CALL TO ORDER

The December 13, 2013, 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 Spartanburg Area Mental Health Center, 250 Dewey Avenue, Spartanburg, SC. The Rev. Dewitt Clyde, Board Chair of Spartanburg Area Mental Health Center, delivered the invocation.

INTRODUCTION OF GUESTS

Dr. Evans acknowledged and welcomed Ms. Lindsay Jackson of Capitol Information Affiliates.

APPROVAL OF MINUTES

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the November 1, 2013, business meeting. All voted in favor; motion carried.

MONTHLY/QUARTERLY INFORMATION REPORTS

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

Patient Protection Reports – SLED & Public Safety – Mark Binkley

Mr. Binkley said the only item of note is on the State Law Enforcement Division (SLED) Report. He said the number of alleged cases pending investigation is relatively low compared to a year ago, which is attributable to the rate at which investigations are being completed as well as those being completed in a timely manner. Of the ten cases pending investigation, four cases were being investigated by SLED; two cases were referred to the Long-Term Care Ombudsman; one was being investigated by local law enforcement; one case is being investigated by the Attorney General; one case was referred to the Department of Social Services Adult Services Division; and one case is being investigated by DMH Client Advocacy. This case relates to the change in the law that said that complaints of a non-criminal nature from the Sexually Violent Predator Program are to be investigated by DMH Client Advocacy.

Mr. Binkley said there is nothing significant on the Client Advocacy Report. All
Dr. Bank presented the two key statistical reports from the community.

**Key Statistical Measures**

- **Quarterly Report – Robert Bank, MD**

  - **Total Admissions and Discharges** – July 1, 2013 through September 30, 2013 – Dr. Bank said that the Department has seen the decline of patients being seen level out. Many cases that come in for services are seen only one time. It was noted that Columbia Area Mental Health Center had a total of 1,000 contacts per month at the Richland County Detention Center.

  - **Client Contacts and Billable Services** – July 1, 2013 through September 30, 2013 – Dr. Bank said that as with the Admissions and Discharges Report, the Department has seen the decline in billable services level out. This is true even in Rehabilitation Psychosocial Services.

**DEPARTMENTAL OVERVIEW & UPDATE**


  - Mr. Magill presented those items listed under the title, **Departmental Overview and Update**.


  - **Accreditation and Regulatory Surveys** – Ms. Bellamy mentioned this is the first time she’s been able to report that none of the inpatient facilities have undergone an accreditation or regulatory survey. She mentioned that the Division of Inpatient Services (DIS) has received word from the Joint Commission that beginning with the next triennial survey, which will be in 2015, Forensics will be surveyed under the Hospital standards. The forensic component of Bryan Hospital is currently accredited under the behavioral health standards.
Plan of Service/Scope of Service –

Harris Hospital has joined a Department of Health and Environmental Control (DHEC) Coalition Group to update a Hazard Vulnerability Analysis, and formulate projects/training exercises for the upstate healthcare community.

Residents and family members of C.M. Tucker Nursing Care Center participated in several outdoor activities during the summer. Residents also participate in many off campus trips.

The application requesting the transfer of 51 Geo Care beds to the Bryan Hospital license was submitted to DHEC in mid-June. This has since been approved and the 51 beds have been added.

A process improvement team has been appointed and charged with thoroughly assessing the care, treatment, and service needs of the Sexually Violent Predator Treatment Program resident population and to make recommendations regarding staffing.

All South Carolina health care providers that administer immunizations were required to register with DHEC. This registration process has been completed and the DIS Medical Director is listed as the contact for the agency.

Performance Data

- Harris Hospital reported two patients that have sustained injury requiring treatment greater than basic first aid for the period April – June 2013. There was one the previous quarter.
- Harris Hospital had ten staff injuries for the period April – June; there were 14 the previous quarter. Patient-staff assaults accounted for 80 percent of the total.
- Harris Hospital has reported patient drug charges in FY’13 of $653,433 which were approximately half of the $1,229,529 for FY’12, and over a million dollars less than the all-time high of $1,668,542 in FY’08. The decrease is due to a reduction in patient days and to the availability of certain antipsychotic drugs.

- For the period March – August 2013, both Roddey and Stone have maintained the goal of less than 5 percent newly acquired pressure ulcers, excluding hospice and stage I, for five of the six months.

- For the period March – August, Stone’s rate for restraint use was below the state rate of 5.5 percent for all six months; Roddey’s rate was above the state rate in all six months. Roddey had several patients requiring use of double or triple restraints, several residents were also on 1:1 observation. A performance improvement team has been assigned to review this.

- For the period March – August, both Roddey and Stone’s rate for hydration was below the trigger each month.

- Hospital Based Inpatient Psychiatric Services (HBIPS) Core Measures are applicable to Hall inpatient and Bryan Adult. For the period January – March, reports indicate positive performance on all measures.

- Centers for Medicare and Medicaid Services (CMS) released the FY’13 final rule for changes to the inpatient prospective payment system (IPPS). The rule includes a new quality reporting program for inpatient psychiatric facilities that participate in Medicare. In addition, CMS requires two new measures which will become effect in January 2014: Alcohol Use Screening; and Follow-Up after hospitalization for mental illness. CMS is authorized to deduct two percent from the annual payment rate to hospitals that fail to report.

- There were a total of 25 nursing staff injuries for the period April – June as compared to 17 for the previous quarter. Thirty six percent of injuries resulted from patient to staff altercations as compared to 53 percent for the previous quarter and 79 percent during the last quarter of FY’12. Data reflects a downward trend in number of nursing staff injuries as well as a downward
trend in number of injuries attributed to patient to staff altercations.

**MOTION:** On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the Inpatient Facilities Governing Body Meeting of October 8, 2013. All voted in favor; motion carried.

**Approval of Commission By-laws – Mark Binkley**

Mr. Binkley called the Commission’s attention to the two changes in the Commission By-laws necessitating re-write and approval. The first change is on page 6, Section 1, where the Commission changed the day of its regular meeting to the first Friday of each month. The second change is on page 8, Section 1, deleting the old format of Policy and Finance Committees of the Commission and changing this to stating the Commission may appoint special or standing committees as it deems advisable. The Commission hasn’t operated with a separate Policy Committee and Finance Committee for such time.

**MOTION:** On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the revised By-laws of the Mental Health Commission. All voted in favor; motion carried.

**Executive Leadership Program – Roger Williams**

Geoff Mason reminded the Commission that it would hear a presentation by members of the Executive Leadership Program each month. This month’s presentation is by Roger Williams, Director of the Deaf and Hard of Hearing Services Department.

Mr. Williams said that his presentation concerned the Department’s budgeting programs and SCEIS. He said that the agency does a good job of keeping track of what we earn from Medicare, Medicaid and private pay sources. We know what we pay, but we are not aware of who pays us. We cannot determine how much it costs us to perform children’s services or adult services. We are not sure which program paid for the service as SCEIS has not been able to tell us that. We have never used SCEIS
to determine this, even though SCEIS can be used in this way. These reports are available in SCEIS; however, no one has requested to access them. Mr. Williams said he has contacted SCEIS and over the next several months will be working to determine which program paid for what item. He is trying to develop reports through the SCEIS system that can be used for this purpose. These reports will be able to tell us if something is a program-related expense or an administrative expense. He is also working with Financial Services to determine what was paid for residential care. These reports may take up to a year to develop through SCEIS and to show the centers how to access the reports to get this information. It is hoped that the end result will show us what one unit of children’s services costs the agency. Mr. Williams will do a follow up presentation to the Commission on this process in December 2014.

Mr. Binkley said the current report through October 31, reflects that revenue is coming in higher than projected initially. This is not because of seeing more patients. A portion of that increase is the result of the lag time in the payment of claims that have been rejected. Some of the increase in revenue is reflected in that. Mr. Binkley also said that expenses are down in the personal services line. The Department has been working with the centers to urge them to fill all the open clinical positions they currently have. Centers have been trying to keep expenses down for the last several years and while this is good, we cannot have it impact delivery of services. Mr. Mason said the system for filling open positions is being streamlined in order to move the paperwork quicker through the system. The Department is in the black as of the end of October.

Mr. Terry inquired as to why the agency lists “Other Personal Services” rather than “Other Personnel Services.” Mr. Binkley will provide information to the Commission explaining what is included in “Other Personal Services” and why it is referred to in this way.

Ms. Bellamy said that DIS has added the additional beds for Forensics to Bryan’s license (unit 4) to address the waiting list. The first patient was admitted on October...
The waiting list is currently at 50; down from 87. Ms. Bellamy reminded the Commission that addressing the waiting list is a two pronged approach. It is necessary to address the admissions and the discharges from the program. Regarding community placement – the high management community residential care facility (CRCF) has taken five patients. Everything is being done to keep the back door to Forensics unlocked. The KIVA Lodge is also open for ten additional beds from Bryan. It is hoped to discharge four per month, which will keep the flow going.

Concerning staff recruitment – DIS is working with GEO to hire clinical staff, such as nurses and psychiatrists. Ms. Bellamy said that Senior Management continues to meet regularly regarding the forensics waiting list. There are 229 functional forensics beds that are being utilized. Ms. Bellamy feels the waiting list will be below 30 by early 2014. Once a full medical complement is achieved, the goal can be reached in a matter of months. Mr. Binkley said that no patient is discharged unless they are no longer in need of hospitalization, and unless they can be discharged to a safe and appropriate environment. Judge Baxley is being kept informed about the progress that DMH has made in reducing the waiting list.

Mr. Binkley said that that a USC team from the Institute of Archaeology and Anthropology is conducting a preliminary dig on the portion of the property that was briefly the site of a Civil War Prison for captured Union Officers, known as Camp Asylum. This dig will be preparatory to a several month excavation that will commence sometime in January.

Mr. Binkley said the first closing of a parcel sale on the property is expected to take place early next year. The first expected sale is in the areas of the energy plant and will necessitate the movement of some DMH staff offices in that area. The other portion of the property which is expected to see early development is in the area that is along Bull Street north of the Mills Building. This area is being marketed as a combination of retail offices and high end retailers. The first development, along Gregg Street near the Energy Plant, will be for student housing.
Mr. Magill presented an update on the following:

- John Fletcher said that January 8 the Upstate Hospital Coalition will reconvene at Harris Hospital. This meeting is twofold; a reporting process on what has occurred since the first meeting; and a “think tank” session on what are the next steps for the Coalition going forward. The Coalition includes all upstate hospitals, mental health centers, Harris Hospital, and DMH staff.

- Mr. Magill said that budget hearings will begin in January. DMH’s first choice date is January 15; second choice is January 21. We have not, as yet, been given a firm date.

- Mr. Magill said that Veterans’ Victory House had a huge celebration on Veterans Day. Approximately 450-500 attended. Bernard Warshaw was Master of Ceremonies. The featured speaker was Ross Perot. The program was very well done.

- The Institute of Medicine and Public Health (IMPH) had a third formal meeting. The committee accepted Mr. Magill’s recommendations to add two people – Alison Evans and Dr. Bank. Both of these people attended the third meeting. The committee will be divided into two task forces. One task force will look at community initiatives and be co-chaired by Amy McCullough and Joy Jay, and will address housing and school based services. The second task force will be bi-directional integration. Co-chairs will be Ann Dwyer and Ligia Latiff-Bolet. DMH is well placed to be participants in this endeavor. The results of both task forces will be presented to the board of the IMPH who, in turn, will present to the General Assembly.

- The Department is looking more carefully as to the use of resources given to strengthen the veterans’ nursing homes. A report has been prepared for Chairman White regarding this. All past and current directors of the state Office of Veterans’ Affairs—Stoney Wages, Howard Metcalf and Phil Butler—have been involved in this planning. The Department has been given permission to enlarge what we envision is
the best use of space for the veterans’ in long term care.

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

ADJOURNMENT  At 11:30 a.m., on a motion by Buck Terry, seconded by Joan Moore, the Commission entered into Executive Session to receive legal advice concerning a contractual issue. Upon reconvening in open session at 12:30 p.m., it was noted that only information was received; no votes or action was taken. The business meeting was formally adjourned at 12:30 p.m.

ATTENDANCE  Alison Y. Evans, PsyD, Chair  Joan Moore, Vice Chair
Jane B. Jones  J. Buxton Terry
Beverly Cardwell (excused)  Sharon Wilson (excused)
Everard O. Rutledge, PhD

Commission Members

Staff/Guests  John H. Magill  Mark Binkley  Versie Bellamy
Geoff Mason  Robert Bank, MD  Roger Williams
John Fletcher  Kevin Busby  Kimberly Rudd, MD
Rev. Dewitt Clyde

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