The February 4, 2010, meeting of the South Carolina Mental Health Commission was called to order at 10:00 a.m., by Joan Moore, Vice Chair, at the SCDMH Administration Building, 2414 Bull Street, Columbia, South Carolina. The invocation was delivered by Joan Moore. Ms. Moore explained that Alison Evans, PsyD, Chair, was delayed in arriving due to attending a meeting of the Senate Medical Affairs Committee.

Although not a guest, Ms. Moore acknowledged Ray Benasutti, Director of Crisis Services at the Department of Mental Health.

On a motion by Buck Terry, seconded by Jane Jones, the Commission approved the minutes of the January 7, 2010, business meeting. All voted in favor; motion carried.

Mr. Magill presented those items listed under the Monthly Informational Reports.

Mr. Binkley said that the State Law Enforcement Division (SLED) Report currently in the agenda was prepared on January 28, 2010. He said that of the 34 allegations pending investigation, SLED is actively investigating 16. None of the allegations investigated to the point of being concluded were founded. Immediately after this report was completed, a report was received from SLED that there was one substantiated case of physical and verbal abuse by a Certified Nursing Assistant at Tucker Center. An arrest was made in this case. The individual was on suspension prior to the arrest and DMH is awaiting completion of the report prior to formal termination.

Mr. Binkley said that a new investigator was hired in Public Safety to address issues at Hall Institute. This person is doing an excellent job of clearing up these reports, as evidenced by the report in the agenda packet.
In Brenda Hart’s absence, Mr. Binkley gave a report on the piece of legislation that was proposed by the Attorney General’s office regarding the Sexually Violent Predator (SVP) Program. This bill primarily deals with changes to timeframes for the commitment process for individuals coming out of prison who are eligible for commitment giving the court time to process those cases. In other states that have SVP laws, the mental health agency has been inundated by persons needing commitment. In other words, a person gets out of prison, are being considered for commitment, and rather than being detained in a local jail, which is what is done in South Carolina, the individual is actually detained at the Department of Mental Health waiting for the process to run. This becomes a big expense to the state’s mental health authority. South Carolina law says that an individual may be detained in a local detention center. Other states do not have a law that says that individuals may be detained in a local jail. In 1999 when this legislation became effective, DMH worked with the Attorney General to push back any time the attempt was made to detain someone at DMH, pre-commitment. The statute was vague. It seemed to give the judge authority to decide to detain the individual somewhere else. There were two instances where the judge insisted the person be detained at DMH, pre-commitment. DMH was not able to get that overturned.

Mr. Binkley said that one of the amendments in the bill states that the place of detention, after release from prison and awaiting a decision on commitment, is the local county where the offense took place. At any given time, there are over 60 individuals awaiting commitment. Many have been released from prison and are in a detention center. This could pose a large problem for DMH if the individuals came to DMH, pre-commitment. The Department is in support of this bill.

No other key legislation was brought for discussion at this time.

Dr. Bank reported on the Community statistics and Ms. Bellamy reported on the Inpatient statistics.
Dr. Bank said that for the fiscal year 2009, the total number of individuals served by catchment area is 94,059. Of this number, approximately two-thirds, or 61,624 are adults that are suffering from major mental illness. One-third of this number, are children (32,435).

The Adult Perception of Care Satisfaction Survey, which is done annually, the 89 percent satisfaction composite score shown is consistent of what it has been over the past five years. Dr. Bank said any score near 90 percent is a good indication of how well we are perceived by our clients. Dr. Bank said the Global Assessment of Functioning (GAF) score is a measure of functionality. The higher the GAF score, the better a person is. The difference between a GAF score on admission of 54.3 and a score of 57.6 at discharge indicates that patients are somewhat improved at discharge from admission.

Dr. Bank said the downward trend in employment rate for adults is indicative of what is occurring across the country at this time. He said that the total admissions and discharges for adults and children are nearly identical.

Concerning total number of client contacts, Dr. Bank said that prior to this report, the Department has seen that even though there was a decrease in the number of services, there was an increase in services that paid more than the overall decline, so revenues remained about the same. DMH has been trying to focus on providing individualizing care and giving individuals more of a menu of services as opposed to just one service. This has worked well for a few years. This report is the first time where these services have shown a decrease, as in individual therapy and mental health assessments which are down by several thousand units. The decrease in staff at the centers has resulted in a decline in the number of clients seen, resulting in a reduction in revenue.

Ms. Bellamy presented the inpatient statistics. Ms. Bellamy said that Bryan Hospital was in a transition period this past year. Also, beds at Wellspring were
downsized and the patients were transitioned back to the main campus. All of these factors had an affect on the length of stay (LOS). It should be noted that the length of stay for patients less than 90 days was shorter at Bryan compared to fiscal year 2009. In the greater than 90 day category, or the more chronic patients, patients experienced a greater length of stay. At Morris Village, patients with a length of stay greater than 90 days had a shorter stay. The average length of stay at Morris Village is 126 to 127 days. Hall Institute RTF program, which are the Department of Juvenile Justice (DJJ) children, provides longer lengths of stay because these children are harder to place. Harris Hospital is down to one long term lodge at this time.

Concerning admissions and discharges by inpatient program, Ms. Bellamy said that patients are currently being admitted faster than they are being discharged. Inpatient Services is decreasing the number of beds at Roddey Pavilion, and downsizing is occurring in long term care. Ms. Bellamy continued by trying to answer several questions from the Commission concerning admissions and discharges. She said that the long term unit at Harris Hospital was closed as part of the budget reduction plan last year. The average daily census at Harris is 137. Recidivism was high in the past but the Department does not see this situation currently at Harris. Hall Institute is staffed for 58 beds.

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

Mr. Schaefer reported that SCEIS continues to be a challenge to address. Finance is meeting on a daily basis with staff of SCEIS to try to address issues as they come up. The Grants Division and the Information Technology Division are invited to these meetings in order to address any issues that may pertain to these divisions. One major problem is that it has been difficult to obtain revenue and expenditure numbers and to be able to get this information to the centers and hospitals. Finance is close to having this accomplished. Concerning the payment
of bills, Mr. Schaefer said that there was a large backlog of bills due to the training and the new workflow process. The backlog is down from 2,000 per day to 2-300 per day. There is a report that staff can run to enable them to see the status of their documents. Finance is continuing to work in order to pay the vendors.

Training is an issue. Some individual training is ongoing. Finance has requested to be notified of any problems in the field so these can be addressed and training implemented. Mr. Schaefer said that SCEIS is a very unforgiving program and if things are not done at the beginning of document processing, a user has to delete the document and start over.

Mr. Schaefer said that the Department is starting to see some unhappy vendors who have stated they will not continue to do business with DMH. Finance is starting to develop a top ten SCEIS issues listing to address. He said some of the SCEIS consultants are near the end of their term and will be let go in June since the funding for the consultants will run out. Mr. Schaefer said that DMH has also lost an Accounting Director and Assistant Director during this time period. Staff has since been hired to replace them and we are seeing some progress.

Mr. Schaefer said that the finance numbers that were distributed are preliminary. In order to get this report, Finance had to take the first four months from the old system, and the second two months from the new system. This report contains no grants information; however, the $8.5 million reduction is included. Currently, the Department is showing a surplus of $4.3 million. Medicaid reimbursement has not changed that much – only about $300,000. When broken down by center and hospitals, it is a $900,000 drop for the centers. Overall, the agency is within budget. There is concern about the drop in revenue, but this is being monitored.
Mr. Magill said he took the entire Senior Management team to the House Ways and Means hearing on the budget. He said that he tried to keep the comments more focused on how DMH would handle a significant reduction. We were instructed to present a plan showing a 15 percent declination in state appropriations, or $24 million. Mr. Magill said there were no specific questions asked and it was a very non-controversial hearing. The Senate Finance Committee presentation will take place in approximately three weeks.

Mr. Binkley said an executive session is recommended for today to talk specifically about the contract. Another meeting was held with the prospective buyer as well as some internal meetings on some key issues, such as fair value for the property. The contracting process was slowed down in order to re-examine any specific issues and concerns. Mr. Binkley feels that it will be March, at the earliest, before any information could be brought to the Commission concerning a contract for sale.

Regarding the ongoing environmental issues, Mr. Binkley said that DMH did hear back from the Department of Health and Environmental Control (DHEC) on the few areas of the property that have raised some concern. A meeting was held with DHEC and Mr. Binkley was pleased that on so large a piece of property, there were so few areas of concern. These few areas of concern will be re-explored and further excavation will be done. These are not large areas of the property.

Mr. Binkley said the Department was alerted that the State Archaeologist had contacted the Budget & Control Board to say they have narrowed down, through historical writings and references, an area on the campus where they believe the union prisoners were housed for a brief period of time during the Civil War, and they wanted to do some archaeological diggings on that particular site. The Department has heard nothing from the State Archaeologist or anything further on this item. The Budget & Control Board has said the State Archaeologists have the right to dig if they feel it necessary. Mr. Binkley said he will keep everyone
informed as things progress.

• Behavioral Health Subcommittee – John Magill
  Mr. Magill reported that he and the entire Senior Management team attended the January 20 meeting of the Behavioral Health Subcommittee meeting. Mr. Mason said that the CEO from Laurens Hospital and other hospital officials mentioned some of the problems with behavioral health patients in the emergency rooms. The legislators on the subcommittee stated that the hospitals have a responsibility to place these people in a bed in their hospitals if a bed was available.

• Joint Citizens & Legislative Committee on Children – John Magill
  Mr. Magill said this committee has met twice. There are three agency heads that are official members of this committee. These individuals are trying to develop legislation that would affect children state-wide. The committee has been asked to give the legislators feedback on what legislation to support regarding children, such as School-Based Services. This committee meets again on Monday, February 8.

• Senate Medical Affairs Committee on Restructuring – Alison Evans/Brenda Hart
  Both Dr. Evans and Ms. Hart attended the Senate Medical Affairs Committee on Restructuring this morning. Dr. Evans said that the bill was carried over; however, both she and Ms. Hart stayed for the entire meeting. She had the opportunity to speak with the members of the committee including Senator Peeler. Dr. Evans said there was a lot of support for the Department’s position on restructuring.

• Leadership Development Program – Valerie Perkins
  Ms. Perkins’ presentation is the second presentation from the 2009 class that the Commission has heard. Geoff Mason was Ms. Perkins’ mentor during the program and, as part of the program, a job sharing was done. Ms. Perkins said that she now has a better idea of the complexities of a Deputy Director’s position since she worked in Mr. Mason’s office for a day. Also, as part of the Leadership Development Program, candidates were asked to develop an idea of how they could improve the agency. For the Office of Internal Audit, this was not an easy
task. Ms. Perkins came up with the idea to use the center administrators as peer auditors when her staff audits a center. These individuals are primarily responsible for the fiscal operation of the center and are aware of any problems that a center has to deal with. Recently, the Internal Audit team had the opportunity to visit a satellite office of Coastal Empire in Allendale. The satellite usually does not have the opportunity to interact with the Internal Audit team from Columbia. Using the center administrators as peer auditors will enable the Internal Audit team to increase the number of audits they are able to conduct in the community. Previously, Internal Audit performed approximately 18-20 audits per year. Currently, with the reduction in staff, these numbers are down to four or five audits per year. Use of the center administrators as peer auditors would possibly reduce travel costs for Internal Audit staff. Ms. Perkins would like to be able to present this idea at a Center Directors’ Meeting. Ms. Perkins said that the center administrator would sign a confidentiality statement and both she and the peer auditor would sign off on the audit. The Commission mentioned they felt this appeared to be a good idea and would be a help to the Internal Audit staff.

Mr. Magill said that other staff that were a part of the Leadership Development Program participated in the job sharing experience. Ms. Bellamy spoke about her job switch with Debbie Blalock, and what it was like to run a mental health center and all that a center does in order to avert an admission. Brenda Hart ran Beckman Mental Health Center for a day.

Mr. Magill said the first meeting of the 2010 Executive Leadership Development Program is scheduled for March 11 and there will be 10-12 sessions. Candidates will be meeting with Mr. Magill and selected individuals for four half days to glean information from these candidates prior to their retirement from the agency. Many of these individuals will be retiring in the next few years and have a lot of knowledge.
Mr. Mason began by distributing a copy of the community mental health centers’ On-Call Crisis Procedures listing showing what is done at each center as to on-call crisis activities. All centers have such a procedure in place.

Mr. Mason said that over the years the Department has received $5.2 million from the General Assembly that was aimed at crisis stabilization. It should be kept in mind this is not the total amount that has been spent on crisis stabilization; however, $5.2 million is earmarked for crisis services. Each center was asked to present a proposal as to how they would spend these funds. Mr. Benasutti presented a report detailing the private beds that were purchased and another report detailing the type of programs the centers have developed. Through these different mechanisms, individuals have been able to be diverted from the emergency room.

Mr. Ray Benasutti, Director of Crisis Services, presented a copy of the Monday Morning Snapshot showing the reduction in number of emergency room patients awaiting state mental health or substance abuse inpatient admissions. For 2010 through January 25, 2010, there were 195 waiting for an admission at 8:30 a.m. and 114 waiting at 5:00 p.m. This represents a reduction of 41 percent. Another chart showed the number of emergency room patients awaiting state mental health or substance abuse inpatient admissions, current six months compared to one year ago. As of February 1, 2010, there were 31 individuals waiting compared to 58 a year ago. This represents a decrease of 18 percent. Of the 31 that were waiting, 16 had a mental illness, 5 had a substance abuse, and 10 had a co-occurring disorder.

Mr. Benasutti said that the problem in the emergency rooms is not created solely by Mental Health. Budget reductions have necessitated the reduction of hours spent in the emergency rooms by Mental Health staff. Mr. Magill said that the message sent to the hospitals five years ago was that it was their problem. It is apparent that now all entities are working together to correct this situation.
Dr. Bank said that new and better working relationships have been developed with
the hospitals’ emergency rooms by the use of the telepsychiatry system.
Telepsychiatry is in use in many of the 61 emergency rooms in the state. The
local hospitals, such as Palmetto Health, prefer the in-person psychiatric
consultation. Telepsychiatry has resulted in a 50 percent reduction in individuals
in the emergency room between morning and evening. Currently, over 1500
consultations have been performed. Of these 1500 consultations, approximately
3,500 patients, Mental Health has seen about half through the use of
telepsychiatry. There are 15 hospitals currently using the system. It is the goal to
have a total of 25 hospitals using telepsychiatry by Fall 2010. Mr. Magill said
that an application was submitted to the Duke Endowment to continue the funding
of this program. If no funding is received from Duke, DMH cannot continue to
fund the additional hospitals. However, DMH is hopeful that we will receive
some level of funding. The results of the program are very positive.

NOTICE/AGENDA
A notice and agenda of the meeting and notification of the meeting were sent to
all individuals and news media who requested information, in accordance with
state law.

ADJOURNMENT
At 12:00 p.m., on a motion by Rod Rutledge, seconded by Buck Terry, the
Commission entered into executive session to receive legal advice concerning a
pending contractual matter. Upon reconvening in open session at 2:10 p.m., it
was noted that only information was received; there were no votes taken. The
business meeting was formally adjourned at 2:10 p.m.

ATTENDANCE
Commission Members
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Everard Rutledge, PhD

J. Buxton Terry
Jane B. Jones
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<th>Shanna Amerson</th>
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**APPROVALS**

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