
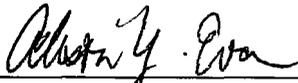
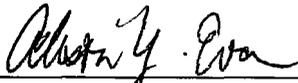
**S.C. MENTAL HEALTH COMMISSION MEETING**

**August 1, 2014, Orangeburg Area Mental Health Center, 2319 St. Matthews Road, Orangeburg, South Carolina 29118**

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>CALL TO ORDER</b></p>	<p>The August 1, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m. by Alison Y. Evans, Psy.D., Chair, in the Main Conference Room at the Orangeburg Area Mental Health Center, 2319 St. Matthews Road, Orangeburg, SC. Mr. Rickey James delivered the invocation at the beginning of the center presentation.</p>	
<p><b>INTRODUCTION OF GUESTS</b></p>	<p>Dr. Evans welcomed regular attendees as well as guests. She also thanked her fellow Commission members for continuing the business of the Commission in her absence last month. A special thanks to Ms. Joan Moore for chairing the meeting.</p>	
<p><b>APPROVAL OF MINUTES</b></p>	<p><i>On a motion by Buxton Terry, seconded by Beverly Cardwell, the Commission approved the minutes of the Commission Business Meeting of July 11, 2014.</i></p>	
<p><b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b></p>	<p>Mr. Magill presented those items listed under <b>Monthly/Quarterly Informational Reports</b>. He passed a summary of SLED open cases to the Commission and noted that Mark Binkley will give the report for August and September at the September meeting.</p>	
<p>● <b>Bull Street Update – John H. Magill</b></p>	<p>Ground will be broken relatively soon and SCDMH will get its first payment of \$1.5 million in September. Housing is first on the list to be built. The first demolition will probably be the buildings behind Babcock that are not on the National Historic Register (i.e., old cafeteria building). Surveyors are measuring now for the baseball stadium. Discussion will be held in Executive Session regarding the sale of the Hall Institute property. The Developer is also looking at the Byrnes Medical Center as a potential housing complex as well.</p>	
<p>● <b>Financial Status Update – Noelle Wriston</b></p>	<p>Ms. Wriston called the Commission’s attention to the Preliminary Financial Report in their packages. This is a side-by-side comparison of FY13 Actual and FY14 Preliminary. No material changes are anticipated in the report. We did end the year with a \$9.4 million surplus. The word surplus is misleading due to the fact that SCDMH builds its budget with a substantial amount of non-recurring funding. However, we can take this amount of funding and apply to FY15. The Finance Department is in the process of meeting with all center director and facility administrators to determine what the financial needs for the upcoming year will be. The Department has isolated some of the main drivers that caused</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Corporate Compliance Report – Ligia Latiff-Bolet, PhD</b></p>	<p>the surplus; the main driver is the payroll, in that the agency continues to experience significant employee vacancies in clinical positions, both in the community and in the inpatient facilities. We also had a one-time event with the Veterans Administration's revenue in that we received monies for 13 months instead of 12 months. There were also increases in SCDMH's accounts receivable collections and increased Medicaid revenue.</p> <p>Dr. Latiff-Bolet gave a brief overview of SCDMH's current Compliance Program. As a result of the Affordable Care Act, all Medicare and Medicaid providers are mandated to have a Compliance Program. SCDMH has been very proactive and have been conducting annual audits of all centers and facilities since 1999. The Compliance Plan can be found on SCDMH's website. Dr. Latiff-Bolet cited various examples where SCDMH has been forthright in disclosing compliance issues to SCDHHS' Program Integrity Department. This also shows SCDHHS that we are serious in our self-audit efforts. Quality is tied to Performance; Performance is tied to Reimbursement; and Reimbursement is tied to Compliance. All of these principles are reflected in SCDMH's staff credentialing process, which is driven by NCQA standards. We had several HIPAA and Privacy and Security reports of which most involved computer viruses. In 2011, the Quality Assurance division changed the audit tools for centers and facilities. The trend is slowly moving upwards to where we are now beginning to have more centers and facilities scoring 90% or above on their overall audits. Ten out of 11 centers/facilities have scored 90-97% on their administrative audits. In terms of the clinical portion of the audits, Centers are performing between 80-89%. Dr. Rutledge asked if the QA department also monitors compliance with regards to grants. Dr. Latiff-Bolet responded that the department documents the number of grants each center/facility is awarded; however, the Grants' department has a compliance plan that they adhere to for all grants. Also, Dr. Latiff-Bolet sits on the Institutional Review Board to ensure that compliance is met at the beginning of the grant. Mr. Magill noted that he and Dr. Latiff-Bolet chair the compliance committee, which has approximately 12 members from various departments.</p>	
<p>• <b>Patrick B. Harris Psychiatric Hospital's Chronic Lodge Expansion – John Fletcher and Theresa Bishop, MD</b></p>	<p>Versie Bellamy introduced Dr. Theresa Bishop, Medical Director, and John Fletcher, Administrator, of Patrick B. Harris Psychiatric Hospital (Harris). Currently, Harris has 73 acute beds whereas Bryan Hospital only has 32 acute beds. In 2001, Harris began receiving chronic patients; currently, there are 38 chronic patients at Harris right now in semi-private rooms; the longest chronic patient at Harris has been there for 13 years; 6.5</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Community Budget Monitoring – Geoff Mason</b></p> <p><b>OTHER ADDITIONAL COMMENTS</b></p>	<p>years is the average length of stay of a chronic patient at Harris; 60 is the average age of the top 20 chronic patients at Harris, the youngest being 40 years old; and 48 is the number of chronic patients we will be able to take on at Harris after the expansion takes place. Dr. Bishop's challenge is trying to manage the medical issues of the patients in the psychiatric units. There are patients who are on oxygen 24/7 and other patients who have had amputations due to diabetes. In addition to dividing the units and allowing people to have private rooms, Harris will look at what therapeutic effects this will have on the progress and quality of life for each client. Dr. Bishop handed out to the Commission a draft of the survey that will be given to patients for their completion. Ms. Bellamy added that this is a great initiative because she remembers the crowding at Bryan Hospital creating some major safety issues. Dr. Bank noted that this is a wonderful initiative for the quality of life of some of the chronic patients.</p> <p>Geoff Mason talked about the Community Budget Monitoring group that meets monthly. This group includes, but is not limited to, Roger Williams, Mark Binkley, David Schaefer, Noelle Wriston and Mr. Mason. The primary reason for creation of the regular monitoring group was the wide variance in what the Department of Financial Services (DoFS) was projecting versus what a number of the centers were reporting. The group has been able to identify which Center's business operations needed assistance in gathering and interpreting financial data, and technical knowledge of the process. The DoFS' staff conducted a day and a half training of all business managers to ensure that everyone was on the same page. After this training, several of the seasoned Center business managers visited other Centers to monitor and assist the business managers who needed more technical assistance. As a result, we have progressed to the point where almost all of the Centers are now making budget projections which closely match those of the Department of Financial Services. We feel like the effort has been successful. When looking at like services, Dr. Rutledge asked if the cost per unit was the same amongst the centers. Mr. Magill replied that SCDMH looks very closely at the Medicaid Cost Analysis Report when configuring and generalizing costs per unit throughout the agency.</p> <p>NAMI's annual convention will be in Greenville this year. Tracy LaPointe will receive NAMI's SC Volunteer of the Year; Dr. Kimberly Rudd will receive NAMI's SC Psychiatrist of the Year; and Dr. Meera Narasimhan received NAMI's National Psychiatrist of the Year.</p> <p>Mr. Magill has had several conversations with Rep. Murrell Smith and we are moving very</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<b>NOTICE/AGENDA</b>	<p>aggressively with the Santee-Wateree Project.</p> <p>Executive Leadership for Inpatient Services has had their second day-long session. Ms. Bellamy stated that it is going very well. Dr. Bishop stated that she has learned a lot so far and really looks forward to future trainings. Being new to SCDMH, this Leadership group has helped her to navigate her way through the system better. Mr. Magill noted that he will lay out his plan to help the governing boards of each center at a future commission meeting.</p> <p>Dr. Evans and the rest of the Commission acknowledge receipt of Dr. Benjamin Saunders' letter to Mr. Magill. Congratulations are in order to the agency for receiving such high accolades.</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>									
<b>ADJOURNMENT</b>	<p><i>At 11:20 a.m., on a motion by Jane Moore, seconded by Buxton Terry, that the Commission entered into executive session to discuss Mr. John H. Magill's EPMS. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions were taken.</i></p>									
<b>ATTENDANCE Commission Members</b>	<table border="0"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>Joan Moore, Vice Chair</td> </tr> <tr> <td>Jane B. Jones (excused)</td> <td>James Buxton Terry</td> </tr> <tr> <td>Everard O. Rutledge, PhD</td> <td>Beverly Cardwell</td> </tr> <tr> <td>Sharon L. Wilson (excused)</td> <td></td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	Joan Moore, Vice Chair	Jane B. Jones (excused)	James Buxton Terry	Everard O. Rutledge, PhD	Beverly Cardwell	Sharon L. Wilson (excused)		
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**S.C. MENTAL HEALTH COMMISSION MEETING**  
**July 11, 2014, SCDMH Administrative Building, 2414 Bull Street, Columbia, South Carolina 29202**

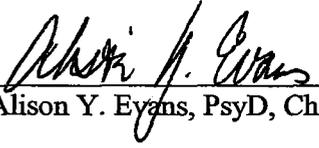
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<b>CALL TO ORDER</b>	The July 11, 2014 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Joan Moore, Vice Chair, in room 320 at the SCDMH Administration Building at 2414 Bull Street, Columbia, SC. Jeff Ham delivered the invocation.	
<b>INTRODUCTION OF GUESTS</b>	Joan Moore welcomed regular attendees as well as several guests who identified themselves to the Commission meeting.	
<b>SPECIAL PRESENTATION—DUKE ENDOWMENT</b>	On behalf of the Mental Health Commission, Governor Nikki Haley ( <i>represented by Christian Soura</i> ) and the SCDMH, Mr. John H. Magill made a special presentation to recognize The Duke Endowment, which was represented by Mary Piepenbring ( <i>Vice President</i> ), Lin Hollowell ( <i>Associate Director</i> ) and Christine Strader ( <i>Intern</i> ). Mr. Magill stated that the Department of Mental Health was extremely fortunate because we were able to find a philanthropic organization that had the foresight and willingness to help align its resources with agencies in state government to help address the very significant issue in the State of South Carolina. That issue was the large number of ERs in South Carolina which were seeing persons in a behavioral health crisis, but were without ready access to psychiatrists to assess those individuals. The SCDMH proposed to provide psychiatric consultation services via telemedicine to the ERs across the State, something that had never been tried on such a large scale. The resulting program has proven to be remarkably successful, has been nationally recognized and won awards for innovation, and has been used as a model in other States. As a direct result of the program, behavioral health patients in the participating hospitals are receiving better care, and in the process participating hospitals are saving money. This success would not have been possible without the support of The Duke Endowment, which has continued to this day.	
<b>ELECTION OF COMMISSION OFFICERS FOR 2014/2015</b>	<p>Joan Moore explained that the Commission elects new officers every year in July, as per the Commission's Bylaws.</p> <p><i>On a motion and second the Commission re-elected Alison Y. Evans, PsyD, as Chair. All voted in favor; motion carried.</i></p> <p><i>On a motion and second the Commission re-elected Joan Moore as Vice Chair. All voted in favor; motion carried.</i></p>	



TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Financial Status Update – Mark Binkley</b></p>	<p>everyone in the field that access to safe and adequate housing is necessary to help persons with a serious mental illness recover, and that additional housing resources are needed for our clients.</p> <p>In comparing the Department's budget projections from April to May 2014, the May report projects a surplus of \$9.5 million, which is up by approximately \$2 million from the previous month. The Department's actual projected expenditures versus revenue are a negative \$11 million, but the Agency's FY 2014 budget was built using about \$21 million of non-recurring funds. As previously discussed, SCDMH has been working with the General Assembly and Governor's Office for several years to replace those non-recurring funds with recurring state appropriations. The General Assembly and the Governor's Office have been supportive of this effort and SCDMH is well on its way to ending its reliance on non-recurring funds.</p> <p>The reason the surplus has increased over the last month primarily has to do with unfilled clinical positions, which is something that we discuss a lot as a Senior Management. The Department has significant vacancy rates in our inpatient facilities for nursing and psychiatrist positions. We also have a significant amount of psychiatrist and counselor vacancies in Community Services. The agency's workforce recruitment and retention is getting more challenging as the economy improves because of the difficulty in State salaries for professional clinical staff matching the salaries of other healthcare providers.</p> <p>Mr. Magill noted that in 2012 when we proposed a multi-year plan to end the agency's reliance on non-recurring funds, we were not assured of success given the uncertainties of the economy and the budget process and the State's many competing needs. The plan has been supported and is working. This is quite an accomplishment. Mr. Magill also emphasized that it is very hard to attract psychiatrists at the state wages, but we are aggressively continuing our efforts.</p>	
<p>• <b>6 Month Report on Collections – Alan Powell</b></p>	<p>Mr. Powell directed the Commission to their packets for the six (6) month report on collections. The total collection is a little over \$1.0 million and the majority of this amount was collected through the Setoff Debt Collection program. This is when the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>OTHER ADDITIONAL COMMENTS</b></p>	<p>debtor's State income tax returns come in and we are able to seize any refund due the debtor. From 2001 to date, the total collections by the Department using the Setoff Debt program is a little more than \$7.0 million.</p> <p>Mr. Binkley noted that Mr. Powell presented information about the amounts collected from involuntary collection methods: primarily filing claims against estates and the Setoff Debt Collection Act program. The amount of actual collections on our outstanding bills for both inpatient and outpatient is actually much higher than what was just reported, but involuntary efforts help reinforce voluntary bill payments by patients.</p> <p>Last week, SCDMH began round six of the Executive Leadership Development program with the Division of Inpatient Services (DIS). Mrs. Bellamy stated that the kick-off took place on June 26<sup>th</sup>. The group of 12 staff members is very excited about the next six (6) months of leadership training. We have two (2) physicians, an advanced level nurse and upper administrative personnel. We will be looking at three to four initiatives DIS-wide and projects will be assigned to groups of four. Dave Schaefer's staff presented to the group on the first day. The group will have written material, reading and case studies to do. Mr. Magill has invited the Inspector General to come out to do a segment.</p> <p>Mr. Magill announced that he will work a little with the Boards of the Community Mental Health Centers to try to get more county appropriations and to perhaps use the activity going on down in Horry County as the catalyst for this. We are hoping that Horry County referendum push has enough support and puts a tax millage on the books down there for mental health services. However, whether they do or do not, we will use the momentum there to do a statewide initiative. This will probably be quite a bit of extra activity for the next year or two.</p> <p>Commissioner Rutledge stated, that in follow-up to Mr. Magill's last statement regarding trying to get the local government's support for what we are doing, we likely have a strong natural ally in the local law enforcement agency. They are continuing to have significant problems with the incarceration of people who clearly</p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.
<b>NOTICE/AGENDA</b>	<p>have behavioral challenges. Mr. Magill replied that this was an excellent point and that he may call on several of the Commission members to help him think that part of this initiative through.</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>		
<b>ADJOURNMENT</b>	<p><i>At 11:21 a.m., on a motion by Jane Moore, seconded by Buck Terry, that the Commission entered into executive session to receive legal advice concerning a contractual matter and to receive the 6 Month Report on Litigation. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions were taken. The Internal Audit Committee met at 12:00 p.m.</i></p>		
<b>ATTENDANCE Commission Members</b>	<p>Alison Y. Evans, Speed, Chair (excused) Jane B. Jones Everard O. Rutledge, PhD Sharon L. Wilson</p>	<p>Joan Moore, Vice Chair James Buxton Terry Beverly Cardwell</p>	
<b>Staff/Guests</b>	<p>John H. Magill Tracy Turner Brittany Brown Susan Zamora Ed Spencer Tracy LaPointe Geoff Mason Stewart Cooner Julia Clark Toni Sheridan Ligja Latiff-Bolet, PhD Debra Williams Kersha Sessions Christie D. Linguard</p>	<p>Vickie Walker Jessica Shealy JoAnn White Thomas Avant Mark Binkley Nancy McCormick Leigh Ann Chmura Robert Bank, MD Mark Binkley Jeff Ham Noelle Wriston Michelle Murff Mallory Miller Brandi Barnhill</p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.
APPROVALS	 Alison Y. Eyzens, PsyD, Chair	 Christie D. Linguard, Recording Secretary	



TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Patient Protection Reports – Public Safety/SLED – Mark Binkley</b></p> <p>● <b>Bull Street Update – Mark Binkley</b></p>	<p>Mr. Binkley stated that on the SLED report you will notice that there was one allegation of physical abuse at the Veterans Victory House. The allegation was founded, and the employee had been suspended and then terminated by the contractor. There is no prosecution that SLED pursued at this time that he knows of. Historically the number of pending cases is rather high. As was previously reported, this is likely due to the new staff members that have been hired in the Special Victims Unit at SLED. The pace of completing investigations has slowed down a bit. There were 32 pending cases as of the end of May. Of the 32 cases, 14 were being investigated by SLED, 14 had been referred to the Ombudsman as non-criminal, 3 have been referred to the Attorney General because of some sort of financial exploitation allegation and 1 has been referred to Adult Protective Services at the SC Department of Social Services.</p> <p>We are aware of one probable parcel purchase due to the fact that there has been activity in the form of surveying the site. As has been reported in the newspapers that there will be a student housing development that will roughly be in the area of Gregg and Calhoun street which is across from the energy plant on the Bull Street Campus. This has actually been in the works for some time. We have not received word from Mr. Hughes when there would be a closing date on that property.</p> <p>The potential developer of the Babcock building went public that they were pursuing an amendment to state law. The developer gave interviews to local media about the fact that without this tax credit it would not be financially feasible to redevelop the Babcock building. This amendment was passed in the Senate and had some changes in the House, but eventually did not pass. This could potentially slow the project down. Never the less, by September 30<sup>th</sup> of this year DMH is due a \$1.5 million.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>• Inpatient Facilities – Versie Bellamy</b></p>	<p>Director Magill commented that the developer had planned to convert the Babcock building into a 200 bed hotel and conference center. The developer originally stated that he thought he could do it for \$30-40 million, but at that time he was counting on the \$20 million dollar tax credit. The plans for the development of the baseball field project are still on track.</p> <p>Ms. Bellamy shared some of the excerpts from the Governing Body Committee for Inpatient Facilities meeting minutes which was held April 9, 2014.</p> <ul style="list-style-type: none"> <li>• Accreditation &amp; Regulatory Surveys - Surveys were held March 4 thru March 6, 2014.</li> <li>• This year there were no citations. Stone and Roddey Pavilion are due for CMS certification survey at any time.</li> <li>• February 21, 2014 - SC DHEC conducted an annual licensing survey of Hall Residential Unit. There were no citations.</li> <li>• Plan for services/scope of services – DBT training is underway for Harris staff and area mental health center staff. The overall goal is to teach and train staff to utilize a DBT approach and philosophy with patients. We also had staff from Bryan to attend. After evaluation we plan on bringing that training here to Columbia.</li> <li>• Bryan - DIS has developed a plan to consolidate, reorganize and expand the leadership structure of the hospital.</li> <li>• Joint Commission Standards – With our next survey they will be surveying the entire Bryan Hospital under hospital standards. We will be focusing on the leadership standards aspects. We will have 1 Director for all of Bryan, a single Medical Director and a Clinical Director.</li> <li>• Mr. Ralph Randolph has announced his retirement for September.</li> <li>• Mr. Miller has retired from the Department; Mr. McConnell is acting as Interim Director at Forensics.</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> <li>• William S. Hall – Maximum utilization of the beds at Hall is a primary goal of DIS. To maintain a low vacancy rate, additional resources have been allocated to focus on the marketing services available at Hall.</li> <li>• Active Process Improvement Team (PIT) – To develop an IT support process that will monitor data reports on productivity and address compliance time lines.</li> <li>• Recruitment and Retention – Evaluation of the Tucker in house CNA Training Program. The 2013 CNA class had only one person not pass the exam.</li> <li>• Performance Data – PI Initiatives and Facility Monitors: Newly acquired pressure ulcers, Physical Restraints, Hydration Program.</li> </ul> <p>Dr. Evans asked Ms. Bellamy how you address the folks that have low protein levels. It's not a systemic situation, it's just certain folks don't absorb protein. Ms. Bellamy stated that staff work closely with Nutritional Services and increase their protein levels in their diet.</p> <ul style="list-style-type: none"> <li>• Safety – Tucker presented the annual Environment of Care evaluation Report. Roddy had 309 falls which has increased from last year. Stone had 108 falls which has decreased from last year.</li> <li>• Quality Goals – Patient Injury Rate: Date reflects an overall downward trend. Nursing Staff Injury Rate: Date reflects an overall stable trend.</li> </ul> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Governing Body Committee for Inpatient Facilities meeting minutes of April 9, 2014. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Financial Status Update – Mark Binkley</b></p> <p>• <b>Telepsychiatry Report – Dr. Robert Bank</b></p>	<p>Mr. Binkley mentioned that the Department’s projected surplus has increased to \$7.5 million this month; however, this is with approximately \$21 million in non-recurring funding. The Department would be running a deficit if it were not for the non-recurring funds. The reason why the projected surplus increased since last month is primarily due to our Medicaid projections for inpatient. Another reason why the projected surplus has increased is that our personnel expenditures have been adjusted downward due to vacant positions that we have not been able to fill.</p> <p>Director Magill stated that we’ve taken a number of personnel actions that will begin showing up on the bottom line, in terms of increased expenses. We will probably do more aggressive movement in that direction the first quarter of next year.</p> <p>Dr. Bank stated that he feels optimistic about the Telepsychiatry, for a number of reasons. Our emergency room Telepsychiatry has been extremely successful. We are approaching 20 thousand visits over the life of the program. To put that in perspective that’s around 350 and 400 visits per month by folks that were in an Emergency Room that normally would not have been seen by a Psychiatrist.</p> <p>As we looked at coverage, we found that some of our Mental Health Centers in certain areas have had difficulty with recruiting Psychiatrists and keep availability for their patients which results in longer waiting times to see the Doctors. Over the last year we’ve been working on beginning a Telepsychiatry Program for the Mental Health Centers. At this point we have 4 Doctors working in the Charleston area that are serving the Tri-County Mental Health Center and the Williamsburg Mental Health Clinic. If things proceed as they are now, we are looking at June to probably see 350-400 Psychiatrist visits via telemedicine, so were are almost up to our Emergency Room volume. In many of the areas we are the only provider of psychiatrist care and some towns have no psychiatrist other than ours.</p>	

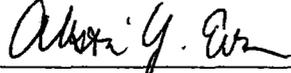
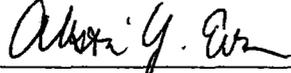
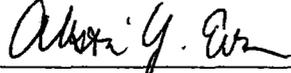
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Mr. Mason has some information about how the centers are coming along in terms of all the Centers having the capability of doing telepsychiatry.</p> <p>Mr. Mason commented that we've been working to connect as many Mental Health Centers as we can. We have about 7 or 8 Centers that are totally wired. We did get some one-time funding last year which enabled us to buy equipment and get lines in place.</p> <p>Part of our review of Center Telepsychiatry was to look at cost. The one-time cost for equipment and the lines is about \$400,000 dollars to wire up all of the system. The recurring cost is about \$420,000 dollars. This system allows a community down the road to connect to a primary health care center and will assist in having an integrated approach. We encourage the doctors to visit the center at least 3 days per/month to establish a relationship with their patients and staff. We want to maximize the resource and this will help reduce any gaps that may need to be addressed.</p> <p>Commissioner Moore commented to Dr. Bank that it's working well on our site. She would like to know how the patients feel about it. Dr. Bank stated that younger people seem to take to it very well. We've only had a few patients that refused to participate.</p> <p>Mark Binkley commented that are two things about the DMH system that makes telepsychiatry possible; we have a unified community system and electronic health records that all of the facilities have access to.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Legislative Update – Mark Binkley</b></p>	<p>Director Magill stated that he is on a statewide telehealth group and this group is trying to develop a whole plan for the state of SC. Mr. Ed Spencer is assisting Director Magill and attended the last meeting for him. Mr. Spencer brought everyone up to date on the last meeting.</p> <p>Mr. Ed Spencer commented that all of this is under auspices of the Palmetto Cares Connection, which is a consortium of all the agencies that have any interest or activity in telehealth/telemedicine/telepsychiatry. The legislature has commissioned a company to perform a survey to identify the potential participants, details of the rollout and how will the entities operate together and operate the system.</p> <p>Director Magill stated that Representative Murrel Smith is the guide on this. He requested DMH and ETV be part of the planning group to make sure that there was state involvement. With that said, Director Magill commented that DMH has emerged is one of the leaders in the group.</p> <p>Mr. Binkley presented a budget comparison of what the Department of Mental Health requested back in September of 2013, what the Governor recommended with the areas of our request, what the House and Senate actually funded and the compromise of that number. It's gone through the General Assembly and is on the Governor's desk. She just received it yesterday and has not yet reviewed the budget. Everyone does anticipate, as in past years, that she will veto some of the state's budget. We are cautiously optimistic that she will not veto any of the items that are in our appropriations. Some of the highlights at as follows:</p> <ul style="list-style-type: none"> <li>• \$10.5 million dollars, which is the same as what came out of the House for sustainability and is not earmarked for anything specific other than helping DMH discontinue its reliance of non-recurring funding.</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> <li>• We are slated to use \$14 million of non-recurring funding this year. This is somewhat misleading because some of the recurring funding that we had used this year actually is in the process of being set aside for a capital project. We are now closer to \$18-19 million in terms of our reliance of non-recurring funding. I anticipate next year we will be seeking additional funds for sustainability.</li> <li>• Additional money that we spent this year, but are in the process of backing it into a capital account is the \$4.5 million that we received at the end of the last budget cycle for long-term care. We've been directed in a proviso to report back to the General Assembly in concert with leadership of the House and Senate and the Governor's Office of the Feasibility of an additional of a Veterans nursing home for South Carolina. We agreed to sequester that money as we go about the planning process for potentially a new state veteran's nursing home.</li> </ul> <p>Director Magill stated that we are setting this money aside at the request of the General Assembly. He has no doubt that there will be an additional nursing home in the next four or five years.</p> <ul style="list-style-type: none"> <li>• We received \$1 million dollars again this year for expanding school based mental health services. The Senate was very supportive of this program.</li> <li>• We requested additional funding for the assessment resource center. Currently at Hall, but soon to be under the auspices of Columbia Area Mental Health. The Governor and the Senate supported the request. It came through in the final state budget.</li> <li>• Center to center telepsychiatry, which Dr. Bank described, we requested money for that. The Governor and the Senate supported the request and it came through in the final state budget. A quarter of a millions to continue to expand our capacity for the program.</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> <li>• Again the General Assembly recognized the success of ED telepsychiatry program and realized that we are heavily dependent on grant funding from the Duke Endowment and we have an additional half a million appropriation to help us sustain the ED program.</li> <li>• Received approval for the Youth In Transition Program at Waccamaw Mental Health Center in the amount of \$167,000 one-time, non-recurring.</li> <li>• We received over \$12.5 million dollars in total. Even though it's half of what we asked for, but by most health agency standards we did very well.</li> <li>• We also received \$2.25 million dollars for developing an electronic health record system for inpatient services.</li> </ul> <p>Director Magill commented we need to have this system to produce electronic reports in order for us to receive future accreditations and reimbursements.</p> <ul style="list-style-type: none"> <li>• One of our achievements was within Senate Bill 964, Senator Cleary, from the low country spearheaded this bill. The bill creates a process for a County by County millage increase specifically related to mental health services. The County Council will first have to adopt the ordinance establishing a millage up to six tenths of a mill for mental health. Then the matter would have to be put to a vote in a general referendum in the county and will have to occur during a General Election. If the voters approve then this would be an exception to the cap on raising additional property taxes. The law further specifies this millage has to go in to a separate account county fund and used for mental health service purposes. It does not say that it goes to the mental health center, but the county has to spend it on mental health services. An example that Senator Cleary gave was it could be used for a mental health court.</li> </ul>	



TOPIC	DISCUSSION	FOLLOW UP, ETC.																				
<p><b>ADJOURNMENT</b></p>	<p><i>At 11:55 a.m., on a motion by Jane Jones, seconded by Buck Terry, that the Commission entered into executive session to receive legal advice concerning a contractual matter, Upon convening in open session at 1:30 p.m., it was noted that only information was received; no votes or actions were taken. The business meeting was formally adjourned at 1:30 p.m.</i></p>																					
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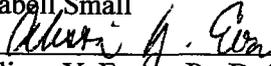
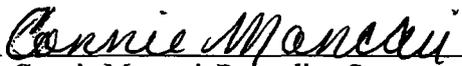
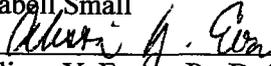
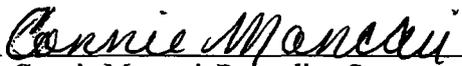
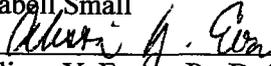
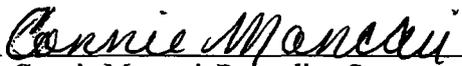
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Client Advocacy Report – Mark Binkley</b></p> <p><b>DEPARTMENTAL OVERVIEW/UPDATE</b></p> <p>• <b>ARC Update – Versie Bellamy/Angela Forand, PhD</b></p>	<p>these factors are reflected in the report. Of the 31 cases of alleged abuse pending investigation, SLED has retained 18. Eleven (11) cases have been referred to the Long-term Care Ombudsman, one case is in the Attorney General’s Office and one case was referred to local law enforcement.</p> <p>Mr. Binkley said there was nothing out of the ordinary to report in the Client Advocacy Report.</p> <p>Mr. Magill presented those items listed under <b>Departmental Overview &amp; Update</b>.</p> <p>Ms. Bellamy introduced Dr. Forand who is Director of Hall Institute. Dr. Forand said that the Assessment and Resources Center (ARC) is a multi-agency, multi-disciplinary forensic, outpatient program of the Department of Mental Health, in conjunction with Palmetto Health Children’s Hospital and the USC School of Medicine. It is accredited by the National Children’s Alliance and allows children to be assessed for abuse by trained professionals in a one-stop-shop, reducing further trauma.</p> <p>The ARC has been in existence since 1991. Some of the agencies that use the ARC are Law Enforcement, the Department of Social Services (DSS), Guardian Ad Litem, Solicitors and Judges.</p> <p>In 2013, the ARC provided services to 580 children, 88 percent of who were from the Midlands area. Dr. Forand said that in the future, the ARC will be moving under the direction of the Columbia Area Mental Health Center. The ARC will still do the assessments state-wide, and then refer the case to the local mental health center. Besides the DMH, additional funding sources for the ARC are:</p> <ul style="list-style-type: none"> <li>- Victims of Crime Act – approx.. \$45,000 for a victim’s advocate position.</li> <li>- State Office of Victim’s Assistance reimburses for medical exam/forensic interview.</li> <li>- National Children’s Alliance - \$9,000.</li> </ul>	



TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Ms. Blalock said SCDMH telepsychiatry program staff looked into the possibility of using telepsychiatry with EMS workers. Through the use of IPADs, the EMS workers can connect with the CDMHC staff to evaluate a patient on scene and perhaps avoid transport to an ED.</p> <p>Ms. Blalock and the City of Charleston Police Department are planning on placing a clinician in a police cruiser so that the clinician would have immediate access to children who have witnessed criminal domestic violence. The clinician would be based at the police station and response would be available 24/7. Charleston Police Department is working to get a grant approved to pay for this program.</p> <p>The North Charleston Police Department had a program that focused on rehabilitating drug dealers. The police acknowledged that they neglected the mental health side of drug abuse. This year, NCPD would like to include CDMHC in the program. The center will send a clinician to city hall to do an intake immediately with the identified person, thereby, avoiding any gaps in seeing a client.</p> <p>Charleston does not have clinicians in the emergency rooms. They are creating a team that would operate seven days a week and will go to the emergency room to pick up the client. The team will be composed of staff from the mental health center, Fetter Health Center, and the Charleston Center, which is the local alcohol and drug center. Ms. Blalock hopes to also have a resident from the Medical University on the team. The center currently has two clinicians and an MD at the center on the weekend from 8-6 both days. She is working to add a Public Safety Officer at the center on the weekend as well.</p> <p>Many centers are combining services with the local family health center so clients can go to a "one-stop shop." Charleston is also doing this. The center has been interacting with managed care organizations and will soon have someone from Select Health based at the mental health center.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Financial Status Update – Mark Binkley</b></p> <p>• <b>Legislative Update – Mark Binkley</b></p>	<p>It was suggested that the Department review its core services. This was done about three years ago and should be done every few years because times and technology change. It was mentioned that the Future Is Now (FIN) process is doing this. A review of FIN needs to be done as well. Mr. Magill mentioned that he would like an update on FIN and core services at a future Commission meeting.</p> <p>Mr. Binkley mentioned that the Department’s projected surplus has increased to \$5.5 million; however, this is with approximately \$21 million in non-recurring funding. The Department would be running a deficit if it were not for the non-recurring funds. He did say that the projected difference of \$14 million between recurring revenue sources and expenditures are significantly less than it was two years ago. Mr. Binkley reminded everyone there will be very minimal opportunity for additional non-recurring funds from cost settlements in fiscal 2014 and going forward. That is why it is very important that the Department decrease its dependence on one-time funds by replacing them with recurring sources, such as increased appropriations from the General Assembly.</p> <p>Mr. Binkley distributed the May 2 issue of Legislative News. He mentioned that the budget recommendations from Senate Finance total \$12,450,000, which is nearly \$2 million more than the House recommendations. Mr. Binkley said he does not expect that this will change. The Department feels that the full Senate will likely accept the Senate Finance Committee recommendations. Items that Senate Finance included in its recommendations which were not in the House budget are:</p> <ul style="list-style-type: none"> <li>- \$1 million for School Based Services</li> <li>- \$200,000 for the Assessment and Resources Center (ARC)</li> <li>- \$250,000 for Center-to-Center Telepsychiatry</li> <li>- \$500,000 for Telepsychiatry Program Sustainability</li> </ul> <p>Mr. Binkley said that the Department’s capital requests did not receive any additional funding. He said that members of the Senate Healthcare Committee supported many of our requests. Several items being proposed for inclusion in the budget is a 1.5 percent pay increase for state employees and a one-time bonus for state employees making less</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>SUMMARY &amp; WRAP UP</b></p>	<p>than a certain amount of money.</p> <p>Mr. Magill reported on the following:</p> <ul style="list-style-type: none"> <li>- A meeting will be held with Rep. Murrell Smith concerning a fund of money to be used for the construction of a new mental health center in Sumter. This fund totals approximately \$7 million.</li> <li>- Mr. Magill met with Chairman White to address the money that was appropriate to DMH for additional veterans' health services. The Department has prepared a feasibility report on whether to construct a domiciliary or another veterans' nursing home. DMH expects this fund of money to rise to \$9 million by July.</li> <li>- Mr. Magill said that Department staff are less apprehensive in 2014 than in 2012 that our services can be sustained. Key members of the sub-committees have understood and been supportive of the Department's need to replace non-recurring funding.</li> <li>- Dr. Bank said that in addition to the Medicaid revenue increasing, centers have been successful in collecting other funds to include self-pay and insurance. County governments are being asked to support mental health by way of the millage rates.</li> <li>- Ms. Bellamy said that a lot of the local initiatives will have an impact on the inpatient system. A lot of the patients seen now are new to the system, not just repeat patients.</li> <li>- Mr. Magill said the PR tours are continuing. Approximately ten additional civic groups are scheduled in the coming months. Mr. Magill said he will include in the center directors' EPMS a requirement to speak at civic clubs in their local areas and spread the news about mental health.</li> <li>- Ms. Bellamy said that Governor Haley toured Veterans Victory House on Monday. She presented a proclamation to the individual who was most instrumental in getting a lot of the artwork that hangs in the veterans' nursing homes, Brian Cripps. There have been over 1,000 pieces of artwork donated.</li> <li>- It was mentioned that the waiting list at Veterans Victory House is 21; at</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																		
	<p>Campbell it is eight; and at Stone Pavilion, the waiting list is less than ten. The Veterans' Administration said that South Carolina has only 50 percent of the veterans' beds that it should have for veterans.</p>																			
<p><b>OTHER ISSUES RAISED BY MEMBERS</b></p>	<p>Dr. Rutledge had questions concerning the latest treatment modalities and the latest medications that are used, which will be address by both Dr. Bank and Dr. Rudd.</p>																			
<p><b>NOTICE/AGENDA</b></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><b>ADJOURNMENT</b></p>	<p><i>At 11:55 a.m., on a motion by Joan Moore, seconded by Sharon Wilson, the Commission entered into executive session to receive legal advice concerning a contractual matter, and to select a winner for the Louise R. Hassenplug Award. Upon convening in open session at 1:30 p.m., it was noted that only information was received; no votes or actions were taken. The business meeting was formally adjourned at 1:30 p.m.</i></p>																			
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**S.C. MENTAL HEALTH COMMISSION  
S.C. Department of Mental Health**

**Charleston/Dorchester Mental Health Center  
2100 Charlie Hall Blvd.  
Charleston, South Carolina 29414**

**May 2, 2014  
Center Presentation**

**Attendance:**

**Commission Members**

Alison Y. Evans, Psy.D., Chair  
Jane B. Jones  
Everard O. Rutledge, PhD  
Sharon L. Wilson

Joan Moore, Vice Chair  
James Buxton Terry (excused)  
Beverly Cardwell

**Staff/Guests:**

John H. Magill  
Jacqueline Kinard-Gordon  
Kirby Bond

Tanya Ray  
Tammy Smith  
Cindy Cato

Deborah Blalock  
Amy Cradock  
David Diana

Sonya Jenkins  
Sabra Small

The South Carolina Mental Health Commission met at Charleston/Dorchester Mental Health Center, 2100 Charlie Hall Blvd., Charleston, on Friday, May 2, 2014. Alison Y. Evans, PsyD, Chair, opened the meeting at 9:00 a.m., and turned the presentation over to Ms. Deborah Blalock, Executive Director.

Ms. Blalock introduced Tamara Curry, Associate Judge of Probate for Charleston County. Judge Curry heads up the Mental Health Court in Charleston. Today she will talk about the Mental Health Heroes. Ms. Curry has been an Associate Probate Judge for 16 years and is currently on the board of the Mental Health Heroes. Mental Health Heroes is a 5013C organization that allows a board of directors. Membership on the board is very diverse. Some of the items that are handled by the Mental Health Heroes fund are:

- Reimbursement of prescription costs to clients.
- Rental assistance or housing assistance.
- Utilities and electrical bills.
- Training for staff members.
- Christmas party at the mental health center.
- Sponsor reception at Piccolo Spoleto.
- Transportation for clients to the center.
- Client Recovery Conference.

The Mental Health Heroes fund is supported by many individuals in the community who have a connection to mental health.

Judge Curry said there are five mental health courts in South Carolina. Funding for the courts comes through the county appropriations. Individuals have to meet the medical and clinical criteria to be included in a mental health court.

Ms. Blalock next introduced David Diana, Public Education Coordinator, who also handles community outreach. One item that falls under Mr. Diana's purview is the Art of Recovery Program, which really makes a difference is an individual's recovery from mental illness. Mr.

**Center Presentation**  
**Charleston/Dorchester Mental Health Center**

Page 2

Diana mentioned that the Art of Recovery will be showcased again at Piccolo Spoleto from May 24 to June 8 in the Circular Church on Meeting Street. There will be a reception on May 25.

Mr. Diana mentioned the Third Annual Low Country Mental Health Conference that will be held on August 7 and August 8 in Charleston. This conference has had tremendous attendance in previous years.

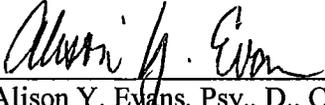
Mr. Diana next showed a video on the Fire Fighters' Support Team. This group renders behavioral health support to fire fighters, police and EMS workers, all first responders. This appeared on the previous day's news station.

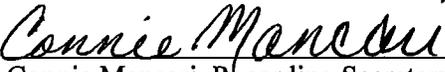
Another item that falls under the Public Education/Community Outreach area is the creation of the Recovery Calendar for 2014, and the note cards with Art of Recovery paintings on them. These items are available for a donation made to Mental Health Heroes.

The next item to be discussed was the Highway to Hope RV. This idea started in 2010 and was part of a two-project grant from the Duke Endowment. The first project had to do with psychiatric urgent care to "fast track" patients into services at the mental health center. The second part of the project was the Highway to Hope RV. The center wanted to reach out to individuals in the county who had a problem in getting to the center for services. The RV takes the treatment services out to the rural areas of the county. It is staffed by two Masters level Mental Health Professionals, and a Psychiatrist. The RV travels to St. George, McLellanville, John's Island, Edisto and downtown Charleston. While downtown Charleston doesn't appear to be a rural location, it does serve the needs of individuals who go to the shelters in that area of the city. From 2010 to date, the RV has served 450 walk up contacts requiring all levels of treatment. The RV has an extremely low hospitalization rate. The RV is currently parked outside the center and the Commission was invited to see it if they wanted to.

Dr. Evans remarked that the Commission was very pleased with the center's presentation and congratulated the center on the four highlighted programs, which are quite innovative.

The center presentation concluded at 10:05 a.m.

  
\_\_\_\_\_  
Alison Y. Evans, Psy., D., Chair

  
\_\_\_\_\_  
Connie Mancari, Recording Secretary

**SOUTH CAROLINA MENTAL HEALTH COMMISSION**

**Dinner Meeting Minutes  
Charleston, SC**

**May 1, 2014**

**Attendance – Commission Members**

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

Jane B. Jones  
Sharon Wilson  
Beverly Cardwell

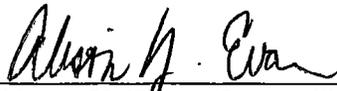
**Staff/Guests**

John H. Magill, State Director  
David Cardwell  
Chuck Kent

Deborah Blalock, Exec. Director-  
Charleston/Dorchester Mental Health Ctr.

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Thursday, May 1, 2014, at Ms. Rose's Café, 1090 Sam Rittenberg Blvd., Charleston, SC.

There was no one particular topic or focus of discussion and social topics predominated. There was one general/informational discussion regarding the Department's admissions process to its inpatient facilities. No motions were made nor votes taken.



Alison Y. Evans, PsyD, Chair  
South Carolina Mental Health Commission



Connie Mancari, Recording Secretary  
South Carolina Mental Health Commission



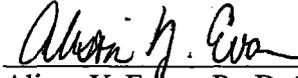
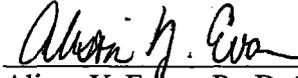
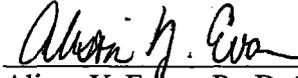
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Key Statistical Measures /Quarterly Report – Inpatient – Versie Bellamy</b></p>	<p>Ms. Bellamy presented the newly revised charts as promised to the Commission a few months ago.</p> <p><u>Bryan Hospital-Adult FY'14 Admissions &amp; Discharges</u> – Ms. Bellamy said that the Division of Inpatient Services (DIS) has been seeing many more patients with medical problems and more clinical issues. All these issues present challenges to discharge and impact the waiting list. For the month of March, Admissions and Discharges are about equal (29 discharges; 25 admissions). Another challenge is the total of acute psychiatric beds at Bryan. Average length of stay is now 55 days. There were 74.8 percent of patients that were discharged home from the waiting list. The waiting list at Bryan adult is currently at 80-90.</p> <p><u>Bryan Hospital-Forensics FY'14 Admissions &amp; Discharges</u> – Admissions and Discharges, again, are about equal for March (22 discharges; 24 admissions). 89 percent have been admitted to the Forensics Unit from the waiting list.</p> <p><u>Harris Hospital FY'14 Admissions &amp; Discharges</u> – For March, Harris Hospital has had 66 discharges and 63 admissions. There were 56.6 percent of patients discharged home from the waiting list.</p> <p><u>Hall Institute C&amp;A FY'14 Admissions &amp; Discharges</u> – For March, Hall Institute had 34 admissions and 33 discharges. There were 19.6 percent of patients discharged home from the waiting list.</p> <p><u>Hall Institute Residential FY'14 Admissions &amp; Discharges</u> – For March 2014, Hall Residential had three discharges and one admission. There were 14.3 percent discharged home from the waiting list.</p> <p><u>Hall Institute Substance Abuse Unit FY'14 Admissions &amp; Discharges</u> – This unit for March had eight admissions and two discharges. There were 8.3 percent discharged home from the waiting list.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>DEPARTMENTAL OVERVIEW/UPDATE</b></p> <p>• <b>Recognition of PR Staff – John H. Magill</b></p>	<p><u>Morris Village FY'14 Admissions &amp; Discharges</u> – For March, Morris Village had 111 discharges and 102 admissions. The facility had 49.8 percent admitted from the waiting list. Ms. Bellamy said the waiting list is managed on a daily basis.</p> <p><u>Sexually Violent Predator Treatment Program (SVPTP) FY'14 Admissions and Discharges</u> - Ms. Bellamy said that the discharges from this program exceeded admissions. Last fiscal year there were five discharges from the SVPTP Program.</p> <p><u>Veterans Victory House FY'14 Admissions and Discharges</u> – Through March, the nursing home had 11 discharges and nine admissions. Occupancy runs close to 99 percent.</p> <p><u>Richard M. Campbell FY'14 Admissions and Discharges</u> – Through March 2014, both admissions and discharges were equal at five each.</p> <p><u>C.M. Tucker, Jr., Nursing Care Center Stone Pavilion</u> – As with Veterans Victory House and Campbell, the Stone Pavilion's admissions and discharges are equal at three each.</p> <p><u>C.M. Tucker, Jr., Nursing Care Center Roddey Pavilion</u> – Admissions were one and there were six discharges through March 2014.</p> <p>It should be noted that patients requiring longer stays actually do better in a DMH hospital. Ms. Bellamy said that if the Commission has any questions on the new graphs or suggestions, to please contact her.</p> <p>Mr. Magill presented those items listed under <b>Departmental Overview/Update</b>.</p> <p>Mr. Magill introduced Tracy LaPointe, Rochelle Caton, and Melanie Ferretti to the Commission. He told the Commission that these ladies have been working on PR</p>	





TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Legislative Update – Mark Binkley</b></p> <p><b>SUMMARY &amp; WRAP UP</b></p> <p><b>OTHER ISSUES RAISED BY MEMBERS</b></p> <p><b>NOTICE/AGENDA</b></p>	<p>The goal is to make South Carolina the first trauma-informed and trauma-trained state. The DMH will be the only agency to have all Child, Adolescent and Family (CAF) clinicians trained in TF-CBT and Trauma informed care.</p> <p>A list of the Community Mental Health Center Project BEST Training is included with these minutes. Training began in January 2014 and is expected to continue through the end of 2015.</p> <p>Mr. Binkley said that the House adopted the Ways &amp; Means Committee’s budget recommendation for DMH for FY2015. They appropriated DMH \$10.5 million for sustainability and \$2.25 million in one-time funds for the inpatient Electronic Medical Record. The Senate Finance Committee will meet the week of April 7 to discuss recommendations to the Senate, and the full Senate is expected to take up the budget the following week.</p> <p>Mr. Magill reported on the following:</p> <ul style="list-style-type: none"> <li>- Mr. Magill said that the candle lighting ceremony at State Hospital yesterday was well attended. The Mental Health America-SC 60<sup>th</sup> Anniversary Dinner is this evening, and Dr. Evans is the featured speaker. The NAMI Walk is on Saturday on the Bull Street property.</li> <li>- Archaeological dig at Camp Asylum is proceeding.</li> <li>- Staff of The Duke Endowment has been invited to the July Commission meeting. The Duke Endowment has put financial resources into many areas of DMH and Mr. Magill wants to recognize their contributions.</li> </ul> <p>None noted.</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.												
<p><b>ADJOURNMENT</b></p>	<p><i>At 11:40 a.m., on a motion by Buck Terry, seconded by Sharon Wilson, the Commission entered into Executive Session to receive legal advice concerning a contractual matter. Upon convening in open session at 1:00 p.m., it was noted that only information was received; no votes or actions were taken. The business meeting was formally adjourned at 1:00 p.m.</i></p>													
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**SOUTH CAROLINA MENTAL HEALTH COMMISSION**

**Dinner Meeting Minutes  
Columbia, SC**

**April 3, 2014**

**Attendance – Commission Members**

Alison Y. Evans, PsyD, Chair  
Joan Moore, Vice Chair  
Everard Rutledge, PhD  
Beverly Cardwell

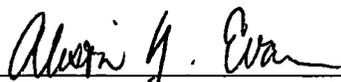
J. Buxton Terry  
Jane B. Jones  
Sharon Wilson

**Staff/Guests**

John H. Magill, State Director

The South Carolina Mental Health Commission met for dinner at 8:00 p.m., on Thursday, April 3, 2014, at the Blue Marlin Restaurant, 1200 Lincoln Street, Columbia, South Carolina.

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  
South Carolina Mental Health Commission



Connie Mancari, Recording Secretary  
South Carolina Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION MEETING**  
**March 7, 2014, SCDMH Administration Building, 2414 Bull Street, Columbia, SC**

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>CALL TO ORDER</b></p> <p><b>INTRODUCTION OF GUESTS</b></p> <p><b>APPROVAL OF MINUTES</b></p> <p><b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b></p>	<p>The March 7, 2014, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., at 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.</p> <p>Commissioner Jane Jones introduced her husband, Mr. Chuck Kent, a guest at today's meeting.</p> <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 Dinner Meeting of February 6, 2014.</i></p> <p><i>On a motion by Jane Jones, seconded by Sharon Wilson, the Commission approved the minutes of the Center Presentation of February 7, 2014.</i></p> <p><i>On a motion by Buck Terry, seconded by Sharon Wilson, the Commission approved the minutes of the Business Meeting of February 7, 2014.</i></p> <p>Mr. Binkley said the State Law Enforcement Division (SLED) Report shows an increase in the number of alleged cases of abuse pending investigation, but not in the number of new allegations reported. Per the Office of Client Advocacy (Ms. Rochelle Caton), SLED is likely to be taking longer to complete investigations and appears to be referring fewer cases to the Long-term Care Ombudsman, probably due to new agents being assigned to the unit which conducts investigation of DMH cases. Of the 19 pending cases, ten cases were retained by SLED for investigation; seven have been referred to the Long-term Care Ombudsman; one case has been referred to the Attorney General's office; and one case was referred to local law enforcement.</p> <p>Mr. Binkley said there is nothing out of the ordinary to report on the Client Advocacy Report.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Key Statistical Measures/Quarterly Report – Community – Dr. Robert Bank</b></p>	<p>Dr. Bank said that only the community reports are being presented this month as the inpatient reports are undergoing several changes in format. These should be ready to present to the Commission at the April meeting. Dr. Bank made the following comments:</p> <p><u>Summary of Client Contacts and Billable Services</u></p> <ul style="list-style-type: none"> <li>- Under H056 – Rehabilitation Psychosocial Service – Over the last few years, there has been a decline in these services. One reason for the reduction in number of services delivered is that smaller groups are targeted, but the services delivered are more effective. We are reaching about as many patients, but not in larger groups. The Department feels the patients are receiving a more targeted service, even though it brings in a little less revenue.</li> <li>- Under H059 – Peer Support Services – We’ve made a special emphasis to increase Peer Support Services and this service is currently in 14 mental health centers. As a result, services delivered have increased.</li> <li>- H031/H032 – Targeted Case Management/Concurrent Case Management – Dr. Latiff Bolet said that Care Coordination was introduced last January and, as a result, units being provided have increased. Currently, we are at 9,000 units of service being billed. Dr. Bank said that Care Coordination looks at the client in a more holistic manner. For instance, it links the patient with physical problems to a primary care physician. Dr. Bank said that the snow days cost the community approximately \$1 million in billing.</li> <li>- Admissions &amp; Discharges – Dr. Bank distributed a more current report copy than the Commission received. He said that the total open cases at the centers are 50,809. During the course of the year, the Department sees about 85,000 individuals. Cases are being opened and closed. Of the total number of open cases, approximately 25 percent are children.</li> </ul> <p>Prior to the Departmental Overview, Mr. Magill mentioned that the members of the Veterans Study Committee, chaired by Rep. James Smith, decided to visit all three of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>DEPARTMENTAL OVERVIEW/UPDATE</b></p> <ul style="list-style-type: none"> <li>• <b>Report of the Inpatient Facilities Governing Body Meeting of January 22, 2014</b></li> </ul>	<p>our veterans' nursing homes in the next several months to get feedback on veterans' issues. First meeting was yesterday at the Stone Pavilion. Unfortunately, the attendance was low. Howard Metcalf and George Goldsmith also attended the meeting.</p> <p>Ms. Bellamy said that the Department of Mental Health operates approximately 516 beds for veterans. On Tuesday, the Stone Pavilion had its VA survey. There were four surveyors who were at Stone for two days. Ms. Bellamy said it was a very good survey – citation free. Several comments from the surveyors were that the facility was well run, and the staff of Stone Pavilion should be “cloned”. One of the surveyors spoke of the improvements made at the facility. Ms. Bellamy recognized several of the staff who work at Stone that have been instrumental in this excellent survey: Dr. Kimberly Rudd, Medical Director; Frances Corley, Administrator; Sarah Kirchman, Admissions Director; and Stephanie Kemp, Director of Nursing.</p> <p>Mr. Magill said that if the Commission wants the dates of the other two meetings at Campbell and Victory House please contact Connie.</p> <p>Bill Lindsey said that Dr. Rudd was instrumental in reviewing the policies and procedures at the Department of Corrections and Corrections' staff were very appreciative of her work.</p> <p>Mr. Magill presented those items listed under the section <b>Departmental Overview/Update</b>.</p> <p>Ms. Bellamy presented the highlights from the Inpatient Facilities Governing Body Meeting Report of January 22, 2014.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><u>Accreditation/Regulatory Surveys</u></p> <ul style="list-style-type: none"> <li>- On December 12, 2013, the Department of Health and Environmental Control (DHEC) surveyed Roddey Pavilion, resulting in three minor citations.</li> <li>- There was no survey activity at the Columbia hospitals.</li> </ul> <p><u>Plans for Services/Scope of Services</u></p> <ul style="list-style-type: none"> <li>- Harris Hospital is exploring the potential of having a certified Dialectical Behavior Therapy (DBT) trainer to provide skills training to hospital and center staff interested in working with borderline personality disorder clients.</li> <li>- Harris Hospital is looking at the possibility for utilizing vacant hospital space to create a day treatment setting for higher functioning patients.</li> <li>- The renovation of C.M. Tucker Stone Pavilion has begun. In line with the renovations, it was noted that the capacity of Stone would be increased from 70 to 90 beds.</li> <li>- DHEC approved the transfer of 51 GEO Care beds to the Bryan Hospital license, effective October 15, 2013. This has resulted in a reduction in the forensic waiting list.</li> <li>- Division of Inpatient Services has undertaken a review of policies and practices related to patient privileges and patient movement within and outside of the facility grounds.</li> </ul> <p><u>Recruitment and Retention</u></p> <ul style="list-style-type: none"> <li>- Harris Hospital has a new Director of Professional Services, Dr. Theresa Bishop.</li> <li>- A visitor survey was conducted and for the third quarter of 2013, 92 percent of those surveyed were pleased with the overall care and treatment of the patient; 95 percent agreed the patient is clean and well groomed; 95 percent responded that staff show respect and courtesy; and 92 percent feel the facility is clean</li> </ul>	

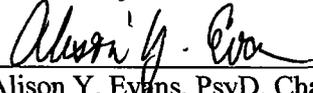
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>and well maintained.</p> <p><u>Performance Data</u></p> <ul style="list-style-type: none"> <li>- For the period April 2013 to August 2013, Harris Hospital trends above the state and national averages in many of the core measures (timeliness of admission screenings for risk of violence, trauma, substance abuse and patient strengths; timeliness of discharge plan for continuity of care; and multiple antipsychotic utilization). The use of physical restraints trends below the state average. In the area of seclusion, the facility trended slightly above the state and national averages; however, 41 percent is attributed to one patient.</li> <li>- Hall Institute Child and Adolescent and Bryan Adult Services composite scores for the period April 2012 to March 2013 are well above the Joint Commission's requirements of 85 percent.</li> <li>- Effective with January discharges, data must be reported to the Joint Commission and CMS for the number of patients age 18 and older who were screened for alcohol use using a validated screening questionnaire for unhealthy alcohol use; and the number of patients who within seven and 30 days of discharge experienced an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.</li> <li>- For the period July to December 2013, Roddey and Stone maintained the goal of less than five percent newly acquired pressure ulcers.</li> <li>- For the period July to December 2013, the use of physical restraints at Stone was below the state rate all six months; Roddey's rate was above in all six month, due to the use of Broda Chairs and 1:1 observations.</li> <li>- For the period July to December 2013, Stone and Roddey's Urinary Tract Infection rate was below the trigger each month.</li> </ul> <p><u>Patient Injury Rates – July to September 2013</u></p> <ul style="list-style-type: none"> <li>- Harris Hospital reported zero patient injuries.</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Executive Leadership Program Presentation – Geoff Mason/Sarah Main</b></p>	<ul style="list-style-type: none"> <li>- For the Columbia hospital system, a total of ten injuries were reported.</li> </ul> <p><u>Nursing Staff Injury Rates</u></p> <ul style="list-style-type: none"> <li>- Harris Hospital reported nine employee injuries for the period July to September 2013. Patient-staff assaults accounted for 78 percent of this total.</li> <li>- A total of 13 were reported for the Columbia hospitals for the period July/August 2013, as compared to 25 for the previous quarter. Sixty two percent of injuries were at Bryan Adult, while 38 percent were reported at Hall.</li> </ul> <p><i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved unanimously the minutes of the Inpatient Facilities Governing Body Meeting of January 22, 2014.</i></p> <p>Geoff Mason introduced Sarah Main, who is Program Manager at Lexington Mental Health Center and handles client housing. Her presentation concerns better client access to entitlements. Last summer, she heard about the Benefit Bank of South Carolina, which is under the Office of Rural Health. The Benefit Bank of South Carolina (TBB-SC) uses technology and collaborations to improve the financial, health and household stability of South Carolina families. They are not a financial institution. They give people more access to a “bank” of resources. It helps people in completing several different applications, for several different agencies, all in one place and at one time, and during one interview. Ms. Main said she felt this would help the Department’s clients to determine what they are entitled to in the way of different services.</p> <p>Ms. Main said that as the information is inputted into the application both the client and the center will be able to see what they are eligible to receive. As stated, the application is submitted electronically and multiple applications can be completed in 20-30 minutes.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Bull Street Update – John H. Magill</b></p> <p>• <b>Financial Status Update – Dave Schaefer</b></p> <p>• <b>SCDC Assistance – John H. Magill</b></p>	<p>Ms. Main said that TBB-SC provides training for entitlement staff on how to complete the application. By determining what the client is eligible for, it allows the staff to focus on therapy issues. It gives the client access to health care. She explained that when a client comes into Lexington Mental Health Center for an intake, the program is brought up on the computer to see what the client is eligible for.</p> <p>Some of the challenges of this program are training of staff, turnover of trained staff, getting the word out and educating people about TBB-SC. She said that since October, 31 Medicaid applications have been completed. It is hoped to share this idea with the other mental health centers.</p> <p>The Benefit Bank has been in operation for three years and programs are continuously being added to it.</p> <p>Mr. Magill said that the Department is close to getting a better idea for what the Developer wants to offer for Hall Institute. He said there's been many articles in The State paper regarding infrastructure. The Developer is asking between \$90 to 100 million for infrastructure. Most of the discussions lately have been regarding the Ballpark. Mr. Magill feels the pace should pick up soon as the City Council has approved the first reading.</p> <p>Mr. Schaefer said the trend we've seen lately is continuing. He feels that the Department is receiving good data regarding Medicaid. The agency is still seeing expenditures lower than projections. As a result, the Department is seeing a surplus. However, this surplus is due to the use of non-recurring funds.</p> <p>Mr. Magill reported on the assistance that DMH is providing to the Department of Corrections (DOC). He said that DMH is providing consultation to the Director and his senior staff. As a result, we have had two meetings with DOC. The first was an exploratory meeting; and the second, DMH provided information about Corrections' policies and procedures. Mr. Magill sent Ed Spencer to Corrections to provide</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Legislative Update – John H. Magill</b></p> <p>• <b>Public Information Effort Update – John H. Magill</b></p> <p><b>SUMMARY &amp; WRAP UP</b></p>	<p>consultation on whether they could utilize telepsychiatry in their work, especially as relates to telepsychiatry equipment connectivity. The Department is not offering its psychiatrists to work at Corrections. Without adequate funding, the Department could not assume this added responsibility. Corrections may bring in an outside company to render assistance. Bill Lindsey and Dr. Narasimhan are on the consultative team.</p> <p>Mr. Magill had nothing of particular note regarding legislative issues. Mr. Bill Lindsey said that NAMI has been following closely the Corrections' lawsuit. Mr. Magill has asked Rochelle Caton to provide information on any movement regarding the restructuring bills. Currently, these bills have had no movement out of committee.</p> <p>Mr. Magill reported that in the last 13 months, he has spoken to 26 civic clubs around the state; 1,518 individuals have attended these meetings. In addition, three more club presentations are booked, and approximately five additional presentations will be booked in other areas. Mr. Magill explained he meets with center staff before the civic club's presentation. He has also visited 14 hospitals and met with the CEO and emergency room physicians, ten editorial review boards, and eight legislators. He has also visited some of the local 301's as well during his visits.</p> <p>Mr. Magill reported on the following:</p> <ul style="list-style-type: none"> <li>- DMH had its presentation to the Senate Health Finance Committee on Wednesday, March 5. Every member of the committee was in attendance. Mr. Magill took the key staff that were instrumental in the snow days in order to give them recognition and call to the committee's attention, that DMH is a 24/7, 365 day operation. Staff from Grounds, Maintenance, Hospitals and Nursing Homes were in attendance. Some of the staff who attended were Dr. Breen, Dr. Rudd and Jim Berry. Mr. Magill said that both Senators Pinckney and Lourie attended and asked some very good questions. He said there were a lot of questions on funding for school-based services.</li> <li>- Mr. Magill said that Dr. Evans attended two of the meetings of the Institute of</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>OTHER ISSUES RAISED BY MEMBERS</b></p> <p><b>NOTICE/AGENDA</b></p> <p><b>ADJOURNMENT</b></p>	<p>Medicine and Public Health (IMPH). She said that there were representatives from the mental health arena. The purpose of these meetings is to review behavioral health issues and make recommendations for improvement.</p> <ul style="list-style-type: none"> <li>- Mr. Magill said also that Dr. Evans spoke at the Cross Cultural Conference, which drew many mental health staff.</li> <li>- Dr. Evans will be the keynote speaker at the 60<sup>th</sup> Anniversary Dinner of the Mental Health America-SC. It was noted that Dr. Evans has served as Chair of the South Carolina Mental Health Commission for ten years.</li> <li>- Mental Health Advocacy Day at the State House is Wednesday, March 12, 10:00 a.m. There are many legislators expected to attend, namely, Senators Cleary, Scott, Hayes and Campsen; as well as Rep. James Smith and Leon Howard.</li> <li>- Mr. Magill said that Sen. Cleary is trying to get his county to pass legislation for the mental health center to receive funds from the millage. Sen. Young and Rep. Taylor were interested in this and are contacting Sen. Cleary to get information to do something similar in Aiken.</li> </ul> <p>None noted.</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 11:40 a.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into Executive Session to receive legal advice concerning a contractual matter. Upon convening in open session at 12:30 p.m., it was noted only information was received; no votes or actions were taken. The business meeting was formally adjourned at 12:30 p.m.</i></p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.
<p><b>ATTENDANCE</b>  <b>Commission Members</b></p>	<p>Alison Y. Evans, PsyD, Chair            Joan Moore, Vice Chair            Jane Jones            Beverly Cardwell</p>		<p>Everard Rutledge, PhD            James Buxton Terry            Sharon L. Wilson</p>
<p><b>Staff/Guests</b></p>	<p>John H. Magill            Robert Bank, MD            Kimberly Rudd, MD            Ligia Latiff-Bolet, PhD            Bill Lindsey</p>		<p>Geoff Mason            Dave Schaefer            Richard Guess            Carla Schmitt</p> <p>Versie Bellamy            Mark Binkley            Tracey C. Hunt            Larry Blanding</p>
<p><b>APPROVALS</b></p>	<p>            _____            Alison Y. Evans, PsyD, Chair</p> <p>            Connie Mancari, Recording Secretary</p>		

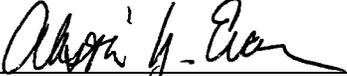
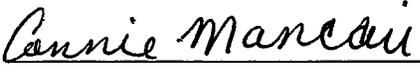
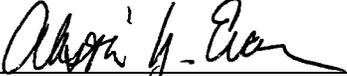
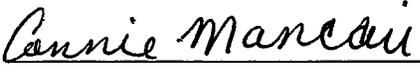
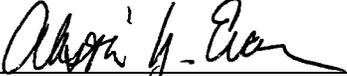
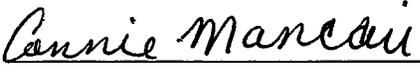




TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Forensic Update – Versie Bellamy</p> <p>● Legislative Update – Mark Binkley</p>	<p>Health and Human Services (HHS) which are now resolved.</p> <p>DMH’s House Budget Hearing went well and was uneventful. It is our hope the House may recommend additional funding greater than what was in the Governor’s recommendations. DMH’s presentation to Senate Finance is scheduled for March 5. Mr. Magill said the future of behavioral health is becoming more integrated with primary care.</p> <p>Ms. Bellamy said that the forensic waiting list is currently at 27. This is a 72.4 percent reduction from September 2013 where the waiting list was at 98. Since October, 2013, the forensic program has had 114 admissions and 82 discharges. Ms. Bellamy said that the Department is continuing to work closely with the Judicial System in reducing the waiting list. Commissioner Jane Jones said that we do not want to get in a position of discharging patients too quickly from the program. Ms. Bellamy said that DMH is tightening up the review process for discharges. All policies and procedures that guide discharges from forensics are being scrutinized. Mr. Binkley said that all cases come before a separate board prior to a patient being discharged.</p> <p>Mr. Binkley said that in the wake of the Department of Revenue hacking event, the State’s FY 14 Appropriations Act substantially increased funding for the Budget and Control Board to improve the State’s electronic information security. The State retained an outside consulting firm, Deloitte Touche, LLP, to work with the Board and state agencies to improve information security measures. Two new divisions in the Board were created to increase resources and focus on information security -- the Division of Information Security and the Division of Enterprise Privacy Office. These efforts are resulting in substantially more requirements regarding information security and privacy for State agencies. Because of this the staff at the Board urged agencies to add an amount to their budget requests to cover the increased cost for security measures. The Department’s request is in the process of being increased from \$250,000 recurring to \$728,000 in recurring funds to cover DMH’s increasing costs in these areas.</p>	



TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>SUMMARY &amp; WRAP UP</b></p>	<p>Mr. Magill reported on the following:</p> <p>Mr. Magill said that because of the success the Department has had with the Telepsychiatry Program, it was decided to reduce the cost an additional 30 percent to participating hospitals. Mr. Magill said this will be met with good response and DMH may see an additional five or six hospitals sign up for the program. Mr. Magill said that Dr. Narasimhan continues to study the value of the Telepsychiatry Program and has some new data to share. Previously, each episode using Telepsychiatry saved \$1,900 in costs per episode of care. This figure has now increased to \$2,900 per episode and results in a considerable amount of savings to the participating hospital and other public systems in the community.</p> <p>The PR/Media initiative continues. Mr. Magill and Ms. Ferretti have just completed Conway and Myrtle Beach. In two weeks, they will be back in the Tri County Mental Health area. Mr. Magill said the hospitals he has met with during these visits are very interested in the 50/50 arrangement where the hospital shares in the salary of a Mental Health Professional placed in the emergency room by the mental health center.</p> <p>More information will be sent to the Commission on the Bull Street Celebration that will be held in early April.</p> <p>The Institute of Medicine committees are still meeting to discuss and make recommendations for behavioral health in South Carolina. Included in the steering committee are Alison Evans, Dr. Bank, and Mr. Magill. The task force groups include Ligia Latiff-Bolet, Sheila Mills, Geoff Mason, Mark Binkley and Jennifer Roberts.</p> <p>DMH is assisting the Department of Corrections by reviewing their policies and procedures to see if there is a coherent strategy for delivery of services to the mentally ill in the prison system. DMH is not involved in providing direct services at Corrections. DMH staff and staff of Corrections have met several times and will be meeting again. It was decided to include Bill Lindsey and the School of Medicine in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<p><b>OTHER ISSUES RAISED BY MEMBERS</b></p>	<p>the discussion. The Commission will be updated monthly.</p> <p>None noted.</p>									
<p><b>NOTICE/AGENDA</b></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><b>ADJOURNMENT</b></p>	<p><i>At 11:35 a.m., on a motion by Buck Terry, seconded by Sharon Wilson, the Commission entered into Executive Session to receive legal advice concerning a contractual matter. Upon convening in open session at 1:30 p.m., it was noted that only information was received; no votes or actions were taken. The business meeting was formally adjourned at 1:30 p.m.</i></p>									
<p><b>ATTENDANCE</b>  <b>Commission Members</b></p>	<table border="0"> <tr> <td>Alison Y. Evans, PsyD, Chair</td> <td>Joan Moore, Vice Chair</td> </tr> <tr> <td>Jane B. Jones</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Beverly Cardwell</td> <td>Sharon Wilson</td> </tr> <tr> <td>Everard O. Rutledge, PhD</td> <td></td> </tr> </table>	Alison Y. Evans, PsyD, Chair	Joan Moore, Vice Chair	Jane B. Jones	J. Buxton Terry	Beverly Cardwell	Sharon Wilson	Everard O. Rutledge, PhD		
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<p><b>APPROVALS</b></p>	<table border="0"> <tr> <td></td> <td></td> </tr> <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					
										
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**S.C. MENTAL HEALTH COMMISSION  
S.C. Department of Mental Health**

**Tri-County Mental Health Center  
1035 Cheraw Street  
Bennettsville, SC 29512**

**February 7, 2014  
Center Presentation**

**Attendance:**

**Commission Members**

Alison Y. Evans, Psy.D., Chair  
Jane B. Jones  
Everard O. Rutledge, PhD  
Sharon L. Wilson

Joan Moore, Vice Chair  
James Buxton Terry  
Beverly Cardwell

**Staff/Guests:**

John H. Magill  
Michael Rooney

Emily Freeman  
Michael Trulock

Crystal McLendon  
Mark Binkley

Amy Kulo  
Kathy Cornish

The South Carolina Mental Health Commission met at Tri County Mental Health Center, 1035 Cheraw Street, Bennettsville, SC, on Friday, February 7, 2014. Alison Y. Evans, PsyD, Chair, opened the meeting at 9:00 a.m., and turned the presentation over to Mr. Michael Rooney, Executive Director.

Mr. Rooney thanked the Commission for coming to Tri County and introduced the first presenter, Christian Barnes-Young, the Project Coordinator for the Integrated Healthcare grant. Mr. Barnes-Young said this is a Substance Abuse and Mental Health Services Administration (SAMHSA) grant and is the only one of its kind in South Carolina. It has been recognized as a program of regional significance from SAMHSA. Mr. Barnes-Young said the Tri County catchment area is a "hot" spot for this type of program. The grant was awarded in 2010 and it runs through September 1, 2014, and is for the development and implementation of integrated primary and behavioral healthcare services.

Mr. Barnes-Young said that mental health conditions impact physical health, and physical health conditions impact mental health. Integrated care helps reduce the stigma of mental illness. He said that Care Coordinators take referrals from Mental Health Professionals and perform an assessment. They then describe to the client the benefit of integrated care. On site labs are available and results are received in a few days. The Care Coordinators assist with diagnosing what the client needs and referring them to the appropriate level of care as necessary.

Of approximately 477 clients served through the grant to date, some of the achievements are:

23.5 percent had an improvement in blood pressure;  
46.7 percent had an improvement in BMI;  
46.9 percent had an improvement in waist circumference;  
42.1 percent had an improvement in LDL cholesterol; and  
20.3 percent had an overall improvement in their health.

**Center Presentation**  
**Tri County Mental Health Center**

Page 2

Mr. Barnes-Young said the grant is trying to eliminate barriers to being seen at Tri County. Health screenings and required labs are offered at no cost to the client.

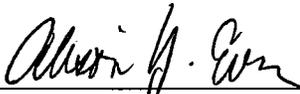
Effective partnerships have been developed with Chesterfield General Hospital (the primary care provider), Northeastern Rural Health Network, and University of South Carolina. The Northeastern Rural Health Network is a collaborative group of professionals dedicated to improving the health of local residents. Some of the challenges of the program are recruitment of skilled professionals, maintaining primary care coverage, gaining buy-in from staff and stakeholders, and addressing the needs of indigent clients.

Sustainability of the grant is essential and an increase in participation can be obtained with automatic referrals to the program. Mr. Barnes-Young would like to include children and adolescents in the program as there is a need for this population. He would also like to expand the program to other centers.

Amy Kulo, Children's Services, said that in 2008 Tri County Mental Health Center had four School-based Counselors. The center dropped to one counselor, and now it is back to four School-based Counselors. She has worked with the children for so quite some time they are now coming to her directly for assistance. Teachers in the schools are also referring children to her. School-based services have been very successful in the schools. The schools are also very willing to pay part of the salary of the Counselors.

Mr. Rooney also mentioned the recent tragic incident that occurred in the Chesterfield County clinic. He expressed his appreciation for the quick thinking actions of the staff at the clinic, as well as for the support the Center received from the Department's Central Office and from the Waccamaw Center, which sent a team to Chesterfield to assist the staff in the aftermath.

The center presentation concluded at 10:05 a.m.

  
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Alison Y. Evans, Psy., D., Chair

  
\_\_\_\_\_  
Connie Mancari, Recording Secretary

**SOUTH CAROLINA MENTAL HEALTH COMMISSION**

**Dinner Meeting Minutes  
Cheraw, SC**

**February 6, 2014**

**Attendance – Commission Members**

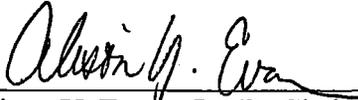
Alison Y. Evans, PsyD, Chair – excused	J. Buxton Terry
Joan Moore, Vice Chair	Jane B. Jones - excused
Everard Rutledge, PhD	Sharon Wilson
Beverly Cardwell	

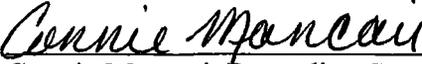
**Staff/Guests**

Michael Rooney, Exec. Director, Tri County Mental Health Center  
Clifford McBride, Chair, Tri County Mental Health Center Board  
William Stubbs, Member, Tri County Mental Health Center Board  
John H. Magill, State Director

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Thursday, February 6, 2014, at El Sherif's Restaurant, 315-2<sup>nd</sup> Street, Cheraw, South Carolina.

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

  
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Alison Y. Evans, PsyD, Chair  
South Carolina Mental Health Commission

  
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Connie Mancari, Recording Secretary  
South Carolina Mental Health Commission

**S.C. MENTAL HEALTH COMMISSION MEETING**  
**January 10, 2014, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201**

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p><b>CALL TO ORDER</b></p> <p><b>INTRODUCTION OF GUESTS</b></p> <p><b>APPROVAL OF MINUTES</b></p> <p><b>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</b></p> <p><b>• Patient Protection Reports – Public Safety/SLED – January 2014 – Alan Powell</b></p>	<p>The January 10, 2014, 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, room 320. Mr. Jeff Ham, Program Manager in the Division of Community Mental Health Services, delivered the invocation.</p> <p>There were no guests acknowledged at this time.</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 minutes of the Commission Dinner of December 12, 2013.</i></p> <p><i>On a motion by Joan Moore, seconded by Rod Rutledge, the Commission approved the minutes of the Center Presentation of December 13, 2013.</i></p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Commission Business Meeting of December 13, 2013.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p> <p>Mr. Magill presented those items listed under <b>Monthly/Quarterly Informational Reports</b>.</p> <p>Mr. Alan Powell reported in Mark Binkley's absence. On the Office of Public Safety Report, there is only one case of alleged abuse pending investigation. On the State Law Enforcement (SLED) Report, Mr. Powell reported that the total number of alleged abuse cases pending investigation is below normal at a total of 13. Of the 13 open cases, seven are being reviewed by SLED, four cases have been referred to the Long Term Care Ombudsman, one case is currently at the Attorney General's office and</p>	

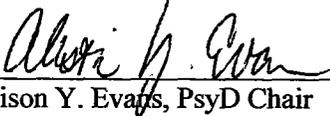
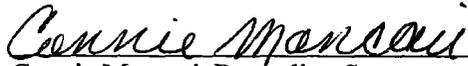
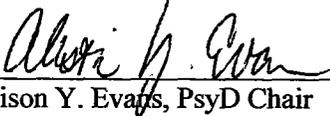
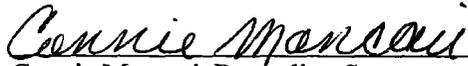
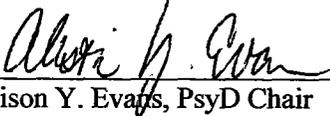
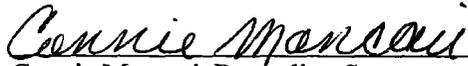
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p> <ul style="list-style-type: none"> <li>● <b>Client Advocacy Report – Alan Powell</b></li> <li>● <b>Six Months Report of Medical Care Accounts – Alan Powell</b></li> </ul> <p><b>DEPARTMENTAL OVERVIEW &amp; UPDATE</b></p> <ul style="list-style-type: none"> <li>● <b>Financial Status Update – Dave Schaefer</b></li> </ul> </p>	<p>involves a representative payee financial exploitation case, and one case was referred to local law enforcement.</p> <p>There is nothing unusual on the Client Advocacy Report in terms of types of incident for review.</p> <p>Mr. Powell said the report that the Commission currently has in their folders was completed before the New Year’s holiday, so while correct, the amount indicated is slightly lower than it really is. It was discovered there were a number of files that did not go into the Office of General Counsel section, but are still being monitored. Consequently, the funds that come to the Office of General Counsel were under-reported. A sampling was done this week and it was discovered there was approximately \$40,000 that was not reported in the report. Mr. Powell said he expects this number to be above last year’s number. As reported here, the number stated in the report is under by approximately \$50,000, of which \$40,000 has been accounted for. Mr. Powell will send out a corrected report to the Commission in the next month. Mr. Powell said the majority of the total percentage received is from the set-off debt collections.</p> <p>Mr. Magill presented those items listed under the <b>Departmental Overview and Update</b>.</p> <p>Mr. Schaefer reported for Mark Binkley this month. He said there is nothing significant to report from the previous month. He said that in the past, the Department had to deal with many issues that impacted its performance, such as a new accounting system, the lack of data for four months, and Medicaid rate changes, all which contributed to the fact that the agency was not able to report accurate numbers. The Department is now operating within budget and Medicaid revenue is where it should be at this time. There are not many variances this year as there were in previous years. The Department is looking at its personal services and expenditures. Mr. Binkley sent an explanation to the Commission on the use of the word “personal” as opposed to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● <b>Executive Leadership Program Presentation – Tamara Smith</b></p>	<p>“personnel”. Mr. Schaefer said that DMH is looking to fill all open positions at the center and facility levels in order to continue delivering quality services. As stated previously, centers have been trying to keep expenses down for the last several years and while good, we do not want it to impact delivery of services.</p> <p>Mr. Schaefer drew the Commission’s attention to Medicaid Revenue. In looking at the bottom line on the Medicaid Revenue page, from 2009 to 2012 the Commission will see a big decrease in revenue. Medicaid Revenue is slightly increasing. Mr. Schaefer said that in 2013, the Department of Health &amp; Human Services (DHHS) started elimination of cost settlements. In doing so, they actually raised the rates. The effect of the rate increases is being seen in 2014.</p> <p>Geoff Mason said that the Commission will hear the Executive Leadership Program presentation of Tamara Smith of Aiken-Barnwell Mental Health Center. Ms. Smith will present on “Employee Development.” Ms. Smith said she was tasked to choose a problem area that could be improved at the Department of Mental Health. She chose Employee Development/recruitment. All areas of the agency need competent staff to address mental health issues and achieve mission effectively. Ms. Smith identified several areas where Aiken-Barnwell Mental Health Center needed improvement. These were:</p> <ul style="list-style-type: none"> <li>- Vague job descriptions</li> <li>- Poor marketing of agency’s strengths/opportunities</li> <li>- Zero involvement in job fairs</li> <li>- Outdated position descriptions</li> <li>- Boring orientation – no creativity</li> <li>- No formal succession plan</li> <li>- No formal career planning for staff</li> </ul> <p>She then outlined some of the things the center did to address these areas, such as:</p> <ul style="list-style-type: none"> <li>- Developed employee development policy</li> <li>- Developed an employee development tool-kit</li> </ul>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• <b>Mental Health Center ER Services – Center Staff</b></p>	<ul style="list-style-type: none"> <li>- Improvements in succession planning</li> <li>- Development of an Employee Wellness Committee</li> </ul> <p>Complete details of Ms. Smith’s presentation are filed with the original of these minutes. Mr. Mason said that ten different mental health centers have shown interest in Ms. Smith’s presentation, and he will have her present her project at a future Center Directors’ Meeting.</p> <p>Mr. Magill said that the Department has been trying to improve relationships with the different hospital emergency rooms. Dr. Bank said that both he and Mr. Magill attended the Upstate Hospital Coalition Meeting this past week. One effort of this collaboration was to urge Laurens Hospital to put Telepsychiatry in its emergency room. After several years, this has finally been accomplished. The Laurens Hospital CEO has been very complimentary of the system and has mentioned how it helps to get patients out of the emergency room and into appropriate care. Mr. Magill feels the Upstate Hospital Coalition Meetings have been very successful.</p> <p>Kevin Hoyle, Executive Director of Anderson-Oconee-Pickens Mental Health Center, spoke about the efforts of his center in working with the local hospitals’ emergency rooms. He said that in 2012, the center began looking at what was needed in the Laurens emergency room. It was felt that Telepsychiatry was needed. Since the hospital has implemented Telepsychiatry, approximately 900 individuals have been seen, and it has saved the hospital \$150,000 to \$200,000. Length of stay is down to three days. It is hoped to add an additional Mental Health Professional at Laurens Hospital. As mentioned earlier, Laurens Hospital has become a big supporter of Telepsychiatry.</p> <p>Mr. Hoyle said that both Oconee Hospital and Baptist Easley have modeled their programs after what was done at Laurens. The idea of sharing a position to work in the emergency room came out of the Upstate Hospital Coalition. Christi Singleton is a Mental Health Professional who works at Oconee Hospital. She said she has had 361</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Forensic Update – Versie Bellamy</p> <p>● Bull Street Update – John Magill</p>	<p>face-to-face contacts since the program's inception. One-on-one contact with the person helps in getting them to aftercare appointments at the mental health center after discharge. Length of stay has decreased to 5.7 days, and savings to the hospital is approximately \$45,000. She said the Telepsychiatry program has completely changed the emergency room and made it a better place to practice medicine.</p> <p>Baptist Easley's liaison reports that 70 percent of her work is done in the emergency room. 156 individuals have been seen via Telepsychiatry since June of 2013. There are currently 56 active clients. For the period October-November 2012 compared to the same period in 2013, Baptist Easley has seen nearly the same amount of individuals or a slight increase; however, the length of stay has dropped 50 percent.</p> <p>Ms. Bellamy reported that the forensic waiting list is currently at 38. There were 27 discharged last month from the Forensic Program. Ms. Bellamy said that of the 44 additional beds, 43 are filled at present. There is movement in and out of the program. Last evening, the waiting list was 35; however, three emergencies raised the total to 38. The projection made last month to bring the waiting list to below 30 by February appears doable. It was mentioned that the 38 currently on the waiting list is the lowest number since October 2012.</p> <p>Ms. Bellamy updated the Commission on the recent elopement from the program. The patient was on work assignment at the time of his elopement. The work program has since been suspended pending review of the policies for this program. Also, all off site trips have been suspended, with the exception of all medical trips. All policies and procedures are currently under review for the program. Ms. Bellamy wanted to assure the Commission that therapeutic treatment for patient is continuing, even though patients have not been allowed off site. The treatment is being brought to the patients.</p> <p>Mr. Magill reported that there is some movement on the property as relates to the project called Columbia Commons. There has been a lot of discussion concerning a baseball stadium in the back of the property. It is possible that some housing</p>	



TOPIC	DISCUSSION	FOLLOW UP, ETC.																								
<p><b>ATTENDANCE</b>  <b>Commission Members</b></p> <p><b>Staff/Guests</b></p> <p><b>APPROVALS</b></p>	<p><i>1:00 p.m. in open session, it was noted that only information was received; no votes or action were taken. The business meeting was formally adjourned at 1:00 p.m.</i></p> <table border="0"> <tr> <td>Alison Y. Evans, PsyD, Chair</td> <td>Joan Moore, Vice Chair</td> </tr> <tr> <td>Jane B. Jones</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Beverly Cardwell</td> <td>Sharon Wilson</td> </tr> <tr> <td>Everard O. Rutledge</td> <td></td> </tr> </table> <table border="0"> <tr> <td>John H. Magill</td> <td>Versie Bellamy</td> <td>Geoff Mason</td> </tr> <tr> <td>Alan Powell</td> <td>Robert Bank, MD</td> <td>Tamara Smith</td> </tr> <tr> <td>Kevin Hoyle</td> <td>Christi Singleton</td> <td>Gloria Prevost</td> </tr> <tr> <td>Melanie Gambrell</td> <td>Dave Schaefer</td> <td>Bill Lindsey</td> </tr> </table> <table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, PsyD Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>	Alison Y. Evans, PsyD, Chair	Joan Moore, Vice Chair	Jane B. Jones	J. Buxton Terry	Beverly Cardwell	Sharon Wilson	Everard O. Rutledge		John H. Magill	Versie Bellamy	Geoff Mason	Alan Powell	Robert Bank, MD	Tamara Smith	Kevin Hoyle	Christi Singleton	Gloria Prevost	Melanie Gambrell	Dave Schaefer	Bill Lindsey			Alison Y. Evans, PsyD Chair	Connie Mancari, Recording Secretary	
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