

S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health
Greater Greenville Mental Health Center
124 Mallard Street, Greenville, SC, 29601
December 6, 2019

Center Presentation

ATTENDANCE:

Commission Members:

Mr. Greg Pearce, Chair
Mr. Robert Hiott

Staff/Visitors:

Mark Binkley, JD	Crystal Barrs	April Simpson	Kristi Harrington
Christian Barnes-Young	Pete Camelo	Kim Nelson	Susan Marshburn
Holly May	Jill Mann	Chris Bishop	Alexis Sommers
Wendy Holmquist	Matt Ryan	Patricia Williams	Chris Haines
Rodney Johnson	Mane Young	L. Crowley	William Byars
Mary Kay Campbell	Lu Rogers	Niki Appleton	

The S.C. Mental Health Commission met at the Greater Greenville Mental Health Center (GGMHC) located at 124 Mallard Street, Greenville, SC, 29601, at 9:00 a.m. Mr. Greg Pearce welcomed everyone in attendance and informed them that the South Carolina Mental Health Commission needs a representative from the Greenville/Spartanburg area; SC Congressional District four (4). He encouraged audience members to consider contacting the Governor's Office to apply for the position or to offer the names of people to DMH personnel they think would be interested in filling the position and would be beneficial in advancing the mission of the S.C. Department of Mental Health (DMH).

PRESENTATION: Status of the Merger

A copy of the Status of the Merger presentation PowerPoint is on file in the State Director's Office with the December 2019 Commission Minutes.

Center Director Peter Camelo welcomed the crowd and gave a brief overview of the history of the Greenville area Mental Health Services provided in the Greater Greenville area.

The following items include some of the major milestones discussed.

In September 1950, the Greenville Mental Hygiene Clinic opened. Next year will be the 70th Anniversary of State supported mental health services offered in the Greenville area. Vice

President Hubert Humphrey helped turn the earth in the groundbreaking for the Greenville mental health center on September 21, 1967, with a crowd of 2000 gathered at the site.

Joe E. James, graduate of Furman University, joined the Mental Health Clinic staff in June 1964. After serving in a variety of positions, Mr. James retired from DMH in 2019 with 55 years of service, and was inducted into the 'Order of the Brick'.

Greenville Mental Health opened Satellite offices: in 1973, the North Greenville/Travelers' Rest clinic and in 1974, the Greer Office.

In 1976, Joe James participated in the writing and eventual approval of the Southern Catchment Area Operations Grant. In 1977, Mr. James became the first Executive Director of the South Greenville Mental Health Center, later re-named the Piedmont Center for Mental Health Services.

In 1984, the Child and Adolescent (C & A) building was built on the Greenville Hospital campus, GGMHC has use of the building via a 50 year land lease. GGMHC is currently looking for two buildings to house the C & A programs and the Crisis Stabilization program.

Charlotte Walker received the 1990 KOOL Achiever Award for her hard work and dedication to the Greenville Community. The award included a \$10,000 contribution to the charity of her choice. The KOOL Award was a nationwide effort to recognize outstanding individuals working to create better quality for America's inner cities.

In 2014, the Future is Now (FIN) group was formed to research and develop principles and guidelines to help Centers become more efficient and to help Centers compete for resources. A Consulting Group was hired to analyze behavioral health programs. The consultants helped GGMHC develop an internal system of recording and measuring productivity and access to services. They also focused on how to improve services to patients.

Since the end of the 2008 recession, the GGMHC entered a growth phase and both Adult Services Programs and School Mental Health Services are expanding.

In February 2018, Deborah Blalock was promoted to Deputy Director of Community Mental Health Services. The question was raised as to why Greenville is the only county with two MHCs. Reasons to merge included:

- To improve and increase patient access to services
- To reduce confusion among residents and stakeholders
- To improve efficiencies of resources utilization
- To gain a more clear understanding of Greenville community needs

Things were set in motion in August of 2018 to make the consolidation happen. Both the Piedmont and Greenville MHC Boards, County Council, and Greenville Legislative Delegates were all informed and/or involved in the decision. In January 2019, the Greenville Legislative Delegates

gave their approval of the project. July 1, 2019 the consolidation was complete. It was a challenging yet rewarding process.

Per Mr. Binkley, approximately 50% of DMH funding comes from General Assembly appropriations. Mr. Binkley recommends letting legislators and County Council members know we appreciate their past support and look forward to their future support. He recommends regularly communicating with your local and State elected officials, and educating them about the services provided by the Center, and any major issues the Center faces.

2019 GGMHC Statistics:

- 94 Greenville County Schools with assigned DMH therapists
- 285 Staff
- 10,388 patients served
- 103,203 services provided
- 13 program areas that are CARF accredited

GGMHC is considering a building which owned by the Phoenix Center as the site for a future Crisis Stabilization Center. GGMHC would prefer to lease a building rather than buy.

PRESENTATION: Homeless Outreach

A copy of the Homeless Outreach presentation is on file in the State Director's Office with the December 2019 Commission Minutes. The presenters were April Simpson, Mary Kay Campbell, and Rodney Johnson.

Greenville has a large homeless population. Statistics:

- **2,285-People in Emergency Shelters in 2019**
- **242-People counted as Unsheltered in 2019**
- **1,106- Homeless children in Greenville County Schools during the 2018-2019 school year.**

GGMHC staff do an annual homeless count in January for the statewide database. Greenville has multiple facilities and agencies that provide services to the homeless population, such as, Greenville Rescue Mission, the Salvation Army, Miracle Hill, etc. While Greenville does not have one point of entry to receive homeless services, it is a close community that partners and works together to meet needs.

Per Ms. Campbell, GGMHC utilizes SAMHSA Projects for Assistance in Transition from Homelessness (PATH) funds for the following services for people with serious mental illness (SMI) experiencing homelessness:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health

- Substance use disorders treatment
- Referrals for primary health care, job training, educational services, and housing
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act.

Mr. Johnson presented information on Assertive Community Treatment (ACT).

Centrally located at GGMHC, ACT is a way of delivering a full range of services to people who have been diagnosed with chronic homelessness, a serious and persistent mental illness with or without substance use. Its goal is to give consumers adequate community care and to help them have a life that isn't dominated by their mental illnesses.

ACT services are available 24 hours a day, 7 days a week. Someone is always available to handle emergencies. Psychiatrists, nurses, mental health professionals, employment specialists, and substance-abuse specialists join together on ACT teams to give consumers ongoing, individualized care.

Mr. Binkley noted the ACT staff-to-patient ratio is so robust that it is not possible to replicate, which makes it necessary to supplement services with other homeless assistance programs.

Community Housing and TLC rental assistance.

- Greater Greenville Mental Health contributes 150 plus of the 356 Supportive Housing Beds in Greenville County by way of Community Housing and TLC rental assistance funds.
- Reedy Place is considered Housing First, and the only Safe Haven in South Carolina. Reedy Place is a long-term supportive housing for the chronically homeless, severely mentally ill and substance abuse population. Reedy Place I&II is home to 23 individuals.
- GGMHC partners with United Housing Connections, Homes of Hope, Greenville Housing Authority, and local landlords to provide clean decent affordable housing. GGMHC provides case management services to ensure stability in the community.


Reedy Place I Housing First Impact	
Homeless	Housed
<ul style="list-style-type: none"> • 11 Reedy Place Residents 2 years prior to program entry • \$210,447 cost to Taxpayers annually with Detention Center and Healthcare charges • \$19,132 per resident 	<ul style="list-style-type: none"> • 11 Reedy Place Residents 2 years after program entry • \$17,625 cost to taxpayers annually • \$1,602 per resident • 92% Decrease in cost

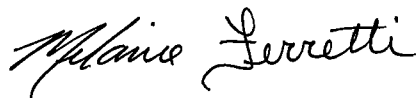
New Housing Development Projects with Bull Street Funds:

- Preserve @ Logan Park- Greenville Housing Authority Senior Living 62 years of age and older- 20 units dedicated to Mental Health
- Parkside @ Main- Simpsonville NHE 6 family units dedicated to Mental Health.
- Renaissance- Greenville NHE 5 units dedicated Mental Health clients, 55 years of age and older.
- Michelle Murff is working on possible funds going into United Housing Connections new project Church Street project.

Mr. Pearce thanked the presenters for the excellent presentations and the audience for attending.

There being no further discussion, the center presentation concluded at 10:12 a.m.


I. Gregory Pearce, Chair
SC Mental Health Commission


Melanie Ferretti, Recording Secretary
SC Mental Health Commission

S. C. MENTAL HEALTH COMMISSION MEETING
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CALL TO ORDER

The December 6, 2019 meeting of the South Carolina Mental Health Commission was called to order at 10:30 a.m. by Mr. Greg Pearce, Chair, at the Greater Greenville Mental Health Center (GGMHC) located at 124 Mallard Street, Greenville, SC, 29601. Ms. Crystal Barrs provided the invocation.

INTRODUCTION OF VISITORS

Mr. Pearce welcomed guests Mr. Randy Redlinger, Executive Director of Gateway, Ms. Sally Bissada-Lassiter, Assistant Director of Gateway, and Kim Nelson.

APPROVAL OF AGENDA

On a motion by Mr. Bob Hiott, seconded by Dr. Alison Evans, the Commission approved the Agenda for today's Business Meeting.

All voted in favor to the above motion; the motion carried.

APPROVAL OF MINUTES

On a motion by Mr. Pearce, seconded by Dr. Evans, the Commission approved the minutes from the Business Meeting of November 1, 2019.

All voted in favor to the above motion; the motion carried.

MONTHLY/QUARTERLY INFORMATION REPORTS

Ms. Elizabeth Hutto, Department of Mental Health (DMH) General Counsel, presented the items listed under Monthly/Quarterly Informational Reports, copies of which had been provided to the Commission.

Ms. Hutto reported a net of three (3) open cases under investigation by the Office of Public Safety. She noted one case closed and a new one opened last month.

Ms. Hutto reported a total of 23 open SLED investigations as of December 5, 2019. Five (5) had been assigned to SLED, thirteen (13) were assigned to Long-term Care Ombudsman Office, four (4) are with the Attorney General's Office, and one (1) case is with local law enforcement. Three SLED cases were closed last month.

Ms. Hutto highlighted the following from the Patient Advocacy Report:

- 71 complaints were resolved in October 2019.
- 715 complaints have been resolved year-to-date.
- The number of complaints by category resolved year to date is 910 (*complaints are broken out by category, a single patient complaint may have more than one category*).
- Access to treatment is the most frequent type of complaint filed.

Community Update/Monthly Management Report

Mr. Christian Barnes-Young presented the results of the 2019 Community Mental Health Services Patient Satisfaction Survey, copies of which had been provided to the Commission.

Over the past few years, DMH has transitioned away from using the Mental Health Statistics Improvement Program (MHSIP) Quality Report, which has more than twenty (20) questions and a reading level potentially too high for patients.

Throughout the month of May 2019, all Community Mental Health Services patients were asked to complete DMH's new six (6) question patient satisfaction survey each time they received a service. The survey addresses ease of making appointments, length of wait times, and satisfaction patients derive from services received. The results are overwhelmingly positive across all DMH Centers. Results are organized by question and by Center.

Mr. Pearce said the report is very comprehensive, and complimented Stacey Gardner and Dan Walker, statistician, for doing such an excellent job.

Mr. Barnes-Young noted that according to the Trends and Transparency Monthly Indicators (TMI) report, the utilization of available permanent supported patient housing by Centers, with the exception of one, is at 100% occupancy, which speaks to the need for additional permanent supportive housing. A request for funds for additional permanent supportive housing is in the FY21 DMH proposed budget.

A question was raised at a recent Senior Management Retreat regarding the consistency of data collection methods to measure staff productivity. Mr. Pearce asked if the data collection process has been standardized across the State. Yes, per Mr. Barnes-Young, henceforth the report will compare 'apples-to-apples'.

Resource Challenges for At-Risk Adolescents

Mr. Binkley presented a detailed history leading to the current challenges DMH faces in providing mental health services for high needs children/adolescents, copies of which had been provided to the Commission.

Last month, the State's Legislative Audit Council released a report which reviewed the State's Medicaid agency -- the Department of Health and Human Services (DHHS) -- concerning the provision of Medicaid funded services for children, particularly residential services and specifically Psychiatric Residential Treatment Facility (PRTF) services.

Additionally, last year, the General Assembly raised the maximum age from 17 to 18 for individuals who may go to family court instead of adult criminal court (General Sessions) when accused of a crime. A special Senate Subcommittee was formed to determine, in conjunction with the Department of Juvenile Justice (DJJ), the impact raising the age for family court jurisdiction would have on DJJ in terms of the increased number of juveniles being committed to their services. In the course of those hearings, DMH was mentioned, specifically the decision by DMH in 2012 to close the Hall Institute PRTF. Also, the Legislative Audit Council report names the closure of the DMH PRTF, formerly located at Hall Institute, as an aggravating factor in the reduction of access to PRTF level of care, particularly for juvenile justice involved youth.

Two major financial factors which contributed to the current challenges are the budget cuts which resulted from the 2008 recession and changes in the State's Medicaid Plan which required intensive community treatment services to be billed separately rather than "bundled", which increased clinical administrative costs and lowered the overall level of reimbursement. With the changes, the availability of quality private providers of intensive wrap services and respite services to children and adolescents has largely disappeared. Even when intensive community "wrap" services are

appropriate for a particular youth, institutional care, such as in a PRTF or hospital is now frequently the only available option.

For juveniles committed by a Family Court to DJJ who have a serious mental illness, DMH undertakes to find an appropriate placement and provide needed treatment services so that the juveniles can be furloughed from DJJ. However, South Carolina PRTFs have increasingly sought admissions from out-of-state referral sources, and it has proven very difficult to arrange a PRTF admission for a DJJ juvenile in need of that level of care.

DMH has been taking a variety of actions to address these problems and is currently meeting with DJJ, the Department of Social Services, SC Protection and Advocacy, SC Department of Children's Advocacy, and the Continuum of Care to collectively seek changes by DHHS to improve the availability of intensive community children's mental health services as well as improved access to PRTFs for children in State care or custody who have a serious mental illness and are at high risk for institutionalization.

Per Mr. Barnes-Young, Community Mental Health Services is moving away from providing Multi-Systemic Therapy (MST) to providing Multi-Dimensional Family Therapy (MDFT). MHC staff were trained last year to level-one fidelity. This year, MHC staff are being trained to level-two fidelity. Trainings will be held in Columbia, SC with MDFT trainers from Miami, FL. Ultimately, MHC staff will be trained to level-three fidelity, the train-the-trainer model, which will allow the DMH MDFT program to become self-sustaining. MDFT focuses heavily on family involvement and has a staff to patient ratio of ten patients to one mental health professional (MHP). DMH is recruiting to fill a variety of MHP positions, which is made difficult with low hiring wages.

Mr. Pearce asked if DHHS has the ability to offer funding for bundled services. Per Mr. Binkley, DHHS could consider offering a special waiver program for bundled services for the at-risk youth population. A waiver program would need to be approved by the Centers for Medicare and Medicaid Services (CMS).

Report of the Inpatient Facilities Governing Body Meeting of October 9, 2019 and the Approval of the Minutes

Dr. Versie Bellamy highlighted items of the October 9, 2019 quarterly Inpatient Facilities Governing Body Meeting minutes, copies of which had been provided to the Commission.

Dr. Bellamy reported:

- Morris Village underwent a tri-annual CARF survey in July and has been granted a three year accreditation.
- Division of Inpatient Facilities (DIS) staff and leadership attended the recent Zero-Suicide Academy. Dr. Allyson Sipes, Dr. Robert Breen, and other designated staff are working closely with Ms. Jennifer Butler of Community Mental Health Services to develop suicide care protocols for DMH hospitals, nursing homes, and outpatient mental health services.
- Morris Village has hired a new Medical Director, Rebecca Payne, who is knowledgeable in medication assisted treatment.
- DIS has positive performance data. The use of seclusion and restraint at DIS hospitals is below state and national averages. Roddey and Stone long-term care facilities' rates of pressure ulcers and urinary tract infections are below state and national averages.

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- Dr. Gothard is holding a collaborative training on child competency evaluations and the restorative process. Partners in this training include Child and Family Services, DJJ, and Protection and Advocacy staff.
- DIS is in the process of hiring a new Medical Director for G. Werber Bryan Hospital.

On a motion by Mr. Hiott, seconded by Dr. Evans, the Commission approved the Governing Body Meeting minutes from the October 9, 2019 meeting.

All voted in favor to the above motion; the motion carried.

Forensic Waiting List Update

Dr. Bellamy said today's wait list is 45. In November there were 19 admissions and 17 discharges. The average days on the wait list for restoration is 38 days. Two defendants have been on the list for 68 days, DIS plans to bring them in next week.

Dr. Bellamy said the Division continues to track trends to assess, identify, and remove barriers to service. Last month they had five emergencies, but DIS is looking at areas that can be controlled to become more efficient.

Dr. Rudd said in an effort to meet compliance with the forensic action plan for 30 day restorations, DIS will convert/reassign long-term psycho-social beds to restoration beds. This will increase DIS's ability to admit more restoration patients into Forensics to bring that number into compliance. If everything goes as planned, there will be five restorations admitted next week. Most restorations are located on Unit One and Unit Four of the Forensic Correct Care Recovery Solutions Well-path building. The bed assignments are continually adjusted to meet action plan statutory requirements.

Mr. Binkley pointed out the restoration population is made up of people who need restoration services in hospitals and also others who, if the law allowed, could receive restoration services in alternative locations. DMH is seeking sponsors for legislative changes, this session, which would authorize DMH to provide jail-based restoration services and, for those defendants out on bond, to provide restoration treatment in an outpatient community setting rather than a hospital bed.

Mr. Pearce asked if the ideas and recommendations given by Dr. Alleyne and Mr. Royals during a presentation to the Executive Leadership Development Training Class could be implemented to improve the forensic discharge processes. Dr. Bellamy said yes, Dr. Alleyne is scheduled to present the proposals to DIS leadership soon.

Issue Action Paper (IAP): Tucker Center Accreditation

Dr. Bellamy presented for discussion a Cost/Benefit analysis of continuing to contract with The Joint Commission for accreditation of the Department's CM Tucker Nursing Care Center indicates that the cost is no longer worth the benefit.

Mr. Pearce stated this is a policy issue which affects the status of a facility of DMH; therefore the Commission should approve or deny the proposal.

All agreed to table the item and to defer making a decision until the January Commission meeting.

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Financial Status Update

Mr. Binkley presented the monthly financial report, copies of which had been provided to the Commission. DMH is projected to end FY2020 under budget.

All facility budgets are on track with one exception. Management is concerned about revenue coming in less than projected for Hall Institute. Hall's census has not been as high as projected and psychiatric hospital services for those under 21 years of age were carved into Managed Care on July 1st, which resulted in more uncovered days. Management is looking for ways to improve the situation.

House Legislative Oversight Update

Mr. Binkley reported DMH, along with six other State agencies, has been under review by the House Legislative Oversight Committee (HLOC), during 2019. This is a statutory process that went into effect in 2015. Each year, seven agencies are chosen for review.

The hearings began in January as Mr. Binkley became Interim State Director. To date, there have been 16 hearings before the HLOC. The process may conclude next week. It's been time-consuming and lengthy, but overall a positive experience. DMH received the draft report November 27, 2019. DMH submitted minor recommended changes which were accepted by the HLOC subcommittee chair. Mr. Binkley and DMH staff will meet with the full HLOC and the subcommittee chair on Monday, December 9, 2019. Hopefully the full HLOC will accept the final report and conclude the process. The report contains a variety of recommendations that will require DMH follow-up. Three of the recommendations involve the Commission and possible amendments to Commission Bylaws.

ANNOUNCEMENTS

Mr. Pearce recognized Ms. Patricia Williams, who recently received the National Alliance on Mental Illness (NAMI) Clinician of the Year Award, and thanked her for her service. Ms. Williams is the Clinic Director of the Simpsonville mental health clinic and has been with GGMHC since 1996.

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 11:37 a.m., on a motion by Mr. Hiott, seconded by Dr. Evans, the Commission adjourned the Business Meeting and entered into Executive Session to receive legal advice concerning pending litigation and to discuss recruitment efforts for a permanent State Director. Upon convening in open session at 12:00 p.m., it was noted that only information was received; no votes or actions were taken.

ATTENDANCE

Commission Members

L. Gregory Pearce, Jr. Chair
Dr. Alison Evans (via telephone)

Robert Hiott

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Visitors/Staff

Mark Binkley, JD
Dr. Versie Bellamy
Dr. Kimberly Rudd
Christian Barnes-Young
Elizabeth Hutto
Wendy Holmquist

Crystal Barrs
Pete Camelo
Jill Mann
Matt Ryan
Mane Young
Sally Bissada-Lassiter

April Simpson
Kim Nelson
Jocelyn Piccine
Chris Bishop
Patricia Williams
Kim Nelson

Kristi Harrington
Susan Marshburn
Alexis Sommers
Chris Haines
William Byars
Randy Redlinger

APPROVALS


L. Greg Pearce, Jr.
Chair


Melanie Ferretti
Recording Secretary