Healthcare and Regulatory Subcommittee Meeting

Monday, September 16, 2019

Contents

AGENDA

South Carolina House of Representatives

Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE
Chairman John Taliaferro (Jay) West, IV
The Honorable Robert L. Ridgeway, III
The Honorable Bill Taylor
The Honorable Chris Wooten

Monday, September 16, 2019
10:00 a.m. in Room 427 - Blatt Building
1:30 p.m. in Room 110 – Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

I. Approval of Minutes

II. Discussion of study of the Department of Mental Health

III. Adjournment

MEETING MINUTES

Chair Wm. Weston J. Newton

First Vice-Chair:
Laurie Slade Funderburk

Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams

Legislative Oversight Committee

South Carolina House of Representatives

Gary E. Clary
Chandra E. Dillard
Lee Hewitt
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten

Jennifer L. Dobson
Research Director

Cathy A. Greer
Administration Coordinator

Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811

Room 228 Blatt Building

Charles L. Appleby, IV
Legal Counsel

Carmen J. McCutcheon Simon
Research Analyst/Auditor

Kendra H. Wilkerson
Fiscal/Research Analyst

Healthcare and Regulatory Subcommittee Meeting
Tuesday, August 27, 2019, at 10:00 am
Blatt Building Room 427

Archived Video Available

I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (http://www.scstatehouse.gov) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

I. Chair Jay West calls the Healthcare and Regulatory Subcommittee to order on Monday, August 12, 2019, in Room 410 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting, with the exception of Representative Robert Ridgeway.

Minutes

I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of

meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

II. Representative Wooten moves to approve the meeting minutes from the August 12, 2019, meeting. The motion passes.

Representative Wooten's motion to approve the meeting minutes from the August 12, 2019, meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor				✓
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Meeting

I. Chair West explains that this is the Subcommittee's twelfth meeting with the Department of Mental Health, and that the purpose is to inquire about responses to the Subcommittee's letters to the agency and discuss the agency's recommendations.

II. Mark Binkley, Interim Director, provides testimony about an agency recommendation and responds to Subcommittee member questions about the agency's recommendations and subjects addressed in prior letters to the agency.

III. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly consider removing the pass through of funds to the Alzheimer's Disease and Related Disorders Association (Proviso 35.3 - 2019), Department of Social Services (Proviso 117.53 – 2019) and the Department of Children's Advocacy (Proviso 35.1 – 2019 referring to the Continuum of Care) from the Department of Mental Health's section of the General Appropriations Act and include those funds in the most-applicable Department's section.

Representative Taylor's motion that the Subcommittee report include a recommendation that the General Assembly consider removing the pass through of funds to the Alzheimer's Disease and Related Disorders Association (Proviso 35.3 - 2019), Department of Social Services (Proviso 117.53 – 2019) and the Department of Children's Advocacy (Proviso 35.1 – 2019 referring to the Continuum of Care) from the	Yea	Nay	Not Voting (Absent)	Not Voting (Present)

Department of Mental Health's section of the General Appropriations Act and include those funds in the most-applicable Department's section.				
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

IV. Representative Taylor moves that the Subcommittee receive for information the agency's recommendation to consider amending the statutory subsection created by Section 6 of Act 65 of 2019, which amended Section 44-53-360(j) to require practitioners to electronically prescribe controlled substances unless exempted from the subsection, to add an exemption specifically for DMH practitioners and facilities.

Representative Taylor's motion that the Subcommittee receive for information the agency's recommendation to consider amending the statutory subsection created by Section 6 of Act 65 of 2019, which amended Section 44-53-360(j) to require practitioners to electronically prescribe controlled substances unless exempted from the subsection, to add an exemption specifically for DMH practitioners and facilities.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

V. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 44-22-40 to make the priority list of people who may provide substitute consent consistent with recent changes to the priority list of relationships in S.C. Code § 44-66-30 (Adult Healthcare Consent Act).

Representative Taylor's motion that the Subcommittee report include a recommendation that the General Assembly consider	Yea	Nay	Not Voting (Absent)	Not Voting (Present)

amending S.C. Code Ann. § 44-22-40 to make the priority list of people who may provide substitute consent consistent with recent changes to the priority list of relationships in S.C. Code § 44-66-30 (Adult Healthcare Consent Act).				
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

VI. Representative Taylor moves that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 15-78-10 et seq. (Tort Claims Act) to provide the same limits on the tort liability of contractors providing services on behalf of state agency, as those in existence for state agencies.

Representative Taylor's motion that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 15-78-10 et seq. (Tort Claims Act) to provide the same limits on the tort liability of contractors providing services on behalf of state agency, as those in existence for state agencies.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

VII. Representative Wooten moves that the Subcommittee report include a recommendation that the Department of Mental Health collaborate with the Office of the Attorney General and the criminal defense bar to review the amendments to S.C. Code Ann. §44-48-10 et seq. (Sexually Violent Predator Act) in Senate Bill 797, as introduced in 2019.

Representative Wooten's motion that the Subcommittee report include a recommendation that the Department of Mental Health collaborate with the Office of the Attorney General and the criminal defense bar to review the amendments to S.C. Code	Yea	Nay	Not Voting (Absent)	Not Voting (Present)

Ann. §44-48-10 et seq. (Sexually Violent Predator Act) in Senate Bill 797, as introduced in 2019.				
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

VIII. Representative Wooten moves that the Subcommittee report include a recommendation that the Department of Mental Health provide to the Subcommittee a summary of suggested changes to the Senate Bill 797, as introduced in 2019, if any, based on that input (See Section VII above).

Representative Wooten's motion that the Subcommittee report include a recommendation that the Department of Mental Health provide to the Subcommittee a summary of suggested changes to the Senate Bill 797, as introduced in 2019, if any, based on that input (See Section VII above).	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

IX. Representative Taylor moves that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 44-23-430, regarding commitments of defendants for treatment services to restore capacity to stand trial, to allow for restoration in a place other than an inpatient facility, if appropriate.

Representative Taylor's motion that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 44-23-430, regarding commitments of defendants for treatment services to restore capacity to stand trial, to allow for restoration in a place other than an inpatient facility, if appropriate.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	

Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

X. Representative Taylor moves that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 44-23-430, regarding defendants found to lack capacity to stand trial and further found to be unlikely to be able to be restored, to allow at least 180 days for defendants to be restored..

Representative Taylor's motion that the Subcommittee receive for information the agency's recommendation to consider amending S.C. Code Ann. § 44-23-430, regarding defendants found to lack capacity to stand trial and further found to be unlikely to be able to be restored, to allow at least 180 days for defendants to be restored.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway			✓	
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

XI. There being no further business, the meeting is adjourned.

STUDY TIMELINE

Legislative Oversight Committee Actions

- May 3, 2018 - Prioritizes the agency for study
- May 9, 2018 - Provides the agency with notice about the oversight process
- July 17 – August 20, 2018 - Solicits input from the public about the agency in the form of an online survey
- January 14, 2019 - Holds **Meeting 1** to **obtain public input** about the agency

Healthcare and Regulatory Subcommittee Actions

- February 5, 2019- Holds **Meeting 2** with the agency to receive an overview of the agency's **history, mission, organization, products, and services**
- February 19, 2019 – Holds **Meeting 3** with the agency to receive testimony about the **Inpatient Services Division**
- March 5, 2019 – Holds **Meeting 4** with the agency to receive further testimony about the **Inpatient Services Division**
- March 19, 2019- Holds **Meeting 5** with the agency to receive further testimony about the **Inpatient Services Division,** and discuss responses to earlier-asked questions
- April 2, 2019 – Holds **Meeting 6** with the agency to receive testimony about **Community Mental Health Services**
- April 23, 2019 – Holds **Meeting 7** with the agency to receive testimony about **Community Mental Health Services**
- May 7, 2019 – Holds **Meeting 8** with the agency to receive testimony about **Community Mental Health Services** staffing and **facility deferred maintenance**
- June 20, 2019 – Holds **Meeting 9** with the agency to receive testimony about **Community Mental Health Services**
- July 8, 2019 – Holds **Meeting 10** with the agency to receive testimony about **Budget, Medical Affairs, and Administrative Services**
- July 23, 2019 – Holds **Meeting 11** with the agency to receive testimony about **Administrative Services**
- August 12, 2019 – Holds **Meeting 12** with the agency to receive testimony about **Agency Recommendations**
- August 27, 2019 – Holds **Meeting 13** with the agency to discuss **Agency Recommendations**

Department of Mental Health Actions

- March 11, 2015- Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 8, 2016- Submits its **2016 Annual Restructuring Report**

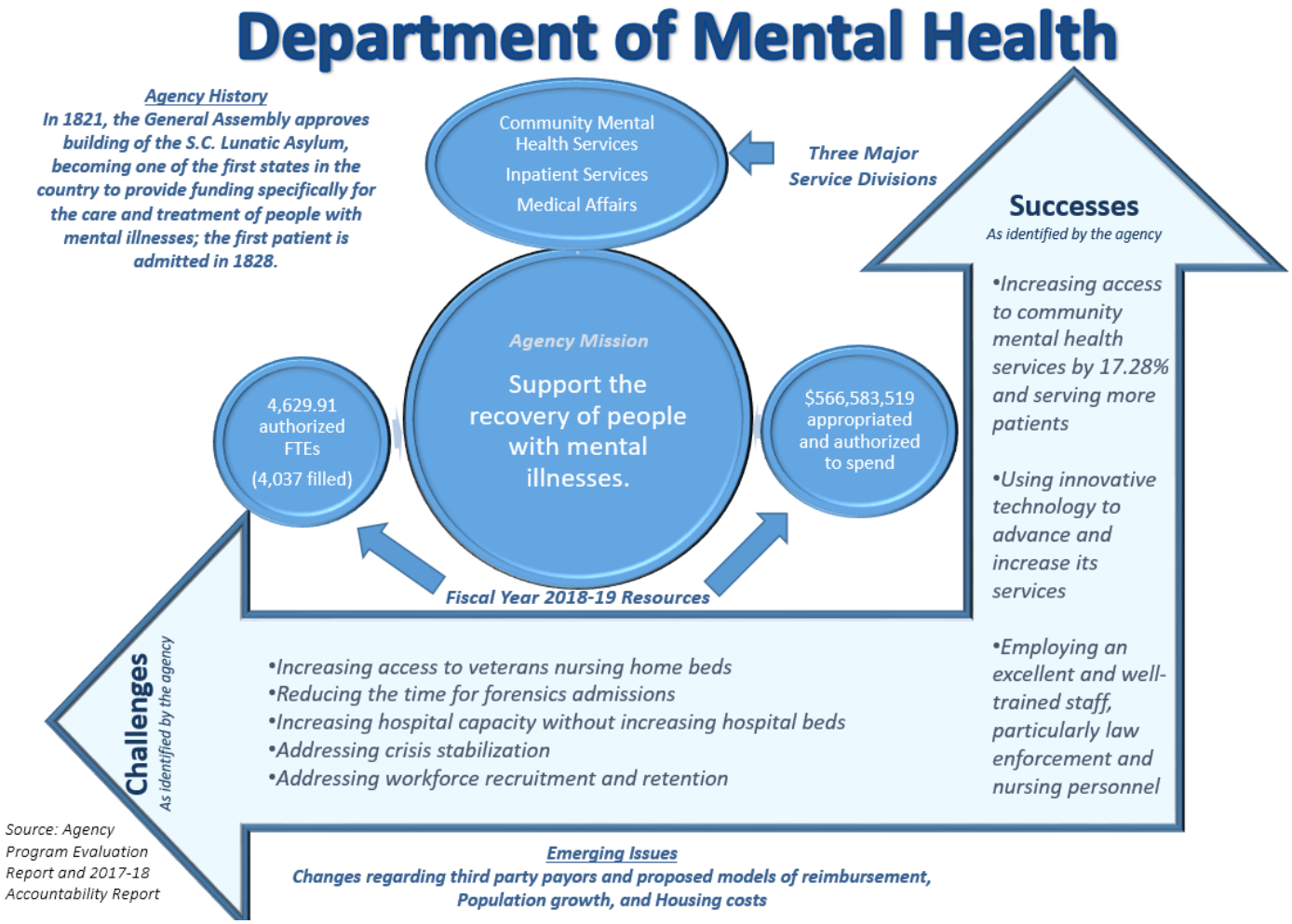
- September 2016- Submits its **FY 2015-16 Accountability Report/Annual Restructuring Report**
- September 2017- Submits its **FY 2016-17 Accountability Report/Annual Restructuring Report**
- September 2018 – Submits it **FY 2017-18 Accountability Report/Annual Restructuring Report**
- November 19, 2018- Submits its **Program Evaluation Report**
- February- TBD 2019- Meets with and **responds to Subcommittee inquiries**

Public's Actions

- July 17 – August 20, 2018 - Provides input about the agency via an **online public survey**
- January 14, 2019 – Provides testimony at public input meeting

AGENCY OVERVIEW

Snapshot



VULNERABLE ADULT FATALITIES REVIEW COMMITTEE

Authority and Responsibilities

The Vulnerable Adult Fatalities Review Committee's authority and responsibilities are found in Title 43 of the S.C. Code of Laws. The relevant sections are included here.

SECTION 43 35 560. Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support.

(A) There is created a multidisciplinary Vulnerable Adults Fatalities Review Committee composed of:

(1) the Director of the South Carolina Department of Social Services;

(2) the Commissioner of the South Carolina Department of Health and Environmental Control;

(3) the Executive Director of the South Carolina Criminal Justice Academy;

(4) the Chief of the South Carolina Law Enforcement Division;

(5) the Director of the South Carolina Department of Alcohol and Other Drug Abuse Services;

(6) the Director of the South Carolina Department of Mental Health;

(7) the Director of the South Carolina Department of Disabilities and Special Needs;

(8) the Director of the Office on Aging;

(9) the Executive Director of Protection and Advocacy for People with Disabilities, Inc.;

(10) two representatives from two county boards of disabilities and special needs established pursuant to Section 44 20 375;

(11) a county coroner or medical examiner;

(12) an attorney with experience in prosecuting crimes against vulnerable adults;

(13) a physician with experience in treating vulnerable adults, appointed from recommendations submitted by the South Carolina Medical Association;

(14) a solicitor;

(15) a forensic pathologist; and

(16) two members of the public at large, one of whom must represent a private nonprofit community residential care facility and one of whom must represent a public for profit community residential care facility, both of which must provide services to vulnerable adults.

(B) Those members enumerated in items (1) through (10) shall serve ex officio and may appoint a designee, who has administrative or program responsibilities for vulnerable adults, to serve in their place from their particular departments or agencies. The remaining members, including the coroner or medical examiner and solicitor, who shall serve ex officio, must be appointed by the Governor for terms of four years and until their successors are appointed and qualify.

(C) A chairman and vice chairman of the committee must be elected from among the members by a majority vote of the membership for a term of two years.

(D) Meetings of the committee must be held at least quarterly. A majority of the committee constitutes a quorum.

(E) Each ex officio member shall provide sufficient staff and administrative support to carry out the responsibilities of this article.

HISTORY: 2006 Act No. 301, Section 9, eff May 23, 2006.

SECTION 43 35 570. Purpose of Vulnerable Adult Fatalities Review Committee.

(A) The purpose of the Vulnerable Adult Fatalities Review Committee is to decrease the incidence of preventable vulnerable adult deaths by:

(1) developing an understanding of the causes and incidences of vulnerable adult deaths;

(2) developing plans for and implementing changes within the agencies represented on the committee which will prevent vulnerable adult deaths; and

(3) advising the Governor and the General Assembly on statutory, policy, and practice changes that will prevent vulnerable adult deaths.

(B) To achieve its purpose, the committee shall:

(1) meet with the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division no later than one month after the unit receives notification by the county coroner or medical examiner pursuant to Section 17 5 555 or Section 43 35 35 to review the investigation of the death;

(2) undertake annual statistical studies of the incidence and causes of vulnerable adult fatalities in this State. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families before and subsequent to the deaths;

(3) consider training, including cross agency training, consultation, technical assistance needs, and service gaps;

(4) educate the public regarding the incidences and causes of vulnerable adult deaths, the public role in preventing these deaths, and specific steps the public can undertake to prevent vulnerable adult deaths. The committee shall enlist the support of civic, philanthropic, and public service organizations in performing the committee’s educational duties;

(5) develop and implement policies and procedures for its own governance and operation;

(6) submit to the Governor and the General Assembly an annual written report and any other reports prepared by the committee including, but not limited to, the committee’s findings and recommendations for changes to any statute, regulation, policy, or procedure that the committee determines is needed to decrease the incidence of preventable vulnerable adult deaths. Annual reports must be made available to the public.

HISTORY: 2006 Act No. 301, Section 9, eff May 23, 2006.

SECTION 43 35 580. Meetings discussing individual cases closed; disclosure of information identifying vulnerable adult or family member.

(A) Meetings of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and of the Vulnerable Adult Fatalities Review Committee are closed to the public and are not subject to Chapter 4, Title 30, the Freedom of Information Act, when the unit and committee are discussing individual cases of vulnerable adult deaths.

(B) Except as provided in subsection (C), meetings of the committee are open to the public and subject to the Freedom of Information Act when the committee is not discussing individual cases of vulnerable adult deaths.

(C) Information identifying a deceased vulnerable adult or a family member, guardian, or caretaker of a deceased vulnerable adult, or an alleged or suspected perpetrator of abuse or neglect upon a vulnerable adult may not be disclosed during a public meeting and information regarding the involvement of any agency with the deceased vulnerable adult or family may not be disclosed during a public meeting.

(D) Violation of this section is a misdemeanor and, upon conviction, a person must be fined not more than five hundred dollars or imprisoned not more than six months, or both.

HISTORY: 2006 Act No. 301, Section 9, eff May 23, 2006.

SECTION 43 35 590. Confidential and public information.

(A) All information and records acquired by the unit and the committee in the exercise of their duties and responsibilities pursuant to this article are confidential, exempt from disclosure under Chapter 4, Title 30, the Freedom of Information Act, and only may be disclosed as necessary to carry out the unit's and committee's purposes and responsibilities.

(B) Statistical compilations of data that do not contain information that would permit the identification of a person to be ascertained are public records.

(C) Reports of the unit and the committee that do not contain information that would permit the identification of a person to be ascertained are public information.

(D) Except as necessary to carry out the unit's and committee's duties and responsibilities, unit personnel and members of the committee and persons attending meetings may not disclose what transpired at a meeting that is not public under Section 43 35 580 and may not disclose information, the disclosure of which is prohibited by this section.

(E) Members of the committee, persons attending a committee meeting, and persons who present information to the committee may not be required to disclose in any civil or criminal proceeding information presented in or opinions formed as a result of the meeting, except that information available from other sources is not immune from introduction into evidence through those sources solely because it was presented during proceedings of the committee or unit or because it is maintained by the committee or unit. Nothing in this subsection may be construed to prevent a person from testifying to information obtained independently of the committee or which is public information.

(F) Information, documents, and records of the unit and of the committee are not subject to subpoena, discovery, or the Freedom of Information Act, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or the Freedom of Information Act through those sources solely because they were presented during proceedings of the unit or committee or because they are maintained by the unit or the committee.

(G) A person who knowingly violates a provision of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

HISTORY: 2006 Act No. 301, Section 9, eff May 23, 2006.

S.C. Vulnerable Adult Fatalities Review Committee Report (2007-2013)

A review of the procedures and findings of the South Carolina Vulnerable Adult Fatality Review Committee for years 2007 – 2013.

Report

SC Vulnerable Adult Fatality Review Committee 2014

Table of Contents

CHAIR REPORT AND ACKNOWLEDGMENTS

The South Carolina Adult Fatality Review Committee (SCAFRC) has completed their eighth year reviewing deaths of South Carolina's elderly and incapacitated adults in facilities operated or contracted for operation by the SC Department of Disabilities and Special Needs (DDSN) and the SC Department of Mental Health (DMH). I would like to thank the members of the SCAFRC executive committee for affording me the privilege of serving as Chair to such a distinguished and selfless group of individuals. As I reflect on the work of this committee over the past 8 years, I am encouraged that there are many who care and are concerned with the fate of South Carolina's most vulnerable residents and who are so willing to dedicate their time to give these vulnerable individuals a voice they so deserve.

In 2013, over 8,000 cases of abuse, neglect, and accidents involving the elderly and incapacitated adults from nursing facilities are reported to the South Carolina Long-Term Care Ombudsmen. Still more reports of neglect, abuse and exploitation are reported to the South Carolina Division of Social Services. The United States Senate Special Committee on Aging reports that 4-6% of our citizens over the age of 60 are abused each year and that approximately 84% of elder abuse cases are never reported. As the number of South Carolina's citizens over the age of 60 dramatically increases over the next 20 years, the need to continue to fund, expand and improve on those services that support the elderly grows more urgent. This report highlights that repeated education of care staff is critical to keeping concerns related to long term care of vulnerable adults at the forefront and to prevent abuse and neglect.

The VAFRC wishes to recognize the dedication and service of Patsy Lightle, a supervisor with the South Carolina Law Enforcement Division Special Victim's Unit who retired in 2014 after 35 years of dedicated service protecting and giving a voice to children, the special needs community and vulnerable adults in the State of South Carolina. We wish you well, Patsy.

Wendy C. Bell, Ph.D.
Chair

ADULT FATALITIES REVIEW COMMITTEE

Background: Vulnerable Adult Fatalities Review Committee

COMMITTEE BACKGROUND AND DUTIES:

A Vulnerable Adult Fatality Review Committee was legislatively created in May 2006 with passage of an amendment to the Omnibus Adult Protection Act that was signed into law by the Honorable Mark Sanford, Governor, on May 23, 2006. The new Article 5 of the Act created the Committee and set forth its duty to investigate vulnerable adult fatalities in facilities operated or contracted for operation by the SC Department of Disabilities and Special Needs (DDSN) and the SC Department of Mental Health (DMH). The amendment outlined the policy of the State for every vulnerable adult to live in safety and in health and the State's responsibility to respond to deaths.

The amendment to the Omnibus Adult Protection Act also created a special investigations unit at the South Carolina Law Enforcement Division (SLED) to investigate allegations of abuse, neglect or exploitation of vulnerable adults in facilities operated or contracted for operation by DDSN and DMH. An independent system for law enforcement investigations had been recommended in a report released in 2005 by Protection and Advocacy for People with Disabilities titled "*Unequal Justice for South Carolinians with Disabilities: Abuse and Neglect Investigations."* This special investigations unit at SLED was charged with the fatalities investigations.

Membership

The Vulnerable Adult Fatalities Review Committee is a multi-disciplinary body whose purpose is to decrease the incidence of preventable vulnerable adult deaths. The membership and duties of the Committee are outlined in the statute. Per South Carolina Omnibus Adult Protection Act 43-35-560 the membership will include the following persons:

SECTION 43-35-560. Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support.
(A) There is created a multi-disciplinary Vulnerable Adults Fatalities Review Committee composed of:
(1) the Director of the South Carolina Department of Social Services;

(2) the Commissioner of the South Carolina Department of Health and Environmental Control;

(3) the Executive Director of the South Carolina Criminal Justice Academy;

(4) the Chief of the South Carolina Law Enforcement Division;

(5) the Director of the South Carolina Department of Alcohol and Other Drug Abuse Services;

(6) the Director of the South Carolina Department of Mental Health;

(7) the Director of the South Carolina Department of Disabilities and Special Needs;

(8) the Director of the Office on Aging;

(9) the Executive Director of Protection and Advocacy for People with Disabilities, Inc.;

(10) two representatives from two county boards of disabilities and special needs established pursuant to Section 44-20-375;

(11) a county coroner or medical examiner;

(12) an attorney with experience in prosecuting crimes against vulnerable adults;

(13) a physician with experience in treating vulnerable adults, appointed from recommendations submitted by the South Carolina Medical Association;

(14) a solicitor;

(15) a forensic pathologist; and

(16) two members of the public at large, one of whom must represent a private nonprofit community residential care facility and one of whom must represent a public for profit community residential care facility, both of which must provide services to vulnerable adults.

VULNERABLE ADULTS FATLITIES REVIEW COMMITTEE MEMBERSHIP

(Current as of 6/2015)

CHAIR

Wendy C. Bell, Ph.D.
Captain of Forensic Operations
Forensic Services Laboratory
SC Law Enforcement Division
Post Office Box 21398
Columbia, SC 29221-1397

Brain Bennett
Instructor
SC Criminal Justice Academy
5400 Broad River Rd
Columbia, SC 29212

Tonya Bradford
Consumer Advocate
Babcock Center
P O Box 4389
West Columbia, SC 29171

Phyllis Dennis
Program Coordinator II
SC Department of Health and
Environmental Control
2600 Bull Street
Columbia, SC 29201

Dr. Amy Durso
Forensic Pathologist
Palmetto Richland Memorial Hospital
5 Medical Park Drive
Columbia, SC 29203

Virginia Ervin
Case Management Utilization Review
SC Department of Alcohol and other Drug
Abuse Services
2414 Bull Street, Suite 301
Columbia, SC 29201

Gary Ewing, M.D.
CM Tucker, Jr. Nursing Care Center
2200 Harden Street
Columbia, SC 29203

Ann McLean
Director, Adult Support
Intellectual Disabilities Division
SC Department of Disabilities and Special
Needs
3440 Harden Street Extension
Columbia, SC 29240

Ken Moore
SC Attorney General's Office
P O box 11549
Columbia, SC 29211

Gloria Prevost
Protection and Advocacy for People with Disabilities
3710 Landmark Drive, Suite 208
Columbia, SC 29204

Dale Watson
South Carolina State Long Term Care Ombudsman
Lt. Governor's Office on Aging
1301 Gervais Street, Suite 350
Columbia, SC 29201

Gregory L Shore
County Coroner or Medical Examiner
Anderson County Coroner and Medical Examiner for Medshore
P O Box 8002
Anderson, SC 29622

Melissa T. Yetter
Executive Director of Heritage at Lowman
Lutheran Homes of South Carolina
300 Ministry Drive
Irmo, SC 29063

Mildred Washington
Director of Adult Protective Services
SC Department of Social Services
P O Box 1520
Columbia, SC 29202

Confidentiality Agreement:

In accordance with Section 43-35-580:

Meetings discussing individual cases closed; disclosure of information identifying vulnerable adult or family member.

(A) Meetings of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and of the Vulnerable Adult Fatalities Review Committee are closed to the public and are not subject to Chapter 4, Title 30, the Freedom of Information Act, when the unit and committee are discussing individual cases of vulnerable adult deaths.

(B) Except as provided in subsection (C), meetings of the committee are open to the public and subject to the Freedom of Information Act when the committee is not discussing individual cases of vulnerable adult deaths.

(C) Information identifying a deceased vulnerable adult or a family member, guardian, or caretaker of a deceased vulnerable adult, or an alleged or suspected perpetrator of abuse or neglect upon a vulnerable adult may not be disclosed during a public meeting and information regarding the involvement of any agency with the deceased vulnerable adult or family may not be disclosed during a public meeting.

(D) Violation of this section is a misdemeanor and, upon conviction, a person must be fined not more than five hundred dollars or imprisoned not more than six months, or both.

Mission Statement and Objectives

The purpose of the Vulnerable Adult Fatalities Review Committee is to decrease the incidence of preventable vulnerable adult deaths by:

1. developing an understanding of the causes and incidences of vulnerable adult death;

2. developing plans for and implementing changes within the agencies represented on the committee which will prevent vulnerable adult deaths; and

3. advising the Governor and the General Assembly on statutory, policy, and practice changes that will prevent vulnerable adult deaths.

To achieve its purpose, the committee shall:

1. meet with Vulnerable Adults Investigations Unit of South Carolina Law Enforcement Division to review the investigation of the death on a bimonthly basis, in a timely manner following the report of death;

2. undertake annual statistical studies of the incidence and causes of vulnerable adult fatalities in this State. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families before and subsequent to the deaths;

3. consider training, including cross-agency training, consultation, technical assistance needs, and service gaps;

4. educate the public regarding the incidences and causes of vulnerable adult deaths, the public role in preventing these deaths, and specific steps the public can undertake to prevent vulnerable adult deaths. The committee shall enlist the support of civic, philanthropic, and public service organizations in performing the committee's educational duties;

5. develop and implement policies and procedures for its own governance and operation;

6. submit to the Governor and the General Assembly an annual written report and any other reports prepared by the committee including, but not limited to, the committee's findings and recommendations for changes to any statute, regulation, policy, or procedure that the committee determines is needed to decrease the incidence of preventable vulnerable adult death. Annual reports must be made available to the public.

South Carolina Code 43-35-590. Confidential and public information:

(A) All information and records acquired by the unit and the committee in the exercise of their duties and responsibilities pursuant to this article are confidential, exempt from disclosure under Chapter 4, Title 30, the Freedom of Information Act, and only may be disclosed as necessary to carry out the unit's and committee's purposes and responsibilities.

(B) Statistical compilations of data that do not contain information that would permit the identification of a person to be ascertained are public records.

(C) Reports of the unit and the committee that do not contain information that would permit the identification of a person to be ascertained are public information.

(D) Except as necessary to carry out the unit's and committee's duties and responsibilities, unit personnel and members of the committee and persons attending meetings may not disclose what transpired at a meeting that is not public under Section 43-35-580 and may not disclose information, the disclosure of which is prohibited by this section.

(E) Members of the committee, persons attending a committee meeting, and persons who present information to the committee may not be required to disclose in any civil or criminal proceeding information presented in or opinions formed as a result of the meeting, except that information available from other sources is not immune from introduction into evidence through those sources solely because it was presented during proceedings of the committee or unit or because it is maintained by the committee or unit. Nothing in this subsection may be construed to prevent a person from testifying to information obtained independently of the committee or which is public information.

(F) Information, documents, and records of the unit and of the committee are not subject to subpoena, discovery, or the Freedom of Information Act, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or the Freedom of Information Act through those sources solely because they were presented during proceedings of the unit or committee or because they are maintained by the unit or the committee.

(G) A person who knowingly violates a provision of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

What Constitutes Abuse and How to Report Abuse:

The SCVAFRC feels strongly that emphasis should be placed on defining abuse, neglect and exploitation and for alerting the public regarding the responsibility to report. Abuse, neglect and exploitation at the hand of a caregiver can occur whether the abuse is at the hand of a relative, household member, day care personnel, or personnel of a public or private residential facility/home. A caregiver is a person who provides care to a child or vulnerable adult with or without compensation, on a temporary, permanent, full-time or part-time basis.

What should be reported?

ABUSE - means any physical, psychological, or sexual abuse which involves hitting, slapping, threatening , or inappropriate sexual conduct.

NEGLECT – means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a child/vulnerable adult including food, clothes, medicine, shelter, supervision or medical services.

EXPLOITATION – means causing a child/vulnerable adult to engage in activity or labor which is improper, unlawful or against the rational wishes of the victim. It also includes the improper, unlawful, or unauthorized use of funds, assets, property, power of attorney, guardianship, or conservatorship of a child/vulnerable adult by someone for the profit or advantage of that person.

To whom should it be reported?

- **Children Age 17 and Under** - **Call 1-803-898-7669** if you suspect abuse, neglect or expoitation of a child. Report to the State DSS Out of Home Abuse and Neglect Investigation Unit (OHAN).

- **Adults Age 18 and Above – Call 1-866-200-6066** if you suspect abuse, neglect or exploitation of a vulnerable adult. Report to the South Carolina Law Enforcement Division Vulnerable Adult Hotline which is a toll-free number staffed 24 hours a day, seven days a week.

Failure to report abuse, neglect or exploitation may result in criminal charges.

VIOLATION OF RESIDENT'S RIGHTS – Violation of resident's rights, standards of care or quality of living issues must be reported to the:

Office of the State Long Term Care Omsbudsman **1-803-734-9900** or

The Lieutenant Governor's Office on Aging **1-800-868-9095**

Findings and Conclusions:

The work of the South Carolina Vulnerable Adult Fatalities Review Committee represents an important and significant step forward in the State's effort to reduce preventable deaths of its most vulnerable citizens. We hope that our recommendations will be received and considered by those organizations and agencies that are dedicated to preserving the rights and general welfare of South Carolina's elderly and incapacitated adult population.

During 2014, the SLED Vulnerable Adult Unit investigated 120 deaths. Of these deaths, 102 were ruled natural, 3 accidental and 15 the manner was not recorded. The three accidental deaths are outlined below. The committee chooses to highlight several of the areas that are most frequent contributing factors to deaths including aspiration pneumonia and bowel related issues. There are also concerns among the committee regarding the inconsistencies observed when reporting cause of death on death certificates throughout the state.

CASE STUDY EMPHASIS:

A. Accidental Deaths:
    a. Asphyxia by choking – meat bolus – no prior issues with swallowing or choking noted with resident.
    b. Acute pulmonary embolus – following fractured hip repair due to a slip and fall on ice.
    c. Asphyxiation due to obstruction

B. Aspiration Pneumonia

Aspiration Pneumonia continues to be among the top contributors of deaths among vulnerable adults in SC. Patients residing in long-term care facilities have been shown to have a threefold increased risk of aspiration compared with their community-dwelling counterparts.[1] A recent publication by Liantonio et al in the Annals of Long-Term Care outlines identifies three major risk factors that when addressed, can significantly lower the risk of aspiration:

- Dysphagia
- Dental Hygiene
- Concomitant Medication Use.[2]

Dysphagia in the elderly is most successfully managed when a combined discipline approach is taken that involves nursing staff and assistants, speech-language pathologists, dieticians and physicians working in tandem. The goal of most interventions is to maximize the safety of oral feeding when it has been compromised. Several interventions that have been used to manage

[1] Reza Shariatzadeh, M., Huang, J.Q., Marrie, T.J. Differences in the features of aspiration pneumonia according to the site of acquisition: community or continuing care facility. *J Am Geriatr Soc*., 2006; 54(2):296-302.

[2] Liantonio, J., Salzman, B., Snyderman, D., Preventing Aspiration Pneumonia by Addressing Three Key Risk Factors: Dysphagia, Poor Oral Hygiene, and Medication Use. *Annals Long-Term Care: Clinical Care and Aging* 2014; 22(10):

dysphagia include posture changes, swallowing therapy, dietary modification and tube feeding. Table 1 is a summary of information on preventing dysphagia during feedings.[3]

Table 1. Strategies for Preventing Aspiration in Patients with Feeding Tubes and Those Receiving Oral-Assisted Feedings
With Feeding Tubes:
- Keep bed backrest elevated to at least 30 degrees during continuous feedings
- Ask patients who are able to communicate whether they are experiencing any nausea, fullness, abdominal pain, or abdominal cramping,, which may indicate slowed gastric emptying and lead to regurgitation and subsequent aspiration of gastric contents
- Measure gastric residual volumes every 4-6 hours during continuous feedings and immediately before each intermittent feeding, particularly if the patient is unable to communicate.
- Consider using a prokinetic agent when the patient has two or more gastric residual volumes >= 250 mL
During Oral Assisted Feedings
- Enable the patient to rest 30 minutes before feeding him/her.
- Ensure patient is seated upright in a chair or elevate the backrest to a 90-degree angle if patient is bedbound.
- Try using chin-down posture during feeding; this posture has been shown to prevent aspiration in some patients.
- Adjust the rate of feeding and size of bites to match the patient's tolerance.
- Alternate solids and liquids
- Consider the patient's deficit and place food in his her mouth accordingly; for example, placing food on the right side of the mouth if there is left facial weakness.
- Pay attention to the viscosity of foods and liquids and try to match viscosity to the patients tolerance.
- Avoid the use of certain medications, including sedatives, hypnotics, and any other agents that may impair the cough reflex and/or swallowing, as well as those that dry up secretions
- Minimize distractions during feedings.

Several key barriers that prevent oral care from being provided to residents include mouth care resistant behaviors by residents, lack of staff education on providing oral care to residents, and lack of accountability for providing oral care to residents. To overcome these barriers, a multidisciplinary approach that includes dentists, hygienists, and certified nursing assistants is essential.[2]

While it would be difficult to outline every medication that has the ability to affect swallowing and aspiration, tables of compounds that increase the risk are beneficial to review and continue to train staff to increase awareness of increased risk. Medications that were documented to increase the Risk of Dysphagia and subsequent aspiration are listed in Table 2.

[3] Metheny, N.A., Preventing Aspiration in older adults with dysphagia. General Assessment Series. http://consultgerirn.org/uploads/File/trythis/try_this_20.pdf. Published 2012, assessed July 7, 2015

Table 2 - Medication Classes That May Increase the Risk of Dysphagia and Subsequent Aspiration[4]	
Medication Class	**Potential Mechanism Behind Dysphagia**
Angiotensin-converting enzyme inhibitors	May cause dry mouth
Antiarrhythmic agents	May cause dry mouth
Anticholinergic agents	May affect esophageal muscles
Antiemetic agents	May cause dry mouth
Antiepileptic agents	Affect on the central nervous system may impair voluntary muscle control
Antihistamines	May cause dry mouth
Antimuscarinic agents	May affect esophageal muscles
Benzodiazepines	Affect on the central nervous system may impair voluntary muscle control
Bisphosphonates	May cause esophageal injury if not taken properly
Calcium channel blockers	May cause dry mouth
Decongestants	May cause dry mouth
Diuretics	May cause dry mouth
H_2 blockers	May contribute to bacterial overgrowth by suppressing gastric acid production
Narcotics	Affect on the central nervous system may impair voluntary muscle control
Neuroleptics	May cause extrapyramidal symptoms
Nonsteroidal anti-inflammatory drugs	May cause esophageal injury if not taken properly
Protein pump inhibitors	May contribute to bacterial overgrowth by suppressing gastric acid production
Selective Serotonin reuptake inhibitors	May cause dry mouth
Skeletal muscle relaxants	Affect on the central nervous system may impair voluntary muscle control

It is recommended that comprehensive interventions for these risk factors using a multidisciplinary approach that incorporates nursing, nutrition, speech-language pathology, dentistry, pharmacy and medical concentrations.

C. DEATH RELATED TO BOWEL OBSTRUCTION

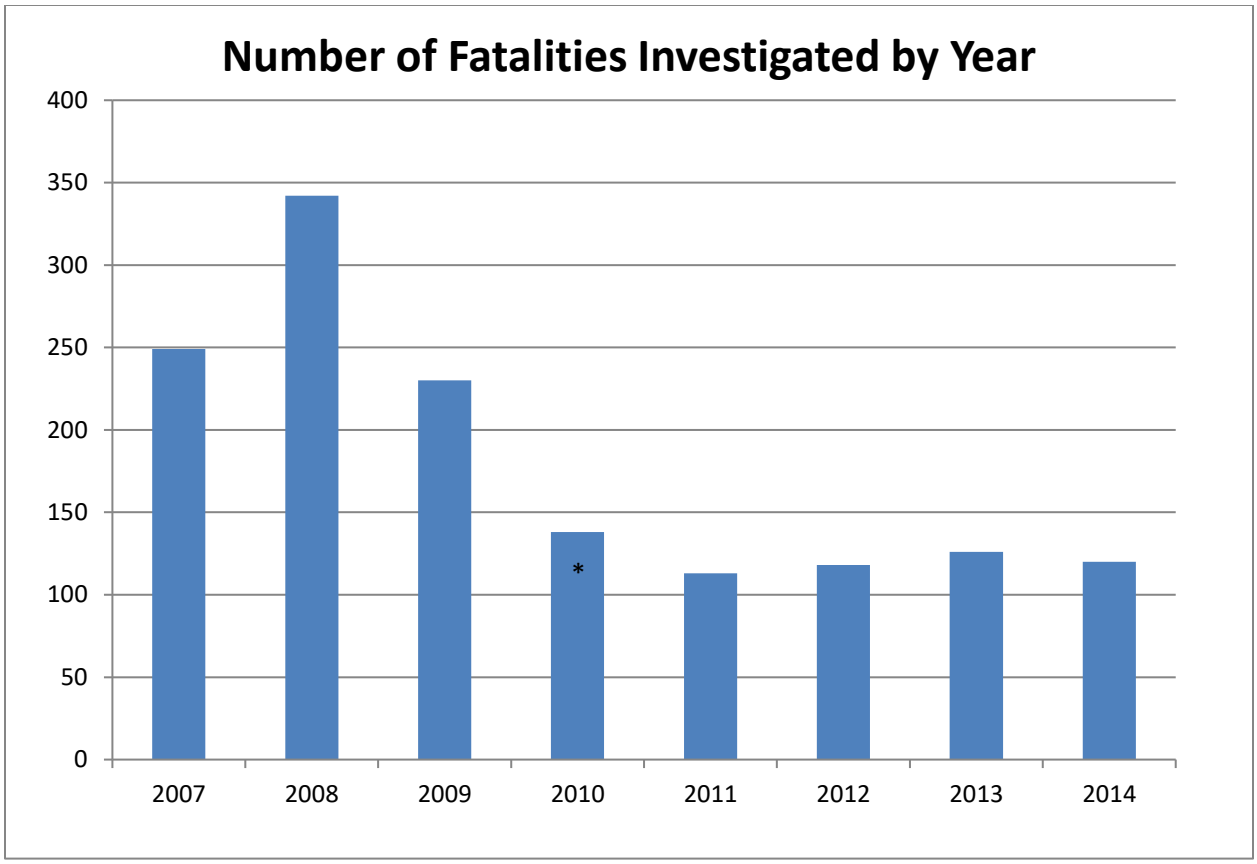
Deaths related to bowel obstruction continue to be a concern but are highly preventable. Large bowel obstruction in the elderly patient is a frequent, serious surgical emergency. If left untreated the outlook is poor. Carcinoma and diverticulitis are the most common causes. A volvulus occurs when the bowel twists around its own axis, so producing a simple mechanical obstruction. It accounts for approximately 5% of all cases of bowel obstruction.

Additional training may be needed in noticing the signs of chronic bowel obstruction and accompanying abdominal pain and distention, particularly in non-compliant patients.

[4] CT.gov. Medications and dysphagia/swallowing risks. http://www.ct.gov/dds/lib/dds/health/attacha_med_dsyphagia_swallowing_risks.pdf#sthash.Kfv4pNeF.pdf Assessed 7/1/2015.

Other Recommendations:

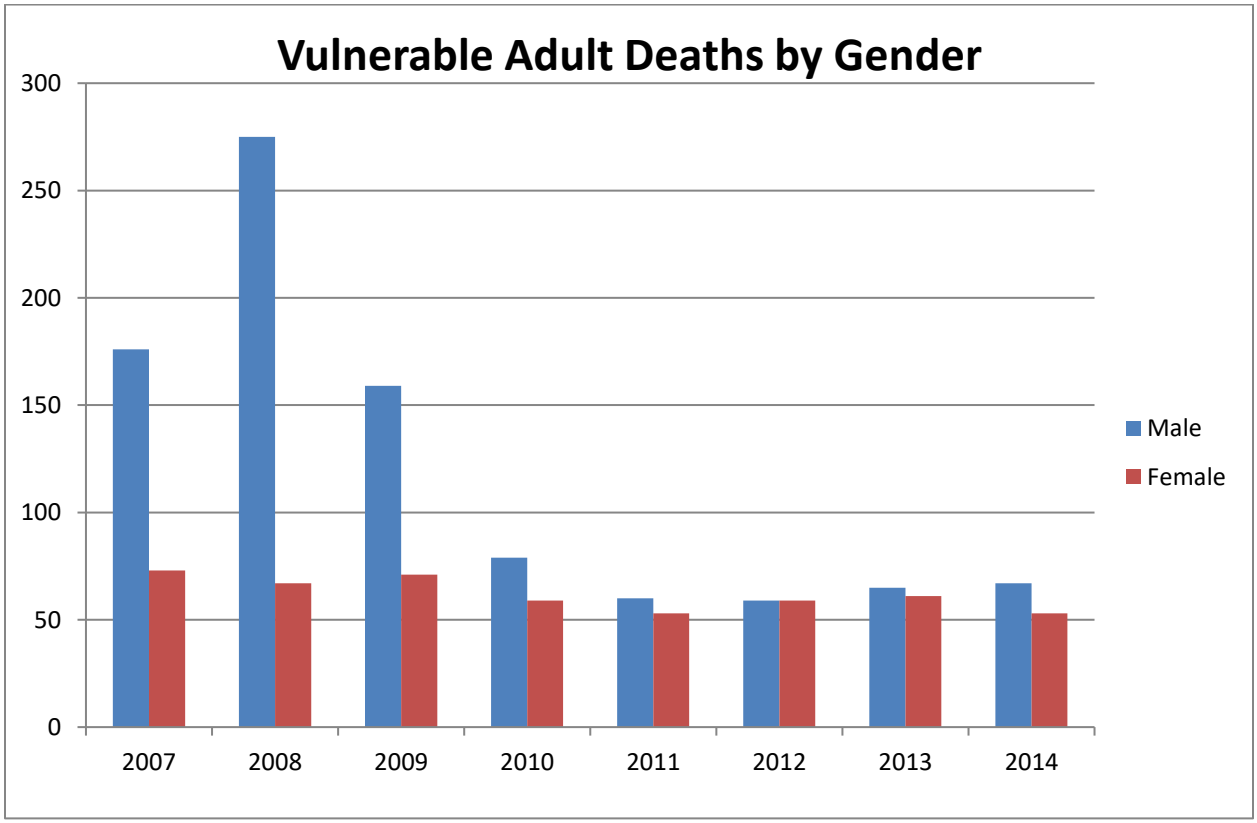
- Over the last several years it has been noted that there are many inconsistencies in how the cause and manner of death are reported by Coroners and signing physicians throughout South Carolina. The underlying or proximate cause of death is that which, in a continuous sequence, unbroken by an efficient intervening cause, produces the fatality and without which the end result would not have occurred. Immediate causes of death are complications and sequelae of the underlying cause. There may be one or more immediate causes, and they may occur over a prolonged interval but the underlying cause is the ultimate responsibility for death. It has been the committee's experience that underlying causes are often not clear on certificates of death. Additional training for those responsible for signing death certificates in South Carolina is recommended.

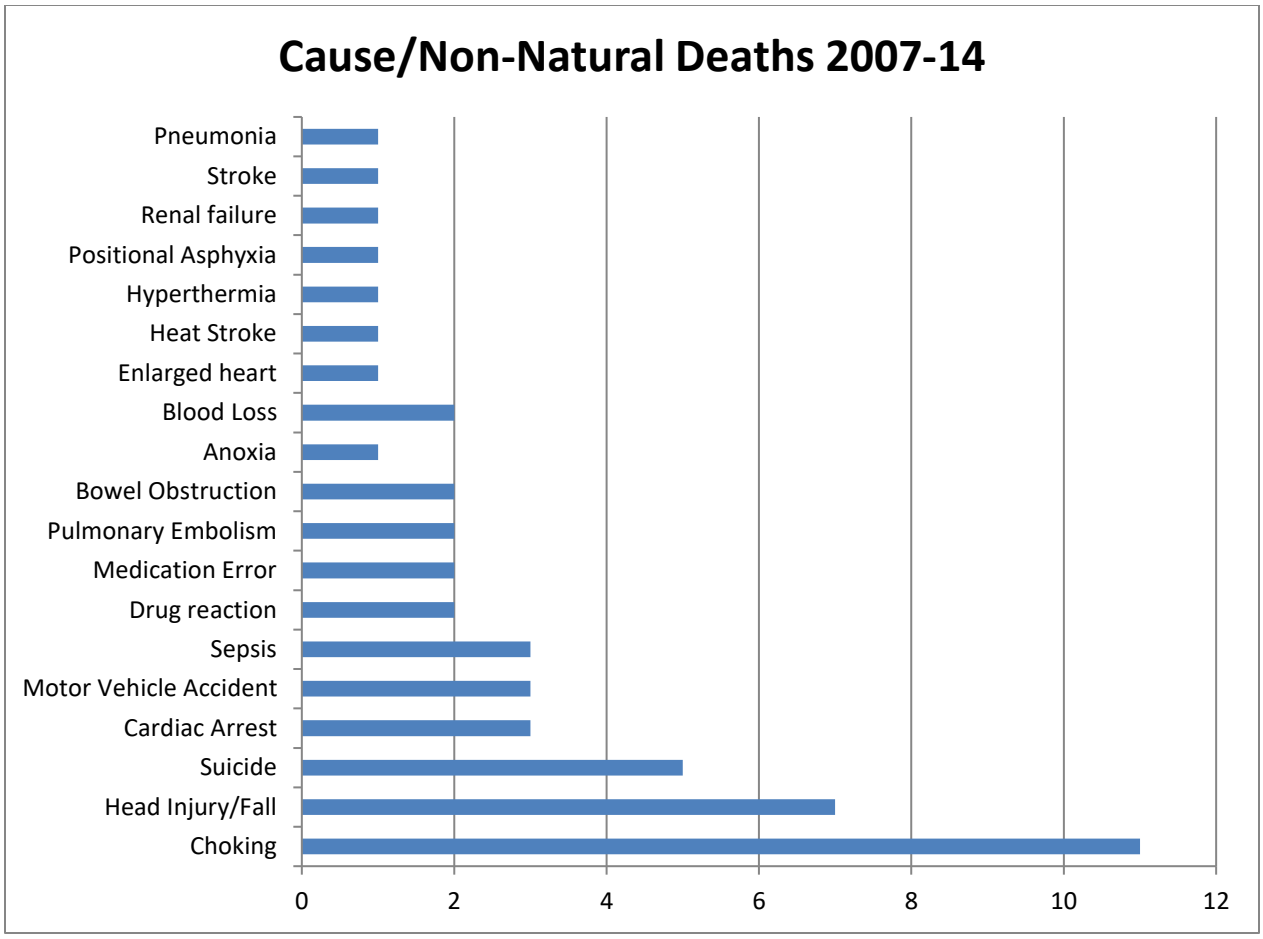


*Note: In 2009 the number of investigations decreased due to the fact that deaths from Veterans Affairs (VA) facilities were no longer covered by the investigative scope of the SC Law Enforcement Vulnerable Adult Unit.

Deaths by Manner

Year	Not recorded	Not indicated on death certificate	Accidental	Homicide	Natural	Suicide	Undetermined	Total
2007	5	1	6	1	238		3	254
2008	1	1	6		331	1	2	342
2009	7		5	1	216		1	230
2010	2		6	1	127	2		138
2011	9	1	1		101		1	113
2012	7		6		105			118
2013	8		4		113	1		126
2014	15		3		102			120
Total	49	3	37	3	133	4	7	1,436




Cause/Non-Natural Deaths 2007-14
Pneumonia
Stroke
Renal failure
Positional Asphyxia
Hyperthermia
Heat Stroke
Enlarged heart
Blood Loss
Anoxia
Bowel Obstruction
Pulmonary Embolism
Medication Error
Drug reaction
Sepsis
Motor Vehicle Accident
Cardiac Arrest
Suicide
Head Injury/Fall
Choking
0
2
4
6
8
10
12

S.C. Vulnerable Adult Fatalities Review Committee Report (2017)

A review of the procedures and findings of the South Carolina Vulnerable Adult Fatality Review Committee for year 2017.

Report

SC Vulnerable Adult Fatality Review Committee 2017

Table of Contents

CHAIR REPORT AND ACKNOWLEDGMENTS

As you review the 2017 annual report, I want to thank all the committee members that serve as an appointment of the Governor of South Carolina. Each of you play an important role serving and reviewing each and every case that is investigated by SLED. I want to thank all of our Special Agents with SLED and the staff for all the time and efforts that go into the death investigations our Agents handle. To Chief Mark Keel, thank you for your leadership and support to all law enforcement agencies in South Carolina.

Coroner Gregory L. Shore.
Chair

ADULT FATALITIES REVIEW COMMITTEE

Background: Vulnerable Adult Fatalities Review Committee

COMMITTEE BACKGROUND AND DUTIES:

A Vulnerable Adult Fatality Review Committee was legislatively created in May 2006 with passage of an amendment to the Omnibus Adult Protection Act that was signed into law by the Honorable Mark Sanford, Governor, on May 23, 2006. The new Article 5 of the Act created the Committee and set forth its duty to investigate vulnerable adult fatalities in facilities operated or contracted for operation by the SC Department of Disabilities and Special Needs (DDSN) and the SC Department of Mental Health (DMH). The amendment outlined the policy of the State for every vulnerable adult to live in safety and in health and the State's responsibility to respond to deaths.

The amendment to the Omnibus Adult Protection Act also created a special investigations unit at the South Carolina Law Enforcement Division (SLED) to investigate allegations of abuse, neglect or exploitation of vulnerable adults in facilities operated or contracted for operation by DDSN and DMH. An independent system for law enforcement investigations had been recommended in a report released in 2005 by Protection and Advocacy for People with Disabilities titled "*Unequal Justice for South Carolinians with Disabilities: Abuse and Neglect Investigations.*" This special investigations unit at SLED was charged with the fatalities investigations.

Membership

The Vulnerable Adult Fatalities Review Committee is a multi-disciplinary body whose purpose is to decrease the incidence of preventable vulnerable adult deaths. The membership and duties of the Committee are outlined in the statute. Per South Carolina Omnibus Adult Protection Act 43-35-560 the membership will include the following persons:

SECTION 43-35-560. Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support.
(A) There is created a multi-disciplinary Vulnerable Adults Fatalities Review Committee composed of:
(1) the Director of the South Carolina Department of Social Services;

(2) the Commissioner of the South Carolina Department of Health and Environmental Control;

(3) the Executive Director of the South Carolina Criminal Justice Academy;

(4) the Chief of the South Carolina Law Enforcement Division;

(5) the Director of the South Carolina Department of Alcohol and Other Drug Abuse Services;

(6) the Director of the South Carolina Department of Mental Health;

(7) the Director of the South Carolina Department of Disabilities and Special Needs;

(8) the Director of the Office on Aging;

(9) the Executive Director of Protection and Advocacy for People with Disabilities, Inc.;

(10) two representatives from two county boards of disabilities and special needs established pursuant to Section 44-20-375;

(11) a county coroner or medical examiner;

(12) an attorney with experience in prosecuting crimes against vulnerable adults;

(13) a physician with experience in treating vulnerable adults, appointed from recommendations submitted by the South Carolina Medical Association;

(14) a solicitor;

(15) a forensic pathologist; and

(16) two members of the public at large, one of whom must represent a private nonprofit community residential care facility and one of whom must represent a public for profit community residential care facility, both of which must provide services to vulnerable adults.

VULNERABLE ADULTS FATALITIES REVIEW COMMITTEE MEMBERSHIP
(Current as of 12/2017)

CHAIR
Gregory L. Shore
County Coroner or Medical Examiner
Anderson County Coroner and Medical Examiner for Medshore
P O Box 8002
Anderson, SC 29622

Brian Bennett
Instructor
SC Criminal Justice Academy
5400 Broad River Rd
Columbia, SC 29212

Tonya Bradford
Consumer Advocate
Babcock Center
P O Box 4389
West Columbia, SC 29171

Angie Smith
Director, Complaint Division
Bureau of Health Facilities Licensing
SC Department of Health and
Environmental Control
2600 Bull Street
Columbia, SC 29201

Alicia Grubel
Director of Quality Assurance
Thrive Upstate
1700 Ridge Rd
Greenville, SC 29607

Virginia Ervin
Case Management Utilization Review
SC Department of Alcohol and other Drug
Abuse Services
2414 Bull Street, Suite 301
Columbia, SC 29201

Gary Ewing, M.D.
CM Tucker, Jr. Nursing Care Center
2200 Harden Street
Columbia, SC 29203

Kelly Cordell
Director, Adult Advocacy
SC Department of Social Services
1535 Confederate Avenue
Columbia, SC 29201-1915

Ken Moore
SC Attorney General's Office
P O box 11549
Columbia, SC 29211

Gloria Prevost
Protection and Advocacy for People with Disabilities
3710 Landmark Drive, Suite 208
Columbia, SC 29204

Lt. Dustin Smith
Toxicology Supervisor
S.C. Law Enforcement Division
4416 Broad River Rd.
Columbia, SC 29072

Vacant
Physician

Vacant
Solicitor

Vacant
Representative for a public for profit community residential care facility

Dale Watson
South Carolina State Long Term Care Ombudsman
Lt. Governor's Office on Aging
1301 Gervais Street, Suite 350
Columbia, SC 29201

Vacant
South Carolina Department of Disabilities and Special Needs

Vacant
Forensic Pathologist

Vacant
Representative for a private nonprofit community residential care facility

Confidentiality Agreement:

In accordance with Section 43-35-580:

Meetings discussing individual cases closed; disclosure of information identifying vulnerable adult or family member.

(A) Meetings of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and of the Vulnerable Adult Fatalities Review Committee are closed to the public and are not subject to Chapter 4, Title 30, the Freedom of Information Act, when the unit and committee are discussing individual cases of vulnerable adult deaths.

(B) Except as provided in subsection (C), meetings of the committee are open to the public and subject to the Freedom of Information Act when the committee is not discussing individual cases of vulnerable adult deaths.

(C) Information identifying a deceased vulnerable adult or a family member, guardian, or caretaker of a deceased vulnerable adult, or an alleged or suspected perpetrator of abuse or neglect upon a vulnerable adult may not be disclosed during a public meeting and information regarding the involvement of any agency with the deceased vulnerable adult or family may not be disclosed during a public meeting.

(D) Violation of this section is a misdemeanor and, upon conviction, a person must be fined not more than five hundred dollars or imprisoned not more than six months, or both.

Mission Statement and Objectives

The purpose of the Vulnerable Adult Fatalities Review Committee is to decrease the incidence of preventable vulnerable adult deaths by:

1. developing an understanding of the causes and incidences of vulnerable adult death;

2. developing plans for and implementing changes within the agencies represented on the committee which will prevent vulnerable adult deaths; and

3. advising the Governor and the General Assembly on statutory, policy, and practice changes that will prevent vulnerable adult deaths.

To achieve its purpose, the committee shall:

1. meet with Vulnerable Adults Investigations Unit of South Carolina Law Enforcement Division to review the investigation of the death on a bimonthly basis, in a timely manner following the report of death;

2. undertake annual statistical studies of the incidence and causes of vulnerable adult fatalities in this State. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families before and subsequent to the deaths;

3. consider training, including cross-agency training, consultation, technical assistance needs, and service gaps;

4. educate the public regarding the incidences and causes of vulnerable adult deaths, the public role in preventing these deaths, and specific steps the public can undertake to prevent vulnerable adult deaths. The committee shall enlist the support of civic, philanthropic, and public service organizations in performing the committee's educational duties;

5. develop and implement policies and procedures for its own governance and operation;

6. submit to the Governor and the General Assembly an annual written report and any other reports prepared by the committee including, but not limited to, the committee's findings and recommendations for changes to any statute, regulation, policy, or procedure that the committee determines is needed to decrease the incidence of preventable vulnerable adult death. Annual reports must be made available to the public.

South Carolina Code 43-35-590. Confidential and public information:

(A) All information and records acquired by the unit and the committee in the exercise of their duties and responsibilities pursuant to this article are confidential, exempt from disclosure under Chapter 4, Title 30, the Freedom of Information Act, and only may be disclosed as necessary to carry out the unit's and committee's purposes and responsibilities.

(B) Statistical compilations of data that do not contain information that would permit the identification of a person to be ascertained are public records.

(C) Reports of the unit and the committee that do not contain information that would permit the identification of a person to be ascertained are public information.

(D) Except as necessary to carry out the unit's and committee's duties and responsibilities, unit personnel and members of the committee and persons attending meetings may not disclose what transpired at a meeting that is not public under Section 43-35-580 and may not disclose information, the disclosure of which is prohibited by this section.

(E) Members of the committee, persons attending a committee meeting, and persons who present information to the committee may not be required to disclose in any civil or criminal proceeding information presented in or opinions formed as a result of the meeting, except that information available from other sources is not immune from introduction into evidence through those sources solely because it was presented during proceedings of the committee or unit or because it is maintained by the committee or unit. Nothing in this subsection may be construed to prevent a person from testifying to information obtained independently of the committee or which is public information.

(F) Information, documents, and records of the unit and of the committee are not subject to subpoena, discovery, or the Freedom of Information Act, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or the Freedom of Information Act through those sources solely because they were presented during proceedings of the unit or committee or because they are maintained by the unit or the committee.

(G) A person who knowingly violates a provision of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

What Constitutes Abuse and How to Report Abuse:

The SCVAFRC feels strongly that emphasis should be placed on defining abuse, neglect and exploitation and for alerting the public regarding the responsibility to report. Abuse, neglect and exploitation at the hand of a caregiver can occur whether the abuse is at the hand of a relative, household member, day care personnel, or personnel of a public or private residential facility/home. A caregiver is a person who provides care to a child or vulnerable adult with or without compensation, on a temporary, permanent, full-time or part-time basis.

What should be reported?

ABUSE - means any physical, psychological, or sexual abuse which involves hitting, slapping, threatening , or inappropriate sexual conduct.

NEGLECT – means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a child/vulnerable adult including food, clothes, medicine, shelter, supervision or medical services.

EXPLOITATION – means causing a child/vulnerable adult to engage in activity or labor which is improper, unlawful or against the rational wishes of the victim. It also includes the improper, unlawful, or unauthorized use of funds, assets, property, power of attorney, guardianship, or conservatorship of a child/vulnerable adult by someone for the profit or advantage of that person.

To whom should it be reported?

- **Children Age 17 and Under** - **Call 1-803-898-7669** if you suspect abuse, neglect or expoitation of a child. Report to the State DSS Out of Home Abuse and Neglect Investigation Unit (OHAN).

- **Adults Age 18 and Above – Call 1-866-200-6066** if you suspect abuse, neglect or exploitation of a vulnerable adult. Report to the South Carolina Law Enforcement Division Vulnerable Adult Hotline which is a toll-free number staffed 24 hours a day, seven days a week.

Failure to report abuse, neglect or exploitation may result in criminal charges.

VIOLATION OF RESIDENT'S RIGHTS – Violation of resident's rights, standards of care or quality of living issues must be reported to the:

Office of the State Long Term Care Omsbudsman **1-803-734-9900** or

The Lieutenant Governor's Office on Aging **1-800-868-9095**

Findings and Conclusions:

The work of the South Carolina Vulnerable Adult Fatalities Review Committee represents an important and significant step forward in the State's effort to reduce preventable deaths of its most vulnerable citizens. We hope that our recommendations will be received and considered by those organizations and agencies that are dedicated to preserving the rights and general welfare of South Carolina's elderly and incapacitated adult population.

During 2017, the SLED Vulnerable Adult Unit investigated 119 deaths. Of these deaths, 113 were ruled natural, 4 accidental, 1 suicide and 1 undetermined. The following areas of concern arise from case studies and the committee feels these focal points should receive an increased emphasis in the coming year.

A. TOXICOLOGICAL ANALYSIS
- Biological specimens are not routinely collected postmortem on vulnerable adults.
- Due to the increased number of medications prescribed, decreased clearance of medications ingested and potential for improper medication dispensing, postmortem drug concentration monitoring should be performed to insure the deaths are not drug related.
- Postmortem samples should be collected and sent for toxicological analyses whenever possible.

B. PREMATURE HOSPITAL DISCHARGE
- Vulnerable adults are routinely admitted to hospitals for various illnesses.
- Ordinary illnesses may affect vulnerable adults more harshly due to their potential inability to report conditions early and/or complain of continued discomfort.
- Unfortunately, hospitals tend to discharge vulnerable adults prior to full recovery which often leads to may trips between the individual's place of residence and the hospital which may exacerbate the condition.
- Vulnerable adults must remain in a hospital setting until they have fully recovered prior to return to their place of residence.

C. DEATH RELATED TO ASPIRATION PNEUMONIA
- Aspiration pneumonia continues to be a common cause of death among the vulnerable adult population.
- Swallow studies are routinely performed to determine an individual's proper diet consistency.

- Swallow studies are effective tools to minimize the potential for aspiration but they are not fool proof and must be performed consistently and at regular intervals to note changes in an individual's ability to intake food.

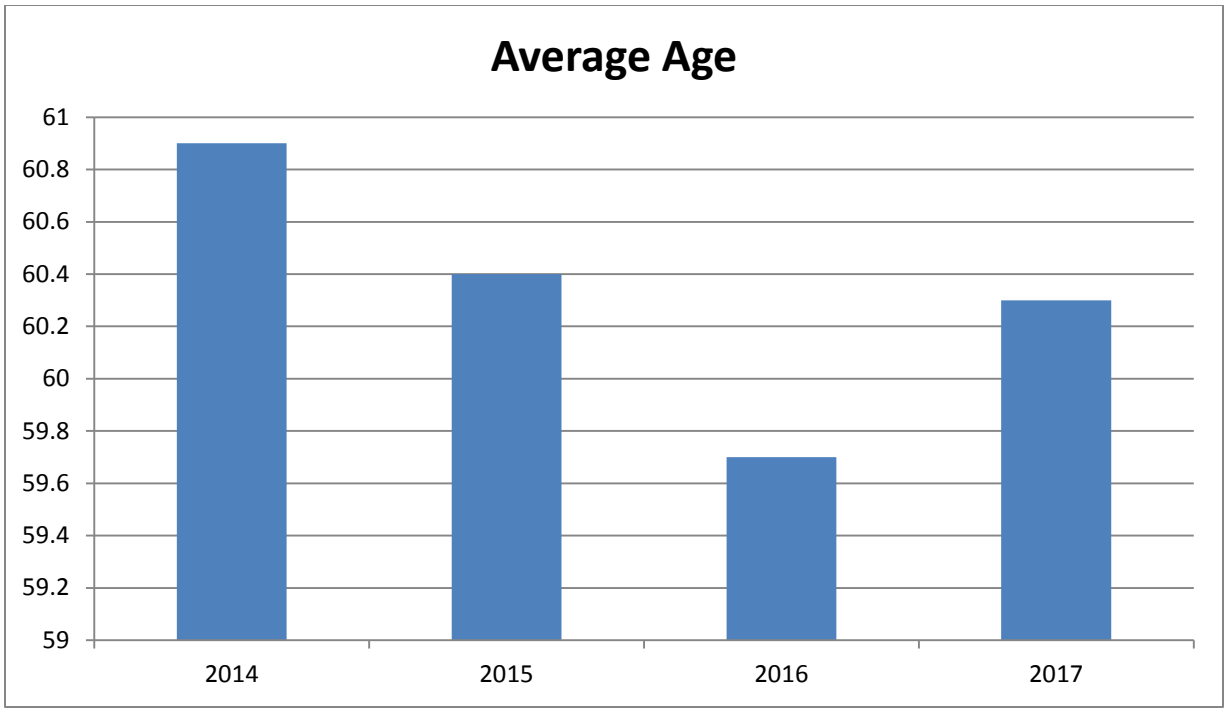
- Swallow study protocols, both regarding performing the studies and adhering to the studies' findings, must be updated to further reduce the frequency of death due to aspiration pneumonia.

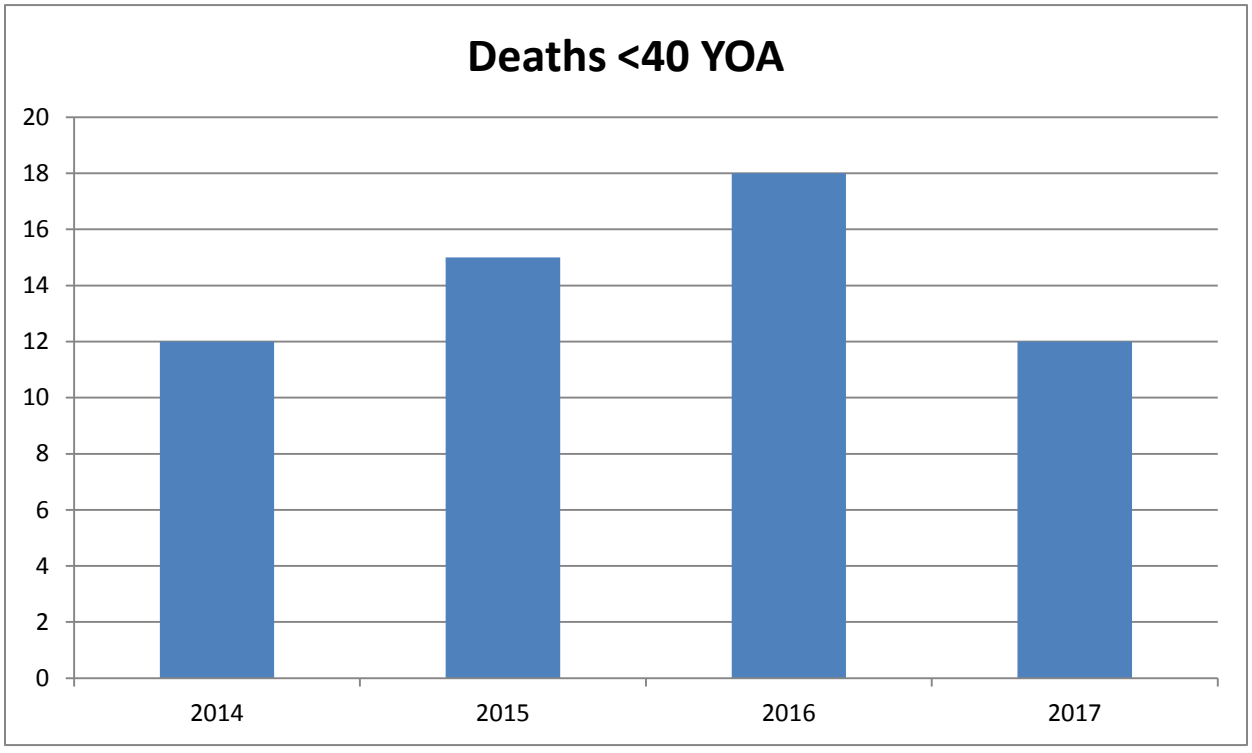
D. AVERAGE AGE OF VULNERABLE ADULT DEATHS
   - The committee noted that there are a large number of deaths of individuals age thirty-nine or below.

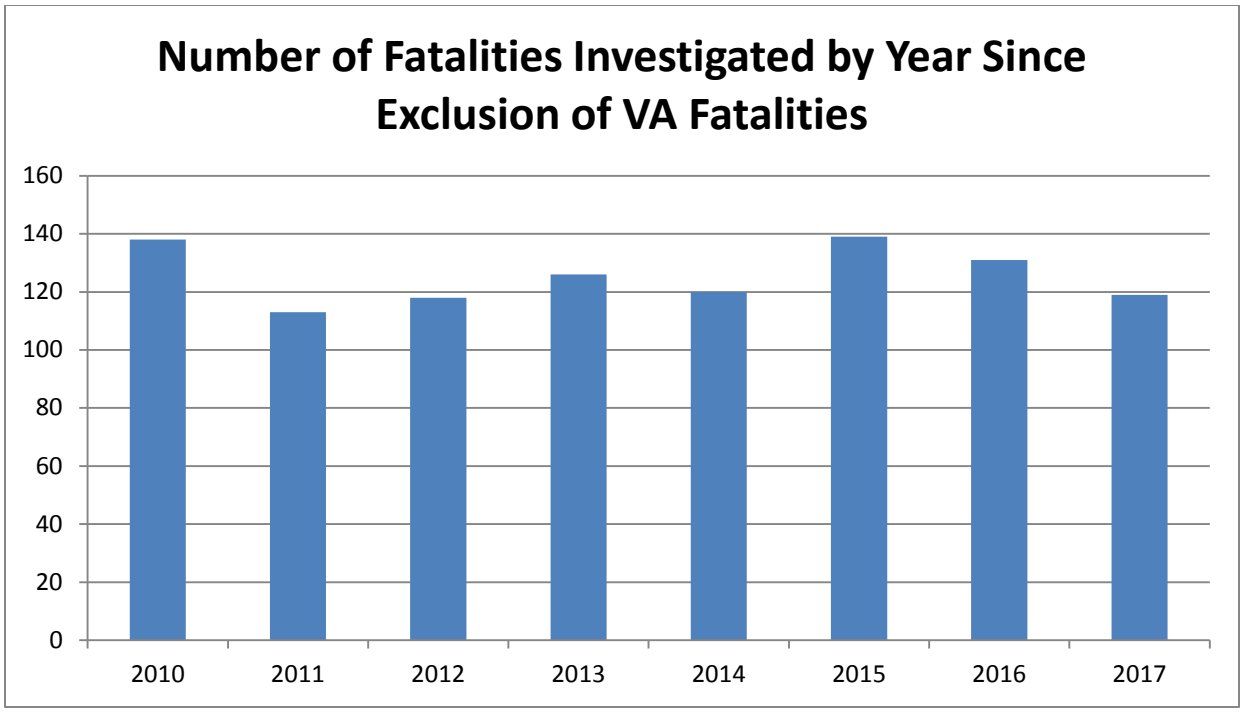
   - This average age and number of younger individuals is consistent with previous years and is a concerning statistic.

E. DOCUMENTATIONREQUIREMENTS FOR DMH HOMESHARE OR DDSN CTH1 RESIDENCES
   - The committee has recognized that the documentation required for these residences may not be sufficient.
   - Currently, these residences only require documentation noting when the resident leaves the home but is not required to document other potentially important information, ie. medications given, changes in health, behavioral changes, etc.
   - The lack of documentation makes it difficult to properly investigate cause of death or potential neglect.

Looking towards the future, the committee would like to focus on filling vacancies on the panel and encouraging better attendance of all committee members in order to insure that all aspects of each death investigation are covered. The committee currently has several vacancies in critical positions and each appointee brings to the table a unique knowledge base.


Average Age
61
60.8
60.6
60.4
60.2
60
59.8
59.6
59.4
59.2
59
2014
2015
2016
2017


Deaths <40 YOA
20
18
16
14
12
10
8
6
4
2
0
2014
2015
2016
2017



Deaths by Manner

Year	Not recorded	Not indicated on death certificate	Accidental	Homicide	Natural	Suicide	Undetermined	Total
2007	5	1	6	1	238		3	254
2008	1	1	6		331	1	2	342
2009	7		5	1	216		1	230
2010	2		6	1	127	2		138
2011	9	1	1		101		1	113
2012	7		6		105			118
2013	8		4		113	1		126
2014	15		3		102			120
2015			5		132	1	1	139
2016			5	1	123		2	131
2017			4		113	1	1	119
Total	49	3	51	4	1,701	6	11	1,830

SCDMH AND SCDC JOINT PRESENTATION

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH & DEPARTMENT OF CORRECTIONS

House Legislative Oversight Committee

September 16, 2019

Mental Disorder Overview

Definition

- A mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental function. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (An expectable or culturally approved response to a common stressor or loss, such as death of a loved one, is not a mental disorder.) Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

Diagnoses often associated with mental disorders
Neurodevelopmental Disorders
Schizophrenia Spectrum and Other Psychotic Disorders
Bipolar and Related Disorders
Depressive Disorders
Anxiety Disorders
Obsessive-Compulsive and Related Disorders
Trauma- and Stressor-Related Disorders

American Psychiatric Association's Diagnostic and Statistical Manual (DSM)

Agency Mandate Comparison

SCDMH Statutory Obligations

Statewide system to treat, care for, reduce, and prevent mental illness – providing care regardless of inability to pay

Administer federal funds allotted to the state under the National Mental Health Act

Jurisdiction over all:

- State's psychiatric hospitals and community mental health centers
- State's treatment facility for substance use disorders
- SNF for State Veterans & General Nursing Home
- Evaluation and Treatment for forensic patients
- SVPTP

44-9-10, et. al.

SCDC Statutory Obligations

Proper care, treatment, and management of prisoners

Do not charge inmate copay for psychological or mental health visits

Jurisdiction over all:

- State prisons

24-1-10, et. al. and 2018-19 Proviso 65.8

Agency Mission Comparison

SCDMH Mission

The South Carolina Department of Mental Health's (SCDMH) mission is to support the recovery of people with mental illness.

SCDC Mission

Safety - we will protect the public, our employees, and our inmates.

Service - we will provide rehabilitation and self-improvement opportunities for inmates.

Stewardship - we will promote professional excellence, fiscal responsibility, and self-sufficiency.

Agency Goals Overview

SCDMH Goal

Target treatment at the right time, in the right place, and by the right provider

SCDC Health Services' Goals

Comprehensive continuum of health care

Environment that facilitates positive change within the inmate population by creating an atmosphere of dignity and respect

Multidisciplinary team approach that is gender-responsive and trauma-informed

Promote health maintenance and optimal functioning consistent with the community standard of care

Agency Services Overview

SCDMH	SCDC
Population of State of South Carolina greater than 5 million currently	SCDC Agency Population as of July 2019 = 18,494 inmates
In FY '19, SCDMH served more than 95,000 distinct patients and provided service to another 10,000 community members whose need did not result in an open case to SCDMH	Inmates identified on mental health caseload as of August 25, 2019 = 4587 or 24.6% of inmate population, increased significantly from the 14% in 2014
Outpatient Manages 16 Community Mental Health Centers • Over 40 satellite clinics ensure that outpatient services are available in all 46 Counties	**Outpatient** Provides on-site mental health services at 17 correctional facilities with response to the 4 remaining sites
Inpatient Operates 2 State psychiatric hospitals and 1 Hospital for Substance Use Disorder	**Inpatient** Operates 1 in-patient psychiatric hospital, male-only (82 beds) and contracts in-patient services for females (no onsite capacity)
	Residential Five residential programs for male & female inmates with significant functional impairment unable to maintain in general population setting
Nursing Homes One general nursing home (172 beds) Oversees the State's Veterans Nursing Homes 3 Facilities (530 beds) currently 2 (208 beds) now under construction	**Nursing Homes** No existing capacity but major need
Contracts the State's Sexually Violent Predator (SVP) Treatment Program	Provides Sexual Offender Treatment Programming (SOTP), minimal services on outpatient basis

SCDMH TREATMENT CONTINUUM – *A BRIEF OVERVIEW*

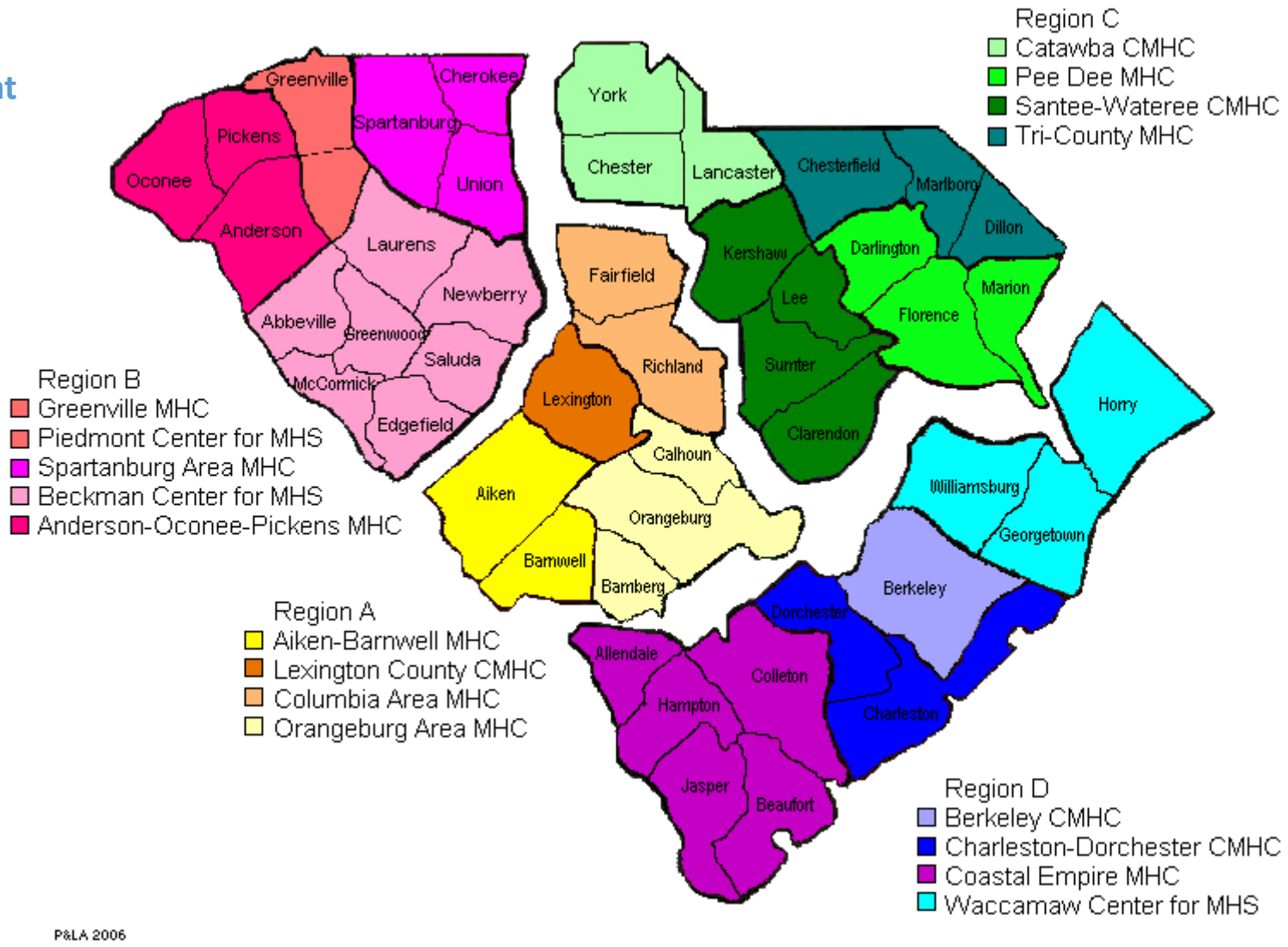
*ICT – INTENSIVE COMMUNITY TREATMENT
MDFT- MULTIDIMENSIONAL FAMILY TREATMENT
IPS – INDIVIDUAL PLACEMENT & SUPPORT

*CCRI – COMMUNITY CRISIS RESPONSE AND INTERVENTION;
DJJ – DEPARTMENT OF JUVENILE JUSTICE
LE – LAW ENFORCEMENT;
CSU – CRISIS STABILIZATION UNIT

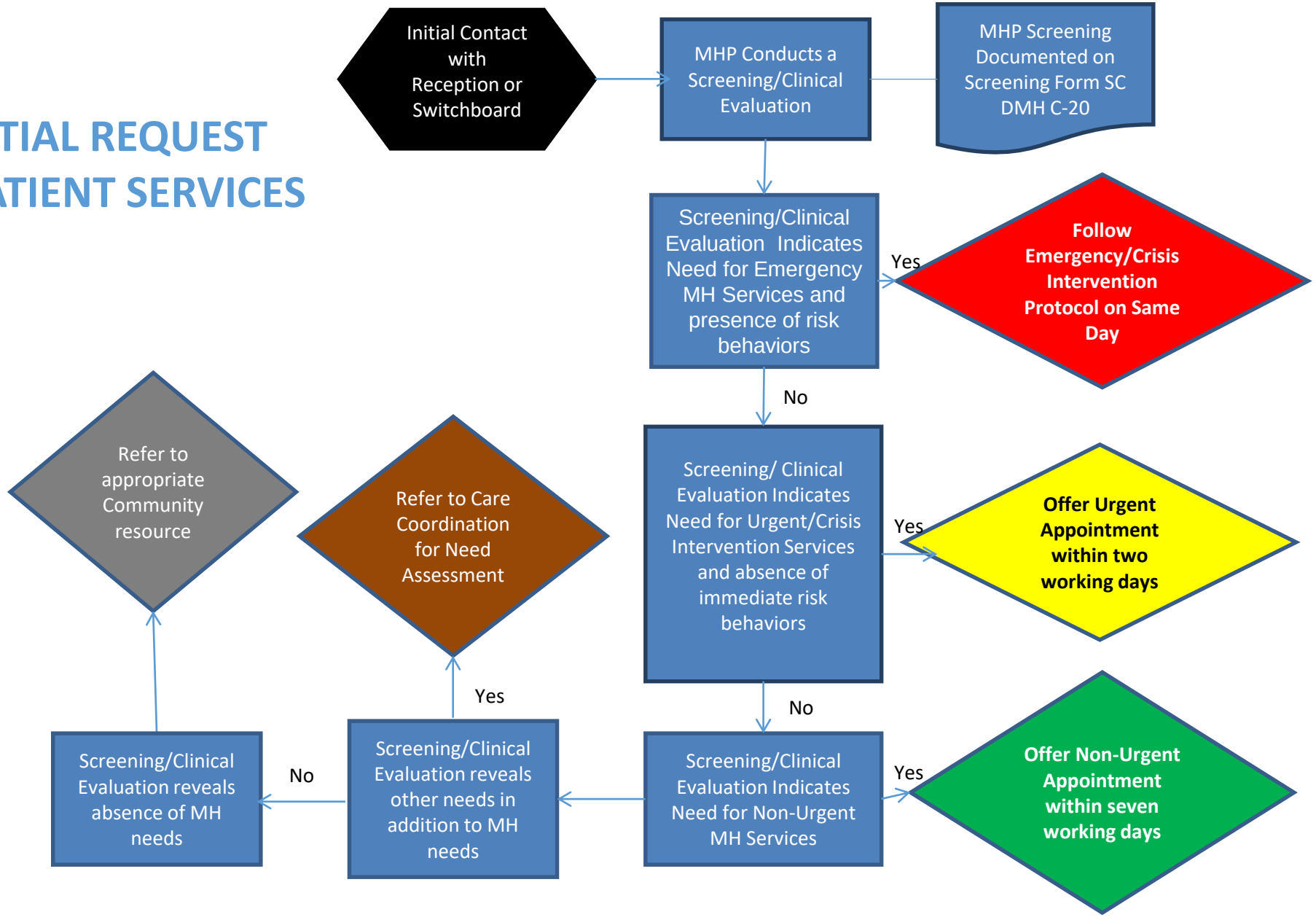
TARGET – RIGHT TREATMENT AT THE RIGHT TIME IN THE RIGHT PLACE BY THE RIGHT PROVIDER - ***PREVENTING AVOIDABLE EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATIONS, AND INCARCERATIONS***

SCDMH MENTAL HEALTH CENTERS AND REGIONS

(Greenville and Piedmont merged into Greater Greenville fully on 6/30/19)



SCDMH INITIAL REQUEST FOR OUTPATIENT SERVICES



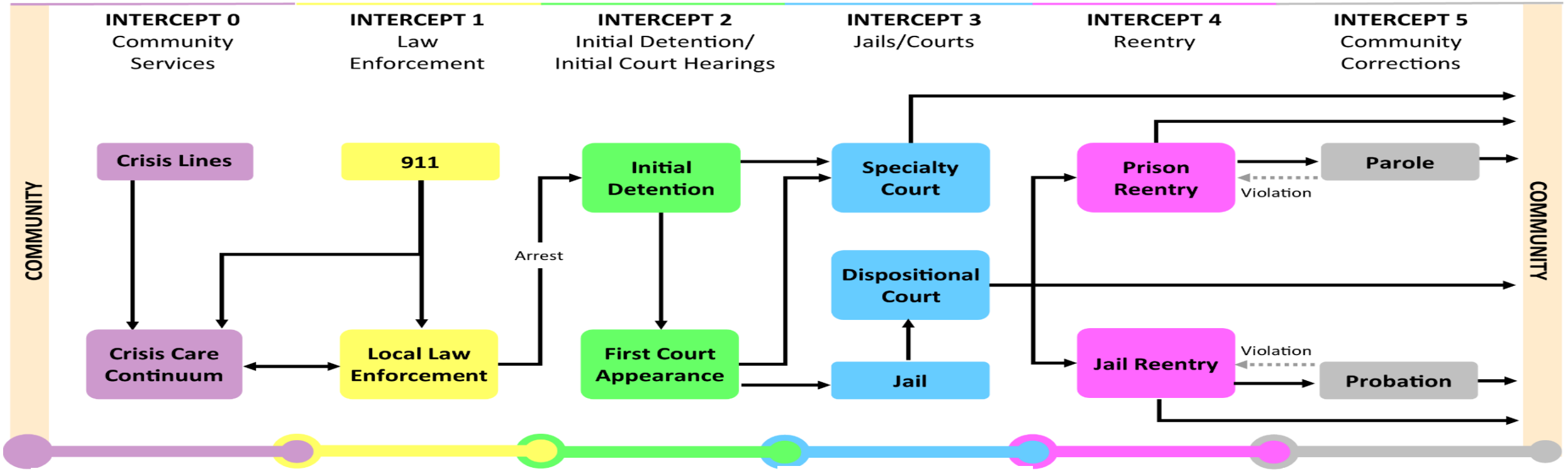
94% OF ALL INITIAL REQUESTS FOR SERVICE ARE OFFERED WITHIN THESE STANDARDS!

SCDMH Agency Information

SCDMH currently has more than 1,000 portals by which citizens can access mental health services, including:

- 16 SCDMH operates Community Mental Health Centers, which serve all 46 counties – a total of 60 outpatient treatment facilities
- 3 State hospitals serving adults, children and adolescents, and patients with addictive disease
- The SCDMH Forensic outpatient evaluation service evaluating defendants referred by the criminal courts
- 24 community hospital Emergency Departments with available SCDMH Telepsychiatry consultation
- Projected to provide school mental health services in more than than 900 schools by the end of FY 2020
- In addition to schools, SCDMH staff embedded in more than 140 non-SCDMH entities to provide clinical services: Detention Centers, DSS and DJJ offices, FQHCs, Emergency Departments, Children's Advocacy Centers, Law Enforcement Agencies
- 4 SCDMH operated nursing homes, including 3 for State veterans and 2 additional under construction
- The State's Sexually Violent Predator (SVP) Treatment Program

SCDMH/CRIMINAL JUSTICE SYSTEM INTERCEPT MAP



- Statewide crisis line – 833-DMH-CCRI
- Statewide 24/7 Community Crisis Response and Intervention (CCRI)
- School Mental Health
- Street Medicine Teams
- Mental Health First Aid
- Crisis Intervention Team (CIT) Training
- Intensive Community Services
- Homeless Outreach

- CCRI
- Crisis Stabilization Units
- EMS/MHC telehealth
- LE/MHC telehealth
- MHP in consolidated dispatch
- First Responder Support Teams
- SCLEAP support
- SCDMH JIP Program Director
- CJCC participation
- MHPs embedded in LEA

- MHPs embedded in detention centers
- Designated Examiners
- Forensic Evaluations
- Forensic Inpatient Services
- Detention Center Liaisons
- DJJ MOA, Liaison

- Mental Health Courts
- Drug Courts
- Veterans' Courts
- Homeless Courts
- Juvenile Mental Health Courts

- Sharing records w/SCDC
- SOAR project
- NGRI Outreach Program
- Opportunity to improve data sharing, perhaps through electronic means

- Released inmates offered immediate appointment with MHC
- MOA with PPP
- MHP embedded with PPP
- Care Coordination
- CPSS staff
- Responding to Detention Centers
- Opportunity to create warm handoff when being released – exploring EBPs to determine most effective in engaging patient in treatment

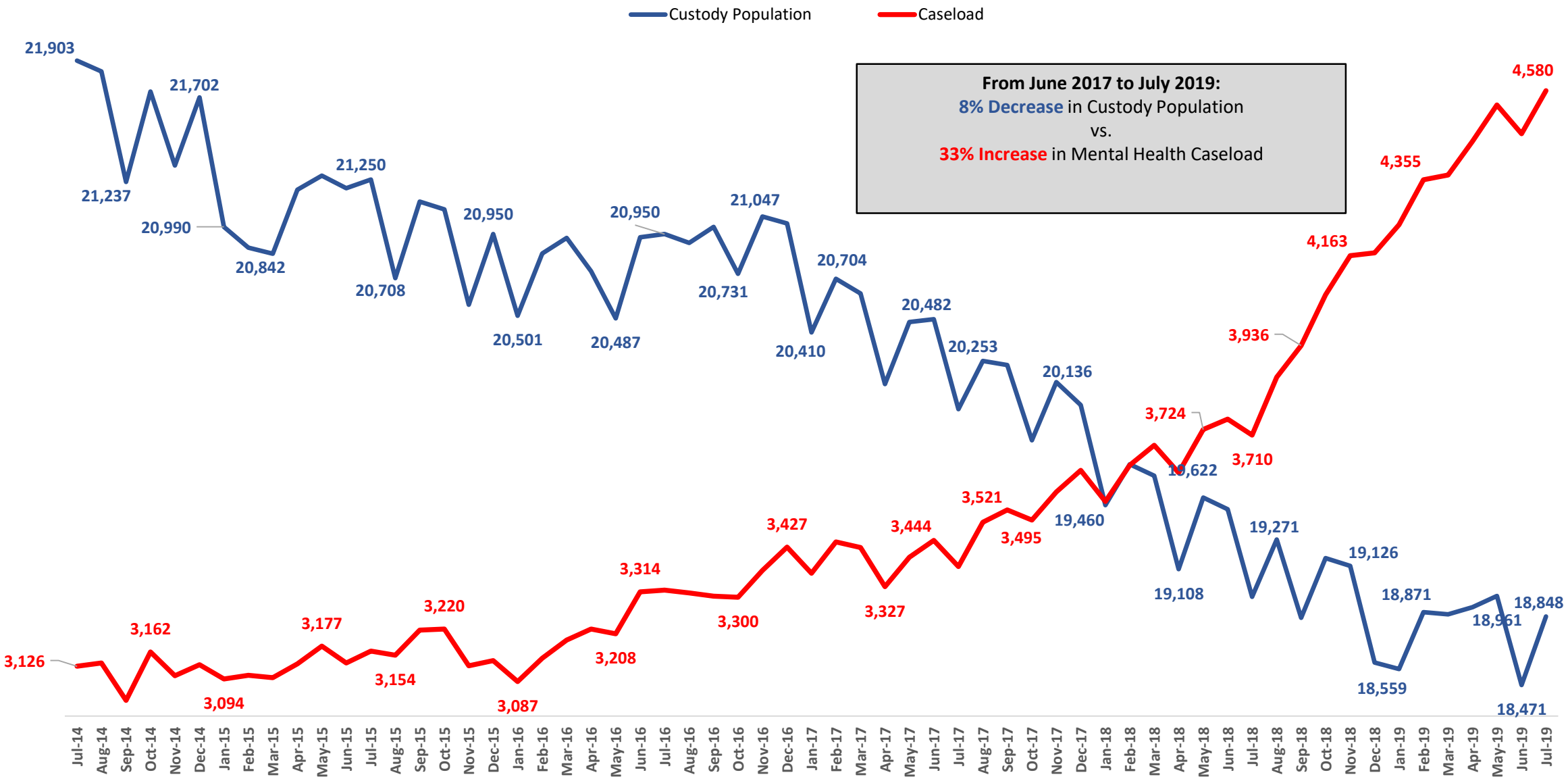
EMS Video

SCDC Agency Mental Health Overview

SCDC currently has more than 4,544 inmates on the mental health caseload, or 24.6% of the 18,479 population as of September 2, 2019 receiving services at comprehensive levels of care:

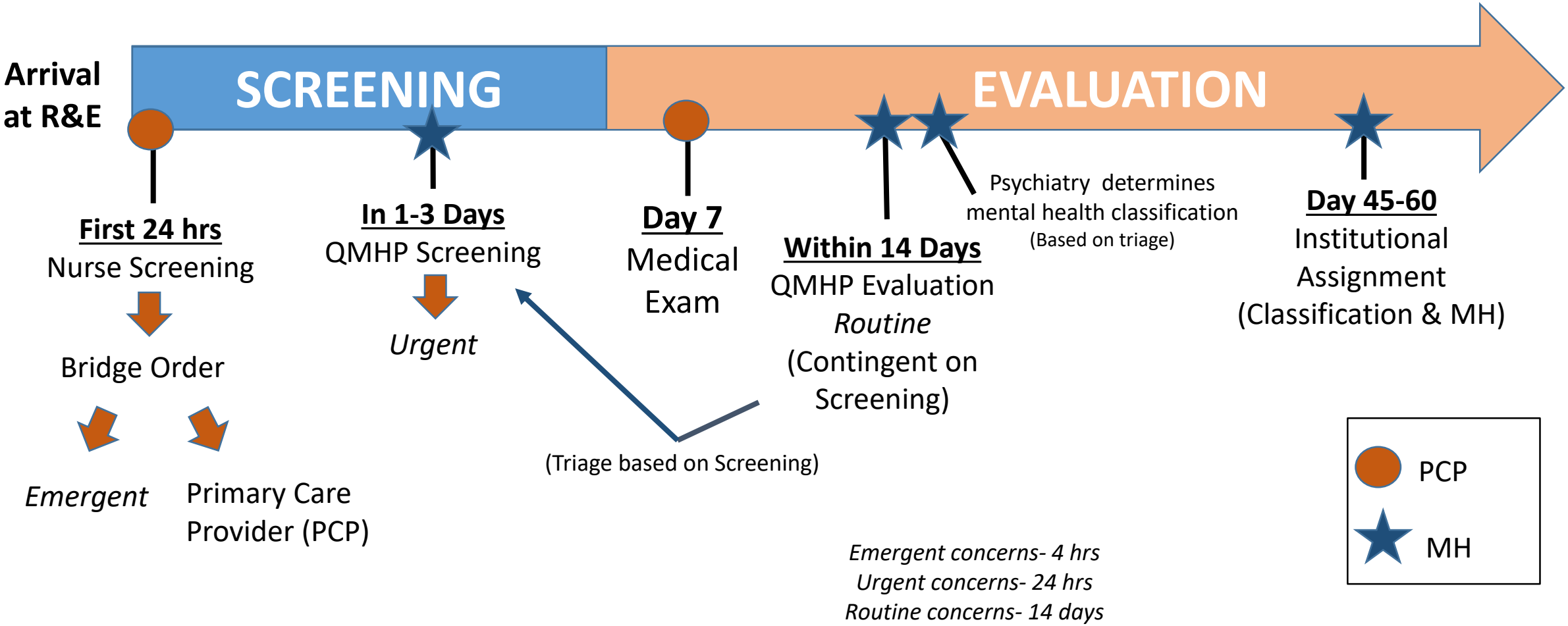
- 11-13% of inmates of 600-700 intakes/month diagnosed mentally ill upon admission
- Number placed on the caseload during incarceration is increased through referrals – self, staff, family, advocate, legislative or other, to reach 24+%
- 700+ inmates discharge monthly (FY18) with 24+% of those in need of MH discharge planning: inpatient or outpatient therapy, psychiatric care and medication monitoring

SCDC Custody Population vs. Mental Health Caseload, July 1, 2014 - July 1, 2019

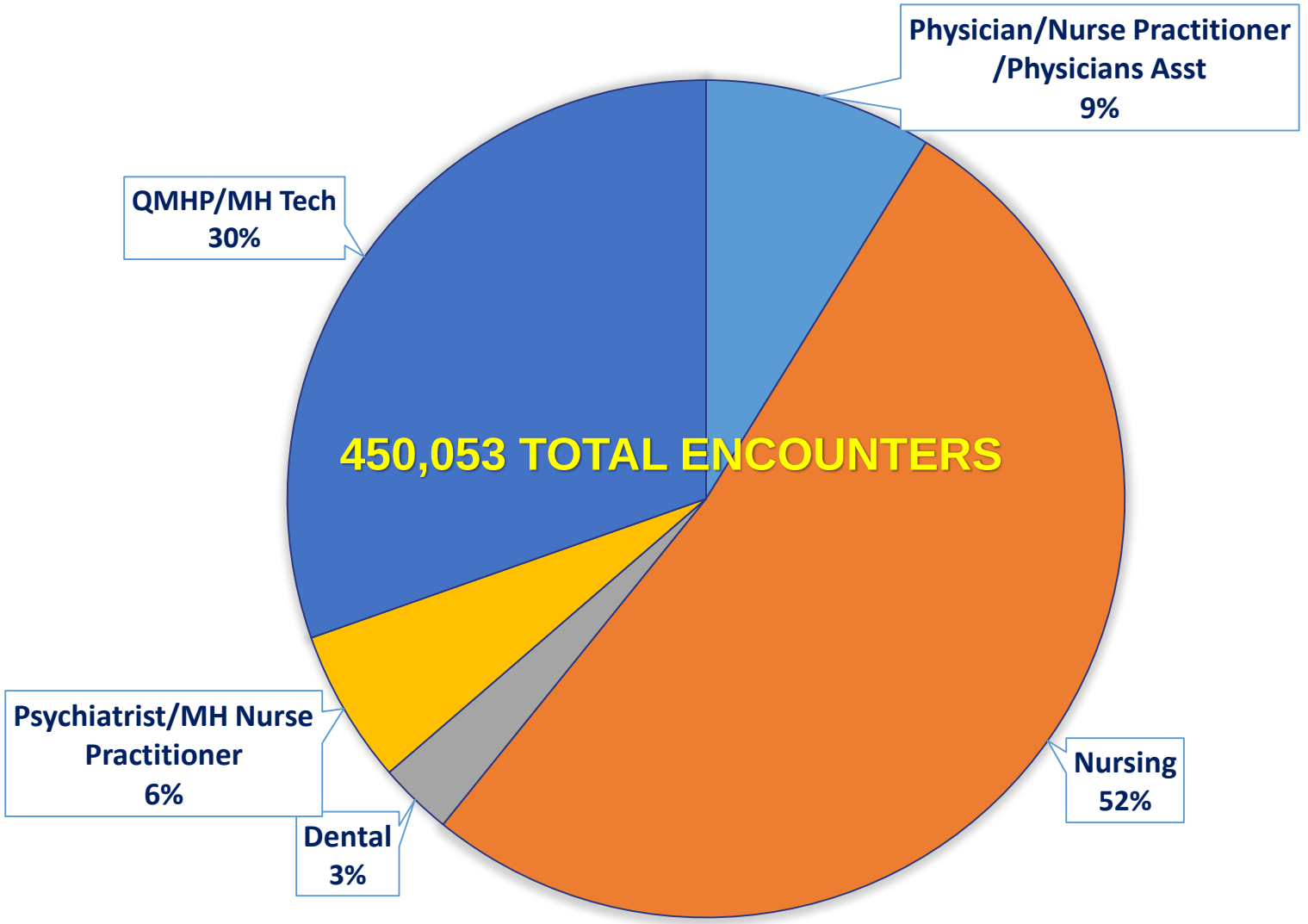


1st of...

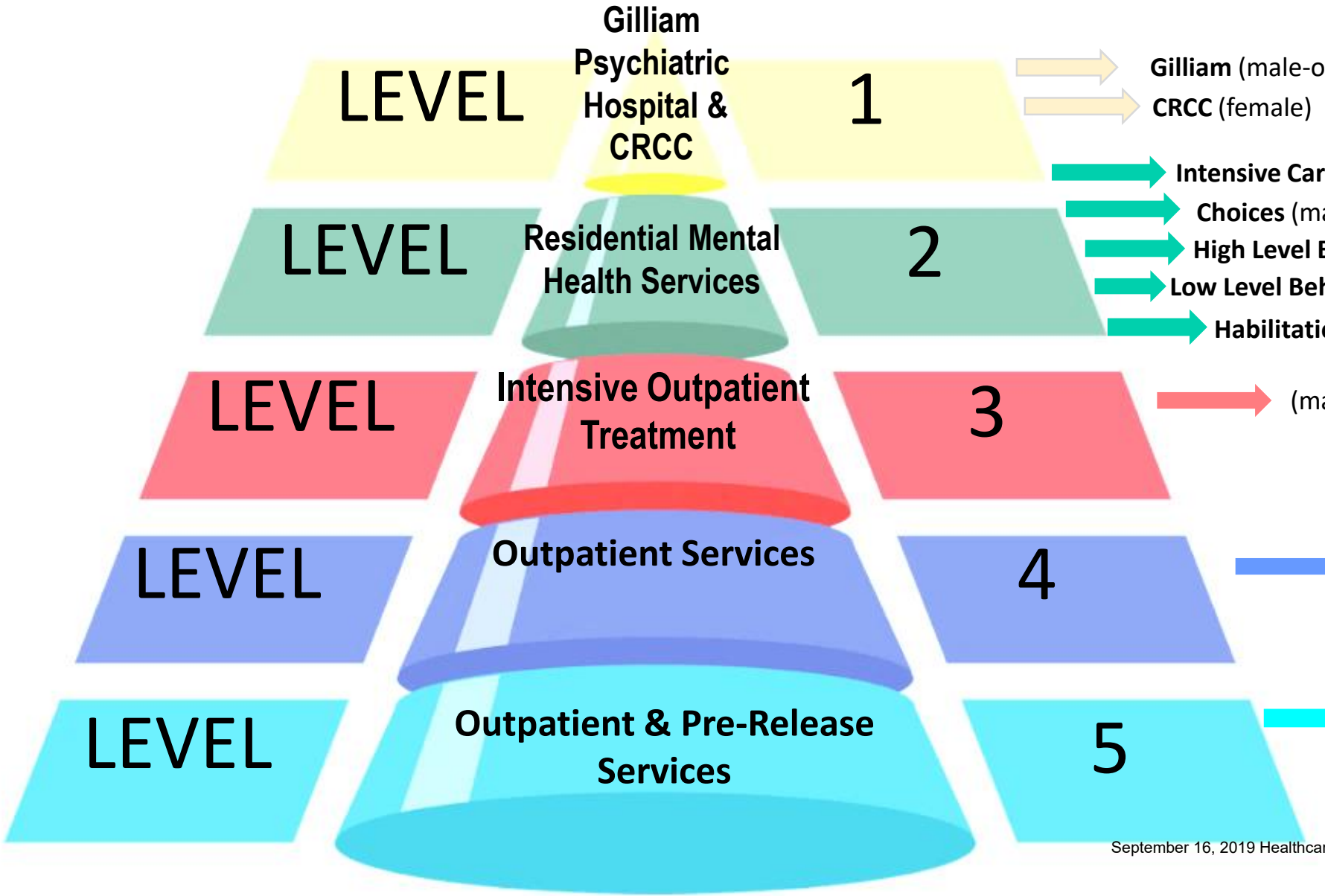
SCDC Reception & Evaluation Timeline



SCDC Health Services Encounters by Provider Type FY 2018



SCDC Levels of Mental Health Care



Gilliam (male-only)

CRCC (female)

Intensive Care Services (male = KCI; female = Camille)

Choices (male = KCI)

High Level Behavioral Management Unit (male = KCI)

Low Level Behavioral Management Unit (male = Allendale)

Habilitation Services (male = KCI)

(male = New Directions; female = Camille)

(male & female, statewide as designated)

(male & female, statewide as designated)

Overview of the SCDC Mental Health Lawsuit

- Class action lawsuit filed in 2005 in Richland County on behalf of 3,500 Serious Mentally Ill inmates
- Judge Baxley signed the Order, finding for the Plaintiff on January 2014; Settlement Agreement signed May 2016
- Six components of the mental health lawsuit, with 59 elements
- Site visits by Implementation Panel of 1 Psychiatrist & 1 Security Expert on periodic basis: measure Substantial (21), Partial (33), & Noncompliance (5) of elements
- Impact on budget/funding/positions, construction/renovation with significant addition/changes to policy & procedure

Current Agency Collaborations

SOAR Grant Position within SCDC – Funded through DMH

- Applications for inmates upon release with Serious Mental Illness
- At Risk for Homelessness

Joint SCDC/SCDMH Grant Application to BJS

- For Women at Camille Graham
- Parenting
- Trauma-Informed Service Delivery Model Program
- Focus on Spartanburg Community

Opportunities for Enhanced Collaboration

Opportunities Related to SCDC Mental Health Lawsuit Mandates:

- Establish "Continuity of Care" automation of patient information (ROI) – both for admission to and upon discharge from SCDC (may require legislative change)
- Develop MOA between agencies for release planning of inmates who are being discharged
- SCDC pursue/SCDMH support – initiative of expansion from 5 days to 30 days for medication upon release for continuity of care
- Increase the state's ability to gain access to inpatient and nursing home beds during time of incarceration (especially FEMALE needs) and upon release
- Enhance SCDHHS Medicaid access upon release/discharge through SCDHHS "Community Engagement" 1115 Waiver – target population includes justice-involved population (July 2020)

Opportunities for Enhanced Collaboration

- Fund discharge planning positions within SCDC for community reintegration (SCDMH, SCDC, SCDHHS, SCDAODAS)
- Conduct quarterly multi-agency meetings – SCDMH, SCDC, SCPPPS, SCDAODAS, SCDJJ
- Offer joint multi-agency professional training
- Expand community diversion efforts, i.e., increase number of Mental Health Courts; increase number of embedded Mental Health Professionals with law enforcement, detention centers and PPP
- Continue participation with the South Carolina Behavioral Health Coalition (SCBHC) and the Justice-Involved Population Sub-Committee in its initiatives

Questions?