

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

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

**August 5, 2010
Hospital Presentation**

Attendance:

Commission Members

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

Everard Rutledge, PhD
James Buxton Terry

Joan Moore

Staff/Guests:

John H. Magill
Holly Scaturro

Brenda Hart
Jeff Musick

Versie Bellamy
Ralph Randolph

Bill Davis
Jeanne Felder

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Alison Y. Evans, PsyD, Chair

Connie Mancari, Recording Secretary