

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>POLICY ISSUES</p> <p>1) Medical Director's Report – Brenda Ratliff, MD</p>	<p>Dr. Evans presented those items listed as Policy issues.</p> <p>Dr. Ratliff told the Commission that the DMH Infirmery, which opened in 1957, had undergone many changes. When Byrnes first opened, it had 166 beds. It was the Department's acute medical/surgical hospital. Many types of surgeries, as well as deliveries, were performed. During that period of time, Byrnes served DMH inpatients, the Department of Disabilities and Special Needs (DDSN) and the Department of Corrections' patients, as well as DMH employees. In 1960, Byrnes was certified for Medicare. In 1976, the Department of Health & Environmental Control (DHEC) licensed Byrnes as a General Infirmery. Most of the services offered at Byrnes continued to be offered until approximately 1990, when the requirement for such an infirmery was no longer needed. In 1998, all Department of Mental Health patients began receiving acute/hospital services away from the Byrnes facility at local hospitals. Byrnes also operated a full emergency room; however, this function ceased operation in 2005. Dr. Ratliff said that, at present, ambulatory services still exist through Byrnes. These are in the form of clinics. Physical therapy is also offered. Dr. Ratliff introduced Dr. Shalini Mittal, who is now in charge of the Infirmery.</p> <p>Dr. Mittal said that the Infirmery is now located at Morris Village and has 11 beds. It is now designed to care for patients with sub-acute/chronic medical needs. Patients are seen at the Infirmery when they have clinical needs that cannot be met at the different DMH locations. Some of the medical conditions that are managed in the unit are basic post-operative care; wound-decubitus management; conditions requiring isolation; supportive respiratory care; and end of life comfort care. Dr. Prier said as is the case in all DMH facilities, problems exist in staffing the Infirmery with nurses.</p> <p>The Commission expressed concern that the changes that have occurred at Byrnes are appropriate and correct for the patients. Dr. Ratliff responded that yes, the changes were appropriate in that the Mental Health system could not sustain a</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Update on New Children's Hospital - Brenda Hart/Jim Berry</p>	<p>facility such as Byrnes. Dr. Prier said that in 1994, Byrnes had a large number of geriatric patients. With the closure of Byrnes, more of these patients are seen at the local mental health centers that do not have the experience in treating geriatric patients. He feels that this is one area which needs to be addressed.</p> <p>Mr. Terry said that he has had a family member under Dr. Mittal's care and he was very impressed with the care that was given to this individual.</p> <p>Dr. Ratliff distributed a copy of the Annual Report of the Superintendent of the Lunatic Asylum to the General Assembly, dated 1874. She said that it was interesting to note there were similar problems in 1874 as there are today in the Mental Health system.</p> <p>Brenda Hart and Jim Berry showed the Commission two maps; one for the Bull Street property, and one map showing the Crafts-Farrow property. Mr. Berry pointed out the two sites being considered for construction of the new children's hospital. Mr. Magill said as the Sexual Predator Program grows, if a site is not available at Corrections, the Department may be forced to find a location for this program on available property belonging to the DMH. At one time, the Department wanted to locate the program at Manning; however, there was much objection to this in the community. There was also an idea to renovate the buildings at Crafts-Farrow for this program. The two buildings being considered for the Sexual Predator Program were the Shand and Davis Buildings, which were closed in the 1990's. Mr. Magill said that all options will have to be explored for this program. He also said that the Commission should keep this in mind when making a decision about where to locate the new children's hospital.</p> <p>Mr. Binkley explained that Just Care is located at Crafts-Farrow and also explained that they provide services to the forensic population. He said that Building One is being renovated to house additional forensic patients.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>FINANCE ISSUES</p> <p>1) Budget Forecast Update - Brenda Hart</p>	<p>It was mentioned that other buildings at Crafts-Farrow house various other departmental functions, such as Public Safety and Vehicle Management. It was noted that the Evaluation, Training and Research (ETR) Division will be moving to Building Three. Many of the buildings on this campus are closed.</p> <p>Mr. Berry then showed the Commission the lay out of the Bull Street property. Dr. Prier mentioned that some of Hall Institute's outpatient clinics could be housed elsewhere, but it would be more advantageous to locate these clinics on the same property as the new hospital. Mr. Magill said that in conjunction with a visit to the Sexual Predator Program, the Commission will ride by the proposed locations for the children's hospital this afternoon.</p> <p>Dr. Prier said that meetings have been held with the architect in Columbia who will design the hospital, as well as an architect in New York whose specialty is psychiatric hospitals. It has been determined that the Department does not have enough money to build the type of hospital it would like to construct, and there is definitely no money available to construct the outpatient buildings. It was mentioned that groundbreaking is planned for the end of this calendar year. Dr. Prier said that it is important to determine the number of beds that are needed since the funding is lower than anticipated. Initially, DMH was to build an 80 bed hospital. The actual census at Hall as of Monday, January 8, is 46, and there is no waiting list.</p> <p>Dr. Evans presented those items listed as Finance issues.</p> <p>Ms. Hart said that the deficit report contained in the Commission agenda packet contains some errors. She said that the centers have not had the time to implement the deficit reduction plans that were submitted to Central Office. The next report should show some improvement.</p> <p>Mr. Magill said that in past years, deficits were covered by a reserve account,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>which is rapidly depleting. He has been meeting with members of the General Assembly to inform them of the deficits that have been occurring in their areas. Mr. Mason said that meetings were held with all centers that have a deficit. Corrective action plans have been received and will be monitored. All centers have been told that Central Office's expectations are that no one center will incur an operational deficit this year, and each center will continue to work on eliminating carry forward deficits. All centers need to finish the year in the black. This will, of course, be impossible at Catawba Mental Health, but all efforts need to be made to decrease the deficit.</p> <p>The agency, as a whole, is not in a deficit.</p> <p>Mr. Magill explained that the Harris Hospital deficit reflects the opening of the new beds.</p> <p>Ms. Hart said that the Department received good news in the Governor's budget. It was recommended that DMH be funded additional state funds as follows:</p> <ul style="list-style-type: none"> \$5,025,000 - Annualization of acute psychiatric inpatient beds and Veterans' Nursing Home \$1,000,000 - Recruitment and retention of staff \$3,500,000 - Critical outpatient services \$3,300,000 - Sexual Predator Program <p>The Governor also recommended a reduction to DMH's budget of \$6.3 million for administrative savings from restructuring. Several smaller reductions related to savings strategies brings the total reductions to \$8.5 million. The net gain of \$4,257,264 is realized to DMH after the additions and reductions are taken into consideration.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="176 384 497 484">2) Six Month Report of Medical Care Accounts – Mark Binkley</p> <p data-bbox="183 997 453 1062">REPORT OF THE STATE DIRECTOR</p>	<p data-bbox="583 384 1566 654">Mr. Binkley presented the Six Month Report of Medical Care Accounts, which covers the period July 1, 2006 through December 31, 2006. For this period, collections totaled \$117,904.61, of which \$9,378.63 was the result of the debt set-off collection. The amount waived by delegated authority was \$82,668.42. Mr. Binkley said that the total amount collected through debt set-off for the year 2006 was \$268,074.13. He reminded the Commission that most of the amounts that were collected were from inpatients, and as the inpatient population declines, this amount will continue to decrease.</p> <p data-bbox="583 690 1566 959">Mr. Magill said that over the next six months there will be two initiatives that the Department will be working on. One initiative is to create more expertise in accounts receivable management. As an agency, DMH is not aggressively managing its accounts receivable. An information system needs to be developed that allows DMH to track its accounts receivable. Another initiative to work on is the Department's fees for services. Presently, the fees for outpatient services were set in the early 1970's. These need to be reviewed and a fee system established to reflect how DMH is operating today.</p> <p data-bbox="583 997 1566 1101">Mr. Magill said he'd like for the Commission to participate in Connie's evaluation and will be distributing information regarding this at the conclusion of the meeting.</p> <p data-bbox="583 1138 1566 1440">Mr. Magill said that DMH staff have met with staff from the Duke Endowment on two separate occasions. During the last meeting, DMH presented an overview of the organization. The staff of Duke Endowment have decided that behavioral medicine is an area in which they would like to invest some funding. They would like to put money in South Carolina through a working relationship with a state agency. The Department will be seeking the Endowment's assistance in establishing a systemic change to make an impact in our state. They are very much interested in the emergency room crisis, and technology areas. If they decide to fund something, they want a concrete plan as to how the money will be</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>used. They want to create something new and sustainable. Mr. Magill will be meeting with the SC Hospital Association to see if DMH could partner with them in some way in this endeavor, and, the Hospital Association, in turn, will be working with DMH on the creation of a proposal.</p> <p>Mr. Magill confirmed for the Commission that they will be visiting the Sexual Predator (SVP) Program this afternoon. He said that the Department will begin double bunking at the unit in anticipation of growth in the program. A request for a new facility for the SVP population has been added to the Department's capital request.</p> <p>Mr. Magill said that the Department will be issuing a Request for Quotation (RFQ) by the end of January for someone to operate the program. Responses could be received by the end of April. When this process was undertaken previously, DMH received four responses from outside vendors.</p> <p>It was noted there are not many states that are familiar with providing treatment services for this population of patients. The Canadians manage the majority of these patients in an outpatient setting. Dr. Prier said that he has been in the process of recruiting an individual who has an interest in this area and has become an expert in the field. This person will begin consulting with the Department in the Spring on the treatment of SVP patients, and will become an employee of DMH in July.</p> <p>Regarding the Forensic waiting list, Mr. Magill said that through the summer, the list experienced some growth. At times, there were 20 individuals waiting in the jail. Presently, the length of stay in the unit has decreased and the waiting list has decreased to 10 or below. The Department is currently in compliance and intends to remain there.</p> <p>Mr. Magill said that Shelley McGeorge, PhD, will change positions. She will</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>assume management of the Co-Occurring State Infrastructure Grant (COSIG) and retain responsibility for co-occurring initiatives. Ed Spencer will replace Dr. McGeorge handling the emergency room crisis. He will be meeting with hospitals and centers to look at how to improve the emergency room process. This will involve private hospitals as well as DMH facilities.</p> <p>Mr. Magill said that both Bryan and Harris Hospitals have been very cooperative in finding beds for patients. For instance, Harris Hospital admitted several clients from Springs Memorial. There was a back-up in the emergency room in Lancaster, and with Harris' newly opened beds, the facility took four of these patients within 24 hours.</p> <p>Mr. Mason said that effective December 18, 2006, the 20 new beds at Harris were opened, resulting in a functional capacity of 174. Today, the census at Harris is 162. In addition to the four patients from Springs Memorial, Harris has admitted 24 patients from Bryan Hospital in order to ease the capacity. Mr. Mason said that the Department is working to have a combined state-wide waiting list. All efforts will be made to keep clients in their home catchment area, but everything will be done to help with the emergency room back-up.</p> <p>It was noted that a training video containing seven CD's has been prepared to train emergency room staff on how to handle DMH clients. Three hundred sets have been prepared and a set will be sent to each emergency room in the state.</p> <p>Mr. Mason also said that Morris Village currently has a census of 138, and that all of the facility's new beds have been opened.</p> <p>Dr. Prier reported that both Bryan Hospital and Hall Institute have recently undergone Joint Commission surveys. Hall Institute received a full accreditation and the hospital is in the process of responding to the findings that were raised during the survey. Bryan Hospital received a conditional accreditation because of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																					
	<p>through February 28. The Department will pay registrations for some individuals who would like to attend the conference from the Multi-Cultural Affairs Committee.</p>																						
OTHER ISSUES	<p>No other issues were noted at this time.</p>																						
NOTICE/AGENDA	<p>A notice and agenda of the meeting were posted in accordance with state law.</p>																						
ADJOURNMENT	<p><i>At 11:05 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into Executive Session to review the Six Month Report of Litigation, and to select the winner of the Louise R. Hasenplug Award. Upon reconvening in open session, it was noted that only information was received. There were no votes or action taken. The meeting was formally adjourned at 11:45 a.m.</i></p>																						
ATTENDANCE Commission Members	<table border="0"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>James Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (excused)</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	James Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD	Jane B. Jones	H. Lloyd Howard (excused)																
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Staff/Guests	<table border="0"> <tr> <td>John H. Magill</td> <td>Ed Spencer</td> <td>Brenda Ratliff, MD</td> </tr> <tr> <td>Richard Harding, MD</td> <td>Shanna Amersen</td> <td>Shalini, Mittal, MD</td> </tr> <tr> <td>John Hutto</td> <td>Jac Upfield</td> <td>Shirley Furtick</td> </tr> <tr> <td>B. Michelle McDonald</td> <td>Danielle Oliver</td> <td>Ann Dwyer</td> </tr> <tr> <td>Ligia Latiff-Bolet, PhD</td> <td>Geoff Mason</td> <td>Bonnie Pate</td> </tr> <tr> <td>Laura W. Hughes</td> <td>Ed Taylor, PhD</td> <td>Rebekah Steen</td> </tr> <tr> <td>Ron Prier, MD</td> <td>Mark Binkley</td> <td>Paul Switzer, MD</td> </tr> </table>	John H. Magill	Ed Spencer	Brenda Ratliff, MD	Richard Harding, MD	Shanna Amersen	Shalini, Mittal, MD	John Hutto	Jac Upfield	Shirley Furtick	B. Michelle McDonald	Danielle Oliver	Ann Dwyer	Ligia Latiff-Bolet, PhD	Geoff Mason	Bonnie Pate	Laura W. Hughes	Ed Taylor, PhD	Rebekah Steen	Ron Prier, MD	Mark Binkley	Paul Switzer, MD	
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APPROVALS	<table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>			Alison Y. Evans, Psy.D., Chair	Connie Mancari, Recording Secretary																		
																							
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S.C. MENTAL HEALTH COMMISSION

Dinner Meeting Minutes

February 5, 2007

Cheraw, SC

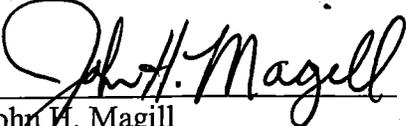
Attendance – Commission Members:

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Harold E. Cheatham, Ph.D
Jane B. Jones

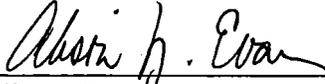
Staff/Guests:

John H. Magill
Connie Mancari
Janice Rozier
Board Members, Tri County Mental
Health Center

The S. C. Mental Health Commission met for dinner at 6:00 p.m., on Monday, February 5, 2007, at El-Sherif's Restaurant, 217 Second Street, Cheraw, SC. There was no topic or focus of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



John H. Magill
State Director



Alison Y. Evans, Psy. D., Chair
S.C. Mental Health Commission

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

**Tri County Mental Health Center
1035 Cheraw Highway
P.O. Box 918
Bennettsville, SC 29512
(843) 454-0841**

**February 6, 2007
Center Presentation**

**Attendance:
Commission Members**

Alison Y. Evans, Psy.D., Chair
Jane B. Jones
Harold E. Cheatham, Ph.D.

Joan Moore, Vice Chair
H. Lloyd Howard
J. Buxton Terry (excused)

Staff/Guests:

John H. Magill
Geoff Mason

Janice Rozier
Bob Thomas

Brenda Ratliff, MD

The S.C. Mental Health Commission met at the Tri County Mental Health Center on Tuesday, February 6, 2007. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 10:30 a.m. She thanked Janice Rozier and the staff of the center for all the courtesies extended to the Commission. Dr. Evans thanked the center for the opportunity to tour several of programs this morning; the Irby Street community residential care facility, the clubhouse, and the main center. She then turned the meeting over to Janice Rozier, Executive Director of Tri County Mental Health Center.

Ms. Rozier said that the Bennettsville building is approximately 13 years old. Tri County Mental Health provides services to clients in the counties of Chesterfield, Marlboro and Dillon Counties. The center employs approximately 55 staff throughout the three county catchment area. There is about 21 staff in the administration building. The only clubhouse that the center has is in Bennettsville. Tri County Mental Health Center (TCMHC) was originally part of Pee Dee Mental Health Center. TCMHC broke away from Pee Dee in 1965. Initially, the entire center had two staff members in each of the three counties. The total population of the three counties is 110,000. Even though TCMHC is the smallest of the community mental health centers, the center works with three sheriffs, three hospitals, three probation officers, 13 police chiefs, 13 city councils, and 13 mayors. There are 40 public schools in the catchment area. Ms. Rozier estimates there is one staff member per 30 sq.mile area in the catchment area.

Ms. Rozier said the center's budget is approximately \$2.4 million. Current caseload is approximately 1,200. Support received from the counties is very small. The county governments feel that the center is part of state government; therefore, the state should provide monetary support. Ms. Rozier said that the center has clients in different apartment complexes. One such apartment complex houses 15 clients. She said this living arrangement is helpful for them in that very few of these clients are re-hospitalized. Most of these clients progress out into the community.

Ms. Rozier also said there are several large boarding homes in the community. TCMHC has several clients living in these homes; however, other living arrangements are being sought for these clients.

Tri County Mental Health also has the only rural Mental Health Court in the state, located in Marlboro County. The court works well in this county, but there are no plans to expand the court into the other counties in the catchment area.

Ms. Rozier said that each of the center's offices has the core staff; adult counselor, child counselor, outreach, a nurse, and some physician coverage. Group therapy sessions are conducted at each office, as well as after-care. Because of the size of the center, there is no one person that performs only one service. All clinicians are trained to provide all services as required.

Ms. Rozier said that with the departure of the center's employment staff person, TCMHC does not have client employment services. However, the center has a good working relationship with Vocational Rehabilitation (VR). A VR counselor comes to the center on a weekly basis and takes referrals for jobs. She mentioned that unemployment is high in the area and the availability of jobs for even those individuals without a mental illness, is difficult to obtain.

The center offers emergency services in each county on a 24 hour a day/seven day a week basis. Staff makes calls to the local hospitals when required. The availability of psychiatric beds is minimal in the area. It was noted that Marlboro Park has a small gero-psychiatric unit. The waiting list for a bed has been low, but there have been times it has been as high as eight. Ms. Rozier said that psychiatric help in the emergency room is difficult to obtain and that the hospitals' staffs are unsure as to how to handle a mentally ill client. Mr. Magill mentioned the training videos that are being prepared for emergency room staff and suggested that Tri County may be a good location to view these videos.

Ms. Rozier also said that there are no crisis stabilization beds available in the hospitals, and the center is trying to obtain a contract with McLeod Regional Health and The Lighthouse for use of crisis beds. Mr. Magill mentioned the telepsychiatry unit concept that has been explored recently whereby a unit would be situated in a hospital's emergency room that would enable the emergency room physician to dispense medications to clients after hours to provide stabilization. He would like to see such a unit at each hospital in the state. He is looking to see if such a project would be acceptable to funding by the Duke Endowment.

Ms. Rozier said that the center is very active in the community and is part of an interagency council. The key state legislators for the catchment area are also a part of this council, and their attendance at council meetings enables the center's staff opportunities to speak with them about mental health issues.

Ms. Rozier said one very positive thing is that Tri County is not in a deficit position; however, this has proved very costly. The center has lost some program staff that has delivered some key services. This is especially true in client employment and in children's services. Recruitment of staff is a very big issue because being in a rural area is not very attractive to professional staff. Mr. Magill suggested that Dr. Ratliff meet with Dr. Harding to look into the possibility of funding a rural psychiatric fellowship.

Another problem facing the center is the proper training and licensure of staff. Most of the clinical staff is Masters level graduates, but are not licensed counselors. Ms. Rozier said the center would like to be able to train the staff so that they can obtain licensure. In return for this, the center could require the individuals work for the center for a certain number of years post

licensure. Ms. Rozier said that because of the quality assurance program that is in place, the non-licensure of clinical staff has not been a great problem because there is oversight provided.

Ms. Rozier inquired about the Electronic Medical Record (EMR). It was noted that the EMR is being piloted; however, the process for rolling it out state-wide has been slow. Dr. Ratliff said that with the resources that the Department had available for the EMR, much progress is being made.

Other issues of the center are:

- Computer hardware at the center needs upgrading; and,
- Many of the center's vehicles are old and will need to be replaced.

There being no further business, the center presentation concluded at 11:25 a.m.


Alison Y. Evans, Psy.D., Chair


Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

February 6, 2007, Tri-County Mental Health Center, 1035 Cheraw Highway, Bennettsville, SC 29512

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The February 6, 2007, meeting of the S.C. Mental Health Commission, was called to order at 1:00 p.m., by Alison Y. Evans, Psy.D., Chair, in the community room of the Tri-County Mental Health Center, 1035 Cheraw Highway, Bennettsville, SC. Susan Reed, RN, Emergency Services Coordinator for Tri-County Mental Health Center, delivered the invocation.</p> <p>Dr. Evans thanked the center again for its hospitality shown to the Commission. She also thanked the staff of the center for all the work done with the mentally ill in the Tri-County catchment area.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>The following guest was acknowledged: Jim Berry introduced Robby Aull, AIA, ACHA, who is employed by Stevens & Wilkenson and will be making a presentation on the new children's hospital later in the meeting.</p>	
<p>APPROVAL OF MINUTES</p>	<p><i>On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the Mental Health Commission meeting of January 9, 2007. All voted in favor. Motion carried.</i></p>	
<p>INFORMATIONAL REPORTS</p>	<p>Dr. Evans called everyone's attention to the monthly informational reports included in the agenda packet. She noted that the Legislative Update that was included in the packet did not mention the bill that was introduced concerning movement of the Sexually Violent Predator (SVP) Program from DMH to the Department of Corrections. Dr. Evans said that she has received word that the bill has progressed to the sub-committee and it may receive a hearing in the near future.</p>	
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>1) New Children's Hospital - Robby Aull, AIA, ACHA</p>	<p>Dr. Evans called everyone's attention to the new format for the meeting's agenda.</p> <p>Dr. Ron Prier said that over the course of the last several months, staff of the Department of Mental Health was involved in meetings to decide on the</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.									
	<p>appropriate type of hospital to build to replace William S. Hall Psychiatric Institute. He mentioned that because the Department wants to construct a child and adolescent psychiatric facility, which is a specialty hospital, DMH consulted via video conference with an architectural firm in New York, Architecture Plus. Stevens and Wilkenson, a local architect, is skilled in the construction of hospitals, not specialty hospitals. These meetings included both architectural firms and staff of DMH in order to determine ideas on the type and size of hospital that is needed.</p> <p>Mr. Aull of Stevens and Wilkenson said his firm developed a matrix of options from which to choose. Option One is the best practice model and is described as the complete model of a hospital that anyone would like to see. He described a sub-cluster as a patient unit that is divided into two or three sub-clusters of six to eight patient beds, which include group therapy, activity, consult and a nurse care desk, and are supported by unit-based administrative, clinical and support services. Mr. Aull continued to describe all the differences under each option as contained in the hand-out and is filed with the original of these minutes. Option One was developed based on a 68 bed hospital. High and low range costs for Option One are as follows. Option 1-1B does not include plans to construct the outpatient clinics.</p> <table data-bbox="563 1088 1404 1226"> <thead> <tr> <th></th> <th><u>Option 1-1A</u></th> <th><u>Option 1-1B</u></th> </tr> </thead> <tbody> <tr> <td>Low Range</td> <td>\$42,573,007</td> <td>\$39,198,798</td> </tr> <tr> <td>High Range</td> <td>\$50,728,934</td> <td>\$46,679,874</td> </tr> </tbody> </table> <p>Each of the other options listed, two through six, are based on a different sized hospital; 52, 44, 32, 28, and 24 beds.</p> <p>Dr. Cuffe explained that Hall Institute works with the most difficult and hard to handle children in the state. Many are from the Department of Juvenile Justice</p>		<u>Option 1-1A</u>	<u>Option 1-1B</u>	Low Range	\$42,573,007	\$39,198,798	High Range	\$50,728,934	\$46,679,874	
	<u>Option 1-1A</u>	<u>Option 1-1B</u>									
Low Range	\$42,573,007	\$39,198,798									
High Range	\$50,728,934	\$46,679,874									

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>(DJJ), and many of these children are highly aggressive. Many of the children that Hall works with have behavior problems, such as sexually acting-out. It is important to keep these children as separate as possible from the rest of the patients, and it is advisable to have single rooms. Having a hospital where one-third of the rooms are private rooms is important.</p> <p>Dr. Cuffe also said that it is easier to manage two units with eight beds. Currently, even though there isn't enough space, the sub-clustering concept is available at Hall. There are five units presently at Hall Institute. Dr. Cuffe said that since cost is obviously a factor in constructing the hospital, it is important to keep the two acute units. It was also noted that if the Department were to construct a hospital using the \$20 million that is available, the end result would be a hospital with less than what is currently available at Hall. It was noted, too, that the land cost is separate from the construction cost and that land preparation cost is minimal.</p> <p>No study has been completed regarding placement of the hospital on the downtown campus, or renovating the existing Hall Institute. Mr. Aull said that he didn't feel there would be much savings realized by renovating the old Hall Institute buildings. As a matter of fact, he said that it may take the complete \$20 million for renovation on the present 17 acres. Mr. Magill will be meeting tomorrow with the Budget and Control Board and will see if the idea of remaining on the downtown campus would be agreeable to them. He was of the opinion that they would not approve this.</p> <p>The Commission doesn't feel that constructing a hospital smaller than currently available would meet the needs of the children. They all are in agreement that the best option is Option 1-1A if funds were available. The Commission inquired if the hospital could be built separate from the outpatient clinics. It was noted this could be done, but the end result would not be the best practice model. Constructing the outpatient clinics elsewhere would save some money, although</p>	

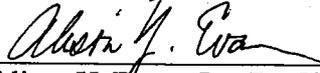
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Financial Update – John Magill</p>	<p>very little.</p> <p>Mr. Magill said this material was presented today for informational purposes only.</p> <p>Mr. Magill mentioned that Brenda Hart had a meeting at House Ways and Means this afternoon; therefore, he would present the financial information. He said that at the next Commission Meeting, Ms. Hart would make her first formal financial report. These reports may appear different from what was previously sent to the Commission as she has been working to make the reports easier to understand.</p> <p>Mr. Magill said the Department has had operational deficits for many years. These deficits have been rolling forward every year into the next year's budget. The agency has never fallen into an overall deficit situation because of the use of the reserve funds. Presently, most of the reserve funds are being kept for the new children's hospital construction. If these funds were used today to build the hospital, it would throw the Department into deficit, which is unconstitutional. The Department has taken a very aggressive deficit reduction campaign with the centers. Centers and hospitals have been told that deficits will not be tolerated, and all efforts should be made to end the year in a break even position. This may not be possible to do in all areas. For example, Catawba Mental health may end the year in a break even position, but still have a \$4 million deficit because this deficit has not been addressed previously. Some centers may end the year with a modest surplus. Mr. Magill said that next month the Commission will receive a progress report on the deficits, center-by-center. Mr. Magill said he will be requesting an advance on DMH's disproportionate share (DSH) funds from the Department of Health and Human Services (HHS); however, this may not be possible as HHS has been reviewing the formula by which DMH received the DSH for Hall Institute. Mr. Magill said that he is pleased because he feels the management is in place to correct these problems.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>3) Update on Toward Local Care (TLC) Beds – Geoff Mason</p>	<p>Mr. Mason said that in previous meetings, he's reported on the opening of inpatient beds. Today's presentation will cover the new TLC beds. The Department received \$1.5 million to open 100 new TLC beds. As of February 2, DMH has opened 54 of these beds. Mr. Mason explained that the TLC program has been in place since 1989. The goal of the program is to review all long term clients for appropriate placement in the community. DMH ensures that the individuals will have the necessary services available to them in order to function in the community when they leave the hospital. The TLC program has been very successful and the rate of recidivism has been minimal. Since the program started, over 1,555 patients have transitioned into community life.</p> <p>Mr. Mason reported that there is one lodge at Bryan currently being renovated. When complete, it will give the Department an additional 35 beds. Anticipated date for these beds to be operational is April 1.</p>	
<p>4) Abuse & Neglect Investigations by SLED – Mark Binkley</p>	<p>Mr. Binkley commented on the current Patient Protection Report in the Commission's agenda packet. He said that all cases involving alleged patient abuse, neglect, exploitation, suspicious death, etc., are now investigated by the SC Law Enforcement Division (SLED). This change is the result of a report completed by Protection and Advocacy that focused primarily on the Department of Disabilities and Special Needs (DDSN). One of the conclusions and recommendations of the report is that South Carolina needed SLED to investigate these types of complaints at both DDSN and DMH. SLED received money to fund a new unit (Special Victims Unit) for this purpose. This unit became operational on January 30, 2007. DMH still tracks these cases to ensure the facilities involved are kept informed.</p> <p>Mr. Binkley said the monthly Advocacy Report lists the number of grievances filed by clients and patients in the agency. He said there is a new Director of the Client Advocacy Division, who reports to him. Rochelle Caton, formerly with Protection and Advocacy, replaced Doug Cochran, who recently retired. Ms.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>5) Co-Occurring State Incentive Grant (COSIG) – Brenda Ratliff, MD</p> <p>6) Children’s Waiver – Brenda Ratliff, MD</p>	<p>Caton has been visiting the centers and hospitals around the state and speaking with the client advocates. She has received ideas for changes to the report and has started to implement the changes. The Commission will see a revised monthly report based on these recommendations.</p> <p>Mr. Binkley said the Department has a Memorandum of Agreement with SLED regarding the new SVU. There is a new 1-800 number which has been posted in the hospitals and centers. Staff and clients now contact SLED directly and everyone has been informed of the new process. A new Departmental Directive and on line training module have also been developed.</p> <p>Dr. Ratliff said that the COSIG grant was awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2006. This is a five year grant and will end in 2011. Total grant award is \$3,746,188 and there is no match involved by the state. Seventeen states received COSIG grants. It is geared toward services for those individuals who have both a mental illness and a substance abuse problem. This grant was awarded to South Carolina through the Governor’s Office, and involves DMH, the Department of Vocational Rehabilitation (VR), and the Department of Alcohol and Drug Abuse Services (DAODAS). DMH is the lead agency on the grant. The Substance Abuse/Mentally Ill (SAMI) committee is the advisory group for the grant. The Department of Health and Human Services is also a partner in the grant, even though the agency is not listed. One goal of the grant is to develop screening and assessment tools, as well as, training staff to recognize substance abuse in clients. There will be two pilot sites; one site in Charleston and one at Waccamaw. Staff involved in the grant includes Larry Barker from the Governor’s Office, and Shelley McGeorge, PhD, Project Manager for the grant.</p> <p>Dr. Ratliff said that a grant was awarded to South Carolina HHS through the Center for Medicaid Services (CMS). This is a five year grant that will run through November 2011, in the amount of \$8 million. The goal of the grant is to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="144 670 463 764">7) Corporate Compliance Update – Ligia Latiff-Bolet, PhD</p> <p data-bbox="144 971 463 1036">8) Quality Assurance Update – Ann Dwyer</p>	<p data-bbox="549 375 1527 634">identify the services that are needed for children in out-of-home placements, try to enable the children to return to their homes, and to work with them to stay at home. Dr. Ratliff said that this will require a waiver so as to add services that are not currently covered by Medicaid. One such service is the billing for Peer Support Services. DMH is the lead agency for the grant. Sheila Mills, from HHS, is the Project Director. Thirty children will be served under the first year of the grant, 100 children in the second year, and 130 children in the last year of the grant.</p> <p data-bbox="549 675 1527 935">Dr. Latiff-Bolet said that the Department is required to have a Corporate Compliance program and a policy regulating the program. She provided a copy of the policy to the Commission in their agenda packet. She mentioned the policy covers all the statutes regulating corporate compliance, both state and federal. The centers have been aware of the compliance regulations. Dr. Latiff-Bolet said that in the last year there were 27 compliance issues reported to Columbia, which is an increase from the previous year's total of 12. These issues range from medical record documentation to incorrect billing.</p> <p data-bbox="549 976 1527 1138">Ms. Dwyer reported that 18 audits were conducted in 2006, and that of these 18 audits, nine met the overall expectation of 90 percent or above. She said that 150 hours of training has been provided by the Quality Assurance (QA) office, state-wide. The centers take a lot of pride in the achievement of these scores and they place a lot of emphasis on achieving or exceeding expectations.</p> <p data-bbox="549 1179 1527 1308">Ms. Dwyer mentioned that Vicki McGahee is the Department's liaison with the community residential care facilities (CRCF). With the closure of so many of these homes in South Carolina, Ms. McGahee works to find alternate housing for the clients involved.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>9) Sexually Violent Predator (SVP) Program – Ronald E. Prier, MD</p>	<p>Dr. Prier said that the SVP Program will be at capacity next week as the program anticipates three new admissions. After next week, the next admission to the program will require the Department to begin double bunking of patients. Residents in the program have been told they need to consolidate their possessions to prepare for the double bunking. Mr. Magill mentioned that there is a committee comprised of Senate and House members, DMH, Corrections, and the Attorney General's staff to discuss and address the next steps regarding this program. Dr. Prier said that the program's new director is Chad Lominick, who formerly worked at Beckman Mental Health Center in Newberry. This addition to the program has done a lot toward staff morale.</p>	
<p>10) Just Care Audit – Ronald E. Prier, MD</p>	<p>Dr. Prier distributed a copy of the response to the audit report recently performed on the Just Care contract. He said that that one of the main recommendations mentioned in the report was to hire a contract monitor. Effective January 2007, Sharon Moffitt started in this position. The remainder of the issues was various discrepancies and physical plant issues that have been or are in the process of being corrected. Staffing of the unit has been evaluated and two new psychiatrists have been hired. There are policies and procedures in place. Dr. Prier feels that good progress has been made with the contract.</p>	
<p>SUMMARY & WRAP UP – John H. Magill</p>	<p>Mr. Magill said that the agency is not, overall, in deficit; there are reserves available to cover any shortfall. However, he did say that there are many decisions that need to be made in the next several months to ensure that DMH will finish the year in the black.</p>	
<p>OTHER ISSUES</p>	<p>No other issues were mentioned for discussion.</p>	
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were posted in accordance with state law.</p>	
<p>ADJOURNMENT</p>	<p><i>On a motion by Harold Cheatham, seconded by Joan Moore, the business meeting was adjourned at 2:50 p.m.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, Psy.D., Chair Joan Moore, Vice Chair Jane B. Jones</p>	<p>J. Buxton Terry (excused) Harold E. Cheatham, PhD H. Lloyd Howard</p>
<p>Staff/Guests</p>	<p>John H. Magill John Hutto Geoff Mason Mark Binkley</p>	<p>Brenda Ratliff, MD Candice Spencer Ligia Latiff-Bolet, PhD Jim Berry</p> <p>Richard Guess Ronald E. Prier, MD Ann Dwyer</p>
<p>APPROVALS</p>	<p> Alison Y. Evans, Psy.D., Chair</p> <p> Connie Mancari, Recording Secretary</p>	

S.C. MENTAL HEALTH COMMISSION MEETING
March 6, 2007, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p> <p>INTRODUCTION OF GUESTS</p> <p>APPROVAL OF MINUTES</p> <p>INFORMATIONAL REPORTS</p> <p>PRESENTATION OF LOUISE HASSENPLUG AWARD</p>	<p>The March 6, 2007, meeting of the SC Mental Health Commission, was called to order at 9:00 a.m., by Alison Y. Evans, Psy.D., Chair, in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Chaplain Charles Clary, C.M. Tucker, Jr., Nursing Care Center, delivered the invocation.</p> <p>The following guests were acknowledged: Roddie Burris, The State Newspaper; Elizabeth Bates, U.S. Public Health-Lilly; Shanna Amersen, Capitol Information Affiliates; and Bonnie Loomis, Palmetto Behavioral Health.</p> <p>The Commission approved the following sets of minutes:</p> <ul style="list-style-type: none"> • <i>On a motion by Lloyd Howard, seconded by Jane Jones, the Commission approved the minutes of the Commission Dinner Meeting of February 5, 2007. All voted in favor; motion carried.</i> • <i>On a motion by Harold Cheatham, seconded by Lloyd Howard, the Commission approved the minutes of the Center Presentation of February 6, 2007. All voted in favor; motion carried.</i> • <i>On a motion by Lloyd Howard, seconded by Harold Cheatham, the Commission approved the minutes of the Mental Health Commission Meeting of February 6, 2007. All voted in favor; motion carried.</i> <p>Dr. Evans called everyone's attention to the informational reports included in the packet. No specific comment was many on any of these reports.</p> <p>Dr. Evans introduced Louise Hassenplug for whom the award was named. It was noted that the award is made to recognize the people who serve the mentally ill. Mrs. Hassenplug was appointed to the Mental Health Commission in 1987, and she served on the Commission until 1993. At that time, she had to leave her duties on the Commission as her husband suffered from bi-polar disorder and she</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>1) Supreme Court Decision – Mark Binkley</p>	<p>could not be away from home for long stretches of time.</p> <p>The nominees for this year’s award were: Cynthia Smith – Aiken-Barnwell Mental Health Center Denice Champlin – Aiken-Barnwell Mental Health Center Judy Root, Ph.D – Harris Psychiatric Hospital Stephanie Trotter Wirthlin – Piedmont Center for Mental Health Services Debbie Calcote – Berkeley County Community Mental Health Center Carla Damron – Columbia Area Mental Health Center</p> <p>Congratulations were extended to this year’s winner, Denice Champlin.</p> <p>Mr. Magill updated the Commission on several issues:</p> <ul style="list-style-type: none"> ● Center/facility visits are still taking place. Mr. Magill is trying to meet and dialogue with the staff and allow them to ask questions of him. ● Duke Endowment – Mr. Magill said that in a few weeks a group from DMH will be traveling to North Carolina to meet with the staff of Duke Endowment and, hopefully, finalize a proposal. He is looking to fund an effort to develop telepsychiatry across the state. The SC Hospital Association is also interested in partnering with us on this. <p>Mr. Binkley acknowledged Kim Carter, an attorney on his staff who was a vital part of the preparation of the brief for the court case. Mr. Binkley said there is good news to report. The Supreme Court not only made the decision that the Bull Street property is a charitable trust, but the court decided that after the property is sold, all the proceeds would go to the Department of Mental Health. He said the brief was nine pages long, and that five of those pages covered historical background of how the Department acquired the property. The last page mentioned that the property is no longer necessary to house mentally ill patients. Therefore, the court decided the property can be sold and that the proceeds from the sale must remain in trust for the benefit of DMH for the care and treatment of</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Relocation Status – Hall Institute/Byrnes & Bryan – Brenda Hart</p>	<p>the mentally ill. This decision was in agreement with the Attorney General’s determination. Mr. Binkley said that the opinion of the court would give the Commission the authority to sell the property in whole or to carve out Hall Institute from the parcel of land. Dr. Evans thanked both Mr. Binkley and Mr. Carter for their efforts in this regard.</p> <p>Ms. Hart said that there are three major barriers to DMH’s vacating the Bull Street property. The first barrier is that DMH’s energy plant must be relocated from the State Hospital campus; secondly, Hall Institute, the children’s psychiatric hospital, must be relocated; and, third, Bryan Psychiatric Hospital, on DMH’s Northeast Campus, needs major renovation to correct a construction flaw affecting patient and staff buildings. While correcting the problems at Bryan, DMH plans to temporarily move patients back to the Byrnes building on the State Hospital grounds. The Department does not have the full funding to build a new hospital for children, or enough funding to complete the renovations to Bryan.</p> <p>DMH’s initial cost to construct a children’s hospital, received in 2005, was estimated to be \$20.6 million. Recently, a specialized architectural firm contracted by DMH has given estimates ranging from \$43 million to \$51 million, depending on the number of beds and the inclusion of existing outpatient services.</p> <p>Bryan Psychiatric Hospital (BPH) was constructed in 1977 with fire-retardant treated wood (FRTW) that has since deteriorated and must be replaced as it poses a safety hazard. While this work is being done, 140 patients (four lodges) will be moved from BPH to the Byrnes building on SC State Hospital grounds. The Department has funding and Budget & Control Board approval to proceed with the replacement of the roofs on four of the patient lodges. This should be completed by June 2008. However, the Department also has to begin renovations of four remaining lodges, the support services buildings, and the administrative buildings. This would require a total of \$13.3 million. If the General Assembly appropriates \$7.8 million of the \$13.3 million, DMH could renovate the four</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																																				
3) Update on DMH Budget Request – Brenda Hart	<p>remaining lodges by June, 2009.</p>																																					
	<p>The energy plant that is located at State Hospital serves not only the buildings on the State Hospital campus, but also the contiguous properties, such as Tucker Nursing Center on Harden Street. DMH has set aside the necessary funds for this project, scheduled to be completed by March 2008, at a cost of \$2.6 million.</p>																																					
	<p>Ms. Hart said this information has been given to a number of individuals so they are aware of the issues and of what the Department is facing.</p>																																					
	<p>Ms. Hart presented the results of the Department's budget approved by the full committee of the House Ways and Means.</p>																																					
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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>4) Report of the Inpatient Hospitals Governing Body Meeting of 1/23/07 – Ronald Prier, MD</p>	<p>Construct new Sexually Violent Predator facility \$45,000,000 ----</p> <p>Mr. Magill said the Department presented the budget to the Senate Finance Committee on March 1. He zeroed in on several of the items mentioned above; recruitment and retention of clinical and nursing staff, the roof repair at Bryan Hospital, the McCormick satellite office, and the Columbia Mental Health Center expansion.</p> <p>The Commission inquired about the funding recommended for the McCormick satellite office. It was noted that this project is on schedule. Ms. Hart said there is a bill, which has passed the Senate, which would give the money to the City of Columbia that DMH received to establish the homeless shelter. The bill could very well end up in conference committee this year.</p> <p>Dr. Prier mentioned the highlights from the January 23, 2007, meeting. He called the Commission's attention to the complete report, which is contained in each member's agenda packet.</p> <ul style="list-style-type: none"> ● Dr. Prier said that his division is working on salary restructuring as there have been problems in attracting clinical and nursing staff. There are also problems of this type at Harris Hospital, but they are in the area of physician recruitment. ● The 20 new beds at Harris Hospital are now operational. Dr. Prier mentioned that available beds for DMH facilities are currently being managed centrally, in an attempt to place patients where there is an opening and avoid a long wait time. This new system also includes the beds for Harris Hospital ● The Department of Justice surveys were conducted at Tucker Center on November 13-17, 2006 and December 18-21, 2007. The facility is in the process of developing a response to the recommendations made. 	

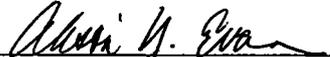
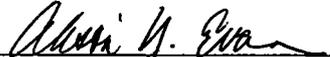
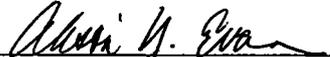
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>5) Inpatient Reorganization – Ronald Prier, MD</p>	<p>MOTION: <i>On a motion by Lloyd Howard, seconded by Buck Terry, the Commission approved the minutes of the January 23, 2007, Inpatient Hospitals Governing Body Meeting. All voted in favor. Motion carried.</i></p> <p>Dr. Prier presented the new organization chart for the Division of Inpatient Services. He said that he is happy to have a very capable group of people willing to assume the new roles they were given.</p> <p>Dr. Prier said that Jac Upfield is the Chief of Operations for the new division and will supervise all the facilities; Versie Bellamy is the Chief of Staff and will supervise all the individual staff elements. Both ladies are senior nurses and have been with the Department for a long period of time.</p> <p>Dr. Prier said that he has been reviewing all areas of inpatient care to be sure that all efficiencies are being reviewed. With the addition of Harris Hospital and C.M. Tucker, Jr., Nursing Care Center, the Division of Inpatient Services has a combined budget of \$150 million, and 1,500 beds. It was noted that long term care beds will increase to 900 when the Veterans Victory House is fully operational.</p> <p>The Commission asked if this new reorganization has had an impact on the emergency room situation. Dr. Prier said that by managing the available beds for the entire state from a central location will allow the patients to move into beds at a faster rate. The emergency room problem is still a concern, however. Dr. Prier said that many of the people who come to the emergency room have no history with DMH.</p> <p>Dr. Prier said that over the last several years Bryan Hospital has assumed the role of both an acute and long term facility. However, the programming has not kept pace with the consolidation. He has started to look at the acute lodges as separate</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>6)Leadership Development - Mentoring Program - Richard Harding, MD/ Sandy Hyre</p>	<p>entities from the long term lodges. The long term lodges have been moved to Byrnes and will remain there during the renovation. The program manager is on site to address the needs of these patients. Byrnes is taking on the appearance of a community rather than a hospital. The main focus is recovery. The floors at Byrnes are now referred to as avenues. The remaining four lodges at Bryan are the acute lodges. The advocacy organizations have noticed the changes that have been implemented.</p> <p>Dr. Prier said that all the changes that are occurring are contingent on the organization's ability to hire staff, especially nurses. Ms. Upfield and Ms. Bellamy are members of the SC Nurses Association and have been working to increase enrollment and to bring psychiatric nursing to the forefront.</p> <p>Mr. Magill said that everyone is working to resolve the emergency room issue. A set of DVD's is being developed that will enable the hospital's emergency room personnel to better assist psychiatric patients in a crisis situation. A set of these DVD's is being made for each hospital's emergency room in the state. The Commission is very interested in these DVD's and they will be added to the list of recipients.</p> <p>Dr. Harding said that about three or four years ago, Governing Council discussed the fact that the Department will have a number of individuals in key management positions retiring in a short period of time. It was decided that a program needed to be implemented to develop the staff to assume these positions. A Mentoring/Succession program was developed to address this problem. To date, three classes have been held. He said that Sandy Hyre is a Masters level nurse and the Administrator of the Division of Evaluation, Training and Research (ETR) and coordinates the Mentoring Program.</p> <p>Ms. Hyre said that her office is working to develop a cadre of leaders to move up in the organization. The program is handled in a methodical way by using in-</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>8) Budget Update – Brenda Hart/ Geoff Mason/ Ronald Prier, MD</p>	<p>recovery;</p> <ul style="list-style-type: none"> - People in recovery and service providers must focus on health holistically, being aware of mind, body, spirit and environment; - Meaningful work, safe housing and pleasurable leisure are necessary components of recovery; - People with mental illnesses must be given choices about all aspects of their lives, and they must be supported in these choices even when those choices may not seem likely to lead to success. - People in recovery need valuable roles in the community; - People in recovery may still experience symptoms; - Having adequate finances to meet basic needs is vital to recovery; - People recover in partnership with family, friends and professional mental health workers and in communities where public and private service providers and advocacy groups work in partnership to provide support; - Hope is a vital component of recovery. <p>Mr. Ham said that safe and affordable housing must be developed for the clients. Peer Support Services is a good example of clients entering the work force and a very good example of Recovery.</p> <p>Ms. Hart said that the Commission will receive the full budget forecast next month. The focus currently has been on the centers and facilities deficits. There has been an increase in the centers' deficits; however, five centers have made progress in correcting the deficits. Facilities, overall, are in deficit.</p> <p>Mr. Mason said that he has been working with the centers to eliminate or reduce the deficits. Centers that are in deficit provide a monthly corrective action plan. Mr. Mason has been visiting the centers on a monthly basis, looking at productivity reports and other data to get a sense of what is causing the deficits. In addition, he has sent the centers a memorandum stating that all mental health centers need to be in fiscal balance for 2007. If a center is still in deficit at the end</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>of fiscal 2007, a Work Improvement Notice will be instituted. Additional accountability has also been placed on the center director. Mr. Mason has made use of the services available from Anne Summer by having Ms. Summer review the centers' data, productivity, and Medicaid billing in order to maximize every opportunity for cost savings. As a result, some services and/or programs may have to be cut in order to decrease a deficit. Mr. Mason feels there is a sense of urgency on the part of the centers and they are working very hard.</p> <p>Mr. Magill said that in the future the financial reports will be more reflective of the efforts that have been taken. Currently, there are eight centers with a deficit of \$500,000 or greater.</p> <p>Dr. Prier said that the Inpatient Services Division is a new entity and the Columbia Behavioral Healthcare Services (CBHS) no longer exists. Dr. Prier meets with each program manager on a weekly basis regarding all issues, including financial. The big problem for his division is the filling of clinical positions. Currently, the admissions have been consolidated and are managed locally in Columbia.</p> <p>Managing Harris Hospital and C.M. Tucker Nursing Center brings other opportunities. Harris Hospital projects a rather large deficit. The opening of the new beds has increased the deficit. The facility spends a lot of money on referrals to the An-Med Medical System. This contract has been discussed with the management of the hospital. Dr. Prier said that the mentally ill population dies much sooner than others because of their conditions; therefore, there is a need to provide long term care and follow up after discharge.</p> <p>Dr. Prier said that Tucker Center consists of patients that require longer term medical treatment that includes Huntington's Disease, as well as lesser degrees of disorders. C.M. Tucker includes the veterans at Victory House and Campbell. Dr. Prier said that it is in these two facilities where Tucker's deficit lies. The</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>OTHER ISSUES</p> <p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p>	<p>census at Campbell needs to be kept at capacity. Currently, the census was up to 211 out of 220 beds. Dr. Prier said that every effort should be made to keep patients in the cue to take beds as they become available. Mr. Terry mentioned that for the last several years, there has been a waiting list at Campbell. As the facility has a 220 bed capacity, DMH pays the contractor that runs the program \$11.5 million/year. This amount is paid whether 220 beds are occupied or not. DMH is losing approximately \$600,000 as a result of unoccupied beds. Mr. Terry is happy to see that Campbell's census has increased.</p> <p>Dr. Prier said that he is planning to move the clinics at Byrnes to the Midlands Center where a building is being renovated. This will allow the consolidation of the clinics from both Byrnes and Bryan.</p> <p>Dr. Prier also said he will be meeting with the assessment team of the Medical School to review the contracts in order to see what areas are available for outsourcing.</p> <p>Jane Jones commented on the decrease in the Medicaid billing. She inquired if staff are aware of what needs to be documented in order to maximize on Medicaid billing. It was mentioned that staff are being trained and this issue is being looked at very seriously. Mr. Magill said that a letter was written to the Department of Health and Human Services (HHS) last summer listing ten to 12 issues concerning billing. DMH is pushing for an expedient review of our concerns, which should also address the billing issue.</p> <p>A notice and agenda of the meeting were posted in accordance with state law.</p> <p><i>On a motion by Harold Cheatham, seconded by Buck Terry, the business meeting was adjourned at 11:20 a.m.</i></p>	

TOPIC	DISCUSSION		FOLLOW UP, ETC.																																							
<p>ATTENDANCE Commission Members</p>	<p>Alison Y. Evans, PsyD, Chair Joan Moore, Vice Chair Jane B. Jones</p>		<p>J. Buxton Terry Harold E. Cheatham, PhD H. Lloyd Howard</p>																																							
<p>Staff/Guests</p>	<table border="0"> <tr> <td>John H. Magill</td> <td>Shanna Amerson</td> <td>Judy Root</td> </tr> <tr> <td>Charlie Knisley</td> <td>Paul Switzer, MD</td> <td>Mark Binkley</td> </tr> <tr> <td>Elizabeth Bates</td> <td>Kim Carter</td> <td>Jeff Ham</td> </tr> <tr> <td>John Hutto</td> <td>Sandy Hyre</td> <td>Nancy McCormick</td> </tr> <tr> <td>Ed Taylor, PhD</td> <td>Ligia Latiff-Bolet, PhD</td> <td>Ann Dwyer</td> </tr> <tr> <td>Brian Shealey</td> <td>Jim Berry</td> <td>Valarie Perkins</td> </tr> <tr> <td>Shirley Furtick</td> <td>Debbie Calcote</td> <td>Thomas Marsh</td> </tr> <tr> <td>William Noyes</td> <td>Debbie Dukes</td> <td>Denice Champlin</td> </tr> <tr> <td>Cynthia Smith</td> <td>Jac Upfield</td> <td>Versie Bellamy</td> </tr> <tr> <td>John Young</td> <td>Carla Damron</td> <td>David Blondeau</td> </tr> <tr> <td>Stephanie Wirthlin</td> <td>Bonnie Pate</td> <td>Richard Harding, MD</td> </tr> <tr> <td>Bonnie Loomis</td> <td>Geoff Mason</td> <td>Brenda Hart</td> </tr> <tr> <td>Ron Prier, MD</td> <td>Roddie Burris</td> <td>Louise Hassenplug</td> </tr> </table>		John H. Magill	Shanna Amerson	Judy Root	Charlie Knisley	Paul Switzer, MD	Mark Binkley	Elizabeth Bates	Kim Carter	Jeff Ham	John Hutto	Sandy Hyre	Nancy McCormick	Ed Taylor, PhD	Ligia Latiff-Bolet, PhD	Ann Dwyer	Brian Shealey	Jim Berry	Valarie Perkins	Shirley Furtick	Debbie Calcote	Thomas Marsh	William Noyes	Debbie Dukes	Denice Champlin	Cynthia Smith	Jac Upfield	Versie Bellamy	John Young	Carla Damron	David Blondeau	Stephanie Wirthlin	Bonnie Pate	Richard Harding, MD	Bonnie Loomis	Geoff Mason	Brenda Hart	Ron Prier, MD	Roddie Burris	Louise Hassenplug	
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<p>APPROVALS</p>	<table border="0"> <tr> <td style="text-align: center;">  <hr/> Alison Y. Evans, Psy.D., Chair </td> <td style="text-align: center;">  <hr/> Connie Mancari, Recording Secretary </td> </tr> </table>		 <hr/> Alison Y. Evans, Psy.D., Chair	 <hr/> Connie Mancari, Recording Secretary																																						
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S.C. MENTAL HEALTH COMMISSION

**Dinner Meeting Minutes
April 2, 2007
Charleston, SC**

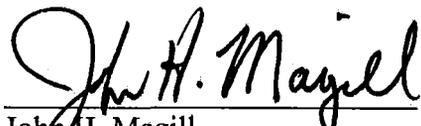
Attendance – Commission Members:

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Harold E. Cheatham, Ph.D
H. Lloyd Howard
J. Buxton Terry

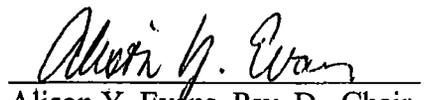
Staff/Guests:

John H. Magill
Connie Mancari
Debbie DiNovo
Board Members, Charleston Mental
Health Center

The S. C. Mental Health Commission met for dinner at 6:00 p.m., on Monday, April 2, 2007, at Sunfire Grill and Bistro, 1090 Sam Rittenberg Blvd., Charleston, SC There was no topic or focus of discussion. Social topics were mixed in with any reference to the Department of Mental Health.



John H. Magill
State Director



Alison Y. Evans, Psy. D., Chair
S.C. Mental Health Commission

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

**Charleston-Dorchester Community Mental Health Center
West Ashley Clinic
2100 Charlie Hall Blvd.
Charleston, SC 29414
(843) 852-4100**

**April 3, 2007
Center Presentation**

**Attendance:
Commission Members**

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

J. Buxton Terry
H. Lloyd Howard
Harold E. Cheatham, Ph.D

Staff/Guests:

John H. Magill
Stacy Cody
Virginia Johnson
Jennifer Roberts

Steve Miller
Patricia Nnadi
Brandon Dermody
Brenda Ratliff, MD

Brenda Hart

The S.C. Mental Health Commission met at the Charleston-Dorchester Mental Health Center on Tuesday, April 3, 2007. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 8:45 a.m. Ms. Debbie DiNovo, Executive Director of the Charleston-Dorchester Mental Health Center welcomed the Commission to the center, and asked each Commission member to introduce his or herself. Ms. DiNovo turned the meeting over to Mr. Matt Dorman, Director of the Tri County Crisis Stabilization Unit.

Mr. Dorman said that the Tri County Crisis Stabilization Unit (TCCSU) began in 1999 as a six-bed unit that quickly expanded to an eight-bed unit. The unit was started in a free-standing house and the program operated 24 hours/day, seven days/week. Length of stay in the program is 14 days, and most of the initial admissions were voluntary. In the beginning, the staff included a Director, five Registered Nurses, six clinicians, one Psychiatrist, residents who were on call at night and the weekend, and one Administrative Assistant. The targeted population was individuals who were 18 years of age and in psychiatric distress. The criteria for admission included stability, non-violent and non-combative, and individuals who will, and can, participate in physical activities. The program treatment covers group therapy, individual therapy, medication management, physician visitation, detox, and linkage to other community services.

Mr. Dorman said that as the program grew, more beds were needed, clients required access to medical facilities, and clients required transportation to continue the treatment received. In 1999, the Charleston Center, Medical University of South Carolina, and the Charleston Mental Health Center developed a joint project was developed to have shared access to treatment for substance abuse and mental illness.

In 2000, a meeting was held with all agencies at interest to address the problem of the clients in the emergency rooms. Many ideas were discussed such as social detox, additional crisis beds, etc. Funding was also required. A building was located which required enhancement. Staff would transport clients from all areas to the Tri County Crisis Stabilization Center. Community collaboration allowed the augmentation of staff at the Charleston Center to enable admissions to

occur 24 hrs./day, seven days/week. Clients receive services when they are in need. The emergency rooms can make discharges when required to the crisis stabilization unit. The result is that the community ultimately owns the program, and the community has the responsibility of correcting problems when they occur.

Staff at the crisis stabilization unit provides consultation to the Charleston Center so that the dually diagnosed clients will receive detox when needed. Likewise, if the Charleston Center receives an individual for detox who is in need of psychiatric services, the unit will provide mental health consultation. Charleston Memorial Hospital is the number one referring source to the unit. Funding for the crisis stabilization unit is provided in various amounts from all stakeholders, including 30 meals per day that are provided from the Sheriff's Department.

In 2004, Tri County Crisis Stabilization Center opened on the second floor of the Charleston Center. Budget for the unit is as follows:

\$231,982 from local stakeholder contributions;
\$319,033 from state allocations;
\$182,162 one time Toward Local Care crisis funds;
\$163,422 projected Medicaid revenue;
\$100,932 Charleston/Dorchester Mental Health Center.

Total cost of the program is \$997,531. The program completed 2006 with a balanced budget. In 2007, 1,019 individuals were referred, average length of stay (ALOS) was 2.8 days, and nine individuals were hospitalized. In 2006, 1,119 clients were referred, length of stay was 3.2 days, and 20 individuals were hospitalized. The ALOS in 2006 at local inpatient hospitals was 9.3 days. In 2001, 382 clients were diverted from the hospital, and in 2007, 633 were diverted. Mr. Dorman explained that step down allows a faster turn over of an acute bed. However, once individuals are discharged from the hospital, it is difficult to get them to return for a follow up visit.

In 2006, the average cost to DMH per admission was \$4,185, or \$450.00 per day. In 2006, the average length of stay at Tri County Crisis Stabilization Center was 3.4 days, and the average cost per admission was \$1,473.46. The occupancy was 6.9 in March and Mr. Dorman said that the occupancy rarely goes to 10.

Mr. Dorman said that there are many challenges facing the center, such as:

- Cross training of mental health staff and substance abuse staff to treat both type of clients;
- Continue to market the Tri County Crisis Stabilization Center as both a diversion program and a step down program;
- Continue to serve the needs of the clients;
- Continue to serve crack cocaine users, understanding that these clients may leave the morning after treatment;
- Maintain licensure as a community residential care facility;
- Pressure to accept admissions regardless of appropriateness;
- Viability of the Day Program;
- Abundance of paperwork required by both the Department of Health and Environmental Control (DHEC) and the Department of Mental Health.

The formal center presentation concluded at 9:50 a.m.

Center Presentation
Charleston-Dorchester Community Mental Health Center

Page 3

At 10:00 a.m., Ms. DiNovo opened the Question and Answer session. She said that Charleston/Dorchester Mental Health Center is the largest mental health center in the state and has a budget of approximately \$20 million. The center also has a deficit of \$597,000. There are three main clinics; North Charleston, Dorchester, and Charlie Hall. The center has approximately 300 staff serving approximately 4,000 clients.

Charleston was the first area/center in the state to have a Mental Health Court. Ms. DiNovo said the center has a Rural Outreach and Direct Services (ROADS) team. She said that the center has closed all of its community care homes that the center operated because of a decrease in funding. Charleston Mental Health Center has only 16 clients in community care homes. The center continues to work to place clients into apartments, and Homeshare. When the community care homes were closed, the center made certain that appropriate living arrangements were made for the clients before they were moved.

Ms. DiNovo said the center receives approximately \$5,000 from each of the local schools. The center also receives funding from county council. She also said that she is working to combine the staffs of both the child and adult services programs. This is a rather different approach to delivering services, but she is of the opinion that the center treats the whole family and that services should be provided in that manner. All staff should be trained to deliver the whole array of services offered at the center.

A question was asked regarding the funding stream to the centers and how it may change for the mental health centers. John Magill said that he feels the General Assembly will fund the Department better as a whole in future years than it has in the past. He feels that DMH will not only receive money for new programs, but also sustaining funds for the Department's recurring needs. He said he is of the opinion that the trust level is much better on the part of the General Assembly than it was previously.

Mr. Terry said that the legislative lunch/presentation that the center had for its delegation was very good because most legislators do not understand the mentally ill or recognize the problem of mental illness. It is a very good idea to bring the subject of mental illness to the forefront of recognition.

Mr. Howard mentioned that he feels the Department now has a vision for the future, something that was missing in previous years.

Ms. DiNovo said that one of the biggest problems the center has is holding staff accountable for productivity. At present, this has been the main focus for the center's administration, and this is being done in a positive way. She said that in the past three months, productivity has increased from 60 percent to 92 percent.

Another problem facing the center is recovery. The center is reviewing how care is delivered to the clients, keeping recovery in mind. Ms. DiNovo said that the concept of recovery has to be instilled into everything that is done in the center.

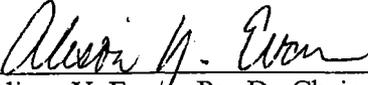
Since funds are scarce, managers are working with staff to try to deliver quality services and remain within budget.

Recruitment and retention of staff is always a problem. Ms. DiNovo said that recruitment of staff isn't as big a problem for the center as there are many people who want to work in the Charleston area. Brenda Hart said that the Department has initially received \$1.5 million for recruitment and

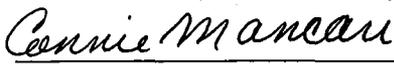
retention. In all likelihood, DMH may receive additional funds, and it may become a recurring request from the General Assembly.

A question was asked regarding insurance coverage for individuals with a mental illness. It was mentioned that some strides have been made in this area, but there's much more work to be done. South Carolina passed a Parity bill for Mental Health that was imbedded in the State Employee Health Plan. This is a constant battle. Mr. Magill feels there is more momentum in Congress this year regarding parity. The insurance industry is the biggest lobbyist against parity; however, the efforts against parity on the part of the insurance industry is weakening. As more data is released showing the strides that have been made for insurance coverage for mental illnesses, the case against Parity will weaken further.

The entire center presentation concluded at 10:40 a.m. Dr. Evans thanked the center for the presentation on crisis stabilization. She said that there have been many questions regarding what the Commission would like to see when a meeting is held at a center or hospital. She feels that the highlighting of one particularly successful program, as well as time to interact with staff, is most important to the Commission.



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



Connie Mancari, Recording Secretary
SC Mental Health Commission

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

April 3, 2007, Charleston-Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, SC 29414

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The April 3, 2007, meeting of the SC Mental Health Commission was called to order at 10:50 a.m., by Alison Y. Evans, Psy.D., Chair, at the Charleston-Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, SC. Dr. Scott Christie delivered the invocation.</p> <p>Dr. Evans again thanked Debbie DiNovo and the staff of the Charleston-Dorchester Community Mental Health Center for all the courtesies extended to the Commission during its visit.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>Dr. Evans acknowledged Brandon Dermody of Southern Strategy Group, representing Palmetto Low Country Behavioral Health.</p>	
<p>APPROVAL OF MINUTES</p>	<p><i>On a motion by Buck Terry, seconded by Lloyd Howard, the Commission approved the minutes of the SC Mental Health Commission Meeting of March 6, 2007. All voted in favor. Motion carried.</i></p>	
<p>MONTHLY/QUARTERLY INFORMATIONAL REPORTS</p>	<p>Dr. Evans called the Commission's attention to the monthly/quarterly informational reports contained in the agenda. It was noted that there is nothing unusual in the reports that needed to be highlighted. Mr. Binkley said that the Patient Protection Report still shows a large number of incomplete investigations because the State Law Enforcement Division (SLED) is still at the beginning of the new process of investigating all cases of patient abuse and neglect. SLED has a large volume of cases that includes both DMH and the Department of Disability and Special Needs (DDSN) cases. The agency is confident they will be able to bring this backlog up-to-date.</p>	
<p>DEPARTMENTAL OVERVIEW & UPDATE</p>	<p>Mr. Magill said he has asked staff to present various issues that may be of interest to the Commission. He said there are many good things going on in the Department. He has a strong management team and more people will be added in order to get the task done. The first item of update is the potential sale of a piece of property to the Lexington/Richland Alcohol & Drug Abuse Commission</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="159 1058 485 1125">3) Budget Status Summary – Brenda Hart</p> <p data-bbox="159 1334 414 1400">4) Deficits Update – Brenda Hart</p>	<p data-bbox="563 384 1549 1025">telepsychiatry consultation system. This system would connect DMH with every emergency room in South Carolina, to include connection with the Medical University. The Duke Endowment is very excited about this opportunity. Two meetings have been held with them, one in Columbia and one in Charlotte. Mr. Magill is quite confident that DMH will receive assistance from the Duke Endowment to implement what they think is one of the most innovative projects they have ever heard of in behavioral psychiatry. The SC Department of Health and Human Services (HHS) has pledged \$1 million for this project to be used as start-up money. Total project cost is \$6.5 million. Contributing to this \$6.5 million would be DMH, HHS, the SC Hospital Association, other hospitals, and the Duke Endowment. The HHS is interested in the project because the electronic health record has been included in the project. HHS has been experimenting with the electronic health record in other areas of the state. Mr. Magill said he does not want to pilot this system; he wants to have enough resources available at the beginning in order to implement it state-wide. A meeting is scheduled in the next few weeks that would include the Medical University, University of South Carolina School of Medicine, and the Medical College of Georgia. Mr. Magill said that the Duke Endowment likes the fact that the pledge of \$1 million was made for this project as it shows a definite commitment by a stakeholder.</p> <p data-bbox="563 1062 1549 1298">Ms. Hart said that the full Senate Finance Committee will meet next week. There will be questions asked of DMH staff to support our budget request. The forecast has been sent to the Commission previously. As of the February forecast, the Department is still \$11 million in deficit. Four of the mental health centers that were in deficit have improved their financial situation, but remain in a deficit position. Overall, it appears that Medicaid revenue is the driving force. Ms. Hart said that the Department will complete the fiscal year with a balanced budget.</p> <p data-bbox="563 1334 1549 1433">In Geoff Mason's absence, Ms. Hart reported on the deficits at the mental health centers. She said that Mr. Mason is continuing to meet with the centers that are in a deficit situation. Budget hearings will also resume. Medicaid billing appears to</p>	

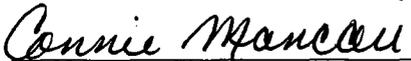
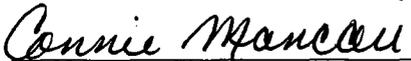
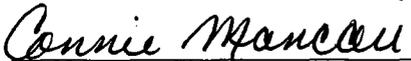
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>5) Hall Institute – Ron Prier, MD</p>	<p>have improved at some of the mental health centers. Mr. Magill said there are many issues regarding Medicaid that are facing DMH and, at some point, the Commission may want to have a special meeting regarding Medicaid. Mr. Magill said that the Director of HHS, Robby Kerr, is leaving state government. Mr. Magill said that Mr. Kerr has been a good ally for Mental Health and his departure will be a loss. Mr. Magill said there is a problem with DMH's disproportionate share money which will have a tremendous impact on the hospitals.</p> <p>Dr. Prier said that his organization has been reviewing different contingency plans to reconfigure Hall Institute in order to continue its mission. Dr. Prier said there are five units at Hall Institute; the male and female residential treatment facilities (RTF), the adolescent addictions program, and two acute units, adolescents and latency age. DMH began looking at other resources that could be utilized if we did not receive the money for all five programs. One option is to again put out a request for contracts. This was done on at least two other occasions. The only program that drew appropriate responses was the female RTF. This one program could potentially be contracted out. In looking at existing physical plant facilities that could be utilized, it was found that there is a 30 day unit at Harris that is available that, at one time, housed adolescents. This unit may be good for the male RTF. This program consists of Department of Juvenile Justice (DJJ) clients who have a longer length of stay. Jim Berry and the architect are at Harris Hospital today looking to see if this unit is appropriate. This unit has attached treatment facilities, a small gymnasium, and classroom space for schools.</p> <p>All of the above is possible provided that DMH can attract the right amount of staff for the programs. Dr. Prier said that hiring and paying for the staff needed would be considerably cheaper than constructing a facility.</p> <p>This is a contingency plan for two of the programs. DMH will be meeting with the architect specialist in New York to see what can be built for the three remaining programs with the funds available. The Department is looking to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>reconfigure what was in the original plan for Hall, what the new hospital would require, and what DMH would like to have built. The remaining programs at Hall treat the most severely mentally and the most dangerous adolescents.</p> <p>Mr. Howard is opposed to fragmenting the services at Hall across the state. He said that contracting out services does not work.</p> <p>MOTION: <i>Mr. Howard moved that the Department, within 60 days, request a bond issue in an amount sufficient to rebuild the William S. Hall Psychiatric Institute with sufficient space for all five current inpatient programs. Motion was seconded by Dr. Cheatham.</i></p> <p>Discussion then took place. Dr. Prier said the Department was taking the approach that a contingency plan was needed in the event that funding was not received to build the hospital that is required.</p> <p>Ms. Jones feels that everyone should stay focused on this issue and need to move forward with the original plan. Ms. Hart said she would have to research how the Department would approach a bond issue. She said that the construction of a new children's hospital was included in the Department's permanent improvement plan.</p> <p>Ms Moore said that a back up plan is needed in the event that funding is not received as requested. Dr. Cheatham said he remembered that there was discussion about building the hospital in two phases.</p> <p>Mr. Terry said that the bond issue needs to be looked at more closely. If it can be worked out, that would clearly be the way to go. Staff is doing what they should do to develop alternate plans. If it is determined that the bond issue won't work, then we should move forward on our contingency plans.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>6) Bryan Hospital Beds – Ron Prier, MD</p>	<p>After the discussion, the previous motion was restated:</p> <p>MOTION: <i>Mr. Howard moved that DMH staff report on what bonding alternatives are available for requesting a bond issue within 60 days in an amount sufficient to rebuild the William S. Hall Psychiatric Institute with sufficient space for all five Current inpatient programs. Motion was seconded by Dr. Cheatham. All voted in favor. Motion carried.</i></p> <p>Dr. Evans expressed the Commission's appreciation for the work done by staff in regard to the children's hospital. The Commission, however, needs to retain focus on its role.</p> <p>Dr. Prier said that the lodges at Bryan Hospital have a problem with the roofs, necessitating the movement of four lodges to the Byrnes building in order to repair/replace the roofs. The three acute units remaining at Bryan will be moved to Byrnes as the renovation project proceeds. The Department was tasked to open 35 new beds. The opening date for these new beds is April 1; however, 14 Registered Nurses were needed. A salary supplement was built into the hiring package for the nurses, which came close to what is being offered in the community. Of the 14 positions, only one position was filled. Salary has been a deterrent. As a result, the beds will be open incrementally. Yesterday, two beds were opened, and by Friday, four additional beds will open. DMH is paying for contract nurses in order to accomplish this. Not only is this expensive, but is creating stress on the nursing force. Also, some nurses who have gone into supervisory roles have gone back to work with the patients. Dr. Prier has met with Human Resources in order to, again, address the salary issue. Nurses are currently working 16 hour shifts.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>7) Bull Street Update – Mark Binkley/John Magill</p>	<p>Mr. Magill said that the Department is looking at all alternatives to work through the sale of the Bull Street property. A committee has been developed comprised of members of the Commission, the Attorney General’s office, the Budget and Control Board, the Mayor, and other individuals.</p> <p>Mr. Binkley said that during the meeting the three remaining barriers to vacating the property were reviewed with the committee. These barriers are the relocation of the central energy plant, construction of the Children’s Hospital, and the roofing problem at Bryan Hospital.</p> <p>Mr. Binkley said that because of the Supreme Court decision that found the Bull Street property is a charitable trust, the Department of Mental Health is the trustee of that trust and, therefore, has to take the lead in any efforts to sell the property. DMH asked the Attorney General for an opinion regarding whether the Department can utilize state appropriated funds to pay for some assistance in preparing to sell the property. Once the Department has a determination on this, and after approval of the Attorney General, DMH will retain an outside attorney to assist in the marketing and sale of the property.</p> <p>Mr. Binkley said that in marketing the property a decision will have to be made as to whether the Department would want to enter into an agreement with the city to re-zone the property. Mr. Binkley said that in doing this, the Smart Code would be enacted, which is a benefit to the seller in that it removes many of the contingencies that normally incur in a sale. The Office of General Counsel has obtained copies of requests for proposal (RFPs) for examples of the type of language that DMH could use.</p>	
<p>8) Commission Bylaws Revision – Mark Binkley</p>	<p>Mr. Binkley said that the impetus for the change in the bylaws was the creation of the new Division of Inpatient Services. He said that the make up of the Governing Body Committee is being changed by replacing the State Director as chair with the Deputy Director of Inpatient Services. Also, the Chief of Staff and</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>9) Emergency/Crisis DVD Demos – Brenda Ratliff, MD</p> <p>OTHER ISSUES</p>	<p>the Chief Operating Officer of the Division of Inpatient Services would be added to the Governing Body Committee. The other change was the section having to do with the medical staff bylaws. This section was quite lengthy and has since been condensed.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the changes to the Commission Bylaws. All voted in favor. Motion carried.</i></p> <p>Dr. Ratliff introduced Shelley McGeorge, Ph.D, who has assumed the leadership of the Co-Occurring State Infrastructure Grant (COSIG). She said that training was included in the grant. A DVD series was developed to train emergency room workers in working with the mentally ill. Lisa Reece has been working with the Department in the training and development of the DVD's.</p> <p>Dr. McGeorge explained how the DVD was developed and that a copy will be sent to every emergency room in the state. A total of 600 DVD's will be mailed. These should be able to help staff handle the volume of individuals with a mental illness who present in the emergency room.</p> <p>Ms. Reece distributed a copy of the brochure that will be sent with the training series. The DVD's can be copied for training in-house by the individual hospitals. In addition to the hospitals, DVD's will be sent to every DMH hospital and mental health center, the 301's, Vocational Rehabilitation, the Mental Health Commission, Probate Judges, and the advocacy groups.</p> <p>Ms. Reece gave the Commission a demonstration of what the DVD's cover.</p> <p>Dr. Evans mentioned that the next Commission meeting will be held on May 1. She also said that the Mental Health America Annual Meeting is on Friday, May 4, and that the Mental Illness Recovery Center (MIRCI) Lighting the Way for</p>	

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<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p>Mental Health activities are the evening of May 4 and all day on May 5. In conjunction with these events, Dr. Evans asked if the Commission wanted to hold its May meeting on Thursday, May 3. After much discussion, it was decided to keep the May meeting on Tuesday, May 1.</p> <p>A notice and agenda of the meeting were posted in accordance with state law.</p> <p><i>On a motion by Buck Terry, seconded by Lloyd Howard, the business meeting was adjourned at 12:25 p.m.</i></p> <table border="0"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, Ph.D</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard</td> </tr> </table> <table border="0"> <tr> <td>Wilson Inabinet</td> <td>Steve Miller</td> <td>Stacy Cody</td> </tr> <tr> <td>Patricia Nnadi</td> <td>Virginia Johnson</td> <td>Brandon Dermody</td> </tr> <tr> <td>Jennifer Roberts</td> <td>Brenda Ratliff, MD</td> <td>Brenda Hart</td> </tr> <tr> <td>John H. Magill</td> <td>Susan Monagan</td> <td>Emily Challis</td> </tr> <tr> <td>Shanna Amersen</td> <td>Sonya Jenkins</td> <td>Tom Paglianini</td> </tr> <tr> <td>T. Starnes</td> <td>Sarah Bales</td> <td>Leigh Turner</td> </tr> <tr> <td>Matt Dugan</td> <td>T. Reynolds</td> <td>Heidi Warren</td> </tr> <tr> <td>Emanuel Williams</td> <td>Michele Roberts</td> <td>Valerie O'Neil</td> </tr> <tr> <td>Jonnette Simmons</td> <td>Regina Brown</td> <td>Jim Mueller</td> </tr> <tr> <td>Shelley McGeorge</td> <td>Lisa Reece</td> <td>John Hutto</td> </tr> </table> <table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, Ph.D	Jane B. Jones	H. Lloyd Howard	Wilson Inabinet	Steve Miller	Stacy Cody	Patricia Nnadi	Virginia Johnson	Brandon Dermody	Jennifer Roberts	Brenda Ratliff, MD	Brenda Hart	John H. Magill	Susan Monagan	Emily Challis	Shanna Amersen	Sonya Jenkins	Tom Paglianini	T. Starnes	Sarah Bales	Leigh Turner	Matt Dugan	T. Reynolds	Heidi Warren	Emanuel Williams	Michele Roberts	Valerie O'Neil	Jonnette Simmons	Regina Brown	Jim Mueller	Shelley McGeorge	Lisa Reece	John Hutto			Alison Y. Evans, Psy.D., Chair	Connie Mancari, Recording Secretary	
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TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW AND UPDATE</p> <p>1) Bull Street Update - Mark Binkley</p>	<p>Mr. Magill said there are several issues concerning the sale of the Bull Street property that are on the agenda, and that Mark Binkley will begin this report.</p> <p>Mr. Binkley said that the SC Supreme Court declared that the Bull Street property is a charitable trust, and that the Mental Health Commission is the trustee of the property and should dispose of the property in the best way possible for the good of the clients and patients of the Department of Mental Health. He said there are several items that need to be taken care of prior to vacating the property, such as construction of a children's hospital to replace Hall Institute, as well as repairing the roofs at Bryan Hospital that necessitated relocation of the patients to Byrnes.</p> <p>Mr. Binkley said that the Department has been meeting with a number of individuals to identify several things that can be done in the interim to prepare for placing the property up for sale. One of the first items in the discussions with the Budget and Control Board and others is the issue of re-zoning the property. Prior to the SC Supreme Court decision, a lot of planning was done by the city and others as to what steps should be taken. An outside architect was engaged who was skilled in urban design. Significant effort went into including input from the neighborhood surrounding the property concerning historical preservation. A master plan for the re-development of the property was produced as a result of these efforts. The Commission received a presentation on this at a previous meeting. The master plan showed where the houses would be built, what buildings on the campus would be retained, and where the creek and lake would be located. The detail of how this would occur is included in the Smart Codes. The Smart Codes is a re-zoning document that is in a form which is ready to be presented and approved by the City of Columbia. One of the primary questions facing the Bull Street Committee is whether the Department of Mental Health should pick up where the re-zoning plan left off, or should the Department wait, given the amount of time that the clients will be occupying the property. The consensus of the committee is that it makes good sense to take the first steps</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>needed to re-zone the property. A decision needs to be made to determine if the Smart Codes are appropriate for DMH as the seller. All indications point to the fact that the Smart Codes will add value to the property, especially since it represents consensus from community groups as to the preservation of the property. The advantage to the Department in having that type of ground work completed is that any developer that would purchase the property for re-development would view this as work that a new developer would not need to undertake. The master plan developed was the groundwork for any future sale.</p> <p>Another issue is whether re-zoning should begin now years before any potential sale. It was decided that the city could begin the process pending final decision by the Commission.</p> <p>Mayor Coble said that the architect who developed the master plan was Andre Duany, and that the cost for this plan was split between the state, the Budget and Control Board and the City of Columbia. The plan involves input from every group that may have an interest in the property, including the Department of Mental Health, the neighbors, and the business community. Mayor Coble said the plan is two-fold. One, the plan is a consensus plan since it represents all of the neighborhood, community and historical issues that have been resolved; and, secondly, it is a comprehensive plan. Potential buyers will know that the regulatory issues have been addressed. He said that if the Commission approves, the plan will go through the Planning Commission, where it will receive first reading in a public hearing before City Council. Counties have to give two readings to issues. The plan would not receive second reading. The plan will then be held in abeyance awaiting additional direction from the Department and Commission prior to second and final reading.</p> <p>Anne Sinclair, member of Columbia City Council, said that the Duany Plan recommends that the Bull Street property be sold in six phases, with the idea that no one developer could purchase and develop the entire parcel. If a developer</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>wants to take a portion of the property and make a minor modification, this can be done without having to take the plan back through City Council and the Planning Commission.</p> <p>Mr. Binkley asked for the Commission's approval for staff to proceed to conditionally begin the re-zoning process of the property, and to ensure that the process will stop when necessary.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Harold Cheatham, the Commission accepted this plan under the Smart Code System, with the guarantee of the City of Columbia to go through one reading, and to hold off on final reading until the Commission gives final approval to proceed. All voted in favor. Motion carried.</i></p> <p>Mr. Binkley said there was a question if it would be possible to approve an expenditure of funds in order to prepare the property for sale. The Attorney General gave an opinion regarding this, which essentially states that the entity known as the charitable trust is synonymous with the Department of Mental Health, and as the governing body of the Department, the Commission also is the trustee of the charitable trust. The duties and responsibilities of the Commission under statutes are synonymous with the responsibilities it would have as trustee of the charitable trust. The opinion also said it is possible to use agency funds, as necessary, in order to prepare the property to be marketed and sold. Mr. Binkley then asked Commission approval to obtain a current appraisal of the property. Also, an environmental assessment needs to be done on the property. Mr. Magill said a thorough review of all the potential liabilities in the sale would need to be done. Mr. Binkley requested Commission to approve up to \$100,000 from which staff can draw funds to have an environmental assessment and an appraisal of the property. Brenda Hart mentioned that proceeds from the sale of Departmental property that had not been obligated could be used for these items, or the</p>	

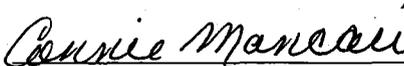
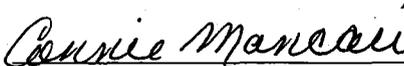
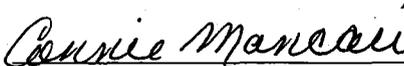
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) May is Mental Health Month Update – John Hutto</p>	<p>Department could use some Medicaid funds from cost settlements it has received. These are two sources from which the \$100,000 could be taken.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Lloyd Howard, the Commission approved that \$100,000 be appropriated for the purpose of an appraisal and an environmental study in order to prepare the property for sale. All voted in favor. Motion carried.</i></p> <p>Ms. Jones asked if the property could be marketed now prior to vacating the property. Mr. Binkley said that this is something that DMH could consider as there is no legal prohibition to doing this. He said that the Budget and Control Board informed DMH that marketing this parcel of property is such a large undertaking that it didn't have the expertise to do this. It is the intention of the Budget and Control Board to retain a national marketing firm to market the property. The Department is creating a list of terms for a Request for Proposal (RFP) for a national firm to market the property.</p> <p>Mr. Hutto said that for more than 50 years, the country has celebrated May as Mental Health Month to raise the awareness about mental illnesses and the importance of good mental health for everyone. He said there are many activities that are going on around the state at the centers and facilities, some of which are:</p> <ul style="list-style-type: none"> • Aiken-Barnwell will sponsor an exhibit of client art and stories of recovery will be pitched to local papers; • The Charleston/Dorchester Mental Health Center is participating in the National Alliance of Mentally Ill (NAMI) Fun Run and Walk, displaying books about mental health in local libraries and conducting a community forum on mental health issues; • Piedmont Mental Health Center's day programs will hold a picnic in the park for clients and their families; 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>training is for staff to obtain their continuing medical education units. Last year's CME had over 200 people in attendance. This year, the Commission will receive an invitation to this event. The session is free for all Department of Mental Health staff. A small fee is charged to outside individuals who are attending, in order to cover meals.</p> <p>The Division of ETR also offers the Mentoring Class. DMH is currently in its fourth Mentoring Class, of which 22 people are enrolled. Last December, 23 people completed the program. This program helps to develop the future leaders of the agency.</p> <p>Another type of training is teleconference. One such class is Psychopharmacology, by Dr. Eric Williams.</p> <p>Grand Rounds is offered monthly and covers a wide range of topics. CME's and CEU's are offered.</p> <p>Many of the system-wide conferences that have been offered are the Best Practices Conference and the Children's Conference.</p> <p>Training modules (23) have been developed to cover many of the different types of training that staff is required to take. These modules do not require face-to-face training, but do require knowing the facts in order to complete the module. Several of these modules are HIPAA, Cultural Diversity, Corporate Compliance, and the new Grants process.</p> <p>Dr. Ratliff distributed a summary of the training that was done last year. She mentioned that she is hoping to have a person on board who is dedicated to working on grants. She is looking to see where the position would report in the organization.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>6) Bond Issue for Hall Institute – Brenda Hart</p>	<p>Dr. Ratliff said that the crisis DVD's will be mailed out this week and next week.</p> <p><i>At 10:05 a.m., on a motion by Buck Terry, seconded by Lloyd Howard, the Commission entered into Executive Session to discuss a proposed sale of property, and to receive legal advice related to a pending claim for overtime compensation. Upon reconvening in open session at 11:25 a.m., it was noted that no votes were taken; only information was received. The business meeting resumed at 11:30 a.m.</i></p> <p>Ms. Hart has spoken with legislators and legislative staff regarding the possibility of a bond bill. She was informed, in no uncertain terms, there would be no bond bill this year for anyone. The General Assembly does the general obligation bonds where the Department will fall for capital items. They, however, have decided not to do a bond issue for any one agency this year. The issue of a bond bill is also questionable for next year as 2008 is an election year. A bond bill could come as late as 2009 if such a bill is considered. Ms. Hart said that most of the bond bills lean toward the institutions of higher education. After higher education, the agency that has received most of the bond issue money is the Department of Corrections.</p> <p>Ms. Hart said that the new Children's Hospital was put in the capital improvement plan for next year at the higher price. This would include the outpatient unit as well. DMH is in a good position for next year on this item. Last week, there was an attempt on the Senate floor to allow the Department to proceed and build the hospital without the funds in-hand. However, this was turned down by the Chair of Senate Finance. He felt that if DMH were allowed to do this, it would set a precedent. Other agencies would want to do the same thing without having the funds available to them. Mr. Magill said that DMH has additional cost estimates for the hospital based on architectural review that will be reviewed later with the Commission. Some of the dollar figures have been lowered from the initial costs received.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Ms. Hart said that the budget has gone through both bodies of the General Assembly and is headed for conference committee. She reviewed some of the items that DMH has received thus far. First of all, there is a three percent pay increase for state employees this year, and that there will be no increase in health insurance premiums.</p> <p>The Department requested annualizations of \$5 million for Bryan Psychiatric Hospital and Victory House and both the House and Senate have given us this amount. For recruitment and retention of professional staff, DMH requested \$4.6 million. DMH received \$1.5 million from the House as an increase in our base funding. The Senate gave DMH \$1 million in non-recurring money, which would create an annualization problem. This item will go to conference committee, where DMH could receive \$2.5 million.</p> <p>The Department requested \$5.4 million for critical outpatient services and both houses are in agreement with that amount. DMH also received \$4.4 million for the Sexually Violent Predator Program.</p> <p>Regarding capital, DMH requested \$13 million for repair of all the patient lodges and the support building at Bryan Hospital. The House gave DMH \$4 million; the Senate gave DMH \$7.8 million, which would allow DMH to repair all the patient lodges. This amount should keep DMH on schedule for project completion.</p> <p>For Community Mental Health Center Deferred Maintenance projects, the House gave DMH \$2.25 million, and the Senate gave DMH \$2 million. There was \$750,000 in funding this year for the homeless initiative. The House directed this amount be used on the McCormick satellite office. The Senate split the money - \$500,000 for the City of Columbia homeless shelter, and \$250,000 for the McCormick satellite office. A request for Columbia Area Mental Health Center for \$11 million ended up with \$50,000 from the House in a proviso. The Senate allowed \$4.4 million for Columbia Area.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>OTHER ISSUES</p> <p>NOTICE/AGENDA</p>	<p>Wateree has cut \$13,000 of its carry forward deficit. The Department can see many efforts by the centers in deficit reduction. The centers have done this by not filling some open positions and by reducing expenses where necessary. Obviously, there are still some problems. Catawba is in serious trouble. However, with a change in leadership, DMH is confident that the situation will be turned around. Mr. Mason said that he is confident with Dr. Paul Cornely's abilities and feels that progress will be seen.</p> <p>Pee Dee Mental Health Center appears to be a problem. The center's deficit has increased and DMH feels that the center's increased number of employees is the cause of the problem. This center has a reduction plan in place and has met a part of it; however, more work needs to be done.</p> <p>Mr. Mason said that all the centers received a letter in November stating that all of the centers will finish the fiscal year with a balanced budget. There may be three to five centers still in a deficit at year end. Other steps will have to be taken in the upcoming fiscal year if this trend continues.</p> <p>Mr. Terry said that the Commission is very concerned about the Pee Dee Mental Health Center's deficit and would like for the center's leadership to be told of this concern. Mr. Mason said that the Department has been working with the center very closely on a monthly basis. Also, several center directors have met with the center's leadership to try to render assistance. They have received a lot of good ideas to try to implement. Mr. Mason said that work improvement notices will be issued and the possibility of a reduction in force could be implemented based on productivity.</p> <p>The Commission commented that the direction that the Department has taken regarding the deficits is good, and feels confident in the Department's leadership.</p> <p>A notice and agenda of the meeting were posted in accordance with state law.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																		
<p>ADJOURNMENT</p>	<p><i>On a motion by Buck Terry, seconded by Lloyd Howard, the Business Meeting was adjourned at 12:10 p.m.</i></p>																			
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<p>Now therefore:</p> <p>Whereas:</p> <p>Whereas:</p> <p>Whereas:</p> <p>Now therefore:</p>	<p>We express our profound appreciation to Mr. Bourne for his remarkable service to the mentally ill, and for invaluable service to the Commission and to the Department of Mental Health; we offer him our sincere best wishes for a long and happy retirement; and order that a copy of this Resolution be made a part of the Commission's permanent records. June 5, 2007</p> <p><u>Resolution – William Noyes</u></p> <p>The members of the SC Mental Health Commission note with regret the retirement of William R. Noyes effective June 30, 2007; and</p> <p>The members of the SC Mental Health Commission extend our deep appreciation to Mr. Noyes for his nearly 23 years of dedicated service to the Department of Mental Health, beginning July 17, 1984, as Director of Human Resources, and his service to the State of South Carolina, beginning September 3, 1976; and</p> <p>The members of the SC Mental Health Commission express our high regard to Mr. Noyes for his expertise, wisdom, and invaluable leadership, especially in the area of personnel management;</p> <p>We express our profound appreciation to Mr. Noyes for his remarkable service to the mentally ill, and for invaluable service to the Commission and to the Department of Mental Health; we offer him our sincere best wishes for a long and happy retirement; and order that a copy of this Resolution be made a part of the Commission's permanent records. June 5, 2007</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>Whereas:</p> <p>Whereas:</p> <p>Whereas:</p> <p>Now therefore:</p> <p>PRESENTATION OF SERVICE AWARD</p>	<p><u>Resolution – Brian R. Shealey</u></p> <p>The members of the SC Mental Health Commission express our deep appreciation to Brian R. Shealey for serving as Executive Director of the Beckman Center for Mental Health Services since July 2, 1994; and</p> <p>Mr. Shealey's extensive knowledge of the Department, which he acquired since beginning his career with the agency on September 1, 1972, contributed enormously to the effective management of the Beckman Center during his tenure as Executive Director; and</p> <p>Mr. Shealey's able leadership and exemplary administrative skills added enormously to the Center's ability to continue to provide quality, client-oriented mental health services to the citizens of our state;</p> <p>We express our profound appreciation to Mr. Shealey for his remarkable service to the mentally ill, and for invaluable service to the Commission and to the Department of Mental Health; we offer him our sincere gratitude and best wishes; and order that a copy of this Resolution be made a part of the Commission's permanent records.</p> <p>June 5, 2007</p> <p>Dr. Evans thanked all these employees for their years of service to the Department of Mental Health and the State of South Carolina. She especially thanked Bill Noyes for his assistance to the Commission over the last year concerning hiring a State Director.</p> <p>Dr. Evans presented a 20 year service certificate and pin to State Director John H. Magill.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>APPROVAL OF MINUTES</p> <p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p> <p>DEPARTMENTAL OVERVIEW</p> <p>1) Hall Institute Update</p>	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the May 1, 2007, Commission Meeting. All voted in favor; motion carried.</i></p> <p>Dr. Evans called everyone's attention to the informational reports contained in the agenda packet.</p> <p>Mr. Magill said that the staff from Hall Institute would be giving a presentation on the Developmental Disorders Program at Hall Institute.</p> <p>Angela Forand, PhD, Program Manager of Hall Institute said she is extremely proud of Hall Institute and the services it provides to the children and families of the state. She said these services are provided 24 hours/day seven days/week to children from around the state. Services provided include outpatient and inpatient services, and services that are rendered through the Assessment and Resource Center (ARC), which are services to children and adolescents with a substance abuse.</p> <p>Dr. Tim Kowalski said that the outpatient services at Hall are divided into the services provided by the ARC, and the outpatient clinics. The outpatient clinics serve children with developmental disorders, such as autism. Dr. Kowalski introduced Elizabeth Wilkinson, who will give a presentation on the developmental disorders program at Hall Institute.</p> <p>Ms. Wilkinson said this is a wonderful program and is one that is not offered anywhere else in the state except Hall Institute. Developmental disorders include Autism, Aspergers and Mental Retardation. Components of this program include infant and early childhood assessment clinic, and the Developmental Disorders Clinic. Ongoing treatment services include individual and family therapies,</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>medication assessment and management, behavioral consultation, group therapy, and parent child interaction therapy. Items covered during the individual, family and group therapies include social skills training; parent-child interaction; ongoing medication management; school and home-based assessments; consultation with parents; and social and pragmatic language skills in a group format.</p> <p>Ms. Wilkinson said the patient populations that are served through the Developmental Disorders Program are:</p> <ul style="list-style-type: none"> - Patients with Autism – 36; - Patients with Asperger's Disorder – 31; - Patients with Mental Retardation – 7; and - Pre-school aged children – 7 <p>Staffing for this program is:</p> <ul style="list-style-type: none"> - 1 full time Master's level Clinician; - 1 ¾ time Master's level Social Worker; - 1 Psychologist – half day per week; - 4 part time Psychiatrists totaling 3-1/2 days per week; and, - 1 Geneticist – half day per week. <p>Ms. Wilkinson said that the facility's vision for the future includes a Center for Excellence that would have a collaboration with the Department of Disabilities and Special Needs (DDSN) and other stakeholders; expansion of the clinics; in-vivo therapeutic opportunities; establishment of a day treatment program; training for community mental health centers in developmental disabilities; and expansion of research. Complete details of Ms. Wilkinson's presentation can be found with the originals of these minutes.</p> <p>Dr. Evans mentioned that the siblings of a child with Autism also need therapy in order to cope with the brother or sister with the particular disorder.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Dr. Forand introduced Robby Aull of Stevens & Wilkinson, who presented to the Commission, ideas for a new Hall Institute. Mr. Aull presented a report for a proposed hospital for 68 beds, which can be expanded to 82 beds. The proposed hospital includes all five of the clinical units presently at Hall Institute; acute child unit, acute adolescent unit, substance abuse unit, residential unit for males, and residential unit for females. This facility is a total of 114,000 sq.ft. at the 82 bed capacity. Mr. Aull said the outpatient clinics encompass 14,698 sq.ft. and is not included in the total hospital square footage. The original outpatient clinic was designed to be 18,000 sq.ft.</p> <p>The cost to construct the hospital only is \$35-42 million, and includes an escalation factor of five to eight percent. The cost for the combined hospital and outpatient clinic is \$37.8 – 45.3 million. Mr. Aull said the five to eight percent escalation factor is the rate today. It has been as high as 12-15 percent and could go that high again.</p> <p>Mr. Magill said that he is pleased with the plan that is presented today. He said that staffing dictates the number of patients that the facility can handle. The census at Hall Institute has not been at the 82 bed level; however, if the staffing is completed as planned, the number of patients could increase. Dr. Prier said that Inpatient Services is looking to hire a locum tenens Psychiatrist. He said that Child and Adolescent Psychiatrists demand a high salary and it has been difficult to fill those positions. Dr. Prier has requested a salary supplement tied to the positions at Hall Institute. In other words, if the individual leaves employment at Hall Institute, the supplement does not go with them; it remains with the position. Dr. Prier said he has had some success in hiring general Psychiatrists by using the Office of Human Resources program. Mr. Magill said it will continue to be a challenge for the agency to hire and keep good clinical staff, both physicians and nurses. He said that the benefits package of state employees is very attractive and DMH is beginning to advertise that benefits package in order to attract staff.</p>	

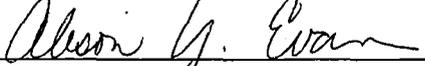
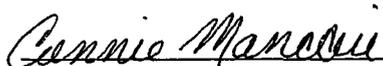
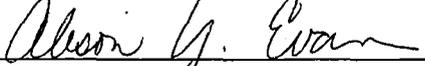
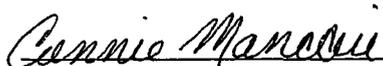
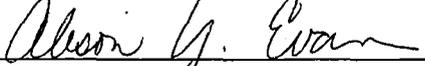
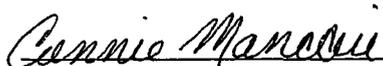
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Bull Street Update – Mark Binkley</p>	<p>Mr. Aull said that the schedule to complete construction of the hospital, from program finalization to move-in and occupancy, would be approximately 40 months.</p> <p>Mr. Magill said that for the last several months a committee has been meeting to address the plans for the Bull Street property. Representation included staff from the Attorney General's office, the Budget and Control Board, the Commission and DMH staff. He said a fourth meeting will be held this afternoon.</p> <p>Mr. Binkley updated the Commission on the progress of the Bull Street Committee. He said the Commission authorized staff to take steps toward marketing the property and selecting a buyer for the property. Mr. Binkley said that discussions have started with the City of Columbia to re-zone the Bull Street property. Meetings have been held with the City Attorney and the City Director of Development where the ordinances and statistics were reviewed regarding development. It soon became clear it will be more complicated than initially discussed. Mr. Binkley said that his office is in the process of reviewing proposals from several law firms that handle commercial development work. After the Department receives approval on its budget, DMH will ask the Attorney General to select one of these firms. A development agreement will be completed and the property will be rezoned.</p> <p>Mr. Binkley said that because of the size of the property, and the number of appraisals that were done on the property in the past, it was determined that the selection of an appraiser should be done through the Request for Proposal (RFP) process. Also, the staff from the Environmental Services Division of the Department of Health and Environmental Control (DHEC) performed a walking tour of the property and provided feedback regarding any environmental concerns. It was the consensus of the meetings held with DHEC that an environmental assessment should be done of the property. The initial walk through raised no red flags that DMH has to be concerned about. DHEC is working to do a proposal for</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>3) Medicaid Audits – Mark Binkley</p>	<p>a Phase I environmental study.</p> <p>Mr. Binkley said that the timing of the above is dependent on the source of funds to retain a marketing consultant that would advise DMH and the Commission on how the property is marketed. DMH has developed a list of terms that would be put in an RFP for a marketing consultant. Mr. Magill said the Department looked at ways to get pre-funded based on the sale of the property in order to use funds to construct a new children’s hospital. He said that no progress has been made regarding pre-funding, but DMH will continue to explore all areas that could be available. Ms. Hart looked at the agency’s bonding capacity. DMH is authorized to have bonds up to \$30 million. DMH currently has approximately \$7 million in bonds outstanding. She is working with the State Treasurer’s office to see if there is anything that can be done regarding this. If progress is made, a report will be given to the Commission.</p> <p>Mr. Binkley said that the mental health centers depend heavily on Medicaid revenue. DMH has a contract with the Department of Health and Human Services (HHS). Part of this contract demands that DMH audit the services done at the centers so that Medicaid is billed and documented appropriately. Much of the auditing is done locally by the centers through self audits and comes under Quality Assurance. The Department also needs to ensure that Medicaid billing is accomplished in accordance with the state’s Medicaid plan. At any time, the state Medicaid agency, HHS, can also perform an audit, if it determines there is a need. Also, the federal government can perform audits.</p> <p>Last fall during the course of self audits at the centers and audits by the DMH Quality Assurance division, DMH identified concerns regarding a service called Community Comprehensive Support (CCS). These services are provided to individuals that are severely and persistently mentally ill. Most of these individuals live in community residential care facilities (CRCFs). DMH presented its audit findings to HHS and proceeded to pay back money to HHS in</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>4) CMS Results – Dr. Ron Prier</p>	<p>accordance with these findings. The state Medicaid agency decided to perform a separate audit of these services at some of the centers. Their audit findings revealed concerns about CCS, and another service, Psychosocial Rehabilitative Services (PRS). PRS services are delivered to clients in a clubhouse setting. HHS' audits were far more negative than anything revealed by DMH. HHS proposed a large pay back of money. Many meetings have taken place concerning these audits, and the Department is currently in a negotiation phase with HHS regarding any pay back. Mr. Binkley said that some of DMH's standards may have to be modified for delivering these services in the future. It is important to note that without these services, there is concern as to whether these individuals could live in the community.</p> <p>Dr. Prier said that the Center for Medicaid/Medicare Services (CMS), formerly the Healthcare Financing Administration (HCFA), came to Bryan Hospital in January to perform an audit, the results of which were not favorable. In January, Inpatient Services had a reorganization whereby Dr. Prier assumed the role of Deputy Director of the division. Dr. Prier also reconfigured the management structure of Inpatient Services. At this time, the Program Manager for Bryan became seriously ill, and Jac Upfield assumed the position of Acting Program Manager for Bryan. Ms. Upfield said that some of the items noted by the surveyors were not very negative. The facility was out of compliance with two conditions. During a re-survey in March, the surveyors said there wasn't much change from January. One item mentioned is that there were no weekend activities. Since that time, this process was changed by rotating staff and patients so that therapy is delivered on an ongoing basis. In the final survey performed in May, it was noted that Bryan is in full compliance with the Medicare conditions of participation for hospitals. Nothing was found wrong. Ms. Upfield said that a schedule is posted in the nurses' station so that the daily schedule is followed. Dr. Prier said that he is very fortunate to have both Jac Upfield and Versie Bellamy in his organization as both are expert psychiatric nurses.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="157 483 451 576">5) Federal Block Grant Monitoring – John Magill</p> <p data-bbox="157 820 451 885">6) Financial Status Update - Brenda Hart</p>	<p data-bbox="562 386 1528 451">It was noted that CMS visited Harris Hospital for a three year survey. The outcome was very favorable and nothing adverse was reported.</p> <p data-bbox="562 487 1528 779">It was noted that the federal government monitors DMH every two years to see how the state is spending the block grant funds given to it. The feds review the entire agency to see how DMH uses all funding. A team of five surveyors from CMS came to Central Office and were very impressed with how things are progressing. Mr. Magill said that the exit interview was very favorable and, hopefully, the written report will reflect that. The team was also very complimentary of the state planning process. This survey group also visited Orangeburg Mental Health Center and were impressed with the operation of that center.</p> <p data-bbox="562 820 1528 1185">Ms. Hart said that as of today, the Department has no budget for next year. Both bodies have passed a continuing resolution, which means that DMH will have the same operating budget next year as it has had this year. DMH had \$5 million in annualizations which were for operating the beds at Bryan Hospital and at Victory House. DMH would not have that \$5 million in operating revenue to begin the year, unless a budget is passed. In addition, state employees will not receive the three percent pay increase as promised. Also, employees' health insurance premiums will be funded for a half year rather than a full year. Ms. Hart said that if the year is started with a continuing resolution, there will be an increase in health insurance premiums for employees. Hopefully, a decision will be made on the budget prior to the end of the session.</p> <p data-bbox="562 1226 1528 1356">Ms. Hart said that the revenue forecast for next year sent to the Commission is a preliminary forecast. DMH did adjust Medicaid \$1 million more for next year than this year. Also, many centers did not spend their money for out of home placements; hence, the April forecast reflects an improvement of \$1.5 million.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>7) Budget Deficits Update – Geoff Mason</p>	<p>Mr. Mason said that there are eight mental health centers that are in a deficit. There has been some improvement made in the overall deficits for these centers in the amount of \$1.5 million. Charleston and Waccamaw have reduced individual deficits to the point where these centers are now in the black. Mr. Mason has met with the management staff at Charleston where the team has prioritized each program, reconfigured staff and have enacted other measures to reduce the center's deficit. He would like to see this same approach taken by all the centers.</p>	
<p>8) Recovery Conference – Geoff Mason</p>	<p>Mr. Mason said that he, Mr. Magill and Commissioner Jane Jones attended a Recovery Conference hosted by the Beckman Center for Mental Health Services on May 22 in Promised Land, SC. The conference was very well attended as there were 250 clients, board members, state officials, and Departmental staff. This is an annual Recovery conference that the center hosts. All seven of the counties that Beckman covers were represented at the conference.</p> <p>Mr. Mason said the highlight of the conference was when the clients spoke about what recovery meant to each of them personally. Mr. Magill said that with all the activities that DMH is involved in the main purpose of DMH is to help individuals in their recovery.</p>	
<p>OTHER ISSUES</p>	<p>Dr. Evans commented on the Children's Conference that she attended on May 14. This conference, too, was well attended as there were over 400 people. Also, Dr. Evans mentioned the <i>Lighting the Way for Mental Health</i> symposium at State Hospital in early May, which was a wonderful tribute to the patients and staff who worked on this property.</p> <p>Mr. Magill said he is about to launch a more aggressive Public Relations Program. He has a committee that is addressing how DMH will now handle public relations issues, such as stigma. One thing that the campaign will focus on is the good work that DMH is doing. Mr. Magill feels that the entire campaign began with the op ed piece that Alison Evans prepared and was recently printed in the paper.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																												
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were posted in accordance with state law.</p>																													
<p>ADJOURNMENT</p>	<p><i>At 10:40 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to discuss a personnel issue regarding the State Director's performance evaluation. Upon reconvening in open session at noon, it was noted that there was only information shared and no votes were taken. The meeting was formally adjourned at noon.</i></p>																													
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p>	<table border="0"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (excused)</td> </tr> <tr> <td>Angela Forand, PhD</td> <td>Brian Shealey</td> </tr> <tr> <td>Jane Shealey</td> <td>Debbie Griffin</td> </tr> <tr> <td>Geoff Mason</td> <td>Jim Berry</td> </tr> <tr> <td>John Hutto</td> <td>Robby Aull</td> </tr> <tr> <td>Laura W. Hughes</td> <td>Mark Binkley</td> </tr> <tr> <td>Christine Mayo, RN</td> <td>Brenda Ratliff, MD</td> </tr> <tr> <td>Brenda Hart</td> <td>Nelson Lacy</td> </tr> <tr> <td>Ron Prier, MD</td> <td>Ligia Latiff-Bolet, PhD</td> </tr> <tr> <td>Jac Upfield</td> <td>Versie Bellamy</td> </tr> <tr> <td>Louise Johnson</td> <td>Dale L. Brown</td> </tr> <tr> <td>Jeffrey Ham</td> <td>Tim J. Kowalski, DO</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD	Jane B. Jones	H. Lloyd Howard (excused)	Angela Forand, PhD	Brian Shealey	Jane Shealey	Debbie Griffin	Geoff Mason	Jim Berry	John Hutto	Robby Aull	Laura W. Hughes	Mark Binkley	Christine Mayo, RN	Brenda Ratliff, MD	Brenda Hart	Nelson Lacy	Ron Prier, MD	Ligia Latiff-Bolet, PhD	Jac Upfield	Versie Bellamy	Louise Johnson	Dale L. Brown	Jeffrey Ham	Tim J. Kowalski, DO	
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<p>APPROVALS</p>	<table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>			Alison Y. Evans, Psy.D., Chair	Connie Mancari, Recording Secretary																									
																														
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S.C. MENTAL HEALTH COMMISSION MEETING
July 10, 2007, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p>	<p>The July 10, 2007, meeting of the SC Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, Psy.D, Chair, in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. The invocation was delivered by Chaplain Charles Clary, C.M. Tucker, Jr., Nursing Care Center.</p>	
<p>INTRODUCTION OF GUESTS</p>	<p>The following guests were introduced: Sandy Hyre introduced Angela Forand, Jeff Hamm, Rosalyn Sanders, Michele Reeder, Terri Ammons, Kathy Parker, Suzie Carter, Bob Nelson, and Bernard Thompson, who are all members of the current Mentoring Program. Dr. Evans acknowledged Paul Cornely, Ph.D, Executive Director of Catawba Mental Health Center; and Kevin Kibler, Center/Facility Administrator-Division of Administrative Services (DOAS).</p>	
<p>ELECTION OF OFFICERS</p>	<p>Dr. Evans explained that every year in July, the Mental Health Commission elects a chair and vice chair for the new year.</p> <p><i>On a motion by Buck Terry, seconded by Lloyd Howard, the Commission re-elected Alison Y. Evans, Psy.D, as chair. All voted in favor. Motion carried.</i></p> <p><i>On a motion by Jane Jones, seconded by Buck Terry, the Commission re-elected Joan Moore as vice chair. All voted in favor. Motion carried.</i></p>	
<p>APPROVAL OF MINUTES</p>	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the June 5, 2007, Commission Meeting. All voted in favor. Motion carried.</i></p>	
<p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p>	<p>Mr. Magill requested that Mr. Binkley comment on the May 2007 Patient Protection Reports included in the Commission's agenda packet. Mr. Binkley said that the first report reflects that no abuse allegation reports were received during the month of May by the Office of Public Safety, since the responsibility for investigating DMH cases of abuse and neglect was assumed by the State Law</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Enforcement Division (SLED). SLED created a new Special Victims Unit (SVU) to handle these investigations, and, unfortunately, there have been problems in getting cases investigated in a timely manner. Mr. Binkley said that a meeting was held with SLED and staff of DMH in order to see if this process could be completed in a timely manner. SLED recognizes the fact that the SVU has encountered problems in completing investigations, and there has been a backlog. The situation has been addressed and there has been improvement. Mr. Terry commented that the members of the Public Relations Committee should be made aware of the problems with investigations by the SVU so that the committee members can better respond to questions they may receive from the media.</p> <p>Mr. Magill asked John Hutto to present a brief legislative recap of bill activity.</p> <p>Mr. Hutto said that the General Assembly adjourned on Thursday, June 7, and will not reconvene again in regular session until January, 2008. At that time, all of the bills introduced in 2007 will pick up again at the same point in the legislative process where they left off on June 7. Following is a brief recap of some DMH legislation:</p> <p>S.190 Criminal Sexual Contact with Minors – This is a bill that requires DMH to establish a certification process for sex offender treatment providers and to provide that sex offender treatment ordered by the court or provided by the state must be provided by a certified treatment provider. This bill also provides that DMH convene a committee to study the Sexually Violent Predator Act, to review and evaluate the operation and effectiveness of the Act and submit a report to the General Assembly before January 1, 2009, along with recommendations.</p> <p>S.397 Joint Resolution Directing the DMH to transfer money to the City of Columbia for Homeless Programs – This was a bill that directed DMH to transfer to the City of Columbia the funds appropriated (\$750,000) for the renovation and operation of the Williams Building Homeless Shelter. This bill</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>DEPARTMENTAL OVERVIEW & UPDATE</p> <p>1) DHHS Audit of Medicaid Rehabilitation Services</p>	<p>ended up as a proviso whereby DMH was instructed to use \$250,000 for the McCormick Clinic, and the remaining money was transferred to the City of Columbia for homeless programs.</p> <p>H3073 Restructuring Bill of 2007 – This bill would establish the Department of Behavioral Health Services and would include the following agencies: Alcohol & Other Drug Abuse Services, Continuum of Care, Disabilities and Special Needs, and the Department of Mental Health.</p> <p>H3376 Moving the Care and Treatment of Sexually Violent Predators from DMH to the Department of Corrections – This bill would transfer the responsibility for the housing, control, care and treatment of these persons to the Department of Corrections.</p> <p>Mr. Magill said that in the interest of time and because there are other meetings conflicting with staff's schedules, he has re-aligned some of the items on the agenda and the update on the Department of Health and Human Services (DHHS) Audit will be the first item addressed.</p> <p>Mr. Magill asked both Ligia Latiff-Bolet, PhD, and Mark Binkley to brief the Commission on the outcome of the recent audit by DHHS. Dr. Latiff-Bolet said that Mr. Binkley briefed the Commission at the last meeting regarding the audit conducted by HHS, at the request of the Center for Medicaid & Medicare Services (CMS). She said that over the last several years, there appeared to be a movement by CMS to reduce the growth of Medicaid services that are being delivered at the centers. This is part of the Deficit Reduction Act passed by the Federal Government. In 2005/2006, DMH conducted internal audits of rehabilitative services and some errors were detected. HHS learned of these audits by DMH and contacted staff at DMH that HHS wanted to audit two of our centers. These HHS audits were made and the findings corroborated the findings noted in DMH's audits. This audit lead to a substantial payback by the centers. After</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Report of the April 10 Inpatient Hospitals Governing Body Cmte.</p>	<p>negotiations with HHS, the final payback amount was reduced. Corrective actions need to be put in place to address the concerns that were raised. Dr. Latiff-Bolet said this situation also resulted in DMH and HHS improving the working relationships between each agency. Both agencies are now beginning to look at the issues in a similar fashion.</p> <p>Mr. Binkley concurred that this audit and resultant payback was an extremely difficult process for the mental health system. It posed an especially difficult problem because the services provided were for the population of clients who comprise a large part of the Department's core population. Both agencies need to consider what is clinically best for the citizens of the state, and not look at the issue merely in terms of financial impact.</p> <p>Mr. Magill said that this was a very good outcome for DMH in a very risky situation. He said he feels that HHS has committed to helping DMH in a collaborative manner. He also feels the establishment, in house, of the Quality Management Advisory Committee (QMAC) has also helped to identify future issues that may arise. Members of QMAC include not only central office staff, but staff of the mental health centers, and the inpatient services division.</p> <p>Dr. Prier reviewed some of the highlights of the April 10, 2007, Inpatient Hospitals Governing Body Committee. The full report was included in the Commission's agenda packet.</p> <ul style="list-style-type: none"> - Discussion of DMH budget request; - Bryan Hospital will have a follow-up visit from the Joint Commission as a result of the conditional accreditation received in March; - CMS has performed a re-survey at Bryan Hospital in May; - Morris Village has a survey scheduled for late July from the Accreditation Commission (CARF); - Morris Village has instituted a change in its admissions policy, whereby 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>3) Update on Duke Endowment</p>	<p>emergency patients will be given priority over voluntary patients;</p> <ul style="list-style-type: none"> - All acute beds in the DMH system, Bryan and Harris, are managed collectively out of Columbia; - Recruitment of physicians and nurses continues to be a problem. Dr. Ratliff has developed a recruitment brochure which was distributed at the American Psychiatric Association. The Department has begun advertising in Palmetto Nurse, a very popular nursing publication; - The definition of Institute of Mental Diseases (IMD) has been tightened up by the Department of Health and Human Services. This has had an impact on operators of community residential care facilities (CRCF), and also impacts on DMH's ability to discharge patients. <p>Dr. Prier stated that the Department is trying to make more acute beds available. He said that when DMH institutes the telepsychiatry system that it will enable the Department to place patients in the appropriate facility. He said that many patients do not need inpatient treatment, especially for addictions. He feels that most of these patients could be better served in the community. Mr. Terry said that the Department will have to have places to house long term persistently mentally ill people. This is a large problem for DMH for which a solution needs to be found. Mr. Magill said the ability to attract and retain clinical personnel is at a crisis stage. This may impact on the Department's ability to open additional beds. He said further information will be given to the Commission at a future meeting.</p> <p>Mr. Magill asked Ed Spencer to brief the Commission on DMH's progress with the Duke Endowment. The Commission has been apprised of the interest on the part of Duke regarding the Department's telepsychiatry system. See report from Mr. Spencer filed with the original of these minutes. Mr. Spencer said two separate meetings were held with the staff of Duke Endowment. DMH was asked to develop a full grant proposal, utilizing the Duke Endowment application. DMH was asked to keep its proposal to between five and seven pages. The</p>	

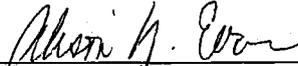
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>4) Issue Action Paper (IAP) Inpatient Charges</p>	<p>application was submitted on June 15, and it is now being reviewed by Duke. A response should be received on approximately September 1. If DMH is to receive funding from Duke, the funds will be received on December 1. Total grant award is \$8.6 million for three years. Mr. Spencer said that \$1 million has been pledged by the Department of Health and Human Services if DMH would include a medical health record in the system. If this is done, it would enhance the Electronic Medical Record. Mr. Spencer said that by having involvement of all the medical universities (USC School of Medicine, Medical University of South Carolina, and the Medical College of Georgia) there will be sufficient manpower and back up for the system. Credentialing will be a problem that will have to be addressed. Mr. Spencer said that in his visits to the different hospitals in the state, the comments have been very favorable to this type of system. Mr. Magill wanted to stress that this is a consult system, not a clinical delivery system.</p> <p>Ms. Hart said the Commission has established the <u>inpatient</u> charge structure for DMH based on the concept of a "nominal" charge as defined by regulations of the Centers for Medicare and Medicaid Services. This structure was founded upon reimbursement criteria which allowed DMH to recover its actual allowable cost of providing services via cost report settlements. It had the benefit of simplifying the processing and recovery of payment. If a facility sets its rate at a nominal level, that is, the rates are sixty percent or less of the actual allowable costs, Medicaid will pay the actual allowable costs. If the rate is set at an amount higher than the nominal level but less than actual costs, Medicaid will pay only the established rate. By adopting rates which are within the definition of nominal rates, DMH receives reimbursement of its actual costs for serving its Medicaid persons.</p> <p>The Department is requesting the Commission to approve the revised "Statement of Facility Charges" increasing the daily rate charged to persons on an incremental basis in conformity with the increased cost of operating inpatient facilities; and to approve billing of prescription drugs, physician services, and various other ancillary services to persons and other third party payers, such as</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>5) Forecast Update</p>	<p>Medicare, insurance, etc., as appropriate. Ms. Hart said the rate increases range from three to five percent over 2005 charges. If approved, these rate increases will be effective September 1, 2007.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Lloyd Howard, the Commission approved the change to the inpatient charge structure, to be effective September 1, 2007. All voted in favor. Motion carried.</i></p> <p>Mr. Magill said that the charge structure will be revised for outpatients in the near future.</p> <p>Ms. Hart said that the final 2007 forecast is not available at this time. She hopes to have a preliminary year end final by the August Commission Meeting. She said that at the end of May 2007, DMH had expended about 85 percent of its funds, 91 percent of personnel services, 71 percent of other operating capital, and 70 percent of federal funds.</p> <p>Ms. Hart said that the Department did well with the FY'08 Appropriations. DMH received the following:</p> <ul style="list-style-type: none"> - \$5 million in annualizations for the acute beds at Bryan and for Veterans' Victory House; - \$1.5 million for nursing and clinical staff recruitment and retention; - \$5.4 million for critical outpatient mental health services; and - \$4.3 million for growth in the sexually violent predator program. <p>Capital appropriations received:</p> <ul style="list-style-type: none"> - \$7.3 million for renovation of Bryan Hospital; - \$1.145 for deferred community maintenance; 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>6) Potential FY'09 Budget Priorities</p>	<ul style="list-style-type: none"> - \$2 million for inpatient facilities deferred maintenance; - \$250,000 by proviso for the McCormick Satellite; and - \$4.480 million for Columbia Area Mental Health Center <p>Ms. Hart said that DMH received \$400,000 from a crisis proviso through Charleston Dorchester Mental Health Center.</p> <p>Mr. Mason distributed a listing of potential FY'09 budget priorities that has been developed by DMH. He said that this exercise was derived from a Strengths/Weaknesses/Opportunities/Threats (SWOT) Analysis which was done by the Senior Management of the agency. The group looked at the urgency level, the threat level, if there were any additional budget dollars required, and if the item could be achieved through training, changing legislation, etc. The items were then ranked; however, none of these items have dollar amounts attached to them. This list may require revision and also a conference call with the Commission prior to the August meeting. The Department is seeking final approval of this list at the August meeting.</p> <p>Item #1 – Maintenance of Effort – DMH has never asked for a maintenance of effort dollar amount from the General Assembly. With all the cuts in budget that the agency has had to incur, Senior Management felt that an amount should be requested to keep the agency current with inflation, etc.</p> <p>Item #2 – Staff Recruitment and Retention – There is numerous data to substantiate the need to address this issue. The inpatient facilities have had a large amount of turnover and the agency is at the crisis point. Money is also required to maintain licensure of clinicians.</p> <p>Item #3 – Additional services to individuals in Region C – This part of the state is in dire need of services, particularly crisis stabilization.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p data-bbox="157 727 387 760">7) Budget Deficits</p> <p data-bbox="157 862 406 894">8) Property Update</p>	<p data-bbox="561 363 1540 423">Item #4 – Community Placements – This may include Toward Local Care (TLC) beds.</p> <p data-bbox="561 467 1540 527">Mr. Mason said that the FY'09 budget request needs to be to the Governor's Office in late August or early September.</p> <p data-bbox="561 571 1540 695">It was noted that full funding was not received for deferred maintenance for community mental health centers. Physical Plant will determine the critical needs areas for the funding that was received. Funding for the new children's hospital will be included in the request.</p> <p data-bbox="561 738 1540 829">Mr. Magill said that the agency has made progress and several centers' deficits will be reduced considerably. He feels that when the final numbers for the year are received, the results should be favorable.</p> <p data-bbox="561 873 1540 1029">Mr. Binkley updated the Commission on the status of the Bull Street property. He said that the Department is proceeding to obtain an appraisal for the property. A Request for Proposal (RFP) will be sent out next week to seek proposals from appraisal firms. Procurement estimates that process may take until September until a person has been identified and hired to conduct an appraisal.</p> <p data-bbox="561 1073 1540 1360">Advertising is ongoing for resumes for engineering firms to perform a phase I environmental study of the Bull Street campus. These submittals are due the end of this month. The Department of Health and Environmental Control staff will be participating in this process. It is hoped that by September an engineering firm will be selected to do the environmental study. Mr. Binkley has submitted a name of an attorney with real estate experience to the Attorney General for approval. DMH needs the Attorney General's approval of outside counsel experienced in real estate and rezoning. An answer from the Attorney General is expected this month.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>Issue Action Paper (IAP) Approve Sale of Land to LRADAC</p>	<p>Mr. Binkley presented an issue action paper for Commission approval. He stated that the Department has received the Attorney General's opinion on the sale of this property, as well as an updated appraisal of the property. The Department is recommending Commission approval of the sale as being in the best interest of the Department's mentally ill clients, and authorize the State Director to enter into a contract for the sale of the property and, if necessary, negotiate the sale of any utility easements across other DMH lands, as well as obtain any necessary court approval in order to conclude the sale. He said it was the Attorney General's opinion that this piece of property is also part of the charitable trust and will require court approval prior to any sale.</p> <p>MOTION: <i>Mr. Buck Terry said that since the appraisal is more than the previous appraisal, he would like to make a motion to approve the sale of the property to LRADAC for \$1.2 million. Ms. Joan Moore seconded the motion. All voted in favor. Motion carried.</i></p>	
<p>8) Public Relations Committee</p>	<p>Mr. Magill said that the Department is nearly ready to launch a more formalized public relations campaign, state-wide, in order to raise the profile of DMH's issues, and spotlight the good things that DMH is doing.</p> <p>Mr. Hutto said the P.R. Campaign began in April after the Virginia Tech shooting. Dr. Evans prepared an op-ed piece that highlighted the need to obtain treatment. It also highlighted our school-based services. There are several individuals on this committee from the community and the advocacy organizations. This campaign's goal is to cover the entire state with a Speakers' Bureau, by using the State Director, center directors, etc. The committee has been looking at civic groups, advocacy groups, and a number of other venues. The message that will be conveyed is that DMH is a large agency; helping people recover; the taxpayers' are receiving a good return on their investment; and that stigma is wrong and should be eliminated. Mr. Magill spoke to the Orangeburg Rotary last month. He</p>	

TOPIC	DISCUSSION			FOLLOW UP, ETC.
<p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p>	<p>Alison Y. Evans, Psy.D, Chair Joan Moore, Vice Chair Jane B. Jones</p>	<p>Angela Forand Michele Reeder Susan Carter Louise Johnson Sandy Hyre Rebekah Stean Kevin Kibler Daniel Craft</p>	<p>J. Buxton Terry Harold E. Cheatham, PhD H. Lloyd Howard</p> <p>Jeff Ham Cathy Parker Bob Nelson Kennard Dubose Ed Spencer Geoff Mason Tom Lucas Jere Goolsby</p>	
<p>APPROVALS</p>	<p> Alison Y. Evans, Psy.D., Chair</p>		<p> Connie Mancari, Recording Secretary</p>	

S.C. MENTAL HEALTH COMMISSION

**Dinner Meeting Minutes
August 6, 2007
Beaufort, SC**

Attendance – Commission Members:

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair
Harold E. Cheatham, Ph.D
J. Buxton Terry

Staff/Guests:

Connie Mancari
Mr. & Mrs. Ray Norris
Board Members, Coastal Empire
Mental Health Center

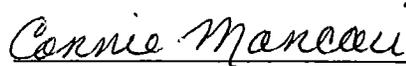
The S. C. Mental Health Commission met for dinner at 6:00 p.m., on Monday, August 6, 2007, at Gilligan's Restaurant, 2601 Boundary Street, Beaufort, SC.

Besides the Commission chair conferring with the Recording Secretary concerning the meeting arrangements for the October Commission Meeting in Florence, the only other item of discussion was voiced by Ms. Guyla Daley, chair of the Coastal Empire Mental Health Center Board. Ms. Daley mentioned that the federal bill concerning parity, S558, was being blocked by Senators DeMint and Coburn. Both individuals placed holds on this bill. It was mentioned that Coburn's concerns were addressed and his hold was quickly lifted; however, Senator DeMint maintained his hold, preventing passage of the bill. Ms. Daley urged everyone to either call or write Senator DeMint asking him to lift his hold on the bill. It should be noted that there are 46 states that have some form of mental health parity law; however, these laws vary widely in scope. Thirty two (32) states have what is known as "full parity", which treats mental illnesses as similar or equal to physical illnesses for insurance purposes.

The remainder of the discussion at the dinner was purely social in nature.



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



Connie Mancari, Recording Secretary
SC Mental Health Commission

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

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

**August 7, 2007
Center Presentation**

**Attendance:
Commission Members**

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

J. Buxton Terry
H. Lloyd Howard (excused)
Harold E. Cheatham, Ph.D

Staff/Guests:

John H. Magill
Jan Holt
Jerry Stewart
Brenda Ratliff, MD

Devonderia Sanchez
Susanne Place Douglas
Dr. Judith Treadway
Geoff Mason

Harry Mustard
Gertie Washington
Andrea Allen
Brenda Hart

The S.C. Mental Health Commission met at the Coastal Empire Mental Health Center on Tuesday, August 7, 2007. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 8:55 a.m. Mr. Ray Norris, Executive Director of the Coastal Empire Mental Health Center, welcomed the Commission to the center. Mr. Norris introduced Harry Mustard, who made a presentation on the Beaufort County Detention Center.

Mr. Mustard said he has been with the Detention Center since 1992. The Detention Center is one of the earliest jails that had direct supervision, which means that the jail has a correctional officer on site. The jail was built in 1992, has a capacity of 243, and a census as of yesterday of 293. The average length of stay is 13 days. Mr. Mustard said that some of the goals of the program at the jail are to provide continuity and coordination of care; initiation of treatment for inmates; development of an after-care plan; provide medications when needed; and referral for service to other agencies.

The role of the Detention Center liaison includes assessment; treatment and referral; coordinate medication evaluations; consult with detention center staff; and coordinate client care with detention center staff and mental health center staff. A major priority is to assist inmates on suicide watch. Another priority is to identify acute mental illness and arrange for psychiatric assessment.

Mr. Mustard said that the Detention Center receives many individuals with a substance abuse and a mental illness, which is referred to as a co-occurring disorder. Of 168 cases the jail has seen in 2007, 25 percent of these individuals had a substance abuse problem.

Mr. Mustard presented several different case studies of individuals who enter the Detention Center and the type of services each individual had received.

The Beaufort County Detention Center has been funded by Beaufort County since 2003. This funding has resulted in funding of part of a position at the Detention Center for 20 hours per week. It was noted that the Alcohol and Drug Abuse Department in Beaufort County is part of

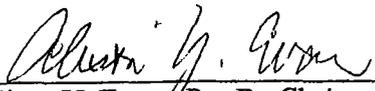
the county government structure. More interaction between the local alcohol and drug commission and the Detention Center is desirable.

Andrea Allen, Assistant Director of Coastal Empire and Director of Child and Adolescent Services at Coastal Empire, gave the next presentation on rural school-based services. Ms. Allen said that the philosophy of school-based services is to serve children in the community, as close to the home as possible, and to keep the family in tact, if at all possible. Out-of-home placement of a child is used as a last resort. Ms. Allen said that the school-based counselors spend four days per week in the schools and one day a week in the clinic.

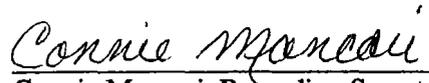
Ms. Allen described the Estill school-based program located in Hampton County. She said that school-based services are delivered in three schools in Hampton County, one each in the elementary, middle and high school. Hampton County has a population of 21,680; Estill's population is 2,386. The county's median income is \$16,200; median income for South Carolina is \$39,316. Most people who live in Estill are employed outside of the area. The school district is not a part of the state school system. Hampton County is the only county in Coastal Empire's catchment area that has two school districts. School-based services in Estill began in the 1990's, through the efforts of a violence prevention grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). It is proven that school-based services promote achievement, positive self esteem, family relationships, decreases out-of-home placements, and decreases contacts with the Department of Juvenile Justice (DJJ) and the Department of Social Services (DSS). Through the use of school-based services, there are fewer appointment cancellations because of transportation issues.

Ms. Allen also presented several case studies that demonstrated how effective school-based services are. Ms. Devonderia Sanchez assisted Ms. Allen in her presentation and described how remote some of the homes are that are visited by a counselor. She stressed that many of the children in these counties have never seen the ocean or visited the beach. It was mentioned that hiring for a school-based position in the rural counties takes a long period of time, and when hired, individuals do not remain in the positions because the rural counties do not have much to offer individuals. Currently, there is one open position in school-based services which has been open since May. County funding for school-based services is approximately \$23,000.

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



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



Connie Mancari, Recording Secretary
SC Mental Health Commission.

/cm

S.C. MENTAL HEALTH COMMISSION MEETING

August 7, 2007, Coastal Empire Mental Health Center, 1050 Ribaut Road, Beaufort, SC 29902

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The August 7, 2007, meeting of the SC Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, Psy.D., Chair, at the Coastal Empire Mental Health Center, 1050 Ribaut Road, Beaufort, SC. Dr. Evans thanked the center for its hospitality and expressed the Commission's appreciation for the courtesies extended during its visit. Since the chaplain, the Rev. Horace Williams, Jr., was not present, commissioner Harold E. Cheatham, PhD, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>There were no guests acknowledged at this time.</p>	
APPROVAL OF MINUTES	<p><i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the July 10, 2007, business meeting. All voted in favor. Motion carried.</i></p>	
MONTHLY/ QUARTERLY INFORMATIONAL REPORTS	<p>Mark Binkley noted that the Patient Protection Report contains a total of 87 cases of alleged patient abuse that are subject to investigation. He reminded the Commission that the majority of these investigations are conducted by the State Law Enforcement Division (SLED) Special Victims Unit. It was noted that progress is being made by this new unit of SLED in completing the investigations in a timely manner.</p>	
INVOCATION	<p>At approximately 10:45 a.m., the Rev. Horace Williams, Jr., delivered the second invocation as planned.</p>	
DEPARTMENTAL OVERVIEW/UPDATE	<p>Mr. Magill said that there will be an extended executive session today; therefore, he and other DMH staff will try to make the meeting reports as briefly and concisely as possible.</p>	
1) Financial Status Update -- Brenda Hart	<p>Ms. Hart said that the final FY'07 year end numbers are not, as yet, available. She will bring the report to the September meeting or the report will be mailed to</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>2) Budget Deficit Update Geoff Mason</p>	<p>the Commission prior to the September meeting. Ms. Hart said that as of June 30, the Department went through 95 percent of the general funds. These numbers will change when the final figures are received. The Commission requested that the final year end numbers be mailed to them prior to the September meeting.</p> <p>Mr. Mason said that the centers' budget deficits have been monitored very closely throughout the past year. There have been seven or eight centers on the deficit list. The last projections showed an overall improvement of \$1.5 million. Mr. Mason said there was an increase in the Workers' Compensation rate which was not previously reported. This increase will be reflected in the final figures that will be reported to the Commission. Mr. Mason said this amounts to approximately \$1 million. Mr. Magill said some of the centers were making progress in decreasing the individual deficits. Due to the Workers' Compensation increase, some of these same centers may move back into a deficit position. All center directors are expected to complete the year with a balanced budget; however, the Department is aware of the burden that the Workers' Compensation increase will place on the centers.</p>	
<p>3) FY'09 Budget Request Brenda Hart</p>	<p>Ms. Hart distributed a draft of the FY'09 budget request that needs to be turned into the Governor's office by August 31, 2007. None of the items listed are in priority order. The total operating request is \$17,091,850. The base program/service maintenance request, which is the cost of doing business each year, is \$5,358,317. This item includes contracts with private sector companies of \$909,113; medical cost inflation of \$1.5 million; power and fuel cost inflation \$390,670; computer licenses and maintenance of \$977,583; community housing \$985,770; and, nutritional services costs of \$525,000. The second item is for clinical staff market rates of \$9,413,595. This number was based on a study of 10 clinical positions done by the Office of Human Resources. This item is for state funded positions only. The third item is for community housing options at \$2,014,230. The Department included \$305,708 for the Pee Dee crisis stabilization unit. The total capital request is \$171,955,000.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>4) Youth Net Update – Brenda Ratliff, MD</p>	<p>Mr. Mason said there may need to be either a special Commission meeting or conference call to review and finalize this budget.</p> <p>Ms. Hart reviewed the capital items on the list. It was noted that the \$56 million listed for the Sexually Violent Predator (SVP) program will only happen if someone requires the Department to have a licensed program. Dr. Prier said the census in the SVP program has been running in the 90's. There are a couple of patients that are in a double-bunking situation. Mr. Magill feels the patients will be more appropriately discharged from the program which should help the Department with the Attorney General's expectation of the rate of admission to the unit.</p> <p>Dr. Ratliff said the Youth Net Grant has been a learning experience for everyone who has been involved with it. The Department was looking at the potential of giving the grant back to the federal government; however, this will not happen. The Project Officer has been informed that the Department will continue with the grant, but the money being spent will be closely monitored. Year 5 of the grant begins on October 1. Dr. Ratliff has met with the grant team and the grant's finance officer. The monitoring team has made several recommendations, many of which centered on the federal match of money for each year of the grant. It was determined that with more oversight, the grant will be able to be tracked more effectively in year 5.</p> <p>Mr. Magill mentioned that Brenda Hart is in the process of hiring a Grants Manager in the Division of Administrative Services, who will be involved in budget development at the beginning of a grant. Also, staff will be trained on how to monitor the grant and ensure that the proper reports and controls are in place to make sure that the grant is in compliance with the federal monitors. This individual will also have an interface with the Division of Internal Audit. It was mentioned that one of the Department's Internal Auditors has background and</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>5) Six Month Review of Medical Care Accounts Mark Binkley</p>	<p>experience in grants management. He said that as South Carolina perfects its grants process, it may be eligible for future grants. It was noted that the Project Officer for Youth Net is the same Project Officer for the Offering Assistance, Stability and Intensive Support (OASIS) grant. It should also be noted that the major difference between Youth Net and OASIS is that there is no match requirement with OASIS.</p> <p>Mr. Binkley presented the Six Month Review of Medical Care Accounts for the period January 1, 2007 through June 30, 2007. Total collections for the period were \$450,725.46. Of this amount, the set off debt collections totaled \$303,100.64. The amount waived by delegated authority was \$118,760.09. Mr. Binkley said the collections by the mental health centers were added to the report in order to show the efforts made toward involuntary collections. He said further that the Department will begin to look at the hardship reduction. This cost was as little as \$2.00/service. It was determined that this needs to be reviewed. He felt that the charge should be continued, but maybe not offered to the extent that it has been in the past. He said his office is reviewing this practice and will have a recommendation in the future for the Commission to review.</p> <p>Mr. Terry asked about litigation of estates of deceased clients. Mr. Binkley explained that a master list is obtained by the agency of all people who have died in a year. DMH compares this list to its list of deceased clients. DMH then investigates to see if there is an estate and any monies that may be owed to the agency. A claim is then filed on every open estate where money is owed to DMH. It should be noted, however, that many of these individuals are indigent and do not have an estate. Mr. Terry asked if the Department is notified about trusts that are not liable to probate. Mr. Binkley said that unless communication has been ongoing while the patient was alive, the Department would have no way of knowing if such a trust exists.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>6) Bull Street Update – Mark Binkley</p>	<p>Mr. Binkley said that it is hoped that by mid-September an appraiser will be identified to perform the appraisal on the Bull Street property. The Attorney General has approved the selection of an outside counsel, Bob Fuller, who is a commercial real estate attorney. Mr. Fuller has a lot of experience with a development the size of the Bull Street campus. The City of Columbia knows Mr. Fuller and is acquainted with his work. It was noted that there will be another meeting of the Bull Street Committee on August 20. Mr. Magill said that the Secretary of Commerce, Joe Taylor, has been invited to the meeting.</p> <p>Concerning the sale of the property to Lexington/Richland Alcohol and Drug Abuse Council (LRADAC), Mr. Binkley said a meeting needs to take place to finalize the transaction.</p> <p>Dr. Evans said that a plans needs to be developed as to how the money from the sale of the property will be utilized.</p>	
<p>7) Status of Public Relations Initiative – John Hutto</p>	<p>Mr. Hutto said that a publications (PR) committee has been established to educate the community on the Department's issues and to help eliminate stigma. The PR Committee has been expanded to include the advocacy organizations. Included in the PR Committee will be a speaking component and an anti-stigma component. In line with the speaking component, Mr. Magill will be traveling the state and speaking to civic groups and making public appearances. He has met with the Orangeburg Rotary and the Bennettsville Rotary Clubs. Following are some additional dates and locations of where Mr. Magill will be speaking:</p> <ul style="list-style-type: none">- August 30 SC Educational Television- September 4 St. Andrews Rotary Club- September 18 WIS-TV taping for a show that will air on September 23- October 9 NAMI Monthly Meeting in Columbia- October 18 Greenwood Lions Club- November 1 Anderson Rotary Club- November 14 Hilton Head Lions Club	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>8) FY'08 State Plan Goals – Geoff Mason</p>	<p>Mr. Hutto said that the anti-stigma component is still in the planning stage. Dr. Cheatham inquired about any future plans for the Public Relations Committee. Mr. Hutto said this program will run for about 12-18 months. The Commission requested a copy of the speaking engagements so that they could attend if possible. Mr. Hutto will provide a copy to them.</p> <p>Mr. Magill mentioned that Mental Health America (MHA) of South Carolina has received a \$30,000 anti-stigma grant. DMH will be partnering with MHA in this effort. He also said there may be an opportunity to raise additional funds for the anti-stigma campaign through the pharmaceutical companies.</p> <p>Mr. Mason said that each Commissioner received a copy of the FY'08 State Plan Goals in their agenda packet. The Department received approximately \$6 million from the federal block grant. DMH is required to have a State Planning Council to administer the block grant funds. The State Planning Council voted on these goals and Mr. Mason feels these goals demonstrate where the Department should be focusing its efforts. This process has taken 18 months to complete. A Strengths/Weaknesses/Opportunities/Threats (SWOT) analysis was developed. There were many stakeholders who had input into the goals. Mr. Mason said that the goals represent one coherent plan for the Department. These goals will now go to the federal government in line with the requirements of the block grant. Outcome reports have to be submitted to the federal government and management will be monitoring the goals. It was noted there were several typos in the report, but these will be corrected.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission accepted the FY'08 State Plan Goals as presented. All voted in favor. Motion carried.</i></p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.						
<p>SUMMARY & WRAP UP</p>	<p>Mr. Magill mentioned that the Department is still pursuing the Duke Endowment grant. The staff at Duke has contacted DMH to clarify some information for them regarding the telepsychiatry project. Mr. Magill said that he met approximately two weeks ago with the chair of the Blue Cross Foundation. The discussion concerned our mutual interest in involving the Blue Cross Foundation in the mental health arena. Mr. Magill said that this group may provide the Department some resources/help with two issues; the telepsychiatry project and children's issues, such as school-based services and co-morbid services for children. Mr. Magill said that the chair of the Blue Cross Foundation is Harvey Galloway, a long-time Blue Cross employee, who also worked at the Williams Building in the 1970's.</p>							
<p>OTHER ISSUES</p>	<p>Dr. Evans inquired about the status of the forensic waiting list. It was noted that as of last Friday, the number was zero (0). Emergency room waits is somewhere between 35 and 50.</p>							
<p>NOTICE/AGENDA</p>	<p>A notice and agenda of the meeting were posted in accordance with state law.</p>							
<p>ADJOURNMENT</p>	<p><i>At 12:00 p.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session to receive the Six Month Report of Litigation, to receive legal advice about a pending claim, and for lunch. Upon reconvening in open session at approximately 3:00 p.m., it was noted that only information was received. There were no votes taken. The meeting was formally adjourned at 3:10 p.m.</i></p>							
<p>ATTENDANCE Commission Members</p>	<table> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (excused)</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD	Jane B. Jones	H. Lloyd Howard (excused)	
Alison Y. Evans, Psy.D., Chair	J. Buxton Terry							
Joan Moore, Vice Chair	Harold E. Cheatham, PhD							
Jane B. Jones	H. Lloyd Howard (excused)							

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>cannot meet the hiring levels regarding salaries.</p> <ol style="list-style-type: none"> 3. Community Housing Options - \$2,014,230, This amount will allow DMH to create 55 Toward Local Care (TLC) beds and develop rural assistance programs 4. Pee Dee Crisis Stabilization Unit - \$305,708. This program will expand the crisis bed availability for the Pee Dee region that includes Catawba, Santee-Wateree, Tri-County, and Waccamaw Mental Health Centers. <p>Ms. Hart said that the total operating request is \$19,300,000; total capital request is \$135,655,000.</p> <p>In reviewing the capital listing, Ms. Hart said that item #7, \$56 million for a new Sexually Violent Predator (SVP) building, could be reduced if the Department were to renovate the Shand and Davis buildings for this program. Mr. Magill said it is important to make this budget request at these dollar levels. It is imperative that DMH receive this funding.</p> <p>Mr. Magill said the item that would be hardest to justify is the funding for recruitment and retention. Another item that is hard to justify is the base budget funding.</p> <p>Concerning recruitment and retention, Dr. Evans said that it is obvious DMH is in a crisis situation. However, she feels that the General Assembly will ask the question as to why the Department is in a crisis situation now. Ms. Hart said that the General Assembly only funded DMH \$1.5 million last year for recruitment and retention. It has been a continuing struggle to hire qualified clinical individuals. Dr. Prier said the average age of the Department's nurse force is increasing. The younger nurses are not coming into the mental health system, and many who are in the system, are leaving for the public sector because of salaries.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Mr. Terry feels this situation has always been a problem, but it has never been addressed properly in previous administrations. Dr. Evans concurred that the Commission has been aware of this problem and knew it was reaching the crisis point.</p> <p>Dr. Evans said that she feels staff did a good job on this budget request. Mr. Magill said that cabinet agencies receive a dollar number to develop a budget; non-cabinet agencies receive a recommendation for a budget request.</p> <p>Dr. Evans said that the perception in the community is that the Department has a lot of money because of the Supreme Court decision on the Bull Street property. It should be mentioned that it will be years before DMH actually sees any revenue from the sale of the property. It should also be noted that when the Bull Street property is sold, that this will be "one time" money and should not be considered as operating capital.</p> <p>Mr. Magill said he feels that allocations received from the General Assembly last year were the best DMH has received in five years.</p> <p>Department staff are requesting the Commission's help in prioritizing the items in the operating request. Mr. Howard questioned why the Pee Dee Crisis Stabilization unit is listed as number four in the operating request, and is listed as number 15 on the capital list. It was decided to move the Pee Dee Crisis Stabilization unit to number 7 on the capital list, thereby moving the Sexual Predator hospital to number 8.</p> <p>Dr. Cheatham asked for clarification on the bolded items. It was mentioned that these items were bolded as these were repeat items.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p>	<p>MOTION: <i>On a motion by Harold Cheatham, seconded by Buck Terry, the Commission accepted the FY'09 Budget Request as presented, with noted changes in language and capital item priority ranking. All voted in favor. Motion carried.</i></p> <p>Ms. Hart said that the preliminary year end financials were mailed to the Commission. There were three items that had an impact on the final dollar figure; Medicaid revenue was down about \$10 million; DMH paid a fine to Medicaid of \$4.5 million; and there was an increase in the Workers' Compensation rate of \$2 million.</p> <p>It was noted the centers made a good effort in reducing the deficits. Mr. Mason said that Waccamaw Mental Health went into the new year with a deficit carryover, and ended up the end with a surplus; Santee-Wateree had only a slight deficit, and Greenville had an improvement of \$210,000. Even though Catawba finished the year with a \$4.428 million deficit, this was an improvement of \$11,000. It should also be noted this is the first improvement in that center's deficit in many years. Mr. Mason said that with the new management in place at Catawba, he feels the center is on the right track to correcting its deficit.</p> <p>A notice and agenda of the meeting were posted in accordance with state law.</p> <p><i>At 12:00 p.m., on a motion by Harold Cheatham, seconded by Buck Terry, the meeting was adjourned.</i></p> <p>Alison Evans, Psy.D., Chair Joan Moore, Vice Chair J. Buxton Terry</p> <p>Harold E. Cheatham, PhD Jane B. Jones H. Lloyd Howard (via video conference)</p>	

S.C. Mental Health Commission Meeting

September 11, 2007

S.C. Department of Mental Health Administration Building

2414 Bull Street, Columbia, SC 29201

CALL TO ORDER

The September 11, 2007, meeting of the SC Mental Health Commission was called to order at 10:30 a.m. by Alison Y. Evans, Psy.D., Chair, in Room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. The invocation was delivered by Chaplain Charles Clary of C.M. Tucker, Jr., Nursing Care Center.

INTRODUCTION OF GUESTS

The following guests were acknowledged: Sandy Hyre, Administrative Director of the Division of Evaluation/Training & Research (ETR), introduced students from the current mentoring class: Deborah Chan Friday; Gertie Washington; Sam Rozier; Sonya Jenkins; Larry Odom; Mark Bellamy; Johnette Parker; Lori Chappelle; Pete Camelo; Waymon Whitefield; Tracy Richardson; Melinda Ham; Ann Thornley; Debbie Dukes; and Jeffery Ham. Also acknowledged were Bill Powell, M.D., Executive Director, Spartanburg Area Mental Health Center; James Hallums, Board Chair, Greenville Mental Health Center; Bob Nelson, Assistant Director, Greenville Mental Health Center; Kimberly Boozer, MSW/MPH student at the University of South Carolina.

APPROVAL OF MINUTES

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the August 6, 2007, Dinner Meeting. All voted in favor; motion carried. On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the August 7, 2007, Center Presentation. All voted in favor; motion carried.

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the August 7, 2007, Commission Meeting. All voted in favor; motion carried.

On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the minutes of the August 20, 2007, Special Commission Meeting. All voted in favor; motion carried.

MONTHLY/QUARTERLY INFORMATIONAL REPORTS

Dr. Evans called everyone's attention to the informational reports contained in the agenda packet. Mr. Magill asked Mark Binkley to briefly explain the reports.

Mr. Binkley said what he wanted the Commission to focus on month to month was the Patient Protection Report, which is the report of the State Law Enforcement Division (SLED) activities in terms of investigating cases of abuse and neglect under the revised procedure that was passed about a year and a half ago. The first report is a supplemental report, but the main report for July shows the total number of cases under investigation of 92. Twenty-one investigations were completed during the month of July. Mr. Binkley said this was an improvement and much closer to the actual number of cases that are reported to the Department on a monthly basis. SLED promised to get these reports to DMH in a timely fashion, and it seems to be working. There is still a backlog, and the timeliness is still not where the facilities need for it to be. Another meeting is planned with Chief Hall, Mr. Binkley, and the staff at SLED to further make improvements to the system.

Mr. Terry commented that the Commission is cognizant of and concerned with these high numbers: 71 pending investigations, 73 last month. Also, he is aware that SLED is solving the problem, and he knows the numbers will come down. However, the Commission is concerned about the level of the numbers. He asked that the Commission be kept apprised of this situation. Mr. Magill mentioned that he has met with Chief Stewart of SLED and that he is confident this problem will be addressed.

Mr. Magill expressed his appreciation for the hard work that the Commission did in helping to formulate the budget request for this year. He realized it took a lot of time and the Commission members spent a lot of their personal time traveling to Columbia to offer assistance and guidance. Mr. Magill believes the Department has ended up with a product that was well representative of DMH's needs.

DEPARTMENTAL OVERVIEW AND UPDATE

Financial Status Update: Ms. Hart said they are working on findings for the current fiscal year, e.g. personal benefits and fringe the Department received for health coverage. They are working on getting the allocations out to the Centers. She hopes to have a forecast for the first quarter in time for the October Commission meeting. The budget request has been sent out and is in the hands of the individuals who are working on this request. She expects to begin the meetings soon with the Governor's Activities Team, so the budget process will begin very shortly.

Mr. Magill mentioned that the Department has lent one of its staff members, Kevin Kibler, to the Governor's Office to help them with their budget analysis. He will be involved with the Public Safety team. Mr. Magill commented that, at one time, he and Ms. Hart worked together on the Health Committee, of which he was the chair. It is a service to the State, but it is also a very informative process, particularly, if you chair one of the sub-groups. Dr. Evans also participated with Mr. Magill on one of the Results teams. It is a very interesting process, and he wants DMH to help as much as possible in the entire process.

Report of the Inpatient Hospitals Governing Body Meeting of July 24, 2007: Dr. Prier referred to the Inpatient Hospitals Governing Body Minutes of July 24, 2007, and the Sub-Committee Minutes of August 6, 2007, contained in the agenda packet. He said the most significant issues in these Minutes were the return of the Joint Commission to the Hall Institute and Hall received full accreditation. Since these Minutes were written, the Joint Commission has made a return visit to Bryan Psychiatric Hospital and Bryan received full accreditation.

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the July 24, 2007, Governing Body Meeting and the August 6, 2007, Sub Committee Meeting. All voted in favor; motion carried.

Mr. Magill requested that the Commission approve the minutes individually and asked if the motion to approve the minutes was intended for the first set (Inpatient Hospitals Governing Body Minutes of July 24, 2007). Mr. Terry replied that was correct.

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the August 6, 2007, Sub Committee Meeting. All voted in favor; motion carried.

Dashboard Indicator Reports: Mr. Magill said that in the past DMH tried to present information in the form of dashboards. It was decided that this procedure needed to be

changed; hence these have not been presented for the last six months. However, there is a new plan in process. Dr. Ratliff will talk about how these dashboards will be presented in the future.

Dr. Ratliff reported that she and her staff have been working on information that she feels will be helpful for the Commission and others in order to understand the function of the Department. She feels a history of the decisions and information about the Department will give some perspective about current information when presented. She and her staff will suggest some reports, and she would like to find out from the Commission what they feel would be helpful and how often they would want to see this information. It will take a little more time to accomplish this, but she feels this is the best approach. The report will be concise, two to three pages; however, if looking at satisfaction reports, it could be a little longer. In order to have time to discuss the information, a presentation will be done at another time.

Mr. Magill said the Commission may want to have a retreat and review this material more thoroughly as it is quite detailed. Mr. Magill has seen some of the preliminary reports, and the information is good. It talks about changes and why these changes have occurred over a number of years. It then zeroes in on the data that seems to be relevant. Mr. Magill believes that if he and the Commission look at it together, there may be about five points that the Commission may want to see reported on. This would help measure progress, or lack thereof in the Department.

Dr. Evans said the Commission would discuss this later, and she agrees it would be a good idea to have it on the agenda. Regarding the dashboard reports, Dr. Evans said she likes to see how the Department is performing on the various waiting lists, e.g. emergency room, Forensics, etc. She said she often gets questions about these lists. She doesn't need a full discussion of it, but she likes to have the numbers for comparison. Mr. Magill said that as far as the Forensics waiting list is concerned, there is good news. He asked Mr. Binkley to share this information.

Mr. Binkley said that in 2002, Forensics had an enormous waiting list for a variety of reasons. Criminal defendants who were committed to the Department for treatment were waiting an inordinate amount of time, several months or more. In many cases, there was a lot of publicity about it -- court actions -- and a Contempt Order was brought against the Department in 2002. The Department actually prepared and, under court supervision, implemented a Corrective Action Plan that involved a significant amount of resources that were diverted from other programs, such as Forensics. Over time, that waiting list has come down, although it was holding in the teens for the last couple of years. Mr. Magill said that when he came to the Department last year, it was in the high twenties.

Mr. Binkley said that in the past year, the numbers have steadily come down. Last month, the Department had zero on the waiting list. As of last Friday, we technically had one person waiting, but that one case is the subject for a Motion for Reconsideration that he has filed as an inappropriate commitment. The Department has been doing well for the last couple of months with the waiting lists, and it looks like Forensics is well staffed and well managed and is going to stay on top of this problem. A lot of recognition has been received from the court monitors, e.g. Judge Baxley, regarding the job DMH is doing.

Mr. Magill said that when he and Mr. Binkley spoke to the Probate Judges at their conference, they were happy to hear that the Forensics waiting list number was down to zero.

Medical Care Account: Mr. Binkley called everyone's attention to the one Medical Care Account in the agenda packet. This is an old form that was created a while back which requests that the Commission approve a waiver of an outstanding balance or an amount of outstanding charges that a patient or former patient owed the Department. This particular one involved a resident of the

Sexually Violent Predator program, and the waiver request arises out of litigation. This was one of the cases covered last month in the litigation review. As part of the settlement, the Department negotiated with the participation of the Insurance Reserve Fund and outside counsel, and DMH agreed to waive the outstanding balance of \$641,399.03 of this resident who has been in the program for about six years. He is indigent, and this explains why the charges are so high, and there is no third party reimbursement for the care that is provided as part of that program. DMH agreed to present to the Commission a request for waiving his outstanding charges. He is still in the system. Mr. Binkley suggested that if the Commission wanted to discuss this matter further, that it be done in Executive Session.

Mr. Kim Carter explained that Mr. Binkley is requesting that the Commission approve the waiver of all future medical charges for this patient in addition to the balance.

Mr. Terry said he would like to get some estimates relative to the future of other cases involved in this program. He felt the Commission needs to know what to expect regarding the total costs reflective of this program. This, too, should be discussed in Executive Session.

On a motion by Joan Moore, seconded by Buck Terry, the Commission agreed to accept the recommendation of the General Counsel and waive the outstanding charges of the Medical Care Account; motion carried.

Mr. Magill asked Mr. Binkley to look at the form in the near future under the category of "Accrued Charges." Since there may be future charges, Mr. Magill asked if the word should be "accrued" or should another descriptive word be used. The form may need to be changed for clarity purposes.

Bull Street Update: Mr. Magill said the committee met two weeks ago for the purpose of reviewing all of the actions taken to date and to obtain some consensual validation from the rest of the committee. He feels everyone is on the right track, there is light at the end of the tunnel, and it is not a "freight train coming with its headlights on." There are concrete steps in place which Mr. Magill feels will lead to an eventual solution. He then turned the discussion over to Mr. Binkley.

Mr. Binkley talked about the main focus surrounding the sale of the property, which is the fact that DMH still has over 200 patients that are housed both at Byrnes, because of the re-roofing construction project at Bryan Hospital, as well as the Child and Adolescent Program at Hall Psychiatric Institute. Some money has been set aside for the reconstruction or building of a new children's hospital out at the northeast campus; however, DMH does not have sufficient funding. There is no firm timeline for relocating those services.

Although there was discussion at the last committee meeting about the possible means to secure the funding to rebuild Hall Institute, and the additional funding needed for re-roofing Byrnes, a lot of the talk focused on the other steps going on with preliminarily preparing the property for sale, including rezoning the property. Both before and since the meeting in August, Mr. Binkley's office has met with the City Attorney's Office to discuss the steps necessary to have a rezoning process that preserves for the Commission and the Department the ultimate determination about how the property would best be zoned to bring about the best price for sale. DMH has retained outside counsel, Robert Fuller, who has development experience. At the last meeting with the City Attorney, the parties proceeded to draft a Development Agreement, which is a statutory means of requesting that the City, through a zoning-like approval process with public hearings and approval by City Council, approve a plan for development of property to include the zoning of that property. In this case, DMH will stand in the stead of the developer as the owner of the property with the right to assign any development agreement to a successful bidder. This is also the consensus of the advisory group that DMH has been meeting with. DMH will be able to advance

the process of rezoning in a way that would likely appeal to potential developers who would be interested in bidding on this property at the point and time it is offered for sale.

On the issue of hiring an appraiser, there was discussion at the meeting about the possible downside of doing an appraisal too early before the property is ready to market. There was agreement that DMH should proceed to the point where an appraiser is selected. DMH sent out a Request for Proposals, and several responses were received. A review committee has been established, information has been given to the committee, and that committee will be meeting to select an appraiser, probably by the end of this month.

In the environmental area, DMH needs to identify what environmental issues might be associated with the Bull Street property. This is needed so that a decision can be made regarding how to address those issues now, or to identify them so a buyer will know about them and they won't hold up any closing on the property. A firm has been selected to do the Stage 1 environmental survey, and this process has started. This firm has been on the property taking preliminary pictures, and have lined up some interviews with staff to identify what might have an environmental impact on the property.

Mr. Binkley said he thinks the most significant development at the meeting was that a consensus seemed to emerge that DMH should proceed at this point to retain the outside assistance of a broker, a real estate marketing company, to advise the Department and Commission on some of the issues DMH will face when it gets to the point of considering marketing the property. The consensus from the August meeting was that the Department should proceed to have a draft of the Request for Proposals (RFP) or an outside marketing company. (Mr. Binkley passed out to the Commission an outline of the types of terms that would likely be in that RFP, both for his benefit and the Commission's benefit.)

Mr. Binkley said this document provides an idea of the kinds of services that a marketing consultant would provide to the Department. This is outlined on page two of the handout. One of the things that is still being discussed is getting advice as to how best to market the property: Do we wait until the property is completely vacant, which with Hall Institute and Byrnes still fully occupied, could be a number of years. Or, do we proceed to market the property with contingencies related to our continued occupancy and use of those hospitals. Or, do we possibly market portions of the property separately, those portions that are currently vacant and might be desirable because of their location or some other aspect that would make them easier to market and develop than other aspects of the property.

Mr. Binkley said he believes everyone is in agreement that DMH is going to need some expert assistance in answering some of these questions. He thinks the consensus at the meeting was, the sooner DMH can get such a company and a group of individuals working with it, the sooner we might have the answers to some of those questions.

Ms. Hart mentioned the financial considerations that always seem to come up when the property sale is discussed. DMH is leaning toward doing this on a commission basis, which would be payable upon the sale of the property. DMH is trying not to involve any upfront money as it proceeds with the sale.

Mr. Magill said that the Attorney General's Office has been very cooperative in this venture, giving DMH permission to spend any funds necessary on this project. Mr. Magill added one additional person to the Bull Street Committee, Mr. Joe Taylor, Secretary of Commerce. His assistance has been very helpful.

Dr. Evans said this is a very involved process. She reminded the Commission that it is the trustees of this property, and has a fiduciary responsibility to make sure DMH gets the best price for the best use in the timeliest manner possible. There will come a time when there will be some very tough decisions for the Commission. The Commission needs to realize that there will never be an

opportunity like this ever again. It needs to be very careful in its consideration. Dr. Evans feels Mr. Magill is doing a great job in laying the ground work, so that when the time comes, the Commission will be able to make a good decision.

Mr. Binkley confirmed Ms. Jones' question that an appraiser would be chosen by the end of the Month. Mr. Binkley said that one of the questions that will be posed to the appraiser is when is the proper time to perform the actual appraisal. Mr. Binkley said one of the ideas of the committee was to proceed and retain a marketing expert to give informed advice. Dr. Evans suggested that the appraiser, more so than the marketing company, could give us good advice. Mr. Binkley agreed. Mr. Magill said these suggestions would be taken under advisement. Mr. Binkley said, ultimately, it will be the Commission's decision in making those determinations.

Mr. Terry said this will come before the Commission, but he added there are so many agendas having to do with this project. For example, Richland County has one agenda, and the City of Columbia has an agenda. He said the Commission must realize that no taxes have been paid on this property since 1827. So, both the county and city see a gold mine. However, Madam Chair has made it very succinct and very plain what the Commission's position is; that is, to take care of the mentally ill of this state.

Dr. Evans reiterated that is absolutely the Commission's agenda. This agenda supersedes all of the others. Mr. Terry concurred that is the only agenda the Commission has.

Duke Endowment/Blue Cross Foundation Update: Mr. Magill said that DMH has been active in trying to see if there are entities external to the agency and external to government dollars that can help support the Department's mission. Mr. Magill proceeded to updated the Commission on the status of the Duke Endowment initiative, and the somewhat smaller, but more immediate request, to the Blue Cross Foundation. Since Dr. Ratliff is involved in both of these initiatives, he asked her to present.

Dr. Ratliff said that the Duke Endowment staff made some suggestions that DMH may want to change in its rant application. This is good feedback and the Department has been working on some of the recommended changes. The final version has to be submitted by October 1 to the Duke Endowment. Dr. Ratliff said there is still a lot of interest and support from the Duke Endowment. At a meeting held at the Hospital Association last week, a presentation was made on the proposal being made to Duke. There were five physicians and other emergency room staff in attendance from various hospitals in the state. Turnout was good and there was much support and interest in the project.

Mr. Magill said the Chief Executive Officer (CEO) of the Hospital Association called a meeting last week and expanded it beyond the Behavioral Health Committee to get CEOs and hospital emergency room physicians there to hear the presentation in its totality for the first time. Mr. Magill, Ms. Hart, Ed Spencer, and the Information Technology (IT) consultant made about an hour and a half presentation and received an excellent response from attendees. The Hospital Association has become the driver to get the hospitals to buy into this project. Most of the responsibility for this will fall on the Hospital Association on its member hospitals.

Dr. Ratliff said a number of hospitals are interested in this initiative, and DMH has received good feedback and suggestions for support letters. There are a lot of questions and suggestions that will have to be considered in its implementation if DMH receives the grant. It was a very good meeting, with lots of support.

The Blue Cross Blue Shield Foundation spoke with Mr. Magill about their interest in doing something in the behavioral health field, particularly with children. Dr. Ratliff, Ed Spencer, and Beth Freeman met and discussed their interest in school-based services. The foundation has funded a school nursing program, and it is interested in seeing if any of the areas that DMH is

interested in developing might overlap with school-based services. Dr. Ratliff said DMH has 10 counties in the state that do not have any school-based services. She said DMH has proposed to have 10 positions that would be 100 percent funded during the first year, 50 percent the second year, and 25 percent the third year. At the end of the third year, it is hoped these positions would become self-sustaining. Most school districts contribute some funding; however these particular counties are the poorer counties and have not been able to participate in the program. Dr. Ratliff believes that DMH can get a school-based program started in these counties, they can be self-sustaining.

In the letter of intent, DMH outlined the costs of a single position and informed the foundation it was asking for 10 positions. However, in the event 10 positions cannot be funded, partial funding options would be made clear. Most of their grants are for smaller projects, and this grant is for \$1.15 million over three years. Dr. Ratliff hopes to hear back from them sometime in October.

Mr. Magill said he is pretty confident DMH will be given a grant. The size of the grant will determine how ambitious the Department will be. DMH started with a proposal to cover all hospital emergency rooms, and that is still DMH's desire. But how much the Duke Endowment actually gives toward buying the equipment, as well as staff support, might determine how it is structured, and whether it can be started with all hospitals. As Dr. Ratliff mentioned, because of the Duke Endowment's regulations, they would not be able to provide money for a private, for-profit hospital to buy equipment that is necessary. They will actually provide the money to a public hospital, but a proprietary entity would have to come up with that money on its own.

Mr. Magill said in the Blue Cross proposal, it is not the amount of the money in the scope of the project. The Blue Cross Foundation is setting a precedent with this project because it has not been active previously in behavioral health.

OTHER ISSUES: Mr. Magill said DMH participated in a very good conference a few weeks ago for children and adolescents. He said there is a new Action Council that is forming in South Carolina as part of an OASIS initiative, where several of the agencies have joined together and signed a pledge that the agencies will work together to try to build better systems of care for children and adolescents. In a future meeting, Mr. Magill feels the Commission should have Kennard DuBose and Louise Johnson speak more about this as he feels this is very innovative.

Sandy Hyre said that a day-long CME program would be held Friday, September 21. Continuing education credits will be offered for physicians and nurses and other disciplines. It will be held at the Forum at Hall Institute, and there is no cost. Speakers from MUSC and faculty from USC School of Medicine will also speak. All topic areas -- geriatric, child, and adult services -- will be covered. There is a waiting list, but people may add their names to the list. Also, it will be video conferenced, and people can view it in conference rooms around the state.

Mr. Magill said this has become a major training event, and it is cooperative with USC Department of Psychiatry and Neuropsychiatry and the Department of Mental Health. It is also a very inexpensive way to train a lot of high priced talent. DMH needs to do more of these types of training.

Mr. Magill said he is completing one year as director of the Department. The work is exciting, and there are lots of challenges. He said he is trying to take his own advice by keeping it "in the road" and talking about what he knows and remain optimistic in some challenging times. Mr. Magill suggested to everyone, particularly those in the mentoring class, to take that to heart. We encourage people to be thinking outside of the box. Sometimes that works, sometimes we have to stay on our mission. He said, along those lines, Dr. Al Edwards, Director of Greenville Mental Health Center, developed an idea concerning something that he thinks would be of benefit to the citizens in the Greenville area. While it does not hit absolutely with some of our objectives at this

point, it is still something that Mr. Magill thinks has value. Both Mr. Magill and Jane Jones suggested Dr. Edwards present his idea to the Commission.

PRESENTATION “REGION B PSYCHIATRIC/SUBSTANCE ABUSE CONCEPT” -Dr. Edwards presented a Power Point presentation, and a copy of the Inpatient Collaboration Proposal was in the agenda packet. Complete details of Dr. Edwards’ presentation are filed with the original of these minutes.

Dr. Edwards’ presentation concerned a collaborative of state and other agencies that would be located in the upstate to localize children’s inpatient services. Dr. Edwards is of the belief that children are better served close to their home communities. Also, children respond to treatment better when the whole family is involved in treatment.

Dr. Edwards feels that Hall Institute has served the state’s children in an exemplary manner for many years, but the time has come for the Department and the Commission to look at regional care for the state’s mentally ill children.

In summary, Dr. Edwards outlined several options with regard to the treatment of these children in the upstate:

- Reconsider the current Hall Psychiatric Institute remaining on the property, using some of the funds to bring it back to its original condition and use the remaining funds to support local efforts such as the one he is proposing;
- Set a direction insisting on collocated services on a regional basis and challenge legislators and agencies to make it happen;
- Look at current projected spending in “replacing” Hall Institute very critically. North Carolina recently spent \$108 million to build a 432-bed psychiatric inpatient facility of about \$6.5 million for every 25 beds. Other states report similar costs. Dr. Edwards believes this approach has merit.
- Wait or suggest leasing parcels of the property for steady income. If DMH can wait long enough, someone will pay us to leave.

After a lengthy discussion, the Commission said that even though Dr. Edwards’ plan is excellent, the Department needs to raise \$20 million to rebuild Hall Institute. The first thing the Commission needs to do is to address the centralized services, then regionalization can be addressed. The Commission must look at services for the whole state, not just one section of the state. Dr. Evans thanked Dr. Edwards and the other individuals who came to support this regionalized concept of care for children.

Mr. Magill said there was one more item on the agenda, but it will be held after the business meeting. Dr. Latiff-Bolet will conduct a Compliance Training session for the Commission.

NOTICE/AGENDA – A notice and agenda of the meeting were posted in accordance with state law.

ADJOURNMENT - *At 12:15 p.m., on a motion by Jane Jones, seconded by Buck Terry, the Business Meeting of the Mental Health Commission was adjourned.*

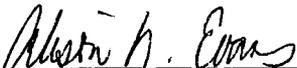
ATTENDANCE – Commission Members

Alison Y. Evans, Psy.D., Chair	H. Lloyd Howard (via video)
James Buxton Terry	Jane B. Jones
Joan Moore	Harold E. Cheatham, PhD (excused)

STAFF/GUESTS

Sandy Hyre	Deborah Chan-Friday	Johnnette Parker	Larry Odom
Mark Bellamy	Sonya Jenkins	Debbie Dukes	Ann Thornley
James W. Hallums	Al Edwards, MD	Gertie Washington	Lori Chappelle
Pete Camelo	Kimberly Boozer	Waymon Whitfield	Tracy Richardson
Mark Binkley	Brenda Hart	Eleanor Odom	Melinda Ham
Sam Rozier	Bill Powell, MD	Jeffery Ham	Nelson Robert
Geoff Mason	Brenda Ratliff, MD	Rebekah Steen	John Hutto
Shanna Amerson	Bill Lindsey	Valarie Perkins	Shelley McGeorge
Joe Dill	Kathleen Merritt		

APPROVALS



Alison Y. Evans, Psy.D., Chair



Alyce McEachern, Recording Secretary

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

**Pee Dee Mental Health Center
125 East Cheves Street
Florence, SC 29506**

**October 2, 2007
Center Presentation**

**Attendance:
Commission Members**

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

J. Buxton Terry
H. Lloyd Howard (excused)
Harold E. Cheatham, PhD (excused)

Staff/Guests:

John H. Magill
Brenda Hart
Lyde Graham

Mark Binkley
Ron Prier, MD

Geoff Mason
Kernard Redmond

Brenda Ratliff, MD
Phil Bowman, MD

The S.C. Mental Health Commission met at the Pee Dee Mental Health Center on Tuesday, October 2, 2007. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m. Dr. Phil Bowman, Executive Director of the Pee Dee Mental Health Center, welcomed the Commission to the center. He announced there would be two separate presentations. The first presentation would be on Dialectical Behavioral Therapy (DBT), and the second presentation would be on the Alzheimer's Program. The center is especially proud of both of these programs.

Dr. Bowman introduced Jane Hart Lewis, the Director of Best Practices and Training at Pee Dee Mental Health Center, who also heads up the DBT Program. DBT is a program that is designed for individuals who are the most psychiatrically disabled. Ms. Lewis said that in 1986, Dr. Bowman researched DBT and spoke with the Director at that time, Dr. Bevis, about implementing DBT at Pee Dee Mental Health. The initial training in DBT was done in 1997. This training started with four volunteers and since that time, the program has been adding staff and clients. Referrals to the program come from inside the center and the local community agencies. All individuals are screened prior to entering the program. DBT is designed to be a long-term program, and over the years, work has been done to enable the program to be shorter in length.

Ms. Harris said the first people were seen in the DBT Program in 1999. Currently, there are ten individuals in the program, and eight in the screening process. Through the years, staff have had contact with and treated over 100 clients. Staff in the program perform this service on a part-time basis, in conjunction with their other job duties. The program has had two "graduates." A graduate is defined as someone who no longer meets the criteria for the program. To be included in the DBT program a person must have a bipolar personality disorder, coupled with a self-injuring disorder.

Pee Dee Mental Health Center teaches the three stages of DBT only. The fourth stage, which addresses spiritual practice, is not currently taught at the center. Ms. Lewis mentioned that the average age for admission to the program is 28. This services is a billable service, but not as DBT. DBT is billed as separate services, such as group therapy and follow up therapy. Dr. Bowman said that the average number of hospitalization days for DBT patients at the center have reduced significantly since the years prior to when DBT was started. These numbers have decreased from 13.92 days to 2.67 days. DBT is currently being done at Columbia Area Mental Health Center and Berkeley Mental Health Center. Ms. Lewis said that most of the centers have been trained in this service; however, due

to staff turn over, not many are actually doing DBT. Many of the centers are doing only parts of DBT training. The program at Columbia Area is much larger and the center has a separate building devoted exclusively to DBT. Columbia Area also has more clients and staff. Pee Dee Mental Health provides all the facets of the program with fewer staff.

Dr. Prier mentioned that this program contains some of the sickest and most time-intensive clients seen in the mental health system. Up to 50 percent of clients are diagnosed with a borderline personality disorder.

Dr. Bowman next introduced Cathy Timmons, MSW, who heads up the center's Alzheimer/Dementia Services program. Pee Dee Mental Health has a grant from the Department that enables the center to operate this program. Ms. Timmons introduced a caregiver in the program from the community, Mr. James Jones, who spoke about the benefits of the Alzheimer's Day Treatment Program. He mentioned that before the program began there was no such program for Alzheimer's patients. All the residents in the program know which medications they are to take each day. The residents attend outings and receive approximately \$53.00 to \$75.00 per month to spend during the outings or on other items they may require.

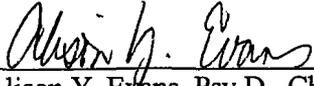
Ms. Timmons said the purpose of the program is to provide community based clinical day treatment services for persons with chronic mental illness and symptoms of dementia/Alzheimer's. The goal is to delay advancement of symptoms via provision of stimulation activities and clinical treatment services in a therapeutic environment. The program was developed using funding that is received via federal grant funds, and is administered by the Department. The program accepts Medicaid, Medicare, private insurance and self-pay. No one is denied services due to ability to pay.

Some of the services offered are adult clinical day treatment, psychiatric medical assessment, medication monitoring and administration, targeted case management, and psychiatric nursing. The daily rate is \$70.00 per day. Clients in the program are between the ages of 58 and 87, both male and female. All clients have the dual diagnosis of chronic mental illness and dementia/Alzheimer's symptoms. There are 27 patients currently in the program.

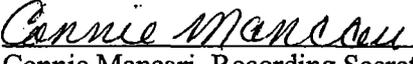
Ms. Timmons said that one very positive aspect of the program is that Carolina Hospital System provides up to 730 inpatient bed days annually to the center at no charge to either the center or the Department. Dr. Bowman said that even though the beds are available to the center to use, the center has not used any of these beds. Dr. Bowman explained that the center would like to have Carolina Hospital System change these bed days to involuntary beds (currently, these are voluntary beds) and to have the age lowered for bed use to age 50.

Ms. Timmons said this program is the center's "star" program in that Pee Dee Mental Health makes revenue on the program. Dr. Bowman said the grant funding is available through the Lieutenant Governor's Office on Aging. Complete details of this program are filed with the original of these minutes.

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



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



Connie Mancari, Recording Secretary
SC Mental Health Commission.

S.C. MENTAL HEALTH COMMISSION MEETING

October 2, 2007, Pee Dee Mental Health Center, 125 E. Cheves Street, Florence, SC 29506

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p> <p>INTRODUCTION OF GUESTS</p> <p>APPROVAL OF MINUTES</p> <p>MONTHLY/ QUARTERLY INFORMATIONAL REPORTS</p>	<p>The October 2, 2007, meeting of the SC Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, Psy.D., Chair, at the Pee Dee Mental Health Center, 125 E. Cheves Street, Florence, SC. Mr. Thornell Kirven, Pee Dee Mental Health Center board, delivered the invocation.</p> <p>Dr. Evans thanked the center and the center's staff for all the courtesies extended to the Commission. She also enjoyed hosting everyone in the area at her home last evening. She expressed appreciation for all the work that has been done and continues to be done by the Hartsville office of Pee Dee Mental Health Center.</p> <p>Mr. Buck Terry acknowledged Mrs. Faye Yarborough, mother of Alison Evans, and Mrs. Connie Gandy. Also acknowledged were Janice Rozier, Executive Director of Tri County Mental Health Center, and Murry Chesson, Executive Director of Waccamaw Mental Health Center.</p> <p>Dr. Evans mentioned that approval of the minutes from the September 11, 2007, meeting will be deferred to the November 13, 2007 meeting, which will be held at the Medical University of South Carolina, in conjunction with the Commission retreat.</p> <p>Mr. Binkley said that the Department is still experiencing the same issues with the State Law Enforcement Division (SLED) in terms of timeliness of completion of the client abuse reports. The Department has met with SLED. There has been a change in staff at SLED and the Department is looking for an improvement in this regard. Mr. Binkley has relayed the Commission's concerns and he is hopeful that SLED will make improvements in completion of these reports. This was agreed to by Mr. Magill. Mr. Terry again re-emphasized the Commission's concerns regarding this issue. Mr. Binkley will report back after he meets with SLED. If there is no improvement, Mr. Magill will again meet with Chief Stewart.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Key Indicator Data – Kevin Kibler</p> <p>• Bull Street Update – Mark Binkley</p>	<p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the changes to the community services charge structure. All voted in favor. Motion carried.</i></p> <p>Mr. Kibler distributed two sheets depicting Key Indicator data, one financial and one statistical data. He said he is proposing that these reports be done quarterly for each center. At present, only five of the 17 mental health centers are doing this type of mental health center forecasting. Mr. Magill said it was a goal of his to examine all the data that is available at DMH and to create information that is usable. He said further that a report such as this when it is finalized will be a better decision making tool to use. It is also hoped to bring the centers and central office closer together with the numbers each has.</p> <p>Dr. Evans asked for response from one of the mental health centers present at today's meeting. Lyde Graham, Pee Dee Mental Health Center Administrator, said he likes the reports and feels the instructions given the centers by central office were clear and concise.</p> <p>Mr. Magill said that there has been many staff involved with the Bull Street property, as well as the Commission. He said the membership of the Bull Street Committee has been expanded to include a representative from the Governor's office, Senate Finance and House Ways and Means, as well as the Secretary of Commerce. He asked Mark Binkley to present an update on what has occurred thus far with the sale of the property.</p> <p>Mr. Binkley said that everyone is aware of the obstacles to moving off the Bull Street campus. These obstacles include the relocation of the energy plant, the construction of a children's hospital, and completion of the roofs at Bryan Hospital so that the patients can be returned from Byrnes. At present, the Department is moving ahead with the relocation of the energy plant. DMH came in significantly over budget on the repair work for the roofs at Bryan. This</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Commission Meeting Dates/Locations – 2008 – Connie Mancari/John H. Magill</p>	<p>Request for Proposal (RFP) process is currently being repeated. The appraiser was selected last week to perform the appraisal; however, timing for when the appraisal is to be done is still undetermined. The outside counsel has drafted a development agreement to be presented to the City for comment. A meeting will be held with certain parties to review the historical aspects of the property. The environmental assessment is going forward. Physical Plant Services will have a date of completion of the assessment sometime next week. The Request for Proposal (RFP) has been drafted to hire a marketing consultant/real estate broker will be sent to the State Procurement Office this week.</p> <p>Mr. Magill said another meeting of the Bull Street Committee will be scheduled in approximately one month.</p> <p>Dr. Evans mentioned that at some point in time, the Commission will need to be counseled regarding obtaining the best use of the money that will be obtained from the sale of the property. Mr. Magill said that the minutes should reflect that the moment the property is placed for sale, the Department will establish a sub-committee of the Bull Street Property Committee to determine the best use for the money.</p> <p>Mr. Magill said the Commission retreat will be in Charleston in conjunction with the November Commission Meeting which will be held in Charleston at the Medical University of South Carolina. Staff of the Medical University may want to give a 30 minute presentation to the Commission about the university in general. The retreat will be held on November 12 and the Commission meeting will be on November 13.</p> <p>Mrs. Mancari presented the listing of Commission meeting dates/locations for 2008. She explained that the Commission votes and approves the schedule of meetings during October of each year. All meeting dates are the first Tuesday of the month, in accordance with the Commission Bylaws, with a few exceptions for</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Technical Assistance – Geoff Mason</p>	<p>state holidays. Visits to the centers and hospitals are scheduled on a rotation basis. It was mentioned that 2008 will be a presidential election year which will affect the date for the November meeting. Dr. Evans also noted that the July date needs to move forward a week because of the holiday.</p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the following schedule for meetings in 2008:</i></p> <p>January 8 DMH Administration Building February 5 Lexington County Community Mental Health Center March 4 DMH Administration Building April 1 Piedmont Center for Mental Health Services May 6 DMH Administration Building June 3 C.M. Tucker, Jr., Nursing Care Center July 8 DMH Administration Building August 5 Anderson-Oconee-Pickens Mental Hlth. Center September 2 DMH Administration Building October 7 Waccamaw Center for Mental Health Services November 5 DMH Administration Building December 2 Aiken-Barnwell Mental Health Center</p> <p>Mr. Mason said that he recently attended a meeting of the Substance Abuse and Mental Health Services Administration (SAMHSA) in Philadelphia where several states received funding for various transformation initiatives. The offer of assistance by SAMHSA has now been extended to the other states for technical assistance in other areas such as finance, Medicaid, etc. Mr. Mason said that a group will be coming to South Carolina for two days, October 17 and October 18, at no cost to the Department. Mr. Mason said he sent SAMHSA a list of the areas that DMH would like to receive assistance in, such as Medicare and Medicaid. A tentative agenda has been set for the visit. Center directors and other staff will</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Training Calendar – Brenda Ratliff, MD</p>	<p>attend the meeting from Information Technology, Finance and Inpatient Services. The Department is looking for assistance on ways to increase its revenue sources. Mr. Magill said that the Department will be looking at billing issues in our long term care division. He has spoken with a person who has agreed to render assistance to DMH in our Information Technology areas. This person has done some work for the Governor’s Office in the past. Mr. Magill feels the problems at DMH in Finance and Information Technology have gone on for too long without being addressed. He feels that the Department needs to address all its areas of concern, and that everyone needs to become more creative and smarter in the finance area.</p> <p>Mr. Magill said that the Department does a lot of high quality training that benefits staff and others. He has asked Dr. Ratliff to develop a training calendar of conferences and other training that would be of interest to the Commission.</p> <p>Dr. Ratliff distributed the Training Calendar for 2007 which is prepared in the Division of Evaluation/Training and Research (ETR) by Sandy Hyre. It has changed slightly since it was first published. She also distributed a copy of a brochure for a conference for administrative staff that will be offered on November 9. This was something that the administrative staff had requested be done. The Department noticed that many of its support staff attended an outside conference which was quite expensive, and felt that something could be offered in-house at a much lower cost. She said that the keynote speaker for the conference is a professional speaker that DMH is getting at no cost.</p> <p>Dr. Ratliff said that DMH will be graduating its next Mentoring Class on December 7. ETR is working on its 2008 calendar and is doing a needs assessment from the clinical and administrative staff. When the 2008 calendar is available, copies will be given to the Commission and any changes to the calendar will be distributed at each Commission meeting.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none"> <li data-bbox="151 695 478 756">• Grants Update – Brenda Ratliff, MD <li data-bbox="151 968 478 1062">• DMH/DHHS Relationships – John H. Magill 	<p data-bbox="551 393 1532 657">Dr. Ratliff said that there is information in the packet regarding distance learning. These courses can be taken at the individual's home/office computer with no travel entailed. There are courses which are not available via DVD. These will be so noted on the calendar. Mr. Magill suggested that more description be added to the courses. Also, it would be helpful to indicate which courses will offer CME and CEU credit. Mr. Magill mentioned that he conducts a seminar for attorneys and judges each year in Charleston. This seminar offers CEU's and CLE's. Cost is \$125.00.</p> <p data-bbox="551 695 1532 930">Dr. Ratliff updated the commission on several grants that DMH is involved with. The said the grant to the Blue Cross Foundation for funding the ten school-based positions has been submitted yesterday. The Duke Endowment grant will be submitted tomorrow. November 5 is the date the Duke Endowment board meets and DMH has been promised an answer the next day. During the last meeting, the Duke staff wanted to see more buy-in from the hospitals. The hospitals have been contacted and it looks like they will buy into the local cost, which is \$15-17,000.</p> <p data-bbox="551 968 1532 1202">Mr. Magill reported there is a new Director at the Department of Health and Human Services (HHS), Mrs. Emma Forkner. A meeting was held between both agencies that included members of the Quality Management Advisory Committee (QMAC). A comment from one of the HHS staff members was that he had learned more about DMH in the time spent in this meeting than he ever knew in the 25 years he was at HHS. DMH provided a lot of information about who we really are.</p> <p data-bbox="551 1240 1532 1438">Mr. Mason said that a meeting was held with the various stakeholders regarding drug formularies. There appears to be a better understanding of the problems faced by both agencies in dealing with all the problems that surround the new managed care products, such as the drug formularies. Dr. Ratliff said that another issue that is being addressed is the affect of certain medications on the clients. Also, the prescribing habits for the top drugs. Ms. Hart said in the past there was</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
OTHER ISSUES	<p>a proviso included in the Appropriations Act that protected a carve out for the mental health drugs. The way the proviso was written does not move that carve out for mental health drugs to the managed care organization. This is one reason why there is so much concern with the drug formulary. Mr. Magill has heard several presentations on the managed care concept. When questions are asked, the responses have been vague. It appears there are mixed answers being received and there are many areas that need to be worked out. The Commission will be kept up-to-date on these issues as progress is made.</p> <p>Dr. Ratliff said that last September, HHS submitted a request to the Center for Medicaid Services (CMS) to do a waiver for Medicaid eligible children. This waiver will cover services that are not covered by HHS, such as family support. The goal is to keep children out of out-of-home placements. Also, another goal is to provide services locally. The grant waiver is \$8 million. It is hoped to begin enrolling patients in January under this grant. Columbia Area and Lexington will be the first centers enrolled.</p> <p>John Hutto reported that the Public Relations component is going very well. DMH is continuing to receive requests to speak at local civic organizations. The advocates are helping by raising money that would go toward anti-stigma efforts.</p> <p>Dr. Evans mentioned that there was an article in the paper recently about the elimination of the forensic waiting list.</p> <p>Dr. Prier is continuing to work on salary issues for recruitment of physicians and nurses.</p> <p>Mr. Magill and Ms. Hart will begin meeting with members of the House and Senate to brief them on the Department's budget, especially as it relates to the recruitment and retention issues. Dr. Evans said that both she and Mr. Terry met with Senator Leatherman and had discussed the recruitment and retention issues.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.																									
<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p> <p>APPROVALS</p>	<p>Mr. Magill said the Department is looking to expand crisis funding in the Pee Dee area.</p> <p>Dr. Evans said that the federal parity bill passed the Senate, and is now is in the House. There is much optimism that it will pass the House with no problem.</p> <p>Dr. Evans said that a letter was received by Mr. Magill from Judge Michael Baxley regarding the forensic waiting list. Dr. Evans read the letter in its entirety. A copy of the letter will be filed with the original of these minutes. He expressed his appreciation to Mr. Magill and the entire Department of Mental Health for its efforts in reducing the waiting list.</p> <p>A notice and agenda of the meeting were posted in accordance with state law.</p> <p><i>On a motion by Buck Terry, seconded by Joan Moore, the business meeting was adjourned at 12:00 p.m.</i></p> <table data-bbox="562 938 1480 1040"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD (excused)</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (via video)</td> </tr> </table> <table data-bbox="562 1073 1354 1243"> <tr> <td>John H. Magill</td> <td>Mark Binkley</td> <td>Geoff Mason</td> </tr> <tr> <td>Brenda Ratliff, MD</td> <td>Brenda Hart</td> <td>Ronald Prier, MD</td> </tr> <tr> <td>Kernard Redmond</td> <td>John Hutto</td> <td>Murry Chesson</td> </tr> <tr> <td>Janice Rozier</td> <td>Faye S. Yarborough</td> <td>Connie G. Gandy</td> </tr> <tr> <td>Lyde Graham</td> <td>Phil Bowman, MD</td> <td></td> </tr> </table> <table data-bbox="562 1276 1501 1382"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD (excused)	Jane B. Jones	H. Lloyd Howard (via video)	John H. Magill	Mark Binkley	Geoff Mason	Brenda Ratliff, MD	Brenda Hart	Ronald Prier, MD	Kernard Redmond	John Hutto	Murry Chesson	Janice Rozier	Faye S. Yarborough	Connie G. Gandy	Lyde Graham	Phil Bowman, MD				Alison Y. Evans, Psy.D., Chair	Connie Mancari, Recording Secretary	
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**SOUTH CAROLINA MENTAL HEALTH COMMISSION
MEETING/RETREAT
Monday, November 12, 2007
9:30 a.m.**

The South Carolina Mental Health Commission met for a retreat/meeting in conjunction with its regular monthly business meeting on Monday, November 12, 2007, 9:30 a.m. at the Property Owners Association Building, 6200 Palmetto Blvd., Isle of Palms, SC. In attendance were the following:

Commission Members

Alison Y. Evans, Psy.D, Chair
Jane Jones
Harold E. Cheatham, PhD

Joan Moore, Vice Chair
J. Buxton Terry

DMH Staff

John H. Magill, State Director
Connie Mancari, Recording Secretary

Mr. Magill reviewed the document, prepared by Russ Hughes, which showed a timeline of DMH history and how the hospital census rose and fell with the opening and closing of each new hospital. Mr. Magill said that at any one time, there are almost 3,000 patients in DMH inpatient programs and DMH operated or supported community placements.

A problem that DMH has always faced is what to do with the individuals who will always need long term care. Mr. Magill said he has authorized Dr. Prior to hire staff to try to appropriately move individuals out of long term care into the community. He said that money is needed for community placements, in addition to social workers, who will aggressively seek appropriate placements for the patients. Social Workers need to be more involved in the discharge planning of patients. Mr. Magill said that Social Workers are the key to a person's placement. The important inpatient positions to focus on are nurses, physicians and social workers.

Mr. Magill said there is a physician at the USC School of Medicine, Dr. Meera Narasimhan, who has experience in treating and handling difficult patients. She has been most helpful to DMH as she calls on patients at the Wellspring Program each week. She evaluates the patients and gets the staff to conduct clinical interventions regarding the patients. This is an effort on the part of the Department to move science and medicine back into Bryan Hospital.

Items discussed at the Retreat:

1. Duke Endowment – Mr. Magill said no official word has been received, as yet, on the grant from Duke. The grant that DMH has applied for is to be used for a telepsychiatry system that would be located in the emergency rooms and will help in patient management. It will be used as a consultation service and may be helpful in determining what number of persons requires long term care. Mr. Magill said there will be a meeting at the Hospital Association in two weeks between DMH, Health Sciences collaborative and staff of the Duke Endowment. Health Sciences also has an application in to Duke for a grant award. This meeting will look at a possible marriage of both requests in order to obtain more results for the money expended. DMH is not exactly sure at this time what

Health Sciences' grant application is for or how extensive a coverage area. DMH's grant will encompass the entire state.

2. Blue Cross Foundation – Mr. Magill said that word should be received this week regarding the grant from the Blue Cross Foundation. This money will be used to hire additional school-based counselors. Money will be given to the Department of Education who will give to DMH for school-based services.
3. Work Programs – Mr. Magill has requested a listing of the top foundations in South Carolina in order to see if any of them would be willing to partner with DMH and the mental health center regarding job training and job coaching programs. Many of these foundations do create jobs and training for individuals.
4. Key Indicators – Mr. Magill reviewed with the Commission the key indicators that were prepared by Ed Taylor. It was requested that the Commission review the graphs and advise Central Office which key indicators they would like to see presented quarterly or monthly. Dr. Evans mentioned she would like to see a graph with the number of emergency room waits. She is also much in favor of graphing the numbers; Dr. Cheatham would rather see the numbers (data) as opposed to graphs. All present stated they want to be able to see trends.
5. Agency Head Salary Commission – The Commission needs to know when the Agency Head Salary Commission will next meet as it would like to attend. Ms. Mancari will obtain the date/time of the meeting and advise the Commission.
6. Bull Street Property – Mr. Magill told the Commission that he would update them on what has occurred regarding the sale of the Bull Street property. He mentioned that the Bull Street Committee has been meeting since March, 2007. The committee has representation from the Commission, DMH, Attorney General's office, Budget & Control Board, the Mayor of Columbia, a Columbia developer, the Central Carolina Community Foundation, the Secretary of Commerce, Senate Finance Committee, House Ways and Means, and the Governor's Office.

Mr. Magill said that the phase one environmental study is nearly complete and that outside counsel has been hired. The work is complete for an RFP to hire a marketing firm for the property. The Budget & Control Board is completing work on this RFP and it should be ready to mail in mid-December.

Mr. Magill said that the Department, several months ago, looked into available mechanisms for obtaining advance funding to get the necessary funds to re-locate Hall Institute. The Treasurer's Office has informed us that it may be possible to do this. We are still waiting on the details and the costs.

The Commission discussed preparing a parallel RFP for developers that would run simultaneously with the RFP for a marketing firm. The following motion was made:

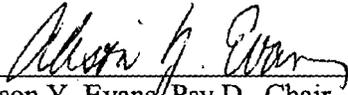
MOTION: *On a motion by Buck Terry, seconded by Jane Jones, the Commission decided to direct agency staff to move forward with the preparations of*

a RFP regarding the Bull Street property for developers that would run parallel with the RFP for a marketing/listing broker. All voted in favor. Motion carried.

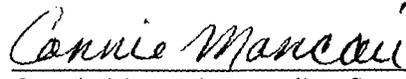
7. Stigma – Mr. Terry said the Department needs to emphasize the problems with the elderly as they pertain to mental illness. He feels this population is growing in the state and these individuals have many problems that are linked to mental illness. Mr. Magill said that he has met with the Director of the Lt. Governor's Office on Aging. They were curious as to the services we provide the elderly. Mr. Magill said that DMH will serve on four-agency group to look at aging services in South Carolina. This group would develop a plan targeting specific programs and services for the elderly. The Office on Aging would request the additional funds from the General Assembly. Mr. Magill said there are two grants in the centers at the present time from the Office on Aging.
8. QA Audit Process & Training – Ms. Jones said that a big concern at the centers is that staff who are providing services need ongoing training concerning the Medicaid billing. She has heard that one reason Medicaid revenue has fallen is that staff are unsure of themselves concerning appropriate documentation of services, and some may not be billing all reimbursable services because of concern that if they make a mistake in documenting the services, there are penalties involved. Mr. Magill understands the problem and said it is exacerbated by efforts from CMS in Washington to cut Medicaid expenditures. Recently senior federal officials have said they do not want to see federal money used for mental health clubhouses. This is where the two services – PRS (Psychosocial Rehabilitative Services) and CCS (Comprehensive Community Support) are performed. South Carolina, like most States, has continued to provide these two services as these services have been integral to most Centers efforts to engage the most seriously disabled clients in treatment and maintain their stability in the community. Mr. Magill said he has been trying to regain credibility with the Department of Health & Human Services (HHS) in this regard. He and the members of QMAC have met with the HHS Medicaid HMO directors in order to foster better understanding about the needs of the clients we serve, as well as to improve working relationships and this appears to be meeting with some success.
9. Commission Relationship with Center Boards – Mr. Magill and Geoff Mason meet monthly via phone with the center board chairs. These individuals are not a very vocal group and have been more content to listen to any news the Department may have to convey. They are interested in the purpose of the Mental Health Commission; would like to know how one would get appointed to the Commission; and how often the Commission meets. Mr. Magill feels there is a lack of understanding on the part of the local board regarding the Mental Health Commission. The Commission requested that a luncheon with the center boards be arranged at a future meeting. The Commission would also like to meet with the advocates for a luncheon meeting. Also requested is another board legislative training session to prepare for the next legislative session. Information will be sent to the Commission on this in the next ten days.
10. The Commission requested the dates of next year's State Planning Council so that Commission attendance at each meeting could be arranged. Mr. Terry said that if a Commission member is assigned to attend a specific meeting and cannot attend, to please notify him and he will attend that meeting.

Commission Report
November 12, 2006

At 4:00 p.m., the Commission adjourned the open discussion to enter executive session to critique senior management. Upon reconvening in open session at 4:30 p.m., it was noted there was no action taken; only information was exchanged. The retreat discussion concluded at approximately 4:35 p.m.



Alison Y. Evans, Psy.D., Chair



Connie Mancari, Recording Secretary

S.C. MENTAL HEALTH COMMISSION MEETING

November 13, 2007, Medical University of South Carolina, 179 Ashley Avenue, Charleston, SC 29425

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>CALL TO ORDER</p> <p>MUSC Presentation</p>	<p>The SC Mental Health Commission met at the Medical University of South Carolina (MUSC), on Tuesday, November 13, 2007. Alison Y. Evans, Psy.D., Chair, called the session to order at 10:00 a.m. Dr. Evans welcomed everyone to the Medical University, and then turned the meeting over to Mr. John Magill, DMH State Director, who introduced Joan Herbert, Administrator for the Institute of Psychiatry at MUSC.</p> <p>Ms. Herbert said that she has been the Administrator at the Institute of Psychiatry for approximately ten years. She gave an overview of the university, a brief history, and outlined some of the university's programs.</p> <p>Ms. Herbert said that MUSC was started in 1824 through the Medical Society of South Carolina. It was the tenth medical school founded in the United States. In 1913, ownership was transferred to the State of South Carolina. Some important dates in the school's history are:</p> <ul style="list-style-type: none"> 1881 – College of Pharmacy started 1919 – School of Nursing started 1949 – College of Graduate Studies opens (focus was on non-clinical degrees) 1955 – Main hospital opens 1964 – Dental school opens 1966 – College of Health Professions opens <p>Ms. Herbert said that MUSC has over 10,000 employees, 3,000 students, covers 76 acres, and occupies 88 buildings, which is 6.3 million square feet, and is an over \$1 billion enterprise. The three main missions of the university are education, research, and clinical care. In 2007, the university received \$193.3 million in extra mural funding. The medical center has had over 33,000 admissions and over 800,000 outpatient visits. Scheduled for completion over the next several years are the phase I replacement hospital with 156 beds.</p>	

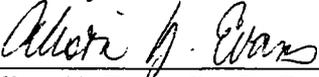
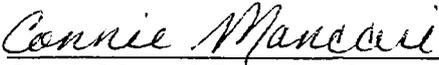
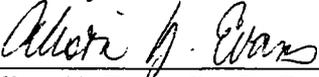
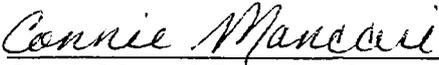
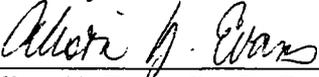
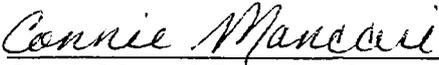
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update</p>	<p>MOTION: <i>On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the IAP to transfer to LRADAC the ingress/egress easement (50 ft.) alongside the five acre parcel, and affirmed that this and any other easements are included as part of the \$1.2 million sales price. All voted in favor. Motion carried.</i></p> <p>Mr. Terry inquired if the contract was back from LRADAC. Mr. Binkley confirmed that the contract is back at DMH and it is signed. He also said there is \$60,000 in earnest money in DMH's possession. Mr. Binkley said an amendment is being worked on to address the fact that the Budget and Control Board staff is apparently going to assert a claim to the sale proceeds. In the event that occurs, all parties will want to complete the sale and permit LRADAC to take possession of the property even if DMH, the Budget and Control Board and the Attorney General continue with litigation over the disposition of the sale proceeds.</p> <p>Mr. Binkley said that the next scheduled meeting of the Bull Street Committee will be on November 26, 2007. Mr. Magill is of the opinion that many of the committee members will be present. The agenda will be to review progress that has been made to date on the sale of the property.</p> <p>Ms. Hart said that the phase I environmental survey, which reviewed any potential "hazards" on the property, is nearly complete. She said that an inspection of the buildings that would include an inspection for asbestos is not included in the phase I survey.</p> <p>Mr. Binkley said that outside counsel has been retained to help with the development agreement that would be prepared in order to get the property in a position for sale. One of the requests at the last committee meeting was for several members to meet with the attorney and review the previous planning</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Inpatient Hospital Charges</p>	<p>efforts (Duany plan). Several individuals, including Joe Taylor, were in attendance at the meeting with the outside counsel. Counsel is proceeding with the drafting of the development agreement similar to the manner in which the Duany plan was developed. This agreement will include the possibility of Hall Institute remaining on the property.</p> <p>The Request for Proposal (RFP) to retain the broker/marketing consultant is at the Budget & Control Board. Many details of the RFP still need to be worked through. The question arose if the state had any records of prior sales of property of this magnitude. Mr. Binkley said that the idea of a tiered commission rate that would apply to the realtor who sold the property came from the Budget & Control Board based on prior sales. Ms. Jones said she will look into this and advise the Commission her findings.</p> <p>Dr. Prier said that the Commission has been made aware that it has been extremely difficult to recruit staff, nurses and physicians. In many cases, nurses have been required to work double shifts and there has been an increase in the number of incidents on the lodges at Bryan. A decision has been made to close Lodge A at Bryan because of staffing issues. Lodge A is the geropsychiatric lodge and the closure of this lodge will have no affect on the number of acute beds that are available.</p> <p>Dr. Prier explained the projected timeline for closure of Lodge A at Bryan:</p> <p>11/14/07 – eight acute geriatric patients will moved to pod 2, Lodge F with staff from Lodge A.</p> <p>11/15 – 11/30/07 – four additional patients will be moved to fill pod 2, Lodge F, three patients will be moved to Tucker Center and four patients will be moved to Wellspring. As appropriate, patients will be transferred to Harris Hospital or discharged.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Developmentally Disabled Patients</p>	<p>12/1/07 – closure of another pod on Lodge A is likely with transfers as outlined above. Staff will be redistributed where most needed at Bryan acute and Wellspring.</p> <p>12/1 until completion – continue the transfer or discharge of patients as appropriate placements are found. Redistribute staff as needed.</p> <p>Target date for completion of the closure of Lodge A is December 31, 2007. It is the intent to re-open Lodge A as soon as staff are hired. When it is open, the lodge will be an acute lodge.</p> <p>Dr. Prier said that staff from Lodge A have been interviewed to determine their preference for re-assignment. Even though patients from the upstate and Midlands usually go to Harris, the facility has started filling vacancies with patients from around the state. It is the division's intent to keep all beds filled. Dr. Prier reminded the Commission that admissions for the entire state are being managed in one central location at Bryan Hospital.</p> <p>Dr. Evans asked why DMH had mentally retarded patients in its inpatient facilities. Dr. Prier reviewed with the Commission the factors that decrease DMH discharge rates, to include patients in need of community placement. It was noted that from 2002 to July 2007, 3173 community residential care facilities (CRCF) beds have closed, and 1093 CRCF beds have opened, which resulted in a net loss of 2,970 beds to the system.</p> <p>Concerning mental retardation, Dr. Prier's numbers indicated that currently the DMH system has a total of 52 mentally retarded patients. Mr. Terry asked how many of those 52 patients had a diagnosis of mental retardation prior to age 18. Dr. Prier said there are areas where children are not appropriately screened for this illness, but they are, in fact, mentally retarded. Most of the 52 patients mentioned</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>● Grants Update</p>	<p>are those individuals and some of these are registered clients of the Department of Disabilities and Special Needs (DDSN).</p> <p>Mr. Mason related a recent incident the Department has been involved with concerning a client of DDSN. It was noted that when a person was in a behavioral crisis, psychiatric emergency admission is frequently used to address the crisis, meaning that often the individuals were admitted to DMH, regardless of whether that was the most appropriate service setting. Mr. Magill and senior DMH managers recently had a meeting with leadership from the Departments of Disability and Special Needs (DDSN), and Social Services (DSS) to discuss how to handle cases involving persons whose problematic behaviors may not be the result of mental illness or mental illness alone. It is apparent that the legislation governing each agency is quite different. DDSN's legislation is more defining; DMH's legislation is more encompassing. Mr. Mason went on to say that a sub-committee will be established from the initial meeting of the three agencies. Every effort will be made to locate community placements from the funding the Department received. These placements will be in CRCFs, supported apartments, etc. All agencies concerned are working to improve working relationships in order to deliver the best services to all clients in the state.</p> <p>Mr. Magill said the Department should hear something next week regarding whether it will receive the grant from the Blue Cross foundation. This grant would enable DMH to establish ten school based services programs in some of the poorer counties in the state. This is a very successful program and would be a good sign for the Foundation to invest funding into behavioral health.</p> <p>Mr. Magill said that DMH should hear next week whether it will receive the grant from the Duke Foundation for the telepsychiatry consultation system. A goal of the grant would be to include all hospital emergency rooms in the state in this system; however, much depends on the size of grant award. Mr. Magill also said that if hospitals want to partner with DMH, there will be a small cost involved. If</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Crisis Money</p> <p>• NTAC Visit</p> <p>Summary & Wrap Up</p>	<p>DMH receives this grant, the benefit will be universal. The biggest benefit will be to the small, rural hospitals to help them manage patients in a better way and it may help to reduce waiting times in the emergency rooms. Also, South Carolina would be the only state that has attempted to do such a system.</p> <p>Mr. Mason said that the Department received, as part of the appropriations bill, approximately \$5 million for ACT-like programs and Toward Local Care (TLC). DMH also received \$1.3 million for crisis services. Mr. Mason said that at times, there are up to 70 people waiting in a South Carolina hospital emergency room for a psychiatric bed; other times, the number is as low as 40. Centers have been asked to submit proposals for crisis funds geared toward purchase of additional bed days at local hospitals, hiring of staff to work in the emergency room, etc. Those contracts have been awarded to 13 of the 17 mental health centers. The purpose of these funds will be geared toward the emergency room crisis. If no impact is seen, those funds will be recalled from the centers.</p> <p>Mr. Mason said that recently the Department took advantage of some free assistance offered from the NASMHPD Technical Assistance Center. A consultant met with staff of central office, mental health centers and hospitals, regarding what can be done regarding funding and ways to improve funding in light of the decrease in Medicaid funds. A phone conference is scheduled this week with the consultant to outline her visit. The Department hopes to obtain further assistance from the consultant on Medicaid billing.</p> <p>Mr. Magill said that the Department is stepping up its research initiatives. A group has been assigned to work on research initiatives with the National Institute of Mental Health (NIMH). NIMH is interested in funding more research in the public sector where a linkage exists between the mental health authority and the medical school. Dr. Meera Narasimhan, Director of Bioresearch at the University of South Carolina is working on this initiative and her presence will make a difference in attracting funds from NIMH. The collaboration with academic</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.									
OTHER ISSUES	<p>medicine and public mental health will also be an attractant to physician recruitment.</p> <p>No other issues were noted.</p>										
NOTICE/AGENDA	<p>A notice and agenda of the meeting were posted, and notification of the meeting was sent to all individuals, organizations and news media who requested notification, in accordance with state law.</p>										
ADJOURNMENT	<p><i>There being no further business, the meeting was adjourned by Dr. Evans at 12:00 p.m.</i></p>										
ATTENDANCE Commission Members	<table border="0"> <tr> <td>Alison Y. Evans, Psy.D., Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (excused)</td> </tr> </table>	Alison Y. Evans, Psy.D., Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD	Jane B. Jones	H. Lloyd Howard (excused)				
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Staff/Guests	<table border="0"> <tr> <td>John H. Magill</td> <td>Mark Binkley</td> <td>Brenda Hart</td> </tr> <tr> <td>Geoff Mason</td> <td>Ronald E. Prier, MD</td> <td>Kirby Bond</td> </tr> <tr> <td>Dan Body</td> <td>Deborah S. DiNovo</td> <td></td> </tr> </table>	John H. Magill	Mark Binkley	Brenda Hart	Geoff Mason	Ronald E. Prier, MD	Kirby Bond	Dan Body	Deborah S. DiNovo		
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APPROVALS	<table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Alison Y. Evans, Psy.D, Chair</td> <td>Connie Mancari, Recording Secretary</td> </tr> </table>			Alison Y. Evans, Psy.D, Chair	Connie Mancari, Recording Secretary						
											
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S.C. MENTAL HEALTH COMMISSION MEETING
December 4, 2007, SCDMH Administration Building, 2414 Bull Street, Columbia, SC 29201

TOPIC	DISCUSSION	FOLLOW UP, ETC.
CALL TO ORDER	<p>The December 4, 2007, meeting of the SC Mental Health Commission was called to order by Alison Y. Evans, Psy.D, chair, at 10:30 a.m., in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Chaplain Charles Clary, C.M. Tucker, Jr., Nursing Care Center, delivered the invocation.</p>	
INTRODUCTION OF GUESTS	<p>Dr. Ronald Prier introduced Harvey Miller, the new Program Director for Bryan acute. Dr. Evans welcomed everyone to the meeting.</p>	
APPROVAL OF MINUTES	<p>It was noted that the minutes from the Commission Retreat of November 12, and the Commission business meeting of November 13 will be approved at the January Commission meeting.</p>	
MONTHLY/QUARTERLY INFORMATIONAL REPORTS	<p>Mr. Binkley reported that the Department is moving ahead with further refinements of management's review of allegations of abuse at the inpatient facilities. DMH management is having to become less dependent on the report from law enforcement in making decisions about what administrative actions are needed following allegations of abuse. The State Law Enforcement Division (SLED) feels that with the changes they have made in personnel, the investigations will become timelier.</p> <p>Mr. Magill mentioned that Chief Robert Stewart of SLED has resigned his position. He said that this will be a big loss to the State and also to DMH.</p>	
DEPARTMENTAL OVERVIEW AND UPDATE	<p>Mr. Magill thanked Bonnie Pate and SC SHARE for donating a picture to the Department of Mental Health. This is a rendering of the State Hospital campus in 1916.</p> <p>Mr. Magill thanked Russ Hughes and Ed Taylor for the reports that each of them prepared for the Commission's use at its retreat. Both reports were well done and much appreciated.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Bull Street Update</p>	<p>for several years to amend the health licensing law to allow those contractors that provide Homeshare services to additionally provide brief episodes of respite care to a second client without having to be licensed as a community residential care facility (CRCF).</p> <p>The third change is an amendment to clarify that the immunity from liability statute for individuals participating in the decision to release or discharge of a patient includes officials in the community, including emergency room physicians and other non-DMH staff. When this was introduced previously, it was opposed by the South Carolina Trial Lawyers Association. The South Carolina Hospital Association supports the change to the statute.</p> <p>Mr. Binkley said the Department will seek sponsorship of these changes in the next legislative session.</p> <p>Mr. Binkley said that the preliminary results have been received from the Phase I Environmental Assessment of the property. This report has identified a number of activities that took place on the property in the past that could have contaminated the soil, such as oil tanks, and the use of coal for the energy plant. Mr. Binkley stressed that these are preliminary findings only and the final assessment will identify the complete set of problems as well as the cost of subsurface testing of the soil. The Commission will receive the final report when it is available so as to make a decision.</p> <p>The request for proposal (RFP) for a marketing consultant and broker to market the property is all but complete. DMH Procurement is working closely with the Budget & Control Board staff on this item. The Department has received some helpful suggestions on wording of certain provisions of the RFP. There is one decision point on the RFP that will entail the Commission's discussion/decision. Mr. Binkley said he recommends an executive session to receive legal advice concerning a pending contractual matter.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>Mr. Binkley said that work is proceeding regarding rezoning of the Bull Street property, which is in a draft form. This is referred to as the Duany Plan. This will be discussed with the City of Columbia officials.</p> <p>Chief Hall said that Public Safety has installed gates to all entrances to the State Hospital property, with the exception of the front entrance, that will be closed from 6:00 p.m. until 6:00 a.m. every day and on the weekends. There has been vandalism on the property, trespassing, etc., which necessitated the Department to do this. There are still staff and patients at Hall and Byrnes for which the Department still needs to ensure the safety. It is hoped that with the closures of the property much of this activity can be deterred. These closures have been in effect since November 9, and there has been some improvement.</p> <p>Mr. Binkley said that the prospects for getting the General Assembly to appropriate the remaining funding to build the children's hospital are not good. The amount estimated as necessary to complete the new Hall Institute is around \$40 million. DMH currently has \$20 million. The Department has made a request for \$21 million in the upcoming legislative session. There will be no bond bill this year and with the projections regarding the economy being cautious, the Department does not expect much in the way of new appropriations from the General Assembly this year. Ms. Hart has been in contact with the Treasurer's Office about alternative ways to obtain the remaining funding for the hospital. The Treasurer's Office indicated there may be a way to do this. This would entail leasing the site of the new hospital to a bank for the amount needed to complete construction, with a simultaneous lease-back by the agency to pay back the bank at a future point in time. This method of financing construction is called a lease/lease back. During the period prior to re-payment to the bank of the principal, the Department would owe the bank interest only. The questions of where the interest would come from, etc., have not been answered. Mr. Binkley said that more information is required regarding this lease/lease back possibility and a complete report will be provided to the Commission for consideration at a</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Update on Grants</p>	<p>future meeting.</p> <p>Mr. Binkley updated the Commission on the property sale to Lexington/Richland Alcohol and Drug Abuse Commission (LRADAC). He said the final phase of the property sale to LRADAC of the five acres of land is nearly complete. The lawsuit has been filed to bring the issue before a court for decision/approval as the acreage in question is part of the Bull Street property that is included in the charitable trust. The Department should be in a position, in a few months, to close on the property. LRADAC may end up paying the money into an escrow account and proceeding with construction while the final suit is decided.</p> <p>Dr. Ratliff said the Department has been notified that it has received the Duke Endowment grant for the telepsychiatry system. DMH requested \$5 million; however, it only received funding for two years. The Department will receive full funding for year one (\$2.6 million). Year two was funded at \$1.5 million. DMH did not receive funding for year three of the grant. Dr. Ratliff explained that years one and two are for installation of equipment. By year three, all equipment would have been installed and any grant money would have covered all the staff required to ensure the equipment was operating correctly. The contract has been received from the Duke Endowment and as soon as it goes through the contracts process at DMH, can be signed and returned. When the signed contract is received by Duke, they will send DMH the first installment of money. Mr. Magill said that the Duke Endowment does not plan to make a big announcement regarding the grant. They are leaving the announcement of the award to DMH. He said that he attended a meeting last week with the staff of the Duke Endowment, held at the SC Hospital Association. The purpose of the meeting was to see how the DMH grant award can be coordinated with the grant award that Health Sciences has received from Duke. Mr. Magill said that Health Sciences is a collaborative that includes USC, MUSC, Clemson University, Palmetto Health, and the Greenville and Spartanburg Hospital Systems.</p>	

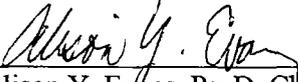
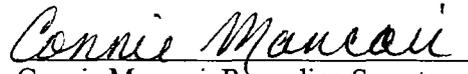
TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Communications with the Dept. of Health & Human Services</p>	<p>Greenville, Tri County, Santee Wateree and Coastal Empire. Training has been arranged through USC for the staff that will be providing the services.</p> <p>Mr. Mason said that the Department received \$1 million in 2007 for Toward Local Care (TLC) placements. Proposals were awarded to the centers for housing placements for clients, such as Homeshare, supported apartments, CRCFs, and rental assistance. Mr. Mason said that with both the ACT and TLC programs, DMH will have approximately 113 placements in the community which will keep clients out of the inpatient system. He said that some of the funding will go to the Mental Illness Recovery Center, Inc. (MIRCI). Mr. Mason said that in the past most of the placements have targeted 90+days length of stay patients. This round will now permit Centers to expand and use TLC funds to find housing for the 45+days length of stay patients.</p> <p>Mr. Magill said that whenever he meets with the Hospital Association, he stresses the programs that DMH has in place, helps them to understand the programs and the impact that each of the programs makes in keeping clients out of the hospital.</p> <p>Mr. Magill said the he and his Senior Management have been working to try to improve communications with the Department of Health and Human Services (DHHS). Several of these initiatives are:</p> <ul style="list-style-type: none"> - Periodic joint agency meetings, such as the Quality Management Advisory Committee (QMAC); - Brenda Hart is part of the Medicaid Committee at DHHS; - Joint agency involvement regarding cost settlements; - DMH monthly meetings regarding formularies and HMO managed care issues; - Obtained contact numbers for the HMO's for individuals requiring the numbers in order to develop a booklet for easy reference. 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<ul style="list-style-type: none">• Habilitative Services	<p>Mr. Magill is very pleased with the progress being made in improving the working relationship with DHHS.</p> <p>Ms. Sheila Mills said that the South Carolina Department of Mental Health is partnering with the South Carolina Department of Health and Human Services (DHHS) to develop a Medicaid habilitative state plan amendment option under Section 6086 Home and Community-based Services of the Deficit Reduction Act of 2005. The Department's goal is to develop an alternative habilitative state plan option due to the Center for Medicaid Services (CMS) recent interest in redefining <i>federal financial participation requirements for rehabilitative services</i>, and the chronic nature of the clients we serve. In addition, DMH recognizes that the habilitative option offers greater flexibility to furnish community-based services without clients being at risk for immediate institutionalization. DMH has formed a work group to define the array of services, define eligibility criteria, develop a proposed reimbursement methodology, and to identify potential pilot sites.</p> <p>Ms. Mills said that historically, these habilitative services were only available on the federal level. The target populations are the clients residing in the community residential care facilities (CRCF) and receiving day services, and in the 20-69 age group. Examples of these services are case management, respite services, daily living skills and community development. It is hoped to expand this array of services to supported employment.</p> <p>DHHS has agreed to have DMH be the lead agency on this program. The only other state involved with habilitative services is Iowa, who is targeting 5,000 individuals over a five year period.</p> <p>Bonnie Pate, of SC SHARE, thanked Sheila Mills for all her efforts regarding Medicaid services for clients.</p>	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
<p>• Report of the Inpatient Hospitals Governing Body Meeting of 10/9/07</p>	<p>Dr. Prier reported on the highlights of the October 9 Inpatient Hospitals Governing Body Meeting.</p> <ul style="list-style-type: none"> - Columbia Hospital Programs – This is the new name for the previous Columbia Behavioral Hospital System (CBHS). Dr. Prier said this program is projecting a surplus for FY'08. - Bryan Hospital underwent an unannounced one day follow up Joint Commission survey on August 31 and was found in complete compliance with all standards. Bryan Hospital is now fully accredited. - Morris Village received a three year accreditation in July from The Rehabilitation Accreditation Commission (CARF). - Dr. Prier said that the nursing staff turnover rate is more than the 10 percent annual goal. It is currently at 15 percent. The Sexually Violent Predator (SVP) Program has a very high turnover rate of staff. - Dr. Prier said that nurses will be given a salary supplement to help in the turnover of staff. - Nursing utilization exceeded the rate of ten percent. This is related to the high rate of turnover. - No agreement has been reach on the agreement with Palmetto Richland on payment of services. It is hoped to have a contract in place prior to the next calendar year. This is to cover medical care for the long term patients in the DMH system. A more rigorous utilization management system has been instituted so these patients are followed when admitted to the hospital, and to ensure they only stay in the hospital as long as needed. - Dr. Prier has increased the standards for pre-admission screening for medical problems. Pre-admission screening has been occurring but more emphasis will be placed on this in the future. - A dayroom on the third floor at Wellspring is being converted to a four-bed suite. This will increase the capacity for long term patients. - Bryan Lodge A will close temporarily and patients will be moved to Wellspring, Harris Hospital or Tucker Center, as appropriate. Staff will 	

TOPIC	DISCUSSION	FOLLOW UP, ETC.
	<p>be re-assigned where needed. Dr. Prier believes this will not result in a decrease in capacity at Bryan acute. Lodge A is the geropsychiatric unit.</p> <ul style="list-style-type: none"> - Dr. Prier said that Tucker Center experiences many surveys by outside accrediting agencies throughout the year. It should be acknowledged how well the staff at Tucker go through these surveys while still maintaining quality care of the residents. - Because of the difficulty in psychiatrist recruitment, Dr. Prier made a presentation at MUSC on the benefits of being in the Department's programs, the benefits of state employment, etc. He said he has received some very positive results. On December 20, he will be conducting this same presentation for the Medical College of Georgia. - Dr. Prier said that DMH asked for \$4.7 million for retention/recruitment of clinical staff. The Department received \$1.5 million. It was decided to spread this money between the community and the hospitals. Therefore, Registered Nurses (RN) received a four percent increase; Licensed Practical Nurses (LPN) received a three percent increase. The Mental Health Specialists received the remainder of the funding, which amounted to only \$100.00 per employee. Dr. Prier is working on a training program for the Mental Health Specialists and said that more needs to be done for this group of staff. - Dr. Prier said there are a number of mentally retarded patients entering the DMH system from the jails and Corrections system. This is problematic both in terms of providing treatment and finding discharge. <p>Mr. Terry asked to have the statement on page 5 explained, "Convened Ethics Committee to explore use of Ativan in treatment of residents." He was unsure as to how this would occur in a hospice setting. Mr. Binkley explained that a patient came in who was on a high dose of Ativan. Staff began weaning the individual from the high dose. The patient's family complained stating the patient needed the higher dose. The Ethics Committee was convened to facilitate communication between the staff and the family.</p>	

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<p>NOTICE/AGENDA</p> <p>ADJOURNMENT</p> <p>ATTENDANCE Commission Members</p> <p>Staff/Guests</p>	<p>A notice and agenda of the meeting were posted, and notification of the meeting was sent to all individuals, organizations and news media who requested notification, as required by state law.</p> <p><i>On a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session to receive legal advice concerning a pending contractual matter. Upon reconvening in open session at 1:00 p.m., the following motion was made:</i></p> <p>MOTION: <i>On a motion by Buck Terry, seconded by Jane Jones, the Commission amended the decision made at the Commission retreat on November 12, 2007, by directing agency staff to move forward with the preparation of a Request for Information (RFI) from developers regarding the Bull Street property, rather than preparation of a RFP for a sale of the property. All voted in favor. Motion carried.</i></p> <p><i>On a motion by Harold Cheatham, seconded by Joan Moore, the business meeting was adjourned at 1:05 p.m.</i></p> <table data-bbox="553 1055 1404 1299"> <tr> <td>Alison Y. Evans, Psy.D, Chair</td> <td>J. Buxton Terry</td> </tr> <tr> <td>Joan Moore, Vice Chair</td> <td>Harold E. Cheatham, PhD</td> </tr> <tr> <td>Jane B. Jones</td> <td>H. Lloyd Howard (via video)</td> </tr> </table> <table data-bbox="553 1185 1404 1299"> <tr> <td>John H. Magill</td> <td>John Young</td> <td>John Hutto</td> </tr> <tr> <td>Valerie Perkins</td> <td>Brenda Ratliff, MD</td> <td>Ron Prier, MD</td> </tr> <tr> <td>Shanna Amersen</td> <td>Ed Taylor</td> <td>Bonnie Pate</td> </tr> </table>	Alison Y. Evans, Psy.D, Chair	J. Buxton Terry	Joan Moore, Vice Chair	Harold E. Cheatham, PhD	Jane B. Jones	H. Lloyd Howard (via video)	John H. Magill	John Young	John Hutto	Valerie Perkins	Brenda Ratliff, MD	Ron Prier, MD	Shanna Amersen	Ed Taylor	Bonnie Pate	
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<p>APPROVALS</p>	<p>Shirley Furtick Sheri Winston Jeff Ham Mark Binkley Rebekah Steen Geoff Mason Brenda Hart</p> <p> Alison Y. Evans, PsyD, Chair</p> <p> Connie Mancari, Recording Secretary</p>	