The September 3, 2009, meeting of the South Carolina Mental Health Commission was called to order at 9:30 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Everard Rutledge, PhD, member, South Carolina Mental Health Commission, delivered the invocation.

There were no guests acknowledged at this time.

The Commission approved the following sets of minutes:

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the August 6, 2009, Facility Presentation. All voted in favor; motion carried.

On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the minutes of the August 6, 2009, Mental Health Commission Meeting. All voted in favor; motion carried.

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the Mental Health Commission Conference Call of August 11, 2009. All voted in favor; motion carried.

The following reports were presented to the Commission:

Client Advocacy Report – Rochelle Caton, Director of Client Advocacy, reported in Mark Binkley’s absence. She mentioned that unless the Commission had any specific questions, the only item of note is at the top of the first page under Bryan Hospital. The year-to-date number of 131 is the result of combining both Bryan Acute and Bryan Wellspring Programs into one.
State Law Enforcement Division (SLED) Report – Ms. Caton presented the Commission with an additional report which is more current than the SLED report contained in the previous hand-out. The report in the Commission’s packet stated there were 26 open cases; the revised report indicates 22 open cases. Ms. Caton said that of the 22 open cases, 10 are assigned to SLED; eight are assigned to the Long Term Care Ombudsman, two to the Attorney General’s office, and two to local law enforcement. The oldest SLED case is February 2009. Ms. Caton explained that the reason that case is so old is because it may have gone to prosecution and charges may not have been resolved. It is not open because it is still being investigated.

Vulnerable Adult Investigations Report – Ms. Caton distributed a report for the SLED Special Victims’ Unit listing the total number of incidents for the period January 1 through June 30, 2009. When the total number of fatalities for DMH and the Department of Disabilities and Special Needs (DDSN) are subtracted, DMH has a total of 51 incidents for this period, compared to 219 incidents for DDSN. The second page of the report shows the type of facility where the incident occurred. Of interest is that 117 of the 301 incidents came from CTH-II facilities, which are DDSN facilities. Ms. Caton explained the difference between the DMH residential care facility (RCF) and the DDSN CTH facility. Ms. Caton said that approximately 4,000 individuals are housed in the CTH’s; Mental Health has approximately 2,000 individuals in the RCF’s.

Prior to the Departmental Overview and Update, Valerie Perkins introduced two staff members, Amanda Henry and Donna Swinbank, who are currently a part of the DMH Mentoring Program.

Ms. Hart said that the financial report in the Commissions’ packets is as of the end of July 2009, which is only one month into the new fiscal year. This report has been prepared in a slightly different format from previous reports. Ms. Hart said she wants to cover this report today, touch base on the Board of Economic
Advisors (BEA) meeting and the Budget & Control Board meeting. She also wants to update the Commission on the South Carolina Enterprise Information Program (SCEIS). Ms. Hart said that the Department did receive the information from the Governor’s Office on the 2011 budget request.

Concerning the new report, as stated, this is a slightly different format. The first page depicts beginning budget and projected expenditures. Currently, the agency is 8.3 percent into the new fiscal year. DMH revenues are at 6.77 percent and expenditures are at 6.82 percent. These are both lower than what would normally be depicted if this were a 12 month report. Year-to-date revenue for Disproportionate Share (DSH) and Patient Fee Account is shown for a 12 month period. Divisions have started the year with a zero carryover deficit. The Commission noted the drop in Medicaid in the community between FY’05 and FY’09, and the projection for FY’10.

Ms. Hart said that the BEA met early this month and did not revise its economic forecast either up or down. When the Budget and Control Board (BCB) met, a possible mid-year reduction was considered; however, the BCB decided to delay this reduction by one month. This was done because it was felt that the economy may have stabilized and that the cut may not be as deep. It was decided to meet again on September 18. Currently, the mid-year reduction is anticipated to be 4.04 percent for the agency, or $7.7 million. This would be an immediate cut. It is still felt the recession may ease and the cut could go down.

Ms. Hart said that DMH has received the 2011 budget request guidelines from the Governor’s Office. This has to be completed and submitted by September 18. She said that last year, the agencies were told that if a new request was submitted, they were to identify dollar-for-dollar savings. This rule holds true for this year. DMH did receive $19 million in one-time money last year. The agency can’t identify this amount again because it would have to show an identical dollar savings. Also, agencies are being asked to show how they would implement a 15 percent
base reduction. Current base is $176 million. If this 15 percent were enacted, the Department’s base budget would be below its 1987 level.

Concerning SCEIS, Ms. Hart said that DMH is slated to go live in November with the new system. This would be for the Accounting and Procurement functions. Staff has been working strenuously to meet the deadlines that have been imposed. Ms. Hart said that centers have cooperated in supplying the data and the downtown SCEIS staff was very complimentary. This is very commendable for staff as it is a difficult project to accomplish.

Mr. Magill said the Commission will be kept advised as the 2011 budget request is prepared. Identifying a 15 percent reduction is frustrating as Mr. Magill feels the economy is beginning to improve, but the agency will do what it has been requested to do.

Mr. Magill said there was an article in The State paper last Sunday on the property. There have been no inquiries from media on the article, so it is hoped that interest in the story, at least locally, has diminished. There will be a meeting today to develop strategy concerning the public hearing that will occur in approximately two weeks at the Columbia City Council on the historical overlay. There is still environmental work being done on the property. There have been eight tanks removed, as well as the underground storage tank for the energy building. Groundwater sampling is also being performed. Mr. Magill has taken several people to the property to identify those buildings and property included in the overlay. If any Commission members are interested in doing this, please advise Mr. Magill.

Versie Bellamy, Deputy Director of the Division of Inpatient Services, introduced Harvey Miller, Director of Bryan Hospital, which includes Forensics, and Ralph Randolph, Director of Bryan Adult Psychiatric Services.
Mr. Miller said that two very workable programs have been developed, Bryan Acute on the Northeast Campus, and Wellspring, which, until recently, was located in the Byrnes building. Bryan Hospital operates in a manner consistent with how an acute facility should be operated. The length of stay was decreased considerably, and a 50 percent increase in the number of discharges was realized. With the advent of the budget crisis in January, a decision was made to bring the Wellspring Program back to the Northeast Campus. This was difficult to do because the lodges were under renovation. When the move began, there were only six operating lodges and the population had to be reduced from approximately 240 down to 198. Inpatient Services wanted to maintain what was developed in both programs, and keep the discharges as close as possible to the current level. This was accomplished and 40 beds were reduced.

Mr. Randolph said that Wellspring was a program that was developed into a village-type model and patients worked on independent community living skills, discharge, and quality life while in the hospital. Working on quality of life skills while in the hospital is in important since many of these patients have been at DMH hospitals for a very long period of time. It enabled the patients to feel involved in their treatment. This program was located at the Byrnes building on the Bull Street campus. The units at Byrnes were referred to as avenues; the lowest functioning patients were located closest to the nurses’ station. Staff works closely with SC SHARE on the recovery model, as well as trying to get the patients back to work. A collaboration was formed comprising staff from Columbia Area Mental Health Center, Bryan Hospital and the Medical University in order to work on finding community placement for these clients.

Mr. Miller said that when it was decided to move Wellspring back to the Northeast, a decision was made to continue providing the acute services at Bryan as good as or better than could be provided privately. The goal was to get the patients stabilized and discharged as quickly as is feasible. Two lodges were created for this program. Another goal was to continue the rate of discharge that
was achieved. He fully expects to have the discharges back to 80 with the renovations and improvements that have been made.

Complete details of Mr. Randolph’s presentation are filed with the originals of these minutes.

- **Board Training Agenda – Geoff Mason**
  Mr. Mason said that the Board/Legislative Training has been scheduled for September 24, beginning at 10:00 a.m. with a Welcome by Dr. Evans. Dr. Evans will be followed by Mr. Magill, who will give a state-of-the-state for the Department of Mental Health. Mr. Mason said there will be several legislative staff members attending, Mike Shealy of Senate Finance and Beverly Smith of House Ways and Means, who will talk about the budgeting process and how it works. Dr. Evans will give a presentation on how to work with the General Assembly. After lunch, Mr. Mason and Mr. Binkley will have a session on various responsibilities of the board members. This will be followed by break-out sessions with each Commission member. A staff member will also be assigned to each break-out session in order to facilitate. Training is expected to conclude at 3:00 p.m. A printed agenda will be sent out as soon as possible. Ms. Jones asked if this session would be done via videoconferencing. It was suggested that the conference be taped for the boards to view. Dr. Evans said that this training was a specific request from one of the boards, and every effort should be made to accommodate as many board members as possible to participate in the training.

- **State Director Visits to Center Boards – John H. Magill**
  Mr. Magill said he is planning to begin his visits to the center board meetings. A schedule is being developed which should begin in October. If any of the Commission is interested in attending these meeting when Mr. Magill visits a particular board, please let us know and a printed schedule will be developed.

- **Forensics Update – Versie Bellamy**
  Ms. Bellamy reported in Mr. Binkley’s absence. As of today, the forensic waiting list is at 27, which is a dramatic increase. The data is being reviewed and staff feels the source of the increase can be attributed to an increase in the number of
commitment orders, the number of conditionally discharged patients not following
the conditions of discharge or have decompensated, and an increase in emergency
admissions from the local jails. It is felt that the delay in discharging patients no
longer requiring hospitalization can be attributed to several reasons: availability of
housing, appropriate placements, and difficulty in getting a court hearing for
competency. Some short term steps that are being taken to resolve the problem
include admitting patients to other units within Forensics. Currently, patients are
being admitted to all units in an attempt to get individuals off the waiting list as
openings become available. Also, several patients are being transferred to a civil
facility; i.e. Bryan or Harris Hospital, as appropriate. Two were transferred to
Bryan last week. Some short to mid term steps are an increase in the efforts to get
court hearings for those people who are waiting. General Counsel has
communicated with Judge Baxley our efforts in reducing the waiting list, as well
as requesting assistance and advice.

Ms. Hart said that DMH is requesting the Commission’s approval to reduce the
Department’s Medicaid rate for H2021 community-based Wraparound Services
from $20.00 per 15 minute unit of service to $15.00 per 15 minute unit of service
retroactive to March, 2009, to conform to the changes to the contract with the
Department of Health and Human Services.

MOTION: On a motion by Buck Terry, seconded by Jane Jones, the
Commission approved the Department changing its Medicaid
rate for wraparound services from $20.00 per 15 minute unit
of service to $15.00 per 15 minute unit of service. All voted
in favor; motion carried.

Geoff Mason introduced Diane Flashnick, Executive Director of the Federation of
Families. Ms. Flashnick said the Photo Voice display is in the front lobby of the
Administration Building and will be at this location for a month and a half. Ms.
Flashnick explained that the Photo Voice project began two years ago. It is a joint
project with the DMH, Department of Education and Federation of Families and is an effort to reduce the stigma of mental illness. Photo Voice is defined as a process by which people can identify, represent, and enhance their community through a specific photographic technique. The objective of Photo Voice is to identify and discuss common themes or issues. These issues are then used to educate the community and policy-makers about the experiences of the youth to create awareness and reduce the stigma surrounding mental illness. The youth involved in the project have a mental illness. Individuals can also be friends and siblings. The grant that was received pays for the cameras and equipment used in the project. It was explained that the youth takes the picture and writes a caption describing their moods and feelings. If anyone is interested in bringing Photo Voice to the community, they should contact the local office of the Federation of Families.

ANNOUNCEMENTS

Mr. Magill said that he will be turning over the leadership of the Returning Veterans Policy Academy in two weeks. The Chamber of Commerce has agreed to co-direct this effort with DMH. Resources have been pooled and have enabled the Chamber to hire an individual to direct this effort. Mr. Magill will co-chair the committee.

Similarly, the leadership of the Joint Council on Adolescents will be turned over to another agency. This will be Mr. Magill’s last month as chair.

Mr. Magill then had Ms. Erica Walsh show the video of the DMH Fun Day to the Commission. Dr. Evans said that next year the Commission will try to have its regular monthly meeting the same day as the DMH Fun Day so all the Commission can participate.

NOTICE/AGENDA

A notice and agenda of the meeting and notification of the meeting was sent to all individuals and news media who requested notification, in accordance with state
At 11:00 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into executive session to receive legal advice about a contractual matter, and to receive legal advice about a potential claim. Upon reconvening in open session at 11:55 a.m., it was noted there was only information received; no votes were taken. The meeting was formally adjourned at 12:00 p.m.