From:	Cary Chamblee
То:	Senate Medical Affairs Committee Mailbox;
cc:	earlmeyer@bellsouth.net; George Booth; Chris Christner; John Curtis;
	Don Fuller; Dr. Lou Jolley - CLEM. U; Fritz Lunde; Yodda Pierce;
	Ken Rillings; Charles Smith; Susan Corbett; Bob Guild; Allyn Schneider;
Subject: Date: Attachments:	Comments on S.384-DHEC Restructuring Monday, October 05, 2009 11:48:37 AM Water Committee Letter.doc

Martha

I was asked by the Sierra Club Water Committee Chairman, Mr. Earl Meyer, to forward the attached comments from his committee on S.384 -DHEC Restructuring.

Thank you for the opportunity to present comments.

Cary

--

Cary D. Chamblee 3010 Gervais Street Columbia SC 29204 Mobile 803-606-1224



September 5, 2009

Senator Danny Verdin, Chairman Restructuring Subcommittee Senate Medical Affairs Committee Post Office Box 142 Columbia, SC 29202

Dear Senator Verdin:

In July 2007 the Sierra Club Water Committee was invited to speak at a meeting of the DHEC Board regarding the unhealthy and dangerous condition of South Carolina's surface waters. In our presentation we explained in considerable detail the extent and severity of water pollution in our state. The Board members appeared to be astonished. It appeared to us that the Board was oblivious to these problems and had never been told about this pollution by DHEC management. The DHEC Board was not governing DHEC at all, but is simply accepting what the DHEC department heads present to them. It is no wonder that the Commissioner, Earl Hunter, would like this to continue.

Separately, at Senator Alexander's request in 2007, the Sierra Club Water Committee made a study of the effectiveness of South Carolina's DHEC as compared to the Environmental Departments of Georgia, North Carolina, Tennessee and Kentucky using their own Section 305(b) biennial reports to the U.S. Congress as the basis of comparison. The governance of these other departments seemed to be producing much better results than South Carolina's. All states have problems trying to keep their waterways clean, but using the statistics they presented, these states seemed to be doing a much more effective job and South Carolina could learn from them. Senator Alexander forwarded this report to several Senate committees.

The following are but two examples of DHEC failures. All states spend large amounts of money determining which waterways are dangerous. Tennessee, Kentucky and North Carolina forthrightly post warning signs against swimming or wading where a waterway is polluted with fecal material or the fish aren't edible due to mercury accumulation. This is done to warn their citizens of the dangers posed by these polluted water conditions. DHEC, at that time, did not place signs at swimming locations, boat landings or bridges! Embarrassed by our revelation, DHEC has now erected a few signs, but not nearly enough to adequately warn the public of the dangers of coming in contact

South Carolina Chapter · 1314 Lincoln Street, Suite 211 · PO Box 2388, Columbia, SC 29202 http://myscsierra.org/chapter/ · Phone 803-256-8487 · Fax 803-256-8448 with polluted water or eating fish with accumulations of mercury. There is little recognition of the seriousness of this problem or any leadership from the DHEC Board to correct it.

Georgia, in their Section 305 report, stated that "The pollution impact on Georgia's streams has radically shifted over the last two decades. Streams are no longer dominated by untreated or partially treated sewage discharges (which produced dangerous recreational situations) and little or no oxygen and little or no aquatic life." As our Committee has reported, in a number of presentations all over South Carolina, using DHEC reports as our basis, our state has had 10 discharges of untreated sewage from municipal sanitary sewer systems each and every week between 1997 and 2007. The average discharge size was 18,000 gallons of untreated sewage most of which ended up in public waterways. In 2009, we are still allowing large discharges of untreated sewage into public waterways; a problem that Georgia corrected two decades ago. There has been no outcry or leadership about correcting this situation from the DHEC Board.

South Carolina deserves more effective leadership and governance of its Environmental Department that would allow the taxpayer/voter to hold someone directly accountable for the performance of this huge, expensive but largely ineffective department of state government.

The South Carolina Chapter of the Sierra Club is very concerned about the quality of the waters of South Carolina. Water is key to continuing our quality of life and it serves all citizens to work to keep our waters clean for recreation and other purposes. Members of the S.C. Sierra Club Water Committee have been investigating pollution in the waterways of S.C. since the early 1990's and have researched and collected a large resource of information and data. If our organization can be of assistance please contact us, we look forward to being part of the effort to restore clean water to our state.

Sincerely,

Earl Meyer

Earl Meyer, Chair Sierra Club Water Committee

From:	<u>klm1641 klm1641</u>
То:	Senate Medical Affairs Committee Mailbox;
Subject:	DHEC bill number S.384
Date:	Thursday, October 08, 2009 2:15:16 PM

I want to comment on the bill placing the governor in charge of DHEC. The governor should be in charge of the agency

Thank you Linda Kelly 170 Lakeshore Drive Leesville, SC 29070

From:	Michael Baker
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	H.3199 Tuesday, October 06, 2009 9:13:33 AM

To combine mental health and substance abuse counseling would be a horrible mistake. Both require completely different skill sets, different certifications, etc. While in some cases there are co-existing issues that require knowledge of both mental health and substance abuse, substance abuse in particular is an entirely different animal/discipline than standardized mental health practices. Anyone with a BA or Master's can become a mental health counselor. It takes years of supervision, education and understanding to become a certified addictions counselor. Please take the word of a front-line staff and DO NOT combine/merge DMH/BHSA.

From:	Bill Gilmer
То:	Senate Medical Affairs Committee Mailbox;
Subject:	H.3199
Date:	Tuesday, October 06, 2009 4:50:05 PM

I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

South Carolina all too often lags behind the rest of the nation in education, health and human services, yet our State's provider system for the treatment of substance abuse disorders is actually a role model for the nation and has been federally recognized for providing quality services in a fiscally responsible and productive manner.

This is, in large part, due to the unique delivery system of private, non-profit providers overseen by The Department of Alcohol and Other Drug Abuse Services. Combining this department with Mental Health and Continuum of Care could very well endanger the structure of the system currently in place, and will most certainly add layers of bureaucracy that will actually increase costs and damage the quality of services currently provided. It will "muddy" a system that has garnered national recognition for strong outcomes and accountability.

When this organizational approach was implemented in the states of North Carolina, Florida and Georgia the result was the re-appropriation of federal block grant funds meant for addiction treatment to fill holes in mental health services. This would be a tragedy for the state of South Carolina, which brings me to the most important reason why I am against placing Substance Abuse Services under a new Department of Behavioral Health. The citizens of our state who suffer from the disease of addiction.

Did you know that for every \$1 spent on substance abuse treatment, the taxpayers of SC save \$7.46 on the related costs of incarceration, hospitalizations and drug related crime? In Florence County alone, over 100 healthy, drug-free babies have born as the result of just ONE of the treatment programs available, potentially saving millions of dollars.

For every dollar saved, there are the immeasurable gifts of families becoming whole again, children growing up in healthy environments, employees becoming productive, and citizens contributing to the betterment of their community and our state.

It's imperative to exempt The Department of Alcohol and Other Drug Abuse

Services from the proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader.

Respectfully, Bill Gilmer 601 Gregg Ave. Florence, SC 843-664-3905

From:	Pat Truluck
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Concerns Tuesday, October 06, 2009 4:51:48 PM

I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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Respectfully, Pat Truluck 452 Millstone Road Florence, SC 29505 843-679-0592

From:	Margaret Poston
То:	Senate Medical Affairs Committee Mailbox;
Subject:	h.3199
Date:	Tuesday, October 06, 2009 4:51:50 PM

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Respectfully,

Margaret Poston 601 Gregg Avenue 843-664-3936

From:	Teresa Dennis
То:	Senate Medical Affairs Committee Mailbox;
Subject:	DAODAS
Date:	Tuesday, October 06, 2009 4:52:55 PM

I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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Respectfully,

Teresa Dennis PO Box 564 Johnsonville, SC 29555 843-664-3972 work

From:	Brenda Hamilton
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and stro
Date:	Tuesday, October 06, 2009 4:56:23 PM

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Respectfully,

Name Circle Park BHS/BGH Address 601 Gregg Ave Phone Number 843-665-9349

From:	David Gray
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am
	writing to express my concern and str
Date:	Tuesday, October 06, 2009 5:16:54 PM

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proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader. Respectfully,NameAddressPhone Number

David Gray 843-664-3915 Ext 315

From:	Teena Carpenter
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am
	writing to express my concern and stro
Date:	Tuesday, October 06, 2009 5:23:39 PM

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Respectfully, Teena Carpenter, MS, CACP 490-H Third Loop Rd. Florence, SC 29505 (843)601-2496

From:	Nicki Nichols
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am
	writing to express my concern and stro
Date:	Tuesday, October 06, 2009 5:26:40 PM

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proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader. Respectfully, Nicki Nichols,601 Gregg Avenue, Florence, SC 29502 843-665-9349, ext 342

From:	dennis young
То:	Senate Medical Affairs Committee Mailbox;
cc:	Gayle Peek;
Subject:	Н. 3199
Date:	Tuesday, October 06, 2009 5:58:43 PM

Attn Senator Danny Verdin,

Please note that I OPPOSE the Behavioral Health Sevices Act that recently passed the house and is now under review by your senate subcommittee. I am very familiar with the current system of mental health delivery and know that the governor appointed MH Commission and the State MH Commissionner arrangement along with the strong advocacy groups in SC are well established and that they sincerely and effectively represent the recipients of MH services here in SC.

EXCESS GOVERNMENT CONTROL not unlike the national health care proposals being pushed nationally is NOT what we need. Why fix something that isn't broke??

Respectfully submitted,

Dennis M. Young

Board Member

Greenville Co. Mental health

From:	Rick McBride
То:	Senate Medical Affairs Committee Mailbox;
Subject:	H.3199 Proposed Bil
Date:	Wednesday, October 07, 2009 8:03:47 AM

Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader. Respectfully, Richard R. McBride, M.Ed., LPC, CACII Chair, SCAADAC Certification Commission SCAADAC Board Member Director, Clinical Services Chrysalis Center Substance Dependence Residential Program for Mothers with children, Circle Park Behavioral Health Services 1430 S. Cashua Drive, Florence, SC 29501 843-673-0660 ext. 214

From:	Lisa Wisnoski
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and stro
Date:	Wednesday, October 07, 2009 8:03:47 AM

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Respectfully,

Lisa Wisnoski 601 Gregg Avenue Florence, SC 29501 8436659349

From:	Billie Poston
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and stro
Date:	Wednesday, October 07, 2009 8:19:32 AM

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Respectfully,

Billie Poston 2315 Claussen Rd., Florence, SC 843-669-6054

From:	Barbara Dease
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary, Wednesday, October 07, 2009 8:38:33 AM

I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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This is, in large part, due to the unique delivery system of private, non-profit providers overseen by The Department of Alcohol and Other Drug Abuse Services. Combining this department with Mental Health and Continuum of Care could very well endanger the structure of the system currently in place, and will most certainly add layers of bureaucracy that will actually increase costs and damage the quality of services currently provided. It will "muddy" a system that has garnered national recognition for strong outcomes and accountability. When this organizational approach was implemented in the states of North Carolina, Florida and Georgia the result was the re-appropriation of federal block grant funds meant for addiction treatment to fill holes in mental health services. This would be a tragedy for the state of South Carolina, which brings me to the most important reason why I am against placing Substance Abuse Services under a new Department of Behavioral Health. The citizens of our state who suffer from the disease of addiction.

Did you know that for every \$1 spent on substance abuse treatment, the taxpayers of SC save \$7.46 on the related costs of incarceration, hospitalizations and drug related crime? In Florence County alone, over 100 healthy, drug-free babies have born as the result of just ONE of the treatment programs available, potentially saving millions of dollars. For every dollar saved, there are the immeasurable gifts of families becoming whole again, children growing up in healthy environments, employees becoming productive, and citizens contributing to the betterment of their community and our state. It's imperative to exempt The Department of Alcohol and Other Drug Abuse Services from the

proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader.

Respectfully, Barbara Dease 729 S Friendfield Rd Scranton, SC 29591 843-389-7797

From:	Thelma Alexander
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Objection to Reorganized Dept. of Behavioral Health Wednesday, October 07, 2009 9:03:05 AM

Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader. Respectfully,

Thelma W. Alexander 2841 Hermitage Lane Florence, SC 29501

From:	Renee Tedder
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and stro
Date:	Wednesday, October 07, 2009 2:18:27 PM

Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader.

Respectfully, Renee Tedder 5707 Langston Rd Timmonsville, SC 29161 843-346-0893

From:	Randy Cole
То:	Senate Medical Affairs Committee Mailbox;
Subject:	Opposed to H3199
Date:	Wednesday, October 07, 2009 9:19:48 AM

I am writing to express my concern and strong objection as the Chief Operating Officer of the Florence County Commission on Alcohol and Other Drug Abuse, dba. Circle Park Behavioral Health Services, in placing our State's Department of Alcohol and Other Drug Services under a reorganized Department of Behavioral Health.

We currently have 66 employees and served 1,653 individuals in fiscal year 2008-2009. These individuals are from all levels of the socio-economic and age groups. All of these individuals are scattered in and out of our communities. With most presenting their problems to us as Alcohol or Drug related issues. My clinical staff are licensed and recognized on the State and National levels by accrediting bodies that require extensive knowledge in the field of Alcohol and Other Drugs. Our office is a not for profit agency and have been in business since 1973 with little to no County or Municipal support. The State and Federal dollars we receive are used to strengthen the services we provide to a unique population. Our office is active within our Emergency rooms and has directly helped to reduce bed times in the hospitals. We have National Accreditation through Commission on Accreditation of Rehabilitation Facilities (CARF) and are licensed by DHEC. We have high standards defined and expected in the input, processes, and outcomes for persons we serve.

Our agency operates a fully occupied 16 bed Residential Treatment Center for Women with Children up to the age 10. This program is one of four in our State that provides extended long-term treatment for dependent women designed to provide a nurturing community for these women to live on-site with their children during the entire treatment process. The children residing at the center receive professional support and counseling while their mothers gain a new chance at life. Since the opening of this unique program we have had over 100 babies born substance free. We also operate a Men's Recovery Residence that maintains a fully occupied 16 bed facility which serves men who lack a supportive environment, while reducing the strain on community resources of law enforcement, social service providers, and hospital emergency rooms.

Our outpatient program serves a large population which includes our Offender Based Programs that help divert offenders from the criminal justice system, family therapy, Adolescent services for at risk youth and Alcohol Drug Safety Action Program (ADSAP) to help those persons convicted of DUI violations.

The prevention services are a strong tie in the community and are evidence based and help educate the youth in our schools and the community to increase their perception of risks of using alcohol, tobacco, and other drugs: as well as increasing positive decision making skills. Just in Florence County alone we do prevention groups to help Children and families deal with divorce. We collaborate with Florence Rotary Clubs to provide a ten week curriculum called Rotarians in Drug Deterrence Education (RIDDE). We provide outreach and education for HIV/AIDS. We train law enforcement on the trends in underage use of substances and are constantly providing presentations and training to our community.

I say all of this to let you know these services is a vital part of the Florence Community. Circle Park BHS is dedicated to provide these services. They deal not only with symptoms of abuse and addiction, but with their cause. Their overall effectiveness hinges on the successful integration and coordination of each one stemming from all services we provide including the ones mentioned above.

If these services are jeopardized we will have a potential failing system much like some of the State Agencies that are constantly financially bailed out by the State. It's imperative to exempt The Department of Alcohol and Other Drug Abuse Services from the proposed restructuring because it threatens a proven system that works for our Community.

Respectfully Submitted,

Randy Cole Chief Executive Officer Circle Park BHS 601 Gregg Ave Florence, SC 29501 Phone: 843-665-9349 Fax: 843-667-1615 www.circlepark.com

From:	Susan Davis
То:	smedicomm@scsenate.gov r;
Subject:	Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am
	writing to express my concern and str
Date:	Wednesday, October 07, 2009 2:38:14 PM

Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

South Carolina all too often lags behind the rest of the nation in education, health and human services, yet our State's provider system for the treatment of substance abuse disorders is actually a role model for the nation and has been federally recognized for providing quality services in a fiscally responsible and productive manner.

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proposed restructuring. It should continue

From:	Joe Feleppa
То:	Senate Medical Affairs Committee Mailbox;
cc:	Gene Hogan;
Subject:	Restructuring Bill H.3199
Date:	Wednesday, October 07, 2009 2:40:51 PM
Attachments:	Joe Feleppa.vcf

I was asked by Gene Hogan in Senator Verdin's office to send this e-mail in support of the restructuring of the Department of Mental Health, The Department of Alcohol and Other Drug Abuse Services and the Continuum of Care, under a newly created cabinet-level agency called the Department of Behavioral Health Services (bill H.3199).

I believe that this bill is a way to help ease the overload of behavioral health patients in our Emergency Rooms across the state by creating a better coordinated system of care among agencies. As someone who has worked in the Behavioral Health Field for over 35 years, I have seen our system of care crumble over the past 10 years, to the point where we are truly in crisis.

As the Director of Behavioral Health Services at AnMed Health in Anderson, I have seen a tremendous increase in the number of these patients presenting to our Emergency Department, because the services that our state once provided have been severely curtailed and/or eliminated. Unless we do something different on the state level, these problems will continue to increase and further the burden on our already stressed Emergency Departments.

Thank you in advance for your consideration of my comments. If there is anything I can do to provide additional information, please do not hesitate to ask.

Sincerely, Joseph Feleppa, MSW, LISW-CP

Joseph Feleppa, MSW, LISW-CP Director AnMed Health Behavioral Health Services 800 N. Fant St. Anderson, SC 29621 864-512-2191 (Phone) 864-512-1796 (Fax) E-Mail: Joe.Feleppa@anmedhealth.org

From:	Johnny Willis
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Substance Abuse and Behavioral Health Wednesday, October 07, 2009 3:33:51 PM

Dear Senators Verdin, Jackson, Thomas, Hutto, and Cleary

I am writing to express my concern and strong objection as an employee of the Florence County Commission on Alcohol and Other Drug Abuse, dba Circle Park Behavioral Health Services, in placing our State's substance abuse services under a reorganized Department of Behavioral Health.

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treatment programs available, potentially saving millions of dollars.

For every dollar saved, there are the immeasurable gifts of families becoming whole again, children growing up in healthy environments, employees becoming productive, and citizens contributing to the betterment of their community and our state.

It's imperative to exempt The Department of Alcohol and Other Drug Abuse Services from the proposed restructuring. It should continue to operate as a separate entity as a nationally recognized leader.

Respectfully,

Johnny R. Willis Circle Park Behavioral Health 601 Gregg Avenue Florence, SC 29501 843-664-3919

Johnny R. Willis MS, LPC, NCC, MAC, SAP Senior Counselor Circle Park Behavioral Health Services 601 Gregg Avenue Florence, SC 29502 843-664-3919 www.circlepark.com

From:	CAROL D ROACH
To:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Proposed Restructuring H.3199 Bill Wednesday, October 07, 2009 6:27:32 PM

In regards to the proposed restructuring H.3199 Bill, I feel that the current system of operation of DAODAS as a cabinet agency and its 301 system providers are more than sufficient in meeting the needs of the South Carolinians. It is imperative that adequate funding be available for DAODAS and the 301 system providers in which I believe would be diminished or drastically reduced further under this restructuring bill. In addition, it is imperative that mental illness and substance abuse not be considered as interchangeable. Clear guidelines should be set so that these two agencies distinctively treat respective illnesses. Therefore, I request for the subcommittee to exempt substance abuse services from being placed under the proposed Department of Behavioral Health H.3199 Bill.

From:	Elizabeth
То:	Senate Medical Affairs Committee Mailbox;
cc:	<u>"J T Martin";</u>
Subject:	Please accept this late letter from a parent who tried to email this by Oct 5th. the file could not be opened.
Date:	Thursday, October 08, 2009 8:49:57 AM
Attachments:	JT MARtin letter to Senate medical affairs.pdf

<<....>>

To: Elizabeth

From: J. T.

The enclosed attachment is a copy of the document I e-mailed the Subcommittee of the Medical Affairs Committee. I received an e-mail from Senator Peeler's office saying that they could not open the attachment. I noted on the second e-mail that the attachment was prepared on Word Perfect. I have not receive another e-mail from Senator Peeler's office. I hope they were able to open the file after I noted the origin of the document.

I was out of town until 10-3-09 and I had a problem with Office Word so there was no other choice but to use Word Perfect since time was running out. Word Office <u>could not connect</u> with the Internet. Time Warner didn't have answer and Microsoft is working on the problem.

Attachment

10/1/09

J. T. MARTIN 708 Rosemary Rosemary Street Georgetown, SC 29440-4256

October 3, 2009

Re: H. 3314

As a parent of a daughter being served by the Georgetown County Disabilities and Special Needs Board, I want to strongly express my opposition to some of the proposals in H.3314.

Our daughter suffered brain damage during her birth in 1955. She was a small baby but otherwise she seemed to be *perfectly normal*. In a few months we realized that she was not doing the things a child her age should be doing. At that time there was no information available locally to help answer our questions on our problems. Our family doctor and her pediatrician suggestions were that she might be slower than her older sibling and that we were expecting too much too soon. We could not accept these answers since we knew that there was a problem other than just being <u>slow</u>. Finally we heard about the <u>Vince Mosley Clinic</u> in Charleston. She was tested and the results were <u>mild retardation</u>.

During the early 1960's the Georgetown County Association for Retarded Children began a Special Education program with funds from local donations. These handicapped children were not accepted in the local school system. On the state level during the years thru the 1960's there were only two facilities for housing the mentally handicapped. Pineland located near Columbia and Whitton Village near Clinton. I visited the facilities at Pineland and was horrified at the deplorable condition existing a that time.

On the state level in the 1960's and early 1970's the Mentally Handicapped and the Mentally III were being served by one agency. The shortage of funding to provide services resulted in the two groups always being at odds on equitable distribution of funds. In the 1970's, I was a member of a Task Force appointed by then Gov Robert McNair whose purpose was to recommend ways to the Legislature to resolve this problem and therefore the Task Force's proposal was to establish separate departments. This resulted in the Legislature establishing the <u>very first Department of Mental Retardation in the country</u>. This has been used as a model for establishing MR Departments thru the country. During my travels in various functions and capacities thru out the country, I feel that South Carolina should be proud of having one of the best if not the best Departments in the country. I realize that some times there will be complaints from parents ,disgruntled employees and other concerned persons about things not been carried out as they desire but we must realize that it takes time to develop and carry out the changes one would like.

I have been privileged to serve on the Georgetown County DSN Board for many years and although we may have had some problems in the past I feel that the community has been well served by the local DSN Board. The same applies to the Department and the Commission Members. I have seen some of problems in agencies that have been placed in the Governor's cabinet and I feel that the proposed changes in H.3314 would be a grave mistake at this time due to the unsettled political situation in Columbia. Giving the consideration of making this a cabinet position with the power of appointment given to one person is a great mistake. Don't destroy the work that so many have worked so hard and so long to have a program that serves all the handicapped. I am available to go into more details at any time.

Tel: (h) 843-546-6833 (o) 843-527-1194 Ext 28 Cell: 843-240-6833 Email: jt_martin_sc@yahoo.com

From:	Nancy Mitchum
То:	Senate Medical Affairs Committee Mailbox;
Subject: Date:	Senate bills s.384, H.3199, and H.3314 Tuesday, October 06, 2009 9:02:51 AM

I am writing in regards to senate bills s.384, H.3199, and H.3314 involving the restructuring of DHEC as well as the county disabilities boards. As a member of the community with many friends who have special needs children one of our biggest fears is that the 'system will fail' them. We actively participate in our churches program to integrate special needs children into our childrens programs and watch the struggles that these parents have. Currently, the children in this population have their services coordinated through the early intervention department of their local disabilities board. According to the information I have received, the aforementioned bill along with H.3199 and H.3314 would involve integrating the special needs boards into a department which would also include behavioral health and mental health and would also place this newly formed department under the control of the governor via the department's named commissioner. This brings about concern 1) because each of these areas of health is broad enough in scope individually that placing them together would likely result in each of them not getting the required attention/funding that it needs, and 2) because more control by the governor will likely lead to instability and/or inconsistency. By this I mean, each time a new governor is elected, the funding for this department will most likely change depending on his/her opinion on the importance of this board. Even our current governor has just signed a bill to replace Babynet with Firststeps. This alone is an example of how the governor would have too much control. I have personally watched how Babynet and Firststeps have made EVERY difference in childrens lives.

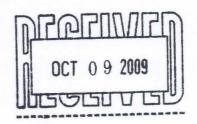
There are currently 700,000 people with disabilities in South Carolina, but very few advocates for their well-being. Even this year, the only daycare in the Low Country capable of taking care of children with disabilities was closed due to all of the recent 'budget cuts'. Please do not take even more away from our children.

Please take these thoughts into consideration when reviewing these bills, but most of all, please listen to the families. Thank you for your time and attention in this matter.

Mr. and Mrs. Fulton J. Mitchum

103 Dehay Street Moncks Corner, SC 29461

OCTOBER 1, 2009



TO WHOM IT MAY CONCERN:

I AM WRITING IN RESPSONE TO HR BILLS H3314, H3199, I AM IN SUPPORT OF THESE BILLS TO SPLIT DHEC INTO 2 DIFFERENT AGENCIES AS STATED IN THE BILL. ENCLOSED ARE THE FOLLOWING DOCUMENTS THAT DETAIL WHY REFORM IS NEEDED BECAUSE OF DHEC'S INCAPABILITY TO RUN THE GOVERNING AGENCY REGARDING THE LAWS PERTAINING NURSING HOME'S RULES AND REGULATIONS. THE DOCUMENTS SHOULD BE SELF- EXPAINATORY AS TO WHY THIS AGENCY MUST BE REGULATED BETTER.

SECONDLY, I CAN SUPPLY YOU WITH DATES AND NAMES OF PEOPLE THAT I SPOKE TO AT DHEC REGARDING THE DEATH OF MY FATHER JOSEPH F. DICKMANN. PLEASE NOTE THE ENCLOSED RESPONSE THAT DHEC WROTE PERTAINING TO THE DEATH OF MY FATHER. THE AGENCY NEVER FINED LIFE CARE OF COLUMBIA OR SANCTIONED THEM.

LASTLY, I FEEL THIS IS THE RIGHT TIME TO GO PUBLIC WITH DHEC'S HANDLING OF THE DEATH OF MY FATHER. UNFORTUNATELY, THE COMMITTEE WILL NOT LET THE PUBLIC SPEAK IN FRONT OF ITS BODY.

THE HORRIBLE DEATH OF MY FATHER (MY 76 YEAR OLD MOTHER FOUND HIM OUTSIDE IN THE COURTYARD NOT A LIFE CARE EMPLOYEE) WAS A VERY TRAGIC EVENT, WHICH COULD HAVE BEEN PREVENTED. WHEN WILL DHEC BE HELD ACCOUNTABLE FOR THE CARE OF OUR MOST VUNARABLE ADULTS? LAWS SHOULD BE INACCTED THAT DHEC INSPECT FACILITIES AT ALL TIMES OF THE DAY UNANNOUNCED.

PLEASE FEEL FREE TO CONTACT ME.

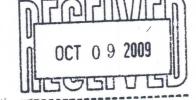
RESPECTFULLY,

athrum.

KATHRYN D. CALLAWAY 1500 ADELLA ST. COLUMBIA, SC 29210 803.798.6467

Aber Dickin An's Defer (C. Earl Hunter, Commissioner Joseph Dickin An's Defer (D. Earl Hunter, Commissioner Joseph Dickin An's Defer (D. Earl Hunter, Commissioner Tebruary 16, 2007





Kathy C Dickmann 1500 Adella St. Columbia, SC 29210

Dear Ms. Dickermann:

On January 24, 2007, representatives of this Bureau made an unannounced visit to Life Care Center Of Columbia to investigate your complaint. During this visit, our representatives observed patients/clients, reviewed records, and conducted interviews with staff and patients/clients.

Based on the information available at the time of this investigation, your complaint was unsubstantiated. Life Care Center Of Columbia was found in compliance with Federal Regulations and no deficiencies were cited.

If you have questions or need further assistance, please contact Phyllis Dennis at 803-545-4101.

Thank you for bringing this matter to our attention.

Sincerely,

Haven m. Price

Karen M. Price, Director Bureau of Certification

KMP/cn

DAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Health Regulation 2600 Bull Street • Columbia, SC 29201 • www.scdhec.gov STATE OF SOUTH CAROLINA)

COUNTY OF RICHLAND

Kathryn Callaway Dickmann, as Personal Representative of the Estate of Joseph Frederick Dickmann, and Mary Dickmann, in her individual capacity,

Plaintiffs,

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v. Life Care Centers of America, Inc., and RCM-Columbia, Inc.,

Defendants.

IN THE COURT OF COMMON PLEAS FOR THE FIFTH JUDICIAL CIRCLIF

COMPLAINT

(Jury Trial Demanded)

1. These actions for wrongful death and survival are brought pursuant to S.C. Code §§ 15-5-90 and 15-51-10, <u>et seq.</u> and the common law of South Carolina. Plaintiffs have complied with the pre-suit requirements set forth in S.C. Code § 15-79-125(A).

THE PARTIES

2. Kathryn Callaway Dickmann is the duly appointed Personal Representative of the Estate of Joseph Frederick Dickmann (hereafter "Mr. Dickmann") pursuant to an Order of the Richland County Probate Court. Mary Dickmann (hereafter "Mrs. Dickmann") is a citizen and resident of Richland County, South Carolina, and was married to the decedent, Mr. Dickmann.

3. Life Care Centers of America, Inc., is a foreign corporation authorized to do business in the State of South Carolina. Life Care Centers of America, Inc., upon information and belief, owns, operates, directs and/or supervises the activities of Life Care Center of Columbia (hereafter "LCCC"), a skilled nursing home facility doing business and located in Richland County, South Carolina. Further, Life Care Centers of America, Inc., holds itself out to the general public as the owner and operator of LCCC. Upon information and belief, all staff responsible for the monitoring, supervision, and care of Mr. Dickmann during all times relevant herein were agents and/or employees of Life Care Centers of America, Inc.

4. RCM-Columbia, Inc., upon information and belief, is a South Carolina corporation and is a license holder of the facility where Mr. Dickmann resided and had managerial responsibilities concerning the operation of the facility. Upon information and belief, all staff responsible for the monitoring, supervision, and care of Mr. Dickmann during all times relevant herein were agents and/or employees of RCM-Columbia, Inc.

FACTUAL BACKGROUND

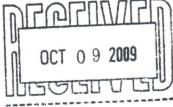
5. Mr. Dickmann was admitted to LCCC in March 2003 with a diagnosis that included Alzheimer's disease with associated behavior problems. LCCC was then certified to operate an Alzheimer's unit. After admission to LCCC, Mr. Dickmann had a well documented history of wandering, compulsive pacing, exit seeking behavior, and falling, all related to his Alzheimer's disease process.

6. Mr. Dickmann's unit at LCCC adjoined an open patio area that had a secured perimeter. Access to the patio was not secured, and Mr. Dickmann was allowed to wander into the patio area though an unlocked door. On at least two occasions prior to the events of August 29, 2006, that give rise to this action, Mr. Dickmann was documented in the records of LCCC to have fallen and/or suffered injury while in the patio area. On both occasions, LCCC staff subsequently

noted the risk of injury in Mr. Dickmann's record and the need to monitor closely his wandering, particularly in the patio area.

7. LCCC staff developed and updated regularly a Care Plan for Mr. Dickmann that identified particular problem areas, goals for addressing each problem, and specific actions to achieve each goal. Mr. Dickmann's Care Plan addressed his problems with wandering, compulsive pacing, exit seeking behavior, and falling. To address these various problems that exposed Mr. Dickmann to injury and/or death, the Care Plan provided that the staff must "be aware of Mr. Dickmann's whereabouts," "monitor Mr. Dickmann as he wanders...," and "monitor resident for safety to prevent injuries...".

8. On August 29, 2006, at approximately 2:30 p.m., Mrs. Dickmann arrived for her daily visit with her husband. Upon arrival she searched the unit and was initially unable to locate Mr. Dickmann. LCCC staff reported to Ms. Dickmann that they were unaware of her husband's whereabouts. In the course of her search, Mrs. Dickmann looked out from the unit into the patio area and was shocked to see her husband lying apparently unconscious and unmoving on the grass in the patio area. The outside temperature at the time exceeded 90 degrees and the heat index exceeded 100 degrees. Mrs. Dickmann cried out for assistance and LCCC staff then rushed into the patio area where they found Mr. Dickmann with a critically low blood oxygen level, severely elevated heart rate, and a core body temperature reportedly in excess of 106 degrees. Mr. Dickmann was sweating profusely and his skin was hot to touch. The discovery of Mr. Dickmann by his wife, neglected, helpless, and apparently dying in the nursing home's patio area, was deeply and profoundly disturbing to her and resulted in severe emotional distress.



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9. LCCC staff moved Mr. Dickmann immediately indoors, stripped off his clothing, and began applying ice to his body. EMS staff were summoned and Mr. Dickmann was emergently transported to Providence Hospital Northeast, where his temperature remained 104.2 degrees despite significant efforts to reduce Mr. Dickmann's temperature with ice and cool rags over the proceeding 40 minutes.

10. Mr. Dickmann suffered severe and irreversible multi-organ injury as a result of his prolonged exposure to the extreme outside temperature on August 29, 2006, while he was unsupervised in the patio area adjacent to his unit. He was diagnosed with heat stroke and hyperthermia and was essentially in a vegetative state without the ability to swallow until his death on September 10, 2006. An autopsy completed on the order of the Richland County Coroner found Mr. Dickmann's cause of death to be "cardiac arrest due to complications of heat stroke."

11. Plaintiffs seek a trial by jury.

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FIRST CAUSE OF ACTION (Negligence/Deviations from the Standards of Care Against Defendants Brought by Kathryn Callaway Dickmann, as Personal Representative of the Estate of Joseph Frederick Dickmann)

12. Plaintiff Kathryn Callaway Dickmann, as Personal Representative of the Estate of Joseph Frederick Dickmann, realleges Paragraphs 1-10 as if set out verbatim herein.

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13. Defendants were negligent, negligent per se, grossly negligent willful, wanton, and reckless in the following particulars, with each subparagraph sufficient to support the relief sought:

- a. failure to appropriately monitor Mr. Dickmann;
- b. failure to maintain awareness of Mr. Dickmann's whereabouts;
- c. failure to provide appropriate supervision to Mr. Dickmann on the patio;
- d. failure to protect Mr. Dickmann from exposure to extreme heat and dehydration associated with prolonged and unsupervised access to the patio
 area;
- e. failure to provide appropriate monitoring and supervision when Mr. Dickmann was allowed onto the patio, an area of known risk of injury to him;
- f. failure to adhere to Mr. Dickmann's established Care Plan;
- g. failure to provide an environment as free from accident hazards as is possible,
 in violation of 42 C.F.R. 483.25(h)(1); and
- h. failure to provide adequate supervision to prevent accidents, in violation of

42 C.F.R. 483.25(h)(2).

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SECOND CAUSE OF ACTION (Private Right of Action Under South Carolina Omnibus Adult Protection Act Against Defendants Brought by Kathryn Callaway Dickmann, as Personal Representative of the Estate of Joseph Frederick Dickmann)

14. Plaintiff Kathryn Callaway Dickmann, as Personal Representative of the Estate of Joseph Frederick Dickmann, realleges Paragraphs 1-12 as if set out verbatim herein.

15. Mr. Dickmann was a vulnerable adult, as defined under S.C. Code § 43-35-15(11), and, as such, Defendants had the duty to provide him services, including appropriate supervision, to protect his health and safety. Defendants' acts and omissions set forth herein constitute "neglect," as defined by S.C. Code § 43-35-10(10(b), in violation of the provisions of the Omnibus Adult Protection Act, S.C. Code § 43-35-5, <u>et seq.</u>, giving rise to a private right of action under S.C. Code § 43-35-80(A).

THIRD CAUSE OF ACTION (Bystander Claim Against Defendants Brought by Mary Dickmann in her Individual Capacity)

16. Plaintiff, Mary Dickmann, in her individual capacity, realleges Paragraphs 1-14 as if set out verbatim herein.

17. Mrs. Dickmann, the spouse of the decedent, was in close proximity to the victim, Mr. Dickmann, at the time of Defendants' tortious conduct, which resulted in severe personal injury and ultimately death to Mr. Dickmann. As the direct and proximate result of Mrs. Dickmann's exposure to the horrific circumstances leading to Mr. Dickmann's death, she has suffered severe emotional distress capable of objective diagnosis, giving rise to a bystander claim by Mrs. Dickmann in her individual capacity against the Defendants.

DAMAGES

18. As a direct and proximate result of Defendants' acts and omissions set forth above, Mr. Dickmann experienced, prior to his death, medical expenses, conscious pain and suffering, and emotional distress. Mr. Dickmann's estate also incurred funeral expenses.

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19. As the direct and proximate result of Defendants' acts and omissions set forth above, Mr. Dickmann's statutory heirs have experienced mental shock and suffering, wounded feelings, grief and sorrow, and loss of companionship.

20. As the direct and proximate result of Mrs. Dickmann being in close proximity to Defendants' tortious acts as set forth above, Mrs. Dickmann has individually suffered severe emotional distress capable of objective diagnosis.

WHEREFORE, Plaintiffs pray unto the Court for the following relief:

A. Actual damages in an appropriate amount;

B. Punitive damages in an appropriate amount;

C. An award of attorney's fees as appropriate; and

D. Such other relief as the Court deems just and proper.



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BY

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ATTORNEYS FOR PLAINTIFF

October 23. 2007.