CALL TO ORDER

The February 7, 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 Santee-Wateree Mental Health Center, Sumter, SC. Dr. Evans thanked the center for its hospitality during the Commission’s visit and the wonderful center presentation that was done. The invocation was given prior to the center presentation by Dr. Marion Davis of Santee-Wateree Mental Health Center.

INTRODUCTION OF GUESTS

There were no guests acknowledged at this time.

APPROVAL OF MINUTES

On a motion by Buck Terry, seconded by Joan Moore, the Commission approved the minutes of the January 10, 2013, business meeting. All voted in favor; motion carried.

MONTHLY/QUARTERLY INFORMATIONAL REPORTS

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

• Patient Protection Reports – Mark Binkley

Mr. Binkley said that with respect to the State Law Enforcement Division (SLED) Report, it appears that the pace continues to be good in SLED resolution of the outstanding cases of abuse and neglect. Of the 28 pending cases of alleged abuse and neglect, three cases are being investigated by SLED; six cases have been referred to local law enforcement; two cases have been referred to the Attorney General; one case to DMH Public Safety; 13 cases to the Long-Term Care Ombudsman; two cases to the Department of Social Services (DSS) Adult Protective Services; and one case to DMH Client Advocacy.

• Client Advocacy Report – Mark Binkley

Mr. Binkley said the report for December 2012 shows that the number of complaints and the resolution of them have been consistent from month-to-month. Calls are distributed to the center and facility client advocates for handling as appropriate.
Key Statistical Measures
Quarterly Report – Dr. Robert Bank

Dr. Bank reported on the key statistical measures pertaining to the mental health centers:

**Total Number Served by Catchment Area/Major Mental Illness**

Dr. Bank said the total number of clients served in the centers for fiscal 2012 were approximately 85,000, of which 28 percent were children. Dr. Bank also said that this number does not count patients in the detention center and other such locations. System-wide, the total served is higher by approximately 40,000 additional patients.

**Satisfaction Survey and GAF Scores**

Dr. Bank said that nine out ten adults responded positively to questions of how well they liked the services they received, if they had other choices would they still get services from this agency, and whether they would recommend this agency to others. In FY’12, survey data was collected by the centers as well as by some specific programs. Generally, survey responses collected using a convenience sample (collected directly by the centers) are higher than those collected using random samples.

Dr. Bank said the Global Assessment of Functioning (GAF) scores are used to assess adults 18 yrs. and above at DMH. These are taken within 30 days of admission and discharge, as well as on a regular basis throughout the year. High scores indicate less symptoms and superior functioning.

**Employment Rates**

Dr. Bank said that percent of clients employed last year increased slightly from FY’11; however, the number is still below the national average. The rate of those employed for 2009, 2010 and 2011 fell from FY’08 levels.
Admissions & Discharges by Center for Adults & Children

Dr. Bank said that total admissions were 19,020 and discharges were 17,345 for the period 7/1/12 through 12/31/12. This is the first year in a few years that we have seen the admissions higher than discharges. Total open cases were 50,870.

Client Contacts and Billable Units by Billable Services

Dr. Bank said, again, that the number of services has increased in all categories with the exception of Rehabilitative Psychosocial Services (RPS), or Clubhouse services. This is due to the changes at Health and Human Services, and the change in billing requirements for these services.

Ms. Bellamy reported on the key statistical measures pertaining to the inpatient facilities:

Admission/Discharge Report for Inpatient Services

Ms. Bellamy noted that Bryan Hospital Acute averaged more admissions per month than discharges. The other facilities had fewer admissions than discharges, except for the Sexually Violent Predator Program. In addition, there were increases in admissions at Campbell and Veterans Victory House.

Inpatient Programs Length of Stay – Total Residents

At Bryan Hospital, patients are staying longer as they are sicker upon admission. Bryan Acute has had an increase in length of stay.

Total Discharges Length of Stay By Inpatient Program

Total discharges for the period 7/1/12 through 12/31/12 with a length of stay less than
Mr. Magill presented those items under the heading, **Departmental Overview and Update.**

Ms. Johnson said that School-Based Services began in 1993 with a grant that funded projects in five states. In 1994, a collaboration was formed by DMH, local mental health centers, local school districts, and the USC Institute for Families in Society to formalize and evaluate the program. Since the program was started, DMH has had three School-Based Services Program Directors. The mission of School-Based Services is to identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. School-Based Services works because true partnerships are formed with the schools, students and the families.

Some of the benefits of School-Based Services are:

- Crisis intervention on site.
- Mental Health Professional works with families more often.
- Program is non-stigmatizing.
- Parents and students have easy access to a Mental Health Professional.
- Students attend group sessions with peers.
- Support network at the school; and,
- Family involvement is more frequent.

Ms. Johnson said that the school districts provide funding for some of the programs ranging from $5,000 to $20,000 per district. Mr. Magill said that the Department is very dependent on the schools for involvement. Greenville Mental Health Center has School-Based Services Programs in 20 schools and the center receives no county or school district funding. Mr. Magill is hopeful of receiving additional funding in the
Leadership Program – John Magill

Mr. Magill said that he is beginning the 4th Leadership Program geared toward mental health center employees who are in the number two and number three positions at the center and would like to advance in the organization. This program will be six months in length and will involve more case studies or case reviews in the process. Fourteen people have been identified state-wide to participate in the program. This particular Leadership Program will focus on finance.

Legislative Update – Mark Binkley

Mr. Binkley said the first Legislative News for the year was just released and summarizes the Department’s budget request. The Department had its first hearing in front of the House Ways and Means Health Sub-Committee in late January. One item mentioned was the benefit of adding School-Based Services to the DMH budget. The outcomes indicate that School-Based Services lowers the risk of violence and aggression in the schools. There appears to be significant interest from members of the General Assembly regarding increasing School-Based Services.

Mr. Binkley highlighted the following bills currently in the General Assembly:

S.117 – This is the former NAMI bill that was introduced last session and nearly passed. It was re-introduced this session, and the bill is currently in the Committee on Medical, Military, Public and Municipal Affairs in the House.

H.3054 Behavioral Health Services Act of 2013 – Mr. Binkley said that once again, restructuring of the Department has come up in the General Assembly. This bill eliminates the Department of Alcohol and Other Drug Abuse Services and the Department of Mental Health and consolidates their powers and duties within a newly-created Department of Behavioral Health Services. It has been referred to the Judiciary Committee.
H.3167 Participation by South Carolina in a Medicaid Expansion – This bill addresses whether or not the state should participate in an expansion of the Medicaid program. This bill has been referred to the Ways and Means Committee.

H.3365 Mental Health Counseling – Dr. Evans asked how this bill will impact the Department’s School-Based Services Program. Mr. Binkley feels the bill was introduced by someone who is not familiar with the effectiveness of School-Based Services Program at DMH. To date, it hasn’t made much progress in the House.

H.3416 Patient Firearm Ownership – Mr. Binkley said there is an exception in the bill pertaining to psychiatric counseling, where it is allowed to ask a patient about firearm ownership.

FIN Update – Stuart Shields

Mr. Shields is a member of the Future Is Now (FIN) Committee. He is the Executive Director of Pee Dee Mental Health Center in Florence. The Commission has been receiving updates in the past months of the initiatives being addressed by the FIN Committee. Mr. Shields said that recently FIN members have been visiting the different sites and talking with employees and management explaining how the implementation of FIN goals is progressing.

Mr. Shields has visited the Tri County Mental Health Center that has a new Director, and Waccamaw Mental Health Center, that also has a new Director. Staff has been updated on the FIN process and had a general idea of what the process is about. They were very engaged and optimistic about the changes that FIN will make.

Mr. Shields covered several areas of FIN. One area covered was Access to Services, where he has seen that centers have improved in this area. Tri County especially has improved, in that previously there was a 23 day wait from the time of a non-crisis contact to the time of the first intake appointment. This was shortened to seven days. The one caveat is that since the time of initial appointment has decreased, it has resulted in longer times between appointments. This is being addressed.
Center staff is very excited about levels of care in that it helps describe who the clients are and where they are in the treatment process. This also gives the center an idea of how many clients should be on a particular caseload.

Mr. Shields said that caseload capitation is a tough item to tackle, but it is attainable. Both centers he visited said they need to look at their “front” door. Waccamaw has been doing 100 intakes per week, which has been a challenge. Both centers are looking at a better way to discharge people.

Productivity still appears to be a challenge for some centers. The FIN Committee will meet to discuss and determine if there are other means to assist those centers.

Other areas looked at were leadership issues, compensation and incentives. Training is needed in Evidenced Based Practices and current documentation.

Mr. Binkley introduced Alan Powell as the new General Counsel at DMH. Mr. Powell presented the Six Month Report of Medical Care Accounts for the period July 1 through December 31, 2012. For this period, total collections were $213,695.41; amount waived by delegated authority was $680,897.80, and the amount waived by the Commission was $814,328.03. Mr. Powell said that of the $213,695.41, $190,285.06 was collected via the non-set off debt process. For 2012, $1.3 million, or 75 percent of the total, was collected through the Set-Off Debt Collection Program.

Mr. Binkley said that as of the end of December, the agency is still on target to complete the year in the black.

DMH continues to be challenged by community mental health center Medicaid revenue being lower than anticipated; however, this is not the case in every center. Mr. Binkley said that several centers are significantly below projections. We need to continue to work with those centers to improve their budget management. Training will also be done for these centers.
Mr. Binkley said that as of January 1, all healthcare providers had to go to a new set of billing codes for services. The Department of Health and Human Services was not ready and community billing is being held as a result of this. Mr. Binkley said that this has added to the problems surrounding the community mental health center Medicaid billing. Financial Services has been in regular contact with Health and Human Services as this has an impact on the Department’s revenue and workload.

Mr. Binkley mentioned that conditions inside the buildings are gradually getting worse. Mr. Magill will be conducting tours for staff of Historic Columbia of the campus. Some of the buildings have had evidence of people living in them. The size of the campus makes it virtually impossible to monitor for safety concerns. DMH is trying hard to maintain the safety and security of the Bull Street campus. Mr. Magill is also very optimistic that the city will reach closure on the property prior to the expiration of the broker contract.

Mr. Magill said the community forums are continuing. There will be a forum in Greenville this evening. The time of the Hall Institute forum will be moved up to the afternoon to tie into a Children and Adolescent training. We may also do something different with the Morris Village forum to involve the 301’s in the forum.

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 11:30 a.m., on a motion by Buck Terry, seconded by Beverly Cardwell, the Commission entered into executive session to receive legal advice concerning a contractual matter, and to receive the Six Month Report of Litigation. It was noted that only information was received; no votes were taken. The meeting was officially adjourned at 12:45 p.m.
ATTENDANCE
Commission Members
Alison Y. Evans, PsyD, Chair
Jane B. Jones
Sharon L. Wilson
J. Buxton Terry
Joan Moore, Vice Chair
Everard O. Rutledge, PhD
Beverly F. Cardwell

Staff/Guests
John H. Magill
Versie Bellamy
Marion H. Davis, MD
Hannah Kelly
Stuart Shields
Mark Binkley
Alyene McGee
Mary Alice Ipoek
Lanalle Darden
Alan Powell
Robert Bank, MD
Lynn Melton
Dorothea Ford
Louise Johnson
Richard Guess

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