The March 5, 2009, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, at the South Carolina Department of Mental Health Administration Building, 2414 Bull Street, Columbia, South Carolina. Chaplain Charles Clary of the C.M. Tucker, Jr., Nursing Care Center delivered the invocation.

There were no guests acknowledged at this time.

Dr. Evans said that she was pleased to announce the re-appointments/appointments of several Commissioners to the Mental Health Commission:

- Re-appointment of Joan Moore, 1st Congressional District, with term to commence March 21, 2009, and to expire March 21, 2014;
- Re-appointment of Alison Y. Evans, PsyD, 5th Congressional District, with term to commence July 31, 2008, and to expire July 31, 2013;
- Initial appointment of Everard O. Rutledge, Commissioner At-Large, with term to commence March 21, 2004, and to expire March 21, 2009; and
- Re-appointment of Everard O. Rutledge, Commissioner At-Large, with term to commence March 21, 2009, and to expire March 21, 2014.

Dr. Evans said that all of the re-appointments(initial appointments are scheduled to be heard in the Senate Medical Affairs Committee on March 19. She said further that there is an individual currently being considered as a replacement for Commissioner Lloyd Howard to cover the 4th Congressional District, and that she is continuing to work on securing a Commissioner for the 6th Congressional District.

Dr. Evans proceeded with the announcement of some good news. She said that Joy Jay, Executive Director of Mental Health America (MHA), has announced
that the MHA has been awarded $1.8 million to build 14 apartments in Holly Hill, South Carolina. This new apartment complex for consumers will be named for Commissioner Terry’s mother, Frances Wells Terry, and it will be called Terry Village.

The Commission approved the following sets of minutes:

*On a motion by Dr. Rutledge, seconded by Buck Terry, the Commission approved the minutes of the Commission Retreat of January 23, 2009. All voted in favor; motion carried.*

*On a motion by Buck Terry, seconded by Dr. Rutledge, the Commission approved the minutes of the Commission Dinner Meeting of February 4, 2009. All voted in favor; motion carried.*

*On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Center Presentation of February 5, 2009. All voted in favor; motion carried.*

*On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Budget Presentation Meeting of February 5, 2009. All voted in favor; motion carried.*

*On a motion by Joan Moore, seconded by Dr. Rutledge, the Commission approved the minutes of the Mental Health Commission Meeting of February 5, 2009. All voted in favor; motion carried.*

Dr. Evans thanked Connie Mancari for her work in completing these five sets of minutes.
MONTHLY/QUARTERLY INFORMATIONAL REPORTS

Mr. Magill asked Mark Binkley if there were any items of interest or special note in the monthly reports. Mr. Binkley said that the Patient Protection Report for State Law Enforcement Division (SLED) incidents for February indicates that there continues to be improvement in the amount of cases pending. Presently, there are approximately 12 cases that are being reviewed by SLED. Mr. Terry acknowledged this is a significant improvement from previous reports.

Mr. Binkley noted that the Client Advocacy Report, completed by Rochelle Caton, has been revised for easier reading. Mr. Terry mentioned that he likes this new format.

Ms. Hart said there are several bills that the Department has been watching which are not, as yet, on the list. The first bill is called the Budget Stabilization Bill. This bill would increase the reserves for next year that the General Assembly would have in order to write the budget, from three percent to 10 percent. It results in an increase to the reserves should the state incur continued tough economic times.

The second bill is H.3488, which is a joint resolution to form a sub-committee to study veterans’ issues, that includes the feasibility of constructing a new veterans’ nursing home in the state. Another bill, H.3314, would restructure the Department of Disabilities and Special Needs (DDSN) into a cabinet agency.

Ms. Hart also commented on the following bills:

- **S.4 South Carolina Teacher Protection Act** – Provides that a teacher may bring a civil action against a student who commits a criminal offense against the teacher if the offense occurs on school grounds or at a school-related event. This bill has passed the Senate and is in House Judiciary.
- **S.212 Change in Retirement Benefits** – Increases from 28 to 30 years the service credit required for retirement for new hires.
- **S.242 Closure of the TERI Program** – This will close the Teacher and Employee Retention Incentive (TERI) Program to new participants effective July 1, 2009.

- **S.390 Mental Health Parity and Addiction Act** – Extends the Mental Health Parity Law to include substance abuse.

- **H.3170 Creation of the Joint Electronic Health Information Study Committee** – This bill creates a study committee to examine the feasibility of increasing the use of health information technology and electronic personal health records. It will be tied to the federal stimulus money. This bill has passed the House and is currently in Senate Medical Affairs Committee.

- Ms. Hart said there are several tobacco tax bills that are being tracked. One bill in particular, H.3471 by Rep. Chalk, would use the money raised from a cigarette tax to support community mental health services.

Ms. Hart presented an update on the budget. She said that a number has been assigned to the budget bill; H.3560’s debate should begin next week. The Department received a base reduction of approximately $104,000 which will be offset by a reduction in travel. Also, a Health and Human Services funding proviso was adopted that would give DMH $18 million in non-recurring revenue, redirected from the Department of Health & Human Services (HHS). This proviso also creates a Health Care General Fund Restoration Reserve Fund with the State Treasurer’s Office, which requires the Department to transfer general funds to replace the additional Federal Medical Assistance Percentages (FMAP) funds received through the American Recovery and Reinvestment Act of 2009 (federal stimulus). In other words, Ms. Hart explained that if DMH receives any federal stimulus money, it must transfer general funds, dollar for dollar, so there would be no additional benefit received. Ms. Hart said the reason for this is that when the stimulus money ends in 2011, when the General Assembly writes the new budget, they would once again be able to cushion or prolong another budget cut for health agencies.
Yesterday, a request was made from House Ways and Means to look at an additional 10 percent cut to the agency, assuming DMH received no new money or new stimulus money. Ways and Means wanted to determine the impact on the community. Ways and Means proposed eliminating $121 million to local governments. Ms. Hart believes that the House may end up debating if they should cut local government by $121 million or proceed to fund public health care. Mr. Magill said this final proposal would be devastating to Mental Health.

Ms. Hart said there were several provisos included in the Ways and Means proposal, which are:

- Adoption of a proviso to allow DMH to carry forward money not expended for healthcare services of the Department’s clients in private hospitals;
- Elimination of the requirement that SLED is required to investigate a death in one of our veteran nursing homes if the coroner rules the death as “natural.”
- A requirement that the Budget and Control Board use reserve funds to cover employee contribution rates for health insurance;
- The TERI program would end for new enrollees, effective July 1, 2009;
- If an agency is to institute a Reduction in Force (RIF) in a specific area, TERI employees should be let go first as they do not have grievance rights;
- Ten day mandatory furlough proviso was amended so that agencies can exempt certain pay bands or direct healthcare staff.

Mr. Magill presented those items listed in the Departmental Overview/Update.

Ms. Hart said that overall the agency is doing well. Finance is utilizing supplemental funds to balance the budget this year, even though on paper the
agency is showing a $5 million deficit. DMH is using supplemental or one-time funds to offset that deficit. When July 1 arrives, DMH needs to be operating at the correct level.

Ms. Hart explained each chart in the packet for Dr. Rutledge’s information. She said that the charts show how the different sections of the agency are operating with and without the supplemental funding. Ms. Hart also included a Medicaid reimbursement comparison chart. She reminded everyone that billings were late in December because of the delay in the rate increase that the community system received.

Mr. Magill said his presentation to the Senate Finance Committee went very well. He tried to zero in on what the decrease of funds would do to the mental health system. He also showed what the July 1 cuts would do to the Department’s delivery of services. The July 1 cut would result in approximately 28,500 less bed nights in the system.

Senators Alexander and O’Dell had a good understanding of the material presented. Senator Alexander was interested in the special needs of the Sexually Violent Predator program, and DMH’s discussions with the Department of Corrections on the need for additional space. Senator Pinckney was not present at the meeting; however, Ms. Hart spoke with him after the meeting and he appeared very supportive of DMH. Senator Alexander was very complimentary of the Department’s programs at the centers, as well as the Veterans Policy Academy. Mr. Magill also reviewed the telepsychiatry program with the committee. He said that target dates are set for live feed in the next two weeks with several of the hospitals.

Mr. Magill mentioned he will begin his mental health center visits and hospital visits in the next few weeks. He invited the Commission to attend the presentations with him. Ms. Mancari will provide the Commission with a
Mr. Mason said there has been a lot of discussion about possible cuts to School-Based Services. While it is true that DMH has lost some School-Based positions, the program is still present in about one-third of the state’s schools.

South Carolina is a leader in School-Based Services, and has the most School-Based programs of any state in the United States.

Mr. Mason said that School-Based Services are provided to the clients and families in the school setting. A mental health counselor is available on-site, which increases accessibility of mental health services for children and families in need of these services in a non-stigmatizing environment.

The goals of School-Based Services are:

- Increase accessibility of services in a non-stigmatizing environment;
- Programs that address early intervention and prevention services;
- Provide consultation for teachers and other school staff on mental health issues;
- Provide training on mental health issues;
- Increase partnerships within the school and community.

Some benefits of School-Based Services are:

- Non-stigmatizing;
- Easy access to service;
- Immediately addresses crisis episodes; and,
- Decreases conduct disorder and oppositional behaviors.

Mr. Mason said the Department has seen approximately 14,000 children through
this program. In January 2008, there were 276 mental health counselors in 449 schools. In January 2009, there are 234 mental health counselors in 440 schools. The best practice model is to have one mental health professional in each school for 4.5 to 5 days per week. These positions are funded by both DMH and the school district. The school district pays from $10,000 to $20,000 per position. The service is also Medicaid billable. DMH has received some good news from Horry County. A number of School-Based positions were to be cut; however, the school district has changed its mind. It appears that only a couple positions will be lost.

Mr. Mason said the Department received a grant from Blue Cross/Blue Shield to expand School-Based Services in rural counties. DMH received start up funds for a three year period to establish 10 sites in the underserved areas of the state. All of the original 10 sites are operational, and Blue Cross has given DMH an additional $200,000 for two additional positions.

Through the Department of Education (DOE), the DMH has looked at the Safe Schools/Healthy Students Grants. If funding is received, this would add an additional 12 schools. DMH cannot apply for the grant; the school district is the only one that can apply for the funds.

Mr. Mason mentioned the Joint Council on Adolescents. He said it includes many of the child-serving agencies, as well as the National Alliance for the Mentally Ill (NAMI), Department of Education, Department of Social Services, etc. This groups looks at collaboration on services to children. The council approved many items at its January meeting. Because of the family component, the Federation of Families reviewed DMH’s policy and the Department of Alcohol and Other Drug Abuse Services (DAODAS) policy to see what they contained regarding family driven care. The report was received and the council approved what was recommended and want to extend this to DSS and DJJ to see if those policies were aimed at family driven care. The council also approved the implementation
of the GAIN as a screening tool for substance abuse/alcohol abuse, state-wide. The council is also looking at a training initiative for clinicians on the screening tool.

Mr. Mason said it is important in these tight budget times that these agency directors come together to look at what is being cut, and the impact these cuts will have across the system. It was mentioned this initiative is the first time in over 20 years that all these agencies are meeting to address the needs of the state’s children.


Harris Hospital
- As of February 3, the hospital has closed 11 acute female beds and is in the process of closing an additional 22 beds. Staff is being reassigned to other vacancies. This should result in a decrease in the use of pool and overtime.
- Under the ORYX indicators, Harris continues to perform below the national average for elopement rates, restraints and seclusion. For 30 day readmits, the trend is above the national average. All patient admissions are continuing to be reassessed for opportunities to reduce recidivism.
- In consumer surveys, clients continue to respond favorably concerning Harris Hospital in all areas: outcomes, dignity, rights and participation.
- Patient Injuries – there were only two significant injuries in the first quarter of the fiscal year. This is attributable to the staff maintaining a safe environment for patients.
- Staff Injuries – Eighteen employee injuries were reported during this period. Staff injuries would likely have been more significant if not for consistent utilization of BEST techniques.
- Harris Hospital is now a smoke-free hospital.
C.M. Tucker, Jr., Nursing Care Center

- Falls at Tucker increased in 2008 (293) from 2007 (208); however, the average serious injuries from falls remains within the national average. This increase is due to a concerted effort to reduce the use of restraints.
- A restraint task force has been formed to evaluate the use of restraints and to educate staff on proper documentation.
- The Quality Council is looking at preventive measures that can be put in place to prevent pressure ulcers.
- The Stone Pavilion received a Dedication of Medallions and Stars from the Veterans Administration at a ceremony in November, 2008.

Consolidated Hospital Report (Bryan, Morris Village, Forensics, Sexual Predator, Infirmary and William S. Hall Psychiatric Institute)

- Morris Village closed 40 beds since January; now at a 104 bed operational capacity. Staff has been reassigned to other areas.
- Bryan Wellspring closed 17 beds with 18 additional beds closing shortly.
- Building One, Forensics Services, opened in November with 25 operational beds. There are 60 licensed beds in that building. The opening of the additional 25 has been indefinitely delayed as a budget reduction initiative.
- The application requesting that 178 forensic beds at Just Care be added to Bryan’s license is at DHEC for consideration. It is hoped that this will be resolved within the next few days. DMH is waiting for DHEC to give a final inspection prior to this being approved.
- Bryan and Hall Institute continue to perform well in the area of 30 day readmissions, restraint hours, and elopements. Hall’s use of restraints is driven upwards by frequent utilization of physical holds. This has also increased because of the different populations at Hall, such as the subclass juveniles.
- The patient-to-staff assault event rate for the period indicates that with the exception of Morris Village, the Infirmary, and the Sexual Predator Program, each hospital/program indicated an upward trend.
- The Division of Inpatient Services (DIS) is implementing several actions that were recommended by the team assigned to address aggressive/assaultive behavior. Some of these are: Implementation of an “antiviolence campaign”; ensure new employee orientation includes antiviolence information; and development of an employee brochure addressing workplace violence.

Ms. Bellamy said that Harvey Miller was appointed as Director of Bryan Hospital. This includes all facilities that fall under Bryan Hospital. The DIS budget reduction plans will result in the loss of 181 inpatient beds; 90 adult psychiatric, 45 nursing home; 40 alcohol and drug and six child and adolescent beds. In fiscal 2008, DIS was at 570,000 hospital bed days and served approximately 6,900 people. Ms. Bellamy said that it is estimated that the clients served will decrease by approximately 1,500 people from fiscal 2008 to fiscal 2010.

**MOTION:** On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Inpatient Hospitals Governing Body Meeting of February 3, 2009. All voted in Favor; motion carried.

Mr. Magill mentioned that the University of South Carolina School of Medicine is fortunate to have Dr. Richard Harding as chair. The university’s budget has been hit hard, as has DMH’s, and both DMH and USC are appreciative of his leadership.

- Bull Street Update –
  Mark Binkley

Mr. Binkley said the process for sale of the property is proceeding. The work plan for phase II environmental survey is complete. This includes soil testing and other environmental issues. The work plan is at DHEC for review and approval.
DMH anticipates no additional requests for changes to the work plan. Mr. Binkley said the property has received a lot of interest and activity. The broker has taken potential developers on tours of the property. These are qualified companies and also includes out of state developers. There are no firm offers at this time.

Because of the reductions in Inpatient Services necessitated by the budget cuts, the Bryan campus will be able to hold the full number of patients from Bryan Acute and Bryan Wellspring. It is expected that Wellspring patients will be relocated back to Bryan and, hopefully, by summer the Byrnes building can be closed.

Mr. Schaeffer said that the South Carolina Enterprise Information System (SCEIS) will standardize and streamline business processes in South Carolina Government. In 2000, a Request for Proposal (RFP) was issued to use DMH as a pilot for this accounting system. In 2003, the system was implemented at DMH on a limited basis; it did not have Human Resources or Payroll. The new system should have all functions. Legislation has been passed that by June 30, 2010, all agencies have to be on the SCEIS system. The process is moving quickly. Thirty small agencies are on SCEIS, on a limited basis. In November 2009, approximately 30 additional agencies are to be on the SCEIS system. Mr. Schaeffer said there will be no increase in productivity or savings until an agency has been on the system for one or two years. When an agency goes on this system, there is a big transition in the way business is operated. Ms. Hart said that training needs to be done for all staff, state-wide. DMH has already seen productivity decrease because, at DMH, only one portion of the system was implemented. DMH now needs to implement the entire system and re-train all staff to perform business processes in a completely different way. Mr. Schaeffer said that it is also a big problem for the agency to hire the appropriate staff and do the training for the entire agency. This new system will require a large expenditure of money and staff, and the money expended now will not be
Other Issues

Mr. Magill said that at the next meeting he would like to talk about Access Health in more depth. He said that he, Debbie Blalock and Dr. Bank are involved in this project. He is also hoping to have a presentation on transitional housing.

Presentation of the Louise R. Hassenplug Award

At this point, Dr. Evans introduced the presentation of the Louise R. Hassenplug Award. Dr. Richard Harding introduced Mrs. Hassenplug and said that she was the first Commissioner appointed to the Mental Health Commission under the term of Governor Campbell. She was also the first named family member of the Commission. Mrs. Hassenplug received the support of NAMI, and it is because of her work, that this award is named for her and presented each year.

The nominees for the 2009 Louise R. Hassenplug Award are:

Ngose Patricia Nnadi, MD – Charleston/Dorchester Mental Health Center
Tamara Starnes – Charleston/Dorchester Mental Health Center
Alice Summers – Charleston/Dorchester Mental Health Center
Victoria L. McGahee – DMH Central Office/Office of Quality Management

The winner of the 2009 Louise R. Hassenplug Award is Alice Summers, Psychiatric Nurse from the Charleston/Dorchester Mental Health Center.

NOTICE/AGENDA

A notice and agenda of the meeting were posted and notification of the meeting was sent out to all individuals and news media who requested notification, in accordance with state law.

ADJOURNMENT

At 12:20 p.m., on a motion by Buck Terry, seconded by Dr. Rutledge, the Commission entered into executive session to receive advice about a pending legal action. Upon reconvening in open session at 1:00 p.m., it was noted that only information was received. There were no votes taken. The meeting was recouped for five to six years.
formally adjourned at 1:00 p.m.

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

Staff/Guests
John H. Magill                        Mark Binkley          Geoff Mason
Brenda Hart                           Bill Lindsey          Valarie Perkins
Debbie Blalock                       Patricia Nnadi, MD    Richard Harding, MC
Ligia Latiff-Bolet, PhD              Tamara Starnes        Alice Summers
Steve Miller                         Algie Bryant          Matt Dorman
Jaclyn Upfield                       Shanna Amerson        Chris Reidenbach
Versie Bellamy                       Vicki McGahee         Frances Corley
Norma Jean Mobley                    Louise Johnson         Dave Schaeffer

APPROVALS
Alison Y. Evans, PsyD, Chair          Connie Mancari, Recording Secretary