

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Giese/Liggett/Williams</i>	<i>3-21-13</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000293	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Post, Lynch</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>4-1-13</i>
<i>Cleared 4/10/13, letter attached</i>		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>W. Williams</i>	<i>4-3-13</i>		
2. <i>BS Green</i>	<i>4/4/13 for Peter</i>	<i>4/24/13</i>	
3.			
4.			

Jennifer Lynch

From: Peters, Hal <HalPeters@gov.sc.gov>
Sent: Monday, March 18, 2013 1:21 PM
To: Jennifer Lynch
Subject: HHS.PDF
Attachments: HHS.PDF

RECEIVED

MAR 18 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hey Jenny

Attached you will find correspondence we are referring to you. Their reference numbers are: 304367, 307172, 308134, and 309319.

If you could please respond to their concerns, I would appreciate it! Thanks Jenny!

Sincerely,

Hal Peters
Policy Analyst | Office of Governor Nikki R. Haley o 803.734.4062 e halpeters@gov.sc.gov

Paul M. Jensen B.A, M.Ed., Ed.S.

1137 Walden Place Dr.

Elgin, S.C.

1/30/2013

→ Print #

(803) 699-5977 BZ

To The Honorable

Nikki Haley

Governor of S.C.

And

Leon Howard

Chairman Medical, Military, Public and Municipal Affairs

S.C. House of Representatives

FFS

Dear Governor and Chairman,

South Carolina presently provides therapy services (OT, PT, Speech, etc.) by a two-tiered system. The schools address these services only as they pertain to education. If therapy is necessary for strictly medical or other reasons it comes by other means.

The schools submit bills to Medicaid for services rendered by therapists they employ. The monies received for such services do not necessarily get used for further treatment, but could be used for any purpose. Pennsylvania has a system of regional coordinators who assign therapists for individuals needing treatment. The therapists can give either medical, educational, or a combination of both treatments. They can be done year round rather than fitting into school calendars. It seems like a more efficient system.

Therapists are in short supply and the present system seems to impact poor counties unfairly. This system might fit under the proposed Department of Administration or maybe DDSN.

Sincerely,

Paul M. Jensen

log# 304367

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1137 Walden Place Dr.

Elgin, S.C.

1/30/2013

P.M.J.

Honorable Nikki R. Haley

Governor

1205 Pendelton St.

Columbia S.C.

Dear Governor Haley,

Accompanying is a brief article concerning Mental Health in S.C. as it pertains to our public school system and the system former Governor Richard Riley established to prevent a Columbine type attack from occurring.

Your interest in assisting the Mentally Ill in this state is the reason for my contacting you. I hope you can lend your support to Governor Riley's plan to aid our schools improve and assist the Mentally Ill in obtaining a better life.

Sincerely,



In The Wake of Columbine:

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I wish to grieve no more for our country's future leaders dying on schoolroom floors.

In the wake of Columbine there was a plan put forward to prevent similar events from occurring in the future. It might have prevented both the Aurora and Newtown shootings.

"Safeguarding Our Children: An Action Guide" was proposed by former S.C. Governor and Secretary of Education Richard Riley in 2000. It has been twelve years since it was presented (a child's public school lifetime) and both the Newtown and Aurora shooters were students during this period.

"Safeguarding Our Children: An Action Guide" recommended a wraparound program of school and community services aimed at ending mental health and conduct disorders while improving attendance and academic success. It included the La Grange, Illinois model which eliminated emotional disability classes through the 8th grade.

The Department of Defense (DODEA Manual 2946.2, 2006) adopted it in 2000 for their schools at military bases. The schools require students entering the school to have a medical screening. If the student exhibits problematic behavior they receive a complete diagnostic evaluation. A team composed of the child and family, community services workers (teachers, mental health workers, child welfare workers, law enforcement, Juvenile justice), and extended family, clergy, or anyone the family can call on to help the child. They create a plan with measurable goals which are reviewed at regular intervals. The wraparound team can be available during the school day to assist the teacher.

Mental illnesses are associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer, as well as several risk behaviors including physical inactivity, smoking, excessive drinking and insufficient sleep (Arias, Deputy Director of CDC).

Public School Population	Mental Health Projection	Mental Health Treated	School Districts Emot. Disabil.
2011-12			
702,961	56,237 to 89,355	23,520	3,613

Let us compare mental health records to the S.C. Public Schools. We have over 700,000 students in our public schools and the Mental Health estimates about 8% to 12% of them could need Mental Health Services (teens have a higher rate than under 12) or about 56,000. Mental Health actually treated 28,520 in 2011 which was down from the 34,000 treated in 2008. In both

cases 88% had serious emotional disturbances based upon federal guidelines. According to the reports these all could have had their schoolwork affected. The schools identified 3,613 as students with emotional disabilities. This means they missed a minimum of 22,000 students.

S. C. Mental Health's school age caseload averages around 40% of its total caseload. Included in that total are 18-20 year olds as they are still legally allowed to attend school. The S. C. Mental Health child/family consumer survey satisfaction rate is 86.5% which is above the national average. The readmission rate within six months shows the progress made by treatment with only 4.2% of children less than 12 years readmitted in comparison to the national rate of 16.7%, students 13 to 17 rate is 8.5% in comparison to the national 17.3, with the 18-20 year olds higher at 13%, but lower than the national rate of 20.5%. Patients seem to finish treatment within a year, even if placed in a hospital setting.

The schools don't really keep records of their cure rate or satisfaction survey of emotional disability classes. They keep records on suspensions, expulsions and drop-out rates. The schools aren't really supposed to suspend or expel students because of their disabling condition. Memphis, Tennessee had an article (12/29/2012) about their success in curbing suspensions and expulsions by use of a Mental Health Center.

The regular education teachers who recommend the student for placement weren't trained in identification of disabling conditions, but have a record of between 73 to 90% in placing students in such classes. Studies show that it is more because of conduct disorder. The population in such classes in S.C. by 2008 figures had 80% being male. Whites did out number African Americans by 56.7 to 38.8% which is close to the school population counts for each race, but white females only made up 7% when Mental Health figures having more females than males being treated by about 5%. I did have figures on students winding up in Juvenile Detention and the percentages did get worse for males and African Americans. Mental Health sources put half the prison population as having mental illnesses.

I have worked in two private centers for behavior management using 24 hour a day treatment plans. I have also worked in schools without them. In the schools we worked as much as possible with the parents, but never did treatment plans for outside school. I am sure we would have accomplished more with them.

Wagner's 1995 study on students with Mental Health issues and their success in school and their transitioning to the adult world mentions that 9th and 10th grades are especially tough on them. They have more problems in academics and fall further behind their peers. South Carolina's 24 Carnegie Units necessary for graduation is probably a major hurdle for them. This is where you see the high drop-out rates. Wagner says that those students who pursue vocational courses have higher rates of graduation and better prospects for work. Our state probably should develop a vocational degree program. The other suggestions of Wagner tie in with "Safeguarding Our Children." They include parental involvement, social integration, collaboration, and helping

the student transition to employment. It also mentions helping them obtain future assistance they may need with their Mental Health problems.

Let us bring a prevent defense to our communities by adopting the use of "Safeguarding Our Children: An Action Plan" to our state. It cannot be run through the school systems because it involves other agencies but should at least be county-wide often spanning more than one school district. Early intervention works and should help to alleviate some of our gang and substance abuse problems. More people with mental illness are likely to be substance abusers.

We live in a sound bite generation with constant instantaneous information drawing us away from a well thought out agenda. We are in a period like after Columbine in which the safety of our children is paramount. Do not let our legislators get drawn away from this problem until they have passed legislation to protect future generations. Do not let your child or grandchild be shot, blown up, or killed in a drone attack by a crazed individual who wasn't treated for his mental illness while in school.



Anthony E. Keck, Director
Nikki R. Haley, Governor

April 10, 2013

Mr. Paul M. Jensen, B.A., M.Ed., Ed.S.
1137 Walden Place Drive
Elgin, South Carolina 29045

Dear Mr. Jensen:

The South Carolina Department of Health and Human Services (SCDHHS) is in receipt of your recent letter to Governor Nikki Haley concerning therapy services being delivered in a two tiered system. We welcome the opportunity to be of assistance.

The SCDHHS currently reimburses two provider types rendering therapy services to children eligible for Medicaid. If the services are medically necessary, the school may bill Medicaid. Private providers may render services that do not duplicate the services provided through the schools. We encourage providers to work together to deliver all needed rehabilitative therapy services for our beneficiaries. Additionally, a school has the ability to provide the service rendered by therapists that they employ or prior authorize services rendered by private therapists

We appreciate your forwarding the article concerning mental health issues in our public school system in South Carolina. We will share this with the Behavioral Health area of our agency.

SCDHHS will take your recommendation under consideration as we continue to work towards improving health outcomes in our state. If you have any additional questions or concerns, please feel free to contact Ms. Valeria Williams Director of Health Services, at (803) 898-3477.

Sincerely,

A handwritten signature in black ink, appearing to read 'BZ Giese'.


Melanie "BZ" Giese, RN
Deputy Director

MG/ajr

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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