CALL TO ORDER

The January 10, 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 Manager in the Division of Community Mental Health Services, delivered the invocation.

INTRODUCTION OF GUESTS

Dr. Evans acknowledged the following guests: Ms. Janie Simpson, Chair of the State Planning Council; Hanna Kelly of Capitol Information Affiliates, and Stephanie Clone, an Intern with SC Protection and Advocacy.

APPROVAL OF MINUTES

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 Commission Dinner Meeting of December 5, 2012. All voted in favor; motion carried.

On a motion by Rod Rutledge, seconded by Buck Terry, the Commission approved the Minutes of the Center Presentation of December 6, 2012. All voted in favor; motion carried.

On a motion by Joan Moore, seconded by Buck Terry, the Commission approved the Minutes of the Commission Business Meeting of December 6, 2012. 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 drew the Commission's attention to the State Law Enforcement (SLED) report. He said there were a large number of alleged outstanding cases of abuse and neglect in December and only six cases were completed. Since the date of this report, a number of the outstanding cases have been cleared, and the total is now at

approximately 25. He said further that the reason the process was slowed down is that SLED had some personnel issues which have now been resolved. The timeliness of completion of the investigations has improved. Mr. Binkley said that of the total outstanding cases, six are being investigated by SLED, 20 cases have been referred to the Long Term Care Ombudsman as non-criminal, two cases were referred to local law enforcement, two cases were referred to Adult Protective Services and two cases have been referred to the Attorney General.

Mr. Magill mentioned that a new General Counsel has been appointed effective January 17. Mr. Alan Powell, currently Assistant General Counsel, will assume this position. At the next meeting, Mr. Powell will present the Six Months Report on Collections and Litigation and Mr. Binkley will continue to report on the SLED and Public Safety numbers.

Mr. Magill continued with the agenda, changing the order of presentation of the items.

● FIN Update – Geoff Mason & Rick Acton

Mr. Mason said the FIN committee will continue to report each month to keep the Commission apprised of its activities. Mr. Mason said the group is continuing to meet and changes are being made to the delivery of mental health services in the community. Mr. Acton will talk briefly today on clinical supervision. A draft policy is currently being reviewed to implement across the system. Mr. Acton will also speak about training of the work force in the different therapies delivered.

Mr. Acton said that FIN has been active in a variety of areas, one of which is clinical supervision. Years ago, clinical supervision was extensive. Among the seventeen centers, there are seventeen different ways of doing clinical supervision. The FIN committee is trying to develop a standard policy concerning this. We are looking at skill level development. Many questions come to mind regarding this, such as, is there a core set of services that can presented publicly? What are the common themes? What is needed across the system? It is necessary to present a uniform face to the public that says what services are delivered at a particular location. Supervisors are

looking at skill sets in their own workforce and how to capitalize on this.

Concerning training, Mr. Acton said that trauma impacts on every center. It is necessary to train staff on trauma-focused care. If intervention can occur earlier in a client's treatment, many problems can be taken care of. There is a lot of literature explaining the benefits of Dialectical Behavioral Therapy (DBT). Another such service is School-based Services. Everyone is aware of how important it is to have a School-based Mental Health Counselor in each school.

Mr. Magill said that this is not just about improving quality of service. This is required for the Department to remain financially viable due to the changes in the role of Medicaid.

● Care Coordination – Ligia Latiff Bolet/Susan Monagan

Dr. Latiff-Bolet said that there are tremendous challenges in South Carolina with Healthcare reform and with Medicaid. It is necessary to develop a third line of services – Care Coordination. She said that Susan Monagan has been hired for this position. DMH is currently in the process of working with Human Resources in transferring the case managers to Care Coordination. Health and Human Services (HHS) has separated case management services from the clinical services. Case management services can no longer be part of our treatment. Case Management will be transferred to the Office of Quality Management. Dr. Latiff-Bolet said that Case Managers will now be called Therapists.

Dr. Latiff-Bolet said that federal law prohibits us from co-mingling case managers and therapists. When an individual is trained at the graduate level, a person may have a Master's Degree in Social Work, but not have any knowledge of therapy. Good Social Work is Case Management. There are some staff who are better in case management and some staff are better therapists. We will need to separate both services. Ms. Monagan said it is a more efficient model as it is the best model for the clients, especially for those patients with severe mental disorders. We will see better outcomes for the clients and a reduction in stress for the staff.

The Commission had many questions concerning this. A question arose as to how a client can be seen for medication only. Dr. Bank explained that Medication Management Only (MMO) are those clients who see a nurse and a doctor, and receive medications. They do not have a therapist assigned to them.

Mr. Magill said that this process begins with the community mental health system and will eventually roll into the inpatient system. This system was in place in the private sector many years ago.

● Financial Status Update – Mark Binkley

Mr. Binkley said that the financial report as of November, 2012 is still projecting that the agency will finish the year in the black. Community Mental Health is still a concern regarding Medicaid in that projections are lower. There are still some issues at HHS that are affecting Community Medicaid revenue. The Department is of the opinion that the projections made at the beginning of the year will have to be decreased. This is not the case at all centers, only a few. A Budget Monitoring Committee was established to address those centers that are experiencing problems. It is felt that a good team made up of Central Office and center staff can address these issues.

Mr. Mason said that the Department is working with three centers very closely who have an issue with Medicaid. The Budget Monitoring Committee is looking at units of service. He feels that with increased scrutiny from FIN, this situation should improve.

Mr. Binkley said that the Governor has released her budget recommendations for the state and DMH. The Department is very appreciative of her noticing the needs of the agency. The Governor's recommendations are in line with many of our requests. She is also very supportive of several of our capital requests as well. We are aware that these are only recommendations and the budget process is far from over, but the agency feels this is a good start in the process.

The Department will have its presentation to the House Ways and Means Health

Subcommittee in mid to late January. Mr. Magill said he is very encouraged to see such recommendations from a Governor, and to see that the Governor is aware of DMH's needs. It is necessary for DMH to receive the funding three years in a row in order to get the agency back to where it was before.

Mr. Terry said that he attended a function last month with the Governor and she wanted him to make the Commission aware that her recommendations are not a reaction to the Newtown, Connecticut incident. These recommendations are something she has done previously and will continue to support.

Mr. Magill said that in the event the agency is asked if there is anything further we can do in our schools, he has been meeting with several school officials and School-based services staffs. He has met with 20 school administrators in the Catawba and Spartanburg areas. Mr. Magill said that DMH had staff in approximately 390 schools in the state, and we could definitely use more school-based counselors across the system.

● Bull Street Update – Mark Binkley

Mr. Binkley said the contract for the sale of the property is being finalized; however, the contingency detailing what the city's financial participation will be in the property is still not final. A new City Manager has been hired and it was announced this week. Representatives of Hughes Development are of the opinion that this has been yet another problem in finalizing the contract and the contingency. They are also of the opinion that communications have been "broken" during this time. The Development Agreement is still not approved and it was given to the city last summer.

Mr. Binkley said that stage one approval was received for the rebuild at Bryan in order to relocate the Child and Adolescent patients from Hall Institute. The Department is working with the architects and engineers on this project in order to get stage two approval.

Another potential problem concerning the property has to do with the wall surrounding

State Hospital. As everyone is aware, a portion of the wall collapsed last summer in a storm. After engineering studies, the remaining wall has been deemed unstable and DMH would like to demolish the wall. The city has a historic ordinance in effect on the remaining part of the wall, and we expect our request to demolish the wall will be denied. Mr. Binkley will be attending a meeting at the city this afternoon concerning this.

Mr. Magill said he has taken several Commission members on a tour of the property that included the inside of Babcock. Since this tour, he has decided to restrict access to the inside of this building. He said there are many reasons for doing this, a recent one being thieves entering the building and stealing copper wiring. It's a difficult building to secure and the Department feels it is best to cease tours of the Babcock building.

OTHER ISSUES

Mr. Magill asked Versie Bellamy to report on any Joint Commission or other visits to the inpatient facilities. Ms. Bellamy said that the Hall Institute survey by Joint Commission was in October and Harris Hospital's survey was in November. Results from both have been favorable and accreditation expected. The Bryan survey was in progress and completed since the last Commission Meeting and follow up to the recommendations received are ongoing.

Mr. Binkley said that the Department should receive the official notification letter from the Veterans Administration in January concerning the renovations at the Stone Pavilion and Campbell Nursing Home. We have currently received verbal approval on the renovations.

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 11:35 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 matter, and to review/select a winner for the Hassenplug Award. At

12:15 p.m., it was noted that only information was received; no votes were taken. The meeting was officially adjourned at 12:15 p.m.

ATTENDANCE

Commission Members

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

Staff/Guests

John H. Magill	Mark Binkley	Robert Bank, MD
Versie Bellamy	Geoff Mason	Rick Acton
Susan Monagan	Ligia Latiff-Bolet	Deborah Blalock
Bonnie Pate	Janie Simpson	Hannah Kelly
Stephanie Clone	Valarie Perkins	

APPROVALS

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