CALL TO ORDER

The September 5, 2013, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Alison Y. Evans, PsyD, Chair, in room 320 of the SCDMH Administration Building. Mr. Jeff Ham, Program Director in the Division of Community Mental Health Services, delivered the invocation.

INTRODUCTION OF GUESTS

Dr. Evans acknowledged two Medical Social Work interns from the University of South Carolina, and Ms. Vicki Walker of Capital Information Affiliates.

APPROVAL OF MINUTES

The Commission approved the following sets of minutes:

On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the Dinner Meeting minutes of July 31, 2013. All voted in favor; motion carried.

On a motion by Joan Moore, seconded by Jane Jones, the Commission approved the minutes of the Facility Presentation of August 1, 2013. All voted in favor; motion carried.

On a motion by Rod Rutledge, seconded by Jane Jones, the Commission approved the minutes of the Business Meeting of August 1, 2013. All voted in favor; motion carried.

MONTHLY/QUARTERLY INFORMATIONAL REPORTS

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

● Patient Protection Reports – Public Safety/SLED – Mark Binkley

Mr. Binkley said that the data listed on the State Law Enforcement Division (SLED) Report indicates that SLED is continuing to complete its investigations in a timely manner. Of the 19 pending cases, three cases are being investigated by SLED. The remainder has been referred to other agencies as non-criminal: 12 were investigated by the Long-Term Care Ombudsman, one case was referred to the Attorney General’s office and involves a representative payee situation, and three have been referred to the
Client Advocacy Report –
Mark Binkley

Key Statistical Measures
Quarterly Report – Dr.
Robert Bank/Ms. Versie Bellamy

Department of Social Services Adult Protective Services.

The complaints listed on the report continue to be handled in a timely manner by both center and facility advocates.

Mr. Magill said this report will be revised in the future in order to make it easier to read.

Dr. Bank reported on the community mental health center charts. On the first chart – Total Admissions and Discharges by Mental Health Center – Dr. Bank reported that admissions are running ahead of discharges. There has been an increase in number of admissions of 1,500 over last year. The ratio of children to adults remains the same.

The next chart – Summary of Client Contacts and Billable Units by Service – Dr. Bank said that the total client contacts for the past fiscal year, FY’13, have increased from FY’12. Total billable units, however, have declined. Rehabilitation Psychosocial Services (RPS) continues to decline. The Department of Health and Human Services (HHS) has tightened down on how these services are billed and documented. Patients are still coming to the clubhouse, but centers are not allowed to bill for a full day as was previously done.

Joan Moore asked to have the difference explained between H010 and H016. Dr. Bank explained that the main difference is when the Department supplies the medication it does not bill for the medicine itself. Mr. Magill mentioned that the Department receives approximately $3 million in donated medicines. These are medications that patients receive which are generic or are samples or are donated. Mr. Binkley said that a report will be sent out in the next couple of weeks that will outline the value of these medications.

It was also noted regarding billable units, that HHS delayed the billing process for DMH. We are catching up on billing, but it may take a few months. Dr. Bank noted
that Peer Support Services have increased considerably.

Ms. Bellamy reported on the inpatient charts. At Tucker Center, for the period covered, falls resulting in serious injury are well below the national average. The national average is 10 percent; Tucker Center is at 3.85 percent. Tucker Center is also below the benchmark for pressure ulcers. The benchmark is 5 percent; Tucker Center is below 3 percent. Tucker is below the state and national average for number of residents with pressure sores. Tucker is 4.8 percent, the state is 7 percent and the national average is 6.1 percent.

Average length of stay in years at Tucker Center is 5.9 years; the national average is 2.3 years. This indicates that Tucker’s residents are living longer than residents in the nation in nursing homes.

Admissions & Discharges Report – Ms. Bellamy said that the Division of Inpatient Services (DIS) is still monitoring admissions/discharges by inpatient program. These charts, too, will be revised in the future. Bryan admissions are increasing, while the Bryan chronic admissions are decreasing. Harris Hospital has had a significant increase in admissions in the fourth quarter. Hall admissions have increased most significantly in the substance abuse unit. Morris Village, Forensics and Sexually Violent Predator have all had a decrease in admissions in the third quarter.

Length of Stay – Ms. Bellamy addressed the less than 90 day stays first. There was an increase in the length of stay at Bryan in both the acute and chronic units. Morris Village had a slight decrease; Hall Institute had an increase in length of stay in the children’s unit by six days, the RTF unit by four days, and in the substance abuse unit by a week. This last increase in the substance abuse unit is due to some referrals being received from the Department of Juvenile Justice, as these patients have more behavioral issues. There was a slight increase in length of stay at both Harris and Forensics.
Greater than 90 day length of stay: The Bryan acute unit had an increase in length of stay; Morris Village length of stay increased to 16 days; Hall Institute had a decrease in the length of stay in the substance abuse unit by ten days; Forensics and Bryan Acute had longer lengths of stay. The Department is planning to open additional beds in Forensics to address the waiting list issue.

Harris Hospital had a decrease in the length of stay by 63.6 days.

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

Mr. Mason distributed a hand out detailing the emergency and crisis services provided at the different mental health centers. The centers, overall, do a lot concerning handling emergency and crisis situations. The Department received $6 million in state appropriations to use for crisis stabilization. All centers have staff available in all 45 counties to respond to crisis situations. Some centers have staff in the emergency department to provide assessment. The Telepsychiatry Program plays a big part in handling the emergency room patients. Many centers also do jail consultations.

Charleston Mental Health Center has a mobile crisis team that responds at the site of the emergency to assess, de-escalate and/or provide options of diversion from or to the hospital. The Mobile Crisis Team has been operating for approximately 20 years. The program started with a grant in the 1970’s. The center uses its crisis funding to keep this program operating as it has been very popular with the local community.

Mr. Mason said the centers receive funding from the General Assembly on the crisis stabilization funded programs. The Commission receives a quarterly report as to how the dollars are spent. Several centers buy beds in local hospitals and use their crisis funds for this purpose. By way of information, the Department purchases 4,550 annual bed days.
The Commission will see a break down as to what each center is doing regarding crisis and emergency services. Some centers have Mental Health Professionals that go to the hospitals after hours and on weekends to do consultation. However, this is done on a limited basis due to budget constraints. The break down is reflective of what the center and community needs are regarding crisis.

Mr. Mason feels it would be good for the center directors to try to work more with the local hospitals and do a split funding type arrangement.

Mr. Magill said that the upstate collaborative has been very successful in working out an arrangement to alleviate the emergency room crisis. He will be trying to establish other such collaboratives in other parts of the state, as well, but this will need the assistance of the SC Hospital Association. One area that will be targeted is the Pee Dee region.

It was mentioned that there have been many issues with Tuomey Hospital in Sumter; however, Mr. Mason feels the situation is beginning to improve.

A complete copy of Mr. Mason’s report is filed with the original of these minutes.

Mr. Binkley reported that the Development Agreement between the developer, Hughes, and the City of Columbia was voted in in early July, but not signed until the end of July. The next step was for the developer to pay the remaining escrow payment ($1.4 million) which was received. This then began the next step which was the development of a parcel pricing plan that will specify the amount of money from the $15 million that will be assigned to each parcel as they are transferred to each developer. Once the parcel pricing plan is completed, that date will be the commencement date of the contract. We can then move into the actual sale of each parcel. Mr. Binkley said that more will be discussed on this with the Commission during executive session on the parcel pricing plan.
With the publicity that the development agreement has generated, and the plan to excavate a portion of the property by State Archives, there has been a lot of interest in the campus. The Department has received numerous requests to allow visitors to come on to the property. A process has been developed to allow visitors to come on to the property during business hours. There has also been an increase in cooperative patrols of the campus by the Columbia Police Department and DMH Public Safety. Both groups are patrolling the campus jointly. The Columbia Police Department has been doing training for its officers on the property.

Mr. Magill said that it is necessary to figure out a mechanism attendant to the proceeds from the property. This will also be discussed in executive session. Mr. Magill also mentioned that the ETV film crew will do location scouting next week. It is hoped that in the next several weeks, filming will begin for the documentary. Once this filming is complete, they will develop the story for the documentary. Mr. Magill has given them a March 2014 deadline for the completion of the documentary, since there will be a series of celebrations in early April on the campus, and the film may be shown. On a Thursday evening, there will be a candlelight service in remembrance of all who have lived on the campus; Friday evening there will be a Heroes Tribute Dinner, and the NAMI Walk will be held on the campus grounds on Saturday.

Ms. Bellamy presented the highlights of the Inpatient Facilities Governing Body Meeting of July 30. She said she would report these items under the following headings:

- Accreditation and Regulatory Survey Issues
- Plans for Services/Scope of Services
- Recruitment and Retention
- Performance Data

Accreditation and Regulatory Survey Issues

1) Harris Hospital Nutritional Services Department had an internal audit
conducted by the DMH Auditor’s office. Findings were minor and all corrective actions were approved. No other follow-up was necessary.

2) DHEC Certification made a follow-up visit to Roddey Pavilion on June 4. The facility received one citation.

3) DHEC conducted a complaint survey at Stone Pavilion on June 5. No citations were received.

4) Bryan Adult psych underwent an unannounced Joint Commission follow-up survey. No citations.

5) Morris Village underwent a CARF survey on July 11, resulting in 12 minor citations, which only required follow-up in the form of a corrective action plan. The facility has since received an additional three year re-accreditation.

Plans for Services/Scope of Services

1) Tucker Center residents and family members participated in a number of socialization activities within the facility. These activities are required in order to maintain the residents in a “home-like” environment.

2) Plans are advancing for the renovation of the Stone Pavilion. Current plan is to relocate residents to the Fewell Pavilion while the renovation is occurring.

3) A C.M. Tucker Oversight/Survey Readiness Team was appointed in March by the Deputy Director.

4) A Care Delivery Model Process Improvement Team, chaired by the Medical Director, has submitted its report to the Deputy Director. The team has recommended the care delivery model that focuses on co-management of psychiatric and non-psychiatric medical needs of patients.

5) An application has been submitted to DHEC for the addition of 51 GEOCare beds to the Bryan Hospital license. The addition of these beds will address the forensics waiting list.
Recruitment & Retention

1) Harris Hospital reports that Dr. Sharma began as a full time employee on July 2. Dr. O’Leary, a locum tenens, will extend an additional three months. Dr. Schwartz-Watts began work at Harris on September 2. The hospital continues to recruit for critical medical staff.

Performance Data

1) Physically Restrained Residents – For the period December 2012 – May 2013, Stone Pavilion’s rate was below the state rate of 5.5 percent four of the six months; Roddey’s rate was above the average all six months. This increase in restraints use is due to two residents requiring double or triple restraints to prevent the self-removal of gastrostomy tubes.

2) Hydration Program – The goal is less than a 10 percent Urinary Tract Infection (UTI) rate. Roddey’s and Stone’s rates were below the trigger for the period January through June 2013.

3) The Harris Hospital Staff Perception Survey for 2013 was completed by 103 employees. Overall findings were favorable, with the exception of two areas that will be addressed by hospital management.

4) One hundred percent (100%) of Harris Hospital’s admission screenings for risk of violence, trauma, substance abuse, and patient strengths continue to be timely, which is above the state and national averages.

5) One hundred percent (100%) of Harris Hospital’s discharge plans continue to be timely and also are above the state and national averages.

6) For the quarter ending March 2013, Harris Hospital reported one patient who sustained significant injury which required treatment greater than basic first aid.

7) During the reporting period, Harris Hospital had 14 employee injuries compared to 10 the previous quarter. Patient to staff assaults account for 43% of the total.
8) The Hospital Based Inpatient Psychiatric Services (HBIPS) Core Measure Set is applicable to Hall inpatient units and Bryan Adult Psych. The most recent reports posted to the website indicate nationwide performance on core measures for Hall and Bryan is similar to the target/range value. This reflects significant performance improvement.

9) Hall Institute, Bryan and Harris Hospitals’ core measures performance must also be reported to CMS. For now, this will be a “pay for reporting” program for facilities and are voluntary. However, facilities that do not participate will receive a two percentage point reduction to the annual update to the standard federal rate for that year.

10) Columbia-based hospitals reported a total of five patient injuries for the quarter ending March 2013, compared to nine the previous quarter.

11) Columbia-based hospitals reported a total of 17 nursing staff injuries for the quarter ending March 2013, as compared to 19 the previous quarter.

**MOTION:** On a motion by Joan Moore, seconded by Sharon Wilson, the Commission approved the minutes of the Inpatient Facilities Governing Body Meeting of July 30, 2013. All voted in favor; motion carried.

- **Financial Status Update – Mark Binkley**

Mr. Binkley said the financial report is for the period ending July 31, 2013, the first month of FY’14. It also contains final numbers for FY’13. The Commission will see the Department completed the previous fiscal year with a slight surplus. Also, the surplus was a significant decrease from the previous year (FY’12). As explained in previous meetings, the Department is trying to decrease its reliance on non-recurring funds.

At a previous Commission meeting, Mr. Terry requested a summary of DMH buildings, land and other assets. Mr. Binkley distributed that summary to the Commission. Total operational buildings (inpatient and community) are 156 or slightly over 2.3 million square feet. Mr. Binkley said there is a lot of back up
Ms. Bellamy said that we are about to do the 50th community forum on September 12 at Bryan Hospital. A training component will be incorporated into the forum as was done at Morris Village. Topics that will be addressed are the current prevalence of mental illness in South Carolina, working with potentially dangerous individuals in the emergency department, the challenge of securing safe residential placement, and trying to improve patient connections to continuing care resources. As of today, over 30 people are expected to attend.

Dr. Rudd said the Morris Village community forum was held on June 27. The forum included a prescription drug training by Dr. Trey Causey. The audience included probate judges, staff of the Department of Alcohol and Other Drug Abuse Services, and other community individuals. Total attendance was over 25 people.

Mr. Magill reported on the following:

- Dr. Narasimhan and Mr. Magill will be going to the Duke Endowment in November to present to the Duke Endowment’s board of directors on the success of the Telepsychiatry project. On October 1, the Duke Endowment will be coming to Columbia for a press conference with Governor Haley on Telepsychiatry. The October 1 meeting will be followed by a meeting concerning social impact bonds. It is hoped to include the Medicaid Director and staff of the Governor’s office in this meeting.
- Dr. Narasimhan hosted an event at her home recently to introduce the “Encyclopedia of Hinduism” at the University of South Carolina that was held on August 26.
- Dr. Narasimhan said that a training grant was received recently from SAMHSA on how to effectively treat the dually diagnosed.
- Mr. Magill said that he has been invited to be a member of a steering committee being convened by the South Carolina Institute of Medicine and
Public Health. This committee will be studying behavioral health in South Carolina. Also on the committee are Gloria Prevost, Bill Lindsey, Dr. Narasimhan, and Joy Jay.

- Board and Legislative Training is tomorrow, September 6. Approximately 85 people are expected to attend. Rep. Bill Taylor from Aiken is the legislative speaker.
- The PR initiative is still ongoing. Thus far, trips have been held to Beaufort, Greenwood, and Sumter.
- DMH has been working with the Department of Corrections (DOC) concerning the operation of the Sexually Violent Predator Treatment Program. Both agencies were instructed to develop a report to be sent to the General Assembly as to how to address the program’s operation. The DOC Director will be retiring the end of September. It is hoped that this change of management will not pose problems in the process. Mark Binkley said that a proviso was included in the Appropriations Act for the Budget and Control Board to put out a Request for Proposal (RFP) to solicit proposals for private operation of the program. DMH is working on the RFP which has to go out the by the end of October. It is hoped that the selection of a provider could be made by early next year. Mr. Binkley said that the program will run out of space in its new location at Corrections by early 2015.

Dr. Evans asked if the Department has heard of any of the hospitals not wanting to use telepsychiatry equipment. Several problems encountered were:

- HCA Healthcare has asked that the equipment be moved from one of their hospitals to another location. We agreed to do this.
- One hospital went out of business and the equipment had to be removed.
- One hospital in the Charleston area hired its own emergency room staff and the equipment was not needed.
- Tuomey Hospital did not want telepsychiatry.
Mr. Magill said that the Medical University is making a major initiative with telemedicine and telepsychiatry. They have this system already in operation in locations as far away as Self Memorial Hospital in Greenwood. The Medical University is able to take a broad package of medical consultation services and place them in the emergency room. For instance, the Stroke Program, which has a psychiatric component attached to it.

Mr. Magill said the Department is expanding telepsychiatry within the centers, such as satellite-to-satellite. This would be a plus for those centers that have a large catchment area.

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 12:00 p.m., on a motion by Joan Moore, seconded by Jane Jones, the Commission entered into executive session to receive legal advice concerning a contractual matter. Upon reconvening 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.

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

Staff/Guests
John H. Magill
Robert Bank, MD
Meera Narasimhan, MD
Mark Binkley
Geoff Mason
Gloria Prevost
Versie Bellamy
Kimberly Rudd, MD
Bill Lindsey

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