The April 4, 2013, meeting of the South Carolina Mental Health Commission was called to order at 10:15 a.m. by Alison Y. Evans, PsyD, Chair, in the Meeting Hall of Morris Village, 610 Faison Drive, Columbia, SC. Mr. George McConnell, Program Director of Morris Village, delivered the invocation.

Mr. Tim Rogers, staff member of the South Carolina House Ways and Means Committee, was welcomed by Dr. Evans to the meeting.

Dr. Evans said that she and the Commission have the pleasure of awarding the Hassenplug Award for Outstanding DMH Clinician each year. Nominees for this award should be a clinician who has made an outstanding contribution to the treatment of people with mental illnesses.

Nominees for the 2013 Hassenplug Award for Outstanding DMH Clinician were:

Jeffery Koob, Human Services Coordinator  
Mary Sue Raaf, Acute Nurse Practitioner  
Richard Sells, Activity Therapist II  
Lee Bailey, RN  
Charles Vilord, Director-Substance Abuse  
Jacob Paris, Mental Health Counselor  
Frances Moody, Mental Health Counselor  
Dr. Ann Taylor, Psychiatrist  
Katerie Breuer/Dr. Stanley Coleman

Bryan Psychiatric Hospital  
Patrick B. Harris Hospital  
Wm. S. Hall Psychiatric Hospital  
Sexually Violent Predator Program  
Wm. S. Hall Psychiatric Hospital  
Coastal Empire Mental Hlth. Center  
Coastal Empire Mental Hlth. Center  
Charleston/Dorchester Mental Hlth. Center  
Catawba Mental Health Center

The Winner of the 2013 Hassenplug Award for Outstanding DMH Clinician is:

Mary Sue Raaf, Acute Nurse Practitioner  
Patrick B. Harris Hospital
On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the March 7, 2013 Business Meeting. All voted in favor; motion carried.

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

Mr. Binkley said that the Patient Protection Reports reflect that investigations of abuse and neglect are being handled appropriately and in a timely manner. On the State Law Enforcement Division (SLED) Report, of the 31 cases of alleged abuse pending investigation, three are being investigated by SLED, 17 have been referred to the Long-Term Care Ombudsman as non-criminal, four have been referred to local law enforcement, four cases have been referred to the Attorney General’s office as they are financial in nature, two have been referred to the Department of Social Services, and one case was referred back to DMH Public Safety. Mr. Binkley said that, overall, the working relationship with SLED and DMH seems to be a good one.

The Client Advocacy Report reflects an average spread of complaints across the system, primarily in Inpatient. The largest category concerns the desires of patients to leave the facility. It appears that the Department has a good process in place at both the center and facility level to review and resolve patient/client complaints.

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

Ms. Bellamy said that because of the aging population entering the hospital system, as well as the fact that these individuals are entering our system much sicker than previously, the Division of Inpatient Services (DIS) has had to look at how medical care and services need to be delivered.
Ms. Bellamy said that in 1999, the Department closed the Byrnes Medical facility which was used as the hospital to care for DMH patients’ medical needs. The Infirmary was closed at Byrnes in 2005 and some of those services were relocated to Morris Village. In 2006/2007 the Nurse Practitioners were integrated into the staffing plan for DIS. In 2011, DIS asked an outside consultant to review how DIS could improve its delivery of medical services. In 2012, a Process Improvement Team (PIT) was appointed and a recommendation from the committee was to create the Medically Enhanced Unit on Lodge A at Bryan. Most of the patients with serious medical issues are located at Bryan Hospital, so it was appropriate to have the specialized unit located there.

Dr. Rudd said it was necessary to look at the current patient population, what type of medical conditions they have that need treatment, medications required, number of hospital referrals/visits and determine how to co-manage their psychiatric and medical care.

Dr. Rudd said the average age of patients at Bryan is 51.36 at Bryan Adult and 42.89 at Bryan Forensics. The average length of stay at Bryan has increased from 61.95 days in FY’09 to 102.09 in FY’12. Patients are often staying longer because of their medical conditions. Of the total number (949) of patients admitted to Bryan Hospital for the period 7/1/11 thru 6/30/12, 74 percent had a significant secondary medical diagnosis on admission. Another issue the facility has identified is that the longer these patients stay the more medications are used. Dr. Rudd said that recently a Process Improvement Team (PIT) was appointed to clearly define the current care delivery model, identify the risks and benefits of the current model, and recommend a care delivery model of co-management that maximizes safety, effectiveness and efficiency of services. The PIT’s recommendations are due to DIS management by no later than June 3, 2013.
Mr. Binkley stated that it never pays to be too optimistic about the finalization of the Bull Street contract. He said that there is still no announcement that the contract for the sale of the property is final.

There was a recent tragic event at the Babcock Building where a person, apparently in the act of stealing copper, was electrocuted. This incident is being investigated by SLED. While extremely unfortunate, this incident has led to meetings between DMH Public Safety staff and the Columbia Police Department. This has resulted in Mr. Magill submitting a request to Mayor Benjamin to begin joint patrols of the campus. The city is likely to agree and joint patrols may begin in the near future. This not only results in making the campus more safe and secure, but is something that will be needed in the long run as when the property is sold, it will be done in parcels. Parts of the campus will be private, and part will still be owned by DMH and it will be necessary for joint patrols. It is good to start this working relationship early.

Mr. Magill has stopped further campus building tours. Beginning last October, no additional access to the Babcock Building was allowed. Also, no foot tours are allowed. Babcock is completely off limits as it is so large and too difficult to monitor. In light of the recent incident, there will be no more tours of other campus buildings.

Mr. Mason said there has been a lot of discussion about a Housing Task Force. Earlier, there was such a task force; however, it was comprised of only DMH staff. The issue was recently raised at one of the mental health center forums. DMH decided not only was it a good idea, but that it needed to be a state-wide task force, to include not just DMH staff, but also members of community organizations, advocates, hospitals, etc. This task force has been formed and is chaired by Joy Jay, the Executive Director of Mental Health America, with Mike Chesser, Vice Chair. There are approximately 22 people on this task force.

Mr. Mason said there has been a lot of funds put into housing by DMH, as it is
essential to recovery. It is necessary to have appropriate safe placements available when individuals are ready to leave the inpatient system. It will be necessary for this group to determine what is available for housing in the community, what is needed and how all this will be funded. There are some changes planned by the Department of Health and Human Services (HHS) regarding community residential care facilities (CRCFs) that may present a problem going forward. There are approximately 3,400 DMH clients in CRCFs and other supported residential settings. It is also necessary to raise the legislative profile for the need of suitable housing for our clients. April 10 is the first meeting at the Mental Health America office.

Mr. Binkley said that as of the end of February, we are two thirds of the way through the fiscal year. Last month, it was reported that the Medicaid revenue projections are down $7 million from the July forecast. The Medicaid revenue shortfall has increased again to $8 million below what was projected last July.

Despite the lower Medicaid revenue, expenses are down and the Department should finish the year with a slight surplus. The mental health centers experiencing deficits have had training on how to closely monitor and track billing and expenses, to give Center managers up-to-date information needed to address and eliminate the deficits. This is only affecting 4-5 mental health centers. Most of the deficits are the result of factors which are difficult for the centers to control. In general, the largest deficits are in the centers that see a large number of Toward Local Care (TLC) patients, and clients that receive psychosocial rehabilitation services, services which have declined significantly due to changes in Medicaid.

Dr. Evans questioned the census at Hall. It was explained that there is no waiting list at Hall Institute. The census is down because there has been a decrease in referrals to the facility. DIS currently has a process in place that when a referral is made, it is acted upon immediately. The centers have been contacted to ensure they are aware of what is being done to increase access to Hall. Mr. Magill said the low census at Hall is not that unique as he’s been contacted by several private hospitals stating their
Mr. Binkley said that the House and Senate are on furlough this week and last week. The full House adopted the Ways and Means recommendations, which is positive for our agency, and the State budget is now in the Senate. Management is optimistic that our recurring requests will be funded. Even though the non-recurring request was substantial and was not funded, the House included $3.5 million in recurring funds to help the agency meet its capital needs.

Mr. Binkley gave updates on several pieces of legislation.

- **S.117 Adult Healthcare Consent Act** – This is the NAMI bill as mentioned previously. An amendment was made to the bill that the Hospital Association and Medical Association were in agreement with. Mr. Binkley feels the bill will move ahead and be passed this year.

- **S.413 Handguns – Possession of a Handgun or Concealed Weapons Permit by the Mentally Ill** – This bill creates a system that requires the Courts to report to SLED persons who have been adjudicated mentally incapacitated or committed to a mental institution. The bill has moved out of subcommittee in the House to the full House Judiciary, and moved out of the Senate subcommittee and into the Senate Judiciary, and will likely pass this year.

Mr. Magill gave the following update:

- Mr. Magill has been asked to present the Department’s budget at the full Senate Finance Committee on April 23. This is the first time that DMH has been asked to present at this entire committee. He is looking at this as an opportunity to highlight DMH to the members of Senate Finance.

- The Agency-wide Employee of the Year celebration will be held on May 16, 2:00 p.m. at Morris Village. Mr. Magill encouraged the Commission to
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attend, if possible. There are 30+ employees who will be recognized from around the state and a monetary award is given to the Agency-wide Employee of the Year.

- Mr. Magill said that something innovative will be done at Harris Hospital relating to the Medical Staff. There has been a problem recently with a physician shortage at Harris, which has resulted in Harris’ census being low. This new process involves a psychiatrist who will provide coverage to four of the upstate hospitals. This new process will also involve the use of telepsychiatry at Harris. This is a continuing effort by the Department to provide quality care during difficult times.

- The 4th Executive Leadership Development Series started last week. There are 14 people in this class from the community mental health centers and two from Administrative Services. These individuals are those staff who could assume leadership responsibilities at the centers. Mr. Mason said this program is one day per month that is built around real life situations by using case studies. The first session dealt with Human Resources issues. Finance issues will also be covered. This program is one step above the Mentoring Program. These people are often the second in command at the mental health centers.

- Mr. Magill will start a Media tour around the state this year. The first session will be in Florence and then in Conway. He will meet with center staff, the editorial board of the major newspaper in the area, and speak at civic groups that are meeting in the area. The next session is being planned for Spartanburg and then, possibly, Greenwood.

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

On a motion by Buck Terry, seconded by Jane Jones, the Commission entered into executive session at 11:30 a.m. to receive legal advice concerning a contractual matter. Upon convening in open session at 1:00 p.m., it was noted that only
information was received; no votes were taken. The meeting was formally adjourned at 1:00 p.m.

NOTICE/AGENDA
Alison Y. Evans, PsyD, Chair
Jane B. Jones
Beverly F. Cardwell
Everard O. Rutledge, PhD, (excused)

Joan Moore, Vice Chair
J. Buxton Terry
Sharon Wilson (excused)

ADJOURNMENT
John H. Magill
Geoff Mason
Alma Koon
Ligia Latiff-Bolet, PhD
Hannah Kelly

Mark Binkley
Tim Rogers
John Fletcher
Paul Cornely
Angela Forand

Versie Bellamy
Ralph Randolph
Mary Sue Raaf
Dr. Ann Taylor
Deborah Blalock

ATTENDANCE
Commission Members

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

Staff/Guests

APPROVALS