

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<p>● Financial Update – Brenda Hart</p>	<p>high. Staff will be required to deliver these services.</p> <p>Ms. Hart began by saying there is no financial report available this month. She said that the Finance staff is working hard through the SCEIS changeover to obtain reliable reports. These are needed so the Department can plan for budget reductions that it will face this year. Ms. Hart said that she was able to obtain total revenues and expenditures to show where DMH is financially at the end of December 2009. Ms. Hart said that taking into account the \$161 million, as well as the transferred dollars for the stimulus money and the Medicaid funds, the agency is currently at 51 percent of revenues and expenditures. This is for state general funds.</p> <p>The Commission feels encouraged that the Department has been able to pull numbers for the end of December with all the problems encountered with SCEIS. Mr. Magill said that SCEIS has been difficult for an agency this size. Some of the smaller agencies are not having the level of problems that DMH has been experiencing. Ms. Hart said that the implementation of the Human Resources portion of SCEIS has been delayed until June.</p> <p>Ms. Hart presented a historical picture of the Department’s budget over the last two to three years.</p> <table><tr><td>June 30, 2008</td><td>\$220 million</td></tr><tr><td>July 1, 2008 to June 30, 2009 (4 separate cuts = 19%)</td><td>\$178 million</td></tr><tr><td>July 1, 2009 (FY’10)</td><td>\$176 million</td></tr><tr><td>(2 additional cuts – 4% & 5%)</td><td>\$161 million</td></tr></table> <p>Ms. Hart said that the \$161 million is approximately 27 percent down from the June 30, 2008 amount of \$220 million. The dollars listed are state dollars.</p>	June 30, 2008	\$220 million	July 1, 2008 to June 30, 2009 (4 separate cuts = 19%)	\$178 million	July 1, 2009 (FY’10)	\$176 million	(2 additional cuts – 4% & 5%)	\$161 million	
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January 7, 2010

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	<p>Ms. Hart said that the Department had some one time appropriations that have helped it through the reductions. She said the Governor's Executive Budget will be released today at 3:00 p.m. Additional budget reductions are expected. The state has an approximate \$500 million deficit as of now. The Ways and Means Subcommittees will begin meeting next week. It is expected that the Health Subcommittee will begin work around January 19. DMH has been told to expect budget cuts going into next year in the double digits. Ms. Hart said that DMH can expect an additional \$24 million reduction. It is not definite, but if this does occur, our total state appropriations would be \$137 million. The Bureau of Economic Advisors (BEA) will come up with a revised estimate of state revenues no later than February 15.</p> <p>Mr. Magill said over the last year and a half, DMH has been dependent on one time money, earnings from the clinical work, and cost settlements and disproportionate share money. These funds have kept the agency from experiencing an overall shrinkage of 25 percent. All of this one time money has helped us through these reductions. If this continues, DMH will have to cut significantly deeper next year. The ability to sustain operations with one time money will no longer be possible in order to cushion the blow in the future.</p> <p>Bill Lindsey inquired if the lawsuit against the Department of Disabilities and Special Needs (DDSN) would have an effect on the one time money. Ms. Hart said that the lawsuit could affect the one time funds. She said that when the Stimulus Act was passed, there was a provision included stating that the funds could not be put in a reserve account for future years' use. Even though the stimulus money is not one time money, the dollars are circumvented into the reserve or trust fund.</p> <p>Mr. Magill said that over the holidays there were news stories stating that the Department was implementing a 5 percent cut. The same day, stories appeared in the paper that the BEA issued a slightly more favorable forecast for the state and</p>	

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<p>● Bull Street Update – Mark Binkley</p>	<p>another cut was not needed. Then, two weeks later, we are told that we may have to cut an additional 15 percent. The planning process for any reduction has been most difficult.</p> <p>Mr. Magill said that the centers are performing well, with some having a balance in their account. The hospitals are struggling to keep the level of services at a high level.</p> <p>Mr. Binkley said the issues having to do with the contract for sale of the property will be addressed in executive session. Further, he said that the Department has been in negotiations with Hughes Development on a potential contract for transfer of the property. NAI Avant has been very optimistic that a contract will be finalized by next Friday; however, DMH feels there are points that need to be addressed prior to the contract being finalized. The Department is looking to schedule another meeting with Hughes next week to iron out the details.</p> <p>DMH submitted to the Department of Health and Environmental Control (DHEC) the results of its environmental testing on the suspect sites that may have some impact for hazardous material on the property. Our report did not reveal any areas of significance; however DHEC has to make a final determination if more testing is needed. DMH has been promised a report by the end of this week. The Department does not anticipate any findings that may cause a potential buyer any concerns about the property.</p> <p>Mr. Magill said that a meeting has been scheduled with the Budget and Control Board for next week on the structure of the contract.</p>	
<p>● Six Month Report of Medical Care Accounts – Mark Binkley</p>	<p>Mr. Binkley reviewed/presented the Six Month Report of Medical Care Accounts for the period July 1, 2009 through December 18, 2009. Total collections for the past six months were \$68,103.52. For the first six months of the year, collections totaled \$736,007.31, for a total FY'09 collected of \$804,110.83.</p>	

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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Leadership Development Program Presentation – Ligia Latiff Bolet</p>	<p>The amount waived by delegated authority was \$693,188.20 and the amount waived by the Commission was \$764,439.92.</p> <p>Mr. Binkley said that in the late 1990's, a law was passed giving agencies the ability to pursue collection against a debtor's state income tax refund for any remaining debt. Many of the Department's clients/patients are not employed nor have steady employment. DMH tries to identify those individuals who could be employed and try to collect from them. If no payment is received from these individuals by the usual means, names are submitted to the Department of Revenue who intercepts any state tax refund due them. For this past six months, the Department collected \$12,141.58 through the Set Off Debt Collection Program. This ha been a big source of income for the Department.</p> <p>Mr. Magill said that the Commission will hear today the first presentation of one of the candidates to the Second Executive Leadership Development Program. These presentations will be held over the course of this year. Another Leadership Development class will begin in March and will include some of the long-term staff who may be leaving the agency in the next year or so. The purpose of this class is to obtain some of the information from these individuals on different knowledge they may have that would be invaluable to the agency.</p> <p>Dr. Latiff Bolet's presentation had to do with the problem of clients' "no-shows/cancellations" and the impact of these on the healthcare industry, and mental health in particular. At DMH, mental health centers have been concerned about the impact of no shows and client cancellations on cost and loss of revenue. In FY'09, centers reported 278,841 appointment cancellations that represented 16 percent of the total appointments (1,707,932). Of these, 167,569 were client no-shows, 73,426 were cancellations and rescheduled appointments by clients, and 28,847 were cancellations by therapists.</p> <p>Some of the activities currently implemented by the centers to counteract the no-</p>	

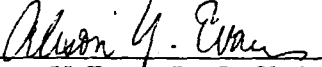
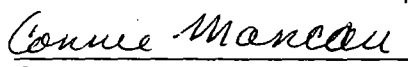
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Accreditation Update – Versie Bellamy/Geoff Mason</p>	<p>show problem are:</p> <ul style="list-style-type: none"> - Call the clients the day prior to the appointment to confirm the appointment; - Sending letters, either including a new appointment day, or asking the client to call to schedule an appointment; - Conducting home visits; and, - Address the issue as part of treatment. <p>Although centers have tried continuously to minimize no-shows, it was noted there is no systematic method for the centers to keep an accurate accountability of their no-shows. Dr. Latiff-Bolet suggested using the Service Process Quality Management (SPQM), which provides a systematic method to improve operational processes. The National Council for Community Behavioral Health Care in 2008 conducted a year long project on improving clients' access to care. Participating agencies in states that implemented changes using the SPQM demonstrated a 20 percent increase in capacity for outpatient and medical services by better managing no-shows/cancellations.</p> <p>Dr. Latiff-Bolet recommended that the SPQM process be piloted at a center to assess the extent of no-shows/cancellations for both clinicians and staff. Complete details of Dr. Latiff-Bolet's report are included with the original of these minutes.</p> <p>Mr. Magill said that there is a state system that continues to look at accreditation. He asked both Versie Bellamy and Geoff Mason to speak about what is occurring regarding accreditation on both the hospital and community side of the business.</p> <p>Ms. Bellamy recapped the 2009 accreditation activities for Inpatient Services, and the upcoming (2010) accreditation surveys. All the inpatient facilities are Joint Commission accredited, except for Morris Village, which is accredited by the</p>	

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TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Commission on Accreditation of Rehabilitation Facilities (CARF). C.M. Tucker received accreditation from Joint Commission this past summer; Harris Hospital underwent its survey on November 10-12; Hall Institute's survey was on November 13; and Bryan Hospital's survey was on December 15. Surveyors were at Bryan for four full days. This was the first time the facility was surveyed to include the Forensics division. The survey went very well, and interface was from all levels of management. The Division of Inpatient Services (DIS) is anticipating Morris Village's survey by CARF in late summer of 2010. This is their triennial survey. Ms. Bellamy was very proud of all the staff and the work done on the surveys. Ms. Bellamy mentioned a comment from one surveyor that "...any hospital that receives seven or fewer direct impact findings, that is considered excellent....." DMH had no facility that had greater than seven direct impact findings.</p> <p>Mr. Mason next reported on the accreditation activities at the community mental health centers. He mentioned the centers are accredited by CARF, which was founded in 1966. CARF is a private, not-for-profit organization that promotes quality rehabilitation services. It does this by establishing standards of quality for organizations to use as guidelines in developing and offering their programs or services to clients. CARF uses these standards to gauge how well an organization is serving its clients and how the organization can improve. Mr. Mason also distributed a listing of the 17 mental health centers, 16 of which are CARF accredited. The only center that is not CARF accredited is Charleston Mental Health Center. Charleston's Tri-County Stabilization Center was the program that was CARF accredited. However, due to budget cuts and losing approximately \$200,000 annually, this was closed in 2009. Charleston Mental Health is applying to be accredited in 2010 in the areas of crisis stabilization and all outpatient services.</p> <p>Mr. Mason said that, like the inpatient organization, center staff work very hard to maintain accreditation. Preparing for a survey requires staff to work long hours,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>as well as maintaining the high level of services so that accreditation can be obtained. All centers are asked to obtain accreditation in outpatient services.</p> <p>When CARF surveyors arrive at a center, they will give a rating called "exemplary conformance". This would relate to things that are going especially well, or are "above the cut." Some examples of these programs are Aiken-Barnwell's Peer Support Program, Beckman has been recognized for its Mentoring Program, and Orangeburg has been recognized for its intensive family based services around its Multi Systemic Therapy (MST) program.</p> <p>All centers, except Charleston, have received a three year accreditation.</p> <p>Mr. Magill said that when he became State Director, many of the centers wanted to abandon CARF accreditation, mainly due to cost. Also, the previous inpatient director wanted to drop Joint Commission accreditation for hospitals. Mr. Magill feels that accreditation should be maintained even though it is a challenge when the budget is down.</p> <p>Mr. Magill said that the Behavioral Health Study Committee is meeting on January 20. The committee has to submit its report by mid-February as to what needs to be done in behavioral healthcare. Mr. Magill will attend and will testify, as will representatives from the Department of Alcohol and Other Drug Abuse Services (DAODAS). A big supporter of this legislation is the South Carolina Hospital Association.</p> <p>Mr. Magill said that legislation has been introduced in the Senate to create a commission to look at efficiencies and improvements in state government. This would include any restructure of agencies. The Senate Medical Affairs Subcommittee on Restructuring will meet on January 21.</p> <p>The Joint Legislative Committee on Children had its first meeting and a date is</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>being considered for a second meeting. Committee members want to produce a report legislatively how emphasis will be placed on child services and the associated funding.</p> <p>Ms. Hart said that the Legislative Newsletter will again be issued this year and the first issue should be completed shortly.</p> <p>Mr. Magill said there is a 10-12 minutes video produced by the Hospital Association on Mental Health in South Carolina. This would include emergency rooms and jails. It is available to view on line. Staff of DMH participated in developing the video. There is another person who does documentaries in the state regarding health problems in South Carolina. A section on behavioral healthcare may be included.</p> <p>Dr. Bank said that he has been noticing over the last six months, along with monitoring the Monday morning snapshot, that the number of persons waiting for a bed in the emergency rooms has been declining. Dr. Bank feels that telepsychiatry has made a tremendous effect on this decline. Dr. Bank said that 50 percent of the patients waiting have left the emergency room in a 24 hour period. Telepsychiatry has made a very big impact in rural areas. It is a tool to help tie all emergency services together. One in three persons who present in an emergency room could end up in inpatient treatment. Mr. Mason said that 73 percent of the patients coming to an emergency room are unknown to the DMH system.</p> <p>Mr. Magill said that the Department has started working with hospital systems in the state who want to get more involved in the provision of crisis services, and for crisis services that are unfunded. One example is our effort to work with Greenville Hospital System to allow them to have more child and adolescent beds for crisis services.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
NOTICE/AGENDA	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.	
ADJOURNMENT	<i>At 11:50 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive the Six Month Report of Litigation, to receive legal advice concerning a pending contractual matter, and to review nominations for, and select the winner of, the Louise Hassenplug Award. Upon reconvening in open session at 3:15 p.m., it was noted that only information was received; there were no votes taken. The business meeting was formally adjourned at 3:15 p.m.</i>	
ATTENDANCE Commission Members	<div> <div>Alison Y. Evans, PsyD, Chair</div> <div>Joan Moore, Vice Chair</div> <div>Everard Rutledge, PhD</div> </div> <div> <div>J. Buxton Terry</div> <div>Jane B. Jones</div> </div>	
Staff/Guests	<div> <div>John H. Magill</div> <div>Versie Bellamy</div> <div>Shanna Amersen</div> <div>Jeffery Ham</div> </div> <div> <div>Brenda Hart</div> <div>Mark Binkley</div> <div>Bill Lindsey</div> </div> <div> <div>Robert Bank, MD</div> <div>Geoff Mason</div> <div>Ligia Latiff-Bolet, PhD</div> </div>	
APPROVALS	<div> <div></div> <div>Alison Y. Evans, PsyD, Chair</div> </div> <div> <div></div> <div>Connie Mancari, Recording Secretary</div> </div>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes February 3, 2010

Attendance – Commission Members

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

Attendance – Staff/Guests

John H. Magill, State Director

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, February 3, 2010, at Bonefish Grill, 4708 Forest Drive, 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

S.C. MENTAL HEALTH COMMISSION MEETING
February 4, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The February 4, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:00 a.m., by Joan Moore, Vice Chair, at the SCDMH Administration Building, 2414 Bull Street, Columbia, South Carolina. The invocation was delivered by Joan Moore. Ms. Moore explained that Alison Evans, PsyD, Chair, was delayed in arriving due to attending a meeting of the Senate Medical Affairs Committee.	
INTRODUCTION OF GUESTS	Although not a guest, Ms. Moore acknowledged Ray Benasutti, Director of Crisis Services at the Department of Mental Health	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the January 7, 2010, business meeting. All voted in favor; motion carried.</i>	
MONTHLY INFORMATIONAL REPORTS	Mr. Magill presented those items listed under the Monthly Informational Reports.	
<ul style="list-style-type: none"> • Patient Protection – SLED Report – Mark Binkley 	Mr. Binkley said that the State Law Enforcement Division (SLED) Report currently in the agenda was prepared on January 28, 2010. He said that of the 34 allegations pending investigation, SLED is actively investigating 16. None of the allegations investigated to the point of being concluded were founded. Immediately after this report was completed, a report was received from SLED that there was one substantiated case of physical and verbal abuse by a Certified Nursing Assistant at Tucker Center. An arrest was made in this case. The individual was on suspension prior to the arrest and DMH is awaiting completion of the report prior to formal termination.	
<ul style="list-style-type: none"> • Patient Protection – Public Safety Report – Mark Binkley 	Mr. Binkley said that a new investigator was hired in Public Safety to address issues at Hall Institute. This person is doing an excellent job of clearing up these reports, as evidenced by the report in the agenda packet.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Dr. Bank said that for the fiscal year 2009, the total number of individuals served by catchment area is 94,059. Of this number, approximately two-thirds, or 61,624 are adults that are suffering from major mental illness. One-third of this number, are children (32,435).</p> <p>The Adult Perception of Care Satisfaction Survey, which is done annually, the 89 percent satisfaction composite score shown is consistent of what it has been over the past five years. Dr. Bank said any score near 90 percent is a good indication of how well we are perceived by our clients. Dr. Bank said the Global Assessment of Functioning (GAF) score is a measure of functionality. The higher the GAF score, the better a person is. The difference between a GAF score on admission of 54.3 and a score of 57.6 at discharge indicates that patients are somewhat improved at discharge from admission.</p> <p>Dr. Bank said the downward trend in employment rate for adults is indicative of what is occurring across the country at this time. He said that the total admissions and discharges for adults and children are nearly identical.</p> <p>Concerning total number of client contacts, Dr. Bank said that prior to this report, the Department has seen that even though there was a decrease in the number of services, there was an increase in services that paid more than the overall decline, so revenues remained about the same. DMH has been trying to focus on providing individualizing care and giving individuals more of a menu of services as opposed to just one service. This has worked well for a few years. This report is the first time where these services have shown a decrease, as in individual therapy and mental health assessments which are down by several thousand units. The decrease in staff at the centers has resulted in a decline in the number of clients seen, resulting in a reduction in revenue.</p> <p>Ms. Bellamy presented the inpatient statistics. Ms. Bellamy said that Bryan Hospital was in a transition period this past year. Also, beds at Wellspring were</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• SCEIS Update – Dave Schaefer</p>	<p>downsized and the patients were transitioned back to the main campus. All of these factors had an affect on the length of stay (LOS). It should be noted that the length of stay for patients less than 90 days was shorter at Bryan compared to fiscal year 2009. In the greater than 90 day category, or the more chronic patients, patients experienced a greater length of stay. At Morris Village, patients with a length of stay greater than 90 days had a shorter stay. The average length of stay at Morris Village is 126 to 127 days. Hall Institute RTF program, which are the Department of Juvenile Justice (DJJ) children, provides longer lengths of stay because these children are harder to place. Harris Hospital is down to one long term lodge at this time.</p> <p>Concerning admissions and discharges by inpatient program, Ms. Bellamy said that patients are currently being admitted faster than they are being discharged. Inpatient Services is decreasing the number of beds at Roddey Pavilion, and downsizing is occurring in long term care. Ms. Bellamy continued by trying to answer several questions from the Commission concerning admissions and discharges. She said that the long term unit at Harris Hospital was closed as part of the budget reduction plan last year. The average daily census at Harris is 137. Recidivism was high in the past but the Department does not see this situation currently at Harris. Hall Institute is staffed for 58 beds.</p> <p>Mr. Magill presented those items listed under the Departmental Overview/Update.</p> <p>Mr. Schaefer reported that SCEIS continues to be a challenge to address. Finance is meeting on a daily basis with staff of SCEIS to try to address issues as they come up. The Grants Division and the Information Technology Division are invited to these meetings in order to address any issues that may pertain to these divisions. One major problem is that it has been difficult to obtain revenue and expenditure numbers and to be able to get this information to the centers and hospitals. Finance is close to having this accomplished. Concerning the payment</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Financial Status Update – Dave Schaefer</p>	<p>of bills, Mr. Schaefer said that there was a large backlog of bills due to the training and the new workflow process. The backlog is down from 2,000 per day to 2-300 per day. There is a report that staff can run to enable them to see the status of their documents. Finance is continuing to work in order to pay the vendors.</p> <p>Training is an issue. Some individual training is ongoing. Finance has requested to be notified of any problems in the field so these can be addressed and training implemented. Mr. Schaefer said that SCEIS is a very unforgiving program and if things are not done at the beginning of document processing, a user has to delete the document and start over.</p> <p>Mr. Schaefer said that the Department is starting to see some unhappy vendors who have stated they will not continue to do business with DMH. Finance is starting to develop a top ten SCEIS issues listing to address. He said some of the SCEIS consultants are near the end of their term and will be let go in June since the funding for the consultants will run out. Mr. Schaefer said that DMH has also lost an Accounting Director and Assistant Director during this time period. Staff has since been hired to replace them and we are seeing some progress.</p> <p>Mr. Schaefer said that the finance numbers that were distributed are preliminary. In order to get this report, Finance had to take the first four months from the old system, and the second two months from the new system. This report contains no grants information; however, the \$8.5 million reduction is included. Currently, the Department is showing a surplus of \$4.3 million. Medicaid reimbursement has not changed that much – only about \$300,000. When broken down by center and hospitals, it is a \$900,000 drop for the centers. Overall, the agency is within budget. There is concern about the drop in revenue, but this is being monitored.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> • Update on Legislative Budget Hearing - John Magill • Bull Street Update – Mark Binkley 	<p>Mr. Magill said he took the entire Senior Management team to the House Ways and Means hearing on the budget. He said that he tried to keep the comments more focused on how DMH would handle a significant reduction. We were instructed to present a plan showing a 15 percent declination in state appropriations, or \$24 million. Mr. Magill said there were no specific questions asked and it was a very non-controversial hearing. The Senate Finance Committee presentation will take place in approximately three weeks.</p> <p>Mr. Binkley said an executive session is recommended for today to talk specifically about the contract. Another meeting was held with the prospective buyer as well as some internal meetings on some key issues, such as fair value for the property. The contracting process was slowed down in order to re-examine any specific issues and concerns. Mr. Binkley feels that it will be March, at the earliest, before any information could be brought to the Commission concerning a contract for sale.</p> <p>Regarding the ongoing environmental issues, Mr. Binkley said that DMH did hear back from the Department of Health and Environmental Control (DHEC) on the few areas of the property that have raised some concern. A meeting was held with DHEC and Mr. Binkley was pleased that on so large a piece of property, there were so few areas of concern. These few areas of concern will be re-explored and further excavation will be done. These are not large areas of the property.</p> <p>Mr. Binkley said the Department was alerted that the State Archaeologist had contacted the Budget & Control Board to say they have narrowed down, through historical writings and references, an area on the campus where they believe the union prisoners were housed for a brief period of time during the Civil War, and they wanted to do some archaeological diggings on that particular site. The Department has heard nothing from the State Archaeologist or anything further on this item. The Budget & Control Board has said the State Archaeologists have the right to dig if they feel it necessary. Mr. Binkley said he will keep everyone</p>	

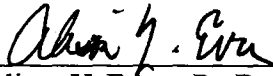

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<ul style="list-style-type: none"> • Behavioral Health Subcommittee – John Magill • Joint Citizens & Legislative Committee on Children – John Magill • Senate Medical Affairs Committee on Restructuring – Alison Evans/Brenda Hart • Leadership Development Program – Valerie Perkins 	<p>informed as things progress.</p> <p>Mr. Magill reported that he and the entire Senior Management team attended the January 20 meeting of the Behavioral Health Subcommittee meeting. Mr. Mason said that the CEO from Laurens Hospital and other hospital officials mentioned some of the problems with behavioral health patients in the emergency rooms. The legislators on the subcommittee stated that the hospitals have a responsibility to place these people in a bed in their hospitals if a bed was available.</p> <p>Mr. Magill said this committee has met twice. There are three agency heads that are official members of this committee. These individuals are trying to develop legislation that would affect children state-wide. The committee has been asked to give the legislators feedback on what legislation to support regarding children, such as School-Based Services. This committee meets again on Monday, February 8.</p> <p>Both Dr. Evans and Ms. Hart attended the Senate Medical Affairs Committee on Restructuring this morning. Dr. Evans said that the bill was carried over; however, both she and Ms. Hart stayed for the entire meeting. She had the opportunity to speak with the members of the committee including Senator Peeler. Dr. Evans said there was a lot of support for the Department's position on restructuring.</p> <p>Ms. Perkins' presentation is the second presentation from the 2009 class that the Commission has heard. Geoff Mason was Ms. Perkins' mentor during the program and, as part of the program, a job sharing was done. Ms. Perkins said that she now has a better idea of the complexities of a Deputy Director's position since she worked in Mr. Mason's office for a day. Also, as part of the Leadership Development Program, candidates were asked to develop an idea of how they could improve the agency. For the Office of Internal Audit, this was not an easy</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Executive Leadership Development Program – 2010 – John Magill</p>	<p>task. Ms. Perkins came up with the idea to use the center administrators as peer auditors when her staff audits a center. These individuals are primarily responsible for the fiscal operation of the center and are aware of any problems that a center has to deal with. Recently, the Internal Audit team had the opportunity to visit a satellite office of Coastal Empire in Allendale. The satellite usually does not have the opportunity to interact with the Internal Audit team from Columbia. Using the center administrators as peer auditors will enable the Internal Audit team to increase the number of audits they are able to conduct in the community. Previously, Internal Audit performed approximately 18-20 audits per year. Currently, with the reduction in staff, these numbers are down to four or five audits per year. Use of the center administrators as peer auditors would possibly reduce travel costs for Internal Audit staff. Ms. Perkins would like to be able to present this idea at a Center Directors' Meeting. Ms. Perkins said that the center administrator would sign a confidentiality statement and both she and the peer auditor would sign off on the audit. The Commission mentioned they felt this appeared to be a good idea and would be a help to the Internal Audit staff.</p> <p>Mr. Magill said that other staff that were a part of the Leadership Development Program participated in the job sharing experience. Ms. Bellamy spoke about her job switch with Debbie Blalock, and what it was like to run a mental health center and all that a center does in order to avert an admission. Brenda Hart ran Beckman Mental Health Center for a day.</p> <p>Mr. Magill said the first meeting of the 2010 Executive Leadership Development Program is scheduled for March 11 and there will be 10-12 sessions. Candidates will be meeting with Mr. Magill and selected individuals for four half days to glean information from these candidates prior to their retirement from the agency. Many of these individuals will be retiring in the next few years and have a lot of knowledge.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Crisis Stabilization Services – Geoff Mason/ Ray Benasutti</p>	<p>Mr. Mason began by distributing a copy of the community mental health centers' On-Call Crisis Procedures listing showing what is done at each center as to on-call crisis activities. All centers have such a procedure in place.</p> <p>Mr. Mason said that over the years the Department has received \$5.2 million from the General Assembly that was aimed at crisis stabilization. It should be kept in mind this is not the total amount that has been spent on crisis stabilization; however, \$5.2 million is earmarked for crisis services. Each center was asked to present a proposal as to how they would spend these funds. Mr. Benasutti presented a report detailing the private beds that were purchased and another report detailing the type of programs the centers have developed. Through these different mechanisms, individuals have been able to be diverted from the emergency room.</p> <p>Mr. Ray Benasutti, Director of Crisis Services, presented a copy of the Monday Morning Snapshot showing the reduction in number of emergency room patients awaiting state mental health or substance abuse inpatient admissions. For 2010 through January 25, 2010, there were 195 waiting for an admission at 8:30 a.m. and 114 waiting at 5:00 p.m. This represents a reduction of 41 percent. Another chart showed the number of emergency room patients awaiting state mental health or substance abuse inpatient admissions, current six months compared to one year ago. As of February 1, 2010, there were 31 individuals waiting compared to 58 a year ago. This represents a decrease of 18 percent. Of the 31 that were waiting, 16 had a mental illness, 5 had a substance abuse, and 10 had a co-occurring disorder.</p> <p>Mr. Benasutti said that the problem in the emergency rooms is not created solely by Mental Health. Budget reductions have necessitated the reduction of hours spent in the emergency rooms by Mental Health staff. Mr. Magill said that the message sent to the hospitals five years ago was that it was their problem. It is apparent that now all entities are working together to correct this situation.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>Dr. Bank said that new and better working relationships have been developed with the hospitals' emergency rooms by the use of the telepsychiatry system. Telepsychiatry is in use in many of the 61 emergency rooms in the state. The local hospitals, such as Palmetto Health, prefer the in-person psychiatric consultation. Telepsychiatry has resulted in a 50 percent reduction in individuals in the emergency room between morning and evening. Currently, over 1500 consultations have been performed. Of these 1500 consultations, approximately 3,500 patients, Mental Health has seen about half through the use of telepsychiatry. There are 15 hospitals currently using the system. It is the goal to have a total of 25 hospitals using telepsychiatry by Fall 2010. Mr. Magill said that an application was submitted to the Duke Endowment to continue the funding of this program. If no funding is received from Duke, DMH cannot continue to fund the additional hospitals. However, DMH is hopeful that we will receive some level of funding. The results of the program are very positive.</p> <p>A notice and agenda of the meeting and notification of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 12:00 p.m., on a motion by Rod Rutledge, seconded by Buck Terry, the Commission entered into executive session to receive legal advice concerning a pending contractual matter. Upon reconvening in open session at 2:10 p.m., it was noted that only information was received; there were no votes taken. The business meeting was formally adjourned at 2:10 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD</p> <p>J. Buxton Terry Jane B. Jones</p>	

February 4, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
Staff/Guests	John H. Magill Robert Bank, MD Shanna Amerson	Geoff Mason Mark Binkley Dave Schaefer
APPROVALS	Brenda Hart Ray Benasutti Versie Bellamy	
	 Alison Y. Eyans, PsyD, Chair	 Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING
March 4, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

March 4, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
CALL TO ORDER	<p>The March 4, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the SCDMH Administration Building, 2414 Bull Street, Columbia, South Carolina. Mr. Jeff Ham, Program Manager, Division of Community Mental Health Services, delivered the invocation.</p>									
PRESENTATION OF LOUISE HASSENPLUG AWARD	<p>Dr. Evans introduced Dr. Richard Harding, who, in turn, introduced Mrs. Louise R. Hassenplug. Dr. Harding said this award was named for Mrs. Hassenplug, who served on the Commission from 1987 until 1994. Mrs. Hassenplug and Dr. Harding were the first appointments to the Commission under Governor Carroll Campbell. Dr. Harding explained that when Mrs. Hassenplug was on the Commission, she felt that the staff were the backbone of the Department. Upon her departure, she wanted a vehicle in place to recognize staff who work tirelessly for the needs of the mentally ill; hence, the establishment of the Louise R. Hassenplug Award in September 1994.</p> <p>Nominees for this year's award are:</p> <table><tr><td>Victoria Wilson</td><td>- Beckman Center for Mental Health Svcs.</td></tr><tr><td>Susan Burns</td><td>- Catawba Mental Health Center</td></tr><tr><td>Vivian B. Pinckney</td><td>- Berkeley Community Mental Health Center</td></tr><tr><td>Debra Parks</td><td>- Charleston/Dorchester Mental Health Center</td></tr></table> <p>The winner of the 2010 Louise R. Hassenplug Award is Vivian B. Pinckney.</p> <p>Dr. Evans congratulated all the nominees and the winner on behalf of the Commission and thanked them for the hard work they do for the mentally ill of the state.</p>	Victoria Wilson	- Beckman Center for Mental Health Svcs.	Susan Burns	- Catawba Mental Health Center	Vivian B. Pinckney	- Berkeley Community Mental Health Center	Debra Parks	- Charleston/Dorchester Mental Health Center	
Victoria Wilson	- Beckman Center for Mental Health Svcs.									
Susan Burns	- Catawba Mental Health Center									
Vivian B. Pinckney	- Berkeley Community Mental Health Center									
Debra Parks	- Charleston/Dorchester Mental Health Center									
INTRODUCTION OF GUESTS	<p>General introductions of all meeting attendees took place.</p>									

TOPIC	DISCUSSION	FOLLOW UP, ETC.
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the dinner meeting minutes of February 3, 2010. All voted in favor; motion carried.</i></p> <p>MOTION: <i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Commission meeting of February 4, 2010. All voted in favor; motion carried.</i></p>	
MONTHLY INFORMATIONAL REPORTS • Public Safety/SLED Reports – Mark Binkley • Legislative Update – Brenda Hart	<p>Mr. Binkley provided up-to-date numbers regarding the State Law Enforcement (SLED) report in the Commission agenda packet. As of yesterday, total allegations investigated are down to 30 cases, of which eight are currently under SLED investigation, 13 cases have been assigned to the Long Term Care Ombudsman, one case was referred to the Attorney General's office, and the cases remaining were referred to local law enforcement. Concerning the Public Safety report, Mr. Binkley said that progress continues to be made in clearing up old cases.</p> <p>Brenda Hart presented an update of the bills affecting Mental Health:</p> <p>S.931 Sexually Violent Predator Bill – Ms Hart said this bill was explained fully during last month's Commission meeting by Mark Binkley. The bill has moved through the full Judiciary Committee and is on the Senate calendar.</p> <p>H.3192 Sunset Commission – This bill would establish procedures whereby all agencies would be reviewed periodically by the Legislative Audit Council. The bill has passed the House and is in Senate Judiciary.</p> <p>H.3199 Behavioral Health Services Act of 2009 – Ms. Hart said this bill is still in Senate Medical Affairs. At this time, it is felt this bill will not be brought up again in this session.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Update – Brenda Hart</p>	<p>H.3314 Disabilities and Special Needs Department – This bill relates to the restructure of the Department of Disabilities and Special Needs. Ms. Hart said it has passed the House and went to the Senate, where it was cleaned up. It is currently on the Senate's calendar.</p> <p>H.3488 Issues Affecting Veterans – This bill has passed in the Senate and was signed into law by the Governor. It establishes a committee to study issues affecting veterans, including the feasibility of building another veterans' nursing home.</p> <p>H.4538 South Carolina Health Information Exchange Council – This bill creates an oversight committee of 21 members to look at healthcare telemedicine efforts in the state. The bill is currently in sub-committee.</p> <p>Ms. Hart also mentioned S.168, the Good Samaritan Bill. This bill states that any health care provider who renders medical services voluntarily and without compensation in a non-emergency is not liable for any civil damages unless the act is a result of the health care provider's gross negligence or misconduct.</p> <p>Mr. Magill asked Ms. Hart to provide the financial update.</p> <p>Ms. Hart said that the House Ways and Means adopted DMH's budget recommendations and the full House is scheduled to debate the budget the week of March 15. Some provisos mentioned were:</p> <ul style="list-style-type: none"> - End the Teacher and Employee Retention Incentive (TERI) Program to new participants as of July 1. - Proposal of a surcharge for use of tobacco products. - Initial proposal of a five day furlough for state employees. This has been amended to allow agencies the ability to do an unpaid holiday in lieu of furlough. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<ul style="list-style-type: none"> - Cap the amount of money a retiree can make if re-hired. DMH has expressed its concern regarding this because of the large amount of healthcare direct staff it employs. <p>Ms. Hart said that Ways and Means proposed a cigarette tax of 30 cents per pack. This equates to approximately \$90 million. This money would be dedicated to go towards Medicaid or the Department of Health and Human Services and could also be used to help other agencies.</p> <p>Mr. Magill said the Ways and Means recommendations for this agency are serious. If accepted, the Department would receive an additional \$35 million declination in base appropriations, and a one-time appropriation of \$12.5 million. During FY'10-11, DMH will receives its enhanced Federal Medical Assistance Percentage (FMAP) enhanced Medicaid reimbursement, estimated to be \$5.1 million. With the one-time appropriation and the enhanced FMAP, the Department's reduction is 10.8 percent. Ms. Hart said that healthcare, overall, has been hit harder than ever before. DMH has received a total of 43 percent in reductions in its base appropriations since June 2008. In order to address this additional reduction, the Department has come up with the following plan:</p> <p>Inpatient Services - \$14 million reduction.</p> <ul style="list-style-type: none"> - Reduction of 32 acute beds at Bryan Hospital, which will result in 60 to 70 fewer patients served each month. Also, the average wait in the emergency room will increase from 65 individuals to more than 100. Staff will be reduced by 50 positions. - Reduction of 25 forensic beds at Bryan Hospital. Waiting list may reach 40 to 50 individuals, and staff will be reduced by 42 positions. - Reduction of 44 beds at Tucker Center. Since November 2008, DMH has closed 220 beds at this location. Reduction of these 44 beds will result in a loss of 26 positions. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Hospitals Governing Body Meeting of 1/12/10 – Versie Bellamy</p>	<p>Community Mental Health Centers - \$14.1 million reduction</p> <ul style="list-style-type: none"> - Reduction of 250 positions at the 17 mental health centers. Since 2005, the community has lost a total of 450 positions. - Closure of rural county clinics. - Elimination of out stationed positions at the Department of Juvenile Justice (DJJ) and the Department of Social Services (DSS). - Closure of DMH run community residential care facilities (CRCFs). - Reduction of the staff positions would result in an estimated 65,965 fewer clinical services delivered in the community. <p>Administrative and Support Services - \$7 million reduction. Ms. Hart said that the agency will conduct an analysis of each job and function performed in Administration in order to determine non-essential functions. It is anticipated that upwards of 30 positions would be eliminated. Included in Administrative and Support Services are the Nutritional Services and Physical Plant Services operations. Education, Training and Research (ETR) will also be evaluated to determine the need for the training offered.</p> <p>Mr. Magill said that all of this will be detailed in a report for the Commission. Dr. Evans stated that she definitely wants to be informed of how these cuts will be made and the repercussions they will create. Ms. Hart said that other healthcare agencies have been affected as well; the Department of Alcohol and Other Drug Abuse Services (DAODAS) 28 percent, Department of health and Environmental Control (DHEC) 22 percent and DDSN 28 percent. Ms Hart said the reduction to DMH will put the agency at 1986 levels in base funding. Ms. Hart said that DMH is hopeful that the cigarette tax will pass in this session. The cigarette tax is on the Senate calendar.</p> <p>Ms. Bellamy reported on the highlights from the Inpatient Hospitals Governing Body meeting of January 12, 2010. Complete report details are included with the minutes.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p data-bbox="572 398 891 431"><u>Harris Psychiatric Hospital</u></p> <ul data-bbox="619 469 1544 1042" style="list-style-type: none"> - Harris Hospital underwent a successful Joint Commission survey in November 2009, which resulted in the hospital receiving full accreditation through 2013. - Harris Hospital continues to monitor the hospital's preparedness for a flu pandemic, to include vaccination clinics for staff and patients, and screening of visitors and new patient admissions. - Joint Commission (ORYX Indicators) for September-October 2009. <ul data-bbox="668 707 1544 905" style="list-style-type: none"> ▪ 30 Day Re-Admits – Lower trend than national average. ▪ Elopements – Two elopements and two attempts. ▪ Restraints – Utilization of 3.92 hours of 4-point restraints, and 2.50 hours of ambulatory (both ankles and wrists). ▪ Seclusion – During this reporting period, use of seclusion has trended downward. - Staff Injury Report – employee injuries were down this reporting period compared to the previous period; however, patient-related injuries were slightly higher. This was the result of injuries sustained while restraining patients. <p data-bbox="572 1078 1025 1111"><u>C.M. Tucker, Jr., Nursing Care Center</u></p> <ul data-bbox="619 1149 1544 1414" style="list-style-type: none"> - Tucker had two surveys in December. The survey on December 10, 2009, was a follow-up from the DHEC annual certification survey for Roddey conducted in October 2009 and resulted in five tags not being met. The DHEC complaint survey on December 16, 2009 resulted in none of the complaints being substantiated. - Overall compliance rate for documentation of restraints has improved; percentage of fractures and serious injuries of unknown source was down for this reporting period. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p data-bbox="576 384 1515 417"><u>Consolidated Report – Bryan, Morris Village, Forensics, SVP, Infirmary & Hall</u></p> <ul style="list-style-type: none"> <li data-bbox="625 454 1549 616">- Hall Institute underwent a three day full, unannounced Joint Commission survey November 11-13, 2009. The facility received three direct impact findings (seven or less is considered excellent). It is expected that these findings will be cleared in the prescribed timeframe. The facility remains accredited. <li data-bbox="625 624 1549 786">- Bryan Adult Psychiatric and Forensics underwent a four day full, unannounced Joint Commission survey December 15-18, 2009. This is a first survey for the facility that included Forensics. There is a lot of corrective action required but it is anticipated all will be cleared in the timeframe allotted. <li data-bbox="625 794 1549 855">- Hall Renovation Project – The architects met with Hall staff to determine the need for space given the space that is available at Hall. <li data-bbox="625 863 1549 925">- Sufficient flu vaccine has been received for all employees who needed to be vaccinated. <li data-bbox="625 933 1549 1025">- A Visitor's Survey was developed for the inpatient facilities. As of October 2009, over 188 completed surveys were returned and greater than 90 percent had very positive responses. <li data-bbox="625 1034 1549 1126">- Staff at Hall Institute continue to work toward a reduction in the use of restraints. Each facility performed below the performance improvement trigger in number of restraint hours used. <li data-bbox="625 1134 1549 1227">- For the period December 2008 through November 2009, there were 77 injuries reported to Employee Health. This indicates a downward trend in staff injuries over this period of time. <li data-bbox="625 1235 1549 1361">- Morris Village indicates the percentage of patients who reported abstinence increased significantly during the second and third quarters of 2009. The hospital continues to place emphasis on the need for care after inpatient stay. <li data-bbox="625 1369 1549 1430">- Morris Village became a smoke-free campus on January 4, 2010. This may cause a dip in the patient satisfaction scores for the next reporting 	

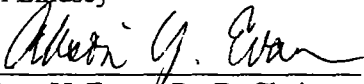
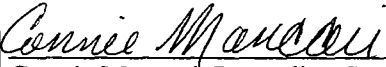
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>period.</p> <p>MOTION: <i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the Inpatient Facilities Governing Body meeting of January 12, 2010. All voted in favor; motion carried.</i></p> <p>• Bull Street Update – Mark Binkley</p> <p>• Approval of (4) Medical Care Accounts – Mark Binkley</p>	<p>Mr. Binkley said that the Department has met with the prospective buyer for the property and conveyed to them the items that DMH wanted to see included in the contract. At this time, the prospective buyer was not amenable to these items. Another meeting will take place next week to discuss this further. Additional details concerning the contract will be presented to the Commission during the Executive Session.</p> <p>The additional environmental testing of the property has continued and several issues were discovered and discussed with DHEC. Mr. Binkley does not feel that the issues discovered will hinder the sale of the property. As reported previously, the Office of General Counsel was contacted by the Budget and Control Board about the possibility of an archaeological exploration of the property by the University Archaeologist. To date, the Department has heard nothing further on this issue.</p> <p>Mr. Binkley presented the following four Medical Care Accounts for Commission approval: <u>Patient #941-0804</u> – Recently, it was determined through an audit that the services should have been rendered at a lower level of care. Medicare monies have been recouped for dates of service 2/22/06 thru 9/30/06. Neither the client (now deceased) nor can the client's estate be held responsible for charges due to Medicare paying DMH at a per diem rate. Recommend waiver of account balance of \$49,283.00.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Leadership Development Program Presentation – Alan Powell</p>	<p><u>Patient #963-2162</u> – Client filed Chapter 7 bankruptcy on 10/12/09, and the Department's debt was discharged by debtor order on 1/18/10. DMH must waive the debt by order of the U.S. Bankruptcy Court. Recommend waiver of balance of \$27,696.00.</p> <p><u>Patient #10047220</u> – Client is deceased. A claim was filed in the estate and a personal representative filed a Disallowance of the Department's claim. Due to lack of estate assets the Department did not file a petition to allow the claim since DMH could not justify spending \$150.00 to file an allowance of claim when there are no assets. Recommend waiver of balance of \$178,698.00.</p> <p><u>Patient #10096310</u> – Client is deceased. A lien was filed but the value of the property is less than the estate expenses. This file is uncollectible and should be waived. Recommend waiver of \$90,402.92.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the waiver of the balances in the above patient accounts. All voted in favor; motion carried.</i></p> <p>Mr. Powell's presentation is the third presentation from the Leadership Development Program held last year. Mr. Powell chose the contracts review process as the area for target improvement. He learned there are many "blue ribbon" programs that DMH is involved in. These would include telepsychiatry and school based services. The contracts process should be streamlined to improve the flow of contracts through the system for these types of programs. In the last few years, additional levels of contract review have been added. In the last year, DMH adapted several "locked" form contracts and implemented an abbreviated contracts review and approval process. However, this adaptation and process has not been fully maximized and the increased uniformity and enhanced review has not always supported the furtherance of the key "Blue Ribbon" programs. He proposed a pilot period of approximately six months for this targeted</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Public Information Update – Full Public Relations Committee</p>	<p>improvement project. Steps to take in the pilot would be:</p> <ul style="list-style-type: none"> - Identify and evaluate the need for contracts for the type of service as the most effective and efficient means of securing the needed services. - Prioritize the development of additional locked contract forms that would not require full contracts routing for review/approval. - Identify and streamline the routing of key “Blue Ribbon” program and revenue contracts to expedite review. - Identify, pursue, develop and secure additional revenue contracts with DMH as the service provider. - Identify, pursue, develop and secure additional interagency collaboration contracts. - Identify, pursue and develop greater use of email for needed contract revisions. <p>Mr. Magill said that he has drafted several employees into a performance improvement team to work on public relations at the Department. He felt that the good news of DMH wasn’t receiving enough “press” or attention at the state level. Members of the newly formed Public Relations Committee are Sandy Hyre, Alyce McEachern, Tracy LaPointe, Melanie Ferretti and Katherine Roberts.</p> <p>Alyce McEachern said that her main thrust will be the improvement of the Department’s newsletter, <i>Images</i>. She said that each month, a center or a facility will be spotlighted, with the first center spotlighted to be Berkeley Mental Health. She also said that each center and facility now has a reporter who will give information about events/news to her on a regular basis. Recently, the Public Relations Committee has presented to the Center Directors in their monthly meeting. Ms. McEachern also mentioned the DMH Speakers’ Bureau. This speakers’ bureau has been in existence for quite awhile and was developed to enhance community education about mental health. Ms. McEachern and Tracy LaPointe are the points of contact for the news media. When calls are received,</p>	

March 4, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>information is given to Mark Binkley, who has the role of Public Relations Spokesman, in addition to General Counsel.</p> <p>Tracy LaPointe mentioned that this committee is working on developing and expanding the tools the Department currently has. She is responsible for placing news in SCGOV, the official website for the state. On this site, news releases are posted, as well as news about awards won by staff, accreditation news and other noteworthy information about DMH. She also compiles the ENewsline that is sent to staff, stakeholders, other state agencies, advocates, etc. ENewsline is a compilation of articles from the various state newspapers pertaining to mental health. Ms LaPointe mentioned working on the DMH PowerPoint that was developed to be a living tool used by staff for presentations. It is a one-stop source for data.</p> <p>Melanie Ferretti's role is the agency's Webmaster. She gave a view of what the DMH website currently looks like and the revised format.</p> <p>Katherine Roberts, Director of Client Affairs, is working on a project titled, "Week in the Life of DMH." Ms. Roberts has found that there are many staff working in many areas of the agency to efficiently deliver services to the clients.</p> <p>Sandy Hyre, who works in ETR, highlights education and staff development for the Department. She is in charge of the Mentoring Program, Supervisor Mini Series, Executive Leadership Program, and the Special Leadership Program that Mr. Magill developed this year for senior staff. ETR has developed a low cost program for staff to pursue their clinical training hours. Lastly, ETR has developed approximately 44 computerized learning modules for staff to obtain the required training. These modules have proven very effective and efficient in that they have reduced travel expenses for the agency. A complete hand-out for the Public Relations Committee is included with these minutes.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
NOTICE/AGENDA	A notice and agenda of the meeting and notification of the meeting were sent to all individuals and news media who requested information, in accordance with state law.	
ADJOURNMENT	<i>At 11:55 a.m., on a motion by Buck Terry, seconded by Joan Moore, the business meeting was recessed to call of the chair. At noon, the Commission proceeded with the Internal Audit Committee Report, which adjourned at 12:25 p.m. At 12:30 p.m., the Commission entered executive session to receive legal advice concerning a pending contractual matter. At 2:00 p.m., the Commission reconvened in open session, at which time it was noted that only information was received. The meeting was formally adjourned at 2:00 p.m.</i>	
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD	J. Buxton Terry Jane B. Jones
Staff/Guests	John H. Magill Mark Binkley Vivian Pinckney Susan Burns Elaine Fontana Greg Bullard Jeff Ham Alyce McEachern Bill Lindsey	Geoff Mason Versie Bellamy Debbie Calcote Melanie Gambrell Marie Green Mallory Miller Valerie Perkins Sandy Hyre
		Brenda Hart Barbara Nelson Paul Cornely Nadine Lewandowski Heather O'Dell Shanna Amerson Richard Harding, MD Tracy LaPointe
APPROVALS	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary

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

Spartanburg Area Mental Health Center
250 Dewey Avenue
Spartanburg, SC 29303

April 1, 2010
Center Presentation

Attendance:
Commission Members

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

Joan Moore, Vice Chair
James Buxton Terry

Staff/Guests:

John H. Magill	Celesta Frum	Philip Porter	Michael Jameson
Kristin Kirtsey Back	Joanie Williams	Erin Metcalf	Dawn Hamelin
Candace Barnette	Charlene Wells	Suzyn Weiss	Jimmy Seastrunk
Deana Kerr	Betsy Boaze	Tamara Scruggs	Jennifer Pearson
Paula Gilliam	Daisy Judd	Jennifer Hall	Dee Richardson
Lori Hammerbeck	Ginger Queen	Cyndi Larimore	

The S.C. Mental Health Commission met at the Spartanburg Area Mental Health Center (SAMHC) on Thursday, April 1, 2010. Dr. Bill Powell, Executive Director, welcomed the Commission to Spartanburg. He asked each commissioner to introduce themselves and to give the staff some background on their link to mental health. Dr. Powell next recognized the board chair, Rev. DeWitt Clyde, and expressed his appreciation to the support of the board. Staff introductions followed.

The center had three presentations for the Commission: Toward Local Care (TLC), Student Intern Program, and Child and Family Services (School-based) Program.

The first presentation, Toward Local Care (TLC), was given by Harriet Madden. Ms. Madden reported that for the past fiscal year, Spartanburg Mental Health Center served 63 clients in the TLC program. She explained that the purpose of the TLC Program is to prevent institutionalization of persons with mental illness. She said that lately there have been more clients re-entering the State Hospital system from TLC, due in part to the severity of the clients' illnesses. Last year, 12 clients re-entered the hospital, which is an increase of 19 percent. It was noted that Spartanburg Regional has both a geriatric and a psychiatric unit and has been very supportive of the center in its efforts to place clients. Ms. Madden said that the center has an agreement with the Upstate Homeless Coalition to utilize 12 of their furnished apartments and a community center for TLC clients. The Homeless Coalition provides housing for homeless people or low income families.

Mr. Jimmy Seastrunk presented the Student Intern Program. Mr. Seastrunk reported that he has coordinated the program for four years and has found it very rewarding. The program enables the center to maximize the efficiency and utilization of manpower. Shadowing and observing are important elements of the program. It gives the interns hands-on direct care clinical experience. It also enables the students to apply their knowledge in the direct care of clients. Currently there are nine student interns at the center, and 54 nursing students from the University of South Carolina Upstate School of Nursing. Year-to-date for fiscal 2010, the center has had 16 student

Center Presentation
Spartanburg Area Mental Health Center

Page 2

interns and 86 nursing students. Mr. Seastrunk said that the student interns are a big part of the clinical team. Benefits to the agency are low overhead, and year-to-date, the interns have provided 5100 hours of service that equal \$77,000 in service value. Mr. Seastrunk said that several of the interns have entered the Mental Health system. Mr. Magill is very pleased with the student intern program and would like to see it expanded.

The last presentation was by Joanie Williams on the School-Based Services Program. Ms. Williams said that the Spartanburg School-based Services Program's mission is to identify and intervene at an early point in emotional disturbances and to assist parents, teachers and counselors in developing comprehensive strategies for resolving these disturbances. Some of the goals of this program are to increase accessibility of mental health services for children and families in a non-stigmatizing environment; provide programs that provide early intervention and prevention; consultation for teachers and other school staff on mental health issues; and to increase partnerships within the school and the community.

The School-based Services Program offers:

- Individual, family and group counseling;
- Crisis Intervention;
- Psychiatric consultation;
- Consultations with school staff; and
- Staff Development

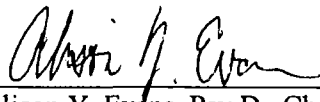
Spartanburg Area Mental Health Center offers School-based Services in Spartanburg County (63 schools with seven contracts and 21 counselors equaling a contract amount of \$200,000); Cherokee County (10 schools with four counselors equaling a contract of \$25,000; and Union County (Three counselors with a contract amount of \$10,000). County breakdown for School-based Services by district is as follows:

Spartanburg County		
District	Client Population	Information
1	162	3 full time counselors; 10 schools; contract rate of \$30,000
2	248	5 full time counselors; 13 schools; contract rate of \$50,000
4	90	1.5 counselors; 4 schools; contract rate of \$10,000
5	175	4 full time counselors; 11 schools; contract rate of \$40,000
6	304	5 full time counselors; 15 schools; contract rate of \$50,000
7	158	3 full time counselors; 7 schools; contract rate of \$30,000
District 3 is currently not contracted for any school based services. District employs a full time social worker who addresses many issues.		
Cherokee County		
County has a client population of 242, serving 10 schools, 2.5 counselors and a contract rate of \$25,000. The county also has an additional 1.5 positions, including one position supported by DSS.		
Union County		
County has a client population of 212, with a contract for one counselor at a contract rate of \$10,000.		

School-based services have many success stories. School absences are decreased, more clients comply with medication requirements and there is a marked decreased in missed appointments, are just a few outcomes of school based services.

Complete details of all three of these programs are filed with the originals of these minutes.

The center presentation concluded at 10:20 a.m.



Alison Y. Evans, Psy.D., Chair



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

April 1, 2010, Spartanburg Area Mental Health Center, 250 Dewey Avenue, Spartanburg, SC 29303

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The April 1, 2010, 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 Spartanburg Area Mental Health Center, 250 Dewey Avenue, Spartanburg, South Carolina. The Rev. DeWitt Clyde, Chair of the Spartanburg Area Mental Health Center Board, delivered the invocation.	
INTRODUCTION OF GUESTS	There were no guests acknowledged at this time.	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the March 4, 2010, Commission meeting. All voted in favor; motion carried.</i>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	Mark Binkley reported that there was nothing significant to bring to the Commission's attention in either of the Patient Protection Reports or the Client Advocacy Report. He said that the good working relationship the Department has with the State Law Enforcement Division (SLED) is continuing and has been able to help both agencies in keeping up with the flow of the cases requiring review.	
• Legislative Update - Stewart Cooner	In Brenda Hart's absence, Stewart Cooner presented the Legislative Update. He reported that Ms. Hart is attending a meeting of the Senate Health and Human Services sub-committee regarding provisos. Mr. Cooner said that full Senate Finance will begin debate of the Appropriations Bill the week of April 12, the Board of Economic Advisors (BEA) will meet on April 15, and the full Senate will debate the Appropriations Bill the week of April 26. Mr. Cooner said that the BEA may adjust its estimate of revenues from the February estimate. As of now, it is felt that the state's revenues will be down seven percent this year from last year. If the Appropriations Bill is passed prior to the BEA's meeting, an across-the-board cut may be enacted. Mr. Cooner said the General Assembly is trying to finish the budget in early May as the goal is to complete the session much earlier than planned.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Several pieces of legislation that were mentioned:</p> <ul style="list-style-type: none"> - Creation of the Joint Electronic Health Information Study Committee – H.3170 – This bill was read in the Senate the third time and returned to the House with amendments on March 18. The House concurred in Senate amendment and enrolled the bill March 24. - Behavioral Health Services Act of 2009 – H.3199 – The full Medical Affairs Committee met on January 21 and carried over the bill for future consideration. - The tobacco tax bill passed out of the House and was referred to Senate Finance with amendment. The Senate is currently looking to increase the tax as passed from the House. <p>Mr. Terry feels that if the BEA looks at the March revenues, he feels that the projections will be much more negative than if it waited until April. This is based on when people file and pay their taxes. Income tax refunds and returns would be coming into the state in April.</p> <p>Ms. Jones inquired about S.486 regarding the Commission on Disabilities and Special Needs (DDSN). The bill states that Autism services would be moved from DMH to DDSN. Mr. Binkley feels this bill is merely a clean up of language as this program was moved to DDSN previously. Geoff Mason feels that there have been changes in how DDSN and DMH work together. There appears to be better cooperation between the two agencies, and he attributes this to the new Director of DDSN.</p> <p>Mr. Cooner distributed the report of the Legislative Behavioral Health Study Committee, which detailed six recommendations:</p> <ol style="list-style-type: none"> 1. Support programs that avoid an initial emergency department visit. 2. Support the expansion of the statewide telepsychiatry project to all acute care hospital, community mental health centers, and local alcohol and 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p>	<p>drug abuse facilities.</p> <ol style="list-style-type: none"> 3. Repeal the state alcohol exclusion law to encourage a continuum of behavioral health treatment after a patient is discharged from the hospital. 4. Amend the state statute to provide hospital emergency providers immunity from civil and criminal liability. 5. Encourage the Department of Health and Human Services to review its interpretation of the Federal Institute of Mental Disease (IMD) exclusion. 6. Require the Department of Health and Human Services, the Department of Corrections and local jails to establish criteria and methodology to re-establish Medicaid benefits for persons upon release from incarceration. <p>Mr. Magill mentioned that there has been little activity concerning the Joint Legislative Committee on Children. As of today, no word has been received concerning a second meeting of this committee. Only one meeting of the committee has occurred.</p> <p>Mr. Terry asked about the fifth recommendation of the Joint Behavioral Health Study Committee concerning the IMD exclusion. Mark Binkley said that periodically in Congress there is a movement to remove the IMD exclusion. The new strategy is to fund pilot or demonstration projects where the exclusion would not be applied to stand alone psychiatric hospitals in a particular geographic location. This provision is apparently related to that activity in Congress, in that private psychiatric hospitals in South Carolina want the Department of Health and Human Services (DHHS) to propose a similar pilot project so they can bill Medicaid. Mr. Magill said there are individuals trying to get the rules suspended under a waiver from the (HHS) to duplicate in South Carolina what is already occurring in other states.</p> <p>Mr. Magill presented those items listed under the Departmental Overview/Update.</p>	

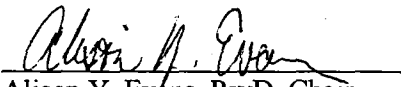
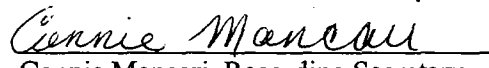
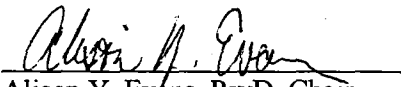
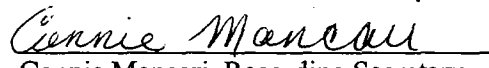
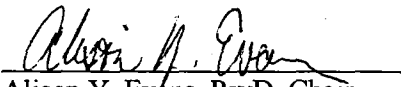
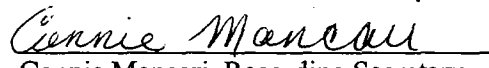
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Financial Update – Stewart Cooner</p>	<p>Mr. Cooner reported that Finance has “pushed down” the budget numbers for the centers and hospitals; however, the data needs to be tested to be sure it is accurate. It is Administrative Services’ hope to present to the Commission in May a package of data that is reliable. Mr. Magill said that the Human Resources/SCEIS implementation goes live on June 2.</p> <p>Mr. Magill said that DMH was informed that the Department’s disproportionate share (DSH) payments would be altered significantly now and in the future. Up until a year ago, our DSH payment was about \$36 million/year. The Department thought there may be some adjustment made to the DSH, and said the agency felt the new estimate would be about \$32 million. However, with the change in federal regulation that drives how a state can bill for DSH, the DMH was informed that its payment would be reduced by approximately two-thirds. This would result in an additional \$20 million hole in next year’s budget, apart from state appropriations. The Senate Finance Health Subcommittee developed a proviso that would direct HHS to cover this loss of funding for one year. This will enable DMH to see how it could redefine its application for DSH payments. The state would have to file a formal state plan amendment in order to do this, and it would need to be approved by the federal government. This special proviso was being considered this morning along with the other provisos. If approved today, the full Senate Finance Committee would have to decide on the proviso. If this proviso is not accepted, DMH’s DSH payment would drop from \$36 million to \$12 million. Mr. Magill said that operationally the agency is doing a good job of managing its budget, despite the cuts.</p>	
<p>• Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley said that it was reported last month that the Department has met with the prospective buyer regarding some changes that DMH wanted in the contract. The buyer was not in agreement with these changes. During March, two additional meetings were held and the buyer has “come around”, for the most part. Mr. Binkley will give further details on this during the executive session. DMH now has a contract closer to what was initially asked for.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Contracting – Stewart Cooner</p> <p>• Long Term Care Update – Versie Bellamy</p>	<p>The additional environmental testing was done on the property. Several issues were discovered which, we feel, will need to be addressed by the Department of Health and Environmental Control (DHEC). The report was completed this week concerning the updated test results. Mr. Binkley said that, thankfully, the environmental issues were minor. The Department anticipates that it will need to have discussions with DHEC concerning these issues. DMH will ask if there's any additional work or covenants that need to be put on the property. The Department is trying to do as much environmental testing as possible in advance of the property's contract for sale being finalized. Mr. Magill said he took a film crew through the property and into some of the buildings. This was a reporter from WOLO and a former employee who is historian. A series of stories are being done by WOLO on the property.</p> <p>Mr. Cooner said this idea began with the Blue Cross/Blue Shield Contract. DMH received calls from eight insurance carriers stating they wanted to contract with the Department. Mr. Cooner said that if the Blue Cross contract can be solidified, DMH can use that contract in negotiations with other carriers. The Department told Blue Cross to credential the clinicians and not the persons in the clinics. Blue Cross agreed to that. Blue Cross had a clause in its contract that allowed them to go back as far as they want in the contract period to recoup any funds. DMH negotiated with Blue Cross to only go back 24 months, and they agreed to this. The Department also negotiated language in the contract to allow DMH to bill the contract rate rather than the nominal rate. Mr. Cooner said that overall DMH is in the stages of negotiation with 13 insurance carriers. DMH is not sure if this will be a big revenue stream, but the agency is looking at every area.</p> <p>Ms. Bellamy said that the Division of Inpatient Services (DIS) is responsible for providing intermediate heavily skilled nursing care to very vulnerable populations. It is necessary to achieve maximum outcomes for the patients. Recently, a budget neutral reorganization was announced in the division of long term care. Previously, Tucker Center was twice the size it is now. The structure</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Telepsychiatry Update – Robert Bank, MD</p>	<p>was very hierarchical. Jac Lane, the Director of Tucker Center and Long Term Care. She is now in a new role, which is Advisor and Compliance Officer for Long Term Care issues. Frances Corley is the Administrator for the Stone Pavilion, and Norma Jean Mobley is the Administrator of Roddey Pavilion. This change has allowed more direct supervision of the nursing home entities and objective oversight. Dr. Paul Switzer is still the Medical Director for Tucker Center.</p> <p>During the week of March 8, Tucker Center had surveys by the Department of Justice, the Veterans Administration (VA) and the Department of Health and Environmental Control (DHEC). The VA surveyors indicated no negative findings, and were very pleased with the facility. The local VA office said the final report has been sent to Washington. DHEC was a follow up survey which resulted in minor findings. The Department of Justice exit conference was very positive. However, we do not have the written report. The verbal report was much better than previously, but experience has shown that the written report can be contradictory.</p> <p>Mr. Binkley congratulated Ms. Bellamy and her staff on the hard work done for the surveys. He said that the reorganization at Tucker resulted in partnering the appropriate staff with each surveyor. This helped to clarify any misunderstandings or questions that may arise from the surveyors. Physical plant conditions at Tucker were exceptional.</p> <p>Dr. Bank reported there are currently 16 hospitals in the state that are on-line and active with telepsychiatry. It is possible that a total of 25-30 emergency rooms could have telepsychiatry by the end of calendar 2010. The first hospital was Baptist in Easley in March 2009. Dr. Bank said that if the total hospitals with telepsychiatry reaches 30, more psychiatrists will be needed to handle the load. Hospitals with telepsychiatry are a very attractive recruitment tool because it allows doctors to have flexible hours.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Waiver of Medical Care Account – Mark Binkley</p>	<p>Dr. Bank reported that over 2000 consultations have been performed. He said that other services have been added to the telepsychiatry cart, such as those offered through the REACH project for stroke, which when added, requires a minimal amount of monetary expense on the part of the hospital.</p> <p>Some benefits of the telepsychiatry program are:</p> <ul style="list-style-type: none"> - Commitment rates have been reduced by half; - The overall length of stay has been reduced in the emergency room by one-third. <p>DMH is hoping that the Duke Endowment will continue its funding for the project as DMH has no additional funding to continue it. The Department hoped to see 50 percent of the patients have Medicaid; however, only about 20 percent have Medicaid. Sustainability will be difficult going forward. Only about \$150,000 per year could be generated with the above data. The project costs DMH \$2 million per year. In addition to the continued funding that DMH is looking for from the Duke Endowment, it is hoped that HHS will continue to support telepsychiatry with the \$1 million support they've previously given to the Department.</p> <p>It was noted that DMH submitted an application to Computer World Magazine on the telepsychiatry program. DMH was selected as a possible recipient for a laureate award for its forward thinking in the area of telemedicine. The award ceremony is scheduled to be in Washington in June of this year.</p> <p>Mr. Binkley said that it was determined that a lien was never filed on behalf of patient #10054700. It was learned there were no assets from which the Department may collect; therefore, the estate was probated as a small estate. This is an uncollectible file. He is requesting the Commission approve the waiver of \$51,215.70.</p>	

April 1, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.												
	<p>MOTION: <i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the waiver of \$51,215.70 on patient #10054700. All voted in favor; motion carried.</i></p>													
SUMMARY & WRAP UP	<p>Mr. Magill said that a decision was made to feature the mental health centers and hospitals in the agency's publication, <i>Images</i>. Berkeley Mental Health Center was featured last month, and the next issue will spotlight Harris Hospital. Mr. Magill wants to show the breadth and reach of the organization.</p>													
NOTICE/AGENDA	<p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p>													
ADJOURNMENT	<p><i>At 11:55 a.m., on a motion by Joan Moore, seconded by Buck Terry, the Commission entered executive session to receive legal advice concerning a potential claim and a contractual matter. At 1:30 p.m., the Commission reconvened in open session, at which time it was noted that only information was received. The meeting was formally adjourned at 1:30 p.m.</i></p>													
ATTENDANCE Commission Members	<table><tr><td>Alison Y. Evans, PsyD, Chair</td><td>J. Buxton Terry</td></tr><tr><td>Joan Moore, Vice Chair</td><td>Jane B. Jones</td></tr><tr><td>Everard Rutledge, PhD</td><td></td></tr></table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry	Joan Moore, Vice Chair	Jane B. Jones	Everard Rutledge, PhD								
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Staff/Guests	<table><tr><td>John H. Magill</td><td>Robert Bank, MD</td><td>Geoff Mason</td></tr><tr><td>Versie Bellamy</td><td>Mark Binkley</td><td>John Fletcher</td></tr><tr><td>Allen McEniry</td><td>Bill Powell, MD</td><td>Candace Spencer</td></tr><tr><td>Stewart Cooner</td><td></td><td></td></tr></table>	John H. Magill	Robert Bank, MD	Geoff Mason	Versie Bellamy	Mark Binkley	John Fletcher	Allen McEniry	Bill Powell, MD	Candace Spencer	Stewart Cooner			
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APPROVALS	<table><tr><td></td><td></td></tr><tr><td>Alison Y. Evans, PsyD, Chair</td><td>Connie Mancari, Recording Secretary</td></tr></table>			Alison Y. Evans, PsyD, Chair	Connie Mancari, Recording Secretary									
														
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May 6, 2010, Columbia Museum of Art, 1515 Main Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The May 6, 2010, meeting of the South Carolina Mental Health Commission was called to order at 11:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Columbia Museum of Art, 1515 Main Street, Columbia, SC. Mr. Jeff Ham, Program Manager in Community Mental Health Services, delivered the invocation. Mr. Ham was acknowledged by John Magill as being the DMH Administration Building Employee of the Year.	
INTRODUCTION OF GUESTS	Dr. Evans acknowledged Gloria Prevost, Executive Director of South Carolina Protection and Advocacy for People with Disabilities.	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission unanimously approved the minutes of the Center Presentation of April 1, 2010.</i></p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission unanimously approved the minutes of the Mental Health Commission Meeting of April 1, 2010.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	<p><u>Patient Protection Reports</u> – Mr. Binkley reported that both reports – the Department of Public Safety and the State Law Enforcement Division (SLED) Reports – reflect the upturn in the number of allegations of abuse and neglect being reported. Mr. Binkley said that the 39 cases listed as “pending” on the SLED report are reviewed by SLED and assigned to other agencies. The majority of the cases outstanding are referred to either the Ombudsman as non-criminal, or to local law enforcement.</p> <p><u>Legislative Update</u> – Ms. Hart updated the Commission on several bills that are listed in the current issue of Legislative News.</p> <p>S.168 – Medical Malpractice Insurance – This bill pertains to a licensed health</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>care provider who renders medical services voluntarily and without compensation. This bill has passed both bodies and has been enrolled for ratification.</p> <p>S.931 Sexually Violent Predators 931 - This bill provides that written notice must be given 275 days rather than 100 days prior to the date of parole of sexually violent predators. This bill has been enrolled for ratification.</p> <p>H.3199 Behavioral Health Services Act of 2009 – Ms. Hart said this is the bill that would have made DMH a cabinet agency. She said that there is no indication of any forward movement on this bill.</p> <p>H.3584 Tobacco Bill – Currently, this bill has passed both bodies and it is expected that it will be passed. This would raise the state's tax on cigarettes to 57 cents.</p> <p>H.4538 South Carolina Health Information Exchange Council (SCHIEX) – This bill would create the SCHIEX Council to oversee and govern the exchange of health-related information among health care organizations. This bill has passed the House and is currently in Senate Medical Affairs.</p> <p><u>Quarterly Key Indicator Report</u></p> <p>Versie Bellamy first introduced Dr. Tanya Dillahay as the new Medical Director of the Division of Inpatient Services.</p> <p>Dr. Bank presented the key indicator reports concerning community mental health services.</p> <ul style="list-style-type: none"> - Total Admissions/Discharges for Children and Adults – 4/1/09 thru 3/31/10 Total Admissions to date were 30,645; total Discharges to date were 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>29,590. Dr. Bank said there hasn't been much change in this report since the previous reporting period.</p> <ul style="list-style-type: none"> - Total of Client Contacts and Billable Services - Dr. Bank noted there was a reduction in total services over the last year; however, the number of physician visits has increased. - Continuity of Care Discharges for mental health center referral - Dr. Bank said there was nothing significant to point out in this chart. <p>Ms. Bellamy reported on the key indicators for the inpatient facilities.</p> <ul style="list-style-type: none"> - Morris Village Treatment Outcomes – Satisfaction/Initial Appointment/Abstinence – 1st and 2nd quarters of FY2010 – Ms. Bellamy said these are the results of a National Institute of Drug Abuse (NIDA) study. <p><u>Satisfaction – Goal 85%</u> 1st quarter – 92.25%; 2nd quarter – 92.75%</p> <p><u>Initial Appointment – Goal 50%</u> 1st quarter – 55.25%; 2nd quarter – 52.50%</p> <p><u>Abstinence – Goal 75%</u> 1st quarter – 73.25%; 2nd quarter – 74.63%</p> <ul style="list-style-type: none"> - Unduplicated number of individuals served in Morris Village and Hall Institute substance abuse – It was noted that Hall Institute shows an increase in the number of patients served, and Morris Village is serving the same number of patients as last year. - Admissions and Discharges by Inpatient Program – Ms. Bellamy said that the highest number of admissions occurred in the third quarter of fiscal 2010. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>- Patient Length of Stay – Of particular note is the Hall residential treatment facility which shows a length of stay (LOS) as compared to last year. Ms. Bellamy said this trend is the same for both Forensics and Harris Hospital. She noted that the patients coming into the system are sicker and are staying longer.</p> <p>Ms. Bellamy said that the data for Bryan Wellspring for 2009 is not available because of the move of the clients from Byrnes to the Bryan campus in the northeast. She said that the Division of Inpatient Services (DIS) is in the process of refining the report.</p> <p>Mr. Magill said that it has been a year since the reports have been changed. He feels the reports are more understandable and useful for the Commission. The Commission concurred with this statement. Mr. Magill requested more information on the abstinence rate at Morris Village. He suggested a meeting be scheduled regarding this.</p> <p>Mr. Magill presented those items listed under the Departmental Overview/Update.</p> <p>Ms. Hart said that the Senate adopted its budget on April 29. As of now, DMH is still unsure if the budget will go to conference committee. The Department did better in the Senate than the House, specifically regarding the reduction to the agency's base. Base budget reduction in the Senate would be \$23.5 million, as opposed to \$35.1 million in the House. DMH does far better with the Senate version than the House version, as shown in the example in the Legislative Update. The Senate version includes a proviso in the Department of Health and Human Services' (DHHS) section that would require the Department to be held harmless in the disproportionate share (DSH) funding received for uncompensated care provided in the inpatient facilities. Ms. Hart proceeded to review each of the provisos:</p>	

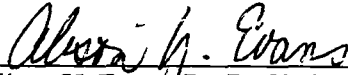
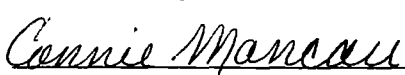
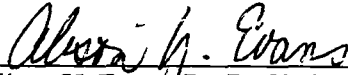
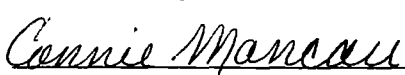
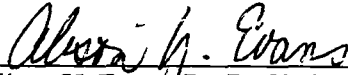
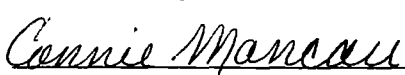
TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Proviso 23.8 Funding for Alzheimer's Association – This proviso reduced the amount of money that DMH must transfer to the Alzheimer's Association for respite services, from \$1 million to \$911,620.</p> <p>Proviso 23.18 DMH Employees' Meal Reimbursement – This proviso reimburses employees for meal expense when they are required to work during emergencies and are not permitted to leave their stations.</p> <p>Proviso 21.45 Disproportionate Share – As mentioned previously, this proviso requires DHHS to make up any shortfall in DSH funding received by DMH from the latest federal fiscal year. This would result in DMH being ensured of approximately \$16 million that could be disallowed due to changes in federal guidelines related to DSH funding.</p> <p>Ms. Hart said that the kinks are still being worked out with SCEIS reports; however, she was able to distribute a Financial Report for the Commission today. She said that it should be noted that the Department's expenditures are down considerably, personal costs are at five percent, and the Division of Inpatient Services is showing a surplus of approximately \$3 million. Centers continue to do a good job in balancing their budgets. The tight travel restrictions and not filling of positions have gone a long way toward this. Overall, the Department is showing an \$11 million surplus. Ms. Hart said that the Department is down approximately four percent in Medicaid revenue, two percent below where it finished last year.</p> <p>Mr. Magill said that the position DMH is in now financially compared to 12 months ago, is vastly different. He said that the level of services have not dropped to the level it was thought they would drop with this much loss of revenue. Staff is more productive and is continuing to deliver high quality services. He did say that the Department is concerned about the next fiscal year if the state's revenues do not continue to improve.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> • Approval of Medical Care Accounts – Mark Binkley • Bull Street Update – Mark Binkley • Leadership Development Program Presentation – Harvey Miller 	<p>Mr. Binkley brought two medical care accounts to the Commission to approve waiver of the balances. Both of the patients are deceased, the estates are without assets, but that due to the Department's claims, Mr. Binkley said that the accounts need to be waived in order to close out the estates.</p> <p>MOTION: <i>Buck Terry moved that both medical care accounts, on patient #791-327 and patient #760-0362, be approved. Joan Moore seconded the motion. All the Commission voted in favor and the motion was approved.</i></p> <p>Mr. Binkley said that the Commission will receive more information on the Bull Street property in the executive session regarding the contract for sale. Concerning the environmental assessments, the results to date have been largely positive and relatively few issues were raised. The latest assessment has been given to the Department of Health and Environmental Control (DHEC), and DMH is awaiting their comments.</p> <p>Mr. Miller presented his paper that was presented at the Executive Leadership Development Program. The title of Mr. Miller's presentation was, "Alternate Plans for the Development of Residential Placement Options for People with Severe and Persistent Mental Illness." Mr. Miller did a survey of BPH patients and found that there were approximately 50 people who, with the appropriate housing and community services, could be discharged. However, there continues to be an inadequate number of community residential care facilities (CRCFs) who accept residents whose only means of payment is public benefits, and even fewer willing to admit such residents who also have behavioral disorders. Mr. Miller also has observed that a number of people come back into the hospital from a CRCF because the facility was not equipped to handle individuals with severe and persistent mental illness (SPMI).</p> <p>Mr. Miller said that with the limited funding available from the General</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Veterans Nursing Home Visits – John Magill</p>	<p>Assembly, it has been difficult to increase supported housing opportunities for these individuals. He feels that steps should be taken to change the Institute of Mental Diseases (IMD) rule. Currently, the rule, as interpreted, limits the size of institutions to 16 or fewer beds, if the institution provides treatment and has the characteristics of a treatment facility. The South Carolina Department of Health & Human Services (DHHS) has interpreted the rule as applying to housing for people with a psychiatric diagnosis that requires them to need some form of congregate care, even if the only services being provided are residential – not medical – in nature. The Center for Medicare and Medicaid Services (CMS) has stated that it is possible for a CRCF to be more than 16 beds in size. This interpretation is something that DHHS should adopt. Mr. Miller said that housing needs to be a core purpose of what we do at DMH. He further feels that DMH can successfully manage the demands for inpatient psychiatric care with the number of beds it currently has, if the appropriate supported community housing resources to refer patients is available. Mr. Miller proposes setting up a standing committee on housing. This committee would make recommendations to Senior Management and advise the agency on ways to further the development supported and independent housing options for patients.</p> <p>Mr. Terry agrees totally with what Mr. Miller has presented. He said that the IMD exclusion presents a mountain for the Department. He deals with the problem of housing for the mentally ill on a daily basis as a Commissioner and as a parent of a mentally ill child. He suggested that when the committee is formed he would like to be a part of the committee, with the agreement of Dr. Evans and Mr. Magill. The committee is already in place, and is co-chaired by Versie Bellamy and Geoff Mason. Complete details of Mr. Miller's presentation are filed with the original of these minutes.</p> <p>Mr. Magill said that he has been visiting all the nursing homes, and the veterans' nursing homes will be featured in a future issue of <i>Images</i>. All of the nursing homes have been surveyed extensively by many outside entities. Victory House</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.								
<ul style="list-style-type: none">Community Mental Health Update – Geoff Mason	<p>has received zero citations, as has Tucker. Campbell Nursing Home is scheduled for survey in the next few weeks.</p> <p>Mr. Mason reported on some good news in the Division of Community Mental Health Services. Community Mental health is recognized nationally in many programs. Several of these programs are Deaf Services, School-based Services, Supported Employment, Telepsychiatry, COSIG Grant, Peer Support Services, and the Charleston Mental Health Center Firefighter team. Also, several of the centers have achieved an “exemplary conformance” designation from the Commission on Accreditation of Rehabilitation Facilities (CARF). These centers are:</p> <table><tr><td>Aiken-Barnwell MHC</td><td>Coastal Empire MHC</td></tr><tr><td>Beckman Mental Health</td><td>Greenville Mental Health</td></tr><tr><td>Berkeley Mental Health</td><td>Orangeburg Area Mental Health</td></tr><tr><td>Catawba Mental Health Ctr.</td><td>Spartanburg Area Mental Health</td></tr></table> <p>Mr. Mason said that steps have been taken to enhance the weekly emergency room (ER) snapshot report. There are a total of 62 general hospitals and five free-standing emergency rooms in the state and DMH has been working with them to ensure that the numbers are correct. As a result, the number of ER patients awaiting state mental health or substance abuse beds in March 2010 was 205 as compared to 305 for a year ago.</p> <p>Mr. Mason said that the Assertive Case Treatment (ACT) Programs have submitted a \$3.75 million transformation grant to the Substance Abuse and Mental Health Services Administration (SAMHSA). Complete details of Mr. Mason’s report are filed with the original of these minutes.</p>	Aiken-Barnwell MHC	Coastal Empire MHC	Beckman Mental Health	Greenville Mental Health	Berkeley Mental Health	Orangeburg Area Mental Health	Catawba Mental Health Ctr.	Spartanburg Area Mental Health	
Aiken-Barnwell MHC	Coastal Empire MHC									
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Berkeley Mental Health	Orangeburg Area Mental Health									
Catawba Mental Health Ctr.	Spartanburg Area Mental Health									
<ul style="list-style-type: none">History of the Art of Recovery – Sue Perry	<p>Mr. Magill complimented Sue Perry for an excellent Art of Recovery Program. Ms. Perry said the mission of the Art of Recovery is to assist the people the Department serves find their voice and make it heard through artistic media.</p>									

TOPIC	DISCUSSION	FOLLOW UP, ETC.
SUMMARY AND WRAP UP	<p>Another goal is to raise awareness and educate the community about mental health issues.</p> <p>The Art of Recovery Program began in 2001 when DMH partnered with SC SHARE for the first art exhibit at SHARE's annual conference. The fall of 2001 featured the first exhibit in the DMH Administration Building. The top three artists were given awards and inducted into the Order of the Brush, which currently has 21 artists. The program continued in the Administration Building twice a year until 2005 when the program took its first step into the community with an opening at the Wachovia Gallery at the Richland County Public Library. In 2006, one year after the Art of Recovery's first community exhibit, the Department was awarded the Elizabeth O'Neill Verner award, the highest honor the state gives in the arts.</p> <p>Since 2006, the Art of Recovery has been listed on the SAMHSA website, "The Arts – Reaching Hearts and Minds to Combat Discrimination Associated with Mental Illness." In November, 2007, the program was featured in the Columbia Metropolitan Magazine.</p> <p>The Art of Recovery has been awarded grants from community sponsors, such as, Blue Cross/Blue Shield of South Carolina, Aurora Foundation and Mental Health America, Palmetto Health Behavioral Care, and Richland Lexington Cultural Council. In 2010, the Art of Recovery has been exhibited in the Wachovia Gallery, the Trustus Theatre, 701 Whaley Center for Contemporary Art, and the SAMHSA Conference at the Department of Archives & History.</p> <p>Ms. Bellamy mentioned that the children's unit at Hall Institute won the 2010 Children's Mental Health Week Poster Contest, sponsored by the South Carolina Federation of Families. Mr. Magill said that the Administration Building has used the children's artwork in many of Central Office's staff programs.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.															
	<p>Ms. Bellamy said that Dr. Kowalski will be leaving DMH on July 2. He will be going into academia as Assistant Dean of the new school of Osteopathic Medicine in Spartanburg.</p>																
NOTICE/AGENDA	<p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p>																
ADJOURNMENT	<p><i>At 12:30 p.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission meeting was adjourned to reconvene back to the Administration Building. At 1:50 p.m., the Commission meeting was reconvened at 2414 Bull Street. On a motion by Buck Terry, seconded by Joan Moore, the Commission entered executive session to receive legal advice concerning a contractual matter. At 3:00 p.m., the Commission reconvened in open session, at which time it was noted that only information was received. The meeting was formally adjourned at 3:00 p.m.</i></p>																
ATTENDANCE Commission Members	<table><tr><td>Alison Y. Evans, PsyD, Chair</td><td>J. Buxton Terry</td></tr><tr><td>Joan Moore, Vice Chair</td><td>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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APPROVALS	<table><tr><td> Alison Y. Evans, PsyD, Chair</td><td> Connie Mancari, Recording Secretary</td></tr></table>	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary														
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**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Patrick B. Harris Psychiatric Hospital
Highway 252, P.O. Box 2907
Anderson, SC 29622**

**June 3, 2010
Hospital Presentation**

**Attendance:
Commission Members**

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

Everard Rutledge, PhD
James Buxton Terry

Joan Moore

Staff/Guests:

John H. Magill
Brenda Hart
Joe James

Mark Binkley
Kevin Hoyle
Daniel Craft

Robert Bank, MD
Shanna Amerson
John Fletcher

Versie Bellamy
Bill Lindsey
Jeff Ham

The S.C. Mental Health Commission met at Patrick B. Harris Psychiatric Hospital on Thursday, June 3, 2010, at 9:00 a.m. Dr. Evans introduced John Fletcher, Director of Harris Hospital, who, in turn, introduced Dr. Jack Bonner, former Medical Director and Chair, Department of Psychiatry and Behavioral Medicine at Marshall Pickens Hospital; Becky Ellison, Administrator at Marshall Pickens; and the new chair of Psychiatry at the Greenville Hospital System, Dr. Ken Rogers. Mr. Fletcher said that these individuals would give a presentation on what the hospital system is doing to make Harris Hospital a teaching site for new psychiatry residents.

Dr. Bonner said that the Greenville Hospital System (GHS) has had a relationship with the University of South Carolina-School of Medicine in Columbia in residency training. GHS has decided to move into a four year medical education program because the Upstate has been seriously underserved in the mental health field, not only with psychiatrists, but all clinical specialties. As an example, at one time there were 250 psychiatrists in Charleston, 150 in Columbia and 50 in the Upstate. Greenville Hospital System would like to work more closely with Harris Hospital as Harris has been a good training/teaching site. The goal is to start a medical school in the Upstate, along with a psychiatric residency training program. Dr. Bonner said that historically if physicians are trained in the Upstate, the potential is that the majority of the physicians would remain in the Upstate.

Dr. Bonner then gave a brief history of how Greenville Mental Health Center was a part of Greenville Hospital System, and a little background of how the Department of Mental Health and the hospital system have been linked for many years.

Dr. Bonner said that the federal government is encouraging the expansion of medical schools and the creation of new medical schools. It is hoped to introduce the first medical school class in 2012. Initial class would be approximately 400 students, with the first graduating class in 2016. Residency training would be slightly behind the medical school, with a first class beginning in 2018 and graduating in 2022. First year's residency class would begin with four to six students, expanding the class each year thereafter. John Fletcher mentioned that he has been working for sometime now with Dr. Bonner on this concept. It was through this working relationship that Harris Hospital obtained the services of Dr. Gabriel. It was important to improve the quality of care at Harris in order to attract more of these physicians. It was found that patients were more appropriately discharged into the community. Also, if patients at Harris are found to have a

Hospital Presentation
Patrick B. Harris Psychiatric Hospital
Page 2

medical problem, it has been easier to seamlessly transfer them to medical hospitals without going through the emergency room. Mr. Fletcher said this is the same with Electro Convulsive Therapy (ECT) treatment. Previously, patients had to go to Columbia for this service, where now it can be performed in the Upstate. Mr. Fletcher currently has two Nurse Practitioners employed at Harris Hospital who received their licensing at Clemson and came back to Harris to work.

The problem of employing clinical staff is the same with nurses and social workers. It has been impossible to compete in the workplace with salaries; however, creating a work environment where clinical staff are happy and enjoy their work is just as important as salaries. An internship program at Harris would help in this regard. Through a contract with the University of South Carolina School of Social Work, Harris Hospital has been able to negotiate an arrangement where Masters level Social Workers work at Harris from August through April. The hospital is looking into a similar arrangement with Winthrop University. The last three Social Workers hired at Harris were student interns at Harris. Mr. Fletcher has been doing internships in other fields so that staff want to work at Harris after graduation.

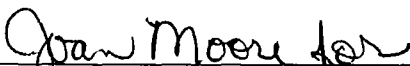
Mr. Fletcher said that many experienced staff at Harris will be leaving in the next five years, leaving the hospital in a critical state. He said he needs to start planning now for the future, and feels the internship programs are the best way to attract people back to Harris Hospital after graduation. Mr. Magill said this situation is not unique to Harris, but throughout the state system. It has been and continues to be difficult to hire, recruit and retain clinical staff. Salaries are always a problem. Mr. Fletcher said that by providing training that cannot be obtained anywhere else, and creating a good working environment where staff want to stay in spite of the money, is important.

Mr. Fletcher mentioned the hospital consortium meeting later in June at Harris. This meeting will include staff from DMH, the USC Medical School and Greenville Hospital System to explore ways to improve medical education in the Upstate, and to look at future manpower needs.

Mr. Fletcher said that Harris Hospital had to create a separate lodge for the children and adolescents away from the adults. The lodge for children and adolescents at Harris was closed and moved to Hall Institute. Likewise, the lodge for alcohol and drug addictions for children and adolescents was closed and the children transferred to Morris Village. Another problem facing Harris Hospital is placement of geriatric patients. Many of these patients are not appropriate for placement in an acute care hospital.

Becky Ellison said that it is important that the right people are available to do the job. There are many young people that have the energy and enthusiasm to do the right thing for the mentally ill. Communication is critical. Approximately 90 percent of the errors in hospitals occur because of a lack of communication. At one time, Marshall Pickens emergency room had 40 behavioral health patients waiting for a bed somewhere in the system. The hospital began the process of communicating with Harris and buying beds. About this time, Dr. Gabriel came on staff. The communication between the two hospitals has been great and has helped to meet the needs of the people presenting for services.

At the end of the presentation, Mr. Fletcher presented a picture of Harris Hospital to Mr. Magill in appreciation for his support to Harris Hospital and its staff.


Alison Y. Evans, PsyD, Chair


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

June 3, 2010, Patrick B. Harris Psychiatric Hospital, Highway 252, Anderson, SC 29622.

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The June 3, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, at Patrick B. Harris Psychiatric Hospital, Anderson, South Carolina. Mr. Alan McEniry, Chief Operating Officer of Patrick Harris Hospital, delivered the invocation. Dr. Evans welcomed everyone to the meeting and thanked John Fletcher and the hospital staff for all the courtesies extended to the Commission during their visit.	
INTRODUCTION OF GUESTS	There were no guests acknowledged at this time.	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Rod Rutledge, the minutes of the May 6, 2010, Commission meeting were approved. All voted in favor; motion carried.</i>	
MONTHLY REPORTS	Mr. Binkley mentioned there was nothing of note on either of the Patient Protection Reports contained in the Commission's agenda packet.	
• Legislative Update – Brenda Hart	Ms. Hart said that the General Assembly introduced a new sine die resolution yesterday that would allow them to stay in session as long as necessary in order to complete the budget. There is a provision in the resolution that says they will stay until a budget is passed. Ms. Hart commented on several bills relating to Mental Health. H.4413 Licensure of In-Home Care Provider Act – Ms. Hart said that it is very likely this bill will be passed this session. This bill will require a business to be licensed to provide, or to make provisions for in-home care through its employees or agents or through contractual arrangements. This bill will not have an impact on the agency or DMH's Homeshare contract providers, as it contains an exemption which covers DMH as a direct care provider and DMH contractors, such as Homeshare providers.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p>H.3199 Behavioral Health Services Act of 2009 – This is the restructuring bill that would make DMH a cabinet agency. This bill will remain in committee.</p> <p>H.4341 Joint Resolution – The joint resolution to create the Autism Spectrum Disorder Study Committee on Early Intervention and to provide its purpose, members and duties, will, in all likelihood, pass this session.</p> <p>Concerning the Department's budget, Ms. Hart said that DMH will receive one-time funds of \$27.8 million, of which \$18.4 million is contingent on the Federal government's extension of the enhanced Medicaid federal match rate for an additional six months. Currently, there is no information as yet from Congressman's Clyburn's office regarding whether the Federal government will extend this funding.</p> <p>Bill Lindsey updated the Commission on what was discussed at the Governor's office during the proclamation signing on May 24. He said that several of the advocacy groups along with Mr. Magill were present for the signing of the "May is Mental Health Month" proclamation. Governor Sanford was interested in the hard cap on prescription medications.</p> <p>Mr. Magill presented those items listed under the "Departmental Overview and Update."</p> <p>Ms. Hart said that the Department is still struggling in trying to obtain accurate and timely reports from the SCEIS system. In reviewing the current report, prior to the one time carry forward money, the Department was in a slight deficit. With the carry forward funds, DMH is showing a surplus of approximately \$10 million. Community Mental Health is showing a surplus of \$7 million with the carry forward and supplemental funds. Without these funds, the division would be showing a \$1 million deficit. The Department is down approximately two percent in Medicaid revenue. Dr. Evans mentioned that the Department is doing a great job in the hiring and retention of staff, given the budget situation.</p>	

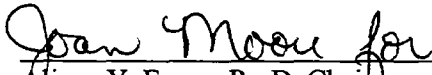
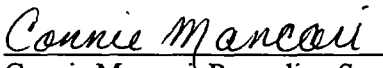
June 3, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> • Bull Street Update – Mark Binkley • Approval of One Medical Care Account – Mark Binkley • Report of the Inpatient Facilities Governing Body Meeting of 4/13/10 – Versie Bellamy 	<p>Ms. Hart said that DMH went live on SCEIS Human Resource/Payroll, effective June 2. We are encountering a different set of problems from the ones encountered with the Finance module, but the Department will continue to work through these problems to a conclusion.</p> <p>Mr. Binkley said that there is no report on the property that can be made in open session. There is an executive session scheduled for after the meeting to receive legal advice concerning a contractual matter. Mr. Binkley did say that the Bull Street Property Committee will meet again on Monday, June 7.</p> <p>Mr. Binkley presented a medical care account on patient #861-7363. Mr. Binkley said that the patient owed a remaining balance of \$80,165 for care and maintenance. Patient's son offered DMH \$8,000 if the Department would waive the balance. There are no other assets in the estate. It is General Counsel's recommendation that the balance of \$72,165 be waived.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the waiver of \$72,165 on patient #861-7363. All voted in favor; motion carried.</i></p> <p>Ms. Bellamy presented the highlights of the report of the Inpatient Facilities Governing Body Meeting of April 13, 2010.</p> <p><u>Harris Hospital</u></p> <p>It is interesting to note that this is the third consecutive quarter that Harris Hospital's employee injuries have decreased. Also, for the quarter ending in December, there was one significant patient injury compared to five during the previous quarter.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Leadership Development Program Presentation – Kevin Hoyle</p>	<p><u>C.M. Tucker, Jr., Nursing Care Center</u></p> <ol style="list-style-type: none"> 1. All 12 tags cited by the Department of Health and Environmental Control (DHEC) during its certification survey of Stone in January have been cleared in the follow up visit in March. 2. The Veterans' Administration conducted a follow-up survey at Stone on January 19 and 20 and no deficiencies were found. 3. The Department of Justice conducted a follow-up visit on March 8 thru the 11 at the Stone Pavilion, and it was noted that overall improvement was evident. A Department of Justice Discharge Planning/Community Integration consultant and the lead attorney revisited the facility on May 11-14. A few recommendations were made but, overall, the surveyors were quite positive. <p><u>Consolidated Columbia Hospitals</u> (Bryan Adult Psych/Forensics, Morris Village, Sexual Predator Program, Infirmary and Hall Institute)</p> <ol style="list-style-type: none"> 1. Hall Institute received official Joint Commission notification that accreditation has been granted through February 2013. 2. Morris Village will be surveyed by the Commission on Accreditation of Rehabilitation Facilities (CARF) on July 19 and 20. <p>Ms. Bellamy had no other significant items to mention from the report.</p> <p>MOTION: <i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the Inpatient Facilities Governing Body Report of April 13, 2010. All voted in favor; motion carried.</i></p> <p>Kevin Hoyle, Executive Director of the Anderson-Oconee-Pickens Mental Health Center, is a graduate of the Executive Leadership Development Program. As has been done in previous meetings, Mr. Magill asked each candidate to present to the</p>	

June 3, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Veterans' Nursing Home Visits – John H. Magill</p>	<p>commission their project for possible departmental implementation.</p> <p>Mr. Hoyle's project for implementation was to institute and maintain an employee opinion survey process. Employee morale and job satisfaction are important to any organization, especially in these tight economic times. Mr. Hoyle and his management team implemented an employee opinion survey process that would be systematic, meaningful, constructive and sustainable. Steps in the process involved the following:</p> <ul style="list-style-type: none"> - Ensure center management buys into the importance of the effort and the process. - Use of a reliable and valid survey tool. - Encourage staff participation. - Analyze the results, set goals and formulate action plans. - Communicate results to staff. - Implement action plans based on goals. - Follow-up to assess progress toward and refine goals. <p>Mr. Hoyle said that he received good return response from the staff. The survey will become a period part of the normal operation of the center. Complete details of Mr. Hoyle's presentation are filed with the originals of these minutes.</p> <p>Mr. Magill said he will be featuring the Department's nursing homes in the Department's publication, <i>Images</i>. Of special note is that Campbell and Victory House both have had very large celebrations in honor of Memorial Day. Campbell Nursing Home had a turn out of approximately 500 people, with a guest speaker of Lt. Gov. Andre' Bauer. Victory House had an equally large turn out for Memorial Day. Gresham Barrett was scheduled to speak, but due to a scheduling conflict, could not be there. Congressman Clyburn is scheduled to visit Victory House in the next week. Ms. Bellamy mentioned that Stone Pavilion also had a large ceremony on Memorial Day. She said this was the first time such an event was held, but that it is a tradition that will be continued in future years.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
• DMH Outstanding Employee of the Year – Brenda Hart/ Robert Bank, MD	Ms. Hart said that the Department's Outstanding Employee event was held on May 20 at Morris Village. There were 27 employees present who had been recognized at each employee's center/facility/program as an Outstanding Employee. Jeff Ham received the Outstanding Employee award for the Administration Building. Mr. Julius Jones, Columbia Area Mental Health Center's Outstanding Employee, received the DMH Outstanding Employee Award. Mr. Jones is Chief Forensic Counselor at Columbia Area, and has been with the agency for some time. He also serves on the city council for the city of North, South Carolina.	
NOTICE/AGENDA	A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.	
ADJOURNMENT	At 11:30 a.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session to receive legal advice concerning a contractual matter. Upon reconvening in open session at 12:20 p.m., it was noted that no votes or actions were taken. The meeting was formally adjourned at 12:20 p.m.	
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD	J. Buxton Terry Jane B. Jones
Staff/Guests	John H. Magill Versie Bellamy Bill Lindsey Kevin Hoyle	Brenda Hart Mark Binkley Joe James John Fletcher
		Robert Bank, MD Shanna Amerson Daniel Craft Jeff Ham
APPROVALS	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING
July 1, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The July 1, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Joan Moore, Vice Chair, in Dr. Alison Evans' absence, at the DMH Administration Building, room 320, Columbia, South Carolina. Rochelle Caton, Director of Client Advocacy, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>Debbie Blalock, Executive Director of the Charleston/Dorchester Community Mental Health Center, introduced two members of her staff; Mikell Ann O'Mara and David Gehr. Meera Narasimhan, MD, introduced herself to the Commission. She is the Interim Chair of the Department of Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine, replacing Dr. Richard Harding.</p>	
ELECTION OF OFFICERS	<p>Ms. Moore explained that in accordance with the Commission's Bylaws, election of officers for the new fiscal year occurs in July.</p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission re-elected Alison Y. Evans, PsyD as chair. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission re-elected Joan Moore as vice chair. All voted in favor; motion carried.</i></p>	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Rod Rutledge, seconded by Jane Jones, the Commission approved the minutes of the facility presentation of June 3, 2010. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Mental Health Commission Meeting of June 3, 2010. All voted in favor; motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p>	<p><u>Patient Protection Reports</u> – Mr. Binkley said there was nothing significant to highlight. He said that on the Public Safety Report it should be noted that all pending cases were cleared last month. On the State Law Enforcement Division (SLED) Report, it should be noted that over the last few months, the number of pending cases has grown. This is in partly due to the slight uptick in the number of cases reported to SLED. It also reflects a downward trend in the rate in which SLED is referring investigations. Mr. Binkley said that while there are a number of cases that are referred to outside law enforcement agencies, the number of cases referred to DMH has also risen. This is also true for the Department of Disabilities and Special Needs (DDSN). There has been concern over the last few years about the speed in which local law enforcement agencies investigate cases of alleged abuse. Nevertheless, of the 39 pending cases there are currently 11 being investigated directly by SLED. The majority has been referred to the Long Term Ombudsman.</p> <p><u>Legislative Update</u> – Mr. Hart updated the Commission on only one Bill, H. 4413, Licensure of In-Home Care Providers. She said this bill has been re-committed to the House 3M Committee. The bill did not impact DMH directly.</p> <p>Prior to continuing with the regular agenda, Mr. Magill re-introduced Dr. Narasimhan. He said that besides being the Interim Chair for the Department of Neuropsychiatry, she functions as DMH's Senior Research Coordinator. She has brought wisdom to the agency in the area of research. Recently, Dr. Narasimhan, in coordination with DMH, brought together all residents of the University of South Carolina School of Medicine in the Department of Psychiatry to hear an overview of DMH and to be aware that DMH is willing to be a future employer once their studies are completed. There will also be a meeting later in the month with the Chairs of the Medical Schools to look at research projects where a collaboration could take place.</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.</p> <p>Ms. Hart said the Appropriations Bill is complete. It went into effect today, July 1. The Department received a base reduction of \$23.5 million, which will bring our base to approximately \$138 million. This level is similar to the late 1980's when appropriations were between \$129 million and \$142 million. It also represents a reduction of 15 percent from the previous year. The Department did receive one-time money in the amount of \$9.5 million. It was hoped to receive the FMAP money from the Federal Government. The House and Senate passed part 4 that included \$18 million for Mental Health. This section of the budget was vetoed by the Governor and sustained in the House. Also, the Federal Government did not do anything about the FMAP money prior to the summer recess. Ms. Hart said that comparing last year to this year, the Department is \$33 million less in funds.</p> <p>Senior Management met a few times to see where the Department stands and how the new year should be approached. Considering the amount of money believed to exist for the year just ended, plus the cost settlements from Health and Human Services, it is felt that the Department will be very close to breaking even for the year. In order to accomplish this, it was decided that the center and hospitals would not be allowed to keep the carry forward money in their budgets.</p> <p>The Disproportionate Share (DSH) proviso did pass and will also help the agency. This would give DMH \$4 million; however, Mr. Magill is cautious because even though this proviso has passed, other realities exist that could prevent us from receiving these funds. Ms. Hart said that DMH stands a good chance of receiving at least two quarters' of the money.</p> <p>Ms. Hart said that DMH went live today on the new SCEIS HR/Payroll system. So far, only two trouble calls have been received. SCEIS has generated a financial</p>	

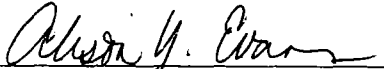

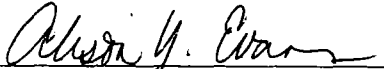

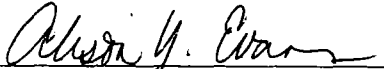

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p> <p>• Approval of Medical Care Account – Mark Binkley</p>	<p>report; however, because of equipment problems, total expenses have been grossly understated. Ms. Hart said that she has been working closely with the Comptroller General's office to correct this problem.</p> <p>Mr. Magill said that the numbers representing our base appropriations, which are back at the late 1980's level, the cumulative CPI for 1987 to 2010, is slightly over 92 percent. DMH's buying power of the \$138 million is roughly \$70 million in 1987 dollars. The medical CPI for that time was about 110 percent, so DMH's buying power is even lower, approximately \$63 million. The agency's directors and managers have done an outstanding job in ensuring that funds are "banked". By doing this, DMH can continue doing business for another year, and even longer.</p> <p>Mr. Binkley said that staff has met with staff of the Department of Health and Environmental Control (DHEC) concerning the results of the work plan. There are still only minor areas of concern and DHEC agrees with the action plan to correct these items. All parties are in agreement that these issues are not a great concern.</p> <p>Mr. Binkley said that the contract proposed by the prospective buyer was reviewed by some of the Commission members and other agency officials. The original offer has come to an end. The agency has met three separate times with the prospective buyer and expect after he reviews our proposal, he will come forth with a new proposal in the near future.</p> <p>Mr. Binkley said that patient #7300833, who died in 2007, owned a quarter interest in real property. The property was sold and the patient's share was \$75,689.70, after all fees were paid. The Department has received all the patient's share and the remaining balance (\$123,906.55) needs to be waived.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>●Leadership Development Program Presentation – Debbie Blalock</p>	<p>MOTION: <i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission waived the remaining balance on patient #7300833's estate. All voted in favor; motion carried.</i></p> <p>Debbie Blalock, Executive Director of Charleston Mental Health Center, and a candidate in the Leadership Development Program, made her presentation to the Commission.</p> <p>Ms. Blalock said that when she was made Executive Director at the mental health center, she started to attend the Center Directors' meetings at Central Office. She found them to be very non-productive. She attended them with the idea that she would get many good ideas from the knowledge base of those in attendance at the meeting. However, this wasn't the case. As leadership at DMH changed, the format of the meeting also changed. She said this improved the meeting content, but it still wasn't quite to the point where it should be. She had attended the facility directors' meeting chaired by Versie Bellamy and felt these meetings were much more informative. A suggestion was made that the two groups be combined into one meeting. She also suggested that some of the following topics be covered at these meetings:</p> <ul style="list-style-type: none"> - One director would make a 45 minute written or Power Point presentation on his/her center or facility to include, but not limited to number of staff, educational breakdown, productivity levels; leadership structure, etc. <p>Another item that could be presented would be an innovative idea that the particular center/facility has implemented.</p> <p>Currently, the Assembly Meeting is held every other month and includes the same attendance as at the Center Directors' Meeting. This meeting lasts approximately two hours and attendees were hearing the same information they heard in other meetings held during the period. In order to get the most benefit, Ms. Blalock proposed the following:</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Telepsychiatry Update – Ed Spencer/Dr. Bob Bank</p>	<ul style="list-style-type: none"> - New updates be shared in the first half hour of the meeting; - The remaining time would be used by one department/center/facility to shared detailed transferable information about one of its unique “blue ribbon” services, programs, or practices. - This presentation would be videotaped by the Division of Education/Training and Research for future distribution. <p>Next, Ms. Blalock gave an explanation of the recreational vehicle (RV) her center could purchase for crisis services. She had the idea to purchase an RV that could be used to drive to the rural, outlying areas of the center’s catchment area, park in the lot of a church or store, and deliver mental health services to the individuals in these areas. The RV would be staffed by a Mental Health Professional, an Advanced Practice Registered Nurse, and a physician. She has received the pre-approvals from the churches/stores where she could park the RV. The RV will also have refrigeration for medication, and restroom facilities. Mr. Magill said this is an example of an idea that is slightly “out-of-the-box” that would enable the center to continue to deliver high quality service to the clients.</p> <p>Dr. Bank showed the awards that the program recently won. Mr. Spencer explained that he attended a meeting in Washington, DC on June 7 that was sponsored by Computer World Magazine. The DMH Telepsychiatry Program was entered into a contest for “most innovative” program. Telepsychiatry was among the top ten winners as well as finishing in the top five in the Country. It won for the innovation of marrying technology and human services. The program was also featured in <i>Mental Health Weekly</i>. A copy of the article will be sent to the Commission.</p> <p>Mr. Spencer said that year-to-date, 2,866 telepsychiatry consultations were performed. This covers a period of 15 months. It is well above what was predicted for the program. These 2,866 consultations represent 1,563 individuals. Fifty five percent (55%) of the individuals seen were retained in our system; forty</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>five percent (45%) were released.</p> <p>Mr. Spencer said there are 17 active hospitals. Two additional hospitals are scheduled to be installed shortly, and ten hospitals have expressed interest in telepsychiatry. This program has been very successful, especially in the rural areas of the state.</p> <p>Mr. Spencer said that The Duke Endowment has extended DMH's grant for two additional years, or a total of \$6.5 million. He said that the program has three technical staff – Stella Hanson, Cristal Jones-Realmuto, and Bryan Yarborough – and four Psychiatrists. The four Psychiatrists are Brenda Ratliff, Patricia Nnadi, Greg Smith, and Adrienne Coopey. Dr. Narasimhan has received an R01 grant from Washington to study the program in the amount of \$1 million. The cost savings per patient is between \$1,000 and \$5,000 if telepsychiatry is used.</p> <p>Dr. Bank said that when a psychiatrist does a consultation, it is sent to the center where the patient will be served over time. This linkage has a great deal to do with cost savings. The SC Hospital Association has received a small telepsychiatry grant which is a spin off from the main program. Mr. Magill said the R01 grant is the highest rating for grants in the federal area. It was noted that 15 months ago, prior to telepsychiatry, the average number of patients waiting in the emergency room were 60. This number has been reduced to approximately 20.</p> <p>Mr. Magill said that if the Commission is interested, a future meeting could feature the various research areas the Department is involved in.</p> <p>Mr. Magill said that the Department will be launching in July the first two community forums. He is planning to hold 24 community forums beginning in July and extending throughout 2011, one at each mental health center, hospital and nursing home. He feels that with all the news about the budget, he is not convinced the agency has positioned itself as high as it needs to be in the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>OTHER ISSUES</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>communities throughout the state. He feels there's a lot of good work that the Department is doing and for some reason, the "word" isn't getting out. These forums will address mental health issues in the community and what we are doing to help. It is the plan to invite local leaders to attend the meeting. He feels that we need to position DMH as the agency who does problem solving in the state. The schedule for these forums is being completed now. The Coordinator for the process is Melanie Ferretti. Mr. Magill said the Commission will be invited to the forums. He said that he would be the moderator at the forum, but hopes to make the forum interactive. He is asking the advocates, the Hospital Association and others to participate, but the overall control of the forum will remain at DMH. Mr. Magill said the first four forums are Beckman and Catawba in July, and Charleston and Pee Dee in August.</p> <p>Bonnie Pate, Executive Director of SC SHARE, said that while attending a meeting in Washington last week it was mentioned that the funds for Mental Health and Substance Abuse would be combined into one pot of money.</p> <p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:30 a.m., on a motion by Buck Terry, seconded by Rod Rutledge, the Commission entered into executive session to receive legal advice concerning a contractual matter. Upon reconvening in open session at 12:23 p.m., it was noted that no votes or actions were taken. The meeting was formally adjourned at 12:23 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair (excused) Joan Moore, Vice Chair Everard Rutledge, PhD</p> <p>J. Buxton Terry Jane B. Jones</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.						
<p data-bbox="187 475 342 508">Staff/Guests</p> <p data-bbox="187 678 368 712">APPROVALS</p>	<table><tr><td data-bbox="585 475 793 640">John H. Magill Brenda Hart Debbie Blalock Shanna Amerson David Schaefer</td><td data-bbox="874 475 1112 607">Mark Binkley Robert Bank Mikell Ann O'Mara Rochelle Caton</td><td data-bbox="1257 475 1412 607">Geoff Mason Ed Spencer David Gehr Bonnie Pate</td></tr><tr><td data-bbox="585 645 995 745"> Alison Y. Evans, PsyD, Chair</td><td data-bbox="1044 645 1519 745"> Connie Mancari, Recording Secretary</td><td></td></tr></table>	John H. Magill Brenda Hart Debbie Blalock Shanna Amerson David Schaefer	Mark Binkley Robert Bank Mikell Ann O'Mara Rochelle Caton	Geoff Mason Ed Spencer David Gehr Bonnie Pate	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary		
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**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**G. Werber Bryan Psychiatric Hospital
220 Faison Drive
Columbia, SC 29203**

**August 5, 2010
Hospital Presentation**

**Attendance:
Commission Members**

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

Everard Rutledge, PhD
James Buxton Terry

Joan Moore

Staff/Guests:

John H. Magill
Holly Scaturro

Brenda Hart
Jeff Musick

Versie Bellamy
Ralph Randolph

Bill Davis
Jeanne Felder

The S.C. Mental Health Commission met at the G. Werber Bryan Psychiatric Hospital (BPH) on Thursday, August 5, 2010. Dr. Alison Y. Evans, PsyD, Chair of the Mental Health Commission, opened the meeting at 9:00 a.m. Ms. Versie Bellamy, Deputy Director of Inpatient Services, and Harvey Miller, Executive Director of Bryan Hospital, welcomed the Commission to the facility.

Mr. Miller said that Bryan Hospital is vastly different from what it was a year ago. In January 2009, the facility became a 400+ hospital that includes both acute psychiatric and forensics. Forensics needed to be accredited in order to retain the disproportionate share money. Mr. Miller said this accreditation process was a monumental undertaking. The staff at the hospital did very well during the survey and the comments from the surveyors were minimal. This accreditation process took a year to accomplish and was the result of a very active and involved leadership team. Mr. Miller introduced Ralph Randolph, Program Manager for Bryan Acute Hospital, and Holly Scaturro, Program Manager for Forensics, each of which will present on their programs.

Mr. Randolph and Dr. Bob Breen began their presentation with an overview of the staff at Bryan Acute. The staffing plan at Bryan is 11 physicians on the wards and four Advanced Practice Nurses (APN). Dr. Breen said that Bryan Hospital is very fortunate in that all of the APN's were psychiatric nurses prior to receiving their advanced degree. The actual staffing is nine physicians and 3.3 APN's, as the hospital has lost two physicians. However, the Division of Inpatient Services (DIS) has been able to hire one additional physician, and Bryan Hospital has been able to maintain its percent of occupancy. For July 2009 thru June 2010, occupancy has been up in spite of the loss of staff. Dr. Breen said that admissions to Bryan are accepted as follows: (1) jails, (2) emergency rooms, (3) forensics, and (4) other hospitals.

Dr. Breen said that when physicians and nurses are recruited, individuals are interested in salary, support, safety and the quality of the staff presently working in the facility. He said that the quality of care has been improved in many areas, especially in the number of board certified or eligible psychiatrists. In 2005, there were four board certified or eligible psychiatrists, and in 2010, there are eight board certified or eligible psychiatrists.

Another area that improves the quality of care is to increase the number of early to mid career psychiatrists that are hired. The late career psychiatrists are necessary because of their experience; however, it is necessary to have a balance. In 2005, there were six late career psychiatrists and three mid career psychiatrists, which would indicate that many of these individuals would be

retiring and leaving the workforce. In 2010, there are three early and six mid career, and two late career psychiatrists.

Another item to improving quality of staff is that the hospital is trying to increase Continuing Medical Education (CME) availability. Many of these opportunities are available, but there are many more opportunities that can be pursued, such as the free case conference, which is available on line.

Mr. Randolph said that all the lodges at Bryan have been newly renovated and proceeded to show pictures of the renovated lodges to the Commission. The facility has been working with the mental health centers to find placement for the long-term patients. He said that the aim is to keep an occupancy rate of 95 or greater. Staff is proud of the recent Joint Commission accreditation, and communication continues to be key to quality staff.

The next presentation was from Ms. Holly Scaturo and her staff regarding the Forensic Evaluation Service (FES) and the Not Guilty By Reason of Insanity (NGRI) Outreach Services. Ms. Scaturo said there are 50 forensic beds in Building One and 178 forensic beds in the larger unit. The Department has, for some time, contracted with Just Care for delivery of forensic services, by way of nursing, housekeeping and other such services. The Department found that it was difficult preparing for accreditation through Joint Commission when working with an independent contractor. The staff of Just Care were not as committed to accreditation as was DMH staff. Late last year, Just Care was sold to Geo Care of Florida. Geo Care came in and spoke to the Just Care staff and accreditation was stressed. The survey went very well. It was discovered that the changes Geo Care made helped to maintain the high standards needed to make accreditation go well. Housekeeping and Food Service was always a problem under Just Care. Geo Care brought in a new staff and conditions improved greatly. As a result, the physical conditions of the Geo Care patients have also improved. Patients that were overweight, lost weight; and those patients with Diabetes experienced improved sugar levels. Bed costs have increased with Geo Care, which were not budgeted for; however, this is being addressed.

Chief Psychologist, Jeff Musick, spoke next on the Forensic Evaluation Service (FES). Dr. Musick said that the FES employs 20 staff members. The service has seen patients as young as 8 and as old as 90 with all types of behavioral problems. These are individuals who have been convicted of a crime and have some form of mental disorder. The crimes range from trespassing to murder. The primary functions of the Forensic Evaluation Service are:

- Conduct court-ordered evaluations and write reports;
- Testify as expert witnesses in court appearances (124 in FY'10);
- Process legal paperwork, acquire records, schedule evaluations, send out reports, and enter evaluation data.

Mr. Musick said the number of reports that FES has completed increased dramatically (71 percent) since 2006. In 2006, the FES completed 626; and in 2010, the total is 1,070. He said this increase is primarily due to the expansion of the FES in the Sexually Violent Predator Program, as well as the increase in the number of crimes committed.

Mr. Musick said that at one time, the Department was not in compliance with the legal requirement of 40 days per month to complete an evaluation. At one time, in the 1990's, this number was as high as 270. It has steadily declined through the years to the present level of 29 days per month. To reach this point took the cooperation between the courts and the Department's administration. Administration enabled Forensics to hire the correct number of staff to complete the evaluations. Mr. Magill mentioned that Judge Baxley has been very pleased

with the progress made on completing the evaluations. Court satisfaction survey results rose steadily since 1996. Following is a summary of the survey results:

Satisfied with FES reports: 76 percent in 1996; 92 percent in 2008;
Quality of reports: 19 percent increase in quality rating from 1996 to 2008
Quality of overall service: 61 percent increase in quality rating from 1996 to 2008.


Mr. Bill Davis, Program Manager of the Not Guilty By Reason of Insanity (NGRI) Program, next spoke. Mr. Davis said that prior to 1999 the program did not receive much guidance. In 1999, one client of the program, who was out on pass, attacked some children in a shopping mall. The Attorney General then ordered all of these clients returned from community living, and placed back into the hospital. This totaled approximately 150 clients. The judges would not discharge any of these clients until the safety issue was addressed. Clients are now discharged with certain conditions—they cannot possess a firearm, have no substance abuse issues, and they need to be medication compliant. These clients are closely monitored for four months after discharge, and the NGRI program staff work closely with the mental health center. Visits to the homes where the clients will live after leaving the hospital are made by the program staff. One condition of the court is that clients should live in a place that is approved by the Department of Mental Health. If a client is non-compliant, they are returned back to Building Six where Geo Care is very cooperative in finding a place for the client.

It was noted that the lease on Building Six was transferred to Geo Care, per Mr. Terry's question.

Ms. Bellamy said there are many similarities between acute psych and forensics. If necessary, patients can go back and forth between the two divisions. She is very pleased with the Joint Commission certification that was achieved. It is Ms. Bellamy's goal to maintain capacity in both acute psych and forensics. She said that the Division of Inpatient Services continues to look at ways to "do more with less."

Harvey Miller said that Mr. Magill called a meeting with staff of the Department of Health and Human Services, The Village, and others concerning the Institute of Mental Diseases (IMD) issue. DMH is looking at a collaboration with Palmetto Low Country on an alternative form of housing. He said that a goal of this committee is to try to address how the IMD issue, with 16 beds, is dealt with in South Carolina.

The facility presentation concluded at 10:30 a.m.


Alison Y. Evans, PsyD, Chair


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

August 5, 2010, G. Werber Bryan Psychiatric Hospital, 220 Faison Drive, Columbia, SC 29203

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The August 5, 2010, 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 G. Werber Bryan Psychiatric Hospital, 220 Faison Drive, Columbia, in the Laura B. Temple Room. Chaplain Samuel Nagi, Bryan Psychiatric Hospital, delivered the invocation.	
INTRODUCTION OF GUESTS	The following guests were acknowledged: David Burris, Springbrook Behavioral Health; and Stacy Arnold of Protection and Advocacy.	
APPROVAL OF MINUTES	<i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Mental Health Commission Meeting of July 1, 2010. All voted in favor; motion carried.</i>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	<p><u>Patient Protection Reports</u> – Mr. Binkley reported that Public Safety is working to clear up the open cases of alleged abuse and neglect in a timely manner. On the State Law Enforcement Division (SLED) report, of the 35 cases pending, five are actually being investigated by SLED. Eighteen cases have been referred to the Long-term Care Ombudsman, one case has been referred to the Attorney General, and the remainder of the cases have been referred to local law enforcement.</p> <p><u>Key Statistical Reports</u> - Dr. Robert Bank/Ms. Versie Bellamy</p> <p>Dr. Bank said that there was a decrease in the total number of billable services from 2009 to 2010, largely because of a reduction in Psychiatric Rehabilitative Services (PRS). He said this translates to roughly \$3 million in revenue. PRS is a relatively low reimbursable service. Private non-profit companies are presently doing their own billing. There was some reduction in service as a result in the decrease in PRS; however, there has been no increase in hospitalizations noted. It was noted that with the reduction in staff in the mental health centers it is surprising not to see more of a negative impact on services.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• USC/DMH Research Initiatives – Dr. Meera Narasimhan</p>	<p>Inpatient Services – Ms. Bellamy said that Tucker remains below the national average for falls resulting in serious injury; Tucker also remains below the state average for the number of acquired pressure ulcers; and Tucker is above the national average for average length of stay.</p> <p>Ms. Bellamy said that admissions to Bryan Acute in the current quarter are slightly less than the two previous quarters; discharges at Bryan Acute have remained about the same. Admissions to Morris Village increased in quarters three and four, and Hall Institute had an increase in admissions in the third quarter. Total admissions for inpatient services for the period was 4,278 and discharges were 4,012. Concerning length of stay, total inpatients for the period 7/1/08 thru 6/30/10 is 1,471, of which 366 had a length of stay less than 90 days, and 1,105 patients had a length of stay greater than 90 days.</p> <p>Mr. Terry asked Ms. Bellamy to obtain the South Carolina length of stay for long term care. Ms. Bellamy said that all DMH nursing home length of stay are longer than the national average. She said there are many things happening at Tucker which would add to the length of stay, which is positive.</p> <p>Mr. Magill presented those items listed under the Departmental Overview and Update.</p> <p>Mr. Magill said that Dr. Narasimhan's presentation will highlight the research initiatives between the University of South Carolina (USC) and the Department of Mental Health.</p> <p>Dr. Narasimhan said that the collaboration between USC and DMH is quite unique concerning research. Both entities are centrally located, provide a continuity of care between inpatient and outpatient, have access to data through the SC Budget and Control Board Office of Research and Statistics Database, and have other university collaborations.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Some retrospective research studies are:</p> <ul style="list-style-type: none"> - Recidivism rates – SCDMH versus Non-SCDMH - Non Adherence Rates in Clients with mental illness - Medications Cost-effectiveness (typical vs. atypical antipsychotics) - Prescribing trends pre and post CATIE - Prescribing practices with antidepressants pre and post black box warning <p>Some prospective research studies are:</p> <ul style="list-style-type: none"> - Cannabis and Schizophrenia: Effects of Clozapine (NIDA/NIH) - Risperidone Long-Acting for Alcohol and Schizophrenia Treatment (R-LAST) - High Dose Consta in Treatment Refractory Schizophrenia, and - An Open-label Trial of Aripiprazole in the Treatment of Autism and its Correlation to Whole Blood Serotonin Levels and Serotonin Transporter Function. <p>Dr. Narasimhan said that DMH and USC participate in many studies. One such study involved the State of Maine. One such study was done of patients' overall emergency room utilization. It was determined that Maine has a higher utilization rate for emergency rooms, and that the state had more emergency room visits than South Carolina in other areas studied. Maine is also higher than South Carolina in persons having four or more visits to the emergency room. It was also determined that in both states the primary reason an individual goes to the emergency room is for a medical diagnosis having no connection to a mental illness or substance abuse.</p> <p>Complete details of Dr. Narasimhan's presentation are included with the originals of these minutes.</p>	

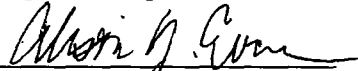

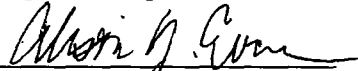

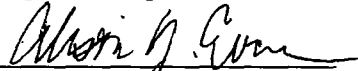

August 5, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> • Financial Status Update – Brenda Hart 	<p>Ms. Hart said that the Finance Division is in the process of “juggling” three fiscal years. Finance is working to close out fiscal 2010, we are working in fiscal 2011, and are starting the budget planning for 2012. Preliminarily, for 2010, Ms. Hart said that permanent positions and expenditures will be down for the year. Personnel costs will be at \$245 million, down from \$257 million the previous year. Medicaid revenue is also down. Overall, DMH will be \$2.1 million less in Medicaid revenue from the previous year.</p> <p>Ms. Hart said that Finance is still working to get the financial reports through SCEIS out to the centers and the hospitals for 2011.</p> <p>Ms. Hart said that presently there is no final word concerning the enhanced Medicaid money (FMAP). With the U.S. Congress in recess until they reconvene in mid-August, it is believed that DMH may only receive a portion of the \$18 million it was to receive.</p> <p>Ms. Hart said that DMH was asked to submit a budget plan for 2012 showing a reduction of 15 percent in base appropriations. This would be another \$20 million reduction in appropriations, bringing DMH’s base appropriations to approximately \$117 million. The Department was also asked to give recommendations for consolidation or restructuring. Mr. Magill noted that the Department needs to monitor the disproportionate share funds it will receive from the Department of Health and Human Services (HHS). As is the case with most agencies, HHS will be looking to see what items do not need to be funded and may eliminate this item. Mr. Magill was referring to the Disproportionate Share (DSH) proviso which did pass during the last session. This proviso would give DMH \$4 million.</p>	
<ul style="list-style-type: none"> • Approval of Medical Care Account – Mark Binkley 	<p>Mr. Binkley said this medical care account concerns a deceased patient, #8400682. The patient died four years after leaving the hospital with a care and maintenance balance of \$42,848. A lien was filed and the personal representative</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Six Months Report of Medical Care Accounts – Mark Binkley</p> <p>• Bull Street Update – Mark Binkley</p>	<p>called and raised the three year statute of limitations. The Probate Court requested the Department waive these charges as this was the only claim in the estate and there were no assets in probate from which to collect. The Department is asking the Commission to waive the balance of \$42,848.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Rod Rutledge, the Commission waived the balance of \$42,848 on patient account Number 8400682. All voted in favor; motion carried.</i></p> <p>Mr. Binkley presented the Six Month Report of Medical Care Accounts for the period January 1, 2010 through June 30, 2010. Total collections for the period were \$854,805.02; the amount waived by delegated authority was \$622,837.53; the amount waived by the Commission was \$805,533.94; and the amount collected from the set off debt program was \$675,221.42. Mr. Binkley said that a majority of the funds collected for this period were due to the efforts of the set-off debt program. He said that there are two very active mental health centers, Lexington and Aiken Barnwell that had the largest revenue collected from the set-off debt program.</p> <p>Mr. Binkley said that the Department has received written confirmation from the Department of Health and Environmental Control (DHEC) concerning the agreement reached on the results from the work plan. DMH was in agreement with the recommendations as to how to correct the issues in the report and these issues should not detract from the sale of the property.</p> <p>Mr. Binkley also said that DMH has received an alternate contract proposal from Hughes Development, the details of which will be discussed further in executive session.</p> <p>Mr. Magill said that there were two editorials in The State newspaper regarding how the Department has been dealing with the sale of the property that contained</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative/Board Training – Brenda Hart</p> <p>• Construction Update – Brenda Hart</p>	<p>inaccuracies. There was also a response from Bob Coble, former Mayor of Columbia, correcting the inaccuracies and praising the positive process the Department has utilized in the property sale effort.</p> <p>Ms. Hart reminded everyone of the Legislative/Board Training that will be held at DMH on Thursday, August 26. Currently, there are 28 signed up for the event. Senator Alexander will be the keynote speaker. Dr. Evans will be moderator of a panel of the advocates, and Mark Binkley and Geoff Mason will present on legal issues. Ms. Hart said the break-out sessions with the boards/commissions will also be held. An outside group will do the catering for the event.</p> <p>Ms. Hart said that the Department received a federal grant through the stimulus funds to improve energy efficiency. This grant amounted to approximately \$784,000. The grant will benefit the facilities, some of the centers, and there may also be some remaining funds available to allow some energy retrofits for the administration building.</p> <p>Ms. Hart said that the Department is continuing to vacate the Bull Street property. Physical Plant is working to make Tucker Center's generator separate from the main campus. Also, we are working with staff at Veterans Victory House on plans for an outside shelter. Life/safety issues at Harris Hospital are continuing to be addressed, and the addition to Columbia Area Mental Health Center is about 85 percent complete.</p> <p>Ms. Hart said that it has been about three years since DMH has received any money for deferred maintenance, and these funds are very necessary to maintain the buildings. The chillers at Harris Hospital are in need of replacement and we are hopeful that the next budget may give the agency some funding. Mr. Magill said that the dam on the lake at Campbell Nursing Home also needs to be repaired. The Department has requested funding for this but it was not approved.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none">• Telepsychiatry Update – Dr. Robert Bank	Dr. Bank reported that the program is currently at 3,212 consultations. DMH also has received signed contracts from Orangeburg Hospital, Carolinas in Florence and Hampton Hospital. There are currently a total of 17 hospitals on line.	
<ul style="list-style-type: none">• Community Forum Update – John H. Magill	Mr. Magill said that currently two forums have been held. The forum at Greenwood had 60 attendees, and the forum in Rock Hill had 40 attendees. So far, the forums have been well received. Mr. Magill said that members of the media have attended both. There was also a heavy attendance from the local hospitals. The next two forums will be at the Charleston and the Pee Dee Mental Health Centers.	
<ul style="list-style-type: none">• Other Information	Mr. Magill said that Monday of this week, Comptroller General Eckstrom visited DMH for a Bull Street briefing and a tour of the property's building, such as Babcock. Also, DMH will be visited on August 11 by Rep. Joan Brady. She will be touring Hall Institute and other child services at Columbia Area Mental Health Center. She is very interested in children's issues.	
NOTICE/AGENDA	A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.	
ADJOURNMENT	<i>At 11:45 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, and to receive the Six Month Report of Litigation. Upon reconvening in open session at 1:00 p.m., it was noted no votes or actions were taken. Only information was received. The meeting was formally adjourned at 1:00 p.m.</i>	
ATTENDANCE Commission Members	Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD	J. Buxton Terry Jane B. Jones

TOPIC	DISCUSSION	FOLLOW UP, ETC.						
<p data-bbox="176 404 331 434">Staff/Guests</p> <p data-bbox="176 574 357 604">APPROVALS</p>	<table><tr><td data-bbox="576 404 868 538">John H. Magill Brenda Hart Meera Narasimhan, MD Ralph Randolph</td><td data-bbox="959 404 1144 505">Mark Binkley Versie Bellamy Jeanne Felder</td><td data-bbox="1242 404 1455 505">Robert Bank, MD Shanna Amerson Harvey Miller</td></tr><tr><td data-bbox="576 538 953 640"> Alison Y. Evans, PsyD, Chair</td><td data-bbox="1051 538 1519 640"> Connie Mancari, Recording Secretary</td><td></td></tr></table>	John H. Magill Brenda Hart Meera Narasimhan, MD Ralph Randolph	Mark Binkley Versie Bellamy Jeanne Felder	Robert Bank, MD Shanna Amerson Harvey Miller	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary		
John H. Magill Brenda Hart Meera Narasimhan, MD Ralph Randolph	Mark Binkley Versie Bellamy Jeanne Felder	Robert Bank, MD Shanna Amerson Harvey Miller						
 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary							

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

**Thursday, August 26, 2010
10:00 a.m. until 3:00 p.m.**

A training session for mental health center board members and members of the South Carolina Mental Health Commission was held on Thursday, August 26, 2010, in room 323 at the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Alison Y. Evans, PsyD, Chair of the South Carolina Mental Health Commission, welcomed everyone to the training session. Dr. Evans introduced the two members of the Commission who were in attendance at the training, Jane Jones and Buck Terry. Dr. Evans then turned the program over to Mr. John H. Magill, State Director.

Mr. Magill gave a brief background, history and overview of the Department of Mental Health. He said that everyone is aware of the history of the Department, but perhaps not everyone is aware that the agency has been in existence since the 1800's. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the SC Lunatic Asylum and school for the deaf and dumb. This made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses. In December, 1828, the first patient was admitted to the Asylum, which was the Mills Building.

Mr. Magill said the number of patients at the State Hospital has steadily declined through the years with the inception of a community system of mental health care. Since budgets, too, have been on a decline for nearly ten years, staff has been reduced throughout the Department and the remaining staff has been doing more than one solitary job.

Mr. Magill said that the Department has a total of 525,000 bed days, which includes the hospitals and nursing homes. This makes the Department of Mental Health one of the largest hospital systems in the state. DMH may also be one of the top three healthcare providers in the state, as well. Currently, DMH has a total of over 4,000 FTE's. State-wide, DMH spends approximately \$2 million per year to buy patient beds in non-DMH hospitals.

Mr. Magill said that the Department had a big problem with lengthy waits in the hospital emergency rooms throughout the state. This problem had to be resolved, and one way this was accomplished was the establishment of the telepsychiatry system. With the help of funding from The Duke Endowment, a telepsychiatry system has been installed in 17 hospital emergency rooms throughout the state. Currently, 3500 live consultations have been conducted.

Another big plus is the Department's School-Based Services Program. There are approximately 400 schools state-wide that have a mental health counselor. In order for this program to be successful, it takes the cooperation of the local school district that provides a portion of the funding for the counselors' salaries. Mr. Magill said that Mental Health Weekly has done several articles on DMH's blue ribbon programs—Deaf Services, Telepsychiatry and School Based Services. Our agency and state continues to be a leader in mental health care, even with our dwindling state funding.

Mr. Magill introduced Brenda Hart, Deputy Director of Administrative Services, who introduced Senator Thomas C. Alexander, Chair of the Health and Human Services Subcommittee of the Senate Finance Committee. Sen. Alexander explained how the different areas of state government appropriate the funding to the state's different agencies and needs. He said the state is operating on much less revenue than what it ever has had in the past, and that next year promises to be a lot worse. He feels that with the funding being sparse next year, some small state agencies will not be in existence.

Sen. Alexander encouraged the board members to work with their local county delegations, get to know their county council members, and local legislators. Members of the General Assembly are doing all they can to help meet the agency's needs, but they need each and every board member's assistance on the local level.

Sen. Alexander concluded his presentation with a question and answer session. One very good question was whether there would be a bond bill next year. The Senator said he feels that a bond bill is something the General Assembly could consider and that he would support such a bill. South Carolina has not has a bond bill since 2000.

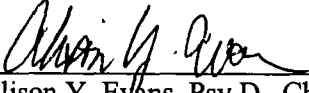
Dr. Alison Evans next introduced the members of the Advocates' Panel, who were:

Joy Jay, Executive Director of Mental Health America – SC
Jack Balling, President of National Alliance on Mental Illness – SC
Bonnie Pate, Executive Director of SC SHARE
Diane Flashnick, Executive Director of Federation of Families for Children's Mental Health-SC

Each advocacy group explained a little about what their agency does and its link to the community.

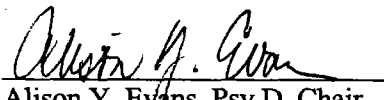
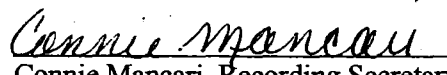
The Advocate's Panel was followed by Brenda Hart, Deputy Director of Administrative Services, who gave an update on the DMH budget process, complete details of which are contained in the handouts from the training.

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

S.C. MENTAL HEALTH COMMISSION CONFERENCE CALL MEETING
August 26, 2010, 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 August 26, 2010, at 3:15 p.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 3:20 p.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>	
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>The conference call meeting re-convened in open session at 4:00 p.m., at which time it was noted that only information was received. No votes were taken.</i></p> <p><i>There being no further business, the conference call meeting was adjourned at 4:00 p.m.</i></p>	
ATTENDANCE Commission Members	<p>Alison Y. Evans, Psy.D, Chair Jane Jones J. Buxton Terry Joan Moore, Vice Chair (via telephone) Everard Rutledge, PhD (via telephone)</p>	
Staff/Guests	<p>John H. Magill Mark Binkley Brenda Hart</p>	
APPROVALS	<p> Alison Y. Evans, Psy.D, Chair</p> <p> Connie Mancari, Recording Secretary</p>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes September 1, 2010


Attendance – Commission Members

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


Attendance – Staff/Guests

Staff/Board of Santee Wateree
Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, September 1, 2010, at Ruby Tuesday, 1135 Broad Street, Sumter, 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

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

Santee-Wateree Mental Health Center
215 N. Magnolia Street
Sumter, SC 29151

September 2, 2010
Center Presentation

Attendance:
Commission Members

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

Joan Moore, Vice Chair
James Buxton Terry

Staff/Guests:

John H. Magill
Mary Alice Ipock
Glen Ross
Betty Dinkins
Victoria Sands
Kaye Harmon
Monica McKiven
Richard Guess

Roslyn Sanders
Carolyn Bishop McLeod
Lynn Melton
Joseph Caputo
M. Tray Dunaway, MD
John Martin
Leon A. Brunson
Sylvia C. James

Deborah H.
Kathleen Higgins
Gail Hallman
Worthy Robbins
Marion H. Davis, MD
Alice Hill
Rick Owensby

The S.C. Mental Health Commission met at Santee-Wateree Mental Health Center on Thursday, September 2, 2010. Dr. Alison Evans, Commission Chair, opened the meeting at 9:05 a.m. and thanked the center for the hospitality extended to the Commission during its visit. She then turned the meeting over to Mr. Richard Guess, Executive Director of Santee-Wateree Mental Health Center.

Mr. Guess welcomed the Commission to Sumter on behalf of the clients and staff of the center. He expressed appreciation for the Commission's visit to the center. He mentioned that several of the center's board is here to show their support. Mr. Guess said that Santee-Wateree's building is the oldest building still in use as a mental health clinic. The people that are served by this center deserve a much better building than the present facility. This is a desperate need of the Santee-Wateree Mental Health Center and is mentioned by Mr. Guess whenever he meets with members of the legislative delegation. Santee-Wateree is also the birthplace of the Department's Electronic Medical Record.

Mr. Guess decided to do something different in the center presentation. He will have clients tell their stories of recovery in their own words. The program directors will introduce each client and themselves. Mr. Guess introduced Victoria Sands, who oversees the Assertive Community Treatment (ACT) Program in Sumter. Mr. Guess mentioned that the ACT Program in Sumter was the first such program in South Carolina, one of the first three in the nation, and is the winner of a prestigious Johnson and Johnson Award.

Ms. Sands said that the ACT Program has clients with intensive needs and clinicians have small caseloads. Many of the clients have been in the State Hospital for a majority of their lives. Some of the clients also may have a criminal background. There are four case managers in the program who do all they can to maintain the clients in the community. Ms. Sands introduced a co-worker, Mr. Worthy Robbins, who told his recovery story. Mr. Robbins was diagnosed with

Center Presentation
Santee Wateree Mental Health Center

Page 2

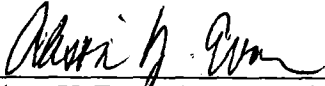
schizophrenia and continues to struggle with this illness, along with recently being diagnosed with severe diabetes. He is a former Peer Support Specialist who is now a full time Masters level therapist. He is also a member of an ACT team and relayed the importance of medication management in dealing with his mental illness.

Ms. Kathleen Higgins, Director of the Sumter Clinic, explained that she manages the clinic operations on a day-to-day basis. The clinic currently is comprised of six case managers and two nurses. The physician level fluctuates from one to four. The clinic also has a Peer Support Specialist. This person is a client, works with the clients and shares with them the things he does to stay on the road to recovery. Ms. Higgins introduced John Martin, who shared some of his recovery story and played the guitar and sang.

Ms. Roslyn Sanders, the Director of the Individual Placement and Support (IPS) Program, was next on the program. Ms. Sanders is also the Director of Carolina Place Day Program. The IPS Program helps clients get and retain jobs. At present, there are 40 clients who receive services in this program. Carolina Place Day Program is not the usual clubhouse-type program where clients sit all day and watch television. Clients learn basic skills, such as money management, psycho social skills, and anger management. The program teaches clients to live independently and manage their lives better. Ms. Sanders introduced Deborah H., who spoke about her recovery and the role that Carolina Place has played in her recovery. She was very complimentary of the Carolina Place Day Program.

Mr. Guess then thanked all the clients for their participation. He said that Santee-Wateree covers Sumter, Lee, Kershaw and Clarendon counties. There was a general introduction of all staff at this time. Dr. Dunaway, Santee-Wateree board member, gave brief comments at this time.

The center presentation concluded at 10:00 a.m.



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



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

September 2, 2010, Santee-Wateree Mental Health Center, 215 North Magnolia Street, Sumter, SC 29151

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The September 2, 2010, 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 Santee Wateree Mental Health Center, 215 North Magnolia Street, Sumter, South Carolina. Ms. Alice Hill, Administrator of the Hill Community Residential Care Facility in Elgin, South Carolina, delivered the invocation.</p> <p>Dr. Evans again thanked the center for all the courtesies extended to the Commission during its visit to Sumter.</p>	
INTRODUCTION OF GUESTS	<p>There were no guests acknowledged at this time.</p>	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Facility Presentation of August 5, 2010. 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 Mental Health Commission Meeting of August 5, 2010. All voted in favor; motion carried.</i></p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Binkley said that Public Safety is doing a good job in keeping up with clearing all the reports of alleged abuse and neglect. On the State Law Enforcement Division (SLED) report, of the 40 cases of alleged patient abuse listed, SLED is investigating eight, 15 of the cases have been referred to local law enforcement, and the remainder of the cases was referred to the Long Term Care Ombudsman as non-criminal.</p> <p>Mr. Binkley distributed to the Commission a report prepared by SLED detailing the type and number of cases that are investigated by the SLED Special Victims</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENT OVERVIEW & UPDATE</p>	<p>Unit, for the period January through June of 2010. Mr. Binkley said that both the Department of Mental Health and the Department of Disabilities and Special Needs (DDSN) had a total of 212 and 265, respectively. He said further that of the 212 DMH cases, 146 were fatalities that occurred at the nursing homes. It is mandated by state law to report these fatalities. If these 146 were subtracted from the 212, the total for DMH is only 66. The ratio of DDSN cases to DMH cases runs about 3:1.</p> <p>The second chart shows the type of facility where the incidents of abuse come from. The number one facility, overall, is the DDSN community training homes, the next highest is the DDSN ICF/MR, and third, are the DMH psychiatric hospitals.</p> <p>The third chart shows the type of facilities where fatalities have occurred. In this case, the highest number has occurred in the nursing care facilities. Mr. Binkley said that for the Department of Mental Health all the fatalities were in the three nursing homes.</p> <p>The fourth chart shows that SLED handled only a fraction of the DMH cases when the nursing home fatalities are subtracted from the total. On the final chart, Mr. Binkley mentioned that there was one DMH abuse case reported that was founded.</p> <p>Mr. Magill said that at a previous Commission meeting Mr. Terry asked how our length of stay at our nursing homes compares to the national or the state average. Ms. Bellamy said that the state average is 2.44 years, and at DMH's nursing homes it is 5.8 years. The national average is also 2.4 years. This data shows that our nursing homes' care is above average.</p> <p>Mr. Magill noted that with the advent of SCEIS it has been extremely difficult for any agency to develop good and accurate numbers. Our Finance Division has</p>	

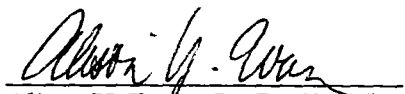

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Financial Status Update – Brenda Hart</p>	<p>been working very hard to obtain accurate data.</p> <p>Ms. Hart said that DMH is not alone with regarding to trying to get accurate numbers under the SCEIS system. However, Finance is making progress. We have been able to monitor by source of funds how money is spent in each revenue category. Currently, the Department is eight percent through the year; ten percent with state appropriations expenditures. Ms. Hart said this is an area that needs to be addressed. DMH does have a financial report completed; however, it has not, as yet, been reviewed. Ms. Hart said that the Department is now able to track the stimulus money that it has received. The July 31 report is finally closed out. Ms. Hart said that Finance is working to see how the Human Resources and Finance sections of SCEIS will integrate.</p> <p>Ms. Hart mentioned the Community Resource Development Report. For the previous year, there was a total of \$2,509,117.86 in donated volunteer time and services. Financial donations totaled \$14,397,000, which includes psychiatric medications provided to DMH patients by pharmaceutical companies through the indigent assistance programs, monetary donations and donations of items of property.</p> <p>Ms. Hart said that Senior Management has met to discuss how the agency would address an additional 15 percent budget cut as outlined in the Governor's Office request. This would translate to a further reduction of over \$20 million. Ms. Hart said that DMH will include some of its original requests, such as the problems we've experienced with recruitment and retention, continual decline of our base appropriations, and the required inpatient beds. Ms. Hart said if this 15 percent reduction were to be adopted, it would bring the total reduction since 2008 to over \$100 million, and approximately 48 percent of our 2008 base budget. Mr. Terry said this reduction involves the reduction of direct care staff that provides the types of services that generate Medicaid revenue. Mr. Magill said that if the economy does not improve, the \$20 million will be small compared to other cuts</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Bull Street Update – Mark Binkley</p>	<p>we will have to take.</p> <p>A suggestion was made from the meeting attendees to set up a foundation to seek donations. It was mentioned that several centers already have foundations, but they haven't been able to generate that much money from the foundation for the center's services. Ms. Hart said that the Department is actively pursuing third party payer contracts, and exploring any promising avenues to generate additional revenue.</p> <p>Mr. Binkley said that he does recommend an executive session in order to discuss a contractual matter regarding the property; however, he can provide a brief update in open session. He said that DMH, in negotiations with the Department of Health and Environmental Control (DHEC), is very close to getting a certificate of completion, which will reflect DHEC's final requirements regarding the environmental issues on the property. Physical Plant Services has been very instrumental in obtaining this favorable certification. This was necessary in order to transfer the property to a developer.</p> <p>Mr. Binkley said further that negotiations are ongoing with the prospective buyer, Hughes Development. He said that any offer would be contingent on getting the property rezoned by the City of Columbia. This has been difficult, in the past, to accomplish. He said that it will be at least a year before the property could be transferred and any monies received. It will be the Commission's decision as to how the proceeds from the sale of the property are used.</p> <p>Mr. Mason distributed a report concerning county funding to the mental health centers. The report reflects 2009, which is the latest data available. He said the issue of county funding was mentioned briefly at the Board Training on August 26. He said that of the 46 counties, it is interesting to note that 14 counties give no money to the mental health center. There has been a drop in funding for mental health services through the years.</p>	
<p>● County Funding – Geoff Mason</p>		

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Center Board Training Follow-up – John Magill</p> <p>SUMMARY & WRAP UP</p>	<p>Mr. Mason said the per capita funding rate ranges from a high of 5.12 down to zero. Only three counties provide over \$1.00 per capita.</p> <p>Mr. Mason said that Lexington and Columbia Area Mental Health Centers receive \$2.6 million in county funding. These two centers are the highest receivers. Both of these counties, Lexington and Richland, have mental health included in the millage rate.</p> <p>Dorchester County has the highest median income for 2008 of the 46 counties; however, it ranks 26 in the per capita giving. Allendale ranks as the poorest county and ranks 11 in per capita giving. Mr. Mason said that it is very important for the centers to work closely with the county delegations. The Department will look into developing a document for the legislators to use. Mr. Mason's division will develop the document and send to the board chairs.</p> <p>It should be noted that several of the counties, while not high in per capita giving, do support mental health by allowing the centers a reduced rate on their building leases, which helps considerably. Mr. Mason will look to see if there is a way to incorporate that information into this report.</p> <p>Mr. Magill said that the reports from the boards regarding the training on August 26 have been very good. DMH will send out evaluation sheets to the attendees so that the ideas can be incorporated into future trainings. There were 91 attendees at the training, 60 of which were board members.</p> <p>Mr. Magill briefed the Commission on the following items:</p> <ul style="list-style-type: none"> - Community Forums – There were five forums since the last Commission Meeting. Representation at Pee Dee Mental Health Center numbered 65-70 people, and included county council, legislators, and hospitals. There are two scheduled before the next Commission meeting, Orangeburg and 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>Campbell. The format for the inpatient facilities and the nursing homes forums will be slightly different and will include different stakeholders.</p> <ul style="list-style-type: none"> - Telepsychiatry – Mr. Magill said that we will be adding several additional hospitals in the next few weeks. McLeod Regional and Wallace Thomson are two of these hospitals. The interest is extremely strong in telepsychiatry among the hospitals. Mr. Magill said that additional psychiatrists will be needed prior to adding the larger hospitals such as Roper. - Mr. Magill said that he has formed a Health Care Reform “think tank” which will determine how mental health relates to health care reform, and will identify changes and opportunities which the state and DMH should address. - Mr. Magill has also called a Data Meeting which will examine the various types of data the agency has and determine what is meaningful and what can be discontinued. This group will identify the reports that are used, what they are used for, and what additional reports will be needed. <p>Joan Moore inquired as to the status of the waiting list at Bryan and Harris Hospitals. Ms. Bellamy said the waiting list stays over 100, and Bryan is currently at 107. Time on the waiting list varies. She does not see any great change in the waiting list in the last month. The list has remained in the low 100’s. It is hard to determine how long an individual remains on the list. Diagnosis has an impact as well as whether a person is coming from another hospital or a direct admission. The average wait time could be from several days to a week. Ms. Bellamy said that the inpatient staff works with the center staff and the community hospital to place an individual as quickly as possible.</p> <p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:20 a.m., on a motion by Rod Rutledge, seconded by Joan Moore, the</i></p>	

September 2, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><i>Commission entered into executive session to receive legal advice concerning a contractual matter, to receive legal advice concerning a potential claim, and to discuss the Director's performance evaluation. Upon reconvening in open session at 3:00 p.m., it was noted no votes or actions were taken. Only information was received. The meeting was formally adjourned at 3:00 p.m.</i></p>	
ATTENDANCE Commission Members	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD</p>	<p>J. Buxton Terry Jane B. Jones</p>
Staff/Guests	<p>John H. Magill Versie Bellamy Roslyn Sanders Carolyn Bishop McLeod Lynn Melton Joseph Caputo M. Tray Dunaway, MD John Martin Leon Brunson Shanna Amersen</p>	<p>Brenda Hart Mark Binkley Deborah H. Kathleen Higgins Gail Hallman Worthy Robbins Marion H. Davis, MD Alice Hill Rick Owensby</p> <p>Geoff Mason Richard Guess Mary Alice Ipock Glen Ross Betty Dinkins Victoria Sands Kaye Harmon Monica McKiven Sylvia James</p>
APPROVALS	<p> Alison Y. Evans, PsyD, Chair</p>	<p> Connie Mancari, Recording Secretary</p>

SOUTH CAROLINA MENTAL HEALTH COMMISSION

**Beckman Center for Mental Health Services
1547 Parkway, Suite 100
Greenwood, SC 29646**

**October 6, 2010
Dinner/Board Meeting**

Attendance – Mental Health Commission

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

Jane B. Jones
James Buxton Terry

Attendance – Staff/Guests

Melanie Gambrell
Rick Leary
Michele Murff
Gerald Mount

Rhonda Paxton
Elaine Fontana
John H. Magill
Cherry Cobett-Parker

Penny McCoy
Eman Sharawy, MD
Ruth Sharpe

The South Carolina Mental Health Commission met for dinner with the staff and board of Beckman Center for Mental Health Services on Wednesday, October 6, 2010, at 6:00 p.m., in the community room at the mental health center, 1547 Parkway, Greenwood, SC. Mr. Gerald Mount, chair, Beckman Center for Mental Health Services board, called the regular board meeting to order at 6:50 p.m. Mr. Mount asked for everyone to introduce himself or herself and briefly mention their position in the organization.

Mr. Mount conducted the regular board meeting as is usually done. Agenda for the October 6 meeting is attached to the original of these minutes. Melanie Gambrell, Executive Director of Beckman Mental Health, gave the Director's report, Rick Leary presented the Financial Report and Dr. Sharawy presented the report of the Medical Director.

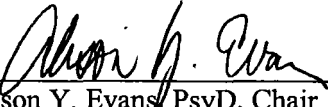
The board decided to have an abbreviated meeting this evening since the Commission and several staff from Central Office were in attendance. After the administrative reports and the committee reports, comments were received from others in attendance.

John Magill, DMH State Director, thanked the center for hosting the first community forum. He reported that all of the forums have been very well received. There are approximately 19 forums remaining to be held around the state. All the forums are expected to be concluded by the end of June 2011. Mr. Magill mentioned that he has established a Long Term Planning Committee that will address the opportunities that face the Department of Mental Health in the coming years. Ms. Gambrell felt it was a good idea to create this committee, especially with all the health care reform changes that are coming in the future. Mr. Magill mentioned that a data book is prepared for each forum, which contains detailed information on the center and/or hospital where the forum is held.

Dr. Alison Evans, Mental Health Commission chair, expressed appreciation to the board for having the Commission attend their regular board meeting. She also expressed her pleasure in the board's participation and support of the mental health center.

Mr. Magill mentioned the agency's Accountability Report that is prepared once a year, which gives detailed information on the Department. He said that the book "Of Shattered Minds" contains historical information on the Department and how the care for the mentally ill has evolved through the years. Mr. Magill said if anyone was interested in seeing a copy of this book, to contact his office and he would check to see if the copyright laws prohibit making additional copies. The book was written by James Lawrence Thompson, M.D., who was Superintendent of South Carolina State Hospital for fifty years, from 1881 to 1915.

As this was an abbreviated board meeting and there was no other business discussed, the board/dinner meeting adjourned at 7:20 p.m.


Alison Y. Evans, PsyD, Chair


Connie Mancari, Recording Secretary

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

Beckman Center for Mental Health Services
1547 Parkway, Suite 100
Greenwood, SC 29646

October 7, 2010
Center Presentation

Attendance:
Commission Members

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

Jane Jones
J.Buxton Terry

Everard Rutledge, PhD

Staff/Guests:

John H. Magill
Marie S. Green
Frank Jones
Betty Colon
Rick Leary
Cherry Corbett-Parker
Betty Speech

Melanie Gambrell
Daphne G. Padgett
Juhi Gor
Rhonda Paxton
Tomeko Tott
Corina Samarghitan

Cheryl Lindler
Jeffrey Spencer
Teri Cristal
Mitchell Kneece
Eman Sharawy, MD
Elaine Fontana

The S.C. Mental Health Commission met at Beckman Center for Mental Health Services on Thursday, October 7, 2010. Alison Y. Evans, Psy.D, chair, opened the center presentation at 9:00 a.m., and then turned the meeting over to Melanie Gambrell, Executive Director of Beckman Center for Mental Health (BCMh). Ms. Gambrell welcomed the Commission to the mental health center. Ms. Gambrell introduced the Beckman Senior Management Team and the staff of the center who are currently in the Beckman Mentoring Program.

Ms. Gambrell introduced a client Ricky, from Abbeville, who shared his story of recovery with the Commission. Ricky is a member of the Client Advisory Council at Beckman.

Ms. Gambrell introduced Greg Ross, Marie Green and Victoria Wilson, who were involved in the Mentoring Class at Beckman. She said that Beckman Mental Health received an exemplary conformance rating from the Commission on Accreditation of Rehabilitation Facilities (CARF) for its Mentoring Program. Mr. Ross said that several of Beckman's staff were involved in the Department's Mentoring Program and wanted to develop a similar program at the center. At present, there are 11 candidates in the Mentoring Program. The program is eight days, one day per month, and is designed to form the future leaders of the mental health center. The curriculum includes speaking with board members, meeting with advocacy groups, a visit to Harris Hospital, Ethics, Risk Management, Quality Management, CARF Accreditation, and aspects of Business Administration. The program also includes job shadowing. Candidates receive experience in every section of the center from clinical to administrative, School-Based services and children's services. The Mentoring Program is a good step ladder to advancement in an organization. It can also be used as a recruitment tool to attract new employees. The Beckman Mentoring Program is in its third class. The center has had seven or eight staff go through the state Mentoring Program.

The next presentation was on Information Systems at Beckman and "Going Paperless." Mr. Mitchell Kneece, Information Technology Director at Beckman, told the Commission that the center has made the decision to go "green". It has been accomplishing this with the use of a web based Electronic Medical Record (EMR), use of PDF forms, and SharePoint Team Collaboration

Center Presentation
Beckman Center for Mental Health Services

Page 2

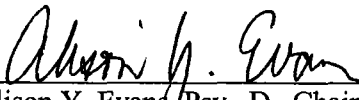
Sites. Mr. Kneece said that the benefits of going green help the center staff do their part in conserving natural resources, reducing pollution, using less paper, saving money and jobs, while continuing to provide vital services to the clients at Beckman. The EMR can be used anywhere that has internet access. Records are transferable between the offices and files can be transferred to another clinician in the event that a staff member is out for an extended period of time. The EMR allows better continuity of care for the clients as a file can be transferred to another center that utilizes the EMR in another part of the state, if the client presents for services at that center.

Quality Assurance audits are easily conducted because the EMR allows ease of access to medical records. Files can be monitored regularly. There is no interruption of service due to misplaced or lost client files. PDF forms can be imported directly into the EMR. There is no need to scan and email forms.

Beckman Mental Health was the fifth center to come on line with the EMR, and the first center to be focused on being paperless. None of the center's existing open records are in paper format. There have been no major compliance issues since 2008.

Mr. Magill mentioned that the Department has approximately 17 hospital emergency rooms set up with the telepsychiatry program. He said it would be wonderful if the Department's EMR could interface with these private hospitals' systems. Ms. Gambrell said it would be wonderful if the center's system were more compatible with the other systems. Harris Hospital can access an EMR from Beckman; however, the inpatient medical record is still being developed.

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


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


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

October 7, 2010, Beckman Center for Mental Health Services, 1547 Parkway, Suite 100, Greenwood, SC 29646

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The October 7, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Beckman Center for Mental Health Services, 1547 Parkway, Greenwood, South Carolina. Greg Bullard, Program Manager, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>Dr. Evans thanked the center for the courtesies extended to the Commission during its visit to Greenwood.</p>	
APPROVAL OF MINUTES	<p>There were no guests acknowledged at this time.</p> <p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Legislative/Center Board Training of August 26, 2010. 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 Commission Conference Call Meeting of August 26, 2010. All voted in favor; motion carried.</i></p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the Commission Dinner Meeting of September 1, 2010. 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 Center Presentation of September 2, 2010. All voted in favor; motion carried.</i></p> <p><i>On a motion by Rod Rutledge, seconded by Joan Moore, the Commission approved the minutes of the Commission Business Meeting of September 2,</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<p><i>2010. All voted in favor; motion carried.</i></p> <p>Mark Binkley said that there was nothing significant to report for the month concerning the Public Safety Report. Concerning the State Law Enforcement Division (SLED) report, of the 37 open cases reported, 13 cases were referred to the Long-Term Care Ombudsman; one case was referred to the Attorney General, 15 cases to local law enforcement and one case to Adult Protective Services/Department of Social Services. Only seven of the 37 cases have been assigned to SLED for investigation.</p> <p>John Magill presented those items listed under the Departmental Overview and Update.</p> <p>Ms. Hart said that Finance is still trying to obtain accurate reports from the SCEIS system; hence, there is no regular financial report to review. She said that fiscal 2010 still has not closed and that no month in the current fiscal year (2011) will close until the prior year closes out. She did, however, distribute a copy of several reports that Finance has developed. Ms. Hart reviewed each report separately. In the first report detailing FY2011 Expenditures by Source of Revenue, with 16.67 percent of the year elapsed, DMH has spent 13.64 percent of its projected revenues. The second report is basically the same as the first report, but is broken out separately by center and hospital. The third report graphs out the FY'11 year-to-date expenditures as of August 2010. Ms. Hart said that Finance will continue to push SCEIS to get good accurate financial reports. She wanted to remind the Commission that DMH is not the only agency having this problem; there are other agencies involved. Finance continues to meet with SCEIS staff to try to work through these problems.</p> <p>Mr. Magill asked the question, and it was answered, that SCEIS stands for South Carolina Enterprise Information System. He said this is a state-wide information system that has been placed on all agencies. It has been very difficult for our</p>	

October 7, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Update – Brenda Hart</p>	<p>agency in the change over to SCEIS due to our agency's size. Ms. Hart said that another problem is the integration of the Human Resource and Finance modules in the new system.</p> <p>Ms. Hart said that up to this point, it appears that the state is taking restructuring more seriously. She said that a Restructuring Committee has been developed and several task forces have been established. The Department of Mental Health is included in the task force that includes Health and Social Services, Department of Health and Environmental Control, Department of Natural Resources, and the Department of Public Safety. Members of this task force are Sen. Thomas Alexander, Sen. Brad Hutto, Rep. Phillip Lowe, and Rep. Chandra Dillard. The first meeting of this task force is scheduled for tomorrow.</p> <p>Mr. Magill said that the Joint Legislative Committee on Children and Adolescents met for the first time this year. Mr. Magill had great hopes for this committee last year; however, nothing came of it at that time. It looks like it will be a very active committee next year. Sen. Mike Fair is the chair, and Rep. Joan Brady is the vice chair of this committee. The first meeting was well represented. Mr. Magill said there should be some bills this year that will address the services for children. The pre-filing of bills for the next legislative session is in November.</p>	
<p>• Agency Long Term Planning – John Magill</p>	<p>Mr. Magill said that the kick off meeting for the Agency Long Term Planning was this week and was attended by approximately 50 people. There are five sub task groups established, each with its own chairs and recorders. Melanie Gambrell is the chair of one of the sub groups and John Fletcher is chair of another sub group. Rick Acton is chair of the Data group, Harvey Miller is chair of the Medicaid group, and Dr. Al Edwards is chair of the clinical services delivery group. Geoff Mason is assisting Mr. Magill in this effort as the principal overseer and organizer. By May of 2011, some ideas may be obtained from this committee's work that will help position the agency on the nuances of Medicaid, Health Care Reform, and fiscal realities. June of 2011 should see a completed plan that will</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>take the agency into the next year. All center and facilities directors, Mental Health Commission, advocacy organizations and several outside organizations with mental health expertise are part of the large Agency Long Term Planning Committee.</p> <p>Mr. Magill said that four additional meetings have been scheduled for the large committee. The sub groups will meet monthly if not more frequently. Status reports will be made at the large group meetings. In March, the Department should have an idea of strategies. Geoff Mason will send out the schedule of meetings to all concerned. Mr. Magill will add individuals with expertise to the sub groups from time-to-time. The overall committee will, in all likelihood, exceed 50 people.</p> <p>Mr. Magill said that two of the task groups have already met. One of these groups – the Data Group – has met as a result of the need to evaluate the data reports that are currently generated, determine if these reports are needed and used, and also determine whether these reports are pertinent and should be continued, or new reports developed.</p> <p>The Medicaid Group has also met and will be working to address the many changes that are coming concerning Health Care Reform. Many of the changes take effect on January 2011.</p> <p>Mr. Binkley said that another meeting was held with the prospective buyer on Tuesday that was very positive. DMH has been promised some revised terms from the prospective buyer which may be more to the Department's liking. Mr. Binkley feels very optimistic regarding this effort.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Approval of Commission Meeting Schedule for 2011 – John Magill</p>	<p>The Mental Health Commission reviewed the schedule of meeting dates/locations for 2011.</p> <p>January 6 – DMH Administration Building February 3 – Tri County Mental Health Center – Bennettsville March 3 – DMH Administration Building April 7 – Charleston/Dorchester Mental Health Center – Charleston May 5 – DMH Administration Building June 2 – William S. Hall Psychiatric Institute – Columbia July 7 – DMH Administration Building August 4 – Coastal Empire Mental Health Center – Beaufort September 1 – DMH Administration Building October 6 – Pee Dee Mental Health Center – Florence November 3 – DMH Administration Building December 1 – Lexington County Mental Health Center – Lexington</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the 2011 schedule of Commission meeting dates/locations. All voted in favor; motion carried.</i></p>	
<p>• Report of the Inpatient Facilities Governing Body Meeting of August 3 & Approval of Minutes – Versie Bellamy</p>	<p>Versie Bellamy presented the highlights of the report of the Inpatient Facilities Governing Body Meeting of August 3.</p> <ol style="list-style-type: none"> 1. Harris Hospital received a letter from the Joint Commission indicating that the Measure of Success data submitted for several noncompliant standards has been accepted. No further follow-up is required and Harris is in full compliance with all standards. 2. C.M. Tucker expects a follow up visit from the Department of Justice prior to the end of the year. 3. Morris Village underwent a re-accreditation survey by the Commission on Accreditation of Rehabilitation Facilities (CARF) on July 19 and 20. 	

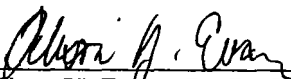

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Leadership Development Program Presentation – Melanie Gambrell</p>	<p>The exit interview indicated the facility did well. Since that date, the facility has been notified that re-accreditation has been granted.</p> <ol style="list-style-type: none"> 4. QUALIS is the quality improvement organization for Medicaid. Unannounced monitoring reviews are conducted to ensure that program operations meet Department of Health and Human Services (DHHS) standards. Applicable standards are those for Psychiatric Hospital Services Providers for DHHS patients under age 21. The annual review of the Directions/Options Residential Treatment units at Hall was conducted on May 19. Areas needing improvement were: National Sex Offender Registry check annually; Child Abuse Registry check annually; and SLED check on every employee annually. The DMH Human Resources Department has agreed to conduct annual checks on July 1 of each year. The Hall Director will be notified of any adverse reports. 5. For the period June 2009 through May 2010, there were 97 injuries reported to Employee Health. Sixty percent of injuries were attributed to Bryan; thirty percent attributed to Hall; and the other hospitals/facilities accounted for the remaining 30 percent. Seventy-eight percent of injuries were due to patient to staff altercations. 6. For the months of April, May and June, Bryan employees accounted for 837 lost work days due to work-related injury; Hall employees accounted for 232 lost work days. <p><i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the minutes of the Inpatient Facilities Governing Body of August 3. All voted in favor; motion carried.</i></p> <p>Melanie Gambrell said she had the privilege of going through the Department's Leadership Development Program in 2009. She chose CARF and accreditation in general as her Management Improvement Project. DMH chose CARF as the accrediting body to survey the centers. She said that Beckman Mental Health is committed to CARF accreditation, after first going through this process in 1997.</p>	

October 7, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>The center has maintained its accreditation status every three years. She said that maintaining CARF accreditation requires a lot of work and time on the staff of the center, but has been beneficial to the center's efforts in obtaining federal grants and contracts. Centers are required to maintain CARF accreditation as it helps the center maintain its quality of services. It is important for the centers to have support from Central Office in the area of accreditation. This support is sometimes difficult when there is a lack of understanding of the process of accreditation. In order to meet CARF standards, centers develop and implement very specific policies. However, these center policies that meet CARF standards are sometimes in conflict with DMH state directives. Some examples of where DMH directives are in conflict with CARF policies are:</p> <ul style="list-style-type: none"> - Behavioral Emergency Stabilization Training (BEST) – DMH directive reference the training of staff in the use of restraints; centers are prohibited from using restraints. If a center does use restraints, it would need to adhere to an additional set of CARF standards. - Fiscal Audits – CARF requires centers to have an outside financial audit performed annually; DMH Internal Audit does not audit all centers on an annual basis. - Quality Assurance – CARF requires that interventions be listed on the Plan of Care. The listing of interventions is not noted on the audit tool, nor is it a required field on the Plan of Care. <p>Ms. Gambrell said that having DMH Central Office CARF accredited under the "Business and Networking" standards would be a great benefit to the centers. This would be the beginning of a fully accredited mental health system. She said further that having several center staff that are CARF surveyors has also been beneficial in that it has enabled them to obtain, first-hand, what to expect during a regular survey.</p> <p>Complete details of Ms. Gambrell's presentation are filed with the minutes of this</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Community Forum Update – John Magill</p> <p>SUMMARY & WRAP UP</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>meeting.</p> <p>Mr. Magill said that there have been six community forums, to date. The first forum was at Beckman Mental Health, and this center did an excellent job of obtaining good representation from the community as there were 60 people in attendance. The goal is to complete 25 community forums. Each month through June 2011 will have two forums; June 2011 will have three. Mr. Magill said he's had good reactions concerning the forums from many people. The Department has been able to address the questions received from the community. Mr. Magill said that a couple of the Commission members have attended community forums – Jane Jones attended the Campbell Nursing Home forum and Buck Terry attended Orangeburg's forum. He said the next two forums are at Berkeley Mental Health on October 14 and Morris Village on October 28.</p> <p>Dr. Evans announced that the Commission will have a retreat on Friday, October 8. This retreat will be tied to the Long Range Planning effort. They will be looking at ways to help the Department in its planning for the coming years.</p> <p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:00 a.m., on a motion by Joan Moore, seconded by Buck Terry, the Commission entered into executive session to receive legal advice concerning a contractual matter, and to review/approve the Director's Planning Stage. Upon reconvening in open session at 12:30 p.m., it was noted that only information was received; no motions or actions were taken. The meeting was formally adjourned at 12:30 p.m.</i></p> <p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD</p> <p>J. Buxton Terry Jane B. Jones</p>	

October 7, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
Staff/Guests	<div> John H. Magill Robert Bank, MD Melanie Gambrell Daphine G. Padgett Juhi Gor Rhonda Paxton Tomeko Tott Corina Samarghitan Barbara Bonham Shanna Amerson </div> <div> Brenda Hart Mark Binkley Cheryl Lindler Jeffrey Spencer Teri Cristal Mitchell Kneece Eman Sharawy, MD Elaine Fontana John Fletcher </div> <div> Geoff Mason Versie Bellamy Marie S. Green Frank Jones Betty Colon Rick Leary Cherry Corbett-Parker Betty Speech Alan McEniry </div>	
APPROVALS	<div>  Alison Y. Evans, PsyD, Chair </div> <div>  Connie Mancari, Recording Secretary </div>	

SOUTH CAROLINA MENTAL HEALTH COMMISSION
MEETING/RETREAT
October 8, 2010
10:00 a.m.

The South Carolina Mental Health Commission met for a retreat on Friday, October 8, 2010, 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 Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

DMH Staff

John H. Magill, State Director

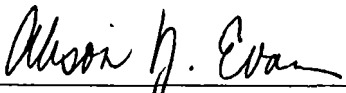
Dr. Evans opened the retreat at 10:00 a.m.

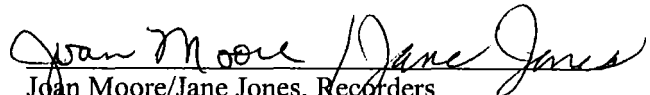
At 10:00 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice about a pending contractual matter, via telephone with DMH General Counsel Mark Binkley. Upon reconvening in open session at 10:10 a.m., it was noted that only information was received; there were no votes or actions taken. At 10:10 a.m., the open retreat session continued.

Topics discussed during the retreat were:

- Expected budget cuts that DMH may have to incur next year.
- DMH mandated services – what are they, and what services are the Commission willing to eliminate.
- Discussion concerning the fact that Self Memorial Hospital in Greenwood is closing their Behavioral Health Unit, 34 beds, by the end of the year, and the potential impact to DMH.
- Closing or combining mental health centers, and some clinics.
- Regionalization of centers
- Telepsychiatry and the impact of any budget cuts on this program.

There being no further discussion the retreat concluded at 3:30 p.m.


Alison Y. Evans, Psy.D., Chair


Joan Moore/Jane Jones, Records


Connie Mancari, Transcriber

S.C. MENTAL HEALTH COMMISSION MEETING
November 4, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC

November 4, 2010, SCDMH Administration Building, 2414 Bull Street, Columbia, SC

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	The November 4, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, South Carolina. Mr. Jeff Ham, Program Manager in Community Mental Health Services, delivered the invocation.	
INTRODUCTION OF GUESTS	Dr. Evans acknowledged Mr. Cory Pertz, an intern at South Carolina Protection and Advocacy, as a guest at today's meeting.	
APPROVAL OF MINUTES	<p>The Commission approved the following sets of minutes:</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the Dinner Meeting minutes of October 6, 2010. All voted in favor; motion carried.</i></p> <p><i>On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the minutes of the Center Presentation of October 7, 2010. 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 Business Meeting of October 7, 2010. All voted in favor; motion carried.</i></p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the Commission Retreat of October 8, 2010. All voted in favor; motion carried.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	Mr. Magill presented those items listed under the Monthly/Quarterly Informational Reports.	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Patient Protection/ Client Advocacy Reports – Mark Binkley</p> <p>• Key Statistical Measures/ Quarterly Report – Versie Bellamy/Robert Bank, MD</p>	<p>Mr. Binkley said there was nothing much to highlight on the State Law Enforcement Division (SLED) or the Public Safety Reports. He said that on the SLED report, of the 39 pending cases, SLED is investigating seven. The remainder of the cases was referred to other agencies for review and/or investigation as follows: 13 cases to the Long Term Care Ombudsman, one case to the Attorney General, one to the Department of Social Services, and 17 to local law enforcement.</p> <p>Versie Bellamy and Dr. Bank presented the Key Statistical Report for this past quarter:</p> <p>Dr. Bank presented the following highlights from the Community Charts/Graphs:</p> <ol style="list-style-type: none"> 1. The number of children served in fiscal year 2010 was 12,836, which represents approximately 42 percent of all children served. This is a fairly constant percentage. 2. Beginning this year, the Department changed its rating scale from the CAFAS to the CBCL. This particular instrument has four areas that are measured, which are: Total Competence refers to social skills; Total Problems refers to symptoms; Internalization refers to depression and anxiety, and Externalization to aggressive behavior. Dr. Bank said that the Department feels that the CBCL rating scale is more accurate than what was previously used. 3. Youth and Family Members Perception of Care Satisfaction Survey Results – the national average for satisfaction with treatment in 2009 by family members was 83.5 percent. South Carolina's average was 89 percent in 2009 and 87 percent in 2010. 4. Total Admissions and Discharges for the Community – When looking at admissions versus discharges, there has been less folks coming into the centers. This may be due to less people that are employed. Dr. Bank said that both of these numbers are usually close to being identical. He said 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>there were 52,000 open cases in 2009; 54,000 open cases in 2008, and 52,000 in 2010.</p> <p>5. Summary of Client Contacts and Billable Units by Services – Total billable services are down by 200,000 to 300,000 services from FY'11 compared to FY'10. This represents the fact that Rehabilitative Services have been reduced by the fact that DMH is no longer billing for the non-profits, such as Mental Health America and MIRCI. These groups do their own billing. Dr. Bank said this is no reduction in revenue to DMH.</p> <p>Ms. Bellamy presented the following highlights from the Inpatient graphs/charts:</p> <ol style="list-style-type: none"> 1. Admissions and Discharges by Inpatient Program – Hall Institute had a decrease in the number of community admissions and discharges due to a decrease in the census as a temporary decrease in functional bed capacity. However, several psychiatrists have been hired which has enabled the Department to bring those beds back on line. Harris has had an increase in the number of community admissions and discharges by about 40 admissions and 54 discharges. Campbell had a decrease in number of admissions. There is also a decrease in discharges and an increase in length of stay because patients are staying longer. 2. Length of Stay – Hall has a shorter length of stay for the greater than 90 day patients in the substance abuse unit by 18 days. There is also a slightly shorter length of stay for the less than 90 days on the substance abuse unit. This unit's average daily census has stayed at capacity, 17 or 18. The unit stays full and as of yesterday the unit had six on the waiting list. Harris has a slightly shorter length of stay in the acute populations. There is one long term unit presently at Harris. All indications show there will be a need for beds for this population. 3. ORYX Data – Ms. Bellamy said this is data that is sent to the Joint Commission for ORYX reporting. It is a performance measurement system. It is also sent to the NASMHPD Research Institute (NRI). 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW/UPDATE</p> <p>• Financial Status Update – Brenda Hart</p>	<ul style="list-style-type: none"> - <u>Elopement Rate</u> – The state rate, Harris, Bryan and Hall are generally lower than the national rate. During the reporting period, Harris had several months above the national rate - <u>30-Day Readmission Rate</u> – the state rate is above the national rate for a couple of months. Rates at Bryan have been below the national rates. Harris had several up months with recent months trending higher. Hall has been above and below the national rate, with some months being higher. - <u>Seclusion Rate</u> – The state rate for seclusions has been below the national rate. Rates for each hospital are generally below with the rate at Bryan increasing in recent months. - <u>Restraint Rate</u> – The state rates for restraint are mostly lower than national rates, with some exceptions for Bryan and Hall. <p>Mr. Magill presented those items that are listed under the Departmental Overview and Update.</p> <p>Ms. Hart distributed updated reports for the end of September 2010. As can be seen, we are currently one quarter of the way through the year. Overall, the agency is in good shape. DMH is at 22.68 percent of expenditures. Ms. Hart pointed out that the A.R.R.A. Funding line (stimulus money) is for half of the year. The line above this line – Health Funding Proviso – has had no expenditures as yet from this fund.</p> <p>Ms. Hart said that DMH still has no good projection for Medicaid. She said that back in July, the Rehabilitative State Plan Amendment went into effect, which changed the way that the Department bills for services. Due to the changes which had to be made in DMH's Information Technology system and Health and Human Services (HHS) Information Technology system, services could not be billed at the beginning of the fiscal year. DMH finally got the approval from HHS to proceed and did a small sampling to try it out. Claims were returned with no</p>	

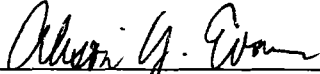
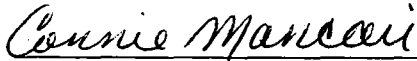
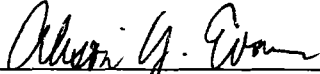
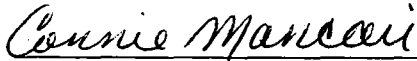
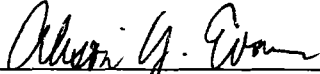
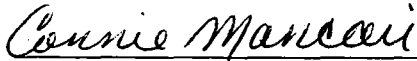
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Legislative Report – Brenda Hart</p>	<p>problems. On Monday, four months of billing were submitted. DMH has a projection on how much it will receive, but still are unsure. DMH is billing at the highest possible rate so that when the remittance is received, it will be adjusted. It will still take a few months before accurate numbers are received. She said that this will give DMH a better Medicaid estimate. We are hoping to receive a report this week that will show how the money will re-align.</p> <p>The second page of the report is the summary of expenditures by division. It reflects the problems that are still being worked on with the SCEIS program.</p> <p>The last page is the graph of the FY'11 year-to-date expenditures. Overall, permanent positions are down 3.5 percent.</p> <p>Dr. Bank added that when the first billing is received back from the centers, it will give us a better picture of where we stand. Ms. Hart said that travel costs for the agency have improved since 2008. In 2008, DMH spent \$688,000 in travel and in 2010; \$68,000 was spent, which is a 58 percent decrease.</p> <p>Mr. Terry asked if there was some idea as to what the Medicaid variance would be. Both Ms. Hart and Dr. Bank said that it is too difficult to tell at this time. Dr. Bank said that the billing rate for a psychiatrist is \$13.00; however, most of the services performed are not by a psychiatrist, so the billing rate is about \$8.50, or less than 1/3 of what is being billed. Both still feel that when the report is received, it give a better picture of the Medicaid expenditures.</p> <p>Ms. Hart said that the Department has received a survey from the legislative committee that was established to address agency restructuring. The committee's report is due in December. Ms. Hart said the survey contained no dollar questions; all questions surrounded comparison of 2005 to 2010. There was a question concerning full time employees (FTE). She said that in looking at total employees, the Department went from 5,572 FTE's in 2005 to 4,700 FTE's in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p> <p>• Issue Action Papers (IAP) for approval: - Water Lines/Easement – City of Columbia – Mark Binkley</p>	<p>2010. This represents an 18 percent reduction since 2005. Also, questions were asked as to how many individuals the Department serves. Ms. Hart said that it is interesting to note that the numbers of people served are not significantly lower now than five years ago. We are, however, seeing a reduction in the number of contacts. This committee will meet again next Wednesday. Ms. Hart will keep the Commission updated as this committee's work progresses.</p> <p>Dr. Evans said it is amazing that the agency has been able to continue doing business with a smaller workforce and still delivering quality services to the clients. Mr. Magill said that this situation will change significantly next year.</p> <p>Mr. Magill said that the Joint Legislative Committee on Children is continuing to meet and move forward with its work. The chair and vice chair of this committee have never visited DMH. Rep. Joan Brady, who is the vice chair, visited DMH in August and Senator Mike Fair, chair, is scheduled to visit DMH on November 30.</p> <p>Mr. Binkley said that the Department has continued meeting with the prospective buyer, Hughes Development. It has received some very specific proposals and recommendations that Mr. Binkley feels should be reviewed with the Commission in executive session. There were several environmental issues concerning the property and Mr. Binkley will cover these later in the issue action papers that need approval.</p> <p>Mr. Binkley said that the Department is currently completing construction on Columbia Area Mental Health Center (Phase II). In order to get water service from the City of Columbia, the Department needs to grant the city an easement for the water lines. The Commission is the first step in the approval process; the next step is that this has to be given to the Attorney General.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the granting of water lines and</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p> • Issue Action Papers (IAP) for approval: - Declaration of Covenants and Restrictions - debris areas on the Bull Street Campus – Mark Binkley </p> <p> • Issue Action Papers (IAP) for approval: - Change in Daily Patient Charge Rate for patients in VA Nursing Homes – Brenda Hart </p>	<p> <i>Easement to the City of Columbia. All voted in favor; Motion carried.</i> </p> <p> Mr. Binkley said that two debris areas were identified as part of the Department's review of environmental conditions on the campus which were undertaken in order to prepare the property for sale. The area in question is approximately four acres and is located behind the Babcock Building, close to Gregg Street. If DMH agreed to the restrictions, DHEC will issue a Certificate of Completion under the terms of the Voluntary Cleanup Contract the Department entered into with DHEC. Mr. Binkley said that what was discovered is that coal ash was buried in this area that required DMH to place a restriction on those four acres without some additional clean up being needed if the property was to be for residences. </p> <p> <i>MOTION: On a motion by Rod Rutledge, seconded by Joan Moore, the Commission approved the declaration of covenants and restrictions applicable to debris areas on the Bull Street campus. All voted in favor; motion carried.</i> </p> <p> Mr. Magill mentioned that the IAP contains a typographical error. Babcock Center should be Babcock Building. The Commission had no problem with approval of the IAP with this change. Mr. Binkley will correct the original IAP. </p> <p> Ms. Hart said that the Department is asking for the daily patient charge rate for the Department's nursing home facilities receiving per diem reimbursements from the Veterans Administration (VA) be increased by \$17.06 per day to \$123.35 per day. Current rate is \$106.29 per day. The nursing homes affected are Richard M. Campbell Nursing Home, the Stone Pavilion, and Veterans Victory House. This change would be effective October 1, 2010. Ms. Hart said the Department is recommending that it be authorized to increase the daily patient charge rate for the nursing homes receiving per diem reimbursements from the VA in an amount corresponding to the amount of any future increases in the daily payment rate by </p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Leadership Development Program Presentation – Bessie Abraham</p>	<p>the VA.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the increase in the daily patient charge rate from \$106.29 to \$123.35 for those nursing homes receiving per diem reimbursements from the Veterans Administration. The Commission also approved the Department increasing the daily patient charge rate for these nursing homes in an amount amount corresponding to the amount of any future increases in the daily payment rate by the Veterans Administration. All voted in favor; motion carried.</i></p> <p>Mr. Magill said the VA has changed the name of its Department to the Department of Veterans Affairs and suggested that this designation be made in the IAP. The Commission approved this correction with no additional discussion.</p> <p>Ms. Abraham said that in the months following the time when she assumed the position of director of the center in August 2002, her life underwent many personal changes; the biggest change was her loss of her husband after a long illness. After she had dealt with her grief, she decided to set upon the path of how she can make the Orangeburg Area Mental Health Center a center of excellence. She wanted to make the center more efficient and effective. Ms. Abraham heard of a book written by Stephen Lundin titled, "Fish". It was based on Seattle's world famous Pike Place Fish market. When Mr. Lundin visited the market, he saw how efficient the employees were, happy and very productive. This was the beginning of the "Fish Philosophy" which was incorporated into Mr. Lundin's own business. The basis of the "fish philosophy" is that employees need to play and have fun while working; teamwork; say something nice to someone and "make someone's day"; be there for the employees and listen to them; develop a positive attitude; have a goal and work toward the goal. Ms. Abraham has incorporated all these areas into her work as Director of Orangeburg Area Mental</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>SUMMARY & WRAP UP</p>	<p>Health Center and the results have been very rewarding.</p> <p>The following items of note were mentioned:</p> <ol style="list-style-type: none"> 1. The Department is still involved in the Agency Long Term Planning process. The sub-committees that have been formed have been very active. The Medicaid Sub-Committee will have a lengthy report at the second meeting of the large Agency Long Term Planning Meeting to be held on Tuesday, November 9. Senior Management has been assigned as facilitators to the other sub-committees. There will be ten minute reports from these other sub-committees on November 9. 2. The recent state NAMI Meeting had a number of DMH staff as speakers as well as two DMH staff received awards. The staff members receiving awards were Harvey Miller and Maggie Johnson. Mr. Magill complimented Bill Lindsey on the meeting as he felt it was well presented and had very good speakers. Dr. Meera Narasimhan was a speaker as well. Mr. Magill mentioned that she is a candidate for the chair of the Department of Psychiatry at the University of South Carolina. 3. The Out of the Darkness Suicide Walk was held on October 17 and had approximately 400 attendants. 4. Mr. Magill said that he has completed eight community forums. There is a forum this evening in Bennettsville. The next forum will be on November 18 at Hall Institute. Attendance at all these forums has been great in some and good in others. However, many good points have come out of all the forums and comments received indicate these have been well received. 5. Dr. Evans mentioned the Mental Health Sunday at her church on October 10. A client from Santee Wateree Mental Health Center was the speaker and he was very well received. She said that an Art of Recovery exposition was held and 12 pieces of artwork were sold. A reception was hosted by the Mental Health America chapter of Darlington County. Dr. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																		
	<p>Evans was very complimentary of the Department about the assistance she received.</p> <p>6. Melanie Gambrell said that the Beckman Mental Health Center held its recovery conference in October where 185 people attended. The recovery stories were very moving and work is being done to put these stories in the Client Affairs Newsletter.</p>																			
NOTICE/AGENDA	<p>A notice and agenda of the meeting were sent to all individuals and news media who requested information, in accordance with state law.</p>																			
ADJOURNMENT	<p><i>At 11:45 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. Upon reconvening in open session at 1:00 p.m., it was noted that only information was received; no motions or actions were taken. The business meeting was formally adjourned at 1:00 p.m.</i></p>																			
ATTENDANCE Commission Members	<table><tr><td>Alison Y. Evans, PsyD, Chair</td><td>J. Buxton Terry</td></tr><tr><td>Joan Moore, Vice Chair</td><td>Jane B. Jones</td></tr><tr><td>Everard Rutledge, PhD</td><td></td></tr></table>	Alison Y. Evans, PsyD, Chair	J. Buxton Terry	Joan Moore, Vice Chair	Jane B. Jones	Everard Rutledge, PhD														
Alison Y. Evans, PsyD, Chair	J. Buxton Terry																			
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Staff/Guests	<table><tr><td>John H. Magill</td><td>Brenda Hart</td><td>Geoff Mason</td></tr><tr><td>Robert Bank, MD</td><td>Mark Binkley</td><td>Versie Bellamy</td></tr><tr><td>Cory Pertz</td><td>Melanie Gambrell</td><td>Rick Leary</td></tr><tr><td>Bill Lindsey</td><td>Shanna Amerson</td><td>Ligia Latiff-Bolet</td></tr><tr><td>Debbie Calcote</td><td>Paul Cornely</td><td>Ray Norris</td></tr><tr><td>Pat Bresnan</td><td>Valerie Perkins</td><td>Bessie Abraham</td></tr></table>	John H. Magill	Brenda Hart	Geoff Mason	Robert Bank, MD	Mark Binkley	Versie Bellamy	Cory Pertz	Melanie Gambrell	Rick Leary	Bill Lindsey	Shanna Amerson	Ligia Latiff-Bolet	Debbie Calcote	Paul Cornely	Ray Norris	Pat Bresnan	Valerie Perkins	Bessie Abraham	
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APPROVALS	<table><tr><td> Alison Y. Evans, PsyD, Chair</td><td> Connie Mancari, Recording Secretary</td></tr></table>	 Alison Y. Evans, PsyD, Chair	 Connie Mancari, Recording Secretary																	
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SOUTH CAROLINA MENTAL HEALTH COMMISSION

Dinner Meeting Minutes December 1, 2010

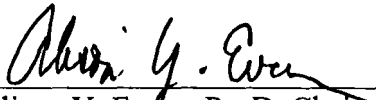
Attendance – Commission Members

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

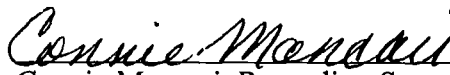
Attendance – Staff/Guests

Staff/Board of Aiken-Barnwell
Mental Health Center

The South Carolina Mental Health Commission met for dinner at 6:30 p.m., on Wednesday, December 1, 2010, at Travinia Italian Kitchen, 470 Fabian Drive, Aiken, SC. There was no one particular topic or focus of discussion and social topics predominated. No motions were made nor votes taken.



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**

**Aiken-Barnwell Mental Health Center
1135 Gregg Highway
Aiken, SC 29801
803-641-7700**

**December 2, 2010
Center Presentation**

**Attendance:
Commission Members**

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

Joan Moore, Vice Chair
J. Buxton Terry

Staff/Guests:

John H. Magill
Cynthia Smith
Mark Binkley

Rick Acton
Geoff Mason

Tamara Smith
Brenda Hart

The S.C. Mental Health Commission met at the Aiken-Barnwell Mental Health Center, 1135 Gregg Highway, Aiken, SC, on Thursday, December 2, 2010. The center presentation was called to order by Alison Y. Evans, PsyD, Chair at 9:15 a.m. Dr. Evans welcomed everyone to the meeting and turned the program over to Rick Acton, Interim Executive Director of Aiken-Barnwell Mental Health Center. Mr. Acton said that when he was told that the Commission would be visiting Aiken-Barnwell, he was asked to highlight or spotlight a program that the center is especially proud of. He said that he didn't have to think twice about an outstanding program at Aiken-Barnwell. The presentation would be about Peer Support Services. Mr. Acton said that Aiken-Barnwell has the premier Peer Support Services program in the Southeast. He said further that the program is headed up by Ms. Tamara Smith, who would provide an overview of the Peer Support program.

Ms. Smith said that the center began hiring consumers in supportive roles under Welcome Home federal block grant in 2001. The Peer Support Services (PSS) program began in May 2004; however, billing for Medicaid began in February 2005 when the Department of Health and Human Services (DHHS) approved this service.

Peer Support Services in October 2007 received the Eli Lilly "Heroes In the Fight" Award for new program of the year in South Carolina, and a Department of Health and Human Services Audit in 2006 noted that Aiken-Barnwell's Peer Support Program to be one of excellence and high quality. Also in October 2007, the Helping Encourage Recovery Options (HERO) Center was established. This center is based on shared decision making and is a person-centered clinical method that encourages clients and clinicians to collaborate on treatment decisions. The Hero Center encourages recovery options. It is a way that the center invests in the clients and the clients can give back to the center. Ms. Smith said that for 2008 – 2010, Medicaid billing for Peer Support Services totaled \$328,841.

Ms. Tamara Smith next introduced Ms. Cindy Smith, who is a Certified Peer Support Specialist that was hired by the center in December 2005. Certified Peer Support Specialists (CPSS) are clients that have been in the Peer Support Program and now provide guidance to the clients who enter the program. Clients finally have a say in their treatment. Clients learn there is more they

Center Presentation
Aiken-Barnwell Mental Health Center
Page 2

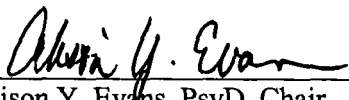
can do besides what DMH has for them. Peer Support encourages clients to live separately. Ms. Smith explained the Wellness Recovery Action Plan (WRAP). WRAP is a system for monitoring, reducing and eliminating uncomfortable or dangerous physical and emotional difficulties. It is also a way for the client to write down and remember simple and safe strategies that have the potential to create major life changes and help them to stay in recovery. It essentially enables them to identify the triggers that "set them off".

Another more legal aspect of WRAP is the psychiatric advance directives. This allows a client to have some say in what treatment works well for them in a crisis or when they are admitted to a hospital's emergency room.

Ms. Smith next explained the Transitions Group. The transitions group helps clients progress from an inpatient setting to living independently in the community. This can be quite scary when a person has been dependent on someone else for some time. This group helps the client with independent living skills and coping skills needed in the community.

The Commission next heard testimonies by several clients on their recovery and their praise of Peer Support Services and the Aiken-Barnwell Mental Health Center. At the conclusion of the testimonies, Dr. Evans explained that at Christmas, she bakes cakes as gifts for staff and family. She had an extra cake available today which she was going to raffle to a lucky person.

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



Alison Y. Evans, PsyD, Chair



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

December 2, 2010, Aiken-Barnwell Mental Health Center, 1135 Gregg Highway, Aiken, South Carolina 29801

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The December 2, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Aiken-Barnwell Mental Health Center, 1135 Gregg Highway, Aiken, South Carolina. Ms. Cynthia Motycka, Program Manager at Aiken-Barnwell, delivered the invocation.</p> <p>Dr. Evans expressed her appreciation to the center for its hospitality during the Commission's visit to Aiken. She very much appreciated hearing the recovery stories from the clients that were presented this morning, and feels these are a reminder of why we are all working at the Department of Mental Health.</p>	
INTRODUCTION OF GUESTS	<p>Dr. Evans acknowledged the following guests: Michael Bedenbaugh of the Palmetto Trust for Historic Preservation; and Shanna Amersen of Capitol Information Affiliates.</p>	
APPROVAL OF MINUTES	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the November 4, 2010, business meeting. All voted in favor; motion carried.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Magill asked Mark Binkley to present any comments on either the Public Safety reports or the Client Advocacy Report.</p> <p><u>Patient Protection Reports</u> – Mr. Binkley said that Public Safety has a new investigator, Sergeant Koon who appears as efficient as the previous investigator in finalizing investigations in a timely manner. On the State Law Enforcement Division (SLED) Report, Mr. Binkley said that of the 40 open cases, only five have been assigned to SLED to investigate. Mr. Binkley said that 16 of the cases have been assigned to the Long Term Care Ombudsman and the remainder was assigned to local law enforcement.</p> <p><u>Client Advocacy Report</u> - Mr. Binkley mentioned that the Client Advocacy</p>	

December 2, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p>	<p>numbers are consistent with past reports. There is nothing of particular note in this report.</p>	
<p>• Financial Status Update – Brenda Hart</p>	<p>Mr. Magill presented those items listed under the Departmental Overview and Update.</p> <p>Ms. Hart said that due to SCEIS, Finance is running slower than usual in getting a final 2010 report. She hopes to have the final report for the Commission next month. She said that currently the Department is one third of the way through the fiscal year. Overall, operating funds are on target. Ms. Hart said that the Department did not receive the one-time funding in the budget until September, and is now starting to spend this money. The ARRA funding, or the stimulus funds, was for a half year this year.</p>	
<p>• Medicaid Update – Brenda Hart</p>	<p>Ms. Hart said the second page of the financial report is the breakdown by department for the year. She reminded the Commission that contracts in Administration and Support Services, for example for Information Technology services, are spent early in the year, which makes Administration and Support Services look like it's over budget, but that is misleading.</p> <p>She noted that personnel costs account for approximately 70 percent of the budget. Ms. Hart said that pages 3 and 4 are graphic explanations of the Department's personnel costs. She said that there has been a decrease in permanent positions in the agency over the last three years.</p> <p>Concerning Medicaid, Ms. Hart mentioned that the Department of Health and Human Services (DHHS) is going forward to request to run a deficit in their budget. If the Budget and Control Board approves this, agencies will not have to do reductions this year. DHHS was asked to prepare a plan as to how they would address this deficit. One question posed to DHHS is can the Medicaid program be</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>eliminated for South Carolina. Ms. Hart said that yes, the Medicaid program could be eliminated. However, that would be financially disastrous for the state. The demographics of our state do not lend itself to doing this. There are many populations in the state that rely on this money. South Carolina receives \$3.00 for every \$1.00 of Medicaid money that is spent.</p> <p>DHHS was asked if Medicaid could not totally be eliminated, what else could be done. DHHS indicated there are other optional services that could be eliminated. Behavioral health services, as a whole, are categorized as optional and could be eliminated. This covers a lot of services that are also provided by mental health centers, such as adult outpatient services, pharmacy services, as well as services provided to clients in the child and adolescent facility of Inpatient Services. Elimination of these services would be a huge blow to the Department and its clients. Personnel cuts as a result of this lost revenue would be approximately 400 clinical employees. Another very serious thing that would happen is that Hall Institute may have to be closed.</p> <p>Ms. Hart said that the Department is currently being told it could lose another 15% of its State funds or approximately an additional \$20 million in state appropriations in FY 2012. Those cuts could, in turn, result in a service decline that results in the Department's clinical programs bringing in \$20 million less in Medicaid revenue. That potential loss of Medicaid revenue could occur regardless of the retention of mental health optional services. If the optional services are eliminated, the Department would lose an additional \$40 million in Medicaid earnings. Mr. Magill said the agency has to aggressively put a plan in place by no later than the third quarter as to how to address this.</p> <p>Ms. Hart said there were many changes made in the House Ways and Means Health Sub-Committee for this year. Rep. Tracy Edge has been removed as chair and replaced by Rep. Brian White. Rep. White has requested a meeting with Mr. Magill on December 15. Mr. Magill has spoken with Sen. Alexander, Rep. James</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update – Mark Binkley</p>	<p>Smith and Sen. Wes Hayes to inform them of the impact of Medicaid on DMH.</p> <p>Dr. Evans asked what happens to the children who need hospitalization if Hall Institute has to close. Mr. Magill said the Department will do all it can to serve those children in the community. Mr. Acton said that in Aiken-Barnwell and in Lexington, Family Preservation and Multi-Systemic Therapy (MST) services will be “beefed” up. Through these two services the two centers will attempt to see as many children as possible and do the best job possible. Dr. Bank said that at Columbia Area emergency services would be heavily utilized. Dr. Evans said that this is a crisis that has never been seen before.</p> <p>Mr. Magill said the Joint Legislative Committee on children decided to introduce some new bills, one of which is to codify the Joint Council on Adolescents on the elimination of a wrong door. They are working toward a true seamless system of care across the other agencies for children’s services. If this bill is passed, it would be enacted into law.</p> <p>Mr. Magill said he is trying to explain to the legislators the scope and importance of the services the Department provides. As stated by Ms. Hart, some of the optional medical services provided at our hospitals and nursing homes may also be cut.</p> <p>Mr. Binkley said that the Department has made additional headway in negotiations with the Hughes Development Corp. regarding the sale Bull Street property. He is recommending an executive session to brief the Commission more fully.</p> <p>Ms. Hart said that the Department has been able to identify some funding so that the electrical-cooling system of Tucker Center can be separated from the State Hospital campus. This will enable all the Department’s operations to be separate from Bull Street prior to any sale of the property.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Facilities Governing Body Meeting of 10/12/10 and approval of Minutes – Versie Bellamy</p>	<p>Ms. Bellamy presented the highlights of the report of the Inpatient Facilities Governing Body meeting of October 12, 2010.</p> <ul style="list-style-type: none"> • Morris Village's Commission on Accreditation of Rehabilitation Facilities (CARF) re-accreditation survey was conducted on July 19 and 20, and the facility received notification that a three year accreditation was granted. • Tucker Center has received notification from the Department of Justice that the next survey will occur the week of December 13, 2010. • The Tucker Center Certified Nursing Assistant (CNA) Training Program is scheduled to begin January 10, 2011 and will have 20 participants. • There is currently a critical need for a psychiatrist for Hall and for Forensics. The Division of Inpatient Services is experiencing significant nursing staff shortages at all facilities. This is largely due to the fact that our salaries are not competitive. • Dr. Phyllis Bryant-Mobley has been appointed Medical Director for Hall Institute effective October 17, 2010. She has served as Interim Director since July 2, 2010. • Harris Hospital decreased seclusion utilization by 24 percent and restraint utilization by 47 percent from the previous year. • Tucker Center continues to have a low occurrence of restraint usage. • Tucker Center reported that the hydration program continues to be a very active program with documented decrease in the number of urinary tract infections. • During FY'10, 110 on the job injuries were reported to Employee Health. 87 of which, or 79 percent, were attributed to patient to staff altercations. Sixty five percent of all injuries were attributed to BPH adult psychiatric; 26 percent are attributed to Hall; and nine percent attributed to the other hospitals/facilities. • Lost work days due to On the Job Injury for March through September 	

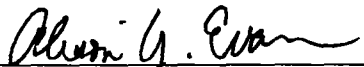

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Telepsychiatry Update – Brenda Ratliff, MD</p>	<p>2010: Bryan Adult Psychiatric – 1,755 work days lost; Hall Institute – 499 work days lost; and the other hospitals/facilities reported few or no work days lost.</p> <ul style="list-style-type: none"> • Morris Village has been selected to participate in a STRIDE grant to determine if recovery from cocaine addiction is enhanced by exercise. This grant was provided to USC and Morris Village is subcontracting as a site and selected Morris Village patients will be research subjects. • Current census at the Sexual Predator Program is 118. The program will soon be adding another patient making the total 119. <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the October 12, 2010, Inpatient Facilities Governing Body Meeting. All voted in favor; motion carried.</i></p> <p>Dr. Ratliff said that since the first patients were seen via telepsychiatry in March 2009, 4,354 consults have been conducted. This number is as of November 29, 2010. There are 17 hospitals that currently have the telepsychiatry system and the Department expects seven additional hospitals coming on line in the near future. Six additional hospitals are currently reviewing contracts on the system in order to make a decision.</p> <p>Dr. Ratliff said that telepsychiatry has been an ongoing success in getting the clients out of the emergency room. The hospitals that are involved in telepsychiatry are very pleased with the results of the programs. Dr. Ratliff said the program has had a shortage of doctors to do the consultations. With the additional hospitals coming on line, this will require more physician coverage. There are many forms that also have to be completed by the doctors which may add to the problem of hiring additional physicians. Dr. Ratliff said that a grant that the SC Hospital Association has received through The Duke Endowment, will allow the implementation of a single credentialing form to use, thereby saving the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Community Forum Update – John H. Magill</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>doctors time in completing the many forms.</p> <p>Dr. Ratliff said the telepsychiatry program was fully funded for two years and received partial funding for two additional years. However, the program needs to become self-sustaining. Springs Memorial, Baptist Hospital Easley, and Oconee Medical Center are the three largest users of the telepsychiatry system.</p> <p>The number of patients waiting in the emergency room on a Monday morning has decreased in the hospitals that have this system. Dr. Bank said the system has been accepted by a large majority of the patients. He can only remember one instance in the 4,000+ consultations where the client did not want to use the system.</p> <p>Dr. Evans had some questions regarding Carolina Pines Hospital. Dr. Ratliff explained how the hospital is evaluating the benefits of the system before purchasing the equipment. Dr. Ratliff invited the Commission to view the equipment and see how the system operates.</p> <p>Mr. Magill reported that ten community forums have been held to date. There are 15 forums remaining. Each and every forum has provided valuable information for the Department to use. The forum at Hall Institute was done differently from the forums conducted in the community as this was an inpatient facility. There were approximately 40 in attendance at Hall.</p> <p>The two forums that will be held in December are Veterans Victory House on December 9 and Coastal Empire on December 16.</p> <p>A notice and agenda of the meeting were sent out to all individuals and news media who requested information, in accordance with state law.</p> <p><i>At 11:20 a.m., on a motion by Buck Terry, seconded by Joan Moore, the</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p><i>Commission entered into executive session to receive legal advice concerning a contractual matter. Upon reconvening in open session at 11:50 a.m., the following motion was made:</i></p> <p>MOTION: <i>Buck Terry made a motion to accept the Resolution as presented by legal counsel on behalf of the Commission. The motion was seconded by Joan Moore. All voted in favor; motion carried.</i></p> <p>It was noted there was an error in the date on the second page of the Resolution which will be corrected for the Commission's signature at the January 2011 meeting.</p> <p>Following is the wording of the resolution as presented by the General Counsel:</p> <p style="text-align: center;">South Carolina Mental Health Commission</p> <p>RESOLUTION</p> <p>Whereas the campus of the former South Carolina State Hospital is held in a charitable trust by the Department of Mental Health for the care and treatment of persons being cared for by the Department; and</p> <p>Whereas the Department has determined that with the exception of the William S. Hall Psychiatric Institute, it will no longer need the balance of the campus property to accomplish its mission and duties; and</p> <p>Whereas the Department has been seeking offers for the campus, now referred to as "the Bull Street property" since 2008; and</p> <p>Whereas the agency has retained a commercial real estate broker, NAI Avant, which has</p>	

December 2, 2010

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>marketed the property both nationally and internationally; and</p> <p>Whereas the Department has received an offer from Hughes Development Corporation ("Hughes") of Greenville, SC to purchase the property in "as is" condition, less Hall Institute, for an amount that is within the range of the appraised value of the property; and</p> <p>Whereas following extensive negotiations with Hughes and with the advice and assistance of its real estate broker and outside counsel, the Department has prepared a Sale and Purchase Agreement by way of a counter-offer, which the Commission has found to be fair and reasonable;</p> <p>Now Therefore, the Mental Health Commission hereby Authorizes and Directs John H. Magill, as Executive Secretary and State Director, to execute on behalf of the Commission and the Department of Mental Health the Sale and Purchase Agreement with Hughes Development Corporation with the deadline for acceptance being no later than December 16, 2010.</p> <p>December 3, 2010 (should be December 2, 2010 – will be corrected)</p> <div style="display: flex; justify-content: space-between;"> Alison Y. Evans, PsyD, Chair Jane B. Jones </div> <div style="display: flex; justify-content: space-between;"> Joan Moore, Vice Chair J. Buxton Terry </div> <p>Everard Rutledge, PhD</p> <p>This Resolution will become part of the Commission's permanent records.</p> <p><i>On a motion by Joan Moore, seconded by Buck Terry, the business meeting was formally adjourned at 11:55 a.m.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Everard Rutledge, PhD (excused)</p> <p>John H. Magill Robert Bank, MD Rick Acton Brenda Ratliff, MD</p> <p>Brenda Hart Mark Binkley Shanna Amersen</p> <p>J. Buxton Terry Jane B. Jones</p> <p>Geoff Mason Versie Bellamy Michael Bedenbaugh</p> <p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	