The March 1, 2012, 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 SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Mr. Jeff Ham, Program Manager in the Division of Community Mental Health Services, delivered the invocation.

There were no guests acknowledged at this time.

Dr. Evans said that the Commission has the pleasure of starting today’s meeting on a happy note, as this is the month that the Commission awards and acknowledges the winner and the nominees of the Hassenplug Award for Outstanding DMH Clinician.

Dr. Evans said that she was pleased to see so many staff nominated this year. She said it is an example of the hard-working and dedicated staff at the Department of Mental Health.

The Hassenplug Award for Outstanding DMH Clinician recognizes annually an individual who has made an outstanding contribution to the treatment of people with mental illness. The award was established in honor of Louise R. Hassenplug, who served on the Commission from 1987 to 1994. The nominees for this year’s award were:

- Stacy L. Albarran, Berkeley Community Mental Health Ctr.
- Sara Brown-Wright, Bryan Psychiatric Hospital
- Robert Caesar, PhD, William S. Hall Psychiatric Institute
- Stewart Drumheller, William S. Hall Psychiatric Institute
- Esther Hennessee, Charleston/Dorchester Mental Health Ctr.
- Chandra Morris, Bryan Psychiatric Hospital
- Robin Nance, Charleston/Dorchester Mental Health Ctr.
- Heather O’Dell, Beckman Center for Mental Health Svcs.
Dr. Evans announced that the winner for the 2012 Hassenplug Award for Outstanding DMH Clinician is **Sara Brown-Wright**, from Bryan Psychiatric Hospital.

**APPROVAL OF MINUTES**

The Commission approved the following sets of minutes:

*On a motion by Rod Rutledge, seconded by Jane Jones, the Commission approved the Dinner Meeting minutes of February 1, 2012. All voted in favor; motion carried.*

*On a motion by Jane Jones, seconded by Rod Rutledge, the Commission approved the Center Presentation minutes of February 2, 2012. All voted in favor; motion carried.*

*On a motion by Jane Jones, seconded by Rod Rutledge, the Commission approved the Business Meeting minutes of February 2, 2012. All voted in favor; motion carried.*

**MONTHLY/QUARTERLY INFORMATIONAL REPORTS**

Mr. Magill presented those items listed under the **Monthly/Quarterly Informational Reports** section.

Mr. Binkley said that the Commission will notice a slight increase in the number of reports in the month of February on the State Law Enforcement (SLED) Report; however, the reports are continuing to be investigated in a timely manner. There was one founded allegation that is being investigated. Of the 27 cases of alleged abuse that are pending investigation, nine are being investigated by SLED, 15 were judged non-criminal by SLED and were referred to the Long-term Care Ombudsman, and the remainder were referred to local law enforcement agencies.
Mr. Binkley said the Client Advocacy Report reflects that the system currently in place for resolution of complaints is working very well. Clients bring their concerns to the attention of the Advocates and, for the most part, the concerns/complaints are resolved in a timely manner.

Mr. Magill presented those items listed under **Departmental Overview and Update**.

**South Carolina Hall of Fame Video – ETV**

Mr. Magill explained that ETV is doing a video on all the individuals who have been inducted into the South Carolina Hall of Fame. Being shown today is the video on Dr. William S. Hall, former Commissioner of the Department of Mental Health. Dr. Hall was the third person inducted into the Hall of Fame, and the first living person inducted.

**Long Range Planning Update – Geoff Mason**

Mr. Mason distributed a chart depicting the status of the Objectives and Action Steps which were developed following the Report from the Agency Long Range Planning Committee. He said he will be providing updates to the Commission every couple of months on the progress on the action steps that have been identified. Mr. Mason said that work is continuing on many of these items. Several areas addressed today are:

- In line with controlling expenditures and increasing efficiency of operations, the Lexington Mental Health Center developed a clubhouse program for Saluda County residents at the center’s Batesburg office. This was the result of closing the Saluda clinic. Clients from the Saluda clinic now receive services at the Batesburg office.
- Merge and co-locate with other health providers – The Department received a grant, the South Carolina Transformation Transfer Initiative Grant, that has implemented eight pilot sites where DMH is working with mental health centers and Primary Healthcare to focus on integration of behavioral health and medical care needs of individuals. Training forums are also planned this
year around integration to provide education and training.

- Targeted Case Management – A Targeted Case Management (TCM) policy has been implemented and all centers have been urged to coordinate client services. The Department is looking to expand TCM across all the mental health center. DMH is also in discussions with the Department of Health and Human Services (DHHS) regarding the TCM rate to enable it to become economically feasible to expand.

- Residential Options Committee – this committee continues to meet and review opportunities to expand community residential options for clients. An enhanced RFP awarded a qualified provider list with six providers for a total of 165 community beds primarily in the upstate. DMH has worked with the Department of Disabilities and Special Needs (DDSN) to establish a four bed house in Chesterfield County, similar to one already in existence. This will enable DMH to move four clients from the forensics unit into a home. This is for clients that are developmentally disabled and have a mental illness.

- DMH has recently funded approximately $1 million in crisis stabilization activities, to include 20 different Homeshare placements.

- Expansion of telepsychiatry – Crisis stabilization funds have enabled DMH to expand telepsychiatry at five centers to link the clinic to the main center. Beckman Mental Health and Waccamaw Mental Health are close to having the system set up and ready to begin.

- The Charleston Mental Health Center and Tri County Mental Health have an agreement that provides for a physician from Charleston to provide services, through the use of telepsychiatry, to clients in the rural areas of Tri County.

Dr. Bank said that an Upstate Coalition has been developed to address the emergency room issues. This group is also looking at the effect of telepsychiatry on this situation. All the large upstate hospitals are involved, as well as alcohol and drug agencies and mental health centers. The coalition is hopeful that through sharing resources, they will be able to resolve most behavioral crises at the local level, reducing the need to admit patients to Harris Hospital. The fourth meeting of this coalition will meet again
on April 11 at Harris Hospital. A result of these meetings is that a primary care urgent center in the emergency room at Laurens Hospital is being planned. Mr. Magill said that the next such coalition may be down on the coast in the Waccamaw Mental Health area, as there has been interest expressed by the hospitals in that area. He said there will be more agency collaboration in the next few years.

**Financial Status Update – Mark Binkley**

Mr. Binkley said that the year-end budget projection figures as of the end of January do not reflect much change from December’s month end. DMH is still projecting to finish the year in the black with an approximate $1 million balance. It appears that DMH has worked through most of the problems surrounding the community Medicaid billing that involved the HHS information technology problems. Billing and revenue is largely caught-up through December, and the agency is in the process of completing the January community billing now. Community Medicaid billing is down, but it is not down by a significant amount. It appears that billing is staying close to the original revenue projections. Once we get caught up on community billing, it will provide an even more accurate picture of how the Department will stand at year end.

**Legislative Update – Mark Binkley**

Mr. Binkley said that the full House Ways and Means Committee met last week and made recommendations to the House. The House is now in session and about to finish the state budget. A hand-out was distributed showing the Department’s budget request, the Governor’s recommendations and what Ways and Means recommended. Last November, DMH was contacted by the Governor’s Office staff to see if there was anything in additional items that the Department required. DMH was treated very favorably by our own Health Sub-Committee as they were very receptive in what we needed to fulfill the agency’s mission. They adopted all our recommendations in recurring revenue, with the exception of the recruitment and retention item. Full Ways and Means accepted the recommendations of the Health Sub-Committee. Their recommendations to the Full House included all the items mentioned, plus some additional items recommended by Ways and Means. One of these items included $1 million in deferred maintenance.
Consistent with our request for full funding for the Sexual Predator Program, the chair of the Health Sub-Committee of Ways and Means, Rep. Murrill Smith, has taken an interest in getting control of the costs associated with the growth in the Sexual Predator Program. A proviso was developed by Rep. Smith and the Governor’s Office to create a study committee between DMH and the Department of Corrections to explore the feasibility of transferring this program to Corrections. This proviso has advanced and has been recommended by Ways and Means to the full House for adoption.

● Bull Street Update – Mark Binkley

Mr. Binkley said that there are signs along Colonial Drive that indicate the rezoning of the property is advancing with the city. There will be a hearing Monday night at the city Planning Commission where a vote will be taken on the rezoning application of Hughes Development Corp.

● Telepsychiatry – Ed Spencer

Mr. Spencer said that as of February 29, 2012, the Telepsychiatry Program has completed 10,026 psychiatric consultations since it has started. The program is still recommending discharge of 42 percent of the patients seen on the same day of consult. With each episode of care, statewide, we are saving approximately $1,000 per episode. To date, the Telepsychiatry Program saved the state slightly over $10 million. Mr. Magill said that the Duke Endowment will be meeting with DMH next Monday to consider another round of funding for the program.


Ms. Bellamy presented the highlights from the January 10, 2012 Inpatient Governing Body Meeting. Highlights of the report fell into four areas: Accreditation/Regulatory Issues; Plan/Scope for Services; Community Stakeholder Input; and Performance Data.

Accreditation/Regulatory Issues

- Harris, Hall Institute and Bryan are all due for Joint Commission accreditation by the end of this year.
The annual Department of Health and Environmental Control (DHEC) survey is due for both Roddy and Stone Pavilions. Stone is also due an annual survey by the VA. Since this meeting, DHEC has surveyed Roddey for the certification survey. No written report received as yet; verbal feedback was very positive. There were four minor tags that are being addressed.

The Division of Inpatient Services (DIS) and Morris Village leadership have had two meetings with DHEC staff to discuss issues relevant to Morris Village seeking Joint Commission accreditation/CMS certification.

Plan for Services/Scope of Services

- As part of Hazard Vulnerability Analysis, Harris identified the need to be actively aware of crime trends in the community surrounding the hospital. The hospital is now receiving law enforcement bulletins from the local Sheriff’s Department which provide Public Safety with up-to-the minute information on suspicious activities, missing persons, and other criminal activity near Harris Hospital.

- The revised GeoCare contract provides for 178 Forensic beds. This allowed the closure of 25 beds in Building One on the Crafts-Farrow campus on February 16, 2012. Staff of Building One has been re-assigned to other areas in DIS.

- As a budget reduction measure, a 32-bed lodge at Bryan Adult Services has been closed. As of December 20, 2011, the number of operational beds at this location is currently 166.

- DIS is in the process of moving the Alcohol & Drug unit at Hall Institute into the main building. The vacant unit in the main building is being renovated to accommodate this unit.

- With the Edisto Unit of the Sexual Predator Program at the Department of Corrections having reached maximum capacity at 104, a revised contract with GeoCare provides for an additional 44 beds within that facility.
Community Stakeholder Input

- DIS utilizes various methods for obtaining input from community stakeholders. One method is through a Visitor’s Survey. For the third quarter of 2011, survey responses were all at 90 percent and above. Some of the areas surveyed were:
  ◦ The patient is clean and well groomed – 91 percent
  ◦ Staff show respect and courtesy – 96 percent
  ◦ The facility is clean and well maintained – 96 percent
Scores over time have consistently remained above 90 percent. Surveys contain space for write in suggestions and comments which are forwarded to specific hospital directors for review and action.

Performance Data

- For the period of June 2011-November 2011, Tucker maintained the goal of less than 5 percent of Newly Acquired Pressure Ulcers (excluding Hospice and Stage 1).
- The state average for long term care in physical restraints is 5.4 percent. For the period July 2011-November 2011, Stone’s rate remained below the 5.4 percent trigger. Roddey’s rate was above the trigger in three of the five months due to an increase in 1:1 observations. This type of observation is considered a restraint in long term care.
- Harris Hospital reported a decrease in staff injuries.
- For the Columbia hospitals, the nursing staff injury rate for the December 2010 – November 2011 period for each hospital/program was below the trigger. Seventy-nine percent of the injuries reported were due to patient/staff altercations.
- A total of 67 patient injuries were reported for the period December 2010-November 2011.
- For the first three quarters of 2010, Roddey had a total of 822 incidents.
During the first three quarters of 2011, the facility had 559 incidents. This is a reduction of 263 incidents while the census remained comparable.

**Core Measures**

- Harris Hospital reported above the national average on most measures; Bryan and Hall are trending well above the national average on most measures, with the exception of those areas that are challenging such as those patients who are discharged on multiple antipsychotic medications.

Ms. Bellamy reported that all the facilities are stable, clinically. She mentioned that Dr. Bank reported on the Inpatient Quality Review Team Report at a previous Commission meeting. She said that an action plan has been developed.

**MOTION:** On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the Inpatient Facilities Governing Body Meeting minutes of January 10, 2012. All voted in favor; motion carried.

Mr. Jones said that the center has two full time and one part Mental Health Professionals at the Alvin S. Glenn Detention Center. Services are provided 365 days/year, Monday through Friday 8:30 a.m. to 5:00 p.m. and three hours on weekends and holidays. Individuals seen are male, female and juvenile offenders. A psychiatrist comes in one day a week. Services are funded by Richland County, who pays a private company, Correct Care Solutions, to provide these services. There is no cost to the inmate. Average daily population at the detention center is 1,000 inmates.

A medical technician will screen each inmate upon admission and, if during that screening, the inmate has a history of mental illness, or is expressing suicidal ideations, Mental Health is immediately notified. Staff have access to the Electronic Medical Record, and the Client Information System, which allows treatment to begin
immediately for inmates known to DMH. If inmates are Columbia Area clients, the case managers are kept informed with all aspects of the treatment process, along with court dates and release dates. Assessments and discharge planning are done. If an inmate is from another state, a release of information is obtained so that information can be obtained and treatment can be started. Inmates who are placed on suicide watch are placed in a special housing unit and monitored every five minutes by a detention officer and are assessed daily by a Mental Health Professional. Before release from suicide watch, the inmate must be evaluated by a psychiatrist.

Staff also identifies inmates who may be eligible for the Mental Health Court Program. These are inmates that have non-violent offences and are diagnosed as having a mental illness.

The medical department of the detention center, which includes Mental Health, is accredited by the National Commission on Correctional Health Care.

John Brown said that there are 250 adult mentally ill inmates today at the detention center, more than are currently at Bryan Hospital. Over the month, over 800 mental health services are provided at the detention center. The detention center is a difficult place for a mentally ill person to be. Bryan Hospital has been a big help over the last five years. We can currently work with the person for two weeks while they are in jail, then transferred to the hospital. Suicide watch is very important. The county wants us to prevent suicide. Charleston has a similar program; Lexington has staff on site at the jail. Mr. Brown said that this type of program needs to be available in every county jail. Also, many of the people in jail are the homeless mentally ill.

Dr. Evans asked about the case that is currently being heard against the Department of Corrections’ treatment of the mentally ill in Corrections. Mr. Binkley said the Department is certainly paying attention to this case and there are updates are on the website. The plaintiffs, Protection and Advocacy and Nelson and Mullins, are wrapping up witness testimonies this week.
SUMMARY & WRAP UP  
Mr. Magill mentioned the community meeting held at the Department last week regarding the housing of some of our Sexual Predator patients. This was a large group and he feels that future meetings will take place.

Mr. Magill said that the data system at DMH addresses those clients for whom a case is opened in our system. We are trying to measure all the other clinical services that are provided via contract that aren’t a part of our billing system to give us a better picture of the services provided. Currently, the count stands at 40,000 additional people that are provided services in a given year. This is in addition to the 90,000 persons listed in CIS.

The profiles are being completed; one profile remains. Beginning in late April, the community forums will begin. These forums are being continued because of the overwhelming response from legislators who felt these forums were very beneficial.

Bill Lindsey asked for the Commission’s support in the form of a letter for Senate Bill 1015.

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

ADJOURNMENT  
At 12:05 p.m., on a motion by Buck Terry, seconded by Jane Jones, the Commission entered into Executive Session to receive legal advice concerning a contractual matter, and to discuss a personnel issue. Upon reconvening in open session at 1:30 p.m., it was noted that only information was received; there were no votes taken. The business meeting was formally adjourned at 1:30 p.m.

ATTENDANCE  
Commission Members
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
J. Buxton Terry
Everard Rutledge, PhD
### Staff/Guests

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### APPROVALS

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