

**S.C. MENTAL HEALTH COMMISSION  
S.C. Department of Mental Health  
Pee Dee Mental Health Center  
125 East Cheves St. Florence, SC 29506**

**April 5, 2019**

**Center Presentation**

**ATTENDANCE:**

**Commission Members:**

Dr. Alison Evans, Chair  
Ms. Louise Haynes  
Mr. Bob Hiott  
Mr. Greg Pearce

**Staff/Visitors:**

Mark Binkley, JD  
Debbie Blalock  
Alan Powell  
Patrick Bresnan  
Frances Feagin  
Jackie Brown  
Joe Alford

Rudy Guajardo  
Sharon Ackerman  
Teresa Wilson  
Gladys Gilbert  
Sheila Jacobs  
Angela Moses  
Linda Brigman  
Christie Nowlin

Sharon Cooper  
LaTonya McFadden  
Sandra Barnes  
J. McAlistero  
Norma Reardon  
Alethia King  
Pressly Cooser  
Gloria Rendon

The S.C. Mental Health Commission met at the Pee Dee Mental Health Center, 125 East Cheves St., Florence, SC 29506, at 9:00 a.m. Each Commissioner introduced themselves. Dr. Alison Evans expressed appreciation to the Center for the courtesies extended to the Commission during its visit. Dr. Evans turned the meeting over to Mr. Pat Bresnan, Executive Director.

**PRESENTATION:**

Ms. Gaye M. Douglas, DNP, Med, APRN-BC, Family Nurse Practitioner/Project Manager, gave a presentation on the Darlington County School Based Telehealth Initiative.

DC Cares is funded by the Duke Endowment. Children in rural communities often have difficulty obtaining primary care and mental health services. Transportation is often an issue and care obtained is often sporadic and fragmented. Consequences of this are poor health outcomes, missed days from school due to illness/behavior, and poor educational outcomes. The purpose of the project is to overcome these problems by utilizing high definition telehealth technology to link students to a healthcare provider while the child is in school.

DC Cares partners with:

***Primary Care:***

- CareSouth
- Carolina Pines
- Morphis Pediatrics
- MUSC  
\*Physicians and Nurse Practitioners

***Mental Health Providers***

- Pee Dee Mental Health
- \*Psychiatrists, Nurse Practitioner, Mental Health Professionals

***Outreach***

- Family Connections (Breathe Easy)
- SC Thrive (Suicide Prevention)
- Beginning SC (Hearing Screening)

The program typically provides primary health care via telehealth for common childhood illnesses such as: sore throat, ear ache, rashes, flu, and failed hearing test. The mental health side of the initiative provides telepsychiatry and onsite counselors. Common issues addressed are: ADHD, ODD, anxiety, depression, and adjustment disorder.

The Primary Care Process is as follows:

***Child is Sick***

- child reports to health room with complaint
- child is checked out by nurse and found to have illness that can be appropriately evaluated through telehealth
- nurse checks to see if eligible for telehealth (application filled out/processed)

***Parent is contacted***

- nurse calls parent to get permission to have telehealth visit and invites parent to participate by coming to school or by conference call
- parent agrees to visit (Many parents can't take time off without losing pay.)

***School nurse initiates "call out"***

- school nurse activates the "call out" system to notify providers on calling tree that patient needs to be seen
- if 1st provider is unable to see child, the call goes to 2nd, 3rd, or safety net provider (MUSC)
- an appointment is set up

***Visit takes place***

- school nurse sets up for the visit - turns on the equipment
- child is seen by local provider via telehealth with nurse tele presenting
- diagnosis is made, electronic prescription sent in if needed

***Disposition of child***

- after the visit, the child is sent home or back to class
- a follow-up appointment is made if needed

The Mental Health Care Process is as follows:

***Recognized behavior or MH issue***

- child is having behavior or other mental health issue
- noticed by teacher, other school staff (can also be parent who recognizes problem)
- parent is contacted

***Referral is made***

- a referral form is completed (by teacher, staff, nurse, etc.) and delivered to school mental health counselor (MHC) or to Pee Dee Mental Health (PDMH) - Hartsville -or-
- parent can call mental health center for services

***Intake***

- an appointment is made at PDMH - Hartsville, for the parents and client to come in for the intake process and Initial Clinical Assessment (ICA)
- forms for permission to treat/billing etc. are signed
- child begins counseling with MHC

***Initial PMA***

- the psychiatrist is briefed on the ICA and the child is accepted for services
- the child is placed on the psychiatrist's schedule and seen for initial evaluation (currently >1 month wait time)

***Follow-up***

- once the child is seen for the first visit, follow-up visits can be done via telehealth
- parents are notified of need for f/u and invited to participate in telepsychiatry program
- if agreeable, parents are invited to attend in person or by phone (or completes update form)
- school based MHC notifies nurse practitioner (NP) of need for visit and the child is placed on the schedule
- child is seen by NP via telehealth, prescriptions are electronically sent to pharmacy, note home to parent if not present for visit

Ms. Louise Haynes asked if this is an active program or a plan. Per Ms. Douglas, staff is trained and ready. Dr. Evans asked how many sites are included in the initiative, Ms. Douglas replied four (4): Southside Early Childhood Center, Lamar Elementary, Pate Elementary, and North Hartsville Elementary. The first visit the child is required to see a PDMHC psychiatrist, after that the child may be seen by Ms. Douglas either in school or at the PDMHC Hartsville clinic. Ms. Douglas said she anticipates the younger children will need more primary health care services and the older children will need more mental health services.

The rollout plan is as follows:

<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Southside Early Childhood Center	Brockington Elementary	Carolina Elementary
Lamar Elementary	Brunson-Dargan Elementary	Darlington County Institute of Technology
Pate Elementary	Cain Elementary	Darlington Middle
North Hartsville Elementary	Darlington County Intervention	Darlington High
	Rosenwald Elem/Middle	Hartsville Middle
	St. John's Elementary	Hartsville High
	Washington Elementary	Lamar High
		Mayo High: Magnet School
		Spaulding Elementary
		Spaulding Middle
		Thornwell School of the Arts

CD Cares Progress:

- 3 Advisory Council Meetings
- Hearing screening plans made
- Breathe Easy consults have been made
- Suicide prevention training planned for fall 2019
- Primary Care telehealth:
  - training of providers & nurses is complete
  - test runs have gone smoothly
  - no actual visits yet
- Mental Health:
  - 4 counselors with current case load of 64 total students
  - Initial visit completed Dec. 2018
  - March 18<sup>th</sup> – completed 3 follow up visits
    - Two parents came in, one guardian participated by phone
  - April – approx. 6 follow up visits planned
  - May – approx. 8 follow up visits planned

The first DC Cares telehealth case occurred on March 18th.

Ms. Latonya McFadden gave a presentation on the Silver Years Program, intensive Day Services for older adults. The purpose of the program is to provide community based clinical day treatment services for persons with chronic mental illness and symptoms of neurocognitive disorders. The goal is to delay advancement of symptoms via provision of stimulation activities and clinical treatment services in a therapeutic environment.

The program was developed via federal grant funds, and Administered by the SC Department of Mental Health. Forms of accepted payment are: Medicaid, Medicare, private insurance, and self-pay. No one who meets eligibility criteria is denied services due to inability to pay.

Services provided: Adult Clinical Day Treatment, Mental Illness Management, Psychiatric Medical Assessment, Medication Monitoring/Administration, Care Coordination, Assessment Crisis Management, Psychiatric Nursing, and Peer Support.

An example of the daily schedule:

- ❖ 9:00 Morning Exercise Therapy
- ❖ 9:30 Reality Orientation
- ❖ 10:00 Morning Clinical Group
- ❖ 11:30 Modeling/Maintaining Social Skills
- ❖ 12:00 Relaxation Skills
- ❖ 1:00 Arts and Craft
- ❖ Wrap-Up & Departure

Small groups, based on patient cognitive level, meet to learn about topics of interest and maintain reading, writing and discussion skills. Patients exercise the brain through current events discussion, reminiscence, trivia, word games, puzzles and bingo.

Small and Large groups promote memory, encourage expression of thoughts and are based on patients interest. Through Art Therapy patient express their feelings and imagination by using paint, markers, colored pens or pencils. The program frequently has Field Trips; patients may enjoy off-site excursions to the Mall, Park, senior dancing, the Senior Expo, and meals at restaurants.

Some physical activities that are encouraged to increase overall physical well-being:

- Stretching
- Morning march
- Low impact aerobics
- Dancing to stimulate the brain and increase self-awareness, encourage social interaction, reduce agitation and anxiety, promote balance and flexibility.
- Walking group- Patients enjoy the physical and social benefits of walking both inside and outside of center depending on weather.

The program engages participants in sensorimotor activities such as Music Therapy; singing familiar or favorite songs and playing musical instruments.

Sensorimotor activity benefits:

- ❖ Gets patient up and moving.
- ❖ Helps make patient feel up-beat and happy.
- ❖ Brings patients together in a friendly manner as they remember old songs from happy times.

Staff Training:

- ❖ Program Director – MSW with experience in programs for the elderly.
- ❖ Program Supervisor – MA with training in programs for the elderly.
- ❖ Psychiatrist
- ❖ 2 clinical Counselors
- ❖ Training- AHEC and Department Training
- ❖ Staff has attended Center for Gerontology seminars/training sessions.
- ❖ Staff certified as Dementia Specialist.

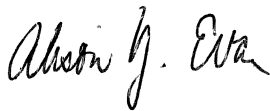
Program participants are ages 50 – 85, male and female, have dual diagnosis of Chronic Mental Illness with Neurocognitive Disorders. The maximum amount of participants at this time is twenty (20). Fifteen (15) patients are currently participating. All of the participants have a history of receiving services from PDMHC.

The program has caring and supportive staff with appropriate training and supportive services, such as case management and respite care, are available for program participant families. Some problems faced are: transportation issues, not all program services are covered by Medicare and insurance, and private pay can be a significant expense. Overall, this is a successful program which could be used as a model and replicated statewide.

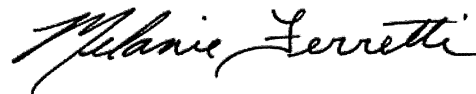
Ms. Joe Alford gave a heartfelt wonderful testimony about her experiences with the Silver Years Program. She thanked everyone associated with the program and received a huge round of applause.

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

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



Alison Y. Evans, PsyD, Chair  
SC Mental Health Commission



Melanie Ferretti, Recording Secretary  
SC Mental Health Commission