

SOUTH CAROLINA MENTAL HEALTH COMMISSION
MEETING/RETREAT
Friday, January 23, 2009
10:00 a.m.

The South Carolina Mental Health Commission met for a retreat/meeting on Friday, January 23, 2009, at the home of Alison Y. Evans, PsyD, Chair, 44 Pelican Reach, Isle of Palms, SC. In attendance were the following:

Commission Members

Alison Y. Evans, Psy.D, Chair
Jane Jones
Everard (Tod) Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

DMH Staff

John H. Magill, State Director
Brenda Hart, Deputy Director-Administrative Services
Connie Mancari, Recording Secretary

Mr. Magill said the agenda is more formal than he had intended. He'd like to conduct this meeting as a discussion rather than a meeting. He also said that a few of the areas that were discussed are downsizing and other cuts that the Department will have to take in order to meet the major budget reduction.

The following items were discussed:

● **Department of Justice (DOJ) Lawsuit** – Mr. Magill said that DMH now has a signed settlement with Justice. The Department was trying to reach a settlement that was the least costly to the agency. The agency issued a 35page item-by-item response to the lawsuit. The settlement removes the Director, the Commission Chair and the Governor from the lawsuit, and does not put a specific burden on the Department except that DMH is expected to operate the nursing home under established guidelines for nursing homes. DOJ wanted to send a team to Columbia on a monthly basis to monitor the running of Tucker Center. They also wanted to put DMH in a five year period where the suit was in abeyance while it was being settled. This five year period was reduced to two years, and DMH will now have a total of 3-4 visits from Justice. Mr. Magill said this has been a very long process that will come to a very satisfactory solution.

Since there was a new commission member present (Dr. Rutledge), Mr. Magill explained that the Department of Mental Health has the responsibility for running three nursing homes. He also said it is very difficult to run a nursing home as large as Tucker. Tucker Center has approx. 500 licensed beds. Dr. Evans said that DMH is statutorily mandated to run nursing homes, although it currently treats about 370 residents.

It was explained that a percentage of the residents at Tucker have a mental illness. Two of the nursing homes – Campbell Nursing Home in Anderson and Victory House – are devoted to the care of the states veterans. One pavilion at Tucker, Stone Pavilion, houses veterans.

● **Sexually Violent Predator (SVP) Program** – Mr. Magill explained to Dr. Rutledge the process of how these individuals arrive at DMH. He said that South Carolina is one of 20 states that have a program for treating sexual predators. The program is housed in the old death row

unit at the Department of Corrections. The population keeps growing in the program and, currently, there are 100 residents in the program. Because of the growth in the program and the fact that Corrections will not give DMH more space, the Department has had to double-bunk the residents. It makes providing treatment difficult and the Department is having a difficult time recruiting staff to work there. Mr. Magill said that the decision was made to move some of the more infirm and medically ill residents to the Crafts-Farrow campus into a separate, but secure area where the forensics clients are now housed. The forensic clients will be relocated to the newly renovated Building One.

Brenda Hart said the Department has written a letter to Senator Fair outlining its concerns about the program. Both Ms. Hart and Mr. Magill have spoken to Senator Lourie and Representative Edge about SVP, and a meeting is trying to be scheduled with Senator Jackson to solicit his support. The Attorney General has toured the new location for the SVP residents and feels this is DMH's only recourse.

Mr. Magill mentioned that Corrections is attempting to get more money for the present space that DMH is currently using. The contract is currently under negotiation.

- **Veterans Issues** – Mr. Magill said that South Carolina submitted an application and was selected to be one of ten states to form a collaborative concerning delivery of services to returning veterans from the Iraq/Afghanistan wars. He explained that this group involves many state agencies, as well as the local and Charleston Veterans Affairs (VA) offices, the Columbia Chamber of Commerce, the Comptroller General, and Rep. James Smith. Meetings have been held monthly to develop a coordinated system of care for the veterans and their families. The VA is prepared to do a Request for Proposal (RFP) for outpatient care with another agency. This could become a revenue-producing item.

- **Medicaid** – Ms. Hart said that the Department of Health & Human Services (HHS) and the Center for Medicaid/Medicare Services (CMS) were forced into doing a rehabilitative waiver. This waiver will take effect on July 1, 2009. The new rates under the waiver have yet to be determined. Since the new rates have not been established, this may not be good for DMH. Bundled services will now have to be de-bundled. More emphasis is being placed on licensed counselors. If a service requires multiple clinicians, we have been told we can only bill for the lowest ranking staff person. It is felt that CMS is placing a burden on the systems delivering the services. South Carolina is not alone in this; other states are also involved.

- **Bull Street** – Mr. Magill said that NAI Avant has created a website exclusively for the Bull Street property. Avant has requested that "for sale" signs be placed on the property. Mr. Magill said that a confidential appraisal has been completed on the property on approx. 163 acres, which does not include Hall Institute. Hall Institute encompasses approximately 16-17 acres. The Commission has said they may need to reconsider their original plan of constructing a new Hall Institute in view of the increased construction costs and the budget.

Mr. Magill explained that many of the buildings on the Bull Street campus may need to be demolished. The Babcock Building, opened in 1858, is on the National Register until 2013. It hasn't been occupied in many years and is in a terrible condition. The entire building is 215,000 sq.ft. It is also a safety issue. Evidence of vandalism has been noticed. Mr. Magill said that he has met again with Physical Plant and Public Safety in order to try to further secure the building. Public Safety will begin making regular patrols around Babcock in order to make it more secure.

• **Budget** – Ms. Hart conducted a very lengthy discussion regarding the state of the agency's budget as it is currently, and what DMH will have to do when the new fiscal year begins in July. She began by giving the Commission a break down of the Department's budget and the cuts sustained thus far.

June 30, 2008	\$220,228,567
Base Budget Reduction	(2,336,201)
1% pay raise	1,464,019
Budget as of July 1, 2008	\$219,356,385
3% cut	(6,580,692)
7.8% cut	(17,022,055)
7% cut	(13,702,755)
	\$182,050,883

Ms. Hart said that the Department will have had approximately \$40 million in cuts since last year. Because of some one time money received in cost settlements in the amount of \$20 million, the agency's leadership has been able to offset some of these cuts. When DMH begins a new fiscal year on July 1, there will be no one time money available. It was mentioned that when DMH makes cuts to its operations, the impact is felt throughout the system as patients will begin to back up in the emergency rooms.

Ms. Hart said that when the Governor wrote his executive budget, he included the third reduction of \$13.7 million, plus included an additional cut of \$14.8 million. DMH has its presentation to the House Ways and Means sub-committee next week. It is unclear as to what the General Assembly will do with our budget at this time. The BEA will meet again on February 9 and issue a new revenue projection. The agency believes that it will incur a total reduction on July 1, 2009 of \$55 million, which is the \$14.8 million plus the original \$40 million. The Department had to consider the following when it had to come up with the cuts:

- What services does DMH do well?
- What services are the agency's core services?
- What services allow the agency to break even, or come close to breaking even?

Ms. Hart said that in addition to the cuts to services, beds and staff, a mandatory five day furlough for all employees has been in effect. This agency-wide five day furlough could realize approximately \$2.5 million in savings. Also, travel has been drastically reduced, as well as employees' use of a personal vehicle. Videoconferencing and teleconferencing are widely used. Budget reduction suggestions have been solicited and have been received from employees throughout our system.

The Commission discussed the budget reductions in detail and expressed their support to Mr. Magill and the agency leadership during this difficult time.

• **Other** – The Commission discussed the topic of restructuring and the fact that the Governor has proposed the creation of a cabinet agency called the Department of Health Services. Included in this new agency are the Divisions of Mental Health, Health & Environmental Control, Alcohol and Drug and Disabilities and Special Needs. Also, other legislation has been introduced by Rep.

Harrison that is the same as last year's legislation that would create a Department of Behavioral Health, and DMH and DAODAS would be divisions under this Department.

Several other topics were briefly discussed. Ms. Hart also mentioned that DMH recently lost its Reimbursement Director. The lady who replaced the Reimbursement Director has made great strides in the area of patient collections.

The retreat concluded at 3:10 p.m.



Alison Y. Evans, Psy.D., Chair



Connie Mancari, Recording Secretary

SOUTH CAROLINA MENTAL HEALTH COMMISSION
Dinner Meeting Minutes
February 4, 2009

Rock Hill, South Carolina

Attendance – Commission Members

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

Attendance – Catawba Board Members

Beverly Cardwell Carolyn Dingle
Lillian Gilmore Tena Neely
Libby Sweatt-Lambert

Attendance – Staff/Guests

Dr. Paul Cornerly	Nadine Lewandowski
Steve Sanders	Rae Ann Alepa
Bernard Johnson	Susie Harris
Glen Poore	Bob Moore
Dr. Kelly Hobgood	John H. Magill
Paige Walther	Connie Mancari

The South Carolina Mental Health Commission met for dinner at 7:00 p.m., on Wednesday, February 4, 2009, at Thursdays Too, 147 Herlong Avenue, Rock Hill, South Carolina.

On behalf of the Commission, Dr. Evans expressed appreciation for the large turn-out of both staff and board members of the Catawba Mental Health Center. The Department's budget situation and the economy, in general, were discussed; there was no focal point of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



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



Connie Mancari, Recording Secretary
South Carolina Mental Health Commission

SOUTH CAROLINA MENTAL HEALTH COMMISSION
South Carolina Department of Mental Health

Catawba Mental Health Center
York Adult Services Clinic
166 Dotson Street
Rock Hill, South Carolina 29732

February 5, 2009
Center Presentation

Attendance:

Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair

J. Buxton Terry
Jane B. Jones

Everard Rutledge, PhD

Staff/Guests:

Beverly Cardwell
Libby Sweatt-Lambert
Dr. Kelly Hobgood
Susan Burns
Russell Booker

Carolyn Dingle
Dr. Paul Cornely
Paige Walther
Jane Liotta
Mark Binkley

Tena Neely
Steve Sanders
Rae Ann Alepa
Susie Harris
Geoff Mason

Bennie Thompson
Bernard Johnson
Nadine Lewandowski
John H. Magill

The South Carolina Mental Health Commission met at Catawba Mental Health Center's York Adult Services Clinic on Thursday, February 5, 2009. Alison Y. Evans, PsyD, Chair, called the center presentation to order at 9:00 a.m. Dr. Evans thanked the staff for all its courtesies extended to the Commission, and said that she was pleased with the large turn-out for dinner last night by both staff and board members. Dr. Evans then turned the meeting over to Dr. Cornely.

Dr. Cornely, Executive Director of Catawba Mental Health Center, welcomed the Commission to Rock Hill. He said that the York Adult Clinic building is the oldest clinic building in the state. He introduced Rae Ann Alepa, who is the Director of the Family Center in Rock Hill. Ms. Alepa introduced the individuals on the panel presenting School-Based Mental Health Services. In attendance were:

- Dr. Russell Booker, Superintendent of York School District One
- Mrs. Jane Liotta, York County School-Based Mental Health Services Director
- Ms. Donna Quinn, family member

Dr. Booker came to speak in support of the School-Based Services program. Dr. Booker said that the purpose of the school district is to provide a safe environment for children to learn. The school district provides for children's spiritual needs, emotional as well as intellectual needs. There are homes where the parents have barriers that prevent them from providing those needs to the children in the home. School-based counselors provide training for the teachers in mental health needs of the children. There are many benefits to the School-Based Services program. York School District One has a 96 percent attendance rating; suspensions are down 23 percent from last year. Expulsions have been reduced from last year in the high schools. The schools feel that that biggest impact has come from the counselors. The children and the parents feel very fortunate they have the benefits of the School-Based counselors. Dr. Booker is aware of the tight budget times that the state and the Department of Mental Health are facing and stated that he would hate to see these counselors reduced in York County.

Dr. Evans appreciated Dr. Booker's comments and feels that the General Assembly should be the recipient of his presentation. She feels that if Dr. Booker were to present these statistics regarding the

benefit of School-Based Services to the General Assembly, it would be beneficial. The Commission and the Department are well aware that this program is worth funding. She said that School-Based Services is one of the best services offered, but it is not the only beneficial program the Department offers. Mr. Magill feels that Dr. Booker's presentation would be valuable when he presents his budget needs to the Senate Finance Health Sub-committee.

Mrs. Jane Liotta, School-Based Services Director in York County, said that the counselors help provide mental health services to a child in the school. Counselors go out of their way to help the child and the family. They go "the extra mile" in helping the entire family. She introduced Ms. Donna Quinn, parent of a child receiving School-Based services. Ms. Quinn is very grateful for all the services her family has received.

Ms. Rae Ann Alepa said that School-Based Mental Health Services at Catawba Mental Health Center are currently serving 1,100 children throughout York, Chester and Lancaster counties. There are currently 29 School-Based Therapists in the Catawba catchment area. Seventy-nine schools in the three county catchment area have School-Based Services. Weekly referrals for new clients average between 35 to 40. As the population of the catchment area increases, so do the referrals for new clients. Ms. Alepa said that School-Based Services has helped to decrease out-of-home placement of children because of these services. Funding of the counselors is shared between the state and the school district. Catawba Mental Health has the strong backing of many of the schools concerning the delivery of these services.

Dr. Cornely next introduced Nadine Lewandowski, Clinic Director of York Adult Services. Ms. Lewandowski said the clinic has 1268 active clients as of 1/30/09, of which 29 percent have been in treatment for 2-5 years. Primary diagnoses at York Adult are mood disorders without psychotic features. This would include depression and Bipolar disorders. Most of the 1268 clients at York Adult (74 percent) receive comprehensive outpatient services.

Ms. Sue Burns, Clinical Supervisor of the Dual Diagnosis Program, gave a brief overview of the program. Ms. Burns said the Dual program is in its eleventh year at Catawba Mental Health. The program has two different groups that meet for three hours per day. Clients in one program are serious and persistent mentally ill (SPMI) coupled with a substance abuse. These clients meet on Tuesday and Thursday for three hours per day, and the program is based on the 12-step process. Most of these clients are homeless and the goal is to try to get the clients re-involved with their family and get them into housing. The second group is higher functioning than the first group. These clients meet on Monday and Wednesday and referrals come from Keystone Services. Keystone has had a long time relationship with Catawba Mental Health Center. Ms. Janet Martini, Executive Director of Keystone Services, said that as the population in the county grows, there will be an increased need for dual diagnosis services.

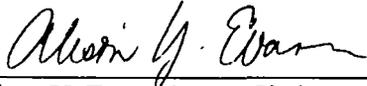
The mental health center works very closely with the hospital as well. Mr. Rodney White, Hospital Social Worker, explained how the center has coordination of hospital services in Dual Diagnosis services. He said that for many clients, the first access point for services is the emergency room. The hospital performs referrals from the emergency room. The local hospital is very supportive of the clients coming into the emergency room. Mr. Magill said the local probate judge has been very complimentary of the work done by the center and the community, in general. He said further that it would be helpful to have this type of presentation next week at the South Carolina Hospital Association Annual Meeting. This is an example of how things can work if a partnership exists.

Another group the center collaborates with is Vocational Rehabilitation Services. Ms. Kathleen Allen said that DMH and Vocational Rehabilitation (VR) have worked together for years in this catchment

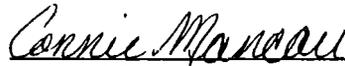
area and the relationship keeps growing. Vocational Rehabilitation has counselors on site two days a week at the center. She said that VR is tied into work and work is tied into self esteem.

Next on the program were presentations from Joyce Raines, mother of a client in the Dual Diagnosis Program, and Tina Gettings, a client in the Dual Diagnosis Program. Dr. Evans expressed her appreciation for the testimonies presented. She said that these testimonies present the effect the services delivered at the center have had on these individuals.

At 9:55 a.m., the center presentations concluded.



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



Connie Mancari, Recording Secretary
South Carolina Mental Health Commission

SOUTH CAROLINA MENTAL HEALTH COMMISSION
South Carolina Department of Mental Health

Catawba Mental Health Center
York Adult Services Clinic
166 Dotson Street
Rock Hill, South Carolina 29732

Budget Presentation/Question & Answer Session
February 5, 2009

Attendance: Commission Members

Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair

J. Buxton Terry Jane B.Jones
Everard Rutledge, PhD

Staff/Guests: Catawba Board Members

Beverly Cardwell
Libby Sweatt-Lambert

Bennie Thompson
Tena Neely

DMH/Catawba Mental Health Staff

Dr. Paul Cornerly
Brenda Hart
Robert Bank, MD

John H. Magill Geoff Mason
Mark Binkley Versie Bellamy

On February 5, 2009, at 10:00 a.m., and immediately following the center presentation, Dr. Evans suggested that members of the Catawba Mental Health Center board and staff would like to take advantage of the time available prior to the start of the business meeting to ask questions of the Commission, and to receive a brief overview of the budget reductions. Brief introductions took place.

Dr. Rutledge, being a new Commission member, asked about the funding for School-Based services. It was explained that the funding for the School-Based Counselors is received from both the Department of Mental Health and the Department of Education.

Dr. Cornerly said that the York Adult Services building is one of the oldest mental health clinics in the state. The building was built in the mid-1970's. Dr. Cornerly said that it is the goal of his and the board's to combine the administration office, the clinic and the family center into one facility. This would save the \$13,000 per month in rental that is paid for the family center. The Commission commented that Dr. Cornerly has done a remarkable job in turning the center around since the Commission's last visit to Catawba.

Mr. Magill inquired as to how many physicians are on staff at the center. Dr. Hobgood replied there are six full time physicians that cover the three county area. Presently, the center serves 1200 clients.

Mrs. Beverly Cardwell distributed a document depicting state appropriations for 2009 by mental health center, population and state dollars received per individual. It was noted that Catawba ranks seventeenth in per capital spending. Mrs. Cardwell said that since York County is a rapidly growing county, would there be any way that the center could be cut less than the other centers in the state. Mr. Mason said that the Department has tried to make the cuts as equitable as possible. DMH has not received sufficient new money to spread across the system in an equitable way. Funding from the counties vary greatly. Centers in those counties that receive more revenue are doing more services that are revenue generating. Dr. Evans said she went through the same discussion with Pee Dee Mental Health Center.

At this point in the discussion, Ms. Hart gave a brief overview of the budget cuts that have occurred since June, 2008.

June 30, 2008	\$220,228,567
Base reduction – 7/1/08	(2,336,201)
	\$217,800,000
+1% pay raise	1,400,000
	\$219,200,000

The Department has had three mid-year cuts since July 1, 2008:

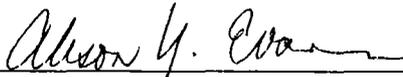
3% reduction	(6,000,000)
	\$212,600,000
7.8% reduction	(17,000,000)
	\$195,600,000
7% reduction	(13,700,000)
	\$181,900,000

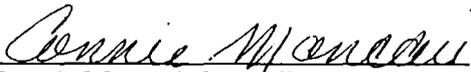
Ms. Hart said that the Department has lost approximately \$40 million this year. She said that DMH has been fortunate in that it has received several cost settlements and other one-time money that helped to offset the impact to the agency. It is anticipated that on July 1, 2009, the agency will have to incur another reduction of possibly eight percent, or \$15.6 million. This will give the agency a \$166.3 million base to begin fiscal year 2010. It is quite possible that the eight percent could be higher. The Board of Economic Advisors (BEA) meets again on February 2 and will make another revenue projection for the state. This may mean that the Department will have to increase this reduction.

Mr. Magill said that the Department has legislatively mandated programs that it must do, such as forensics and the Sexually Violent Predator Program. The mandated programs amount to approximately \$24 million from the agency's budget. Mr. Terry said that last year the Department served 103,000 clients. If these numbers come into being, the Department will only be able to serve 85,000 clients. Services to predators are mandated; services to victims of predators are not mandated. Dr. Evans said there are no good choices to make. It is a crisis situation when hospital beds are reduced.

It was mentioned that School-Based services is a good program and it works. The Department has to downsize, but care needs to be taken not to eliminate good programs that are being done. The idea was mentioned that the Department of Education could include a section on School-Based Services in its budget presentation when Dr. Rex presents to the Senate Finance Health Sub-Committee. It was also mentioned that local boards can make an impact by stressing to their local delegations the need for mental health services. Dr. Cornerly said the center will do all it can to help improve services in the catchment area.

There being no further discussion, the presentation concluded at 10:40 a.m.


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
February 5, 2009, Catawba Mental Health Center, 166 Dotson Street, Rock Hill, SC 29732

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The February 5, 2009, meeting of the South Carolina Mental Health Commission was called to order at 10:52 a.m., by Alison Y. Evans, PsyD, Chair, at the Catawba Mental Health Center, York Adult Services Clinic, 166 Dotson Street, Rock Hill, South Carolina. Mr. Steve Sanders, Assistant Director of Catawba Mental Health Center, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>All meeting attendees introduced themselves during the center presentation earlier that morning. In addition, Dr. Evans acknowledged Shanna Amersan of Capital Information Affiliates.</p>	
PRESENTATION OF RESOLUTIONS	<p>In recognition of her retirement from the Department of Mental Health, Dr. Evans presented Janice A. Rozier a Resolution from the entire Mental Health Commission.</p>	
	<p>February 5, 2009</p>	
Whereas:	<p>The Members of the South Carolina Mental Health Commission note with regret the retirement of Janice A. Rozier, MSW, effective December 31, 2008; and</p>	
Whereas:	<p>The Members of the South Carolina Mental Health Commission extend our deep appreciation to Ms. Rozier for her 32 years of dedicated service to the Department of Mental Health in her various positions at the Tri-County Mental Health Center, especially in serving as Executive Director since October 17, 1987; and</p>	
Whereas:	<p>The Members of the South Carolina Mental Health Commission express our high regard to Ms. Rozier for her expertise, wisdom, and invaluable leadership;</p>	
Now, therefore:	<p>We express our profound appreciation to Ms. Rozier for her service to the mentally ill, and for invaluable service to the Commission and to the Department of Mental Health; we offer our sincere best wishes for a long and happy retirement; and order that a copy of this Resolution be made a part of the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>APPROVAL OF MINUTES</p>	<p>Commission's permanent records.</p> <p>In addition, the Mental Health Commission presented Harold E. Cheatham, PhD, with a Resolution recognizing his tenure on the Commission. Dr. Evans mentioned that Dr. Cheatham was replaced by Dr. Rutledge.</p> <p>February 5, 2009</p> <p>Whereas: The members of the South Carolina Mental Health Commission note with regret the resignation of Harold E. Cheatham, PhD, from the Commission after serving as a member from August 2004 until December 2008; and</p> <p>Whereas: The Commission members acknowledge with great appreciation Dr. Cheatham's wisdom, expertise, invaluable leadership, and his willingness to serve his fellow South Carolina citizens; and</p> <p>Now, therefore: We express our regrets upon Dr. Cheatham's resignation; reaffirm our deep appreciation for his commendable service; offer our best wishes for his continued success; and order that a copy of this Resolution be made a part of the Commission's permanent records.</p> <p>Dr. Evans said that there is another person who is being considered for the vacancy in the upstate, as well as another person for the Florence area. With those two vacancies filled, it should complete the Commission.</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the December 4, 2008, Mental Health Commission Meeting. All voted in favor; motion carried.</i></p> <p><i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the December 15, 2008, Conference Call Meeting. All</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="172 452 436 579">MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p data-bbox="172 1328 491 1422">KEY STATISTICAL MEASURES/ QUARTERLY REPORT</p>	<p data-bbox="576 386 946 414"><i>voted in favor; motion carried.</i></p> <p data-bbox="576 455 1549 954">Mark Binkley commented on the Patient Protection Reports concerning State Law Enforcement Division (SLED) investigations. He mentioned that allegations of patient abuse and neglect of adult clients, by law, are required to be investigated by SLED. This change started in early 2007. The Department no longer uses its own Office of Public Safety to investigate these cases. Mr. Binkley said that DMH has met many times with SLED in order to streamline this process, and it has only been until recently that there seems to have been improvement in reducing the amount of alleged abuse cases that were pending for investigation. Mr. Binkley recently involved the Director of Client Advocacy, Rochelle Caton, in this process, and it is through her efforts in working with SLED and Public Safety, that the number of cases has decreased. In September 2008, this report showed 54 cases pending/outstanding and in the January 2009 report, there are 35 cases pending/outstanding. Ms. Caton has helped to determine the cases which are non-criminal. SLED investigates those cases which are determined to be of a criminal/violent nature.</p> <p data-bbox="576 996 1549 1120">Mr. Binkley said the Commission can be assured that there are no cases of actual abuse that are outstanding and not being investigated. There are still some old cases open, but in most cases, investigations are being completed in three to four months.</p> <p data-bbox="576 1161 1549 1293">Mr. Binkley said the Client Advocacy Reports reflect internal activity of the Office of Client Advocacy. There are client advocates at all the facilities and centers who report back to Ms. Caton who compiles the data and renders assistance when necessary.</p> <p data-bbox="576 1334 1549 1425">Mr. Magill said that this is the first Commission meeting that Dr. Bank will be reporting as Medical Director, and the first time that Versie Bellamy is reporting as Acting Deputy Directory for Inpatient Services.</p>	

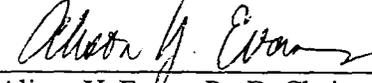
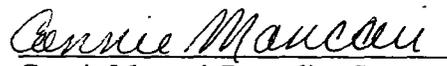
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Dr. Bank reported the pertinent items from the community data:</p> <ul style="list-style-type: none"> - There were 35,703 adults with serious mental illness in fiscal year 2008. This comprised approximately 59 percent of all adults served. - The employment rate for adults in community settings during this period was 15 percent. National rates are closer to 20 percent. Dr. Bank said these numbers reflect the problems in dealing with persons that have a lifelong mental illness. - During 2008, nearly 3,500 adults completed the Mental Health Statistics Improvement Project (MHSIP) client surveys. The national average was 87 percent satisfaction; South Carolina had 88.5 percent satisfaction - During the first quarter of this fiscal year, DMH admitted approximately 1,000 more patients than were discharged in the centers. - The key billable services are: Assessment, Individual Therapy, Psychosocial Rehabilitation Services, Psychiatric/Medical Assessment, Comprehensive Community Support, and Nursing Services. - The number of services delivered and Medicaid revenue have stopped declining. <p>Ms. Bellamy reported the pertinent items from the inpatient data:</p> <ul style="list-style-type: none"> - For the first quarter of FY'09, there were 2,503 admissions compared to 2,369 discharges. The highest number of both admissions and discharges occurred during the month of October; the lowest number of admissions occurred in November, and the lowest number of discharges was in December. The monthly average was 16 admissions for the first part of 2009. - DMH will exceed its 2008 rate of admissions based on this data. This is due in part to an increase in the admissions to Bryan Hospital. For 2008, Bryan had a total of 860 admissions. For the first part of this year, Bryan had 517 admissions. - Forensics and the Sexually Violent Predator (SVP) Programs also had 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>- For the current fiscal year, 1,571 patients had a length of stay less than 90 days. The average length of stay is 1,129.8 days. It should be noted the length of stay is increasing at most of the inpatient facilities; Bryan, Hall Residential Treatment Unit, Forensics and the nursing homes.</p> <p>Ms. Bellamy spoke next about the impact of the budget reductions on the inpatient facilities. Ms. Bellamy said that there is an ongoing reduction of 180+ beds, (approximately 90 adult psychiatric, 40 nursing home beds, 40 alcohol and drug beds have already been reduced. She is trying to restructure the units at the facilities. She is trying to maximize the acute beds at Bryan and Harris in order to get patients admitted and discharged more rapidly. Ms. Bellamy also said she is seeing more first time patients in the DMH system.</p> <p>Dr. Bank said the crisis data shows that there are approximately 50-55 patients waiting in the emergency room around the state as of Monday morning at 8:00 a.m. On the average, by 5:00 p.m. on Monday, there are approximately 50 percent who have left the emergency room. DMH has implemented new methods to keep the people moving through the emergency room, which has resulted in a decrease in patients waiting more than 24 hours. Dr. Bank said when a collaboration exists between the local hospital and the mental health center, many individuals never have to be admitted to the hospital as he/she has received the appropriate assessment and intervention. Average wait time in the emergency room is 20-30 hours. Dr. Bank said that 40 percent of the persons appearing in the emergency room have a substance abuse. The emergency room physicians become frustrated if an individual remains beyond 72 hours.</p> <p>It was noted that the shrinking number of community residential care facility (CRCF) beds has an impact on the DMH system. The Department doesn't have the capacity to have the CRCFs to place the patients that could be placed in these homes. Mr. Terry stated that incentives could be offered to individuals to open these homes and they could realize a profit.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>LEGISLATIVE UPDATE</p>	<p>Ms. Hart said that the first issue of the Legislative News is in a draft form at this time. However, she will give a brief overview of the bills being introduced pertaining to Mental Health. She said this is the first of a two year legislative cycle.</p> <p>Bills that have been introduced that impact state employees include a change in the full retirement from 28 to 30 years. Another bill that has been introduced is to raise the state health premiums on employees that are obese.</p> <p>In the area of Restructuring, Rep. Harrison introduced a bill that would create a Behavioral Health Department consisting of a Division of Alcohol and Drug and a Division of Mental Health. It would eliminate the Commission as a governing board and make it an advisory board. There has also been movement to restructure the administrative functions of the Budget and Control Board and move these under the Governor. The Governor also recommended restructuring in his budget. The Governor's proposal would create a huge Department of Health to include the Department of Mental Health, Department of Health and Environmental Control (DHEC), Department of Disabilities and Special Needs (DDSN) and the Department of Alcohol and Other Drug Abuse Services (DAODAS). DMH would include the Continuum of Care.</p> <p>Regarding the budget, currently the House is in the midst of Ways and Means sub-committee meetings. Next week, the full Ways and Means Committee will be meeting. There is a proviso that was adopted in the House Ways and Means sub-committee that would allow DMH to create a fund for uncompensated medical care. DMH would be able to create a cap that can be carried forward for medical care of patients at Palmetto Health.</p> <p>Ms. Hart said there is a bill to eliminate and, ultimately, phase out the Teacher and Employee Retention Incentive (TERI) Program. Employees currently in TERI</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <ul style="list-style-type: none"> ● Financial Update – Brenda Hart ● Bull Street Update – Mark Binkley 	<p>can stay in; no new participation will be allowed beginning July 1, 2009. There has been no mention regarding an earnings cap for working retirees.</p> <p>The preliminary date for the Senate Finance Sub-Committee is March 4, 9:00 a.m. Members of this committee are Senator Tom Alexander (chair), Senator Billy O'Dell and Senator Clementa Pinckney.</p> <p>Mr. Magill said it was his intent to keep the agenda short today in view of the fact that there is a lengthy executive session and that the Commission received much of this information at the retreat two weeks ago.</p> <p>Ms. Hart said that regarding the federal stimulus money and Medicaid, it looks like something will be passed regarding the federal match rate. Currently, the state pays 30 percent and the federal government pays 70 percent. If the match rate increases, the Department estimates it would receive \$5-10 million. This amount would be retroactive to October 1, 2008 and continue through March 2011. DMH would see an increase in what the government will reimburse DMH for Medicaid.</p> <p>Ms. Hart said she has no information regarding the South Carolina Children's Health Insurance Program at this time.</p> <p>Mr. Binkley said that the property has been on the market for sale as of January 15. There was publicity in the State Newspaper from a historic preservation group that is urging the Department/Commission to consider its stance on seeking one developer and to consider selling off the historic core of the campus to allow for historic preservation to occur.</p> <p>It was noted that the remainder of the patients from Byrnes could be relocated back to Bryan as early as April this year. This move will help in the sale of the property.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Six Month Report of Medical Care Accounts – Mark Binkley</p>	<p>Mr. Binkley said that for the period of July 1, 2008 through December 31, 2008 total collections were \$329,592.14. The amount waived by delegated authority was \$178,306.53 and the amount waived by the Commission was zero.</p> <p>For Dr. Rutledge’s information, Mr. Binkley explained this report and the method of reporting.</p> <p>The set off debt collection program began in year 2000. This program enables the Department to become the recipient of a person’s tax refund in payment for a client’s bill. The number of inpatients has dwindled over the years since the program began as movement to community programs became a better way of receiving treatment. For 2008, total collections were \$902,392.63, of which \$393,259.48 were due to the set off debt collections.</p>	
<p>• Department of Justice (DOJ) Update – Mark Binkley</p>	<p>Mr. Binkley said that the Department of Justice (DOJ), as expected, filed the lawsuit against the State of South Carolina, Department of Mental Health and the C.M. Tucker, Jr., Nursing Care Center on January 15, 2009, and simultaneously the settlement agreement with DOJ was filed. The Department of Justice asked the court to hold the lawsuit in an “inactive” status for two years, until the Department can fulfill the terms of the action plan that was developed. This process is in place and is going well.</p>	
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were posted and notification of the meeting was sent out to all individuals and news media who requested notification, in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p><i>At 12:00 p.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to select the winner of the Louise R. Hassenplug Award, to receive the Six Month Report of Litigation, and to discuss the proposed sale of property. Upon reconvening in open session at</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p>	<p><i>3:00 p.m., it was determined that only information was received; no action or votes were taken. The business meeting was formally adjourned at 3:00 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p> <p>John H. Magill Brenda Hart Beverly Cardwell Libby Sweatt-Lambert Steve Sanders Paige Walther Susan Burns Shanna Amersan</p> <p>J. Buxton Terry Everard Rutledge, PhD</p> <p>Mark Binkley Robert Bank, MD Carolyn Dingle Ms. Bennie Thompson Bernard Johnson Rae Ann Alepa Jane Liotta Russell Booker</p> <p>Geoff Mason Versie Bellamy Tena Neely Dr. Paul Cornely Dr. Kelly Hobgood Nadine Lewandowski Susie Harris</p>	
<p>APPROVALS</p>	<p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>APPROVAL OF MINUTES</p>	<p>that the MHA has been awarded \$1.8 million to build 14 apartments in Holly Hill, South Carolina. This new apartment complex for consumers will be named for Commissioner Terry's mother, Frances Wells Terry, and it will be called Terry Village.</p> <p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Dr. Rutledge, seconded by Buck Terry, the Commission approved the minutes of the Commission Retreat of January 23, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Dr. Rutledge, the Commission approved the minutes of the Commission Dinner Meeting of February 4, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Center Presentation of February 5, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Budget Presentation Meeting of February 5, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Joan Moore, seconded by Dr. Rutledge, the Commission approved the minutes of the Mental Health Commission Meeting of February 5, 2009. All voted in favor; motion carried.</i></p> <p>Dr. Evans thanked Connie Mancari for her work in completing these five sets of minutes.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="165 384 431 513">MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p data-bbox="165 756 431 786">• Legislative Update</p>	<p data-bbox="570 384 1542 588">Mr. Magill asked Mark Binkley if there were any items of interest or special note in the monthly reports. Mr. Binkley said that the Patient Protection Report for State Law Enforcement Division (SLED) incidents for February indicates that there continues to be improvement in the amount of cases pending. Presently, there are approximately 12 cases that are being reviewed by SLED. Mr. Terry acknowledged this is a significant improvement from previous reports.</p> <p data-bbox="570 624 1542 716">Mr. Binkley noted that the Client Advocacy Report, completed by Rochelle Caton, has been revised for easier reading. Mr. Terry mentioned that he likes this new format.</p> <p data-bbox="570 756 1542 954">Ms. Hart said there are several bills that the Department has been watching which are not, as yet, on the list. The first bill is called the Budget Stabilization Bill. This bill would increase the reserves for next year that the General Assembly would have in order to write the budget, from three percent to 10 percent. It results in an increase to the reserves should the state incur continued tough economic times.</p> <p data-bbox="570 994 1542 1126">The second bill is H.3488, which is a joint resolution to form a sub-committee to study veterans' issues, that includes the feasibility of constructing a new veterans' nursing home in the state. Another bill, H.3314, would restructure the Department of Disabilities and Special Needs (DDSN) into a cabinet agency.</p> <p data-bbox="570 1166 1144 1196">Ms. Hart also commented on the following bills:</p> <ul data-bbox="625 1232 1542 1430" style="list-style-type: none"> - S.4 South Carolina Teacher Protection Act – Provides that a teacher may bring a civil action against a student who commits a criminal offense against the teacher if the offense occurs on school grounds or at a school-related event. This bill has passed the Senate and is in House Judiciary. - S.212 Change in Retirement Benefits – Increases from 28 to 30 years the service credit required for retirement for new hires. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> - S.242 Closure of the TERI Program – This will close the Teacher and Employee Retention Incentive (TERI) Program to new participants effective July 1, 2009. - S.390 Mental Health Parity and Addiction Act – Extends the Mental Health Parity Law to include substance abuse. - H.3170 Creation of the Joint Electronic Health Information Study Committee – This bill creates a study committee to examine the feasibility of increasing the use of health information technology and electronic personal health records. It will be tied to the federal stimulus money. This bill has passed the House and is currently in Senate Medical Affairs Committee. - Ms. Hart said there are several tobacco tax bills that are being tracked. One bill in particular, H.3471 by Rep. Chalk, would use the money raised from a cigarette tax to support community mental health services. <p>Ms. Hart presented an update on the budget. She said that a number has been assigned to the budget bill; H.3560's debate should begin next week. The Department received a base reduction of approximately \$104,000 which will be offset by a reduction in travel. Also, a Health and Human Services funding proviso was adopted that would give DMH \$18 million in non-recurring revenue, redirected from the Department of Health & Human Services (HHS). This proviso also creates a Health Care General Fund Restoration Reserve Fund with the State Treasurer's Office, which requires the Department to transfer general funds to replace the additional Federal Medical Assistance Percentages (FMAP) funds received through the American Recovery and Reinvestment Act of 2009 (federal stimulus). In other words, Ms. Hart explained that if DMH receives any federal stimulus money, it must transfer general funds, dollar for dollar, so there would be no additional benefit received. Ms. Hart said the reason for this is that when the stimulus money ends in 2011, when the General Assembly writes the new budget, they would once again be able to cushion or prolong another budget cut for health agencies.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update - Brenda Hart</p>	<p>Yesterday, a request was made from House Ways and Means to look at an additional 10 percent cut to the agency, assuming DMH received no new money or new stimulus money. Ways and Means wanted to determine the impact on the community. Ways and Means proposed eliminating \$121 million to local governments. Ms. Hart believes that the House may end up debating if they should cut local government by \$121 million or proceed to fund public health care. Mr. Magill said this final proposal would be devastating to Mental Health.</p> <p>Ms. Hart said there were several provisos included in the Ways and Means proposal, which are:</p> <ul style="list-style-type: none"> - Adoption of a proviso to allow DMH to carry forward money not expended for healthcare services of the Department's clients in private hospitals; - Elimination of the requirement that SLED is required to investigate a death in one of our veteran nursing homes if the coroner rules the death as "natural." - A requirement that the Budget and Control Board use reserve funds to cover employee contribution rates for health insurance; - The TERI program would end for new enrollees, effective July 1, 2009; - If an agency is to institute a Reduction in Force (RIF) in a specific area, TERI employees should be let go first as they do not have grievance rights; - Ten day mandatory furlough proviso was amended so that agencies can exempt certain pay bands or direct healthcare staff. <p>Mr. Magill presented those items listed in the Departmental Overview/Update.</p> <p>Ms. Hart said that overall the agency is doing well. Finance is utilizing supplemental funds to balance the budget this year, even though on paper the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>agency is showing a \$5 million deficit. DMH is using supplemental or one-time funds to offset that deficit. When July 1 arrives, DMH needs to be operating at the correct level.</p> <p>Ms. Hart explained each chart in the packet for Dr. Rutledge's information. She said that the charts show how the different sections of the agency are operating with and without the supplemental funding. Ms. Hart also included a Medicaid reimbursement comparison chart. She reminded everyone that billings were late in December because of the delay in the rate increase that the community system received.</p> <p>Mr. Magill said his presentation to the Senate Finance Committee went very well. He tried to zero in on what the decrease of funds would do to the mental health system. He also showed what the July 1 cuts would do to the Department's delivery of services. The July 1 cut would result in approximately 28,500 less bed nights in the system.</p> <p>Senators Alexander and O'Dell had a good understanding of the material presented. Senator Alexander was interested in the special needs of the Sexually Violent Predator program, and DMH's discussions with the Department of Corrections on the need for additional space. Senator Pinckney was not present at the meeting; however, Ms. Hart spoke with him after the meeting and he appeared very supportive of DMH. Senator Alexander was very complimentary of the Department's programs at the centers, as well as the Veterans Policy Academy. Mr. Magill also reviewed the telepsychiatry program with the committee. He said that target dates are set for live feed in the next two weeks with several of the hospitals.</p> <p>Mr. Magill mentioned he will begin his mental health center visits and hospital visits in the next few weeks. He invited the Commission to attend the presentations with him. Ms. Mancari will provide the Commission with a</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Community Children's Services Update – Geoff Mason</p>	<p>schedule when finalized.</p> <p>Mr. Mason said there has been a lot of discussion about possible cuts to School-Based Services. While it is true that DMH has lost some School-Based positions, the program is still present in about one-third of the state's schools.</p> <p>South Carolina is a leader in School-Based Services, and has the most School-Based programs of any state in the United States.</p> <p>Mr. Mason said that School-Based Services are provided to the clients and families in the school setting. A mental health counselor is available on-site, which increases accessibility of mental health services for children and families in need of these services in a non-stigmatizing environment.</p> <p>The goals of School-Based Services are:</p> <ul style="list-style-type: none"> - Increase accessibility of services in a non-stigmatizing environment; - Programs that address early intervention and prevention services; - Provide consultation for teachers and other school staff on mental health issues; - Provide training on mental health issues; - Increase partnerships within the school and community. <p>Some benefits of School-Based Services are:</p> <ul style="list-style-type: none"> - Non-stigmatizing; - Easy access to service; - Immediately addresses crisis episodes; and, - Decreases conduct disorder and oppositional behaviors. <p>Mr. Mason said the Department has seen approximately 14,000 children through</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>this program. In January 2008, there were 276 mental health counselors in 449 schools. In January 2009, there are 234 mental health counselors in 440 schools. The best practice model is to have one mental health professional in each school for 4.5 to 5 days per week. These positions are funded by both DMH and the school district. The school district pays from \$10,000 to \$20,000 per position. The service is also Medicaid billable. DMH has received some good news from Horry County. A number of School-Based positions were to be cut; however, the school district has changed its mind. It appears that only a couple positions will be lost.</p> <p>Mr. Mason said the Department received a grant from Blue Cross/Blue Shield to expand School-Based Services in rural counties. DMH received start up funds for a three year period to establish 10 sites in the underserved areas of the state. All of the original 10 sites are operational, and Blue Cross has given DMH an additional \$200,000 for two additional positions.</p> <p>Through the Department of Education (DOE), the DMH has looked at the Safe Schools/Healthy Students Grants. If funding is received, this would add an additional 12 schools. DMH cannot apply for the grant; the school district is the only one that can apply for the funds.</p> <p>Mr. Mason mentioned the Joint Council on Adolescents. He said it includes many of the child-serving agencies, as well as the National Alliance for the Mentally Ill (NAMI), Department of Education, Department of Social Services, etc. This groups looks at collaboration on services to children. The council approved many items at its January meeting. Because of the family component, the Federation of Families reviewed DMH's policy and the Department of Alcohol and Other Drug Abuse Services (DAODAS) policy to see what they contained regarding family driven care. The report was received and the council approved what was recommended and want to extend this to DSS and DJJ to see if those policies were aimed at family driven care. The council also approved the implementation</p>	

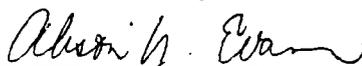
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Inpatient Hospitals Governing Body Report of February 3, 2009 – Versie Bellamy</p>	<p>of the GAIN as a screening tool for substance abuse/alcohol abuse, state-wide. The council is also looking at a training initiative for clinicians on the screening tool.</p> <p>Mr. Mason said it is important in these tight budget times that these agency directors come together to look at what is being cut, and the impact these cuts will have across the system. It was mentioned this initiative is the first time in over 20 years that all these agencies are meeting to address the needs of the state's children.</p> <p>Ms. Bellamy presented the highlights of the Inpatient Hospitals Governing Body Meeting of February 3, 2009.</p> <p><u>Harris Hospital</u></p> <ul style="list-style-type: none"> - As of February 3, the hospital has closed 11 acute female beds and is in the process of closing an additional 22 beds. Staff is being reassigned to other vacancies. This should result in a decrease in the use of pool and overtime. - Under the ORYX indicators, Harris continues to perform below the national average for elopement rates, restraints and seclusion. For 30 day readmits, the trend is above the national average. All patient admissions are continuing to be reassessed for opportunities to reduce recidivism. - In consumer surveys, clients continue to respond favorably concerning Harris Hospital in all areas: outcomes, dignity, rights and participation. - Patient Injuries – there were only two significant injuries in the first quarter of the fiscal year. This is attributable to the staff maintaining a safe environment for patients. - Staff Injuries – Eighteen employee injuries were reported during this period. Staff injuries would likely have been more significant if not for consistent utilization of BEST techniques. - Harris Hospital is now a smoke-free hospital. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><u>C.M. Tucker, Jr., Nursing Care Center</u></p> <ul style="list-style-type: none"> - Falls at Tucker increased in 2008 (293) from 2007 (208); however, the average serious injuries from falls remains within the national average. This increase is due to a concerted effort to reduce the use of restraints. - A restraint task force has been formed to evaluate the use of restraints and to educate staff on proper documentation. - The Quality Council is looking at preventive measures that can be put in place to prevent pressure ulcers. - The Stone Pavilion received a Dedication of Medallions and Stars from the Veterans Administration at a ceremony in November, 2008. <p><u>Consolidated Hospital Report (Bryan, Morris Village, Forensics, Sexual Predator, Infirmary and William S. Hall Psychiatric Institute)</u></p> <ul style="list-style-type: none"> - Morris Village closed 40 beds since January; now at a 104 bed operational capacity. Staff has been reassigned to other areas. - Bryan Wellspring closed 17 beds with 18 additional beds closing shortly. - Building One, Forensics Services, opened in November with 25 operational beds. There are 60 licensed beds in that building. The opening of the additional 25 has been indefinitely delayed as a budget reduction initiative. - The application requesting that 178 forensic beds at Just Care be added to Bryan's license is at DHEC for consideration. It is hoped that this will be resolved within the next few days. DMH is waiting for DHEC to give a final inspection prior to this being approved. - Bryan and Hall Institute continue to perform well in the area of 30 day readmissions, restraint hours, and elopements. Hall's use of restraints is driven upwards by frequent utilization of physical holds. This has also increased because of the different populations at Hall, such as the sub-class juveniles. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<ul style="list-style-type: none"> - The patient-to-staff assault event rate for the period indicates that with the exception of Morris Village, the Infirmary, and the Sexual Predator Program, each hospital/program indicated an upward trend. - The Division of Inpatient Services (DIS) is implementing several actions that were recommended by the team assigned to address aggressive/assaultive behavior. Some of these are: Implementation of an “antiviolence campaign”; ensure new employee orientation includes antiviolence information; and development of an employee brochure addressing workplace violence. <p>Ms. Bellamy said that Harvey Miller was appointed as Director of Bryan Hospital. This includes all facilities that fall under Bryan Hospital. The DIS budget reduction plans will result in the loss of 181 inpatient beds; 90 adult psychiatric, 45 nursing home; 40 alcohol and drug and six child and adolescent beds. In fiscal 2008, DIS was at 570,000 hospital bed days and served approximately 6,900 people. Ms. Bellamy said that it is estimated that the clients served will decrease by approximately 1,500 people from fiscal 2008 to fiscal 2010.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Inpatient Hospitals Governing Body Meeting of February 3, 2009. All voted in Favor; motion carried.</i></p> <p>Mr. Magill mentioned that the University of South Carolina School of Medicine is fortunate to have Dr. Richard Harding as chair. The university’s budget has been hit hard, as has DMH’s, and both DMH and USC are appreciative of his leadership.</p> <p>Mr. Binkley said the process for sale of the property is proceeding. The work plan for phase II environmental survey is complete. This includes soil testing and other environmental issues. The work plan is at DHEC for review and approval.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• SCEIS Update – Dave Schaeffer</p>	<p>DMH anticipates no additional requests for changes to the work plan. Mr. Binkley said the property has received a lot of interest and activity. The broker has taken potential developers on tours of the property. These are qualified companies and also includes out of state developers. There are no firm offers at this time.</p> <p>Because of the reductions in Inpatient Services necessitated by the budget cuts, the Bryan campus will be able to hold the full number of patients from Bryan Acute and Bryan Wellspring. It is expected that Wellspring patients will be relocated back to Bryan and, hopefully, by summer the Byrnes building can be closed.</p> <p>Mr. Schaeffer said that the South Carolina Enterprise Information System (SCEIS) will standardize and streamline business processes in South Carolina Government. In 2000, a Request for Proposal (RFP) was issued to use DMH as a pilot for this accounting system. In 2003, the system was implemented at DMH on a limited basis; it did not have Human Resources or Payroll. The new system should have all functions. Legislation has been passed that by June 30, 2010, all agencies have to be on the SCEIS system. The process is moving quickly. Thirty small agencies are on SCEIS, on a limited basis. In November 2009, approximately 30 additional agencies are to be on the SCEIS system. Mr. Schaeffer said there will be no increase in productivity or savings until an agency has been on the system for one or two years. When an agency goes on this system, there is a big transition in the way business is operated. Ms. Hart said that training needs to be done for all staff, state-wide. DMH has already seen productivity decrease because, at DMH, only one portion of the system was implemented. DMH now needs to implement the entire system and re-train all staff to perform business processes in a completely different way. Mr. Schaeffer said that it is also a big problem for the agency to hire the appropriate staff and do the training for the entire agency. This new system will require a large expenditure of money and staff, and the money expended now will not be</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
Other Issues	<p>recouped for five to six years.</p> <p>Mr. Magill said that at the next meeting he would like to talk about Access Health in more depth. He said that he, Debbie Blalock and Dr. Bank are involved in this project. He is also hoping to have a presentation on transitional housing.</p>	
Presentation of the Louise R. Hassenplug Award	<p>At this point, Dr. Evans introduced the presentation of the Louise R. Hassenplug Award. Dr. Richard Harding introduced Mrs. Hassenplug and said that she was the first Commissioner appointed to the Mental Health Commission under the term of Governor Campbell. She was also the first named family member of the Commission. Mrs. Hassenplug received the support of NAMI, and it is because of her work, that this award is named for her and presented each year.</p> <p>The nominees for the 2009 Louise R. Hassenplug Award are:</p> <p>Ngose Patricia Nnadi, MD – Charleston/Dorchester Mental Health Center Tamara Starnes – Charleston/Dorchester Mental Health Center Alice Summers – Charleston/Dorchester Mental Health Center Victoria L. McGahee – DMH Central Office/Office of Quality Management</p> <p>The winner of the 2009 Louise R. Hassenplug Award is Alice Summers, Psychiatric Nurse from the Charleston/Dorchester Mental Health Center.</p>	
NOTICE/AGENDA	<p>A notice and agenda of the meeting were posted and notification of the meeting was sent out to all individuals and news media who requested notification, in accordance with state law.</p>	
ADJOURNMENT	<p><i>At 12:20 p.m., on a motion by Buck Terry, seconded by Dr. Rutledge, the Commission entered into executive session to receive advice about a pending legal action. Upon reconvening in open session at 1:00 p.m., it was noted that only information was received. There were no votes taken. The meeting was</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p><i>formally adjourned at 1:00 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones (excused)</p> <p>John H. Magill Brenda Hart Debbie Blalock Ligia Latiff-Bolet, PhD Steve Miller Jaclyn Upfield Versie Bellamy Norma Jean Mobley</p> <p>J. Buxton Terry Everard Rutledge, PhD</p> <p>Mark Binkley Bill Lindsey Patricia Nnadi, MD Tamara Starnes Algie Bryant Shanna Amerson Vicki McGahee Louise Johnson</p> <p>Geoff Mason Valarie Perkins Richard Harding, MC Alice Summers Matt Dorman Chris Reidenbach Frances Corley Dave Schaeffer</p> <p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

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

**C.M. Tucker, Jr., Nursing Care Center
2200 Harden Street
Columbia, SC 29203**

**April 2, 2009
Facility Presentation**

Attendance:

Commission Members

Alison Y. Evans, PsyD, Chair
Jane B. Jones

Joan Moore, Vice Chair
Everard O. Rutledge

J. Buxton Terry

Staff/Guests:

John H. Magill
Robert Bank, MD
Paul Switzer, MD
Norma Jean Mobley

Frances Corley
Chris Reidenbach
Versie Bellamy
Geoff Mason

Jac Upfield
Shirley Bannister
Mesa Foard
Brenda Hart

The S.C. Mental Health Commission met at the C.M. Tucker, Jr., Nursing Care Center on Thursday, April 2, 2009. The facility presentation was called to order by Alison Y. Evans, PsyD, Chair, at 11:00 a.m., in the Fewell Pavilion Dining and Activity Room. Dr. Evans turned the presentation over to Jac Upfield, Director of C.M. Tucker, Jr., Nursing Care Center. Ms. Upfield then introduced Pamela Howell, RN, who gave a presentation on the new Dining Assistance Program at Tucker Center.

Ms. Howell is new at Tucker Center, having only worked at the facility since last summer. Upon arrival at Tucker Center, she proceeded to investigate some of the problems in feeding the residents. Ms. Howell determined that many times the meal times took up to 45 minutes. She decided that it was necessary to make meal time better for the residents as many of them were either disinterested in the food that is served or required extensive assistance in eating, and had little to no staff interaction during the meal. Ms. Howell said that all nursing homes in the country are concerned with under nutrition of residents in the homes. Staff are so concerned with getting the tray out and back that not enough attention was paid to what the residents were eating. Staff also was not sure of what the residents were capable of doing, such as feed themselves. It was also evident that there was too much social isolation during the meals.

Ms. Howell said that the units at Tucker require more extensive supervision during meal times. Staff was asked to sign up in one of three categories:

- Licensed and ready to feed;
- Licensed to feed or willing to provide socialization, tray distribution – require one hour review course; or
- Want to feed – require eight hour course.

The last category is all staff that are not licensed clinicians. Regulations governing this last category are very stringent by the Department of Health and Environmental Control (DHEC). Training was provided in how and when to feed residents. Residents' rights were reviewed, such as always knocking on room doors before entering, give choices about foods, encourage to eat vs. demanding to eat, and allow residents to eat at his/her own pace.

Interaction with the residents was also stressed. Areas covered were:

- Ensuring the resident has his/her glasses and hearing aids;
- Speak slowly and distinctly;
- Learn several personal things about the resident that is being fed;
- Talk about things the resident has knowledge of;
- Limit conversation while chewing; and,
- Allow time for the resident to respond.

Ms. Howell further said that it is important to make the environment pleasant during mealtime. Things that can be done in order to have a good environment for eating is to play soft music, have the area quiet and pleasant, and well lighted. Staff is instructed to observe proper infection control procedures before and after mealtime, and emergency procedures should also be reviewed on a regular basis.

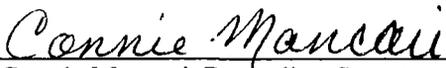
Ms. Upfield said that this new Dining Assistance Program has made a tremendous impact on the staff at Tucker Center, as well as the residents. It's wonderful to see administrative staff interact with the residents during mealtime. Staff takes lunch either before or after the regular feeding time. Ms. Upfield expressed appreciation to the Tucker Center Advisory Board for its support not only of this program, but of all of the work at the facility.

Mr. Magill said that Tucker Center used to be the nursing home for anyone referred from the General Assembly. Ms. Upfield said that the facility was used as an Institute for Mental Diseases (IMD), which is a facility for those over the age of 65 who did not need a nursing home level of care. Ms. Upfield said that Tucker Center presently serves many other populations, such veterans; elderly with mental illness, individuals with Huntington's disease, and many are former psychiatric patients from the community whose needs require more than can be provided for in the community. Ms. Upfield said the residents live at Tucker Center, look upon the facility as their home and, depending upon their condition, they are residents for many years.

The presentation concluded at 11:50 a.m. at which time Ms. Upfield offered a tour of the Fewell Pavilion to the Commission and others who may be interested.



Alison Y. Evans, PsyD, Chair



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING
April 2, 2009, C.M. Tucker, Jr., Nursing Care Center, 2200 Harden Street, Columbia, SC

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p> <p>INTRODUCTION OF GUESTS</p> <p>APPROVAL OF MINUTES</p> <p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>• Legislative Update – Brenda Hart</p>	<p>The April 2, 2009, meeting of the South Carolina Mental Health Commission was called to order at 1:00 p.m., by Alison Y. Evans, PsyD, Chair, at the C.M. Tucker, Jr., Nursing Care Center, 2200 Harden Street, Columbia, South Carolina. Chaplain Charles Clary of the C.M. Tucker, Jr., Nursing Care Center delivered the invocation.</p> <p>There were no guests acknowledged at this time.</p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the March 5, 2009, Mental Health Commission Meeting. All voted in favor; motion carried.</i></p> <p>Mark Binkley commented on the Patient Protection Report covering State Law Enforcement Division (SLED) cases for March 2009. He said that the total number of alleged abuse cases pending investigation is down to 27. Of this 27, 15 cases are actually at SLED, and the remainder were referred by SLED to other agencies. Mr. Binkley said that the number of such cases continues to decline and it is an indication that the backlog of cases is getting caught up.</p> <p>Brenda Hart commented on several bills that are currently being discussed.</p> <p>H.3314 – Disabilities and Special Needs Department – This bill creates a Department of Disabilities and Special Needs (DDSN), which has authority over all of the state’s services and programs for the treatment and training of persons with mental retardation, related disabilities, head injuries, and spinal cord injuries. It must be comprised of a Mental Retardation Division, an Autism Division and a Head and Spinal Cord Injuries Division. The responsibility for all autistic services is transferred from the Department of Mental Health to DDSN. This bill has passed the House and is now in Senate Medical Affairs.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="157 1149 485 1212">DEPARTMENTAL OVERVIEW & UPDATE</p> <p data-bbox="157 1356 485 1419">• Financial Status Update – Brenda Hart</p>	<p data-bbox="561 398 1540 563">H.3170 – Creation of the Joint Electronic Health Information Record – This bill would create a study committee that would examine the feasibility of increasing the use of health information technology and electronic personal health records. The bill has been read three times and has been sent to the Senate Medical Affairs Committee.</p> <p data-bbox="561 604 1540 835">H.3199 – Behavioral Health Services Act of 2009 – This is the restructuring bill that would create the Department of Behavioral Health Services, and delete the Department of Alcohol and Other Drug Abuse Services (DAODAS) and the Department of Mental Health, and transfer these departments to the Department of Behavioral Health Services Department. This new Department would include DMH, DAODAS and the Continuum of Care. This bill is currently in the House Judiciary Committee.</p> <p data-bbox="561 877 1540 976">As reported previously, there are several cigarette tax bills, all of which have been referred to the Committee on Ways and Means. House bill 3584 passed the House and received consent for third reading on the next legislative day.</p> <p data-bbox="561 1017 1540 1116">S.390 – Mental Health Parity and Addiction Act – This bill would extend insurance coverage to substance use disorders, financial requirements, and treatment limitations.</p> <p data-bbox="561 1158 1540 1314">Mr. Magill commented that the Department of Mental Health has one of the best commissions of any of the state agencies. Our Commission is very hard working and knowledgeable. Two Commissioners were re-appointed this morning during a meeting of Senate Medical Affairs, and one Commissioner was appointed for a first full term.</p> <p data-bbox="561 1356 1540 1455">Ms. Hart reviewed the Department’s current operating budget as of February 28, 2009. She said that the Department has since been assessed another two per cent mid-year reduction, or \$3.5 million that has to be paid back before June 30, 2009.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>It is the Department's intent to use the one-time funds from the retroactive increase in the federal Medicaid match to offset the reduction. She said there is a proviso that creates a Health Care General Fund Restoration Reserve Fund with the Treasurer's office, which requires DMH to transfer general funds to replace the additional Federal Medical Assistance Percentages (FMAP) funds received through the federal stimulus fund. If DMH receives any federal stimulus money, it must transfer general funds, dollar for dollar, so there is no additional benefit.</p> <p>Next year, in the budget that just passed the House, agencies were required to spend the additional federal money, but the money has to be given back one time to the General Fund for Health Care, as mentioned earlier. It will be a "wash" for DMH.</p> <p>Senate Finance was to meet this week and adopt a budget. Since the Governor is not prepared to accept the stimulus funds, this has been delayed. If the stimulus funds are not taken by South Carolina, there will be an across-the-board cut of 7.4 percent or \$13.6 million for DMH. If the Governor does not accept the stimulus funds and agencies have to cut, we are hoping that DMH will not be required to do the one-for-one trade off. At this time, everything is speculative.</p> <p>Ms. Hart said the current operating budget is good. DMH is looking at a \$1 million short fall, but has some reserve funds to cover this shortfall. DMH is down 174 employees since July, which does not include contract labor. Ms. Hart reviewed each page of the budget, and it was noted that Medicaid billing has stabilized from previous years. Mr. Magill said the centers have done a good job of managing their budgets this year. The one-time funds have helped tremendously. Also, many centers have had surpluses or carry forward dollars. A decision will have to be made as to how much carry forward money the centers will be allowed going into next year. If the stimulus funds are not accepted, one area that will be heavily affected will be healthcare.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley said that there is progress being made on the sale of the Bull Street property. The Department of Health and Environmental Control (DHEC) has the environmental work plan under review. The relocation of patients from Byrnes back to the Bryan campus is still on schedule to occur by July. The Department has had some interest in the property from potential developers, including an upstate firm. These developers have been asking questions that require answers before making a bid on the property.</p> <p>The individual from the Palmetto Trust for Historic Preservation, who has been very vocal about preserving historic buildings beyond the Babcock Building, has received some publicity in the past month. This publicity has led two members of City of Columbia’s Council to voice plans to introduce an ordinance that would grant historic landmark status to other buildings on the property. The ordinance has been discussed with the broker and it was decided it would not aid the sale of the property for the city to add other obstacles to a potential buyer in the property. DMH has expressed its concern about this as well.</p> <p>Mr. Magill feels that another Bull Street meeting or a Commission phone conference may be called to discuss this.</p> <p>Mr. Terry said that he heard about this ordinance from an individual at a meeting recently. He feels that if the Commission were to allow the city to do something like this, it would be difficult, if not impossible, for the Commission to protect the interests of the mentally ill of the state. Mr. Terry said he feels the price of the property and the interest level would decrease in the property. He said that if City Council proposed and passed an ordinance, the Commission should have to institute litigation against City Council to protect the interest of the state’s mentally ill. Mr. Binkley said this is something that would have to be discussed in Executive Session. Dr. Evans feels there are members on the Council who would not be happy with such an ordinance as it would hold up the sale of the property.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• NAMI <i>Grading the States</i> Report – Bill Lindsey</p>	<p>Mr. Lindsey thanked the Commission for its support in the past years. He explained that he has a family member with mental illness and has been involved with NAMI for about nine years. The 2009 <i>Grading the States</i> Report dropped the Department of Mental Health from a B- grade received in 2006 to a D. The grading included 65 criteria, and there were 22 questions where the state did not receive a grade. The Department has endured many outside adverse occurrences over which it had no control. One of these things is the agency's budget, which is down \$43 million this year. DMH began the budget year at \$218 million and the budget is down to \$178 million. In 2001, DMH had a budget of \$189 million. With the increase in the state population since 2001, as well as the increase in the number of mentally ill residents, DMH is currently operating in 2009 at a lower budget than in 2001. Columbia Area Mental Health has closed numerous programs as a result of the budget, such as day treatment programs. The Assessment and Crisis Center is down to an 8:30 a.m. to 5:00 p.m., Monday through Friday, operation, from a 24/7 operation. There is a 14 day average wait for a person to be admitted to Bryan Hospital from the emergency room.</p> <p>South Carolina was mentioned as not having enough transitional housing options. Since January this year, many community residential care facilities (CRCFs) have closed.</p> <p>Mr. Lindsey said that DMH has done many good things even with the budget crisis; such as telepsychiatry and university collaborations. Many of these good things were not measured by NAMI's instruments. Children's issues and programs were not measured in the report as it was predominantly an adult grading report. NAMI national has requested, and we have submitted, additional information for their consideration. Mr. Mason and Mr. Lindsey have both spoken to the research director from NAMI. Mr. Mason is of the opinion that the grade will not be changed, but we may receive some acknowledgement of the good things that have been done.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>- Nurse Practitioner Initiative – Versie Bellamy</p>	<p>Program, but is in addition to the Mentoring Program. The Executive Leadership Development Program grooms candidates for advancement into the senior leadership positions at the Department.</p> <p>Ms. Bellamy is the Acting Deputy Director of the Division of Inpatient Services (DIS). In her role, it became obvious that medical services had to be delivered in a more cost effective and efficient manner. She decided to incorporate the use of nurse practitioners into the medical staff staffing plan throughout DIS. Nurse Practitioners are advanced practice registered nurses who hold a master's degree in nursing. Because of their advanced education and clinical training, nurse practitioners can deliver services to individuals of all ages. As in the medical field, nurse practitioners can also function as primary health care providers. Some things that nurse practitioners can do are diagnose and manage common acute illnesses/injuries and stabilize chronic diseases and order, conduct and interpret diagnostic and laboratory tests. They can also prescribe pharmacologic agents, treatments and therapies.</p> <p>The DMH system has a lack of regular general practitioners within the DIS system. There are many psychiatrists and psychologists but the system lacks the primary care physicians required to treat the medical needs of the patients. In 2008, for the first time the Department had to negotiate with the hospital for medical services for the patients.</p> <p>Because of their advanced training, there are many benefits in employing nurse practitioners in the DIS system. Some of these benefits are stabilization of acute psychiatric illnesses; management of simple and complex medical problems; provide medical coverage and OD/ON coverage; and admission, transfer and discharge of patients. This system has proved to be more cost effective and efficient to DIS, especially in these tight budget times. Complete details of Ms. Bellamy's presentation are filed with the originals of these minutes.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Issue Action Paper (IAP) approval for Easement for Columbia Area Mental Health – Brenda Hart</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>Ms. Hart presented an issue action paper to grant a 75 foot easement to the Corps of Engineers alongside the Smith Branch below the Columbia Area Mental Health Center location and phase II construction site. After initial clearing of the phase II site the Corps of Engineers discovered a “jurisdictional waters of the US.” In order to proceed with phase II, the stream must be mitigated by either buying property in a remote wetlands bank or granting an easement on the stream bank on site. It was determined that nothing could be constructed on this wetlands area.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the granting of a 75 foot easement to the Corps of Engineers. All voted in favor; motion carried.</i></p> <p>It was noted that the Commission made the above determination based upon the best interests of the agency and the mentally ill.</p> <p>Jim Berry said that the City of Columbia planning commission wants to see the plan for the above before the city gives approval. Unless the city sees the plan, they will issue a “stop work” notice on the construction.</p> <p>A notice and agenda of the meeting were posted and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p> <p><i>At 2:35 p.m., on a motion by Buck Terry, seconded by Jane Jones, the business meeting was adjourned.</i></p> <p>Alison Y. Evans, PsyD, Chair Jane B. Jones Joan Moore, Vice Chair (excused)</p> <p>J. Buxton Terry Everard Rutledge, PhD</p>	

S.C. MENTAL HEALTH COMMISSION MEETING
May 7, 2009, William S. Hall Psychiatric Institute, 1800 Colonial Drive, Columbia, SC

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The May 7, 2009, 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 William S. Hall Psychiatric Institute, Dix Conference Room, 1800 Colonial Drive, Columbia, SC. Due to a family emergency, the Reverend Philip Thrailkill could not attend the meeting and deliver the invocation. In his absence, Commissioner J. Buxton Terry delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>Dr. Evans acknowledged the following guest: Rochelle Caton, Director of Client Advocacy. Ms. Caton said that she was attending today's meeting in place of Mark Binkley, who was on annual leave.</p>	
APPROVAL OF MINUTES	<p><i>Mr. Buck Terry moved to approve the minutes of the Facility Presentation of April 2, 2009, and the minutes of the Mental Health Commission meeting of April 2, 2009. Both motions were seconded by Joan Moore. All voted in favor; motion carried.</i></p>	
MONTHLY REPORTS • Patient Protection/ Client Advocacy Reports	<p>Mr. Magill asked Ms. Caton to review the Patient Protection Report and Advocacy Report.</p> <p>Ms. Caton called the Commission's attention to the regular reports that are currently in each commissioner's packet. She distributed an additional report showing the number of outstanding un-completed State Law Enforcement Division (SLED) patient abuse investigations has been declining since October 2008. Ms. Caton feels that with the number of staff reductions at SLED, these numbers may not decrease much further. For the current month, of the 24 total alleged abuse cases, ten have been assigned to SLED for investigation.</p> <p>Ms. Caton called the Commission's attention to the new format for the Client Advocacy Report. She said that it is currently in a format where trends can be identified. She said that a good addition to the report is the section on Treatment.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Statistical Measures Quarterly Report</p>	<p>Dr. Evans inquired about the service criteria report recently developed by the Department. Dr. Bank explained that this is a sheet identifying core services of the Department that all centers should have. If an individual has no insurance, the individual can still receive services at a mental health center. Dr. Evans received a complaint this week from a person who was not suicidal or homicidal, had no insurance coverage, and was turned away from the center because he/she had no insurance coverage. Geoff Mason said that situations like this need to be referred to him when they occur so it can be addressed. Mr. Magill said that all centers have indicated they will deliver services even if the client has no insurance.</p> <p>Mr. Terry asked if the Client Advocacy Report includes complaints from the Sexually Violent Predator (SVP) patients. Ms. Caton said the report does not include complaints from these residents because these residents have a separate grievance system in place for bringing their complaints and concerns to management's attention. Complaints from the SVP population are handled directly by the SVP treatment program and the Division of Inpatient Services.</p> <p>Mr. Magill asked Ms. Caton to describe her department and its function. She told the Commission that Client Advocacy has four advocates who work in the individual facilities. Rosalind Wilson works at Harris Hospital; Paulette Gardner handles C.M. Tucker, Jr., Nursing Care Center, as well as handles the toll free complaint line; and Edith Canzater and Ruth Boliver cover William S. Hall, Morris Village, Bryan Hospital and Just Care. In addition, each mental health center has its own client advocate. These 17 individuals also have other jobs in addition to being a client advocate. A complete list of all these people is included on the website.</p> <p>Dr. Bank presented the highlights from the community and Ms. Bellamy presented highlights from the hospitals' reports.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p data-bbox="583 393 1006 425"><u>Community Mental Health Services</u></p> <ol data-bbox="634 463 1553 866" style="list-style-type: none">1) It was noted that for the period July 1, 2008 through March 31, 2009, approximately 1,500 more patients were admitted than were discharged, which reflects a gradual increase in the census. Mental health centers provide as much help as possible until further help can be obtained for an individual.2) Approximately one-third of the total cases open are in the child and adolescent services area.3) For the period July 1, 2008 through March 31, 2009, 300,000 billable units of services were lost. These lost services are in the psychosocial rehabilitation services and comprehensive community support services.4) It was noted that it is approximately 4.5 days between the time of discharge and the time of first appointment for a client. <p data-bbox="583 903 798 935"><u>Inpatient Services</u></p> <ol data-bbox="634 972 1553 1446" style="list-style-type: none">1) Ms. Bellamy distributed a revised page concerning Morris Village patient satisfaction surveys. She said that there were 294 surveys mailed to clients, of which 97 were returned to the facility. For the period October through December 2008, the total cumulative percentage indicates a 96 percent satisfaction in services received.2) Morris Village is above average in the number of patients keeping his/her post discharge appointment. For the period October through December 2008, Morris Village reported 59.5 percent of patients attending first scheduled appointment against an average of 14 percent.3) The chart titled "Alcohol and Drug Number of Unduplicated Patients Served" for the period July 1, 2008 through March 31, 2009, indicates a total of 1,451 patients served for both Morris Village and Hall Institute. This is a decrease from the period 7/1/07 through 6/30/08 that had a total of 1,958 patients served.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update</p>	<p>4) Total inpatient admissions for the period 7/1/08 through 3/31/09 were 3,541; total discharges for the same period were 3,375. Ms. Bellamy said that the decrease in discharges for Morris Village and Harris is due to the downsizing of units at both hospitals.</p> <p>5) In the length of stay for inpatient programs for the period 7/1/07 through 3/31/08, it was noted there is no significance in the length of stay for patients less than 90 days. However, for the current fiscal year to date, DMH had a total of 1,170 patients with a length of stay greater than 90 days, compared to 1,150 patients for fiscal year 2008. Ms. Bellamy said that the Department has been treating more difficult patients in the facilities. More structured community placements are needed in order to treat these individuals once they leave the hospital. She feels there will be an upward trend in the number of days the patients are staying in the hospital.</p> <p>Ms. Bellamy said that her division is looking at separating the data for length of stay for the inpatient facilities from the long term care/nursing homes. These numbers can skew the total length of stay for the hospital system because the length of stay at nursing homes tends to be longer. Ms. Bellamy said the structure of lodges at Bryan is being changed to accommodate the patients that can be kept longer from those that will be staying for shorter term. This is being done in order to keep a continual flow of the clients in and out of the system. Mr. Magill said the greatest growth of admissions has been in the SVP program.</p> <p>Ms. Hart said that the General Assembly does plan to adjourn on May 21. There is a sine die resolution that will allow them to come back at certain times of the year to address vetoes, conference reports, etc. She continued by updating the Commission on various bills affecting DMH:</p> <p><u>S.390 Mental Health Parity and Addiction Act</u> – This bill would take the mental health parity law and extend it to substance abuse. This bill has passed the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Senate and is now in the House Labor, Commerce and Industry Committee.</p> <p><u>S.486 Commission on Disabilities and Special Needs</u> – This is a “clean up” bill concerning the language in the bill. This bill has made it through the House and is now in the House Judiciary Committee.</p> <p><u>H.3147 Restructuring Act</u> – This would create the Department of Administration as an agency in the executive branch. This bill was read the third time and assigned to Senate Judiciary on April 1.</p> <p><u>H.3170 Creation of the Joint Electronic Health Information Study Committee</u> – This has now passed the House and is in Medical Affairs.</p> <p><u>H.3199 Behavioral Health Services Act of 2009</u> – This is the bill that would create a Department of Behavioral Health Services and delete the Department of Alcohol and Other Drug Abuse Services and Department of Mental Health and transfer these agencies to the Department of Behavioral Health Services. There are 16 representatives who have objected to the bill and it is current on the contested calendar in the House.</p> <p><u>H.3314 Disabilities and Special Needs</u> – This is the restructuring bill that would make this department a cabinet agency. This bill has now passed the House and is in Senate Medical Affairs.</p> <p><u>H.3584 Cigarette Tax</u> – This bill has passed the House. Senate Finance met on April 5 and it is anticipated this bill could be debated next week on the Senate floor.</p> <p>The Senate adopted Senate Finance Committee’s version of the Appropriations Act. There was an alternate bill introduced by Senator Ryberg that would have had a \$13 million base reduction for the Department of Mental Health, which</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>would have been devastating, even though we would have received some one time money next year. In the Senate passed version, DMH would receive a base reduction of \$2.4 million. It also includes a healthcare funding proviso that would give DMH \$19 million.</p> <p>The budget now goes back to the House. When the House returns next week from furlough, the Senate version will be amended back to the modified House version.</p> <p>The Senate version creates a Health Care Annualization and Maintenance of Effort Fund, similar to the House version. This fund is to be used exclusively for health care. It will be funded by unobligated state match funds from the various health agencies resulting from the increase in the Federal Medical Assistance Percentage (FMAP) as part of the American Recovery and Reinvestment Act of 2009. The Senate included part three, which is a contingency fund or supplemental section in the Act. This requires the Governor and Superintendent of Education to take all steps necessary to secure the federal stimulus money for education and law enforcement.</p> <p>Ms. Hart reported on several provisos. The proviso concerning prior authorization exemptions under the Department of Health and Human Services with the carve out for drugs, is retained. DMH did receive an amendment to the Alzheimer's proviso. This proviso stated that the Department had to give \$1 million to the Alzheimer's Association. If the agency receives further mid year reductions, it can automatically give the Association a pro rata reduction. This is a federal pass through.</p> <p>There was a House proviso that stated that SLED was not required to investigate all deaths at veterans' homes. This proviso was ruled out of order in the Senate because it amends permanent statute. It is unsure if it will remain in the House or go to conference. Another proviso would have allowed SLED to give charitable organizations a break on the per cost per SLED background check on employees.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW AND UPDATE</p> <p>• Financial Update – Brenda Hart</p>	<p>With the removal of this proviso, DMH has learned that its cost will increase next year for these background checks.</p> <p>The proviso ending the Teacher and Employee Retention Incentive (TERI) program to new participants effective July 1 was ruled out of order in the Senate. Ms. Hart explained that the Senate has a rule that permanent law cannot be interfered with, hence the ruling of “out-of-order” on many of these provisos.</p> <p>Regarding mandatory furloughs, the House changed the proviso whereby the agency could enact the furlough with pay band and direct care staff exemptions. The Senate did not adopt the change by pay band, but did retain exemption for direct care staff.</p> <p>The Institute for Mental Disease (IMD) proviso that was in the House that would require the Department to account for money received for group homes is retained in the Senate version. This amounts to \$1.4 million that DMH would have to account for annually.</p> <p>Mr. Magill proceeded with the Departmental overview and update.</p> <p>Ms. Hart said the forecast was previously mailed to the Commission. The operating budget is \$703,000 down as of March 31, 2009. DMH has received permission to use the additional FMAP money to help balance the budget. Ms. Hart is hopeful this will be allowed in the revised budget. One addition to this month’s forecast is a line indicating Columbia Area’s Medicaid funds that have been received.</p> <p>Ms. Hart said that while centers have done a good job in decreasing or eliminating their deficits, inpatient services, as a whole, are more difficult to manage. Also,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="172 712 455 773">● Bull Street Update – John H. Magill</p> <p data-bbox="172 1285 497 1450">● Report of the Inpatient Facilities Governing Body Meeting of 4/14/09 and Approval of Minutes – Versie Bellamy</p>	<p data-bbox="572 406 1544 538">the SVP program is now in the negative. This is due to the changes that have been done at the unit because of overcrowding and have resulted in an increase in expenditures. One item that will affect Tucker Center this year is the fact that the Department has not been able to fully close the Fewell Pavilion.</p> <p data-bbox="572 574 1544 674">Medicaid revenues have had a slight decrease from last year to this year. It should be noted that the Department will not have to implement the Phase 4 budget reduction at this time.</p> <p data-bbox="572 712 1544 1248">Mr. Magill said that the Commission may receive some type of an offer on the property in the next couple of months. It is not clear whether this will be a good offer, but is indicative of the fact there is interest in the property. Mr. Terry said there is no standard development deals in this market because very few developers can borrow enough money to support a project. Therefore, the developers are putting forth all types of offers; for example, a developer would present an offer to buy 12 acres and at closing, would give us \$500,000. Total purchase price would be \$7 million and over the next 11 years the remainder would be paid. This type of offer would place the Department in the finance-business or development business. Another type of offer could be in the form of a trade off of land. Mr. Terry said the Commission, in considering such offers, would always be viewed as “non-cooperative” in the media write up of such offers. The Commission will consider any and all offers for sale, but it will always be looking out for the good of the mentally ill. Mr. Terry said that both the Commission and DMH are very confident in the decision made in the selection of the mortgage broker, NAI Avant.</p> <p data-bbox="572 1285 1544 1351">Ms. Bellamy presented the highlights of the Inpatient Facilities Governing Body Meeting of April 14, 2009.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><u>Harris Hospital</u></p> <ul style="list-style-type: none"> ● As part of the Phase 3 budget reduction plan, Harris Hospital closed J Lodge on April 13, 2009. ● There are 11 of the 77 acute beds at Harris, which are occupied by patients with a length of stay over 90 days. This is a result of the reduction in availability of community residential care beds appropriate for placements. ● ORYX data indicates that Harris is performing better than the national average. ● Incident for patient injuries at Harris remains. There were two significant injuries for the quarter ending in December. Patient-related injuries accounted for 61 percent of the overall total this quarter, compared to 50 percent the previous quarter. It was noted the most serious injuries were mostly the result of aggression by female patients. ● During this reporting period, there were 18 staff injuries. <p><u>C.M. Tucker, Jr., Nursing Care Center</u></p> <ul style="list-style-type: none"> ● Tucker uses the Functions Report approved by the Joint Commission and the OSCAR comparison review from the Centers for Medicare and Medicaid Services. ● All units at Tucker (Stone, Fewell and Roddey) are below the state average for physical restraint use. ● All units at Tucker are above the state average on contractures on admission. A significant number of community admissions are from other nursing homes and come to Tucker with contractures. ● In the area of pressure sores, Roddey is the only unit below the state average; Stone and Fewell are the units that have a large number of hospice and skilled nursing patients. ● In the area of tube feedings, Stone is below the state average and Roddey is only slightly above the average. ● All units are above the state average in the area of pain management. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> ● Resident and family satisfaction surveys continue to be positive regarding services received. <p><u>Consolidated Hospital Report (Bryan Hospital, Morris Village, Forensics, SVP, Infirmary and William S. Hall Psychiatric Institute</u></p> <ul style="list-style-type: none"> ● Nursing turnover at the hospitals continues to be monitored. It was noted that a downward trend in the turnover rate has occurred for Hall and Bryan Acute; an upward turnover rate is noted for Bryan Wellspring. Ms. Bellamy said that in a few weeks, both Bryan Acute and Wellspring will be one hospital. Inpatient Services is looking at adjusting the staffing for the combined units. ● Effective March 1, the 178 forensic beds were added to the Bryan license, totaling 466 licensed beds at Bryan. Application has been made to the Department of Health & Environmental Control (DHEC) to have 50 forensics beds in Building One added to the Bryan license. A new accreditation survey by Joint Commission is forthcoming in the next six months. ● Patient perception surveys are administered twice a year. Bryan continues to receive positive surveys from patients. ● ORYX data for the period March 2008 through February 2009 in restraint hours indicates that Forensics has exceeded the trigger of 0.54 with a rate of 2.43 restraint hours per 1000 patient hours. Other hospitals/programs performed below the trigger. ● For rate of seclusion, with the exception of Bryan Acute and Wellspring, hospital/program rates were below the trigger. All hospitals/programs performed below the trigger in hours of seclusion. ● In rate of elopements, Bryan Acute exceeded the trigger with a rate of 0.58 elopements against a trigger of 0.27. ● In the patient fall rate area, four of the seven hospitals/programs exceeded the triggers. Those hospitals are performing a review of falls and will report findings and corrective interventions to the Performance Improvement Committee. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Telepsychiatry Report Brenda Ratliff, MD</p>	<p>Ms. Bellamy acknowledged the work that Dr. Prier did as Medical Director for Bryan and mentioned that he left DMH employ on June 2 to work for the School of Medicine at the University of South Carolina.</p> <p>MOTION: <i>Mr. Buck Terry made a motion to accept the minutes of the Inpatient Facilities Governing Body Committee of April 14, 2009. The motion was seconded by Joan Moore. All voted in favor; motion carried.</i></p> <p>Dr. Ratliff said the grant was awarded to DMH by the Duke Endowment in December 2007. In April of 2008, the Department began to actively implement the grant. At this time, staff was recruited and hired; equipment purchased for the hospitals, and credentialing was started. The first hospital went live with telepsychiatry at Palmetto Baptist in Easley on March 26, 2009. The second hospital to go live was Tuomey Hospital, followed by McLeod/Dillon Hospital and then Oconee Hospital. Tomorrow, Conway Hospital will be signed up for the program.</p> <p>Dr. Ratliff said that hospitals are contacted to determine if they are interested in this technology. If the hospital is interested, a contract is left with them to review. Before it is signed, credentialing needs to be done for the physicians. A check needs to be received by DMH before credentialing is started and equipment is received. Not-for-profit hospitals pay one-third of the equipment cost, or approximately \$50,000. The hospitals also need to pay the cost of a T1 line. The hospitals do not pay anything for the services provided by DMH.</p> <p>Dr. Ratliff said that the credentialing/privileging process takes about three to four months since the application is about 30 pages long. In addition to the four hospitals that are on line, the Department is working with 18 hospitals. Dr. Ratliff said that an Electronic Medical Record (EMR) developed by DMH will blend with the community and will be a great help to the clinicians. The EMR consists</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY AND WRAP UP</p>	<p>of five parts: initial evaluation, follow up evaluation, two risk assessments, and the emergent or acute section. This allows the clinician to see the patient's diagnosis and what hospital he was seen in. Another item this shows is what medications the patient has been prescribed.</p> <p>Dr. Ratliff said that the Chief of Staff at Palmetto Easley, after one week's use of the telepsychiatry system, has voiced praise for the system. They said they are seeing patients leave the hospital in hours as opposed to days. To date, 45-48 patients have been seen using this system. Patient satisfaction surveys have been developed for telepsychiatry.</p> <p>Ed Spencer gave an update on the Light Rail system. He explained that this is a new internet for connectivity using fiber optic cable as opposed to copper wire. The Department has been able to put its centers and hospitals on the Federal Communications Commission (FCC) listing. Once the listing goes to Washington, about half of the Department's centers and hospitals will be covered by the first wave of Light Rail. When the managing group contracted the installation, the vendor agreed to pick up the remaining half of our centers and clinics. This means that for the first three years there will be no charge for use of the Light Rail. The fiber optic carries approximately fifteen times the volume of the copper wire. This will be the first time ever that all centers and hospitals will be wired with high speed line of communication.</p> <p>Mr. Magill said this process will change the way mental health services are delivered in this state. Everyone in the state will want this technology. Currently, it is offered only in hospital emergency rooms and in the mental health system. Mr. Magill said that a presentation on Telepsychiatry will be made at the upcoming American Psychiatric Association by Dr. Ratliff and her staff.</p> <p>Mr. Magill updated the Commission on several ongoing projects.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.									
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p> <p>ATTENDANCE</p>	<ol style="list-style-type: none"> 1) Returning Veterans' Policy Academy – It has been nearly a year since South Carolina has been involved in this effort. On June 1, there will be a covenant signing at the Columbia Chamber of Commerce. This is a pledging of support for our returning veterans and their families by several agencies and organizations. 2) Joint Legislative Committee on Children – The first meeting of this committee occurred last week. Mr. Magill said the committee has a broad mandate. The aim of the first meeting was to change the status of the agency heads to full committee members from ex-officio members. 3) Swine Flu – DMH is very involved in this issue and is receiving updates constantly. Ten agencies receive a briefing each evening on the spread of this virus. One of the Department's employees, Will Wells, is a part of the Emergency Management Team. Our agency will be very involved because we will not only need to provide supplies of serum for our patients, but also our staff. 4) Joint Legislative Committee on Mental Health – This committee, as yet, has not met, but the first meeting may be held this summer. This committee was appointed a year ago. There are many groups developing information for this committee to address when it does convene. <p>A notice and agenda of the meeting were posted and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p> <p><i>At 12:25 p.m., on a motion by Buck Terry, seconded by Jane Jones, the business meeting was adjourned.</i></p> <table data-bbox="592 1276 1573 1377"> <tr> <td>Alison Y. Evans, PsyD, Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Jane B. Jones</td> <td>Everard Rutledge, PhD (excused)</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td></td> </tr> </table> <table data-bbox="592 1411 1573 1444"> <tr> <td>John H. Magill</td> <td>Rochelle Caton</td> <td>Geoff Mason</td> </tr> </table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry	Jane B. Jones	Everard Rutledge, PhD (excused)	Joan Moore, Vice Chair		John H. Magill	Rochelle Caton	Geoff Mason	
Alison Y. Evans, PsyD, Chair	J. Buxton Terry										
Jane B. Jones	Everard Rutledge, PhD (excused)										
Joan Moore, Vice Chair											
John H. Magill	Rochelle Caton	Geoff Mason									

SOUTH CAROLINA MENTAL HEALTH COMMISSION

**Dinner Meeting Minutes
June 3, 2009
Greenville, South Carolina**

Attendance – Commission Members

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

Attendance – Staff/Guests

John H. Magill, State Director
Staff/Board – Greenville Mental
Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, June 3, 2009, at Sassafras Restaurant, 103 North Main Street, Greenville, SC. There was no topic or focus of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



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



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

**SC MENTAL HEALTH COMMISSION
SC DEPARTMENT OF MENTAL HEALTH**

**Greenville Mental Health Center
124 Mallard Street
Greenville, SC 29601
864-241-1040**

June 4, 2009

Center Presentation

Attendance

Commission Members:

Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane Jones

Everard Rutledge, PhD
J. Buxton Terry

Attendance

Staff/Guests:

John H. Magill	Al Edwards, MD	Neil Caldwell	Gayle Peek
Kim McColl	Judy Bishop	Denny Young	Clint Bryant
Mary Kay Campbell	John Fletcher	Geoff Mason	Michele Murff
Kevin Hoyle	Julia Mullen	Debra Dinolfo	Lu Rogers

The S.C. Mental Health Commission met at the Greenville Mental Health Center, 124 Mallard Street, Greenville, SC, on Tuesday, June 4, 2009. The center presentation was called to order by Alison Y. Evans, Psy.D, Chair, at 9:05 a.m. Dr. Evans turned the meeting over to Dr. Al Edwards, Center Director.

Dr. Edwards thanked the Commission for coming to the Greenville area, and thanked the board of the Greenville Mental Health Center for their participation in the meeting. Dr. Edwards introduced the DMH state-wide Employee of the Year, Mary Kay Campbell, who is from Greenville Mental Health. Dr. Edwards said that in his time at Greenville Mental Health the center had three employees who were DMH Employees of the Year. Dr. Evans expressed the Commission's congratulations to Ms. Campbell on her award, and the Commission's appreciation and thanks for her work at the center

Dr. Edwards said that there will be two presentations today that may be slightly different from what the Commission is used to seeing. He said that the center does not use community residential care facilities (CRCFs) for adults. Currently, all adult clients are mainstreamed into the community. There are no children in CRCFs. The center has developed some creative intensive programs for children, and for adults, there are many types of housing options, such as apartments.

Debra Dinolfo gave a presentation on the *Gain Something More* Program for children. She said that this is a wrap around, community support program for children that are at risk for out of home placement. This program would also benefit children who have been incarcerated or were in the hospital, and helps both the child and the parent. Ms. Dinolfo said there is research that supports this program. The *Gain Something More* Program encompasses therapeutic approaches (cognitive behavioral therapy, martial arts) and art therapy, which is a more person-centered approach. Ms. Dinolfo said this program is for children ages 5-18, with one parent included to

attend sessions. Siblings can also attend. Sessions are bi-weekly for six weeks. The therapy offered covers two dimensions; expressive therapy and visual education with group discussions. Each dimension is 50 minutes in duration. The expressive therapy includes martial arts and visual arts. Each Psycho-educational discussion group has five child participants and two facilitators, and is targeted to the specific topic of discussion for that group. Topics for discussion in the group would include building self esteem, setting limits, and boredom. Ms. Dinolfo said that many good comments have been received on this program from clinicians, parents and the child clients.

Ms. Julia Mullen next gave a presentation on Housing for the Mentally Ill in the Greenville area. Ms. Mullen said that when she began her career at DMH, she was employed at Crafts Farrow State Hospital in Columbia in 1977. At that time, Crafts Farrow was serving the elderly mentally ill, and prior to that, the patient population was solely African-American. As a Social Worker, the primary goal was to get people out of the hospital and into the community. During the 1970's, this was very difficult in that there weren't many community placement options available for the mentally ill. When Ms. Mullen came to Greenville in 1984, there were still not many housing options available for the mentally ill. There was one large, 100 bed, CRCF which was not very luxurious. As time went on, more funds were coming into the center and services were expanded. Ms. Mullen said that housing is a very important part of a person's recovery, and all individuals should have the opportunity to have safe, decent housing. The center could not accomplish this feat alone; it was accomplished in collaboration with the Upstate Homeless Coalition and Homes of Hope.

The Upstate Homeless Coalition has been in existence for 10 years, and provides housing for the homeless, but focuses on those that are also low income. There are 53 clients of Greenville Mental Health Center currently in housing from the Upstate Homeless Coalition. There will be 22 additional units available in the next six months, resulting in 75 clients that live in housing made available from the Upstate Homeless Coalition. Hopes of Hope, a faith-based organization, focuses on providing housing for low income individuals. Presently, there are 22 clients of the center living in housing owned by Homes of Hope. There are four additional units being planned for completion in the next four months, resulting in a total of 26 clients that will be housed in units owned by Homes of Hope. Ms. Mullen said that the center provides the case management services to the clients; the Upstate Homeless Coalition and Homes of Hope provide the shelter.

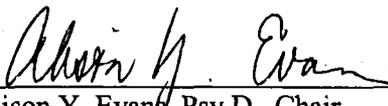
Ms. Mullen showed the Commission a picture of Reedy Place I, which has 15 apartments, and is a safe-haven model. Clients housed in Reedy Place cannot use alcohol or drugs in the individual units. A new unit, Reedy Place II, is being built, which will have 8 apartments.

Another housing option is the Toward Local Care (TLC) Program, which has provided housing for 74 clients in the Greenville area. Also, the Shelter Plus Grant helps to pay the rent on many of the apartments of the clients. The Department of Mental Health provides PATH funding for Greenville Mental Health Center's homeless utilization. In federal fiscal year 2008, Greenville received \$117,275 in federal PATH funds. Greenville is one of five centers that receive PATH funding. Funds are used to help pay for staff salaries and other expenses. Ms. Mullen said that Homes of Hope provides houses for mentally ill clients; they also have homes available for strictly homeless individuals.

Dr. Edwards said that the center is very fortunate to have housing available for its clients as safe, decent housing is essential to a client's recovery. Ms. Mullen said that the Housing and Urban Development (HUD) has a rule that they cannot give housing to a convicted felon. The fact that a person was incarcerated will not disqualify a person from housing. It is the nature of the offense that disqualifies a person. Records are checked over a ten year period. The Upstate Homeless

Coalition has two exemptions: no one can have a record as a sex offender and no one can have a record of being convicted of arson. Homes of Hope regulations are not as strict, probably because it is a faith-based organization. A convicted felon could be in an individual unit.

There being no further information, the center presentation concluded at 10:30 a.m.


Alison Y. Evans, Psy.D., Chair


Connie Mancari, Recording Secretary

/cm

S.C. MENTAL HEALTH COMMISSION MEETING
June 4, 2009, Greenville Mental Health Center, 124 Mallard Street, Greenville, SC 29601

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The June 4, 2009, meeting of the South Carolina Mental Health Commission was called to order at 10:35 a.m., by Alison Y. Evans, PsyD, Chair, at the Greenville Mental Health Center, 124 Mallard Street, Greenville, South Carolina. The Reverend Thomas J. Sloan, member of the Greenville Mental Health Center Board, delivered the invocation. Dr. Evans thanked Dr. Al Edwards and the staff of the Greenville Mental Health Center for all the courtesies extended to the Commission during its visit.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>Dr. Evans acknowledged Commissioner Moore's granddaughter as being in attendance at today's meeting. No other guests were acknowledged.</p>	
<p>APPROVAL OF MINUTES</p>	<p><i>Dr. Everard Rutledge moved to approve the minutes of the May 7, 2009 Mental Health Commission Meeting. The motion was seconded by Mr. Buck Terry. All voted in favor; motion carried.</i></p>	
<p>MONTHLY REPORTS • Patient Protection Reports/Client Advocacy Report</p>	<p>Mr. Magill asked Mark Binkley to address any pertinent issues from the Patient Protection Reports. Mr. Binkley said DMH Public Safety has an investigator whose primary responsibility is to investigate allegations of abuse and neglect involving children, primarily at Hall Institute. The State Law Enforcement Division (SLED) investigates allegations of abuse and neglect of adult patients. A backlog was developing of investigations at Hall due to an extended illness of the investigator, who has since retired. Public Safety has assigned a new investigator for these cases, Rayford Miller. Mr. Miller has completed the investigations of six of the pending eight cases during the past month.</p> <p>Mr. Binkley said that SLED investigations continue to make progress in being completed. There are 15 pending cases for the month of May. This number is small compared to a year ago when the total was approximately 50. Mr. Binkley said that of the 15 outstanding cases, 11 are being investigated by SLED. The others are referred to other agencies for investigation, such as the Long Term Care Ombudsman.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update</p>	<p>Mr. Binkley presented some information received from a meeting he recently attended. He said that SLED was given the statutory responsibility to investigate cases of abuse and neglect of adults in DMH and the Department of Disabilities and Special Needs (DDSN) in 2006. SLED began these investigations in 2007. Mr. Binkley presented some statistical information prepared by SLED regarding their investigations at DMH and DDSN. Most of the cases of abuse and neglect being investigated by SLED arise from the DDSN system. For example, during the time period covered in the handout, SLED received 38 cases of alleged abuse and neglect from DMH, compared to the 140 from DDSN. The vast majority of the allegations come from DDSN and occur in the community treatment home settings.</p> <p>Mr. Binkley commented again this month on the new format for the Client Advocacy Report that was presented last month by Rochelle Caton. This new format has proven most helpful.</p> <p>Ms. Hart gave a brief recap of the status of legislation impacting Mental Health.</p> <p><u>S.390 Mental Health Parity and Addiction Act</u> – This bill did pass in the General Assembly and became law on June 1.</p> <p><u>H.3199 Behavioral Health Services Act of 2009</u> – This is the restructure bill that was presumed “dead” for this legislative year. However, the bill was read in the House and is now in Senate Medical Affairs.</p> <p><u>Cigarette Tax</u> – This bill did pass the House and went to the Senate, where it was amended. The bill then became “favorable with amendment” and will be on the Senate calendar next legislative year.</p> <p>The Legislative Study Committee on Children has had an initial meeting. At this meeting, it was agreed that the ex-officio members would be full voting members.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW</p> <p>• Financial Status Update – Brenda Hart</p>	<p>The Behavioral Health Subcommittee has not met; however, the first meeting should be soon as the membership of the subcommittee has been identified. All the committee members are receiving a vast amount of information to help in the committee's deliberations. One outside group that has been most influential in providing information is the South Carolina Hospital Association, which has provided much of the emergency room data to be reviewed.</p> <p>Mr. Magill asked Ms. Hart to begin the Departmental Overview with the current financial update.</p> <p>Ms. Hart presented a recap of how DMH began the fiscal year and a status to date. When the fiscal year ended June 30, 2008, DMH had a budget of \$220 million. With all the cuts received during the year, the Department is now at \$176 million. In 1998-1999, DMH's budget was \$178 million. The \$176 million takes DMH back to below fiscal 1998-1999 levels.</p> <p>Ms. Hart said the FY 09/10 State Appropriations Act was ratified by the General Assembly on May 13, 2009. As passed, the Act includes a base reduction of \$2.4 million for DMH, and a one-time allocation of \$19 million from the Health and Human Services Funding proviso. This proviso creates the Health Care Annualization and Maintenance of Effort Fund, to be used exclusively for health care, funded by unobligated state match funds from the various health agencies resulting from the increase in the Federal Medical Assistance Percentage (FMAP) as part of the federal stimulus funds.</p> <p>Other provisos that were approved are:</p> <ul style="list-style-type: none"> - creation of an Uncompensated Patient Medical Care Fund, which will allow the carry-over of unspent obligated funds for the medical costs of patients who must be admitted to a private hospital; - Elimination of the requirement that SLED investigate deaths at our veterans' nursing homes if the coroner rules the death a result of natural 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>causes; and,</p> <ul style="list-style-type: none"> - Allow the DMH to carry forward funds, which are the result of the increased FMAP as part of the American and Recovery Reinvestment Act of 2009 from the current fiscal year. <p>Ms. Hart said further that the provisions for both voluntary and mandatory furloughs have been retained for next year. Employees can take up to 90 days of voluntary furlough; agency heads can institute mandatory furloughs and exempt certain pay bands or classes of employees providing direct patient care. Also, the proviso to eliminate the Teacher and Employee Retention Incentive (TERI) Program did not pass.</p> <p>Mr. Magill commented that the carry forward deficits at the mental health centers were easier to handle for the agency. Inpatient deficits will be more difficult to control, and the only way to accomplish this is with a major downsizing of the organization, which is not something DMH wants to do at this time.</p> <p>Concerning the current operating forecast, Ms. Hart said that the forecast shows the agency having a \$1.4 million deficit as of April 30. There is a slight increase in patient revenues. Also, Inpatient Services is showing a deficit of \$11 million. The mental health centers are doing a much better job, overall, of managing their deficits, and will end the year with a \$7.7 million surplus. Ms. Hart said that Medicaid reimbursement has continued a downward trend.</p> <p>Mr. Binkley reported that progress is continuing towards readying the property for sale. The Department of Health and Environmental Control DHEC has responded to the DMH work plan concerning further testing for environmental impact. Currently, both agencies are in communication regarding this. The broker, NAI Avant, has reported there has been continuing interest in the property from large and small developers.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>access to services for the veterans returning from the wars in Iraq and Afghanistan, and their families. Mr. Magill said this event was very well attended. Present were representatives from other state agencies, legislators, city officials, as well as the father of the first Iraq soldier from South Carolina killed in battle. All those who attended the ceremony said it was very well done and very moving.</p> <ul style="list-style-type: none"> - Telepsychiatry – Dr. Bank said that as of today, telepsychiatry is active in five emergency rooms and approximately 125 live consultations have been done. This service is now available in emergency rooms that are in rural locations. On one day, 13 live consults were performed. Dr. Bank said that reimbursement is being tracked. He also said that four to six additional emergency rooms are being planned for telepsychiatry by the Fall. One additional hospital, Springs Memorial, will be on line next Monday. Mr. Magill is hopeful that the Duke Endowment will give DMH the year three money now. He feels confident that this will occur as the Duke Endowment has been pleased with the results thus far. - Blue Cross/Blue Shield Foundation Ceremony in Orangeburg – Mr. Magill said that the Blue Cross/Blue Shield Foundation presented two checks, each totaling \$100,000, to DMH to put School-based counselors in rural areas of Orangeburg. The Blue Cross Foundation Chairman said he feels the Foundation has made an excellent investment in schools by investing in the School-based Program. - Mr. Magill said that after the Commission Meeting today will be a modified regional meeting of the centers and hospitals in this region. The reasons for this meeting are to look at utilization of Harris, the emergency room situation in the hospitals in the upstate, the impact of the telepsychiatry program, and the relationship with the Greenville Hospital System. Mr. Magill would like to hold these types of meetings in other parts of the state as well. - Mr. Magill said that recently there was a meeting in Columbia that addressed housing opportunities for clients coming from the hospital. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>The Department is working with Palmetto Health, Lexington Medical Center, Lexington/Richland Alcohol and Drug Abuse Commission (LRADAC) to develop a project to give DMH the beds needed to meet this need. Mr. Magill said that Geoff Mason is chair of a committee that is providing data to review the options for the clients going into the community. With the closure of the CRCF homes, it was felt that an alternate placement is needed for people who are in enhanced CRCF's, to step them down, and move those individuals into a higher level of care.</p> <ul style="list-style-type: none"> - Mr. Binkley said that with the closure of Peachtree Manor in Fairfield County due to the facility's numerous problems, DHEC's Health Licensing staff began a process of reviewing their agency's enforcement of CRCF regulations. DHEC recently held a meeting to present the changes they have made as a result of their internal review. They presented a new, additional resident-focused inspection process. When DHEC goes to a facility for a resident-focused inspection, they look at items that directly affect the quality of life of residents, such as making sure the care plan is being followed. Based on a facility's track record of compliance or non-compliance, DHEC will determine whether a facility will receive the resident-focused inspections and the frequency of these inspections. Mr. Binkley said that this may have an impact on the smaller types of facilities utilized by DMH clients remaining in business. Since January 2008, there was a net loss of 125 beds from these facilities and there may be more. <p>Mr. Terry commented that this new resident-focused inspection will have an adverse affect on the DMH system. He further stated that the back-up in DMH's inpatient system will definitely increase.</p> <p>Dr. Edwards said that Greenville Mental Health Center does not use CRCF facilities; however, it took many years (approximately 15 years) and community partnerships to accomplish this. He feels it can be done,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																														
<p>NOTICE/AGENDA</p>	<p>but takes time and resources.</p> <p>A notice and agenda of the meeting were posted and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p>																															
<p>ADJOURNMENT</p>	<p><i>At 11:35 p.m., on a motion by Joan Moore, seconded by Buck Terry, the Commission entered into executive session to receive legal advice concerning a potential claim. Upon reconvening in open session at 11:55 a.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 12:00 p.m.</i></p>																															
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, PsyD, Chair Jane B. Jones Joan Moore, Vice Chair</p>	<p>J. Buxton Terry Everard Rutledge, PhD</p>																														
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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>• Patient Protection Reports – Mark Binkley</p> <p>• Client Advocacy Report – Mark Binkley</p> <p>• Legislative Recap – Brenda Hart</p>	<p>Prior to the presentation of the monthly reports, Mr. Magill thanked the Commission for its support and leadership during the last year. He said that staff appreciates the guidance received from the Commission.</p> <p>Mr. Magill asked Mark Binkley to review the Patient Protection Reports and the Client Advocacy Report.</p> <p>Mr. Binkley said that even though there has been an increase in the allegations of patient abuse and neglect in the State Law Enforcement Division (SLED) Report for June, about half of these cases have been referred by SLED to other agencies for review. He said that the backlog of alleged cases of abuse and neglect are well below what they have been in past years. Of the 20 cases indicated on the report, ten are being investigated by SLED, nine cases have been referred to the Long Term Care Ombudsman, and one case is being investigated by the Attorney General's office.</p> <p>Mr. Binkley said that the current report indicates nothing new or different from previous months' reports.</p> <p>Dr. Evans inquired if the staff at Victory House is aware that all allegations of patient abuse and neglect are reported. Mr. Binkley confirmed that all required postings are kept up to date at the nursing homes and staff reminded of the reporting requirement.</p> <p>Mr. Magill said that for the first time ever, both Campbell Nursing Home and Veterans Victory House have full complements of patients. Each of these facilities has become so popular that there are long waiting lists for both. As a result, the Stone Pavilion has virtually no waiting list.</p> <p>Ms. Hart recapped those bills having an impact on DMH. She said that the bill passed this year that combines both mental health parity substance abuse.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Another area of interest was restructuring. The one bill that would have impacted DMH is the bill that created a Department of Behavioral Health, combining DMH, Continuum of Care, and the Department of Alcohol & Other Drug Abuse (DAODAS). This bill was passed in the House and is now in Senate Medical Affairs for action next session. The restructure of the Budget and Control Board to create a Division of Administration in the Governor's Office has passed out of the House and is in Senate Judiciary.</p> <p>There have been a couple of bills concerning restructuring of the Department of Disabilities and Special Needs (DDSN). One bill which made DDSN a cabinet agency under the Governor, has passed the House and is in Senate Medical Affairs. There was also a clean up bill for DDSN that started in the Senate and is now in House Judiciary. This bill was similar to the one for DMH where outdated language and statutes were updated.</p> <p>Since the last Commission meeting and the General Assembly's adjournment, the Department found there was one bill that was filed just before adjournment having to do with restructuring. This legislation would permanently transfer the Office on Aging to the Lt. Governor's office. This has been currently done through proviso. Additional duties would be transferred to this office to include the responsibility for the DMH nursing homes and Tucker Center.</p> <p>Ms. Hart said that the various bills regarding the cigarette tax were watched closely. Speaker Harrell's bill passed in the House and went over to the Senate. It was passed out of Senate Finance and has been on the Senate's calendar prior to adjournment. Both the House and the Senate versions of this bill were vastly different. The House version was aimed at using the funds for Medicaid and in paying for health insurance; the Senate version was more open ended.</p> <p>A discussion took place regarding the transfer of responsibility for the operation of the nursing homes from DMH to the Lt. Governor's Office. Ms. Hart said that</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW</p> <p>• Financial Update – Brenda Hart</p>	<p>there will be more information on this at a later date, at which time the Department will be bringing this information to the Commission. Mr. Magill said the Department was designated as the agency to operate State nursing homes in the 1970's because there was no agency capable of operating these facilities. To put these nursing homes under the control of an Office that has no medical component would not make sense. Mr. Magill said once this is reviewed more carefully the Department will, more than likely, retain control of these nursing homes. Dr. Evans requested the Department to watch this bill very closely.</p> <p>Mr. Magill said that the two legislatively created committees that will have an impact on DMH, the Behavioral Health Sub-Committee and the Children's Sub-Committee, have not, as yet, had initial meetings. It is felt these sub-committees will not meet until the next session begins. Both committees will have a big impact on DMH.</p> <p>Mr. Magill presented those items to be discussed under the Departmental Overview.</p> <p>Ms. Hart distributed charts to the Commission regarding how the Department began and ended the fiscal year, taking into consideration the budget cuts incurred. DMH ended fiscal 2008 with state general funds of \$220 million. On July 1, 2009, DMH started the new year at \$219 million. This included the base reduction of \$2.3 million and a cost of living increase of \$1.5 million. As the year progressed, the Department incurred four mid year budget reductions totaling \$40 million. This represented an 18.7 percent reduction in state appropriations. DMH ended fiscal year 2009 with a base budget allocation of \$178 million. The Department started the new fiscal year 2010 with a 1.3 percent base reduction/travel reduction resulting in \$176 million. DMH will receive, on a quarterly basis, \$19 million in one time appropriations this year from the Department of Health and Human Services (DHHS). In total, Ms. Hart said that the Department is down \$44 million in base appropriations.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Ms. Hart said that mid-year reductions were taken as follows:</p> <ul style="list-style-type: none"> - Administration & Support Services - \$4.9 million - Community Mental Health Centers - \$18.9 million - Inpatient Services - \$17.1 million. <p>Ms. Hart said that the supplemental funding received from cost settlements allowed the Department to put some money back into the organization's operational budget.</p> <p>Highlights of the mid-year reductions by area were:</p> <p><u>Agency-Wide</u></p> <ul style="list-style-type: none"> - Over 270 positions have been left unfilled or vacant; - Five day furlough resulted in estimated savings of \$2.5 million. <p><u>Administration & Support Services</u></p> <ul style="list-style-type: none"> - Several senior positions were not filled or, if filled, were hired at reduced salaries resulting in an approximate savings of \$1 million; - Contract re-negotiations with USC; - Reduction in the agency's housing budget. <p><u>Mental Health Centers</u></p> <ul style="list-style-type: none"> - 181 FTE's have been cut or not filled; - Closure of several community residential care facilities and clubhouses; - Closure of the Wellness Academy in Charleston and relocating the program to another facility to save lease costs. <p>Ms. Hart said that the FY'09 forecast does not show much change from the previous month. The Department has been allowed to use some of the FMAP money from the federal stimulus funds to help offset the reductions. DMH initially thought the total would be \$7.5 million but, in actuality, it was closer to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>\$7.8 million that had to be spent this year or DMH could carry into next year. It is anticipated that the Department will have an operational deficit of \$800,000. Medicaid is down due to a payback to Risperdal Consta; however, Medicaid has stabilized somewhat this year from previous years. Dr. Bank said that when one looks at rehabilitative services, the agency used to bill for many services that were low cost such as Psychosocial Rehabilitative Services. Now, the Department is able to deliver services that are more appropriate to the patient's level of care. There has been an increase in Medicaid in the area of nursing services such as Nurse Practitioner.</p> <p>The mental health centers, overall, ended up in the black for this year or with a slight surplus. Centers were allowed to carry over funds again this year. Ms. Hart said a lot of cost savings were enacted throughout the agency, and all staff has worked very hard to save money where possible. Mr. Mason said that the centers have also enacted cost savings measures. Some of these measures included positions that were left unfilled, and many temporary and part time employees were let go. Also, several community residential care facilities (CRCFs) were closed in Manning and in Orangeburg. One real cost saving is that three center director positions were left unfilled and center catchment areas were combined. Ms. Hart said that even though the Department is down \$44 million in state appropriations, it is in a stable position. As of yet, DMH has not suffered due to the cuts in Medicaid billing. It was noted that the Electronic Medical Record (EMR) has helped in billing. Dr. Evans said it is a great testimony to management and leadership and the staff's dedication not to see any adverse affect as a result of so huge a reduction. Ms. Jones said that the center boards have been very complimentary of the Department.</p> <p>Addressing the impact of the budget cuts on Inpatient Services, Ms. Bellamy reviewed the chart showing the change in functional bed capacity at the facilities. She said that total functional bed capacity at Bryan will be at 200 beds. Harris Hospital's functional capacity has been reduced to 121. Ms. Bellamy said that in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>total, from 7/1/08 to 7/7/09, functional capacity of inpatient beds has been reduced from 1720 to 1569.</p> <p>The waiting list at Harris has had a decrease due to the telepsychiatry project. Last week, there were 28 on Harris' waiting list. Bryan's waiting list is averaging in the low 100's. This is expected to decrease with the combination of the programs and the change in structure. It is also felt that the telepsychiatry project will have an impact on the waiting list at Bryan. The average length of stay on admissions is two weeks. It was mentioned that these 100 people on the waiting list may not be in need of placement at Bryan. With the introduction of telepsychiatry at Bryan, people will be able to be placed into more appropriate levels of care. Other waiting list numbers are 20 Morris Village-Emergency; 30 Morris Village-Judiciary; 100's Morris Village-Voluntary; Forensics – 5-10; and Hall Institute – 0.</p> <p>Mr. Terry requested that data be prepared and sent to the Commission on total client contact. This data is available, and Ms. Hart said that DMH is beginning to track by county which inpatient facility people are being admitted to.</p> <p>Ms. Hart distributed a copy of the Department's FY'10 beginning budget for review.</p> <p>Mr. Binkley said that the update this month on the Bull Street property is essentially the same as last month. The Department is trying to finalize the work plan with DHEC on the environmental site testing of those areas on the property that may have some environmental hazard. DHEC raised a number of issues with the Department's original work plan. DMH has since returned its modified work plan to DHEC, which we hope will be accepted. The property's broker reports that they continue to receive interest from qualified potential buyers. An executive session is recommended for today to discuss more details on this issue. As the possibility of a sale gets closer, the Department has been having internal</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Six Month Report of Medical Care Accounts – Mark Binkley</p> <p>• Grants Update – Tammy Orr</p>	<p>discussions regarding relocating offices and functions that are occupying some of the buildings on the campus which, following sale, would no longer be available for the Department’s use. Ms. Hart said that the number of staff and programs to relocate has been identified. Also, the staffs working the various grants occupy space in Wilson Building, and these staff, too, will have to be relocated.</p> <p>Mr. Binkley presented the six month report of Medical Care Accounts for the period January 1 through June 30, 2009. Total collections for this period total \$736,007.31. Mr. Binkley said that over half of these funds were collected as part of the Set-Off Debt Collection Program. Total funds collected due to the Set-Off Debt Program are \$514,547.99. The Amount Waived by Delegated Authority was \$145,506.36. Mr. Binkley said that 13 of the 17 mental health centers participate in the Set-off Debt Collection Program. Total funds collected by the centers was \$160,649.85.</p> <p>Ms. Orr said that the Grants Administration Office has been in operation for one year. This has been a challenging year, but much has been accomplished. Last May, the Grants Steering Committee was formed that meets monthly to look at the funding notices to see if there was any interest on the part of the agency in pursuing the grant. A Notice of Funding Availability (NOFA) list is distributed monthly. Ms. Orr distributed a listing of all grants that DMH is involved with at the present time. Training was conducted for the agency’s Project Administrators, Project Directors and other staff to explain the new grants process. The non-profit agencies were asked to participate as well. In December, the Grant Writer conducted a one-day training on grant writing. Also in December, the Single Audit with the State Auditors’ Office was completed with no significant findings. As of today, there are 36 active grants totaling \$28.3 million, of which \$21.7 million is federal funds. A new accounting system being introduced next year, and a new grants training module is being developed. The Grants Administration website will be kept up-to-date with useful information. The Grants Administration Office will continue to look for funding opportunities to include</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Executive Leadership Program – Debbie Calcote</p>	<p>stimulus funds. One goal is to expand training for the Project Directors and Principal Investigators (PI). Ms. Orr said her office is working with the Division of Education/Training and Research (ETR) to ensure that all PI's and Project Directors take the online grants training.</p> <p>Ms. Orr said that her office has also started using in-house evaluators to review the grant opportunities rather than spending money for outside services. Mr. Terry is pleased with this process as it will help the Department avoid grants that it does not want to be involved with.</p> <p>Ms. Calcote was a candidate in the first Executive Leadership Program. As a participant in the program, she was asked to develop a unique idea that could be implemented that would help the agency save money.</p> <p>Ms. Calcote said that even though the centers and agency overall were receiving budget cuts, the quality of services to the clients could not decline. Also, the number of clients requiring services did not decrease. She and her management staff reviewed the talents and degrees of the administrative staff at the center. It was decided to change the titles of the Administrative Support Staff to Clinical Support Staff to better utilize employees' skills. It was determined there were many tasks the clinical staff were doing that could be done by the Clinical Support Staff. Some of these tasks are:</p> <ol style="list-style-type: none"> 1) Support staff file the volumes of paper required for the patient's medical record. This previously took the clinician one day each week to accomplish. 2) Reception staff handles the scheduling of physician appointments and bring the medical records to the physicians. 3) Clinical support staff monitor when a client's Medicaid entitlements are scheduled to end so that they can alert the physician. <p>These are just some of the areas where clinical support staff has been utilized in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Columbia Area Young Adult Program – Kathy Hugg</p>	<p>order to help the physicians. It has also been a good use of staff in an economy where the funding is limited.</p> <p>Some of the benefits of using Clinical Support Staff are:</p> <ol style="list-style-type: none"> 1) Maximize skills of all employees; 2) Enhance the focus of all employees on service delivery; 3) Enhance business operations; and, 4) Enhance employee satisfaction and retention. <p>Dr. Bank said the center saw a gap in the care of adolescents between the ages of 18 and adulthood. Ms. Kathy Hugg, Director of the Young Adult Program at Columbia Area Mental Health Center, said these clients are often overlooked in the system. They do not engage in treatment and end up in the emergency rooms and hospitals. These clients need specialized services in a comfortable environment with peers who have similar challenges.</p> <p>The program serves young adults between the ages of 18 and 30 who have a serious mental illness. These clients may also have a co-occurring disorder. Since the program began in 2008, 79 clients have been served. Average age of clients served is 24. Some of the services delivered are modified assertive community treatment, groups and psychosocial rehabilitation is provided five days per week, family involvement, and community outreach. The program has had some successes. Thus far, 28 clients have gone to work and 19 have moved to a better living environment, including 11 into independent living. The program has also seen five clients who have attended college, and 18 clients have graduated from the program. Challenges include normal phase of life issues coupled with a mental illness, and lack of resources, such as housing and jobs.</p> <p>The Commission heard the testimony of one of the program's client's, RJ, who was very complimentary of the program and staff.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																												
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p><i>p.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 1:15 p.m.</i></p> <table border="0"> <tr> <td>Alison Y. Evans, PsyD, Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Everard Rutledge, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td></td> </tr> </table> <table border="0"> <tr> <td>John H. Magill</td> <td>Brenda Hart</td> <td>Geoff Mason</td> </tr> <tr> <td>Versie Bellamy</td> <td>Robert Bank, MD</td> <td>Mark Binkley</td> </tr> <tr> <td>Carla Damron</td> <td>Debbie Calcote</td> <td>Phil & Lori Thrailkill</td> </tr> <tr> <td>Louise Johnson</td> <td>Shanna Amerson</td> <td>Tammy Orr</td> </tr> <tr> <td>Dave Schaeffer</td> <td>Stewart Cooner</td> <td>Leslie Yarborough</td> </tr> <tr> <td>Kathy Hugg</td> <td>Gene Green</td> <td>Jeff Ham</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	J. Buxton Terry	Joan Moore, Vice Chair	Everard Rutledge, PhD	Jane B. Jones		John H. Magill	Brenda Hart	Geoff Mason	Versie Bellamy	Robert Bank, MD	Mark Binkley	Carla Damron	Debbie Calcote	Phil & Lori Thrailkill	Louise Johnson	Shanna Amerson	Tammy Orr	Dave Schaeffer	Stewart Cooner	Leslie Yarborough	Kathy Hugg	Gene Green	Jeff Ham			Alison Y. Evans, PsyD, Chair	Connie Mancari, Recording Secretary	
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S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health
Morris Village
610 Faison Drive
Columbia, SC 29203

August 6, 2009
Facility Presentation

Attendance - Commission Members

Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Everard Rutledge, PhD
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Attendance - Staff/Guests:

John H. Magill	George McConnell	Versie Bellamy
Brenda Hart	Mark Binkley	Ivy Goforth
Chad Lominick	Marti Fritz	Shanna Amerson
Pam Wilson	Phyllis Houghton	

The S.C. Mental Health Commission met at Morris Village, 610 Faison Drive, Columbia, on Thursday, August 6, 2009. J. Buxton Terry called the center presentation to order at 9:15 a.m. as Dr. Alison Evans was delayed in arriving. Mr. Terry thanked the staff of Morris Village for hosting the meeting today and commented that the facility looks very professional. Ms. Versie Bellamy, Director of Inpatient Services, also welcomed the Commission to Morris Village and turned the program over to George McConnell, Director of Morris Village, who delivered the invocation. Mr. McConnell introduced several Morris Village staff members in attendance: Pam Wilson, Director of Rehab Teams and Coordinator of Team A; Tammy Cleveland, Nurse Manager; Chad Lominick, Team C Coordinator; and Marti Fritz, Team Coordinator of Team B, Co-Occurring Disorders Program.

Mr. McConnell said that in 1971, DMH had a 56 bed unit treating addictions located in downtown Columbia. Morris Village officially opened in 1975 with a 168 bed capacity. Currently, Morris Village bed capacity is at 104 beds. Morris Village has achieved national recognition in the area of addiction treatment. It may also be one of the first public treatment facilities in South Carolina that is accredited by the Rehabilitation Accreditation Commission (CARF). In the beginning, patients coming to Morris Village had single addictions, either alcohol or drug addiction. Currently, many patients entering Morris Village have multiple issues. Approximately 50-75 percent of people are diagnosed with a mental illness and a substance abuse addiction. Staff at Morris Village understands how to treat the illnesses simultaneously; therefore, emphasis is on a multi-disciplinary approach. The multi-disciplinary approach is one that involves medical, nursing, counseling and staff to work as a team.

Mr. McConnell introduced Dr. Trey Causey, Medical Director at Morris Village. Dr. Causey said that the trend lately has been to cut down on inpatient substance abuse treatment because of the length of stay and the cost. Dr. Causey said that many individuals with a mental illness have a substance abuse problem. Addiction is a disease just like diabetes or hypertension. The addiction problem impairs the patient's treatment. In order to give the patient the best chance for recovery, they have to be involved, life-long, in some sort of treatment process, and a solid foundation is needed to teach them skills that they will utilize. This doesn't happen in a short period of time. Average length of stay is 24 days. Co-occurring disorders make this process more complicated and could lengthen the length of stay.

Admission criteria to Morris Village includes:

- 18 years of age or older;
- Must have a diagnosis of psychoactive substance abuse;

- Must meet the severity criteria for inpatient treatment services as identified by the American Society of Addiction Medicine (ASAM). This means that an individual has bio-medical conditions or complications warranting inpatient treatment; has emotional/behavioral/cognitive conditions or complications; is determined to live in a very poor recovery environment within his or her community; and is determined to have a very high relapse risk; thus requiring 24 hour structured living.

The mission of Morris Village is to provide effective treatment of the addictive disease through safe detoxification, careful evaluation and evidence-based treatment. The goal of Morris Village is to restart the individual down the road to better physical health, emotional balance, social responsibility and economic stability.

Morris Village is comprised of the following:

Team A – Women’s Program – 36 beds Team C & D – Men’s Programs – 28 beds each
Team B – Severe Co-Occurring Disorders – 12 beds

Ms. Phyllis Houghton said that by the time a person gets to Morris Village, his/her behavior is out of control. Treatment begins with detox, then progresses to the main clinical treatment. Therapy groups begin in the morning, education begins after lunch. Education consists of information on the disease of addiction, and helping patients diagnose themselves. In the late afternoon, patients meet with the case manager. After care planning actually begins the day the individual is admitted. Patients are encouraged to attend AA and NA meetings, which are usually held in the evening. Ms. Houghton said that Morris Village is a community where the patients live in small groups in individual cottages. All day activities are structured, and 24 hour staff are in attendance. A person’s behavior gets him/her admitted to Morris Village, and the behavior gets him/her discharged. Even though the average length of stay is 24 days, the court hearing is usually held within 21 days. After that, it is the patient’s decision to stay and complete treatment, or to leave.

The Commission next heard from a former patient, Ms. Ivy Goforth, about the positive impact her treatment at Morris Village made in her life. A family member of another former patient, Ms. Elaine Fairey, spoke on the benefits of the Family Therapy Program, and the positive difference Morris Village made for her family member as well as for her and other members of her family.

The final presentation was on the Family Therapy Program by Audrey Thompson. Ms. Thompson said that family therapy sessions are held on Tuesdays (males) and Thursdays (females). These sessions are from 1:00 p.m. until 4:30 p.m. Families learn how to help their loved ones deal with the addiction problem, and they learn how not to become an enabler. This program helps to educate the family about the disease of addiction, how it affects family relationships and how it interacts with the family. Counselors stress the important of attending self help groups, such as AA and NA, which help develop new attitudes about addictions and co-occurring disorders. Participation in the Family Therapy Program is a requirement for the families. The Family Therapy Program consists of four phases, ranging from orientation to the treatment program, to education about the disease, attendance at self-help groups, and finally to the actual visitation. Each Family Therapy session consists of 30-40 people.

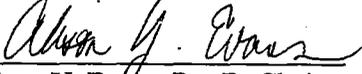
The facility presentation concluded at 10:40 a.m.


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


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION CONFERENCE CALL MEETING
August 11, 2009, SCDMH Administration Building, 2414 Bull Street, Columbia, SC

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>A conference call meeting of the SC Mental Health Commission was called to order on August 11, 2009, at 8:30 a.m., in room 321 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC, by Alison Y. Evans, Psy.D, chair.</p> <p><i>At 8:35 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. All voted in favor; motion carried.</i></p>	
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were posted, and notification of the meeting was sent out to all individuals and news media who requested notification, in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p>The conference call meeting re-convened in open session at 9:25 a.m., at which time a motion was made by Buck Terry.</p> <p><i>Mr. Terry moved that the Commission execute the non-binding Letter of Intent given to the Commission by Hughes Development Corporation dated August 5, 2009, with the provisions as presented by staff and General Counsel to be attached. Mr. Terry's motion was seconded by Dr. Rutledge. Each Commissioner voiced his/her vote individually. All voted in favor; motion carried.</i></p> <p>Dr. Evans stated that she feels this action was the correct way to proceed for the Department. Signatures would be obtained from each of the Commission members regarding the Letter of Intent.</p> <p>There being no further business, the conference call meeting was adjourned at 9:30 a.m.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, Psy.D, Chair Joan Moore, Vice Chair Jane Jones</p> <p>Everard Rutledge, PhD J. Buxton Terry</p>	
<p>Staff/Guests</p>	<p>John H. Magill Mark Binkley Brenda Hart</p>	
<p>APPROVALS</p>	<p> Alison Y. Evans, Psy.D, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

S.C. MENTAL HEALTH COMMISSION MEETING
August 6, 2009, Morris Village, 610 Faison Drive, Columbia, SC 29203

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p> <p>INTRODUCTION OF GUESTS</p> <p>APPROVAL OF MINUTES</p> <p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>• Key Statistical Report – Versie Bellamy/Dr. Bob Bank</p>	<p>The August 6, 2009, meeting of the South Carolina Mental Health Commission was called to order at 10:45 a.m., by Alison Y. Evans, PsyD, Chair, at the Morris Village Meeting Hall, 610 Faison Drive, Columbia, South Carolina. George McConnell, Director of Morris Village, delivered the invocation. Dr. Evans thanked the staff of Morris Village for the information shared with the Commission and for the courtesies extended to the Commission.</p> <p>Dr. Evans acknowledged Shanna Amerson of Capital Information Affiliates.</p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the Mental Health Commission Meeting of July 9, 2009. All voted in favor; motion carried.</i></p> <p>In the Patient Protection Reports, Mr. Binkley said there was nothing of note to report on this month. The Public Safety Report indicates only one case of alleged abuse or neglect. On the State Law Enforcement Division (SLED) Report, the total number of allegations investigated this month has decreased from the previous month, as well as the number of unfounded allegations. Total number of cases subject to investigation decreased from 24 last month to 21 this month. Mr. Binkley said that steady progress is being made by SLED in this regard. There is nothing to report that is noteworthy in the Client Advocacy Report.</p> <p>Ms. Bellamy reported on the Key Statistical Reports for Inpatient Services for the period April 1, 2009 through June 30, 2009, and Dr. Bob Bank reported on the Key Statistical Reports for Community Mental Health Services for the same period.</p> <ul style="list-style-type: none"> - In the area of falls resulting in serious injury, Tucker Center is below the national benchmark for falls, which is a positive finding. Likewise in the area of acquired pressure ulcers, Tucker Center is below the state 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>benchmark, which is positive. It should be noted that the state benchmark does not include in its data stage 1 pressure ulcers or residents who are on hospice who have pressure ulcers</p> <ul style="list-style-type: none"> - Tucker Center has an average length of stay of 5.5 years, which is higher than the national average of 2.4 years. This, too, is above the national average and is a positive result. Residents live longer in our nursing home than in national nursing homes. <p>Dr. Rutledge requested that hospice patients be broken out of this data and presented at a future meeting.</p> <ul style="list-style-type: none"> - For the period 7/1/08 through 6/30/09, admissions totaled 4601 and discharges totaled 4,407. Comparing this data to the previous quarter, there was a decrease in acute admissions to Bryan Hospital. There was also a decrease in admissions to the residential treatment facility and Hall Institute over the last quarter. Also, there was a decrease in admissions to the Sexually Violent Predator (SVP) program. Admissions increased to Tucker Center. - Average length of stay for the period 7/1/07 through 6/30/08, for the current fiscal year to date, of 1,493 total residents, 1,126 had a length of stay greater than 90 days. For FY08, of 1,583 total residents, 1,150 had a length of stay greater than 90 days. - In Community Mental Health, total admissions for children and adults for the period 7/1/08 through 6/30/09 totaled 41,485; discharges for the same period totaled 40,178. - In the chart, Summary of Client Contacts and Billable Units of Service for the period 7/1/07 through 6/30/09, it was noted that there was an increase in the number of clients needing to see either a nurse or a physician. This is evidenced by the total number of client contacts for the two services, Psychiatric/Medical Assessment and Nursing Services. Also of note is that in the services that deal with the club house programs – Psychosocial Rehabilitation Services and Comprehensive Community Support – the Department used to treat clients through these services in a more 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>universal fashion. The agency is now more medically driven.</p> <p>Mr. Magill introduced those items to be discussed in the Departmental Overview and Update.</p> <p>Ms. Hart said that today's report will be fairly brief as the Commission received an extensive financial report at last month's meeting. Finance is trying to close out the year, and this is being hampered by the implementation of SCEIS. In order to get SCEIS implemented, there have been many deadlines to meet.</p> <p>Ms. Hart said that the Commission has received a preliminary year end report, which should be very close to final numbers. One item of note is that the Department was able to utilize its increased FMAP funds, which allowed the agency to end the year with a balance of \$6.4 million. The Department anticipates ending the year with approximately \$76 million in Medicaid dollars. Ms. Hart said she feels optimistic that Medicaid revenue has finally stabilized.</p> <p>Ms. Hart said that the Department anticipates at least a four percent mid-year reduction and the reduction could be as high as five percent. In reviewing all the numbers, she is of the opinion that DMH may be in a good position financially to begin the year if the cuts do not exceed the four or five percent anticipated.</p> <p>Mr. Magill said that due to good financial management, as well as receipt of the disproportionate share funds and the cost settlements, the agency eliminated the deficits for all divisions and held leaders responsible to manage their budgets at a break even level. He has redirected the sources of revenue to where it is being earned. Mr. Magill does not feel that carrying forward deficits from year to year is a good idea. He did say, however, that if the agency has to incur more cuts in the future, this concept may have to be reconsidered.</p>	

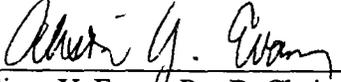
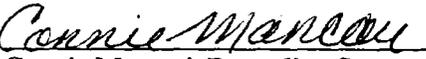
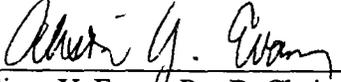
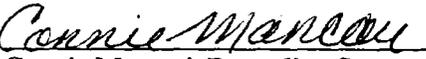
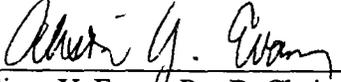
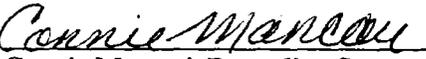
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley mentioned the recent development regarding the Architectural Conservation District being proposed for the Bull Street property by some members of Columbia City Council. This item was discussed at the city's Planning Commission and Design/Development Review Committee, and will be taken up by the full City Council in the middle of September.</p> <p>The Department's concern is that while the agency had anticipated there would be discussions about the rezoning and the historical preservation of some of the buildings on the property, it had always been expected such discussions would take place after DMH had an offer on the property and the prospective buyer/developer would be the entity holding the discussions rather than DMH. A major concern of DMH is that this type of additional regulation by the City could have the effect of discouraging prospective buyers/developers in making an offer on the property, or could cause them to significantly lower the offer that they make.</p> <p>The Department made the decision to appear at the Planning Commission and the Design/Development Review Committee (DDRC) to present its concerns. Mr. Binkley attended both meetings representing the Department. A significant majority of those speaking, however, were in favor of the proposed District.</p> <p>The Department now has an environmental assessment work plan approved by the Department of Health and Environmental Control (DHEC). The first phase of the plan is underway and involves the removal of some of the underground oil and gas storage tanks. Also, a major step occurred yesterday concerning Hall Institute remaining in place. Ms. Hart's staff made a presentation to the Joint Bond Review Committee to amend the relocation project for a new children's hospital to a renovation project to keep the hospital on the Bull Street campus. The amendment was approved with little discussion. The Department's internal space committee is continuing to try to find offices for the staff currently located in the Wilson Building. Also, as previously mentioned, Byrnes Medical Center has been</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Medical Care Account – Mark Binkley</p>	<p>vacated.</p> <p>Mr. Binkley said that the Commission has delegated the authority to waive charges to the Office of General Counsel and Financial Services when the amount to be waived is \$25,000 or less. This particular waiver is \$28,820 so it exceeds the General Counsel/Financial Services approval authority, and it is being given to the Commission for approval. This particular waiver concerns a child who had relocated to South Carolina from Pennsylvania, and was covered by Medicaid in Pennsylvania. The child was admitted to Hall Institute and was receiving services from DMH; however, the Reimbursement Staff did not file paperwork to get her eligible under South Carolina for Medicaid benefits. Therefore, the charges need to be written off because the Department cannot bill the family or Medicaid at this point. DMH is asking the Commission to waive the charges. Ms. Hart said there have been changes in staff in the Reimbursement group and this item was overlooked. Changes have been made so that this type of situation does not occur again.</p> <p>MOTION: <i>On a motion by Dr. Rutledge, seconded by Buck Terry, the Commission approved the waiver of charges in the amount of \$28,820, on patient #1013-4584. All voted in favor; motion carried.</i></p>	
<p>• Approval of Power Line Easement for Columbia Area – Brenda Hart</p>	<p>The Department is requesting Commission approval to grant a power line easement to SCE&G for the purpose of providing new and upgraded electrical service for Columbia Area Mental Health Center.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the granting of a power line easement to SCE&G for Columbia Area. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Revision to Commission Bylaws – Mark Binkley</p>	<p>Mr. Binkley said that the Inpatient Facilities Governing Body is a committee that was created that addresses Medical Staff by-law revisions/approvals, and other inpatient issues. The change to the Commission by-laws that is being proposed today concerns changes to the Inpatient Facility Governing Body Committee, which is a committee of the Mental Health Commission. The proposed change is to delete the Inpatient Services Division Chief of Operations and replace that position with the Inpatient Services Division Administrator/Controller, and add the Inpatient Services Division Chief Nursing Officer, and the Deputy Director of Administrative Services.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the changes as outlined to the Commission’s by-laws concerning the Inpatient Facilities Governing Body. All voted in favor; motion carried.</i></p>	
<p>● Board Training Overview – Brenda Hart</p>	<p>Ms. Hart said that the Department is planning to do a one-day training for center board members. Currently, DMH would like Dr. Evans to present, as well as staff of the House Ways and Means and Senate Finance Committees. Plans are for a panel discussion with some of the advocates. There will also be break out sessions in the afternoon where the boards will meet with the Commission member of that particular area. The date of the training is September 24. Dr. Evans said this training was a specific request to the Commission from a local board member. Dr. Evans urged the Commission to attend.</p>	
<p>OTHER ISSUES</p>	<p>Mr. Magill gave the following recap of other initiatives that have been ongoing:</p> <ul style="list-style-type: none"> - Telepsychiatry is growing. - The leadership of the Veterans Policy Academy will be moved to the Columbia Chamber of Commerce in January. The Chamber will be hiring an individual part time and this person will be working as part of the Chamber’s Military Affairs Committee of the Chamber. - The Commission has been invited to the Department’s Fun Day, August 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>18, 2009.</p> <ul style="list-style-type: none"> - Executive Leadership training began last week. Mr. Terry attended the first session with the candidates and the State Director. Any other Commission members interested in participating are welcome to do so. <p>Dr. Rutledge requested a presentation about the Forensics Division at a future meeting.</p> <p>Ms. Jones had some questions concerning veterans. Mr. Magill said that DMH is in partnership with the VA. Veterans can get vouchers for services at the mental health centers. As soon as the VA releases an anticipated Request for Proposal (RFP) for contracting with approved providers of outpatient mental health care, DMH will likely pursue that. On the inpatient side, the Department has agreed to accept some veterans into Bryan Hospital; however, it is fortunate that this state has two large VA hospitals in Columbia and in Charleston.</p> <p>A notice and agenda of the meeting were posted and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p> <p><i>At 12:00 p.m., on a motion by Rod Rutledge, seconded by Buck Terry, the Commission entered into executive session to receive legal advice about a contractual matter, and to receive legal advice about a potential claim. Upon reconvening in open session at 1:30 p.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 1:30 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Jane B. Jones Joan Moore, Vice Chair – excused</p> <p>J. Buxton Terry Everard Rutledge, PhD</p>	

S.C. MENTAL HEALTH COMMISSION CONFERENCE CALL MEETING
September 15, 2009, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.						
CALL TO ORDER	<p>A conference call meeting of the SC Mental Health Commission was called to order on September 15, 2009, at 10:30 a.m., in room 321 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC, by Alison Y. Evans, Psy.D, chair.</p> <p><i>At 10:35 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice concerning a contractual matter. All voted in favor; motion carried.</i></p>							
NOTICE/AGENDA	<p>A notice and agenda of the meeting were posted, and notification of the meeting was sent out to all individuals and news media who requested notification, in accordance with state law.</p>							
ADJOURNMENT	<p><i>Upon reconvening in open session at 11:25 a.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 11:25 a.m.</i></p>							
ATTENDANCE Commission Members	<table border="0"> <tr> <td>Alison Y. Evans, Psy.D, Chair</td> <td>Everard Rutledge, PhD</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Jane Jones</td> <td></td> </tr> </table>	Alison Y. Evans, Psy.D, Chair	Everard Rutledge, PhD	Joan Moore, Vice Chair	J. Buxton Terry	Jane Jones		
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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status – Brenda Hart</p>	<p><u>State Law Enforcement Division (SLED) Report</u> – Ms. Caton presented the Commission with an additional report which is more current than the SLED report contained in the previous hand-out. The report in the Commission’s packet stated there were 26 open cases; the revised report indicates 22 open cases. Ms. Caton said that of the 22 open cases, 10 are assigned to SLED; eight are assigned to the Long Term Care Ombudsman, two to the Attorney General’s office, and two to local law enforcement. The oldest SLED case is February 2009. Ms. Caton explained that the reason that case is so old is because it may have gone to prosecution and charges may not have been resolved. It is not open because it is still being investigated.</p> <p><u>Vulnerable Adult Investigations Report</u> – Ms. Caton distributed a report for the SLED Special Victims’ Unit listing the total number of incidents for the period January 1 through June 30, 2009. When the total number of fatalities for DMH and the Department of Disabilities and Special Needs (DDSN) are subtracted, DMH has a total of 51 incidents for this period, compared to 219 incidents for DDSN. The second page of the report shows the type of facility where the incident occurred. Of interest is that 117 of the 301 incidents came from CTH-II facilities, which are DDSN facilities. Ms. Caton explained the difference between the DMH residential care facility (RCF) and the DDSN CTH facility. Ms. Caton said that approximately 4,000 individuals are housed in the CTH’s; Mental Health has approximately 2,000 individuals in the RCF’s.</p> <p>Prior to the Departmental Overview and Update, Valerie Perkins introduced two staff members, Amanda Henry and Donna Swinbank, who are currently a part of the DMH Mentoring Program.</p> <p>Ms. Hart said that the financial report in the Commissions’ packets is as of the end of July 2009, which is only one month into the new fiscal year. This report has been prepared in a slightly different format from previous reports. Ms. Hart said she wants to cover this report today, touch base on the Board of Economic</p>	

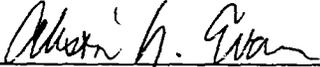
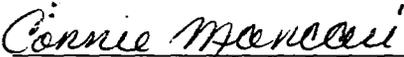
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Advisors (BEA) meeting and the Budget & Control Board meeting. She also wants to update the Commission on the South Carolina Enterprise Information Program (SCEIS). Ms. Hart said that the Department did receive the information from the Governor's Office on the 2011 budget request.</p> <p>Concerning the new report, as stated, this is a slightly different format. The first page depicts beginning budget and projected expenditures. Currently, the agency is 8.3 percent into the new fiscal year. DMH revenues are at 6.77 percent and expenditures are at 6.82 percent. These are both lower than what would normally be depicted if this were a 12 month report. Year-to-date revenue for Disproportionate Share (DSH) and Patient Fee Account is shown for a 12 month period. Divisions have started the year with a zero carryover deficit. The Commission noted the drop in Medicaid in the community between FY'05 and FY'09, and the projection for FY'10.</p> <p>Ms. Hart said that the BEA met early this month and did not revise its economic forecast either up or down. When the Budget and Control Board (BCB) met, a possible mid-year reduction was considered; however, the BCB decided to delay this reduction by one month. This was done because it was felt that the economy may have stabilized and that the cut may not be as deep. It was decided to meet again on September 18. Currently, the mid-year reduction is anticipated to be 4.04 percent for the agency, or \$7.7 million. This would be an immediate cut. It is still felt the recession may ease and the cut could go down.</p> <p>Ms. Hart said that DMH has received the 2011 budget request guidelines from the Governor's Office. This has to be completed and submitted by September 18. She said that last year, the agencies were told that if a new request was submitted, they were to identify dollar-for-dollar savings. This rule holds true for this year. DMH did receive \$19 million in one-time money last year. The agency can't identify this amount again because it would have to show an identical dollar savings. Also, agencies are being asked to show how they would implement a 15 percent</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – John H. Magill</p> <p>• Bryan Psychiatric Hospital Consolidation – Harvey Miller/Ralph Randolph</p>	<p>base reduction. Current base is \$176 million. If this 15 percent were enacted, the Department's base budget would be below its 1987 level.</p> <p>Concerning SCEIS, Ms. Hart said that DMH is slated to go live in November with the new system. This would be for the Accounting and Procurement functions. Staff has been working strenuously to meet the deadlines that have been imposed. Ms. Hart said that centers have cooperated in supplying the data and the downtown SCEIS staff was very complimentary. This is very commendable for staff as it is a difficult project to accomplish.</p> <p>Mr. Magill said the Commission will be kept advised as the 2011 budget request is prepared. Identifying a 15 percent reduction is frustrating as Mr. Magill feels the economy is beginning to improve, but the agency will do what it has been requested to do.</p> <p>Mr. Magill said there was an article in The State paper last Sunday on the property. There have been no inquiries from media on the article, so it is hoped that interest in the story, at least locally, has diminished. There will be a meeting today to develop strategy concerning the public hearing that will occur in approximately two weeks at the Columbia City Council on the historical overlay. There is still environmental work being done on the property. There have been eight tanks removed, as well as the underground storage tank for the energy building. Groundwater sampling is also being performed. Mr. Magill has taken several people to the property to identify those buildings and property included in the overlay. If any Commission members are interested in doing this, please advise Mr. Magill.</p> <p>Versie Bellamy, Deputy Director of the Division of Inpatient Services, introduced Harvey Miller, Director of Bryan Hospital, which includes Forensics, and Ralph Randolph, Director of Bryan Adult Psychiatric Services.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Mr. Miller said that two very workable programs have been developed, Bryan Acute on the Northeast Campus, and Wellspring, which, until recently, was located in the Byrnes building. Bryan Hospital operates in a manner consistent with how an acute facility should be operated. The length of stay was decreased considerably, and a 50 percent increase in the number of discharges was realized. With the advent of the budget crisis in January, a decision was made to bring the Wellspring Program back to the Northeast Campus. This was difficult to do because the lodges were under renovation. When the move began, there were only six operating lodges and the population had to be reduced from approximately 240 down to 198. Inpatient Services wanted to maintain what was developed in both programs, and keep the discharges as close as possible to the current level. This was accomplished and 40 beds were reduced.</p> <p>Mr. Randolph said that Wellspring was a program that was developed into a village-type model and patients worked on independent community living skills, discharge, and quality life while in the hospital. Working on quality of life skills while in the hospital is important since many of these patients have been at DMH hospitals for a very long period of time. It enabled the patients to feel involved in their treatment. This program was located at the Byrnes building on the Bull Street campus. The units at Byrnes were referred to as avenues; the lowest functioning patients were located closest to the nurses' station. Staff works closely with SC SHARE on the recovery model, as well as trying to get the patients back to work. A collaboration was formed comprising staff from Columbia Area Mental Health Center, Bryan Hospital and the Medical University in order to work on finding community placement for these clients.</p> <p>Mr. Miller said that when it was decided to move Wellspring back to the Northeast, a decision was made to continue providing the acute services at Bryan as good as or better than could be provided privately. The goal was to get the patients stabilized and discharged as quickly as is feasible. Two lodges were created for this program. Another goal was to continue the rate of discharge that</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Board Training Agenda – Geoff Mason</p> <p>• State Director Visits to Center Boards – John H. Magill</p> <p>• Forensics Update – Versie Bellamy</p>	<p>was achieved. He fully expects to have the discharges back to 80 with the renovations and improvements that have been made.</p> <p>Complete details of Mr. Randolph's presentation are filed with the originals of these minutes.</p> <p>Mr. Mason said that the Board/Legislative Training has been scheduled for September 24, beginning at 10:00 a.m. with a Welcome by Dr. Evans. Dr. Evans will be followed by Mr. Magill, who will give a state-of-the-state for the Department of Mental Health. Mr. Mason said there will be several legislative staff members attending, Mike Shealy of Senate Finance and Beverly Smith of House Ways and Means, who will talk about the budgeting process and how it works. Dr. Evans will give a presentation on how to work with the General Assembly. After lunch, Mr. Mason and Mr. Binkley will have a session on various responsibilities of the board members. This will be followed by break-out sessions with each Commission member. A staff member will also be assigned to each break-out session in order to facilitate. Training is expected to conclude at 3:00 p.m. A printed agenda will be sent out as soon as possible. Ms. Jones asked if this session would be done via videoconferencing. It was suggested that the conference be taped for the boards to view. Dr. Evans said that this training was a specific request from one of the boards, and every effort should be made to accommodate as many board members as possible to participate in the training.</p> <p>Mr. Magill said he is planning to begin his visits to the center board meetings. A schedule is being developed which should begin in October. If any of the Commission is interested in attending these meeting when Mr. Magill visits a particular board, please let us know and a printed schedule will be developed.</p> <p>Ms. Bellamy reported in Mr. Binkley's absence. As of today, the forensic waiting list is at 27, which is a dramatic increase. The data is being reviewed and staff feels the source of the increase can be attributed to an increase in the number of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Reduction in Charge for WRAPS Service – IAP – Brenda Hart</p> <p>• Photo Voice Demonstration – Diane Flashnick</p>	<p>commitment orders, the number of conditionally discharged patients not following the conditions of discharge or have decompensated, and an increase in emergency admissions from the local jails. It is felt that the delay in discharging patients no longer requiring hospitalization can be attributed to several reasons: availability of housing, appropriate placements, and difficulty in getting a court hearing for competency. Some short term steps that are being taken to resolve the problem include admitting patients to other units within Forensics. Currently, patients are being admitted to all units in an attempt to get individuals off the waiting list as openings become available. Also, several patients are being transferred to a civil facility; i.e. Bryan or Harris Hospital, as appropriate. Two were transferred to Bryan last week. Some short to mid term steps are an increase in the efforts to get court hearings for those people who are waiting. General Counsel has communicated with Judge Baxley our efforts in reducing the waiting list, as well as requesting assistance and advice.</p> <p>Ms. Hart said that DMH is requesting the Commission's approval to reduce the Department's Medicaid rate for H2021 community-based Wraparound Services from \$20.00 per 15 minute unit of service to \$15.00 per 15minute unit of service retroactive to March, 2009, to conform to the changes to the contract with the Department of Health and Human Services.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the Department changing its Medicaid rate for wraparound services from \$20.00 per 15 minute unit of service to \$15.00 per 15 minute unit of service. All voted in favor; motion carried.</i></p> <p>Geoff Mason introduced Diane Flashnick, Executive Director of the Federation of Families. Ms. Flashnick said the Photo Voice display is in the front lobby of the Administration Building and will be at this location for a month and a half. Ms. Flashnick explained that the Photo Voice project began two years ago. It is a joint</p>	

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ADJOURNMENT	<p>law.</p> <p><i>At 11:00 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice about a contractual matter, and to receive legal advice about a potential claim. Upon reconvening in open session at 11:55 a.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 12:00 p.m.</i></p>	
ATTENDANCE Commission Members	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p> <p>J. Buxton Terry Everard Rutledge, PhD</p>	
Staff/Guests	<p>John H. Magill Rochelle Caton Ralph Randolph Diane Flashnick</p> <p>Geoff Mason Versie Bellamy Bill Lindsey Bonnie Pate</p> <p>Brenda Hart Harvey Miller Shanna Amerson</p>	
APPROVALS	<p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>new funding. Hopefully, if the economy improves, funding can be provided.</p> <p>Ms. Hart proceeded to outline the Department's critical needs:</p> <ul style="list-style-type: none"> ● Annualization of State Appropriations \$19.0 million ● Recruitment & Retention of staff 9.9 million ● Community beds 3.2 million ● Inpatient beds 5.8 million <p>All of the above funds are recurring funds. Ms. Hart presented detail surrounding each of these needs for the Commission's information, copy of which is included with these minutes.</p> <p>Ms. Hart said that the last critical need, which is a non-recurring item, is a need for \$150,000 for repair of the dam on the lake at Campbell Veterans Nursing Home.</p> <p>Ms. Hart presented several provisos that need modification, addition or deletion:</p> <ul style="list-style-type: none"> ● Proviso 23.10 – Colleton County Veterans Home. During the construction of the Veterans Victory House, the DMH had a loan for \$3 million for the construction of the home. Colleton County also supplied some of the funding for the home's construction. The proviso stated that if any money remained after the construction was complete, both Mental Health and the County would be reimbursed. Since the project is complete, the Department will recommend this proviso be deleted. ● Proviso 23.11 – Children's Facility Construction. This proviso directed the Commission to construct a Children's Hospital with the proceeds from the Bull Street sale. DMH has since received approval to renovate William S. Hall Institute. This proviso, too, is no longer required and should be deleted. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> ● Proviso 23.14 – Borrowing authorization to relocate Child & Adolescent Facility. This was the proviso that allowed DMH to seek pre-funding options for the purpose of constructing and equipping a new Children’s Hospital. This proviso should be deleted. ● Proviso 23.2 – Paying Patient Fee Account. DMH would like to amend this proviso. Ms. Hart said that the Department does not expect to receive this proviso as it has an impact of \$200,000 on the General Fund. For one year, DMH was successful in getting the General Assembly to reduce the amount that has to be given to the General Fund each year from the Paying Patient Fee Account. The Department still wants to keep it active, although DMH is not expected to receive this. ● NEW Proviso – The Department would like to have the employees be reimbursed for meals when they are required to work during a state emergency, such as a hurricane. This rule is currently in effect in other state agencies. <p>Regarding the other 11 percent that the agency has to cut, Ms. Hart said that the Department had to come up with \$26.4 million in the event it was required to make a 15 percent reduction. DMH identified several programs, such as the Sexual Predator Program (SVP) which amounts to \$7.2 million. In Administration, Community and Inpatient, an across-the-board cut would be enacted to arrive at the required \$26.4 million. The 4.04 percent is part of the 15 percent. Mr. Magill said that if this becomes reality, the Department’s operating budget July 1, 2010 would be 15 percent less than what it was July 1, 2009, or \$26.4 million lower.</p> <p>A general discussion took place on the state of the economy and if it would improve. There was no vote needed on the issues discussed. Mr. Magill said if the cut occurs as predicted, DMH’s state appropriations will be below fiscal 1987 levels.</p>	

**S.C. Department of Mental Health
Center Board/Legislative Training**

**Thursday, September 24, 2009
10:00 a.m. until 3:00 p.m.**

A training session for mental health center board members and members of the SC Mental Health Commission was held on Thursday, September 24, 2009, in room 323 at the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. John H. Magill, State Director of DMH, welcomed everyone to the training session. Commission members attending the training session were:

Alison Y. Evans, Psy.D., Chair
Jane Jones
Everard O. Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

Mr. Magill told those in attendance that this is the second training for boards regarding legislative issues. The training was developed by Brenda Hart, Deputy Director of Administration, and her staff. Mr. Magill mentioned that he will be visiting the center boards in the near future attending their regular meetings. His purpose in doing this is to obtain information regarding ideas that could be implemented at the Department of Mental Health.

Mr. Magill said this has been a very difficult time financially for all of the state agencies. With everyone's help, DMH has been able to keep the quality of the services and the volume of services at a high level, with minimal funding. Mr. Magill said that DMH operates a hospital system that is probably one of the largest in the state. He also said that the Department is the third largest provider of nursing home services in South Carolina, as well as being one of the largest providers of nursing home services to veterans. The Department also has a very large community mental health system. The Department also operates a large forensics program, as well as a Sexually Violent Predator (SVP) program.

DMH has taken some very large budget hits. The Department's state appropriations are at the lowest level it has been since the late 1980's.

Mr. Magill said that DMH did sign a letter of intent for the eventual sale of the Bull Street property. Selling this large a piece of property – 180 acres – has presented a challenge to all concerned. DMH is hopeful that a contract for sale will be received shortly.

Mr. Magill mentioned that he attended a Senate Medical Affairs Sub-Committee hearing yesterday to give testimony concerning possible restructuring issues. There is currently a bill – H.3199 – that, if passed, will create a Department of Behavioral Health. This will become a cabinet agency comprising the Department of Mental Health, Department of Alcohol and Other Drug Abuse Services, and the Continuum of Care.

Mr. Magill said he is proud of the agency's employees and what has been accomplished over the last three years. Staff has done an excellent job of rightsizing the organization in a difficult financial time.

Brenda Hart introduced Mike Shealy, Senate Finance Committee, and Beverly Smith, House Ways and Means Committee, who gave a presentation on how the budgeting process works. Mr. Shealy said that the state's budget is now at \$20 million, total. This represents 14 percent of the state's economy. Between 2007 and 2010, there was an approximate 18 percent drop in the state's revenue. Ms. Smith continued the presentation on how to work with the General Assembly. Some pointers presented were:

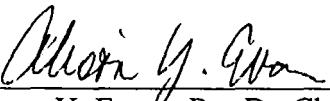
- Know the issue and who should be involved with the issue;
- Know the chairman, subcommittee members and staff;
- One page explanations are best; and,
- Be available

Dr. Alison Evans, Chair of the South Carolina Mental Health Commission, gave a presentation on how to work effectively with the General Assembly. Some pointers given were to be persistent, be patient and be polite. Dr. Evans said that individuals need to be willing to make phone calls, write letters and make visits to members of the General Assembly, preferably in their home districts. Other members of the Commission also gave pointers on working with the General Assembly, such as:

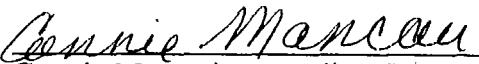
- Meet with the legislator in a casual environment;
- Do not overwhelm a legislator with materials;
- If a legislator is running for re-election, get involved in his campaign; and,
- Get to know the staff members

Next on the agenda was an advocates' panel regarding legislative issues. Included on the panel were Gloria Prevost, Protection & Advocacy; Joy Jay, Mental Health America; Bonnie Page, SC SHARE; and Diane Flashnick, Federation of Families. Each organization mentioned what their respective organization is involved in and the issues that they each are interested in, such as suicide prevention, recovery, alcohol and substance abuse issues, and children's issues.

At 1:00 p.m. board members had a presentation from Geoff Mason, Deputy Director of Community Mental Health Services, and Mark Binkley, General Counsel, on the roles and responsibilities of community board members. The individual break out sessions began at 1:45 p.m. with the conclusion of the training at 3:00 p.m. It should be noted that all handouts and details of individual presentations are filed with the original of these minutes.



Alison Y. Evans, Psy.D., Chair



Connie Mancari, Recording Secretary

SOUTH CAROLINA MENTAL HEALTH COMMISSION

**Dinner Meeting Minutes
September 30, 2009
Berkeley Community Mental Health Center**

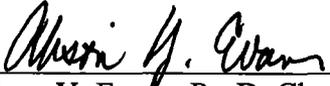
Attendance – Commission Members

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

Attendance – Staff/Guests

John H. Magill, State Director
Staff/Board – Berkeley Mental
Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, September 30, 2009, at Gilligan's at the Dock, 582 Dock Road, Moncks Corner, SC. There was no topic or focus of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



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



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

S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health
Berkeley Community Mental Health Center
403 Stoney Landing Road
Moncks Corner, SC 29461
(843) 761-8282

October 1, 2009
Facility Presentation

Attendance - Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair

J. Buxton Terry
Jane Jones (excused)

Everard Rutledge, PhD

Attendance - Staff/Guests:

John H. Magill
Barbara Nelson
Stacey Lindbergh

Debbie Calcote
Vicki Ellis

Debbie Blalock
Terry Hardesty

The S.C. Mental Health Commission met at the Berkeley Community Mental Health Center, on Thursday, October 1, 2009. The center presentation was opened at 9:00 a.m. by Alison Y. Evans, PsyD, Chair. Dr. Evans thanked the center for the many courtesies extended to the Commission and also expressed appreciation for the time spent last evening with the center's board. Dr. Evans then turned the meeting over to Debbie Calcote, Executive Director of Berkeley Community Mental Health Center (BCMHC).

Ms. Calcote first introduced several individuals attending the meeting today; Terry Hardesty, Berkeley County School Board; Vicki Ellis, Berkeley Community Mental Health Center board chair; and Debbie Blalock, Executive Director of the Charleston/Dorchester Community Mental Health Center, who is shadowing Ms. Calcote.

Ms. Calcote explained that the one program at her center she wanted to spotlight is the work done by the Clinical Support Services staff. She refers to these individuals as "physician extenders" in that they relieve the physician staff of many duties that were done by physicians in the past. This results in the physician staff being able to perform more client-related functions. The Clinical Support Services staff play an important role in the organization. Ms. Calcote said that this group falls under the supervision of Mr. Lamar Butler, Director of Administration at the center.

Mr. Butler said that the main thrust of the Clinical Support Services group is on productivity. Each individual is cross trained to be able to assume the position of someone else so that the center runs smoothly. The areas that this group covers are accounts payable, accounts receivable, transportation, facilities and information services. Mr. Butler then introduced each staff person, who explained his/her job functions. Some of these individuals and their functions are:

Jeremiah Frazier – maintains the center's vehicles, client and staff transportation;

Mike Nelson – information resources, and building maintenance/upkeep; back up to transportation;

Melanie Baker – Human Resources functions, staff credentialing, physician scheduling, volunteer coordinator, medical transcription;

Tabitha Preston – client entitlements, supervises front office desk, routes clients appropriately when entering the center, processing of initial client admission to mental health center;

Center Presentation
Berkeley Community Mental Health Center

Page 2

Lula Mack – data entry, processing of mail for the mental health center, prepares bank accounts and statements, inventory of forms supply, accounting of state property, calls and confirms client appointments;

Glenda Shank – Ms. Shank is the Business Manager. She performs all financial functions. Works with management on budget preparation and revenue/expenditure projections, pays the center bills. Ms. Shank is responsible for the center's internal audit. She is cross trained in Human Resource duties. She also maintains the contract file for the center.

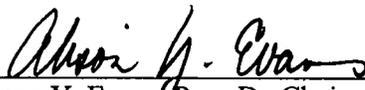
Diane White – Medicaid, billing and collecting. She is chair of the Cultural Competence Committee for the center. Ms. White also works the front desk. She is cross trained in medical records and billing.

Other employees included in performing Clinical Support functions are Ellen Singletary, Diane Lee, Patricia Thompson, Charlene Callahan, and Kathy Parker.

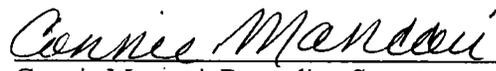
Mr. Magill commented that the cross training of staff is a wonderful concept, especially in the area of billing. He inquired about the age and condition of the center vehicles. The vehicles, in total, average between 500 and 600 miles per month. The entire fleet encompasses nine vehicles and are in relatively good condition.

The Commission, too, was very impressed with the presentation. Mr. Terry feels that the teamwork displayed by the staff demonstrates a very well run center. Dr. Evans said that it is evident that the staff have pride in their work and this speaks well for the center.

Since there was no further business, the center presentation concluded at 10:10 a.m.



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



Connie Mancari, Recording Secretary

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Patient Protection Reports – Mark Binkley</p>	<p>Mr. Binkley said he had nothing unusual to report this month. The State Law Enforcement Division (SLED) Patient Protection Report has been updated from the report in the Commission’s folders. There are currently 26 cases of alleged abuse and neglect outstanding, 13 of which are being investigated by SLED. The other cases have been referred by SLED to other agencies for investigation.</p> <p>Mr. Binkley said that he has been informed there are other outside reasons concerning the longest pending case (February 2009). The Office of General Counsel is comfortable with the time that is being taken by SLED for the investigation of these cases.</p> <p>Dr. Rutledge had a question concerning the article in the Post and Courier relating to the investigation of an abuse and neglect case. He felt this report was in contradiction with the article. Mr. Binkley said the vast number of cases that SLED gets referred to them comes from the Department of Disabilities and Special Needs (DDSN) facilities, and many of those facilities are small in size. These are typically referred to local law enforcement for investigation and, unfortunately, these are not a high priority for local law enforcement and the response rate is not good from these agencies. Local law enforcement does not have the resources to do the investigation and do it well. Mr. Binkley said the article in the Post and Courier was inaccurate and a correction was sent in. The Post and Courier article said “...Mental Health covers up....” many of these cases. While this may be true of DDSN, it is not true of DMH and a correction was sent to him.</p> <p>Mr. Binkley said that as reported at the September meeting, there has been a surge in the waiting list for forensic patients. Because of the efforts of staff at the Division of Inpatient Services in opening beds and transferring of patients, the waiting list as of last Friday was down to 11 and now is in the single digits. Judge Baxley sent a note to the Department complimenting us on the work that was done to get the waiting list under control.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>Mr. Magill presented those items listed under the Departmental Overview and Update Section.</p> <p>Ms. Hart said that the Board of Economic Advisors (BEA) has met and revenues are slightly down. She said there appears to be optimism on their part that the recent reduction will be the only one that agencies will have this year. The BEA will meet again in October and come up with a projection in November for the Governor to prepare his budget submission.</p> <p>Ms. Hart said that the South Carolina Enterprise Information System (SCEIS) is scheduled to go live on November 2. We are down to the wire in getting everything set and ready to go. Finance staff, overall, has been working on getting everything done so that the Department can meet this deadline. She said that the reports in the packet are somewhat limited because of the amount of work that is being done for SCEIS. The goal is to get a better picture of the forecast before we go live on November 2 with SCEIS. After the November 2 date, it will be a rough couple of months producing anything of a financial nature. There will be a freeze on processing any financial documents in order to prepare for the new system. At the present time, Finance is looking at a possible four week freeze. DMH needs to determine how to pay the contract doctors and nurses during the freeze. She is checking with the Comptroller General's office on the use of the procurement card for payment of some invoices. Mr. Magill said this is a great system; however, it will be quite awhile before it will run efficiently. It will impact heavily on the outlying agencies.</p> <p>Ms. Hart said that the current reports are based on initial projections. The forecast does include the \$7.1 million reduction. Community Mental Health Services shows a plus of \$9.6 million, and there is a slight deficit in Inpatient Services of \$410,000. Ms. Hart said that when the final numbers are received, she is confident that all centers will break even or be in the black. Medicaid is slightly down on the community side by about \$1 million. There is also a decrease in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p> <p>• Report of the Inpatient Facilities Governing Body Meeting of 7/21/09 – Versie Bellamy</p>	<p>Medicaid revenue. Mr. Terry said that if the BEA comes out with projections in November, which is in the middle of the fourth quarter, and have numbers through the third quarter, the BEA projection may be worse. Mr. Terry said the banking industry usually has a good fourth quarter, so it would make sense to wait until the end of the fourth quarter before a projection is made. Ms. Hart said the estimate will be revised again in February prior to the House debate on the budget. It is hoped the BEA will look at trends over time and take all points into consideration before making a projection. A discussion then took place on the state of South Carolina’s economy compared to the rest of the Country.</p> <p>Mr. Binkley said the contract negotiations are beginning for the sale of the property with Hughes Development. Complete details of this will be discussed in executive session. The initial portion of the work plan on the property is nearly completed. There are some items still pending, but the underground storage tanks, for the most part, have been removed. Also to be discussed in executive session are details on the historic overlay.</p> <p>Ms. Bellamy presented highlights from the Governing Body Report of July 21, 2009:</p> <ul style="list-style-type: none"> - Division of Inpatient Services (DIS) continues to plan for the upcoming seasonal flu season, as well as the H1N1. DIS has developed contingency plans throughout the organization to include screening of patients and visitors. There is enough seasonal flu vaccine available for the staff and patients. Signs will be posted at all the facilities to ensure protection of the patients. This includes barring visitors under the age of 18 to the facilities. - Hall Institute, Harris Hospital and Tucker Center are expecting surveys this year or in early 2010. Bryan Hospital is expecting a survey as early as this October with the addition of the forensic beds. Ms. Bellamy said that all areas need to be prepared for surveys at all times. A strategic plan has been formed for survey leaders as to what areas will be covered. 	

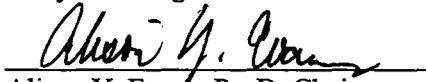
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> - DIS is working with the contractor that has purchased Just Care regarding the operation of the nursing services at the new facility. A time-limited Memorandum of Agreement (MOA) has been developed to allow the DIS Program Nurse Manager to provide leadership and management of the Just Care nursing services on the DMH units. - Harris Hospital ORYX indicators for the period of January thru May 2009, show that Harris' readmission rate continues to be significantly below the state and national averages. Seclusion utilization experienced an unusual spike during this reporting period as the result of one patient who also accounted for 100 percent of the ambulatory restraint utilization during this period. There were two significant patient injuries and ten employee injuries during this period. - Tucker Center incurred 11 acquired pressure ulcers during the January thru May period. A second wound care nurse was hired to assist in the prevention of pressure ulcers. Tucker incurred seven fractures of undetermined origin that are being addressed by the facility. - A hydration quality improvement team has been formed at Tucker to improve quality of care to residents. - Nursing turnover for FY'09 for the consolidated Columbia hospitals was 17.57 percent compared to 17.08 percent for FY'08. - In March 2007, 140 intermediate/long term patients were temporarily relocated to the Byrnes building from Bryan because of roof repairs. As of June 15, 2009, all patients have been moved back to the main Bryan campus and the Byrnes building has been officially closed. - The patient perception survey reported 81 percent satisfaction with services, against a goal of 70 percent. - The staff perception survey's goal is that at least 85 percent of staff will respond in the affirmative for five items addressing incident reporting as related to patient and staff safety. Staff responded in the affirmative for two of five items. Concern seems to center around fair treatment of staff involved in incidents or events that could hurt patients and lack of action 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Nursing Home Rates – Issue Action Paper (IAP) – Brenda Hart</p>	<p>regarding safety.</p> <ul style="list-style-type: none"> - ORYX measure for restraint hours for this period indicated that Forensic Services exceeded the national average. Restraint use is monitored and is felt to be appropriate. Bryan and Hall are below the national average for restraint use. <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the Inpatient Facilities Governing Body minutes of July 21, 2009. All voted in favor; motion carried.</i></p> <p>Dr. Rutledge inquired if all inpatient facilities have representation on the Governing Body Committee. Ms. Bellamy replied that yes, each hospital does have representation, and explained that the members of the committee are approved by the Commission. Dr. Rutledge also inquired if mock surveys are conducted at the facilities. Ms. Bellamy replied that yes, mock surveys are done under the direction of the Performance Improvement Director, Algie Bryant.</p> <p>Mr. Magill mentioned that on any given night, the census in DMH facilities is 1,500 patients that generate 570,000 bed days. The DMH inpatient system is the largest bed system in South Carolina. Geoff Mason said that in the community, on any given night, there are 3,300 clients in various living arrangements. Mr. Magill keeps stressing these statistics to the General Assembly and others to demonstrate how large the DMH system of care really is.</p> <p>Ms. Hart presented an IAP to change the daily patient charge rate for nursing homes receiving per diem reimbursements from the United States Department of Veterans Affairs (VA). The current daily approved patient charge rate for the DMH nursing home facilities is \$103.18/day. The VA currently pays the Department \$74.42/day for the patients residing in these homes. The VA proposed for federal year 2010 to increase this amount by \$3.11/day to \$77.53. The difference in the amount paid by the VA and the daily patient charge rate is the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Two Medical Care Account Waivers – Mark Binkley</p>	<p>responsibility of the veteran or the veteran’s family. It is recommended that the daily patient charge rate for the Department’s nursing homes receiving per diem reimbursements from the VA be increased by \$3.11/day to \$106.29/day. The veteran/family per diem rate would remain \$28.76 (\$106.29 daily patient charge rate less \$77.53 remitted by the VA).</p> <p>MOTION: <i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the increase in the daily patient charge rate of \$3.11/day. All voted in favor; motion carried.</i></p> <p>Mr. Binkley said that waiver of patient charges exceeding \$25,000 require the Commission’s approval. The action on both of these accounts is past due in that both patients have been deceased over a year. Financial Services has been trying to clear up the accounts receivable. The implementation of SCEIS has also hampered progress in this regard. There are many accounts on the old Mainframe system that involve deceased patients. If the balance on the accounts is below \$25,000, the amount can be waived internally. These two accounts are the beginning of some that will be coming to the Commission for approval in the coming months.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission waived the remaining balance of \$88,153 for patient #953-2371. All voted in favor; motion carried.</i></p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission waived the remaining balance of \$68,222.62 for patient #888-0285. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> • Corporate Compliance Ligia Latiff-Bolet, PhD • Emergency Preparedness - William Wells • Approval of 2010 Commission Meeting Dates/Locations 	<p>Dr. Latiff-Bolet said that the office of Quality Assurance reports to Dr. Bank. The Compliance Committee meets monthly. An audit process was formed to ensure compliance at the hospitals. It is anticipated that the first review of this process in the hospitals will be performed in October. Dr. Latiff-Bolet said that a compliance sub group of the Quality Management Committee was also formed. This group includes representatives from across the mental health system. Dr. Latiff-Bolet said that 150 hours of training is provided to the centers on Comprehensive Community Support (CCS) and Psychosocial Rehabilitative Services (PRS) changes. She also said that the federal government has spent \$65 million to fight Medicare/Medicaid fraud and abuse. South Carolina is scheduled to be audited on what the state has done concerning compliance in the areas of fraud and abuse. Complete details of Dr. Latiff-Bolet's report are included in the originals of these minutes.</p> <p>Mr. Wells said that South Carolina has approximately 2.3 million doses of seasonal flu vaccine so anyone who wants a flu shot, should be able to get one. Mr. Wells next went on to explain the Department's role in emergency preparedness in the state. DMH's emergency response team is a part of the state's Emergency Operations Center. The Division of Inpatient Services (DIS) Hospital Command Center (HCC) ensures that the hospitals in the DMH system are ready in the event of a disaster. Harris Hospital is important in the event that Columbia cannot operate as the command center. Mr. Wells gave examples of how the Department has responded to various disasters. Mr. Magill spoke on the impact of Hurricane Hugo on the state, as well as the efforts of disaster workers. Complete details of Mr. Well's report are included with the originals of these minutes.</p> <p>The schedule for the 2010 Commission Meeting Dates/Locations were presented for consideration.</p> <p>January 7 - DMH Administration Bldg.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
ANNOUNCEMENTS	<p>February 4 - Santee-Wateree Community Mental Health Center March 4 - DMH Administration Building April 1 - Spartanburg Area Mental Health Center May 6 - DMH Administration Building June 3 - Patrick B. Harris Psychiatric Hospital July 1 - DMH Administration Building August 5 - G. Werber Bryan Psychiatric Hospital September 2 - DMH Administration Building October 7 - Beckman Center for Mental Health Services November 4 - DMH Administration Building December 2 - Aiken-Barnwell Mental Health Center</p> <p>MOTION: <i>On a motion by Rod Rutledge, seconded by Joan Moore, the Commission approved the 2010 listing of meeting dates/locations. All voted in favor; motion carried.</i></p> <p>Dr. Rutledge said he received a report regarding rehab services at Palmetto Richland. Versie Bellamy said this issue will be addressed fully at the November Internal Audit Meeting.</p> <p>Mr. Magill said the Day Long CME In-Service was held on September 18 at William S. Hall Psychiatric Institute. This was a very well attended event, and the speakers' topics were very interesting. The conference was also video conferenced. Over 200 people attended the conference in person.</p> <p>The veterans' conference titled, "Painting a Moving Train", will be held on October 15 and 16 at the Hall Forum. Flyers on this conference will be mailed to the Commission.</p> <p>Mr. Magill said that the restructuring bill affecting DMH has legs and is moving. A synopsis of the bill was sent to the Commission, along with a copy of the whole</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p>	<p>bill and several talking points.</p> <p>Mr. Magill said that Just Care has been purchased by Geo Care, a Florida company. All stockholders ratified the sale.</p> <p>A notice and agenda of the meeting and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p><i>At 11:55 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice concerning a potential claim, and to discuss a personnel matter regarding the State Director's evaluation. Upon reconvening in open session at 1:00 p.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 1:00 p.m.</i></p>	
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones (excused)</p>	<p>J. Buxton Terry Everard Rutledge, PhD</p>
<p>Staff/Guests</p>	<p>John H. Magill Geoff Mason Mark Binkley Versie Bellamy Vicki Ellis Debbie Blalock Stacy Lindbergh William Wells</p>	<p>Brenda Hart Robert Bank, MD Debbie Calcote Ligia Latiff-Bolet, PhD</p>
<p>APPROVALS</p>	<p> _____ Alison Y. Evans, PsyD, Chair</p> <p> _____ Connie Mancari, Recording Secretary</p>	

S.C. MENTAL HEALTH COMMISSION MEETING
November 5, 2009, DMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The November 5, 2009, 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 DMH Administration Building, 2414 Bull Street, Columbia, South Carolina. Commissioner Joan Moore delivered the invocation.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>There were no guests acknowledged at this time. The Commission welcomed back Richard Guess, Executive Director of the Santee-Wateree Community Mental Health Center, from his extended medical leave.</p>	
<p>APPROVAL OF MINUES</p>	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Commission Dinner of September 30, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the Center Presentation of October 1, 2009. All voted in favor; motion carried.</i></p> <p><i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the minutes of the Mental Health Commission Meeting of October 1, 2009. All voted in favor; motion carried.</i></p>	
<p>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</p> <p>• Patient Protection Reports – Mark Binkley</p>	<p>Mr. Magill presented those items listed under the title of, “Monthly/Quarterly Informational Reports.”</p> <p>Mr. Binkley said that Public Safety has a new investigator, who has been able to clear up the pending case list. He noted that the date the oldest pending case was report was October 27, 2009.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Statistical Report – Dr. Robert Bank/Versie Bellamy</p>	<p>On the State Law Enforcement Division (SLED) report, of the 30 open cases listed, 13 are actively being worked on by SLED; the others have been assigned to other agencies to be investigated, primarily, the Division of the Long Term Care Ombudsman. Mr. Binkley said that since February last year, the system is working much better in terms of timeliness in receiving information from SLED on a case.</p> <p>Mr. Binkley said that when Ms. Caton attended last month’s Commission Meeting, the question was asked if there were any trends regarding patient grievances. It was noted that there hasn’t been much variation from month to month or year to year in the type or location of grievances.</p> <p>Dr. Bank made the following comments on the community statistical reports:</p> <ul style="list-style-type: none"> • On page one, it was noted that 41 percent of children and adolescents served for FY’09 were diagnosed with severe emotional disturbances. This is the same percentage as for FY’08. • The Child and Adolescent Functional Assessment Scale (CAFAS), which is the tool used in measuring the progress or lack of progress of children and adolescents from admission to discharge, indicates the average change in FY’09 was 18 points, which shows improvement. The score is slightly higher than last year and is statistically significant. Thirteen percent of children overall showed signs of improvement, 40 percent remained the same and 10 percent got worse. The reason there is so large a percentage remaining the same is that there is a very large group of clients that fit into the categories of conduct or oppositional disorders. • Dr. Bank noted that the percent of youth who stayed the same at discharge has trended upwards. The perception of care satisfaction survey of youth and family members showed that South Carolina received an 89 percent satisfaction rating 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>against a national average of 83 percent.</p> <ul style="list-style-type: none"> ● It was noted in the chart on page 3, Total Admissions and Discharges of Children and Adults by mental health center for the period 7/1/09 through 9/30/09, there is no significant change regarding admissions and discharges at the mental health centers. ● Page 4, Services Delivered Over Time, as mentioned previously, the most significant change in service delivery has occurred in our rehabilitation programs, also called club house programs or day programs. The Department has started to see more individual and group therapy being delivered as opposed to the older club house model. The number of services, overall, is holding its own and should enable the centers to maintain their current revenue stream. <p>Versie Bellamy made the following comments on the inpatient statistical reports:</p> <ul style="list-style-type: none"> ● For the inpatient admissions and discharges for the period 7/1/09 through 9/30/09, Morris Village decreased in the number of admissions; Hall Institute residential treatment programs decreased admissions; Hall Institute substance abuse had a slight increase in both admissions and discharges; Forensics increased in both admissions and discharges; Sexual Predator Program increased admissions; Harris Hospital increased both admissions and discharges; and long term care (Tucker, Campbell and Victory House) no change was noted. ● Length of Stay for less than 90 days: Bryan Acute has a shorter length of stay; Morris Village has remained the same for length of stay; Hall adolescent program has a slightly longer length of stay due to some difficult to place children; Hall residential treatment program had a longer length of stay; Hall substance abuse has a shorter length of stay; Forensics had longer length of stay; Sexual Predator Program had a shorter length of stay; Tucker and Campbell had a longer length of stay and Victory House a shorter length of stay. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<ul style="list-style-type: none"> • Length of stay greater than 90 days: Bryan Acute longer; Morris Village shorter; Hall adolescent longer; Hall children shorter; Hall residential treatment program and substance abuse programs lengths of stay have remained about the same; Forensics is about the same; Sexual Predator Program and Harris Hospital have shorter lengths of stay; and Morris Village has a longer length of stay. • Inpatient Hospital ORYX Data – Ms. Bellamy said this data is compiled on a monthly basis by the National Research Institute (NRI) Behavioral Healthcare Performance Measurement System. Inpatient hospitals send data to the Joint Commission for ORYX reporting. <ul style="list-style-type: none"> - Elopement Rate – Bryan Hospital had an increase in elopements; Harris Hospital had two elopements, and Hall Institute had no elopements. - 30 Day Readmission Rate – Overall, the DMH inpatient hospitals were above the national average in eight of the 14 months. - Seclusion Rate – Inpatient hospitals, overall, were above the national average one of the 14 months. - Restraint Rate – All hospitals remained below the national average on use of restraints, which indicates we are doing great in the use of restraints. <p>Mr. Magill asked Ms. Bellamy to explain what the Division of Inpatient Services does when the national average is exceeded in any given category. Ms. Bellamy said that an internal quality improvement program has been established, so that when a problem area is identified, internal benchmarks are put in place to track the problem and address it.</p> <p>Mr. Magill presented those items listed under the Departmental Overview and Update.</p> <p>Ms. Hart said that the Department went live with SCEIS on November 2; therefore, there is no financial report included in the agenda packet for today. All</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Medical Care Accounts – Mark Binkley</p>	<p>financial systems went live on November 2 with the exception of Grants where several problems were encountered. However, all problems are being address and the Grants portion of SCEIS is now operational. Ms. Hart said there have been problems with the functions of SCEIS, but these problems are being addressed. DMH is one of 30 agencies that went live on November 2. There are two help desks working to resolve the problems that staff has encountered. She feels progress is being made. Ms. Hart said that sufficient training was not provided to staff and this added to the problems. Ms. Hart said it may be a few months before things are at a point where we feel comfortable with the system.</p> <p>Mr. Magill asked if any of the other agencies have experienced the same level of difficulty with the system. Ms. Hart said that, for the most part, the agencies have all experienced some of the same problems. However, DMH is larger than the others which does add to the problem. Ms. Hart said that with all the problems with SCEIS and not being able to produce financial reports, staff are in control if the agency's budget.</p> <p>Ms. Hart said that the Board of Economic Advisors (BEA) had an advisory meeting of leading state economists. Some of the economists are optimistic and some are pessimistic. Overall the revenues are where expected to be for the year and there may not be another reduction at year's end. The BEA will meet on November 10 for another estimate that the Governor will use to prepare his Executive Budget. There has been no word regarding budget hearings this year.</p> <p>Mr. Binkley presented two medical care accounts for the Commission's approval. As noted by Mr. Binkley, medical care accounts of patients greater than \$25,000 require Commission approval.</p> <p>Patient #956-0130 – patient is deceased. Balance remaining on the account is \$489,166.04. The Department recovered approximately \$20,000 from the patient's estate.</p>	

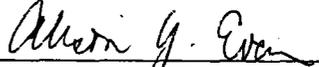
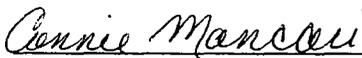
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Patient #760-0270 – patient had no assets and has been deceased more than a year. Mr. Binkley explained that the reason this account is outstanding is that Financial Services is trying to identify the collectible accounts that are on the old mainframe system. For this patient, the amount to waive is \$86,531.</p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the waiver of \$489,166.04 from patient #956-0130's account, and \$86,531 from patient #760-0270's account. All voted in favor; motion carried.</i></p> <p>Mr. Binkley said the process for sale of the property is moving forward rapidly. The Department has received the draft contract from Hughes Development. A preliminary review was held yesterday. If the Commission is interested, Mr. Binkley would recommend that an executive session be called to discuss. In addition, the phase II of the Environmental Assessment has been completed and is the hands of the Department of Health and Environmental Control (DHEC). Phase I identified potential areas where there may be hazardous materials on the property. The work plan has been completed where DMH had outside engineers do testing of the sites in question. DMH is expected to hear from DHEC this month, but the preliminary report from the engineers looks positive in that there does not appear to be much contamination at the sites noted. DMH is waiting to hear from DHEC if any additional work is required at this point. Mr. Binkley said that at this point, the environmental issues do not appear to present any impediment to the sale of the property.</p> <p>Mr. Binkley said that the City Council met on October 7 where the council member who introduced the proposal for an architectural conservation district on 45 acres of the property, removed the proposed ordinance. In doing so, council members specifically cited our representations in the letter that was sent that the Department would not demolish any buildings prior to sale, that council would be kept informed as to when a contract is received and notified of progress on the contract. This was a very positive outcome for the Department. The prospective</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Mental Health Center Visits – John Magill</p> <p>• Training Update – Sandy Hyre</p>	<p>buyer has started to meet with the city’s staff to discuss a development plan for the property. Because of all the attention to the Bull Street project brought about by the historic overlay, it is felt the city staff was very committed to working with the developer. It was noted there was a tremendous amount of behind the scenes work in bringing about this positive outcome regarding the property.</p> <p>Mr. Magill said he has started visiting the centers in order to meet with the center boards. He wants to use these meetings as a means of engaging members of the community that a particular center feels are of value. Mr. Magill met recently with the Beckman and Waccamaw boards. While visiting at Beckman, he met with a probate judge and several legislators. While in Conway, met with staff of Conway Medical Center where telepsychiatry has been operating. The Commission will receive a schedule of Mr. Magill’s future visits to the centers.</p> <p>Ms. Hyre presented a report of the Division of Evaluation/Training/ and Research (ETR) training offerings as of November 2009. Complete details of Ms. Hyre’s report are filed with the originals of these minutes.</p> <ul style="list-style-type: none"> - There are currently 50 online learning modules available to staff for training, of which 44 are mandatory training; - ETR provided 252.9 hours of continuing education to staff for use toward re-licensure; - The Executive Leadership Program began in July with seven program candidates. The final retreat/wrap up of the program will be on November 12; - The DMH Mentoring Program started in 2004, and to date, 121 staff have completed the program. There are 28 candidates in this year’s program; - The Child and Adolescent Training Program this year has 23 candidates. - ETR has developed in-classroom trainings and on-line training for Administrative Staff; - The Supervisor Mini Series was developed this year and has 30 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Telepsychiatry Update – Dr. Robert Bank/ Ed Spencer</p>	<p>candidates attending in person and 35 attending via videoconference;</p> <ul style="list-style-type: none"> - This year's day long CME Program was held on September 18 at the Hall Forum. CME, CEU and nursing contact hours were offered to staff. 187 staff attended the conference in Columbia, and 65 participated via video conference, totaling 252 participants. This was the largest attendance ever at this conference. - ETR provided a program of support/coordination for returning vets that was held on October 15 and 16 at the Hall Forum. The conference was sponsored by the Returning Veterans Policy Academy, DMH, and the Dom VA Medical Center. Approx. 300 attended the two day event both in person and via video conference. - Each month, ETR sends out a detailed listing to staff of free or low cost Distance Learning opportunities. These trainings can be used for re-licensure and can be taken by staff at home or at work. <p>Bill Lindsey complimented Ms. Hyre and ETR on how well presented the conference for veterans was prepared and presented.</p> <p>Dr. Bank said that the telepsychiatry program is steadily moving forward. The service is currently offered in 12 emergency rooms and are approaching 1,000 consultations. Hospitals are very complimentary of the process. One of the comments received is that wait times have been reduced. Currently, 50 percent of the patients seen in the emergency rooms are processed to a location within 24 hours. Ed Spencer said that South Carolina is still the only state offering telepsychiatry that has a collaboration which includes the state's Medicaid agency and the Hospital Association. Mr. Spencer said that some of the program's goals are timely patient assessment, initial treatment, reduction in length of stay, cost savings and quick discharge to the community. Mr. Spencer said that the length of stay has been reduced from six days to three days in an emergency room.</p> <p>Mr. Spencer said the program has four full time doctors and will add a fifth</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																						
	<p>physician in February. The doctors are working to reduce the length of the consultation. Currently, a consultation takes approximately two hours and the goal is to reduce this to one hour and 20 minutes. The purpose for this is that one of the critical billable service codes specifies the one hour and 20 minute consultation.</p> <p>Currently, telepsychiatry is offered in 12 hospitals:</p> <table data-bbox="570 657 1404 855"> <tr> <td>Barnwell County Hospital</td> <td>Roper Saint Francis Berkeley</td> </tr> <tr> <td>Conway Medical Center</td> <td>Seacoast Medical Center</td> </tr> <tr> <td>Loris Community Hospital</td> <td>Springs Memorial Hospital</td> </tr> <tr> <td>McLeod Medical Center</td> <td>Summerville Medical Center</td> </tr> <tr> <td>Oconee Medical Center</td> <td>Trident Medical Center</td> </tr> <tr> <td>Palmetto Health Baptist</td> <td>Tuomey Regional Center</td> </tr> </table> <p>The following hospitals are on the next wave of facilities to come on-board:</p> <table data-bbox="570 958 1447 1020"> <tr> <td>Clarendon Memorial Hospital</td> <td>Waccamaw Community Hospital</td> </tr> <tr> <td>Georgetown Memorial Hospital</td> <td></td> </tr> </table> <p>The following hospitals have expressed strong interest in telepsychiatry:</p> <table data-bbox="570 1126 1527 1225"> <tr> <td>Carolina Pines Regional Medical Center</td> <td>Marlboro Park Hospital</td> </tr> <tr> <td>Carolinas Hospital System</td> <td>Mary Black Memorial Hospital</td> </tr> <tr> <td>Chesterfield General Hospital</td> <td></td> </tr> </table> <p>Mr. Spencer said that he believes South Carolina is currently the only state in the country that has tried to roll out a program of this magnitude for behavioral health.</p> <p>Mr. Magill said that DMH will be "pausing" when the total of hospitals on board</p>	Barnwell County Hospital	Roper Saint Francis Berkeley	Conway Medical Center	Seacoast Medical Center	Loris Community Hospital	Springs Memorial Hospital	McLeod Medical Center	Summerville Medical Center	Oconee Medical Center	Trident Medical Center	Palmetto Health Baptist	Tuomey Regional Center	Clarendon Memorial Hospital	Waccamaw Community Hospital	Georgetown Memorial Hospital		Carolina Pines Regional Medical Center	Marlboro Park Hospital	Carolinas Hospital System	Mary Black Memorial Hospital	Chesterfield General Hospital		
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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Morris Village Bed Expansion – Versie Bellamy</p> <p>SUMMARY & WRAP UP</p>	<p>using telepsychiatry is reached in order to try to ascertain where we are, what can be improved and to develop some common platforms.</p> <p>Ms. Bellamy said that the Department has expanded the number of beds at Morris Village by 15. Beds at Morris Village had been reduced from 140, and the current new available bed count is 120. Ms. Bellamy said that this has been accomplished by not using additional human resources. The additional beds are mixed use. The facility has some roof issues and some beds are offline as a result of this. The additional beds will make an impact. Beds are maxed out and are staying full.</p> <p>Mr. Magill mentioned several issues of interest to the Commission:</p> <ul style="list-style-type: none"> - The Senate Medical Affairs Subcommittee last week voted and approved an amendment to the bill on restructuring of Behavioral Health. Their recommendation is that DMH should become a stand alone agency under the Governor’s cabinet. This new amendment would eliminate the Commission and the Director of DMH would be appointed by the Governor. This recommendation will now go to the full Medical Affairs Committee, and then to the full Senate for vote. That bill would be different than the one passed in the House, where it grouped Mental Health with several other agencies, under the cabinet. As more information becomes available, it will be passed on to the Commission. - The Department developed a product which is a PowerPoint presentation containing 85 slides explaining the Department’s history, how we got to where we currently are, program information, demographics, Blue Ribbon Programs, challenges and future. This has been developed over the last month or two by a group of about 5 people. It is in the final stage of review. When final, it will be available to anyone who wants a copy, including the Commission. Mr. Magill said he feels this is the first time that the agency has ever had something of this kind. As this document is rolled out, there will be a higher level of public relations efforts in our 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p>	<p>agency. Articles will be linked between the web pages and Images.</p> <p>A notice and agenda of the meeting and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p><i>At 11:50 a.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session to receive legal advice about a contractual matter. Upon reconvening in open session at 1:15 p.m., the following motion was made:</i></p> <p><i>On a motion by Rod Rutledge, seconded by Joan Moore, the Commission voted to express their concerns to the Senate Medical Affairs Committee regarding the proposed restructuring bill as it relates to the Department of Mental Health. All voted in favor; motion carried.</i></p>	
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, PsyD, Chair J. Buxton Terry Jane B. Jones Joan Moore, Vice Chair Everard Rutledge</p>	
<p>Staff/Guests</p>	<p>John H. Magill Geoff Mason Brenda Hart Robert Bank, MD Versie Bellamy Mark Binkley Sandy Hyre Ed Spencer Shanna Amerson Bill Lindsey Richard Guess Ligia Latiff-Bolet</p>	
<p>Approvals</p>	<p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

**Dinner Meeting Minutes
December 2, 2009
Columbia Area Mental Health Center**

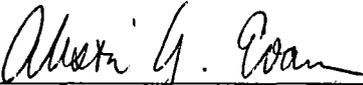
Attendance – Commission Members

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

Attendance – Staff/Guests

John H. Magill, State Director
Staff/Board – Columbia Area
Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, December 2, 2009, at Hennessey's Restaurant, 1649 Main Street, Columbia, South Carolina. There was no topic or focus of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



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



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

**SC MENTAL HEALTH COMMISSION
SC DEPARTMENT OF MENTAL HEALTH**

**Columbia Area Mental Health Center
2715 Colonial Drive
Columbia, SC 29203
803-898-4802**

December 3, 2009

Center Presentation

Attendance

Commission Members:

Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair

J. Buxton Terry
Jane Jones

Attendance

Staff/Guests:

John H. Magill
Eric Hartley
Alicia Hall, PhD
Mark Binkley

Robert Bank, MD
Monica McConnell
Elizabeth Shott, M.A.

David Jameson
Deanna McNeil
Elizabeth Wilkinson, LMSW

Carla Damron
Vicki McGahee
Brenda Hart

The S.C. Mental Health Commission met at the Columbia Area Mental Health Center, 2715 Colonial Drive, Columbia, SC, on Thursday, December 3, 2009. Dr. Evans turned the meeting over to David Jameson, chair of the Columbia Area Mental Health Center Board. Mr. Jameson welcomed everyone to the center and expressed the board's appreciation to the Commission's support. The center's board also appreciates the Commission's selection of Mr. Magill as State Director. Mr. Jameson said that the ribbon cutting on the center's expansion should take place in the spring of 2010. He said that the expansion of the center will increase the effectiveness of services that Columbia Area offers to the clients.

Dr. Robert Bank, Executive Director of Columbia Area, allowed his senior staff to introduce themselves to the Commission. Dr. Bank said there has been some changes in the property, most recent of which is that the Lexington/Richland Alcohol and Drug Abuse Commission (LRADAC) is now located on the Columbia Area property. Dr. Bank said this co-location of LRADAC and Columbia Area is a continuation of the partnership between the two agencies and allows a central location of services to the clients that are served. Next door to LRADAC is Columbia Area's new building. This new building will house emergency services that will be moved from 10 Medical Park, as well as the adult intensive services. This new building, being so close to LRADAC and Columbia Area, will result in a more comprehensive service delivery system for the center.

Dr. Bank said that prior to the implementation of SCEIS, the center had a balanced budget. Since the start up of SCEIS, it has been difficult to keep track of every penny available. Hopefully, the SCEIS problems will be worked out soon to enable accurate reports to be generated. Dr. Bank said that Columbia Area has lost \$2 million in base state funding. The Department has helped the center with one time money received from the Legislature as has been done with the other centers and facilities.

Dr. Bank said that throughout the years, there has been much said regarding the large number of patients waiting in the emergency rooms. The center has worked diligently throughout the years in order to place a team of professionals in the emergency room at Palmetto Richland to address these issues. Columbia Area has been very successful with this and has been able to reduce the number waiting between 8:00 a.m. and 5:00 p.m. by two thirds through the years. The team comprises 1.5 psychiatrists. It should be noted that the University of South Carolina provides residents and faculty that make up the difference. Palmetto Richland provides nursing staff in the emergency room and the center has four Mental Health Professionals. Columbia Area invests \$600,000 toward this endeavor. Bruce Cannon heads up the team in the emergency room. He was one of four DMH employees who were recognized by NAMI as Mental Health Professional of the Year.

Dr. Bank said the model described for the emergency room team works best for the Midlands. The Department is trying to establish this type of model in Greenville. Dr. Bank said the emergency room situation is one that will continue to be problematic for the Department.

Dr. Bank said that the center has several Mental Health Professionals who provide about 450 services per month at the Alvin S. Glenn Detention Center. The Department does not provide the psychiatrist as this service is provided by the Department of Corrections.

Dr. Bank said that the club house model was the only service offered at the Lower Richland Clinic of Columbia Area. Dr. Bank was asked by Rep. Joe Neal to expand this clinic as the area has some unique requirements. In response to this, the center added more clinic services and is the first area of Columbia Area to utilize more individualized services as opposed to the club house model.

Dr. Bank turned the meeting over to the main presentation today, the Developmental Specialty Clinics, which includes the Infant and Early Childhood Clinic and the Developmental Disorders Program. Monica McConnell, Director of Child and Family Services (CAF), introduced Elizabeth Shott, who talked about the Infant and Early Childhood Clinic. Ms. Shott said that this clinic offers a diagnostic clinic and ongoing treatment services that includes play therapy services, infant-parent psychotherapy, parent-child interaction therapy, behavioral consultation, a caregiver group, medication assessment and management, and behavioral consultation to preschool/daycare settings. Staff in the program are multi-disciplinary, and the focus of the program is on children ages 0-3 and diagnostically complex 4-5 year olds. The program receives referrals from pediatricians, mental health clinicians, early interventionists, early childhood education, families and other agencies.

The play therapy services offered assist young children in learning to regulate strong emotions in a safe setting, decrease disruptive and aggressive behaviors, process traumatic experiences, develop positive coping skills, and develop a positive sense of self.

The parent-child interaction therapy is evidenced-based treatment for disruptive behaviors developed for ages 2-7. This is a 12-14 week structured treatment protocol aimed at child directed interaction and parent-directed interaction.

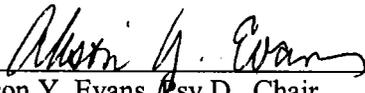
The Infant Clinic Training serves as the only diagnostic clinic in the state for the mental health evaluation of young children ages 0-3. It is a collaborative partnership with the USC School of Medicine, which provides essential training to child psychiatry residents. The clinic offers infant training to local community mental health centers via teleconference.

Ms. Elizabeth Wilkinson next spoke about the Developmental Disorders Program, which offers diagnostic services and treatment services to patients with Autism (53), Asperger's Disorder/PDD NOS (3), and patients with Mental Retardation (5). Staffing in the program includes one full time Master's level Social Worker, one Psychologist one day per week, and four part time Psychiatrists totaling 2.5 days per week.

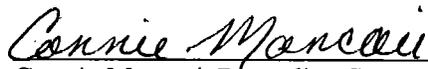
The multi-disciplinary team provides diagnostic assessment and treatment recommendations; incorporates additional Autism specific assessments when needed; and takes referrals from school districts, mental health clinicians, pediatricians and other agencies. Staff offers both individual and family therapy. School and home-based assessments are offered. Parents are consulted as often as necessary. The program works with the South Carolina Autism Society, Family Connection, SCDMH and the school districts. Collaborations are with the USC School of Medicine, USC School of Social Work, Webster University, and William S. Hall Psychiatric Institute. Staff works closely with the Department of Disabilities and Special Needs (DDSN), but DDSN is not an active collaboration. Mr. Magill mentioned that DDSN has a new agency head, who may be more interested in the work that this program is accomplishing. Dr. Evans said that the agency also has new board members who would be interested, too. She also feels that this program presentation should be made to DDSN. Bill Lindsey commented that the more involved the parents are in the program, the better the outcomes are.

The Commission next heard a personal testimony about the success of the program from a client of the program and two parents.

There being no further information, the center presentation concluded at 10:15 a.m.



Alison Y. Evans, Psy.D., Chair



Connie Mancari, Recording Secretary

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

December 3, 2009, Columbia Area Mental Health Center, 2715 Colonial Drive, Columbia, SC 29203

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The December 3, 2009, 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 Columbia Area Mental Health Center, 2715 Colonial Drive, Columbia, South Carolina. Ms. Rhonda Sims, Director of Clinical Support Services at Columbia Area Mental Health Center, delivered the invocation.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>There were no guests acknowledged at this time.</p>	
<p>APPROVAL OF MINUTES</p>	<p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the November 5, 2009, meeting. All voted in favor; motion carried.</i></p>	
<p>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</p>	<p>Mr. Magill presented those items listed under the title of, "Monthly/Quarterly Informational Reports."</p>	
<p>• Patient Protection Reports – Mark Binkley</p>	<p>Mr. Binkley said there is nothing significant to report on from this month's reports. He did say that the Department is very pleased with the good communication between DMH and the State Law Enforcement Division (SLED) special unit concerning the status of the investigations.</p>	
<p>DEPARTMENTAL OVERVIEW & UPDATE</p>	<p>Mr. Magill presented those items listed under "Departmental Overview and Update."</p>	
<p>• Financial Status Update – Brenda Hart</p>	<p>Ms. Hart said that SCEIS is up and running at DMH. Bills are being paid and salaries are being paid. There have been problems encountered but these are being worked through and gradually being resolved. A video conference was held with SCEIS staff where they were asked questions and were able to respond to the Department's concerns. There are security issues that are also being worked through. Finance is also working on retrieving the financial data and trying to get</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Medical Care Account – Mark Binkley</p>	<p>it broken out for the centers and hospitals. The report recently sent to the Commission showed where the Department stands as of the end of September prior to the SCEIS implementation.</p> <p>In reviewing the reports in the packet, Ms. Hart said that Medicaid is slightly behind where it is expected to be. The Budget and Control Board meets on December 15 and the Board of Economic Advisors (BEA) will meet on December 17. Ms. Hart said that DMH is expecting an additional three percent reduction, minimum. As the forecast currently shows, DMH is projecting a surplus of \$4.3 million. Ms. Hart said that she does not believe that SCEIS has had a negative impact on Medicaid. Ms. Hart said also that the number shown for Bryan Forensics will be corrected on the next report. The dollar figure should have been included under Hall Institute. Since June, the Department's base budget has declined by about \$30 million. It has continued to function and deliver services because of better management, and the use of one time money and reserves.</p> <p>Ms. Hart said that the Human Resources portion of SCEIS will begin in March. This phase of SCEIS will, again, be a problem for the Department. All areas of Human Resources – shift differential, overtime, etc. – will be impacted.</p> <p>Mr. Binkley said the Department is requesting the Commission to approve the waiver of \$32,367.26 on a client (#931-3073) who has been deceased since June, 2009. A lien was not filed and the estate was handled through a small estate proceeding from which the Department did not receive any funds. There is no indication of other assets or property.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the waiver of \$32,367.26 on client #931-3073. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p> <p>• Report of the Inpatient Facilities Governing Body Meeting of October 29, 2009/Approval of Minutes</p>	<p>Mr. Binkley said the Department does not have a contract for sale as yet on the property. A meeting was held with the prospective buyer where the proposal was reviewed and changes suggested. It is hoped to have an acceptable contract by January; however, it may be difficult because of the holidays. When received, the contract will go before the Commission for review and approval. Mr. Binkley said that if the Commission would like to discuss the specific details of the contract, he would recommend this be done in executive session.</p> <p>Mr. Binkley said that other preparatory activities are proceeding on the property. The Phase II environmental assessment is complete and has been submitted to the Department of Health and Environmental Control (DHEC) for review. It is expected to hear something from DHEC in the next week or so.</p> <p>Ms. Bellamy reported on the highlights of the Inpatient Facilities Governing Body meeting of October 29, 2009. She said that the Division of Inpatient Services (DIS) has received sufficient amounts of H1N1 and seasonal flu vaccine. All high risk patients and employees have been vaccinated. There have been two cases of H1N1 at the Department, both in the child and adolescent population.</p> <p>Ms. Bellamy said that Joint Commission surveys at DIS have been as follows:</p> <p>There have been three surveys at Tucker in July; Harris Hospital's Joint Commission survey was on November 10 through November 12 and Hall Institute's survey was on November 11 through 13. All surveyors were very complimentary of the staff and the programs. There were only two or three direct impact requirements for improvement which needed follow up.</p> <p>Ms. Bellamy said that she is actively recruiting for a DIS Medical Director. The Division of Inpatient Services has been fortunate to have the services of Dr. Warren Garrison as Acting Medical Director.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><u>Harris Hospital</u></p> <ul style="list-style-type: none"> - The hospital has ceased its 3rd shift operations effective November 1, 2009. The volume of admissions during the night did not justify staffing 3rd shift with two full time employees. - During this reporting period, Harris had 25 reported employee injuries. This is compared to ten injuries during the previous quarter. Only seven of the 25 employees injured lost any time from scheduled duty. - Patient-related injuries accounted for approximately 68 percent of the overall total this quarter, compared to 80 percent the previous quarter. - Most serious injuries were the result of aggression by female patients. - For the quarter ending in June, there was one significant injury, which was the same as the last quarter. <p><u>C.M. Tucker</u></p> <ul style="list-style-type: none"> - The Certified Nurse Assistant (CNA) turnover rate was seven percent, which is the same as last quarter. Overall, staff turnover was 5.9 percent, which is slightly higher than the five percent last quarter. The turnover rate remains stable and below the benchmark of 20 percent. - The overall compliance rate for accurate documentation of restraints increased to 89.3 percent in August from 59 percent for last quarter. This is being monitored as the benchmark is 100 percent. - Fractures of unknown source and serious injuries for July were 0 percent. In June, fractures of unknown source were 0 and serious injuries of unknown source were at 3.8 percent. - Acquired pressure ulcers have decreased from 4.5 percent in August to 1.9% in September. - The Hydration Program is new to C.M. Tucker, having started in July 2009. This has been a major focus for the nursing home population. The results listed are of September 2009. There were 21 new admissions to the 	

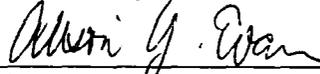
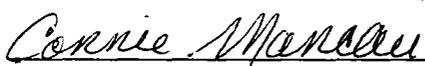
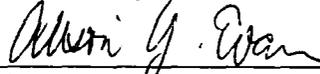
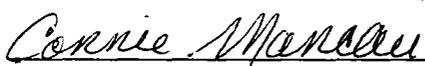
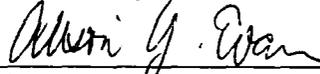
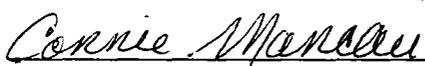
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>facility, of which 17 residents were assessed for baseline hydration on admission. In September, one resident was dehydrated, one resident received IV fluids at the facility, 10 residents were treated for UTI and 11 residents were identified for early rescue.</p> <p><u>Consolidated Report – Bryan Acute, Bryan Forensics, Morris Village, Sexual Predator, Infirmary and William S. Hall Psychiatric Institute</u></p> <ul style="list-style-type: none">- The nursing turnover rate for FY'09 was 17.57 percent compared to FY'08's rate of 17.0 percent.- The Division of Inpatient Services' goals under its strategic plan include reduction of DIS expenditures to address DMH budget deficit; and maximization of the number of persons served in light of budget reductions and reduction of operational beds.- Forensics exceeded the performance improvement trigger with a fiscal year rate of 2.61. The trigger for restraints is 0.54 restraint hours per 1,000 patient hours.- Concerning utilization rate of seclusion, the performance improvement trigger is 3.55 percent for Hall and 3.15 percent for other hospitals/programs. Bryan Wellspring, Bryan Adult Psychiatric, and Hall Institute exceeded the trigger with fiscal year rates of 5.35 percent, 4.09 percent and 3.82 percent, respectively. All other hospitals/programs are below the trigger. Seclusion utilization is continually reviewed and findings are presented to hospital leaders.- The performance improvement trigger for elopements is 0.27 elopements per 1,000 patient days. Bryan Acute exceeded the trigger with a fiscal year rate of 0.46. <p>Mr. Magill said that when Bryan Hospital's survey occurs, it will be the first time that the hospital is surveyed with the Forensics component included. The company who has purchased Just Care is assisting the Department with the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Multi-Cultural Council Update – Shirley Furtick</p>	<p>preparations for the survey.</p> <p>MOTION: <i>On a motion by Jane Jones, seconded by Buck Terry, the Commission approved the October 29, 2009, minutes of the Inpatient Facilities Governing Body Meeting. All voted in favor; motion carried.</i></p> <p>Ms. Furtick said that besides being the chair of the Multi-Cultural Council, she is also the liaison for Jail and Corrections Services. When Jerome Hanley retired, Ms. Furtick assumed the duty of co-chair of the State-wide Multi-Cultural Council, along with Mark Bellamy. Representatives on the council are from each center, facility and service component of DMH. This function is now under the Division of Community Mental Health Services. Ms. Furtick said that one of the things that the Council has accomplished include the development of a website. The website contains the mission of the Council, the goals, and the philosophy. Cultural competence starts at the top of an organization and extends downward. Ms. Furtick said she and the Council have received great support from Mr. Magill and Senior Management in cultural competence issues. The Council has a continuing luncheon education series. Presentations have been excellent and attendance has been good. These presentations are broadcast to the centers and hospitals via video conferencing. Presentations are also on the website and staff can use these as a training tool to the individual organization. Ms. Furtick said that the goal of the Council is to ensure that all cultural competence issues are addressed, not just African-American issues.</p> <p>Ms. Furtick said that the Council's state-wide strategic plan indicates that the Department is moving toward being a culturally and linguistically competent system of care. Ms. Furtick also added that the Council has completed a listing of staff that is bi-lingual in the event that a clinician needs assistance in helping a client and a language barrier exists.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<p>• DMH Supported Living Environments Overview – Jeff Ham</p>	<p>Mr. Magill said the Council's luncheon presentation series has also highlighted veterans' issues. Rep. James Smith spoke at one meeting on his experiences in Afghanistan. Ms. Furtick said at the January meeting, a presentation will be made by Roger Williams, Director of Deaf and Hard of Hearing Services. It was noted that Mr. Williams operates a nationally accredited program for deaf and hard of hearing individuals. His program was mentioned in Mental Health Weekly. DMH is planning to do an article on him in Images as well.</p> <p>Mr. Ham distributed a chart showing the clients living in various supportive living situations as of December 1, 2009. These supported living arrangements are as follows:</p> <p>Toward Local Care (TLC) Program</p> <table data-bbox="670 822 1202 954"> <tr> <td>- Supported Apartments</td> <td>220</td> </tr> <tr> <td>- Rental Assistance</td> <td>29</td> </tr> <tr> <td>- HomeShare*</td> <td>192</td> </tr> <tr> <td>- Level of Service</td> <td>259</td> </tr> </table> <p>*HomeShare is the second level of housing started through TLC in 1992.</p> <p>Local Crisis Stabilization Beds (purchased by mental health centers) 33</p> <p>Housing & Homeless Program Supported independent units (includes Shelter Plus Care) 1,420</p> <p>CRCF's (clients served in DMH operated, DMH managed, enhanced, and standard beds) 1,354</p>	- Supported Apartments	220	- Rental Assistance	29	- HomeShare*	192	- Level of Service	259	
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<p>SUMMARY AND WRAP UP</p>	<p>CAF Out of Home Placements** (avg. monthly census) 171</p> <p>Total 3,678</p> <p>**Out of Home Placements are children that are living away from the home.</p> <p>Mr. Ham said that on any given day, the Department is in contact with 3,678 individuals. This does not include the individuals who are in the hospitals or nursing homes. He said that staff works very hard in placing these persons in appropriate housing, since housing is key to a person's recovery.</p> <p>Mr. Magill said that he uses this information when speaking with outside groups to display the vast number of individuals the Department of Mental Health cares for on a daily basis.</p> <p>Mr. Magill gave a brief recap of the current issues that are ongoing at the Department of Mental Health.</p> <ul style="list-style-type: none"> - Hospital systems continue to approach DMH with interest in acquiring some of our crisis beds. An agreement was reached with HCA at Colleton Regional. There are two other hospital systems that are interested, as well as Greenville Hospital System. DMH has been working with DHEC on this issue and, if beneficial, the Department will proceed. - The Department has had a group approach it to inquire whether DMH would be interested in allowing them to operate the Sexual Predator unit. This is being looked into. Previously, DMH's attempt at this has been unsuccessful. - There are 14 hospitals hooked up to telepsychiatry. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> - DMH has been working with a committee that is interested in telepsychiatry. This group has developed a test site for a new application for an "open platform" for this technology. This test site will be Marion Hospital where the telepsychiatry equipment will be used by the Stroke-Reach Program and Psychiatry in an open platform. If this test site is successful, other entities can also participate in the consult service. Dr. Bank explained this would be specialty services such as trauma where the physician would not usually be on site. If successful, the total number of telepsychiatry sites could go as high as 25. - The second Executive Leadership Program was concluded and the results have been very positive. Mr. Magill added a section this year, called a "job switch" where the candidate and the senior leader would "switch" jobs for one day. A third class will start in the Spring of 2010 to include approximately eight to ten individuals who have been in the Department for a long time. Mr. Magill has titled this program, "the Geezers' Group." - The legislative committee on children and adolescents met yesterday. The three state directors involved on the committee were asked to make a presentation as to ideas for policies that could be focused on. Mr. Magill asked this committee to use its influence to help direct several of the state agencies to support something that is evidence-based. The suggestion from DMH would be for DMH, DJJ, DSS and Department of Education to develop a joint project to support school-based services utilizing Medicaid to support its funding. - The legislative behavioral health committee will start meeting after January 1. The deadline for the report to be completed is mid-February. The South Carolina Hospital Association (SCHA) is very active in gathering information for this group. SCHA will present what they have been calling "the crisis in South Carolina hospitals regarding the emergency rooms." Mr. Magill has asked Geoff Mason, along with Dr. Bank, to list what the centers are doing regarding emergency services. This would include telepsychiatry. For information, the Monday morning 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																		
NOTICE/AGENDA	<p>Snapshot Report has been showing less and less people waiting in the emergency rooms now than in the past.</p> <p>Mr. Magill concluded by saying that if the Commission would like to see a presentation on a particular program or service, to please let him know.</p> <p>A notice and agenda of the meeting and notification of the meeting were sent to all individuals and news media who requested notification, in accordance with state law.</p>																			
ADJOURNMENT	<p><i>At 11:40 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice about a pending contractual matter. Upon reconvening in open session, it was noted that only information was received; there were no votes taken. The business meeting was formally adjourned at 1:00 p.m.</i></p>																			
ATTENDANCE Commission Members	<table border="0"> <tr> <td>Alison Y. Evans, PsyD, Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Jane B. Jones</td> </tr> <tr> <td>Everard Rutledge, PhD (excused)</td> <td></td> </tr> </table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry	Joan Moore, Vice Chair	Jane B. Jones	Everard Rutledge, PhD (excused)														
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Staff/Guests	<table border="0"> <tr> <td>John H. Magill</td> <td>Brenda Hart</td> <td>Robert Bank, MD</td> </tr> <tr> <td>Versie Bellamy</td> <td>Mark Binkley</td> <td>David Jameson</td> </tr> <tr> <td>Bill Lindsey</td> <td>Carla Damron</td> <td>Ligia Latiff-Bolet</td> </tr> <tr> <td>Deanna McNeil</td> <td>Shanna Amerson</td> <td>Vicki McGahee</td> </tr> <tr> <td>Jeff Ham</td> <td>Michelle Murff</td> <td>Benjamin Bullock</td> </tr> <tr> <td>Eloise Formby-Denson</td> <td></td> <td></td> </tr> </table>	John H. Magill	Brenda Hart	Robert Bank, MD	Versie Bellamy	Mark Binkley	David Jameson	Bill Lindsey	Carla Damron	Ligia Latiff-Bolet	Deanna McNeil	Shanna Amerson	Vicki McGahee	Jeff Ham	Michelle Murff	Benjamin Bullock	Eloise Formby-Denson			
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