The October 4, 2012, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m., by Alison Y. Evans, PsyD, Chair, at the Waccamaw Center for Mental Health, 164 Waccamaw Medical Park Drive, Conway, SC. Mr. Norman Deas, Board Member of Waccamaw Center, delivered the invocation prior to the start of the center presentation.

The majority of the guests were introduced at the center presentation, with the exception of Nedra Black, Board Member of the Waccamaw Center.

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 September 5, 2012, business meeting. All voted in favor; motion carried.*

*On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the commission conference call of September 20, 2012. All voted in favor; motion carried.*

Mr. Magill introduced those reports listed under the Monthly/Quarterly Information Reports section.

Mr. Binkley mentioned that the the State Law Enforcement Division (SLED) is still completing most investigations in a timely manner. However, DMH has been concerned as the SLED unit which investigates DMH cases recently lost staff. Of the 25 pending cases, three are being investigated by SLED, 15 have been referred to the Long-Term Care Ombudsman as non-criminal, four have been referred to local law enforcement, and two have been referred to the Attorney General’s office as they involve allegations of financial misconduct. In both of these cases, the persons accused are family members of patients who were not handling the patient’s Social Protection Reports – September 2012 – Public Safety/SLED – Mark Binkley
Security benefits properly. One case has been referred by SLED to DMH Client Advocacy. Mr. Binkley reminded the Commission of the change in the legislation that if a sexually violent predator alleges abuse and neglect and SLED determines it is non-criminal, they will no longer refer the case to the Ombudsman, but to the Office of Client Advocacy. This is the first case since the change in the law.

The Client Advocacy Report reflects a lot of activity. There were over 90 resolved cases in August. This system is routinely utilized by patients and families. It is a system that has staff in each center and facility whose job it is to resolve these complaints. The number of complaints is steady from month-to-month; there are no trends of note.

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

Mr. Binkley distributed the Department’s budget projection for FY’13 through August 31, 2012. He highlighted a couple of items in the report. The Medicaid agency changed the Department’s rates or reimbursement. The changes not only included the change in methodology for inpatient services that resulted in the Issue Action Paper presented in July which increased the inpatient rates, but they’ve also adjusted the community mental health center Medicaid rates. The rates went into effect this past Monday, October 1, and it took our Finance Department until Thursday to actually receive the official notification of the changes from Medicaid. For the next couple of months, accurate projections regarding Community Medicaid revenue will be challenging. However, early indications are that the Department’s Medicaid projections are accurate.

Another area Mr. Binkley highlighted is the total expenditures line on the report. The first column indicated that in FY’12, the Department had total expenditures of $329 million and we are forecasting for FY’13 $344 million in expenditures. This is an increase of over $15 million in expenditures. The expenditures have increased for a
couple of reasons. A big part of the increase is the three percent raise that all state employees received, the corresponding increase in fringe, an increase in health insurance premiums, and the employer’s contribution that DMH has to make to the retirement system. This totals $10 million of increased expenditures.

Mr. Magill said that the funds given to the agency from the state are only for full time employees (FTE), not for contract. DMH did not receive funds to give increases to 49 percent of the employees. This resulted in approximately $3 million which the Department had to fund.

Another increase is the Sexually Violent Predator Treatment (SVPTP) Program. This is a growing, mandated program over which DMH has no control.

The last part of the additional $15 million in expenditures concerns the windfall from the Workers’ Compensation Audit. The agency will be spending more in the area of Workers’ Compensation this year, since this reduction in premiums last year was a one-time event.

Mr. Binkley said that for the past several years, a significant portion of the agency’s expenditures were from non-recurring funds that will eventually “go away.” DMH is seeking to replace the diminishing non-recurring funds with increases in its State appropriations. In FY’12, the agency spent $40 million in the non-recurring earmarked funds category. For FY’13, the agency is projecting to spend $28 million of these funds.

Mr. Binkley said that the Commission has already approved the FY’14 Budget Request. The largest amount of money that is being requested relates to replacing non-recurring funds with state funds. As emphasized last year, the SVPTP Program is a growing, mandated program. The Department is also requesting additional money for the telepsychiatry program and also for Forensic services.
Mr. Magill will be attending a meeting in the Governor’s Office on Monday, October 8 to discuss the DMH budget request. They want to know how we spent the additional money received last year and what the agency’s plans are for next year. He is looking for a positive result from this meeting.

Mr. Binkley reported that there has been some movement this week on the property. At the City Council meeting on Monday the rezoning of the property was approved. Mr. Binkley reminded the Commission that there were three contingencies in the Contract for the Developer to complete. The first contingency is to get the property rezoned by the City in a manner acceptable to the developer, the second contingency is entering into a development agreement with the City, and the third contingency is to obtain financial contributions from the City acceptable to the developer. The rezoning has now received final approval. There is a development agreement in circulation with the city staff, City Council and the developer. This has been in their possession for some weeks. As part of that development agreement, there are apparently terms being proposed by the developer that would require the city to contribute to develop infrastructure on the property. All indications are that something could happen by the end of the year that would result in the last two contingencies being satisfied. We could, at that time, begin to see some parcels for sale and funds coming to DMH from those sales.

Mr. Binkley reminded the Commission that money received from the sales of parcels would be one-time money and would be spread out over “X” number of years. The $15 million or so received from the sale of the parcels is only a fraction of the money DMH needs for one time projects, such as new buildings and renovations to existing buildings.

Ms. Bellamy said that DMH has been asked to meet with Corrections about a long-term solution to the SVPTP program. One meeting has been held to date. The current census in the SVPTP program is at 156. The plan for relocating the Crafts-Farrow SVPTP residents to the new space at Broad River should be completed by the end of
March. The Department will need space for staff, too, at Broad River. With the growing population, the new space will take the program through 2015.

Mr. Binkley said the proviso that the General Assembly put in place regarding future space for the SVPTP program directed the Department of Corrections and DMH to make recommendations regarding which agency should have responsibility for the program. The tentative plan is to examine the growth of the program and what private companies may be interested in operating the program. A preliminary report is to be submitted to the General Assembly by January and a final report by May 2013. DMH is hopeful the final report will be completed early enough in the session to have the General Assembly take action on it.

Dr. Bank said that in trying to coordinate behavioral healthcare and physical health care, there is a growing need for psychiatrists. The use of locum tenens physicians in our system, while necessary at times, is not a desirable option. Sometimes the quality of these physicians is not up to DMH standards. The Department has done a lot of things to try to recruit psychiatrists, some of which are:

- Offer salaries to physicians that are close to the top of the range;
- Enhancement of the contract process;
- Successful in resident recruitment (currently have recruited five);
- Loan repayment – up to $7,500 a year for five years;
- Dr. Bank and Ms. Bellamy have met with the residents and informed them of the opportunities of working at DMH.

Ms. Bellamy said that she felt the meeting with the USC residents went very well. She thinks this will generate more interest in public psychiatry. She said that we have codified our benefit package. Once the low salary was explained, the state’s benefit package that includes leave and other fringe doesn’t look too bad.

Mr. Magill feels that the residents and nursing students are more cognizant of what is
offered and how attractive the state system is. Ms. Bellamy said that the nursing component is still a big problem. It is obvious that new nursing graduates do not want to go to DMH as a first step; they are more interested in the acute care hospitals. Ms. Bellamy said that we do not have enough nurses practicing nursing. A proposal from Nursing Leadership will be presented to Senior Management in the near future.

The recruitment of physicians and nurses continues to be a big challenge to the agency.

Ms. Calcote presented the FIN Update in Mr. Mason’s absence. She said that a different member of this committee will report to the Commission each month.

Dr. Bank made comments about the inception of the Future is Now (FIN) Committee prior to Ms. Calcote’s presentation.

Ms. Calcote said that Mr. Magill commissioned this work group to follow up on a number of DMH’s long term planning goals/objectives. Group members include Ligia Latiff-Bolet, Sheila Mills, Melanie Gambrell, Debbie Calcote, Stuart Shields, Dr. Bank, Paul Cornely, Geoff Mason and Rick Acton. FIN has focused on aligning mental health centers into a cohesive system of care.

An early area of attention was enhancing access to care with the goal of consistent timeframes for emergent, urgent and routine appointments. As of November 1, 2012, all centers will have the capacity to see emergencies the same day, offer urgent appointments within two working days and routine appointments within seven working days. All centers will use a standardized screening form (C-20) which will soon be available in the Electronic Medical Record (EMR). A uniform use of the EMR Scheduler will be a tool for supervisors to maximize and monitor service capacity/appointment capacity.

To reinforce DMH’s mission as an accessible community partner, the “Eligibility/Ineligibility Criteria” document has been updated. It is now “Admission
Criteria.” Centers will review this document with employees emphasizing local capacity to be flexible in addressing needs of each community.

Among the other strategies to maximize on current clinician resources is a review of the needs of clients who have no been seen within 180 days.

Prior to presenting the medical care account for approval, Mr. Binkley explained this process for Mrs. Cardwell since she is new on the Commission.

In the case of patient #981-4501, wrongful death litigation ensued against a non-DMH healthcare provider after the opening of this estate. The parties settled and DMH received $12,962.72 from the proceeds of the settlement. There were no other funds left in the estate. After the settlement check came in, this account’s final balance came to $34,372.82. The Department is recommending that the Commission waive the remaining balance of $34,372.82 so that DMH can issue a receipt and satisfaction in order for the estate to be closed.

MOTION: On a motion by Buck Terry, seconded by Joan Moore, the Commission agreed to waive the amount of $34,372.82 in Patient #981-4501’s estate. All voted in favor; motion carried.

On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the 2013 schedule of commission meeting dates/locations. All voted in favor; motion carried.

January 10  SCDMH Administration Building
February 7    Santee-Wateree Mental Health Center
March 7       SCDMH Administration Building
April 4       Morris Village
May 2         Greenville Mental Health Center
June 6        SCDMH Administration Building
Mr. Magill reported on the following items:

- The NAMI Annual Meeting was held on September 28-29. Four mental health employees received awards. Mark Binkley and Dr. Robert Bank received Mental Health Advocate of the Year; and Dr. Elliott Levy and Sheila Mills received Mental Health Professional of the Year. Mr. Magill and Mr. Terry participated in a panel discussion concerning the Bull Street property.

- Dr. Meera Narasimhan has now been the recipient of three RO1 grants, the most recent of which is for $2.7 million to study the telepsychiatry program.

- The Psychiatric Update was held at William S. Hall Psychiatric Institute this year on September 21. Between actual attendance and attendance via video conferencing this was the largest update ever.

- There will be a community forum at Waccamaw Mental Health Center on Thursday, October 11. The next forum will be in Anderson on October 25.

- Another Commissioner was appointed for the 4th Congressional District, Sharon L. Wilson. She will be attending an orientation at the Department next Tuesday, October 9. Mrs. Cardwell will schedule her orientation for some time in November.

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

At 11:15 a.m., on a motion by Rod Rutledge, seconded by Buck Terry, the Commission entered into executive session to receive legal advice concerning a
Upon reconvening in open session at 2:00 p.m., it was noted that only information was received; no votes were taken. The meeting was officially adjourned at 2:00 p.m.

| ATTENDANCE  |  |
|-------------|  |
| Commission Members  |  |
| Alison Y. Evans, PsyD, Chair | Joan Moore, Vice Chair |
| J. Buxton Terry | Everard O. Rutledge, PhD |
| Jane B. Jones | Beverly F. Cardwell |

| Staff/Guests  |  |
|---------------|  |
| John H. Magill | Mark Binkley |
| Versie Bellamy | Murry Chesson |
| Kirby Bond | Karen Oliver |
| Tanya Ray | Cheryl Myers |
| Nedra Black | Linda F. Wright |
| Robert Bank, MD | Jan Gawith |
|  | Debbie Calcote |
|  | B. Doris Prince |

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