

CALL TO ORDER

The January 5, 2012, meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m., by Commissioner Jane Jones, at the SCDMH Administration Building, 2414 Bull Street, Columbia, SC. Mr. Magill mentioned that Dr. Evans will be slightly late, as she is attending another meeting. Ms. Jones welcomed everyone to the meeting and extended a Happy New Year from the Commission.

Stewart Cooner, Director-Special Projects in the Division of Administrative Services, delivered the invocation.

INTRODUCTION OF GUESTS

Ms. Jones acknowledged the following guests: Lauren Peasley and Teresa Chimunti, Interns with the South Carolina Protection & Advocacy; Candice Spencer of Capitol Information Affiliates; Seth Riddle, a Harvard Medical School student and his mother.

APPROVAL OF MINUTES

The Commission approved the following sets of minutes:

On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the Dinner Meeting of November 30, 2011. 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 1, 2011. All voted in favor; motion carried.

On a motion by Buck Terry, seconded by Rod Rutledge, the Commission approved the minutes of the Business Meeting of December 1, 2011. All voted in favor; motion carried.

MONTHLY/QUARTERLY INFORMATIONAL REPORTS

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

● **Patient Protection
Reports – December 2011;
and Client Advocacy
Report – November 2011 –
Mark Binkley**

Mr. Binkley mentioned there is nothing significant in either of the Patient Protection Reports. Of the 34 cases of alleged abuse and neglect that are pending investigation, eight are being investigated by State Law Enforcement Division (SLED), 20 cases have been referred to the Long-Term Care Ombudsman, and six have been referred to local law enforcement. None of the cases that were concluded during the last month were founded allegations.

Mr. Binkley mentioned that on the Client Advocacy Report the complaints are categorized by time, with the number and location indicated. There have been no new trends noted. All the complaints are handled in a timely manner by the centers and hospitals.

**DEPARTMENTAL
OVERVIEW & UPDATE**

Mr. Magill presented those items listed under **Departmental Overview and Update.**

● **Financial Status Update –
Mark Binkley/Dave
Schaefer**

Mr. Binkley said that the Department is still projecting to finish the year in the black. Regarding the forecast of Medicaid revenue, as was previously communicated, the community forecast was impacted by a technical problem in the Medicaid agency. The problems had to do with a new claims coding method in their payment system. Something occurred in this process that did not allow bills from the mental health centers to go through. This has been addressed on an ongoing basis with the Department of Health and Human Services (HHS) for the past couple of months and it appears to have been resolved.

Mr. Binkley said the forecast for all Medicaid reimbursement includes inpatient and community reimbursement. If you compare the forecast for all Medicaid reimbursement on the October report to the November report, it is evident that Medicaid reimbursement has declined \$2 million. This relates to an adjustment in the forecasted Medicaid revenue for Tucker Center. Tucker Center revenue forecast has decreased significantly as a result of a cost review by HHS which resulted in a lower rate per day for Medicaid reimbursement for the patients at Tucker. There are savings

in other funds' revenues, and this decrease in forecast Medicaid revenue for Tucker is not a big concern; however, it is something that is being monitored. By next month, Mr. Binkley expects to have the figures for the community Medicaid revenue available for the centers to enable them to adjust their figures and do accurate forecasting.

Mr. Schaefer said that Financial Services is looking to play "catch up" in the revenue area due to the technical issues at HHS.

Mr. Magill said that this agency is constitutionally charged bound to have a balanced budget. Mr. Binkley said that DMH felt a couple of months ago that its internal system had evolved to the point where the agency could give the centers information in "real time" from Central Office in order to manage their budgets better. We then incurred the problems with the system at HHS.

● **Bull Street Update –
Mark Binkley**

Mr. Binkley reported that everything appears to be on track for Hughes Development Corporation to submit their rezoning application, under the name of Planned Unit Development (PUD), on January 11. The review process at the City is projected to take until the end of April. Since it's a very public process, the Department will be apprised if problems occur.

● **Governor's Executive
Budget – John Magill**

Mr. Magill said that the budget process starts with the submission of the agency's budget to the Budget Office in September. The Governor's budget recommendations to the General Assembly will become public in the next week. DMH staff had a phone conversation with several budget staff yesterday afternoon who are working through our budget request. Mr. Magill also had a call with the Governor's Budget Director this morning concerning the Department's budget, and a tentative meeting with Governor Haley is scheduled for Monday, January 9. Mr. Magill said it appears that our budget request is being taken very seriously with all concerned.

The Governor's budget will not be unveiled until Thursday, January 12. DMH has presented its budget preliminarily to Senate Finance, and received a favorable reading.

The House committee staffers and the chair of the Health Sub-Committee of Ways and Means have visited DMH. The agency's formal hearing with House Ways and Means is scheduled for January 25. Our presentation to a sub-committee of Senate Finance has been scheduled for March 7.

● **Medicaid Initiatives –
Robert Bank, MD**

Dr. Bank said that DMH is specifically requesting financial support through the Governor's budget to sustain and enhance mental health service delivery. This list of requests includes the following:

- Amend the State Plan to permit Medicaid payments for medically necessary care provided to Medicaid eligible patients 65 and older hospitalized in CMS certified IMDs.
- Maintain and enhance the quantity and level of care of DMH patients residing in community residential care facilities (CRCFs).
- Provide \$25,000/year to share with DMH and Protection and Advocacy the funding of Team Advocacy.
- Expansion of the Homeshare Program.
- Provide wrap around services to clients in supported and independent living arrangements through development and implementation of 1915i.
- Maximize telepsychiatric services by increasing SC DHHA's commitment from \$750,000 to \$1,114,000 for fiscal year 2013 and 2014.
- Increase the 15 minute unit rate for Psychiatric Assessments provided by psychiatrists to \$131.22 to make it comparable to the rate per contact included in the RBHS Manual for the same service.

- Establish funding for Eating Disorders Outpatient Support Clinics.

This document will be filed with the original of these minutes, and will be emailed to the Commission.

Dr. Bank also mentioned that with regard to billing and the State Plan, a decision was made to consolidate all the staff who interact with HHS under the Office of Quality Management, Dr. Ligia Latiff-Bolet. Dr. Latiff-Bolet has been the Department's "go-between" with HHS in this endeavor. She has a good ability to talk at a level with HHS staff who are not familiar with psychiatric issues.

● **Telepsychiatry – Ed Spencer**

Mr. Spencer said that with the active hospitals that have telepsychiatry, and with the contracts already submitted, we stand at 29 hospitals either having telepsychiatry capability, or about to. The latest hospitals added in the last ten days were Spartanburg, Upstate Carolina-Gaffney, Edgefield Hospital and Carolina Pines. Mr. Spencer said that privileging will take some time. Currently, we have 6.5 psychiatrists, working 24/7. Total completed consultations as of this morning are 9,249. Of this amount, approximately 37 percent of the clients are able to be discharged the same day. Previously, it took one to two days to do an assessment on an individual and with telepsychiatry it now takes three to five hours.

Dr. Meera Narasimhan has been able to determine that the state, as a whole, is saving \$1,000 per episode. The Medicaid agency has committed funding for telepsychiatry for next year in the amount of \$750,000. This commitment will go favorably with the Duke Endowment to continue its funding. The Hospital Association has committed to support our request, as well as a user charge in those emergency rooms that utilize telepsychiatry. Mr. Mason said that the Department is looking at telepsychiatry at the centers and maximizing its use. This will be especially useful in the rural areas. Mr. Mason said that there are crisis stabilization funds available for expanding telepsychiatry use to some centers..

● **Public Affairs Activities –
John Magill**

Mr. Magill said that when the Office of Public Affairs was downsized from four staff to one, the agency had to find a new way to deliver public information. Mr. Magill has brought together a group of five or six people to address the issues facing the Department. One member of the group, Rochelle Caton, also interacts with the General Assembly. A few of the other members of the Public Relations (PR) committee include Tracy LaPointe, Melanie Ferretti, Kersha Sessions, and Claudia Aldamuy. Mr. Magill feels that with this group, who meets weekly, has a more consolidated and consistent message being delivered to the public.

One of the items being handled in Public Affairs is the Profiles. Mr. Magill said that to date, 19 profiles have been completed, and he hopes to complete this process by the end of March.

Mr. Magill has decided to do a second round of community forums to begin after the Profiles are completed. He said that he has received good reports from the first round of forums and that the forums have made a big difference. Mr. Magill said he will use the Public Affairs group to develop the schedule for the forums.

SUMMARY & WRAP UP

Mr. Magill said that he will be having lunch today with First Husband, Michael Haley, regarding issues that concern returning veterans. Mr. Magill is trying to keep this group's momentum active, and Mr. Haley is very interested in what is being done in the Veterans Policy Academy. Mr. Magill said that SCDMH is the only state mental health authority in the country that operates veterans' nursing homes. He feels there is momentum occurring to construct a fourth veterans' nursing home in South Carolina. Mr. Magill said that the Dean of Social Work, Dr. Anna Scheyett, from the University of South Carolina is a member of the Veterans Policy Academy.

Bill Lindsey reported that he received an email from Beth Padgett of the Greenville News who wants an update on the budget in order to do an editorial. They are interested in cost settlements and how they relate to the budget forecasts.

Mr. Lindsey mentioned Senate Bill 1015 at Mr. Terry's request. Sen. Wes Hayes has introduced this bill, which is a "communication" piece. This bill gives individuals the opportunity to exercise a right to have a family member or caregiver a part of his or her treatment team. This bill will be filed in the House by Rep. James Smith. Both Tennessee and Minnesota have similar bills. Mr. Lindsey said this bill is not just for mental illness but pertains to any individual in the hospital for any other reason.

NOTICE/AGENDA

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

ADJOURNMENT

At 11:05 a.m., on a motion by Buck Terry, seconded by Rod Rutledge, the Commission entered Executive Session to receive legal advice concerning a contractual matter. Upon reconvening in open session at 11:40 a.m., it was noted that only information was received; there were no votes taken. The business meeting was formally adjourned at 11:40 a.m.

ATTENDANCE

Commission Members

Alison Y. Evans, PsyD, Chair
Jane B. Jones
Joan Moore, Vice Chair (excused)

J. Buxton Terry
Everard Rutledge, PhD

Staff/Guests

John H. Magill
Versie Bellamy
Bill Lindsey
Candice Spencer

Mark Binkley
Robert Bank, MD
Ed Spencer
Lauren Peasley

Geoff Mason
Dave Schaefer
Stewart Cooner
Teresa Chimunti

APPROVALS

Alison Y. Evans, PsyD, Chair

Connie Mancari, Recording Secretary