

S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health
Bryan Psychiatric Hospital

April 6, 2018

Facility Presentation

ATTENDANCE:

Commission Members:

Dr. Alison Evans, Chair
Sharon Wilson, Co-Chair
Louise Haynes
Bob Hiott

Staff/Visitors:

Dr. Robert Bank	Versie Bellamy	Deb Blalock
Dr. Allyson Sipes	Donna McLane	Melba Arthur
Karen Swaim	Karen Graydon	Dr. Dale Adair
Dr. Angela Forand	Shannon Shuler	Allison Findley
Josnel Faiivae	Ron Lawrenz	Dr. Kimberly Rudd
Maryjane Hicks	Jennifer Block	Andrea Coverman
Chief Elizabeth Hall	Dr. Patricia Handley	Adetoro Adekeye
Stuart Shields	Mark Binkley	Alan Powell

The S.C. Mental Health Commission met at the Bryan Psychiatric Hospital, 220 Faison Drive, Columbia, S. C. 29203, at 9:00 a.m. Dr. Alison Evans expressed appreciation to the Facility for the courtesies extended to the Commission during its visit. Dr. Evans turned the meeting over to Mr. Stuart Shields, Program Director.

PRESENTATIONS:

Mr. Stuart Shields opened the meeting by recognizing former Commission Member, Buxton Terry for his years of service and compassion. Mr. Shields stated that Bryan Adult Services serves thirty-three (33) counties in South Carolina. It was stated that Harris Psychiatric Hospital serves the remaining thirteen (13) counties. The Bryan Forensics Division covers the entire State. Mr. Shields stated that some of the current initiatives include Certified Electronic Health Records (EHR), Video Surveillance, KRONOS (time and activity tracking of staff), and Workforce Development (placing a coach in each Lodge and reducing staff turnover). Several of the current opportunities include staff retention and recruitment, growing patient populations, and Telepsychiatry to decrease admission and discharge times. He stated that all three (3) facilities will be operating on the EHR system in April. Bryan Psychiatric Hospital opened in February, 1978 and operates with a full clinical staff consisting of Activity Therapists, Nurses, Board Certified Psychiatrists and other Physicians, Nurse Practitioners, Counselors, Psychologists, Pharmacists, Social Workers, and Recovery Educators. Mr. Shields identified the types of services that are provided as:

- Assessment, stabilization, and returning patients to the community
- Group/individual therapy
- Discharge planning

- Patient education regarding health-related issues
- Recovery programming

Dr. Dale Adair stated that the main objective is to provide active engagement of individuals in activities or therapies. Active treatments were identified as:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Medication
- Activity Therapy
- Start Now
- Motivational Interviewing (MI)
- Recovery Oriented CBT (CBT-R)
- Trauma Informed Care (TIC)
- Prolonged Exposure (PE)
- Eye Movement Desensitization and Reprocessing (EMDR) (beneficial for severe trauma cases)

Compiled data from 2017 revealed that for Bryan Child & Adolescent, Bryan Adult Services, and Bryan Forensic Services, Schizoaffective Disorder and Schizophrenia were the two most prevalent psychiatric diagnoses. Dr. Adair stated that placement initiatives include:

- Gregory's Community Residential Care Facility (opened in 2016)
- Lodge E at BPH Adult (opened in 2017)
- A Discharge Coordinator provides education to Community Residential Care Facility administrators/operators
- Collaboration with hospital liaisons

Dr. Allyson Sipes stated that admission to the Inpatient Forensic Services Hospital is based on the person's legal status as well as clinical condition. It was noted that the majority of forensic patients have been charged with felony offenses. Dr. Sipes stated that the types of admissions and the approximate percentages of each are:

- Emergency Admissions – 5%
- Restoration – 15%
- Not Guilty by Reason of Insanity (NGRI) – 20%
- Incompetent, Not Restorable – 60%

The Pretrial Program provides inpatient psychiatric treatment primarily for the adult criminal defendants awaiting trial in the detention centers. Defendants are admitted:

- Through an emergency admission, with the goal of treatment to stabilize their psychiatric conditions and return them to the detention center.
- By court order, after being found incapable of standing trial due to mental illness, but likely to restore the defendant's capacity to stand trial.
- Court ordered for outpatient evaluation. Once the court orders have been satisfied, defendants are returned to the detention center.

Dr. Sipes stated that the Psychosocial Rehabilitation Program (PRP) provides inpatient psychiatric treatment services for adult criminal defendants that are adjudged Not Guilty by Reason of Insanity (NGRI) or adjudged incompetent to stand trial. Treatment includes, but is not limited to, medication management, individual and group therapy, educational services, patient

work pay program, and vocational rehabilitation. She reported that initiatives for staff training and development are:

- Certified Addictions Counselor (CAC) Supervision
- Licensed Professional Counselor (LPC)
- Supervisory Mentorship Training
- START NOW Program
- DBT Training
- Motivational Interviewing
- Interns

Active treatment methods were outlined by Dr. Sipes as:

- Forensic Treatment Mall
- Discharge Initiative
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavior Therapy (CBT)
- START NOW Program

Ms. Karen Graydon presented information on the Bryan Psychiatric Hospital Forensic Treatment Mall, which was established in 2001. The goal of the program is to provide active treatment for Forensic patients in a psychosocial rehabilitation setting, which focuses on mental, social, and physical conditions. She stated that some of the treatment areas which are to help patients maintain stability in the community are:

- Leisure education and activities
- Media Center
- Alcohol and other drugs recovery
- Coping and social skills
- Independent living skills
- Adult education (basic computer skills, GED)
- Peer support recovery for life

A new Transitional Services Program format was initiated in February, 2018 and there are six (6) group meetings held each day, with approximately eighty (80) in attendance each day.

Ms. Allison Findley gave an overview of Forensics discharge initiatives. The Forensic Waitlist Diversion Program consists of two (2) designated examiner teams which are comprised of two (2) physicians and two (2) social workers. The team visits patients in the community and also provide outreach to jails and detention centers. Weekly meetings are held with Outpatient and Inpatient Leadership, along with hospital liaisons to increase movement of patients across the continuum of care and to discuss discharge barriers. Telepsych equipment is used to increase screenings. Ms. Findley stated that DMH Attorney, Monique Lee monitors the discharge process to include chairing the Forensic Review Board and Administrative Review Board. Ms. Lee also provides educational opportunities, assists with the weekly Forensic Waitlist and supports the needs of the restoration process.

Ms. Donna McLane gave an overview of nursing initiatives:

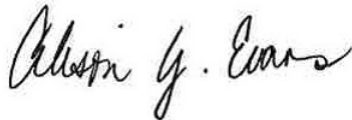
- BPH nurses are accountable for using and expanding nursing knowledge to enhance the patient experience

- Working with staff to redesign the BPH nursing model incorporating the role of clinical nurse leaders
- BPH nursing staff are involved in Plan-Do-Study-Act (PDSA) teams that are focused on improvement in quality, cost effectiveness, or efficiency.

Ms. McLane stated that certified electronic health records are live and that Lippincott advisor and procedures are used. The Lippincott Advisor is a platform that allows staff to pull evidenced based practice and apply to treatment plans.

Dr. Evans thanked everyone for the excellent, informative presentations.

There being no further discussion, the center presentation concluded at 10:05 a.m.



**Alison Y. Evans
PsyD, Chair**



**Terry Davis
Recording Secretary**