

BYLAWS OF THE SOUTH CAROLINA MENTAL HEALTH COMMISSION

ARTICLE I. ORGANIZATION AND STRUCTURE

Section 1. The South Carolina Department of Mental Health is established pursuant to Section 44-9-10 of the Code of Laws of South Carolina, 1976, as amended, and is given jurisdiction over the State's mental hospitals, clinics, centers, joint State and community-sponsored mental health centers, facilities for the treatment and care of alcohol and drug addicts, and facilities for elderly persons who are mentally and physically handicapped to the extent their needs are not met in other facilities.

Section 2. The South Carolina Department of Mental Health is governed by the South Carolina Mental Health Commission. Commission members are appointed pursuant to Section 44-9-30 of the Code of Laws of South Carolina, 1976, as amended. The Commission consists of seven members appointed by the Governor, upon the advice and consent of the Senate. The members of the Commission serve for terms of five years and until their successors are appointed and qualify. The terms are so designated that the terms of no more than two members shall expire in any one year. The Governor has the power to remove any member of the Commission from office pursuant to Section 1-3-240 of the Code of Laws, 1976, as amended. The Commission determines policies and adopts necessary rules and regulations governing the operation of the State Department of Mental Health. The South Carolina Mental Health Commission presently consists of those individuals whose names appear on Attachment 1 of these Bylaws.

Section 3. Emeritus Commission Members. The Governor of South Carolina may appoint Emeritus Members to the Commission. Emeritus Members have all the rights and privileges of other Commission members, including notice of all meetings, except such Members have no vote nor the right to make any motion, but can discuss and make suggestions to the Commission for its information, where indicated, in its deliberations. Those individuals presently appointed as Emeritus Members are listed and so designated on Attachment 1 of these Bylaws.

Section 4. The powers and duties of the South Carolina Mental Health Commission are specifically enumerated in Sections 44-9-90, 44-9-100, 44-15-80 and various other Sections of the Code of Laws of South Carolina, 1976, as amended. The powers and duties of the South Carolina Mental Health Commission are established by the statutes of the State of South Carolina and the rules, regulations and policies promulgated thereunder. The procedures concerning potential conflicts of interest of any member of the South Carolina Mental Health Commission are established by the statutes of the State of South Carolina and the rules, regulations, and policies promulgated thereunder.

Section 5. Orientation. Upon confirmation of appointment to the South Carolina Mental Health Commission, new Commission members shall be provided with a complete orientation concerning the South Carolina Department of Mental Health and the

new member's rights and duties in relation thereto. The new Commission member shall be provided with a copy of the laws pertaining to mental health, the regulations promulgated under the authority of those laws, a copy of the Commission Bylaws, a copy of the most recent Annual Report and any other information deemed appropriate by the Commission and the Director. Continuing education and orientation shall be provided by means of periodic staff briefings, scheduled tours of various facilities and regular or special meetings of the Commission. Reports shall be received from the Director of the Department of Mental Health, and other staff of the Department when requested by the Director or the Commission.

Section 6. Chief Executive Officer. The Chief Executive of the South Carolina Department of Mental Health is the Director of the Department of Mental Health. The Director is appointed pursuant to Section 44-9-40 of the Code of Laws of South Carolina, 1976, as amended. The Director must be a person of proven executive and administrative ability with appropriate education and substantial experience in the field of mental illness treatment. The Director shall have such powers and duties as are provided by statute and as are directed by the South Carolina Mental Health Commission. The Director shall meet with the Commission and act as Executive Secretary. The Director may not vote, nor make a motion. The Director can discuss and make suggestions to the Commission for its information, where indicated, in its deliberations. The Director shall act for and on behalf of the Commission in reviewing and deciding appeals processed through the Department's grievance procedures. The Director shall assist the Commission in formulating policies and shall prepare for, present to, and review with the Commission at least the following items:

- (a) long and short term plans, including a written plan for obtaining financial resources that is consonant with the Department's goals and objectives;
- (b) reports on the nature and extent of funding and other available resources;
- (c) reports describing the Department's operations;
- (d) evaluation reports dealing with the efficiency and effectiveness of the various operations of the Department;
- (e) budgets and financial statements;
- (f) a written statement of the Department's goals and objectives and a plan for implementing those goals and objectives.

Section 7. The table of organization of the South Carolina Department of Mental Health is as indicated on the table of organization compiled and maintained in the Division of Human Resource Services. This table of organization shall be reviewed with the Commission each time it is revised.

Section 8. The Department of Mental Health shall be divided into such divisions as may be authorized by the State Director and approved by the Mental Health Commission. The divisions of the Department shall be headed by a Director appointed by the State Director.

Section 9. The Director of the Department of Mental Health may appoint a Director of each hospital. Subject to the policies and procedures established by the Director of the Department of Mental Health and the South Carolina Mental Health Commission, the Director of a hospital shall have overall authority and responsibility for the operations and administration of the facility. Upon the request of the State Director or the Mental Health Commission, the Director shall report to the South Carolina Mental Health Commission by attending the Commission's meetings or by providing such reports and information as is requested or needed.

Section 10. Upon the request of the State Director, or the Mental Health Commission, the Directors of the community mental health centers shall provide such reports and information to the Commission as is requested or needed.

Section 11. Each hospital system of the South Carolina Department of Mental Health (SCDMH) has an organized medical staff that is a self-governing body charged with overseeing the quality of care, treatment, and services delivered by practitioners who are credentialed and privileged through the medical staff process. The manner in which the medical staff is organized is approved by the South Carolina Department of Mental Health Commission (SCDMH Mental Health Commission), as the governing body of SCDMH hospital systems.

The SCDMH Mental Health Commission (the governing body) has the ultimate authority and responsibility for the oversight and delivery of health care rendered by licensed independent practitioners, and other practitioners credentialed and privileged through the medical staff process or any equivalent process. The governing body and the medical staff define medical staff membership criteria which, as deemed necessary by the governing body and the medical staff, may include licensed independent practitioners and other practitioners.

The medical staff bylaws, rules, and regulations create a framework within which medical staff members can act with a reasonable degree of freedom and confidence, define the role of the organized medical staff within the context of a hospital setting and clearly delineate its responsibilities in the oversight of care, treatment, and services. The bylaws, rules, and regulations (bylaws) meet the following requirements:

1. The organized medical staff develops the medical staff bylaws.
2. Neither the organized medical staff nor the governing body unilaterally amends the medical staff bylaws or rules and regulations.
3. The medical staff bylaws are adopted by the medical staff.

4. The governing body (SCDMH Mental Health Commission) approves and complies with the medical staff bylaws.
5. The organized medical staff enforces and complies with the medical staff bylaws.
6. The medical staff bylaws, rules and regulations, and policies and the governing body bylaws do not conflict.
7. Bylaws are reviewed at least every two years and proposed revisions are submitted to the Commission's Governing Body Committee for Inpatient Facilities for review and approval.

The bylaws include:

1. The process for adopting and amending medical staff bylaws, rules, regulations and policies; the medical staff structure; criteria and qualifications for appointment to the medical staff.
2. That each member of the medical staff observes all standards of the profession, assumes and carries out clinical and/or administrative functions in a manner consistent with local, State and Federal laws and regulations and follows applicable laws and regulations to avoid any conflicts of interest.
3. A provision that the medical staff shall protect the legal rights of patients and fully support the client advocacy program initiated by the governing body.
4. The definition of the qualifications of the department medical staff, a description of medical staff who are eligible to vote, and responsibilities of the department chair (when departments of the organized medical staff exists).
5. A description of the process for credentialing/re-credentialing, privileging/re-privileging, appointment/reappointment and recommendations for medical staff membership (including temporary and disaster privileging). The process must include a statement of duties and privileges related to each category of the medical staff (active, courtesy). Telemedicine is included with the responsibility for credentialing and privileging at the originating site. Medical staff of both the originating and distant sites recommend clinical services to be provided via a telemedicine link.
6. A description of the medical executive committee's function, size, composition, methods for selecting/electing and removing its members and the organized medical staff officers.
7. That the chief executive officer (CEO) of the hospital or his/her designed attends each executive committee meeting on an ex-officio basis, with or without a vote.

8. That the medical staff executive committee is empowered to act for the organized medical staff between meetings of the organized medical staff, the authority delegated, and how the authority is delegated or removed.
9. That the medical staff executive committee reviews and acts on reports of medical staff committees, departments, and other assigned activity groups.
10. A description of indications, processes, recommendations and implementation for/of automatic and summary suspension, terminations, suspensions or reduction in privileges.
11. A description of the mechanism for a fair hearing and appeal process (scheduling, conducting, composition of the committee) for addressing adverse decisions regarding reappointment, denial, reduction, suspension, or revocation of privileges that may relate to quality of care, treatment, and services issues.
12. A description of a process to identify and manage matters of the individual health for licensed independent practitioners. This identification process is separate from actions taken for disciplinary purposes.
13. A description of a process that defines circumstances requiring focused and ongoing review and evaluation of a practitioner's performance by peers.
14. That licensed independent practitioners with appropriate credentials and privileges are designated and responsible for performing activities necessary to oversee the care, treatment, and services rendered by practitioners privileged through the medical staff privileging process.
15. Requirements for participation in organization-wide performance improvement (measuring, assessing, analyzing and improving):
 - patient safety (including sentinel events) and satisfaction;
 - processes dependent upon licensed independent practitioners;
 - education of patients and families, coordination of care with others, medical assessment and treatment, accurate, timely and legible completion of medical records, appropriateness of clinical practice patterns, review of findings of the assessment process related to an individual's performance; and
 - communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff and the governing body consistent with organization preservation of confidentiality and privilege information.
16. Requirements for completing and documenting medical histories and physical examinations: minimal content, who performs, supervision required if any, circumstances in which validation and countersignature is needed.
17. That the medical staff advises hospital leaders on the sources of and mechanisms for determining circumstances under which consultation, contractual arrangements, or other agreements are required and obtained for clinical services.

18. A defined process for (participating hospitals) participants in a graduate education program:

- supervision of participants by a licensed independent practitioner with appropriate privileges,
- descriptions of roles, responsibilities, and patient care activities of participants,
- which participants may and under which circumstances patient care orders are written (without prohibiting licensed independent practitioners from doing so), medical records entries requiring countersignature, and
- the mechanism for effective communication between the committee(s) responsible for professional graduate education, the organized medical staff and the governing body.

ARTICLE II. MEETINGS OF THE COMMISSION

Section 1. Regular meetings of the Commission shall be held at a time set by the Chairman on the first Friday of each month and at other such times as the Chairman of the Commission, or a majority of the Commission, shall direct. The full Commission and the Commission's committees, except as otherwise specified in **Article VI** below, shall meet on the first Friday. Commission members shall receive notice of each regular meeting; however, these Bylaws shall constitute sufficient notice for regular Commission meetings. Notice to the public of the regular meetings will be provided at the beginning of each calendar year.

Section 2. Special meetings of the Commission may be held at any time upon call by the Chairman, by request of the Director or by any three members, provided not less than five days notice of the time and place of said meeting shall be given to all members of the Commission and notice of such meetings shall be made public as required by the South Carolina Freedom of Information Act.

Section 3. Any member may waive notice of any meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting except when a member attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted nor the purpose of any regular or special meeting of the Commission need be specified to the Commission members in a notice or waiver of notice of such meeting.

Section 4. Commission members are expected to attend and participate at all meetings of the Commission. Any member who has three consecutive unexcused absences from regularly scheduled meetings is considered removed from the Commission and a vacancy is created. An unexcused absence is an absence that occurs without prior notification to the Chairman, the Executive Secretary or the Recording Secretary of the Commission. The Chairman immediately shall notify the Governor of the Commission

member's absences and the resulting vacancy.

Section 5. The Director of the Department of Mental Health shall prepare an agenda for each scheduled meeting of the Mental Health Commission and its Committees. The agenda shall list the items of new and old business to be considered at the meeting. The agenda and notice of the meetings shall be posted at least twenty-four hours prior to a meeting except for emergency meetings.

Any member of the public requesting an item be placed on the agenda must submit a written request at least seven (7) days in advance of a scheduled meeting of the Commission, or 24 hours prior to the start of an emergency session. That request will state the name of the individual or group submitting the request, the address, the purpose of the request and the topic to be addressed. The chairperson of the Commission, at their discretion, will notify the person if their request is to be granted. The chairperson will introduce speakers who have previously submitted an approved request to the Commission at the appropriate time during the agenda and invite them to make comments on agenda topics. Speakers may offer objective comments on agency operations and programs that concern them. Each person that signs up to speak will be limited to a three-minute presentation. The Commission expressly reserves the right to terminate presentations that are irrelevant, disruptive, or otherwise out of order at the discretion of the chairperson.

ARTICLE III. QUORUM

Section 1. A majority of the members of the Commission shall constitute a quorum for the transaction of business at any meeting of the Commission. If less than a majority is present at a meeting, a majority of those present may adjourn the meeting.

Section 2. Any action of the majority present at a meeting at which a quorum is present shall be a valid act of the Commission.

ARTICLE IV. VOTING

Section 1. Each member of the Commission shall be entitled to one vote on each matter submitted to a vote of the members of the Commission.

Section 2. A member who is present at a meeting of the Commission at which action on any matter is taken shall be presumed to have assented to the action unless his/her dissent shall be noted at the time.

ARTICLE V. OFFICERS

Section 1. The officers of the Commission shall be a chairman and a vice-chairman. The Commissioners may appoint other officers as in their judgment may be necessary.

Section 2. The chairman and vice-chairman shall be elected for a term of one year. Election of officers shall be held each year at the first Commission meeting in July,

with terms beginning at the conclusion of that July meeting and ending at the conclusion of the first meeting in July of the ensuing year. If the office of chairman or vice-chairman shall become vacant, the remaining members shall elect a successor for the unexpired term.

Section 3. The chairman shall preside at all meetings and the vice-chairman shall preside in the absence of the chairman.

Section 4. The Director of the Department of Mental Health shall act as Executive Secretary of the Commission.

Section 5. The Commission may appoint a recording secretary who shall keep the minutes of all meetings and see that all notices are given in accordance with the provisions of these Bylaws. The recording secretary shall be the custodian of any and all records and shall, in general, perform all duties incident to the office of recording secretary and such other duties as from time to time may be assigned to the recording secretary by the Commission.

ARTICLE VI. COMMITTEES

Section 1. The Commission may appoint special or standing committees as it may deem advisable. Each such committee shall have such powers and authority as shall be specified by the Commission. The Commission Chairman shall appoint members of committees and shall designate the chairperson of each committee.

Section 2. An Audit Committee is hereby established as a standing committee of the Commission. The full Commission shall comprise the Audit Committee.

Section 3. The Governing Body Committee for Inpatient Facilities shall conduct governing body responsibilities for each inpatient hospital and nursing care center of the Department of Mental Health as directed by the Mental Health Commission. The voting members of the committee shall consist of the SCDMH Deputy Director of Inpatient Services, (Chair); the Medical Director of the Department of Mental Health; the General Counsel, the Inpatient Services Administrator, the Inpatient Services Chief Nursing Officer, the Chief Financial Officer, the Inpatient Services Medical Director, the Inpatient Services Director of Performance Improvement, Risk Management, Regulatory Compliance and the Inpatient Services Inpatient Services Financial Controller. The Committee will meet no less than quarterly beginning on the second Tuesday of January. A quorum of the Committee shall be a majority of the individuals occupying the designated positions. Each inpatient hospital and nursing care center of the Inpatient Services Division may have in attendance at the meetings the Director, Medical Director, Chief Nursing Officer and the Performance Improvement Director. A community advocate may be selected by the State Director to also serve on the Committee.

The Committee shall keep minutes of its meetings and forward copies of the minutes to the Commission. At each Commission meeting following the receipt of the Committee's minutes, the Commission will review the minutes. The Commission may

approve the minutes and thereby approve the actions taken by the Committee, or the Commission may disapprove any item in the minutes and thereby disapprove the itemized action of the Committee.

The Committee shall be responsible for implementation of the commitment of the Mental Health Commission and the Department of Mental Health to set the framework for supporting safety and quality of patient care, treatment, and services. The Committee promotes performance improvement, and provides for organizational management and planning.

ARTICLE VII. ORDER OF BUSINESS

The order of business at each full meeting of the Commission shall be as follows:

- (a) call to order;
- (b) reading and/or approval of minutes of preceding meeting;
- (c) reports of staff, or others as indicated;
- (d) reports of committees;
- (e) report of the State Director
- (f) other business and public comments;
- (g) adjournment.

The Commission shall conduct its business according to the Commission's Bylaws and, where no provision of the Bylaws is applicable, according to Robert's Rules of Order.

A member of the public wishing to address the Commission must sign in with their name, contact information, organization's name (if applicable), and the topic on which they wish to speak. Such comments will be limited to three minutes. No person, other than a Commission member, shall speak more than once during the public comment period without express permission of the chairperson. The Commission expressly reserves the right to terminate public comments that are irrelevant, disruptive, duplicative, or otherwise out of order at the discretion of the chairperson. The time for public comment shall not exceed three minutes, except that such time may be extended at the discretion of the chairperson or by vote of Commission.

ARTICLE VIII. MINUTES

Minutes shall be kept of all Mental Health Commission meetings and shall include, but not be limited to, the following items:

- (a) Date, time and place of the meeting;
- (b) Names of members present or absent and any other individuals who made comments during the public comment session;
- (c) Substance of all matters proposed, discussed or decided and, at the request of any member, a record by individual member of any

votes taken;

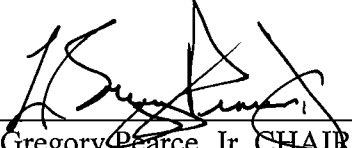
- (d) Target dates for implementation of recommendations;
- (e) Reports of the Director;
- (f) Any other information that any member requests be included or reflected in the minutes.

ARTICLE IX. EXECUTIVE SESSION

All meetings of the Commission and its Committees shall be open to the public unless an Executive Session has been called in accordance with, and as authorized by, the provisions of the South Carolina Freedom of Information Act.

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

These Bylaws may be amended at any regular or special meeting of the Commission upon a vote of at least two-thirds of those members present and voting, providing that notice of the proposed amendments has been given, in writing, to all members of the Commission at least five days before said meeting. These Bylaws shall be reviewed at least every two years and said review shall be documented.



L. Gregory Pearce, Jr. CHAIRMAN
S.C. MENTAL HEALTH COMMISSION

Dated: December 4, 2020

ATTACHMENT 1

MENTAL HEALTH COMMISSION MEMBERS

L. Gregory (Greg) Pearce, Jr.
Chair
Columbia, South Carolina

Louise F. Haynes
Vice Chair
North Charleston, South Carolina

Alison Y. Evans, Psy.D.
Hartsville, South Carolina

Bob Hiott
Pickens, South Carolina