

S. C. MENTAL HEALTH COMMISSION MEETING
SCDMH Administration, 2414 Bull Street, Columbia, South Carolina 29201

CALL TO ORDER		
	<p>The March 11, 2016 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Dr. Alison Y. Evans, Chairperson, in Conference Room 320 at the SC Department of Mental Health Administration Building, 2414 Bull Street, Columbia, SC. Mr. Stewart Cooner provided the invocation.</p>	
APPROVAL OF AGENDA		
	<p><i>On a motion by Buxton Terry, seconded by Sharon Wilson, the Commission approved the agenda for today's Business Meeting.</i></p>	
APPROVAL OF MINUTES		
	<p><i>On a motion by Sharon Wilson, seconded by Beverly Cardwell, the Commission approved the minutes from the Dinner Meeting held on February 18, 2016.</i></p> <p><i>On a motion by Sharon Wilson, seconded by Dr. Everard Rutledge, the Commission approved the minutes from the Center Presentation on February 19, 2016.</i></p> <p><i>On a motion by Joan Moore, seconded by Sharon Wilson, the Commission approved the minutes from the Business Meeting of February 19, 2016.</i></p> <p><i>All voted in favor to the above motions; all motions carried.</i></p>	
MONTHLY/QUARTERLY INFORMATION REPORTS		
	<p>Mr. Mark Binkley, Deputy Director of Administration presented the items listed under Monthly/Quarterly Informational Reports. It was reported that there are five (5) outstanding Public Safety Patient Protection Reports. Of the twenty-four (24) open cases on the SLED Patient Protection Report, eleven (11) are being retained by SLED as potentially criminal; ten (10) non-criminal cases were referred to the State Long Term Care Ombudsman's Office (SLTCOO) in the Lt. Governor's Office on Aging; two (2) cases were referred to local law enforcement, and one (1) case, which is the oldest (opened January 2015) is being investigated by the Attorney General's Office alleging financial exploitation by a family member.</p> <p>There are no notable changes/trends in the Client Advocacy report.</p>	

DEPARTMENTAL OVERVIEW AND UPDATE		
❖ Recognition of Blue Cross/Blue Shield Foundation (Grants for School Based Services)	Dr. Alison Evans presented a plaque to Mr. Harvey Galloway, Chair of the Blue Cross/Blue Shield of South Carolina Foundation. Appreciation was extended to Mr. Galloway by the Commission and the Department of Mental Health for grants that were awarded by the Blue Cross/Blue Shield of South Carolina Foundation to SCDMH in 2008 and 2015 for the expansion of school based mental health services. It was noted that with the support of the Foundation, SCDMH presently has mental health services in over five hundred (500) schools in South Carolina. Mr. Galloway commended SCDMH as a partner in making a very positive difference in lives of the children across the State.	
❖ Report of the Governing Body Committee for Inpatient Facilities Meeting of January 13, 2016 and Approval of Minutes	<p>Ms. Versie Bellamy summarized some significant issues described in the minutes of the January 13, 2016 meeting of the Governing Body Committee for Inpatient Facilities. She stated that the Hall, Harris, and Bryan psychiatric hospitals underwent triennial surveys by The Joint Commission (TJC) during November/December, with each facility maintaining its accreditation. Harris Psychiatric Hospital also underwent a Center for Medicaid and Medicare Services (CMS) validation survey between December 28, 2015 and January 5, 2016, and is awaiting the final report from the CMS Regional Office. Ms. Bellamy stated that DHEC Annual Certification Survey was conducted for Stone Pavilion in October, with the DHEC Licensure Survey being conducted in November. The DHEC Annual Certification Survey was also conducted in December for Roddey Pavilion. Both Stone and Roddey remain certified and licensed. Renovations are complete in Stone Pavilion and the new unit opening has been delayed due to staffing issues. It was noted that the statistical measures which are required to be reported to CMS under their Hospital Based Inpatient Psychiatric Services (HBIPS)/CMS Reporting Requirements reflect overall positive performance on core measures by all three hospitals (Harris, Hall, Bryan). Ms. Bellamy reported that C.M. Tucker continues to face challenges with recruitment and retention of nurses and certified nursing assistants. Tucker continues to monitor falls, pressure ulcers, and urinary tract infections, with rates remaining low. Regarding the Sexually Violent Predator Treatment Program (SVPTP), Ms. Bellamy stated there were 180 residents as of January, 2016. She also stated that there were thirteen (13) admissions, ten (10) discharges, and one (1) death in calendar year 2015. She stated the project kickoff for the Inpatient Electronic Health Record was held on January 20, 2016 and the go-live date for EHR is January, 2017.</p> <p><i>On a motion by Buxton Terry, seconded by Beverly Cardwell, the Commission approved the minutes from the Governing Body Committee for Inpatient Facilities Meeting on January 13, 2016.</i></p>	

<p>❖ Legislative Update</p>	<p>Mr. Mark Binkley reported that the House Ways and Means Committee has made recommendations for funding State agencies in FY17, upcoming in July. The results were somewhat disappointing for DMH, with a recommendation of approximately \$11 million in additional recurring funding, which compares with the agency’s request for over \$ 21 million in new recurring funds. Additionally, the Committee did not recommend any one-time funding, although the Department requested \$12.9 million for one-time needs. The Committee also did not recommend any Capital funding for the Department, and DMH has substantial capital funding needs. Mr. Binkley stated that management is looking forward to the start of the Senate budget request process next week, when our budget request will be presented to a subcommittee of the Senate Finance Committee. He is hopeful that DMH will receive a greater amount of funding from the Senate.</p> <p>With respect to other legislative matters, there have been several versions of restructuring bills introduced in the General Assembly over the years which would have resulted in DMH becoming a cabinet agency, and often proposing to combine DMH with another agency. In the current legislative session, a restructuring bill, S. 550, which would have combined SCDMH, DOADAS, and the Public Health and Health Licensing portions of SCDHEC under a new cabinet agency has been pending. Mr. Binkley stated there was a full Committee Hearing held with the Senate regarding the bill, and the bill has been referred to Subcommittee. It is highly unlikely that the bill will advance this Session.</p>	
<p>❖ Bull Street Update</p>	<p>Mr. Magill stated that the Developer is using as many of the historic buildings as possible and will exceed the number of repurposed buildings that were originally planned. The Parker Annex redevelopment is close to completion, with an architectural firm moving in near future. He reported that a lot of work has been done on the Bakery Building, and plans for other buildings are being made. Mr. Magill stated that there are issues regarding parking for the stadium, due to none of the parking garages yet being completed. Meetings have been held to discuss temporary parking arrangements on the grounds of SCDMH, SCDHEC, and SCDS. Mr. Mark Binkley reported that with respect to parking, discussions have been held and an agreement is in draft form for the temporary use of agency property. He reported that efforts are ongoing to utilize proceeds from the Bull Street property for housing and introduced Michele Murff, the Department’s Housing coordinator.</p>	

	<p>Ms. Murff reported that progress has been made to use the proceeds from the Bull Street property for housing. She has contacted for-profit and non-profit developers and there have been specific discussions about a project in Rock Hill, an area with a large need for client housing. Palmetto Health has also contacted Michele about their interest in a community care home type facility. The primary focus of her Office is on new integrated developments, primarily affordable apartments. The new apartment developments she envisions would have a maximum of 25% of the units designated for tenants with mental illnesses. Michele stated that her office is also looking at using some funds for the rehabilitation of existing developments that were funded by SCDMH fifteen (15) to twenty (20) years ago, especially in the rural areas of Bennettsville and Sumter. She noted that meetings have taken place with SCDMH Procurement staff to determine the best method to have flexibility in turning projects around quickly if we are approached by an interested developer. It was recommended that MMO handle the solicitation directly. Michelle also stated that it looks favorable that nationally, Congress may appropriate significant funding for a national housing trust fund. Such federal funds would be administered through the State Housing Authority, and meetings are scheduled with the State Housing Authority in the near future to discuss. She stated the minimum that would be awarded to each state under the current proposal would be \$3 million per year and the funds are restricted to those earning 30% of the median and less, which would fit with the patients we are serving.</p>	
❖ Hall Institute Open House	<p>Mr. Magill stated that following the May Commission Meeting on May 13, 2016, a ceremony will be held at Morris Village for the Department's Outstanding Employee Award and the Commission's Louise R. Hassenplug Award, to be followed by an Open House for the new William S. Hall Psychiatric Institute at Bryan Psychiatric Hospital.</p>	
❖ Financial Status Update	<p>Mr. Dave Schaefer called the Commission's attention to the monthly budget report and projections, and noted that there is a projected \$4 million deficit agency-wide as of January, 2016. He noted that revenues and expenditures for each Center have been adjusted; however, available onetime funding was not included in these projections. One-time funding is available, and will be utilized to finish the fiscal year in balance. The agency will not run a deficit. Nevertheless, all Centers and Facilities projecting a deficit are being required to submit plans and implement measures to avoid beginning fiscal 2017 out-of-balance between revenue and expenditures. Mr. Schaefer stated that the available onetime funding is a result of some Centers not spending all of the funds they were allotted the previous year.</p> <p>Mr. Magill stated that this year's budget request before the General Assembly is crucially</p>	

	<p>important and we must also be watchful of revenue changes such as Medicaid, which could change our revenue forecast.</p>	
<p>❖ 6 Month Report of Collections</p>	<p>Mr. Kim Carter called the Commission’s attention to the 6 Month Report of Collections included in their materials. Mr. Carter stated the report reflects monies that were collected by the Department through legal and involuntary means from July, 2015–December 2016. It was noted that approximately \$138,000 was collected thru the efforts of the Office of General Council and in coordination with the Reimbursement Office in Financial Services. Mr. Carter pointed out that while most of the agency’s revenue from patient fees is derived from voluntary payments by or on behalf of patients, legal and involuntary collection measures to collect monies from patients who refuse to make payment arrangements are necessary in order to encourage and sustain voluntary payments. He stated the total number of files handled in the Legal Office was 1,565, and the focus in most cases is collecting monies owed by the Estates of deceased patients. However, he also reported that most of the overall funds collected involuntarily by the agency are received through intercepting State income tax refunds under a law called the Setoff Debt Collection Act, a process available only to governmental agencies. Kim explained that the employee category represents employees that may have left the Agency, or employees who are employed but have been overpaid.</p>	
<p>❖ Possible Inclusion of CMHC Services Under Medicaid Managed Care</p>	<p>Mr. Mark Binkley stated by way of background that DMH and DHHS, the State’s Medicaid Agency, have historically had a partnership regarding Medicaid community mental health services. Such partnership began in the late 1980s and has resulted in the comprehensive array of community mental health services we have in South Carolina today. The Commission has previously been briefed about discussions ongoing between DMH and DHHS about one potential change to the way that Medicaid pays for the community mental health services, that being creating an integrated health home for the most seriously and persistently mentally ill adult population. Those adult patients who are most severely impacted by mental illness typically also have other chronic health problems. National statistics indicate individuals with schizophrenia die, on average, twenty-five (25) years earlier than the rest of the general population. This disparity is mostly attributed to their mental and physical health disorders not being managed in a coordinated manner.</p> <p>Mr. Binkley stated the Department has been in discussion for a couple years with DHHS</p>	

about implementing a national model which would assist individuals with serious and persistent mental illness have their physical health issues identified and treated in a coordinated fashion.

In February DHHS announced that a category of community mental health services entitled Rehabilitative Behavioral Health Services (RBHS) would be “carved into” – added to the DHHS contracts -- of the current five (5) Medicaid Managed Care Organizations (MCOs), and the “carve in” date would be effective in July 1, 2016. Mr. Binkley stated staff subsequently learned as part of carving in RBHS services, DHHS is proposing to carve in all community mental health services, meaning that DMH mental health centers would be having to bill one of the MCOs, rather than DHHS, for services provided to most DMH patients who have Medicaid. He stated that agency management has significant concerns about the potential impact of a carve-in on the agency’s community Medicaid revenue and its impact on patient’s access to Center services. A meeting will be held with DMH, DHHS, and the five (5) MCOs to determine if SCDMH can meet the “carve in” deadline in July to have contracts in place with the five (5) separate entities. Mr. Binkley stated that some of the concerns that will be discussed are; what prior authorization requirements might be needed, what different pharmacy benefits might be offered by each of the managed care organizations, what number of the agency’s patients will still be fee-for-service, and will the Department’s billing process align with the billing process of the different managed care organizations. Mr. Binkley stated that it is unclear at this time, to what degree SCDMH will be impacted, but we are devoting a lot of time at the Senior Management/Director level to gather information, discuss and try to prepare for this enormous change. There is no evidence indicating SCDMH has been overproviding services, so it is our belief that DMH services should not be subject to prior authorization requirements for the first year.

Mr. Magill stated that he would like for SCDMH to host either a regional pilot or a specific population pilot in order to measure the impact the changes could have on the system as a whole and on agency finances, but at this time, South Carolina does not have approval to conduct one. He stated Geoff Mason, Mark Binkley, Dr. Bank, Ligia Latiff-Bolet, and Dave Schaefer have been meeting on a regular basis to discuss. Mr. Magill reported that Medicaid’s deadline for the changes is July 1, 2016.

Mr. Geoff Mason stated Medicaid’s plan is to set up five (5) workgroups to review issues

	<p>such as credentialing, quality assurance, billing, prior authorizations, etc. He stated DMH, the MCOs, and DHHS will have representation involved in the workgroups to hopefully identify and work out agreements about all issues so that there will not be any significant negative impact on DMH Centers and patients. The work groups will report to a steering committee of Senior Staff of DHHS and DMH. Mr. Mason stated our primary concern is the impact these changes will have on our patients’ access to necessary services and medications.</p>	
<p>❖ SAMHSA Review</p>	<p>Mr. Stewart Cooner reported that SCDMH receives yearly, upon approval of our application, an allocation of funds from the federal Community Mental Health Services Block Grant, which is a formula-based, non-competitive grant administrated by the Substance Abuse Mental Health Services Administration (SAMHSA). He stated the current allocation to SCDMH is \$7.4 million per year and in order to receive the block grant funds, SCDMH must participate in periodic reviews of the entire mental health system. It was noted that historically, the review by SAMHSA is for SCDMH only, but this year DAODAS was also reviewed. Stewart stated that the combined review by SAMHSA took place during the week of February 22, 2016 and comprised of fiscal and programmatic reviews. Upon receipt of the draft report, we have thirty (30) days to comment and the final report will be issued in approximately six (6) months. Stewart expressed thanks for the extraordinary efforts by our Grants Administration staff.</p> <p>Mr. Geoff Mason stated that during the exit conference, SAMHSA staff stated that SCDMH being an integrated system, comprising a statewide network of community mental health centers, as well as psychiatric hospitals, works well to take care of our patients. SAMHSA had discussions with Community Mental Health Center client advisory groups via teleconferencing and received positive feedback from our clients regarding the quality of care they receive at the Mental Health Centers. Other positive areas noted by SAMHSA were: DMH Blue Ribbon Programs including Telepsychiatry, School-based services, the IPS vocational assistance program, and Deaf Services, especially in regards to how these programs are providing services even in the rural, poorer areas of the State. Mr. Mason stated SAMHSA’s commendation on our collaboration with other State agencies. Areas identified by SAMHSA as needing improvement include; more programs are needed for youth in transition (ages of 18–25), more employment opportunities for clients, recruiting more Hispanic clinicians in the disparity areas, revising intake forms to include sexual orientation, and working more closely with clients in the substance abuse treatment system. Mr. Mason commended Stewart Cooner for his efforts in coordinating SAMHSA’s visit.</p>	

APPROVALS		
	<hr/> Alison Y. Evans, PsyD, Chair	<hr/> Terry Davis, Recording Secretary