

**From:** [Yvette Hering](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** cabinet agency  
**Date:** Thursday, September 24, 2009 9:04:42 AM

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Dear Medical Affairs Committee,

We strongly urge you to put DHEC & DDSN as cabinet agencies under the Governor's office. As parents of a 39 year old son with special needs, we have struggled with DDSN for years regarding lack of services, but other than contacting the Commission Members, we have no where else to go with our concerns. Of course, the only way an Executive Director can be replaced is if the commission decides to replace him. The concept of a small group (commission) that is part time and often selected because of who they know, having control of large agencies that receive many taxpayer monies is a poor way to run government. This system is NOT acceptable. Most commission members don't have the knowledge or the time it takes to completely understand the complex issues of the agency.

Yvette & Richard Hering

**From:** [Gloria Phillips](#)  
**To:** [David L. Thomas](#); [Michael L. "Mike" Fair](#);  
**cc:** [Senate Medical Affairs Committee Mailbox](#);  
[Senate Education Committee Mailbox](#); [Senate Ethics Committee Mailbox](#);  
[Brad Hutto](#); [Senate Agriculture Committee Mailbox](#); [Robert Ford](#);  
[Darrell Jackson](#); [Ralph Anderson](#); [Raymond E. "Ray" Cleary III](#); [Joel Lourie](#);  
[Clementa C. Pinckney](#); [Kevin L. Bryant](#);  
**Subject:** House Bill 3314  
**Date:** Tuesday, September 22, 2009 3:13:02 PM  
**Attachments:** [LAC letter.doc](#)

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I am a parent of a child who was severely handicapped. She was served by the Greenville County Disabilities and Special Needs Board during the 22 years that she lived at home and then by Whitten Center for approximately one year until her death in January, 2008.

I am writing to let you know that I am not in favor of House Bill 3314. Having a DDSN director appointed by the Governor means that the position could potentially change every four years with the election of a new Governor. That would not provide continuity over time for the director to learn to advocate for and serve people with special needs in the most effective and efficient manner. In addition, the Governor may not be qualified to choose a director because the Governor may not be familiar with the types of individuals served and the many services provided through DDSN.

Having the Commission serve as an advisory board to the director would diminish its capacity to be a working commission that listens to consumers, family members, service providers and advocacy organizations and works to improve services.

Please read the attached copy of a letter from the Director of the Legislative Audit Council to Senator Alexander, dated April 3, 2009. It states that the LAC "did not find that state or federal funds were embezzled, stolen, misused, or expended for purposes that did not further the mission of DDSN." It also indicates "that DDSN operates competently" and "that the board has implemented or is in the process of implementing the [LAC] recommendations."

For all of these reasons, I encourage you to leave DDSN as it is structured now, for the benefit of South Carolina's most vulnerable citizens.

Sincerely,

Gloria Phillips

34 Willow Oak Court  
Simpsonville, SC 29681

**From:** [Roy Roberts](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Restructuring Subcommittee - Opposed to H.3314  
**Date:** Monday, September 28, 2009 5:21:15 PM

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September 28, 2009

To: Restructuring Subcommittee – Medical Affairs Committee

RE: Oppose House Bill 3314 – Governor appoints the Director and DDSN Commission serves as an advisory board.

Dear Senators:

My name is Kathleen Roberts and I am a member of the Whitten Center Parents Club at Whitten Center in Clinton, SC. I have been involved with people with disabilities and special needs for 30 years. I had two children born normal but develop an unknown brain disease before the age of one. This caused severe mental retardation, seizures and loss of all mobility. My son, Chad, passed away at the age of 20, and my son John, age 26 is a resident of Whitten Center, one of 4 regional centers operated by the Department of Disabilities and Special Needs (DDSN). Since the late 1970's I have been involved both in the community and at the regional centers. I have fought for the rights of all people with disabilities and special needs and will continue to do so.

I commend you and the General Assembly for your continued efforts to listen to families across the state in an effort to make critical decisions to improve the lives of these most vulnerable citizens with lifelong disabilities. I want you to know that I feel that House Bill 3314 will not improve lives. **I am not in favor of the proposal to restructure DDSN in this form or any other form.**

As it stands, now the Commission hires the Director and the Governor appoints the Commission. Having the Governor appoint the Director and not have a working Commission with authority will not make things better. It is not going to save any money. It certainly will not provide more choice for those served. It will definitely not increase accountability. Governors change every 4 to 8 years and that means appointments of Directors could too.

The DDSN Commission members provide continuity over time and across administrations, and ensure citizen participation and sensitivity in what could otherwise become a politically or bureaucratically dominated system. The Commission conducts monthly meetings open to the public in which problems are discussed and solutions rendered. They receive input from consumers, families, service providers and advocacy organizations on the adequacy and efficiency of services and supports.

I have always been able to contact the director or a commissioner when I have had questions, concerns or suggestions. Will I get this with the Governor's appointee? I cannot even get the Governor and some legislators to visit the DDSN Programs. How is the Governor going to know who is qualified to run this agency? How can he appoint a director when he has not seen the type of individuals served and the many programs in operation?

The DDSN is and has been respected and well run for over 39 years. Unfortunately, last year DDSN came under fire by the news media, which received misinformation and false accusations by a few disgruntled people. The LAC did an audit of DDSN. **I have attached a copy of their letter. The media never printed this letter.** It clears DDSN of these rumors, yet the same people continue to try to destroy an agency, which is so vital to those who they serve. Because of these false accusations, the Governor asked several commission members to step down. These men and women were fine, caring community leaders. The DDSN



Director also resigned. This should have never happened.

SCDDSN programs have been role models for other states. This agency needs to remain focus on serving our most vulnerable citizens. I feel this should be done with a Commission that hires the Director and works with the consumers, families and advocates seeking out the best programs.

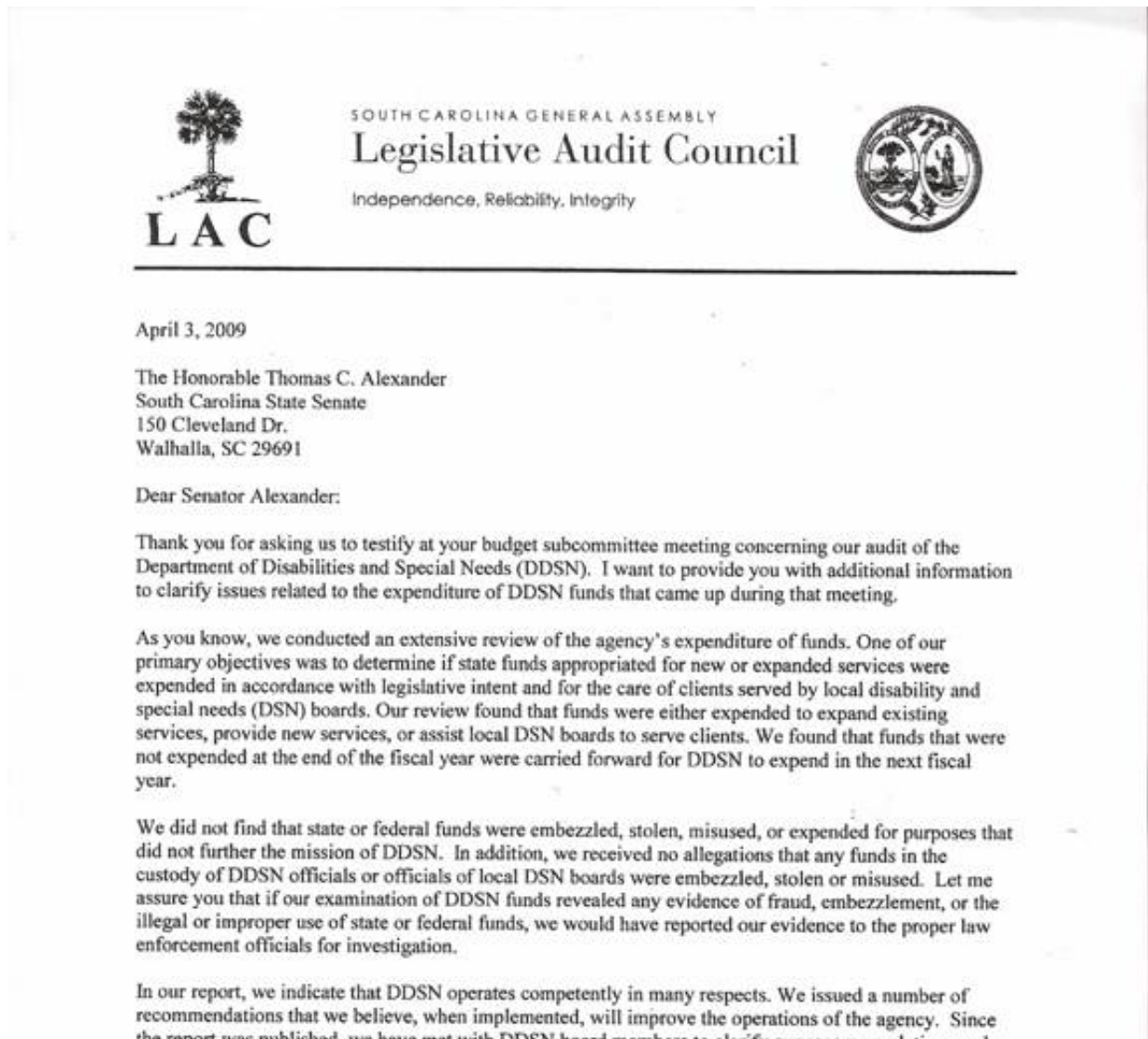
I am so appreciative of your support and the support of our great General Assembly for the continued funding for DDSN. Please leave DDSN as it stands now.

Sincerely,

Kathleen Roberts  
40 Hartford Heights  
Newberry, SC 29108

803-321-0317

**Attachment below. Please scroll down.**

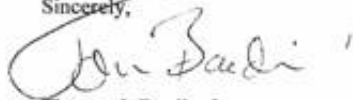


we did not find that state or federal funds were embezzled, stolen, misused, or expended for purposes that did not further the mission of DDSN. In addition, we received no allegations that any funds in the custody of DDSN officials or officials of local DSN boards were embezzled, stolen or misused. Let me assure you that if our examination of DDSN funds revealed any evidence of fraud, embezzlement, or the illegal or improper use of state or federal funds, we would have reported our evidence to the proper law enforcement officials for investigation.

In our report, we indicate that DDSN operates competently in many respects. We issued a number of recommendations that we believe, when implemented, will improve the operations of the agency. Since the report was published, we have met with DDSN board members to clarify our recommendations and DDSN provided us with their Implementation Plan for LAC Report Recommendations. The plan indicates that the board has implemented or is in the process of implementing the recommendations.

Thanks for allowing me to provide this information. Please let me know if you need additional information concerning our audit of the Department of Disabilities and Special Needs.

Sincerely,



Thomas J. Bardin, Jr.  
Director  
/cp

LAC.SC.GOV

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1331 Elmwood Ave., Suite 315 • Columbia, SC 29201 • 803.253.7612 (voice) • 803.253.7639 (fax)

**From:** [Aimee Potter](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**cc:** [Brooke Holcombe;](#)  
**Subject:** proposed bills  
**Date:** Wednesday, September 30, 2009 10:55:53 AM

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I am not in favor of H.3314 (DDSN).

The reason being that the DDSN will be directly under the governor's control. The person he / she appoints is not necessarily going to be an advocate for people w/ special needs, and since he / she will report directly to the governor, the decisions that he/she makes may not necessarily be in the interest of our kids.

I am also not in favor of H.3199

The reason being that this proposes that they dissolve the current DDSN and lump Behavioral Health, Mental Health, and Special needs all together. There is a huge variation in behavioral health, mental health, and special needs. These children need and deserve to be treated specifically for their individually needs.

**From:** [Julia Barrett-Martinelli](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Accountability!!!!  
**Date:** Wednesday, September 30, 2009 12:12:40 PM

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To whom it may concern:

I understand there is a number of bills on the floor concerning DDSN Agency.

This agency should come under the Governor's charge. It failed. The people who rely on this agency took a massive hit. We have our most vulnerable without services because this agency never planned for the rainy day.

It is not accountable or transparent as a stand alone agency. It should be moved under the Governor's care for oversight and management.

I have a profoundly disabled child and the cut in services has impacted our lives greatly. This agency failed to do its job.

Thank you,

Julia Barrett-Martinelli  
on behalf of Richard William Martinelli

**From:** [Gloria Phillips](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Fwd: House Bill 3314  
**Date:** Monday, September 28, 2009 11:10:19 AM  
**Attachments:** [Forwarded Message.msg](#)

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Forwarded message is attached.

**From:** [Gloria Phillips](#)  
**To:** [David L. Thomas](#); [Michael L. "Mike" Fair](#);  
**cc:** [Senate Medical Affairs Committee Mailbox](#);  
[Senate Education Committee Mailbox](#); [Senate Ethics Committee Mailbox](#);  
[Brad Hutto](#); [Senate Agriculture Committee Mailbox](#); [Robert Ford](#);  
[Darrell Jackson](#); [Ralph Anderson](#); [Raymond E. "Ray" Cleary III](#); [Joel Lourie](#);  
[Clementa C. Pinckney](#); [Kevin L. Bryant](#);  
**Subject:** House Bill 3314  
**Date:** Tuesday, September 22, 2009 3:13:02 PM  
**Attachments:** [LAC letter.doc](#)

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Please read the attached copy of a letter from the Director of the Legislative Audit Council to Senator Alexander, dated April 3, 2009. It states that the LAC "did not find that state or federal funds were embezzled, stolen, misused, or expended for purposes that did not further the mission of DDSN." It also indicates "that DDSN operates competently" and "that the board has implemented or is in the process of implementing the [LAC] recommendations."

For all of these reasons, I encourage you to leave DDSN as it is structured now, for the benefit of South Carolina's most vulnerable citizens.

Sincerely,

Gloria Phillips

34 Willow Oak Court  
Simpsonville, SC 29681



SOUTH CAROLINA GENERAL ASSEMBLY  
**Legislative Audit Council**

Independence, Reliability, Integrity



April 3, 2009

The Honorable Thomas C. Alexander  
South Carolina State Senate  
150 Cleveland Dr.  
Walhalla, SC 29691

Dear Senator Alexander:

Thank you for asking us to testify at your budget subcommittee meeting concerning our audit of the Department of Disabilities and Special Needs (DDSN). I want to provide you with additional information to clarify issues related to the expenditure of DDSN funds that came up during that meeting.

As you know, we conducted an extensive review of the agency's expenditure of funds. One of our primary objectives was to determine if state funds appropriated for new or expanded services were expended in accordance with legislative intent and for the care of clients served by local disability and special needs (DSN) boards. Our review found that funds were either expended to expand existing services, provide new services, or assist local DSN boards to serve clients. We found that funds that were not expended at the end of the fiscal year were carried forward for DDSN to expend in the next fiscal year.

We did not find that state or federal funds were embezzled, stolen, misused, or expended for purposes that did not further the mission of DDSN. In addition, we received no allegations that any funds in the custody of DDSN officials or officials of local DSN boards were embezzled, stolen or misused. Let me assure you that if our examination of DDSN funds revealed any evidence of fraud, embezzlement, or the illegal or improper use of state or federal funds, we would have reported our evidence to the proper law enforcement officials for investigation.

In our report, we indicate that DDSN operates competently in many respects. We issued a number of recommendations that we believe, when implemented, will improve the operations of the agency. Since the report was published, we have met with DDSN board members to clarify our recommendations and DDSN provided us with their Implementation Plan for LAC Report Recommendations. The plan indicates that the board has implemented or is in the process of implementing the recommendations.

Thanks for allowing me to provide this information. Please let me know if you need additional information concerning our audit of the Department of Disabilities and Special Needs.

Sincerely,

Thomas J. Bardin, Jr.  
Director

/cp

LAC.SC.GOV

1331 Elmwood Ave., Suite 315 • Columbia, SC 29201 • 803.253.7612 (VOICE) • 803.253.7639 (FAX)



**From:** [Gloria Prevost](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** FW: Comments on H3199 and H 3314  
**Date:** Friday, October 02, 2009 11:48:06 AM  
**Attachments:** [H3199 and H 3314.pdf](#)

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Julie, please provide to Senator Verdin and share with the other Subcommittee members. A hard copy is also being mailed today. Thank you so much for your assistance. Gloria

Gloria M. Prevost  
Executive Director  
Protection and Advocacy for People with Disabilities, Inc  
3710 Landmark Drive Suite 208  
Columbia, SC 29204  
803-217-6713  
FAX 803-790-1946  
1-866-275-7273 (voice) 1-866-232-4525 (TTY)  
e-mail [prevost@pandasc.org](mailto:prevost@pandasc.org)  
website: [www.pandasc.org](http://www.pandasc.org)

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**PROTECTION AND  
ADVOCACY FOR  
PEOPLE WITH  
DISABILITIES, INC.**

*The Protection & Advocacy System for South Carolina*

October 2, 2009

Hon. Danny Verdin  
404 Gressette Building  
Columbia, SC 29201

EMAIL AND UNITED STATES MAIL

Re: H. 3199, H. 3314

Dear Senator Verdin and Subcommittee Members:

As the entity designated by state and federal laws to advocate for the legal and human rights of people with disabilities in South Carolina, Protection and Advocacy for People with Disabilities, Inc. (P&A) supports the need for accountability, efficiency, and transparency in the delivery of services to people with disabilities addressed in H. 3199 and H. 3314.

**South Carolinians with Disabilities Need Better Service Delivery**

South Carolinians with disabilities now face a confusing, inefficient “system” of service delivery. Consider individuals such as these:

- A person with substance abuse and mental illness;
- A person with a head injury and substance abuse;
- A person with a developmental disability and mental illness;
- A person with a developmental disability and substance abuse.

These individuals now would receive services from at least two different agencies, each with its own management structure, eligibility criteria, and local service providers. The problems are even greater for children, whose treatment needs must be integrated with their education.

The difficulty individuals experience is exacerbated by the fragmentation at the local level, where there is a patchwork of disabilities and special needs boards, mental health centers, and substance abuse treatment centers. These multiple layers of administration increase costs and are a particular burden to the many low income individuals who have limited access to transportation.

H. 3199, creating the Department of Behavioral Health Services, is an important step towards truly integrated services, despite the omission of DDSN. P&A urges the Committee to include DDSN as part of a meaningful reform of delivery of services to people with disabilities. H. 3414 would improve DDSN's accountability, but it is a partial measure that does not address the fact the many recipients of DDSN services need services from more than one agency.

P&A suggests that H. 3199 not require that specific divisions be established within the new department. Department management should be free to align resources in the most effective manner. Requiring specific divisions is only likely to continue existing practice. P&A also suggests that the proposed advisory committee specifically address co-locating services when feasible.

P&A strongly supports proposed Section 44-8-40. The Administrative Procedures Act (APA) contemplates that the public will have participation in the development of agency rules and that those rules will be readily available. Even if no other part of the bill passes, an amendment requiring DDSN, DMH and DAODAS to comply with this section would be a significant improvement in accountability.

### **Accountability for DDSN**

Although P&A supports consolidation of DDSN with DMH and DAODAS, even H. 3414 would bring more accountability to DDSN. While the Governor appoints the DDSN Commission members, the Commission members alone choose the Director. The Commission system places responsibility for an agency with a budget of hundreds of millions of dollars on unelected Commission members. The Governor cannot replace the Director if dissatisfied with his or her performance. Instead, the Governor's only option is to terminate Commission members and appoint new ones until a satisfactory Director is hired, obviously causing significant delays. Public involvement would be protected by retaining citizens in an advisory role and, as discussed below, complying with the Administrative Procedures Act.

For the last several years, DDSN and its contractor agencies have received unfavorable audits. A 2008 Legislative Audit Council report was highly critical of virtually every aspect of the Department's operations. In 2006 a South Carolina Department of Health and Human Services (HHS) audit found that DDSN must repay the federal share of Medicaid \$422,077 for services that could not be properly documented. A 2003 HHS audit of the Babcock Center, Inc., a major contractor of DDSN's, required repayment to consumers of \$88,745.63 of embezzlement from clients. This audit also made numerous findings of violations, including failure to report abuse, neglect and exploitation.

At a minimum, H. 3414 should be amended to include the language from proposed Code Section 44-8-40 to require that DDSN promulgate regulations. P&A is a plaintiff in a

Hon. Danny Verdin

October 2, 2009

Page 3

lawsuit against DDSN seeking compliance with the APA. P&A and its clients have long believed that DDSN's failure to have publicly and legislatively reviewed regulations for,

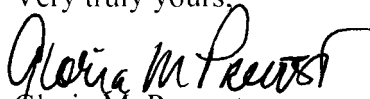
among other items, eligibility, standards for licensing and operation of community facilities, and hearings and appeals, violates state law and sound public policy. While DDSN now posts its directives and standards on its website, they are not developed through the public and due process requirements in the APA, nor is there any legislative oversight.

DDSN's lack of regulations has become especially pressing as DDSN has transferred inspections of community facilities to DHEC. DHEC has regulations for operation of facilities it licenses, but it is inspecting DDSN-licensed facilities whose operations are governed only by DDSN "Standards" developed without formal public participation and subject to change at any time. There is no logical reason why residents of facilities operated by DDSN or its contractors, including local DSN Boards, should have less protection than residents of Community Residential Care Facilities.

P&A also strongly recommends amending S.C. Code § 44-7-2910(A)(1), extending criminal records checks to staff of DDSN day programs. Many recipients of DDSN services spend much of their time in day programs, where there is as much risk of abuse as in DDSN funded facilities.

Based upon years of experience with the "system," P&A strongly supports 1) creation of a department of behavioral health services that includes DMH, DDSN, DAODAS, and the Continuum of Care and 2) at a minimum, making DDSN a cabinet agency and requiring comprehensive compliance with the APA. Please contact me at 803.217.6713 or [prevost@pandasc.org](mailto:prevost@pandasc.org) if I may provide you with any additional information. P&A appreciates your support for South Carolinians with disabilities.

Very truly yours,



Gloria M. Prevost  
Executive Director

**From:** [Bruce Lawrence](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Written comments for hearing  
**Date:** Friday, October 02, 2009 2:16:26 PM

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This op-ed expresses my concerns better than I could even begin to write.

September 29, 2009

## Push state government restructuring

State Senate Majority Leader Harvey Peeler, a Gaffney Republican, has given some much-needed momentum to a renewed restructuring push of South Carolina's outdated, inefficient and often unaccountable state government. He has appointed a medical affairs subcommittee to begin work on three bills that would restructure state health-related agencies in ways that make good sense.

Peeler, who also is chairman of the Medical Affairs Committee, wants the subcommittee to begin its work this fall in advance of the Legislature's return in January. The process will be open to debate and to amendments, he said in an interview carried by S.C. Radio Network, "so hopefully we'll come up with a product that the people of South Carolina can enjoy."

South Carolina's structure of state government is, for the most part, outdated and impractical, as Gov. Mark Sanford has been saying since he ran for office seven years ago. But the governor tests the bounds of believability with his claim that his recent personal problems have helped to both make him a stronger leader and create an environment in which the Legislature is more open to restructuring state government.

The governor is a wounded chief executive. He has picked unnecessary fights with legislators since taking office in 2003, and he seems to have gone out of his way to make enemies in the very body that must sign off on any restructuring ideas.

Sanford was probably closer to the truth in January when he told a number of editorial writers that legislators perhaps would be more open to restructuring now that he was approaching the end of his second term and another governor, not Sanford, would be the beneficiary of any changes in state government.

Regardless of why some key lawmakers may be warmer to the idea, the upshot is South Carolina would be the winner if more agencies were consolidated under the executive branch, costly duplication was avoided and the lines of accountability became much clearer.

To this end, Sen. Peeler is picking a great place to focus on restructuring. His

subcommittee will consider three bills, and two already have cleared the House. Those are bills that would create the Department of Behavioral Services as a Cabinet agency and in doing so would merge the Department of Mental Health, the Continuum of Care, and the Department of Alcohol and Other Drug Abuse Services. The second bill would make the Department of Disabilities and Special Needs a Cabinet agency.

The third bill, which would need Senate and House approval, would make the huge and unwieldy Department of Health and Environmental Control a Cabinet agency that would be led by a secretary appointed by the governor. And because the agency now has two distinct missions that sometimes seem in conflict, it would be divided into two boards: a Board of Health and a Board of Environmental Control. Each board would have three members appointed by the governor.

The Senate subcommittee will be taking up significant proposals for changing state government for the better. Such reform is absolutely essential for improving how state government functions.

Restructuring state government, even if it's done in small pieces, will help ensure limited tax dollars are being spent more effectively and state residents are getting the best service possible.

[http://www.greenvilleonline.com/apps/pbcs.dll/article?  
AID=2009909290303](http://www.greenvilleonline.com/apps/pbcs.dll/article?AID=2009909290303)

Bruce M. Lawrence, Jr.  
1520 Senate Street, Unit #117  
Columbia, SC 29201  
704.576.5828 cell  
Bruce.lawrence@gmail.com

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"The tragedy of life is not found in failure but complacency. Not in you doing too much, but doing too little. Not in you living above your means, but below your capacity. It's not failure but aiming too low, that is life's greatest tragedy." –Benjamin E. Mayes (S.C. Native & Mentor to MLK Jr.)

**From:** [Linda Lee](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** H.3314  
**Date:** Friday, October 02, 2009 10:35:27 PM  
**Attachments:** [This is Chrissy\(restructuring\).doc](#)

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Attached please find my letter concerning Bill H.3314.

Thank you,

Linda Lee

1175 Newberry Shores Drive

Prosperity, SC 29127



This is Chrissy. She is one representative of the many faces of individuals served by the Department of Disabilities and Special Needs. Just as DDSN serves those with a variety of disabilities; varying degrees of mental retardation, autism, and brain and spinal cord injuries, our Commissioners have a wide range of background experience. They are knowledgeable and available for the many family concerns that accompany those with special needs. There is one thing that Chrissy has in common with others served by DDSN. She is dependent on others to care for her and speak up for her. The current system, with the Commission, provides the families of individuals with special needs to advocate for them. It provides a way for caregivers to find services that are available.

As Chrissy's mother, I have been proactive as an advocate for her care and well-being for her 31 years of life. Chrissy received early childhood services at Winthrop University. As part of these services her family was taught techniques to help her grow and reach her potential. Then she attended Charles Lea preschool as an out of town participant. This is because I was able to work within the system to get the care she needed. Twenty four years ago, Chrissy became a resident at Whitten Center. The regional care services provided her the care and resources she needed to continue thriving. During this time, I have continued to advocate for her and others served by DDSN. As the current president of the Whitten Center Parents' Club, I remain in contact with the DDSN Commission and stay aware of policies and services.



Presently, DDSN serves as an extension to families, keeping them from being isolated with their individual problems. It is so helpful for family members to have the community of support that we now have. I do not see a way that one person appointed by the Governor could provide the experienced care and knowledge that our current system provides. I am also concerned about the continuity of care for our loved ones if each new Governor decides to appoint a new director. The individuals receiving care through DDSN are the most vulnerable citizens of our society. They are not statistics or objects that can be shuffled around by politics. They are loving, innocent human beings who depend on our joint effort to fight for their rights and best interests.



Together we work to keep our loved ones healthy and happy. Please leave the DDSN system as it currently works and veto H.3314.

Thank you,

Linda A. Lee 1175 Newberry Shores Drive, Prosperity, SC 29127

Mother of Chrissy,

President, Whitten Center Parents' Club

**From:** [Yolanda Gordon](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Restructuring  
**Date:** Saturday, October 03, 2009 8:29:53 PM

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Dear Ma'am and Sir:

My name is Yolanda Gordon and I am a resident of Fort Mill, South Carolina. I have read House Bill 3199, Senate Bill 384, and House Bill 3314. I do not believe that an agency should be controlled by the Governor of the State of South Carolina. That leaves the organizations open to have a different person running it every time a new governor is elected. This will lead to turn over. With House Bill 3314, Breaking down each division is a great idea, but there should be a director and a sub committee for each division. One person should not carry the weight of all of the divisions. Again the governor needs to be taken out of the equation. The commission not the director should be the deciding voice when it comes to obligations and to improvements. The director should be the facilitator to what the commission decides.

I feel that there is a lot of turn over, alot of waste in these agencies, but putting the governor in charge to decide on who gets tot he job goes back tot he Good Old Boy network, its about who you know, not about what you know or your experiences. I would hope that before any restructuring is finalized that it will be brought to the attention to the families that these organizations serve and that DDSN will be run in a more efficent manner than it is now. Thank you.

--

Yolanda M. Gordon  
P.O. Box 12065  
Rock Hill, South Carolina 29731

Home: 803-547-6730  
Cell: 803-389-2002

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youhave received the message in error, then delete it. Thank you!

**From:** [lbodiford1@aol.com](mailto:lbodiford1@aol.com)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** Regarding restructuring DDSN  
**Date:** Saturday, October 03, 2009 9:28:59 PM

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Parents and Guardians Association  
Coastal Center  
9995 Jamison Road  
Summerville, SC 29485

Dear Senators,

I, Linda Bodiford am the President of the Parents and Guardians Association of the Coastal Center in Summerville, SC. I along with other parents would like to thank you for your support and listening to the parents of children with life long disabilities in the past.

I understand that the next Subcommittee meeting will be held October 14, 2009 to discuss the House Bill 3314. I ask that you continue to have DDSN as it stands now and not with any other agencies. I have a daughter that has lifelong disabilities and has resided at The Coastal Costal with excellent care under the services of the agency of DDSN for 32 years. I have always been able to contact the director when I had concerns about the Coastal Center's programs or care. I don't know what kind of services we may get if this agency changes every 4 to 8 years by the governor's appointee. I feel that if this House Bill 3314 passes these special citizens will be pushed to the way side and no one to speak on their behalf.

< /FONT >

I ask that you oppose House Bill 3314 and continue funding DDSN as you have in the past.

Sincerely,

Linda Bodiford  
President, PGA  
9995 Jamison Road  
Summerville, SC 29445  
843-821-5809

**From:** [Becky](#)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** Concern for Possible Changes in Medical Bills  
**Date:** Sunday, October 04, 2009 8:03:21 AM

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I am very concerned that the following bills are being introduced into the Senate-- Bill S.0384, Bill H.3199, and Bill H.3314—and that the majority of South Carolina citizens are not even aware of the consequences of these bills for our special needs communities. I am so grateful to my daughter, Brooke Hartig, who is an advocate for the special needs citizens of South Carolina. I thought I was an informed citizen until I read these bills. It also concerns me that the educators of special needs children, whom I spoke with, were not aware of these possible changes either. Is this the policy of our state legislators to try to pass something that will be so devastating to our special needs community?

How can adequate services be administered if behavioral health, mental health, and special needs all be lumped in the same category and be named “Department of Behavioral Health Services?” I see no indicator that special needs citizens are even included in this (Bill H.3199). Please reconsider this and honor our special needs citizens.

Bill H.3314 proposes that the governor control rather than a commission, appointing someone to oversee these areas and be in complete control of budget concerns. The problem here is that our governor is elected and changes every 4-8 years which could mean a revamping of these services every time there is a change in our state leadership. What a waste of time of tried and true interventions—a huge waste of tax-payers money. This appointed person may not even be an advocate for people with special needs, a problem with decisions which may be made that are not in the best interest of the special needs community.

Please read these possible bills and consider your vote against these changes.

Respectfully yours,  
Rebecca G. Phillips  
308 Claybrooke Drive  
Greer, SC 29650

**From:** [Maynard Pearlstine](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** DDSN  
**Date:** Sunday, October 04, 2009 4:22:36 PM

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**10-4-09**

***We parents strongly feel that DDSN should stay as is and not go under the Governor.***

***Jule Graham  
1 Bishop Gadsden Way, C37  
Charleston, SC 29412  
843-406-6531  
'e' mail: [imp43@bellsouth.net](mailto:imp43@bellsouth.net)***

**From:** [fredlynsc@aol.com](mailto:fredlynsc@aol.com)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** Opposition to H.3314  
**Date:** Sunday, October 04, 2009 9:53:13 PM  
**Attachments:** [H3314.doc](#)

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October 4, 2009

Re: Opposition to H.3314 (DDSN Restructuring)

Dear Senator Verdin:

Thank you for asking for public opinion as your subcommittee considers whether the Department of Disabilities and Special Needs (DDSN) should be placed directly under the Governor. I am writing to express my opposition to H.3314 (DDSN) because I believe the present system of governance is in the best interest of the consumers who are served by DDSN.

First, Commission members are appointed from each congressional district and are readily accessible by the local consumers and their families. Although not a requirement, I believe each Commissioner either has a disability or a family member who is affected by one. As a result, the breadth of understanding of the needs of DDSN consumers by this diverse body far exceeds the level that could be expected by the Governor or his staff. The Commission meets in open session monthly to conduct its business as well as receive public input. I cannot imagine that the Governor and his Cabinet will make decisions in a setting that provides such transparency for consumers and family members or that will allow for their input during decision making sessions.

If the Director is appointed by and reports directly to the Governor, I believe that the services provided by DDSN to some of South Carolina's most vulnerable citizens will likely be adversely impacted by politic considerations. The overriding focus of DDSN should be to provide a variety of services to match the individual needs of these consumers. The Director needs to be an expert in the field and have the opportunity to earn longevity by leading the department to excel for the long term. The possibility of the appointment of a new Director by the Governor after each election and the inevitability of politics in this selection does not benefit the care and services provided by DDSN.

Finally, I am concerned that the recent review of DDSN by the LAC will be used in support of H.3314. I believe this is an invalid reason for restructuring. First, deficiencies are likely to be found in any agency, whether in the Governor's Cabinet or managed by a Commission. The question is whether the system of governance was a cause of the deficiencies in this particular case. In my opinion, the system was not at fault. Secondly, it is important to note that the Commission promptly addressed the LAC findings and made appropriate improvements. The system

worked, and the consumers will benefit! I am particularly concerned that the findings of the LAC were distorted by detractors. One needs to look no further than repeated accusations of misuse of funds in spite of the LAC Director's statement, "We did not find that state or federal funds were embezzled, stolen, misused or expended for purposes that did not further the mission of DDSN." Disagreements can understandably be emotionally charged when family members disagree with decisions by DDSN that affect their loved ones. However, these instances do not justify the changes in H.3314 nor will they be eliminated by such a change.

In closing, I thank you and the members of your sub-committee for your service to S. C. I am a concerned citizen whose brother has cerebral palsy and has been a resident of Whitten Center for 39 years. I have attended Commission meetings each month for the past year and am active with the Whitten Center Parents Club. I have been blessed with a loving brother who depends on others for all of his needs. Through the interaction with consumers, family advocates, service providers, DDSN staff, and commissioners, I have gained an appreciation for the difficult but essential services provided by all who support our loved ones with disabilities and special needs. These consumers benefit from the present system that includes the wisdom of many participants in the decision making process who understand their special needs.

Sincerely,  
Fred L. Lynn

409 Hawthorne Dr.  
Hartsville, SC 29550

843-383-2491      FredLynnSC@aol.com

Cc: Senator Gerald Malloy



**From:** [Ralph E. Courtney](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** H 3314 - Disabilities and Special Needs  
**Date:** Monday, October 05, 2009 2:28:20 AM

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Dear Honorable Members of the Restructuring Subcommittee of the Senate Medical Affairs Committee:

The purpose of this letter is to comment on H 3314. I am of the opinion that this legislation should not be passed and encourage you not to report it favorably out of your subcommittee. Some of my reasons for having reached this conclusion are as follows:

- I am a proponent for individual citizens being informed of the activities of state government which impact their lives. This is crucial to individuals with disabilities and their families. Recently, the DDSN Commission has acted to make its meetings available through videoconferencing to citizens who come to its Regional Centers around the state. For many individuals with disabilities and their caregivers, this is much preferred over their having to travel to Columbia to participate. It is expected that the number of individuals choosing to avail themselves of this opportunity will grow as they become more aware of this recent change. Should funds become available, it is a goal of the DDSN administration to expand this availability through making videoconferencing equipment available at local board locations when adequate funding (such as grants) becomes available for such equipment to be purchased. Additionally, the Commission has chosen to permit public comment at each of its meetings. This level of participation or transparency would not be available should the Director of DDSN become a cabinet level position.
- The Commission is made up of interested persons from the Congressional Districts across the state. These individuals can be removed by the Governor at any time. They have the ability to talk to individuals from their communities, visit programs within various areas of the state, discover where service gaps exist, see and hear where services are and are not working. They can reach out to local citizens and providers to seek input prior to making policies that will impact the lives of individuals with disabilities and special needs.
- An annual audit of DDSN can be mandated by the legislature without relegating the Commission to becoming merely an advisory body.

- The services provided to many individuals with disabilities and their families are their lifeline. They are best left under the oversight of a group of unpaid individuals who are far more accessible than would be the case of a single individual, namely, the Governor. They are less likely to succumb to political pressures and to see that policies are developed and implemented in a manner that is as fair as possible to all parties.
- I support a Commission that approves the budget submitted to the legislature rather than a Governor telling the agency what should be submitted. The needs of people with disabilities would more likely be lower on the Governor's list of priorities than they would on that of a Commission. As a member of the Governor's cabinet, the Director of DDSN, fearing for his/her position, would be far more likely to bow to the Governor's wishes related to a budget proposal and other matters, even if these actions were not in the best interest of the individuals and families needing the supports DDSN provides.
- It would not be uncommon or even unexpected for a Governor to be unfamiliar with the complexities involved in serving individuals with disabilities. An inappropriate selection of a Director of DDSN could be devastating to the operation of the agency and services to a very vulnerable population. At present, the Commission is seeking a new Director of DDSN and is utilizing the opinions of an Advisory Committee made up of representatives of various segments of the population served by DDSN. I think this is an exemplary approach. While the best of efforts can sometimes result in an inappropriate hire, the State Director of DDSN should not, in my opinion, be a political appointee.
- Much has been said about the Legislative Audit Council's report last year on DDSN. I encourage you to go to [ddsn.sc.gov](http://ddsn.sc.gov) and read, not only the LAC report, but also DDSN's response. A great deal of misinformation did follow the release of the audit. Some of the items for which DDSN was criticized were actually under the control of the legislature. While DDSN has now contracted with DHEC to perform the licensing function, it was state legislation that placed the licensing of community programs under DDSN. Additionally, I am confident that DDSN would like a registry of those found to have abused individuals with disabilities, but this would best be established through state legislation. Similarly, a state law is being sought by DDSN so that FBI checks of all prospective caregivers can be obtained. To be sure, the Legislative Audit Council's report did make public weaknesses within the DDSN system. The intent of such an audit is to strengthen state

agencies and to make them more responsive to the needs of the state's citizens, including those who are taxpayers. I believe the actions of DDSN and the Commission since the issuing of the LAC report clearly demonstrate that they are committed to continuous improvement.

I have worked with individuals with disabilities and special needs for over 37 years and consider myself a strong advocate for children and adults with disabilities and their families. I am employed as the Executive Director of the Aiken County Board of Disabilities. Additionally, I am currently serving as the Chairperson of the S.C. Human Service Providers Association. My position is not intended to reflect that of my Board of Directors. Neither is it being submitted as an official position of the S. C. Human Service Providers Association. It is being offered as my individual opinion as someone who does care deeply about the responsiveness of our state's system in the future in meeting the needs of children and adults with disabilities and special needs.

Again, I do hope you will choose not to support H 3314. Finally, thank you, not only for providing an opportunity for citizens to offer comment, but also for choosing to utilize your talents for the benefit of our state's citizens.

Ralph E. Courtney  
3422 Meadow Drive  
Aiken, SC 29801-2851

**From:** [Fred Owens](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** 3314  
**Date:** Monday, October 05, 2009 10:02:57 AM

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Dear Senators,

I appreciate the fact that you are looking closely at this situation. I have worked in the system of SCDMR/SCDDSN for many years. I agree that there could be improvement, which is the case in almost every state agency. My main concern with the restructuring of SCDDSN is the continuity of services. Since the 1970's, SCDDSN has only had three (3) state directors, not counting interims. During that time, the regional centers have decreased in size dramatically. People who used to wear impersonal shorts and t-shirts out of a large bin of clothing are now living in the community in less restrictive situations. They are making choices about the things that are important to them and what they want in life. This has been done because people with great amounts of experience in the field are filling the state director position. With governor appointments, it is highly likely that a person unassociated with the population and services provided could be appointed as state director. I am not certain as to how many state directors other human services agencies have had over this time. With the many positive changes that have been made for people with disabilities and special needs over the years, I would hate to see the services diminished or become stagnant due to potential constant change in leadership.

These are difficult times for all citizens of S. C., especially for the citizens with disabilities and special needs. There are many advocacy groups now claiming to be advocating for people, but I personally feel that some of these folks are just using the current situation to air their dissatisfaction with SCDDSN. I too have concerns with the current state of SCDDSN in the fact that they are having to reduce funds to the providers of service due to cuts passed on to them. It is also unfortunate that the people supported are in limbo due to the political maneuvering of the supposed advocacy groups and some politicians. Please keep in mind what will be best for the people supported when you are making your decisions on this restructuring situation.

I am presenting this as a personal opinion and it should not be considered as the stance of any agency that I may represent.

Respectfully submitted,

Fred Owens

**From:** [Jerry J Rogers](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Changes to DDSN  
**Date:** Monday, October 05, 2009 1:00:37 PM

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As a parent of a Profoundly Mentally and Physically Handicapped child I have serious concerns about the changes being considered in the way the Department of Disabilities and Special Needs operates and is structured in our state.

I am comforted to know that our current system involves parents of those served and likeminded citizens in the decision making process. This keeps the political influences at a minimum and provides guidance by those who feel the local communities' pulse.

If the Director becomes an employee answering to the Governor then the Director would be subject to following the Governor's wishes. I do not believe someone that has been elected to the State's highest office can grasp the intricacies of the position of Director of this complex, need-driven agency.

The current setup has the Governor appoint commissioners that hire the Director. These commissioners then serve to monitor and guide the Director. The commissioners are in touch with the community and can serve as a buffer from one person – the Governor – having an agenda that conflicts with the needs of this very delicate mission. I say delicate because my experience (about 20 years' worth) has convinced me that people work in the Department of Disabilities and Special Needs because they have a deep desire to help those who struggle to help themselves. The current arrangement fosters this concept through community involvement – the state commission and local boards.

The foundation of the current structure is the fact that the state commission and local boards are not just advisory boards. They run the show. That is a definition of government that I am comfortable with: "By the People". Please note the none of these folks get the recognition that serving on other types of boards receive. They are not using it as a stepping stone to other appointments. It works because only people with servants' hearts are showing up to perform the necessary duties. And the price is right: free.

Thank you for considering my thoughts before you make decisions that affect the way service is provided to those who need it in our great state.

**Jerry J Rogers**



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6650 Rivers Avenue  
N. Charleston, SC 29406  
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843.270.0079 cell  
800.393.3536 fax

**From:** [Brooke Hartig](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#); [Brooke Hartig](#);  
[Phil Hartig](#); [Tina Hartig](#); [Grampa Hartig](#); [Becky Phillips](#);  
**Subject:** Senate Bills involving DDSN and DHEC  
**Date:** Monday, October 05, 2009 1:11:30 PM

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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 mother of a child with special needs, my family and I work daily to help her reach her full potential. One of our biggest fears is that the 'system will fail' her. We actively participate in her therapies and work with her on our own to reiterate what each of the therapists do with her. 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. My daughter receives services from Babynet, and we were not told about this until after it had already happened.

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..

Brooke Hartig   
[www.caringbridge.org/visit/oliviahartig](http://www.caringbridge.org/visit/oliviahartig)

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**From:** [Brooke Hartig](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
[Brooke Hartig;](#)  
**Subject:** Senate bills concerning DDSN  
**Date:** Monday, October 05, 2009 3:08:41 PM

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I have already responded but would like to add that (as a parent of a child with special needs), I do not appreciate all of the budget cuts to the special needs community. Recently SC has made cuts in Medicaid, healthcare, etc. While cutting the budget and services to people who desperately need them, our current governor spent money on trips for \*personal\* reasons. This is yet another reason that 1 person (the governor) should not have so much say in what happens to DDSN. How can SC Senate guarantee that we won't get another governor more concerned with his / her own agenda?

Brooke Hartig   
[www.caringbridge.org/visit/oliviahartig](http://www.caringbridge.org/visit/oliviahartig)

---

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**From:** [Phil Hartig](#)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** Senate Bills Involving DDSN and DHS  
**Date:** Monday, October 05, 2009 1:48:33 PM

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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 father of a child with special needs, my family and I work daily to help her reach her full potential. One of our biggest fears is that the 'system will fail' her. We actively participate in her therapies and work with her on our own to reiterate what each of the therapists do with her. 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. My daughter receives services from Babynet, and we were not told about this until after it had already happened.

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..

Phil Hartig

[www.caringbridge.org/visit/oliviahartig](http://www.caringbridge.org/visit/oliviahartig)

Phil Hartig

Territory Manager

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E-Mail: phil.hartig@cemex.com

[www.cemex.com](http://www.cemex.com)

**From:** [Kristin Dawsey](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**cc:** [brooke0228@hotmail.com;](mailto:brooke0228@hotmail.com)  
**Subject:** Senate bills s.384, H.3199, and H.3314  
**Date:** Monday, October 05, 2009 1:51:49 PM

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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. I have a dear friend who is a mother of a child with special needs. She and her family work daily to help Olivia reach her full potential. One of our biggest fears is that the 'system will fail' Olivia. They actively participate in her therapies and work with her on their own to reiterate what each of the therapists do with her. Currently, the children in this population have their services coordinated through the early intervention department of the 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. My friend's daughter receives services from Babynet, and they were not told about this until after it had already happened.

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.

Sincerely,  
Kristin Dawsey

**From:** [Kenneth A Gilmore](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** DDSN restructuring.  
**Date:** Monday, October 05, 2009 2:14:30 PM

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Gentlepersons:

Boy! Solomonic wisdom in humongous amounts is needed with this one!

Provided that the DSN Commission could be structured so that it had an actual effect upon the actions of the agency and its director in the promulgation of DSN policies, practices and procedures, I would opt for a governor-appointed director to head the agency. A commission without some sort of veto or "confidence/no confidence" authority over agency policy and operations is merely another group of pretty faces. To the families of those receiving agency services, such an arrangement would provide two avenues for ensuring agency sensitivity and response to their concerns for the well-being of those in its care--one through the governor, one through the commission.

Otherwise, perhaps the idea of commission governance and leadership of the agency could be improved upon and given another shot.

The thought of replacing the director every eight, if not every four, years, is most unsettling. Above all, the people the agency cares for are extraordinarily sensitive to change; the organization of the systems for their care should not change willy-nilly. New guy...new ideas; out with the old...here are the new...and everything is topsy-turvy again.

As I said, Solomonic wisdom. Many thanks for this opportunity to input.

Kenneth A Gilmore  
206 Olivarri Dr Anderson 29621-3044  
(864)231-9066  
kgilmore69@hotmail.com

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From: [Pandi410@aol.com](mailto:Pandi410@aol.com)  
To: [Senate Medical Affairs Committee Mailbox;](#)  
Subject: Senate Bills S.384 involving DHEC and DDSN  
Date: Monday, October 05, 2009 2:51:33 PM

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Please strongly consider your votes on these bills. It is highly important to me, a voting SC resident that the children with special needs living in my state get the care that they need. We are closely associated with several children who receive assistance through the county disability board for various genetic disorders and rely on the care for an attempt at maintaining as normal a life as possible for family and child.

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. Meaning, 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.

Please consider the implications that these bills have on the families and children of your state.

Heather Kemble  
1042 Edmund Ct  
Summerville, Sc 29483

**From:** [Vernicel Soriano](#)  
**To:** [Senate Medical Affairs Committee Mailbox;](#)  
**Subject:** Restructuring  
**Date:** Monday, October 05, 2009 2:52:48 PM

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Dear Sir/Madaam,

Greetings! My husband & I would like to appeal to you to please allow S.384 (DHEC), H.3199 (Dept. of Behavioral Health Services) & H.3314 (Disabilities and Special Needs) to continue their services. They are doing an exceptional job of caring for people with special needs. One little girl who we know will be very much affected negatively if these are taken away. She has a heart of courage, determination & will to live & be with her family, Lord willing, as long as she's able. What a joy it is to see a precious baby girl live to be a year old and going strong with the help of these organization & services. Family and friends are tremendously grateful. You have been place in a position to make a difference and serve as a voice for us. Please do not let these services be taken away.

Respectfully,

Mr. & Mrs. Corey Schoo  
  
5128 Morrow Ln  
Summerville, SC 29485


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**From:** [Allan Stalvey](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** SCHA Comments on Restructuring Bills  
**Date:** Monday, October 05, 2009 3:06:32 PM  
**Attachments:** [Verdin subcommittee.doc](#)  
[bhdhec1009.doc](#)

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Please find attached letters reflecting SCHA's comments on legislation regarding restructuring DHEC as well as behavioral health services. Thank you for the opportunity to provide this input.



**ALLAN E. STALVEY** | *Senior Vice President*



O 803.744.3522 | C 803.351.5119 | [astalvey@scha.org](mailto:astalvey@scha.org)  
1000 Center Point Road | Columbia, SC 29210 | [www.scha.org](http://www.scha.org)



October 5, 2009

Senator Danny Verdin, Subcommittee Chairman  
Senate Medical Affairs  
308 Gressette Building  
Columbia, SC 29201

Dear Senator Verdin,

South Carolina's behavioral health system is in crisis. State budget cuts have led to reductions in the number of psychiatric beds in state-run mental health facilities. Community-based services are inadequate. Consumers who need care do not easily fit into categories such as "mentally ill" or "addicted"—many suffer both maladies and have many other needs, but under the current system must seek care from separate state agencies for mental illness, addiction, and disability. Advocates have long argued that our health care system, where clients can and often do have multiple case workers, needs to be better organized around clients' needs. Because of our fractured health care system, too many of our state's citizens must undergo multiple interviews, redundant services, and an overall disjointed system of providing them with their needed services. As a result, people with behavioral health issues often present themselves at hospital emergency rooms ill prepared to handle their special needs. Many individuals are held in jail cells. Many go without proper care.

SCHA supported legislation (H.4928) introduced three years ago that we believe held much greater promise than the two separate bills (H. 3199 and H. 3314) currently before this subcommittee. H. 4928 would have created a new Cabinet level Department of Behavioral Health Services by consolidating three separate agencies and relevant services currently provided by three additional agencies. Key features of this redesigned system included:

1. Uniform criteria for both public and private providers to insure minimum levels of competency and to encourage greater participation of private providers
2. A more comprehensive range of services coordinated to better meet needs of all South Carolinians
3. Streamlined case management for cost savings that can be reinvested in service delivery
4. Greater accountability in cases of abuse or neglect of patients
5. Most importantly, fewer people falling between the cracks and receiving no care.

SCHA urges you to take a broader view of the pressing problems facing both public and private providers of services to some of our state's most disadvantaged citizens and consider expanding the scope, and potential for success, of the separate bills currently before this subcommittee.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kirby". The signature is fluid and cursive, with a large loop at the end.

J. Thornton Kirby  
President & CEO  
South Carolina Hospital Association

**From:** [Penny](#)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** H 3314 - Disabilities & Special Needs  
**Date:** Monday, October 05, 2009 4:03:02 PM

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Honorable Members of the Restructuring Subcommittee of the Senate Medical Affairs Committee:

The purpose of this letter is to comment on H 3314. It is our opinion that this legislation NOT be passed. We encourage you not to report it favorably out of your subcommittee.

We have a 20 year old son with Cerebral Palsy who is mentally handicapped. We have received DDSN services for him since birth. We agree that there are some areas that need restructuring and improving, however this is not the appropriate course to take at this time.

The current Commission is made up of interested persons throughout the state. We feel that if the position of Director becomes an appointed one under the Governor it will create alot more instability. The person would be beholden to the Governor for his job. His/her decisions would not necessarily be in the best interest of the individuals that he/she serves.

The services that the families receive are usually their lifeline. Without them many would be unable to care for their loved one. The Governor usually does not have any contact with the individuals that are served by DDSN and is not familiar with all the intricate issues involved with caring for someone with special needs. If the individuals making the decisions do not have a political ties, they would be able to make better decisions and hopefully oversee policies that are fair to all.

We have heard alot about the Legislative audit from last year. It is felt that there is alot of misinformation in the report. However, it was done for a reason. We agree that an outside agency should monitor what is going on in DDSN. The information should be accurate. They should have a clear cut agenda of what they are looking for and not make

outlandish comments on things they do not know the policy on.

Again, we do not feel that the State Director should be a political apointee. We would like to ask you to chose not to support H 3314.

Thank you for your time and consideration on this matter and for allowing us all to voice our comments and opinions.

Respectfully,

Bryan & Penny Muckenfuss, Sr.  
5907 Lola Drive  
Ravenel, SC 29470

**From:** [Jimmy Burton](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Restructuring  
**Date:** Monday, October 05, 2009 3:26:33 PM  
**Attachments:** [H 3314.doc](#)

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October 5, 2009

TO: Senate Medical Affairs Sub-Committee

FROM: Jimmy Burton, Interim Executive Director  
Burton Center

RE: Restructuring Proposal H3314

I would like to comment on H3314. It is my opinion that this legislation should not be passed:

1) LAC Audit of SCDDSN is being used as a reason for restructuring - Groups of disgruntled people have fed misinformation to the media and legislative committees following the release of LAC audit.

Quoting from April 3, 2009 Letter from Thomas J. Bardin, Jr., Director of SC Legislative Audit Council, to Senator Thomas Alexander, "funds were either expended to expand existing services, provide new services, or assist local DSN boards to serve clients. We found that funds that were not expended at the end of the fiscal year were carried forward for DDSN to expend in the next fiscal year. We did not find that state and federal funds were embezzled, stolen, misused or expended for purposes that did not further the mission of DDSN." I encourage you to read the report and DDSN's response.

2) At the present time decisions are made in the open - Commission and DDSN get family and provider input. Requests are made to the commission based on the needs of people with disabilities and special needs and their families.

In the cabinet, the Governor states how much you can request. The Governor can instruct to eliminate a program and families and providers would have no voice in the matter. You can preach transparency - this will not happen - Governor makes decision and this is the way it will be.

3) State Director of SCDDSN should not be a political appointment. It would be difficult to attract a qualified, professional director if the position changes every four to eight years. We need qualified, long standing leadership.

Thank you for allowing for our comments on this very important bill. We hope you will not support H.3314.

Cc: Senator Billy O'Dell  
Senator Floyd Nicholson  
Senator Shane Massey  
Senator Jake Knotts, Jr.



**From:** [tweety4664@aol.com](mailto:tweety4664@aol.com)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** in response to bills s.384, H.3199, H....3314  
**Date:** Monday, October 05, 2009 4:18:27 PM

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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. I am one of those disabled individuals. I am now 23 and I worry about my future!

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



**From:** [Kimberly Haynes](#)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** S.384, H.3199, H.3314  
**Date:** Monday, October 05, 2009 4:48:49 PM

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To Whom it May Concern,

As a South Carolina citizen and taxpayer, I am writing to OPPOSE the S.384, H.3199 and H.3314 bills. Integrating the special needs boards into a dept. that also handles behavioral and mental health would NOT benefit the people (esp. special needs people) of SC. These areas are way too broad to combine all of them together. Each area would not receive the attention it needs. Furthermore, this new dept. would be under the governor's control which I strongly oppose. This would create instability and inconsistency, considering governor's change every 4-8 years. Every 4-8 years, there would be a differ net way and a different opinion on how to run this dept. The people that would suffer the most would be the SC citizens that this affects.

I have several friends with special needs children, and I know they do not have many advocates in this state. These bills would NOT help these families affected, but hurt them.

Please consider my opinion and the opinions of the families this would affect.

Sincerely,  
Kimberly Haynes  
Taylors, SC

**From:** [mandcdunlap@aol.com](mailto:mandcdunlap@aol.com)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** Fwd: DDSN/Restructuring/ Bill H. 3314  
**Date:** Monday, October 05, 2009 5:33:36 PM

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*Parents and Advocates for the Developmentally Disabled*  
**SCPADD**

*259 Marabou Circle  
West Columbia, SC 29169*

October 5, 2009

Dear Sirs:

I am the President of SC Parents and Advocates for the Developmentally Disabled, SCPADD.

Our group advocates for the residents who reside in our State's five Regional Centers. We are extremely proud of the Centers, and advocate tirelessly for the welfare of all of the individuals living there.

A year ago I would have been in favor of the restructuring of the Department of Disabilities and Special Needs, but now I am definitely against it.

There has been a lot of improvement since we have four new DDSN Commissioners, and also because the former State Director is no longer working there.

In many different ways improvements are now seen. For instance, for the first time parents and guardians can sign up to speak five minutes during the monthly DDSN Commission Meetings, which is extremely important to all family members. Also very important is the fact that instead of driving a long distance to the monthly Commission meetings, the meetings are now televised.

The DDSN Search Commission members are in the process of hiring a new State Director. I am very confident that they are capable of hiring the best possible man/woman for this extremely important position.. They now even have an Advisory Group who are involved with the interviews, this too has never happen before.

There is no secrecy now, matters of interest to the family members are in

the open now as it should have been for many years.

This is absolutely not the time to even think about restructuring DDSN, it would be a drastic mistake to make changes when things have improved, and will continue to improve.

Thanks to each of you for your service to our deserving citizens who cannot advocate for themselves, and to our great state of South Carolina!

Sincerely,

Marian S.Dunlap

**From:** [Dot McDonald](#)  
**To:** [Senate Medical Affairs Committee Mailbox](#);  
**Subject:** Re: H.3314 DDSN  
**Date:** Monday, October 05, 2009 9:45:00 PM

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----- Original Message -----

From: [Dot McDonald](#)  
To: [scmedicomm@scsenate.gov](mailto:scmedicomm@scsenate.gov)  
Sent: Monday, October 05, 2009 7:58 PM  
Subject: Fw: H.3314 DDSN

----- Original Message -----

From: [Dot McDonald](#)  
To: [scmedicomm@scsenate.gov](mailto:scmedicomm@scsenate.gov)  
Sent: Monday, October 05, 2009 12:00 AM  
Subject: H.3314 DDSN

October 4, 2009

To: Restructuring Subcommittee - Opposed to H.3314

Dear Senators,

I am a concerned parent of an individual who resides at Whitten Center in Clinton, SC, Dorothy McDonald. My son, Danny was born normal and developed H-Flu Meningitis at the age of three and one half months old, just six days after his Dad had left to serve in the Viet Nam War. He was in a hospital, but it was not diagnosed right away. It left him severely brain damaged, with many, many seizures, and paralyzed on his left side. With the help of a lot of devoted volunteers, we taught him to walk at the age of five years, but he still walks with a brace and a very unsteady gait, no use of his left arm, and now has lost his chewing ability.

We are thankful that we have people in our government that are willing to listen to parents and families of these our "special" loved ones, who depend totally on the staff and

caretakers in the regional centers and community residences. We sincerely hope that this time you will give us every consideration as we express our concern concerning our opposition to this bill. We trust you all to make good and valuable decisions to improve the quality of life for these people who are unable to voice their opinions or express their needs.

However, there have been times that we've invited those in authority to visit our facility at Whitten Center in Clinton, SC and have little or no response, to see the consumers being served and to see the DDSN programs being offered. My thought on this is how can someone sitting in an office who's never observed the facilities and programs be capable of making such an important decision of appointing a Director and DDSN Commissioners serving as an Advisory Board.

Please do not do any restructuring and just leave DDSN as it now stands with no changes whatsoever.

I am a parent acitively involved in the Whitten Center Parent's Club and any and all activities at Whitten where we are all trying to improve the quality of life of all those who live there. We are so thankful every hour and every day for Whitten Center and it's staff.

We invite and encourage any one who will to visit this facility or any of the facilities in this state.

Sincerely,

Dorothy McDonald  
1559 Catfish Cove Rd.  
Waterloo, SC 29384

1-864-861-3031

**From:** [Brooks Harvey](#)  
**To:** [Senate Medical Affairs Committee Mailbox:](#)  
**Subject:** Senate Bills involving DDSN and DHEC  
**Date:** Monday, October 05, 2009 9:47:18 PM

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I fully agree with Brooke Hartig and her concerns. I have been around her child and see what a happy little child they have. I really believe you should listen to the families before you make some really wrong decisions. Thanks for your concerns in this matter.

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 mother of a child with special needs, my family and I work daily to help her reach her full potential. One of our biggest fears is that the 'system will fail' her. We actively participate in her therapies and work with her on our own to reiterate what each of the therapists do with her. 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. My daughter receives services from Babynet, and we were not told about this until after it had already happened.

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..

# *Pee Dee Regional Parent Council*

714 National Cemetery Road  
Florence, SC 29506

October 5, 2009

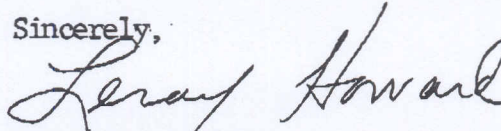
Senate Medical Affairs Committee  
c/o Senator Harvey Peeler

We are opposed to Bill H.3314, as it is presently written, placing the South Carolina Department of Disabilities and Special Needs under the Governor.

We constituents do not wish to lose our accessibility to the Commission of SCDDSN. We are parents and advocates, and we know our children and their needs.

We want to have a voice. Thank you for your consideration of our request.

Sincerely,



Leroy Howard, President	-----	Sumter
Judy P. Fuller	-----	Florence
Carolyn L. Seago	-----	Hartsville
Faye S. Yarborough	-----	Hartsville
Constance G. Gandy	-----	Hartsville
Betty Applegate	-----	Longs
Pat Carmichael	-----	Latta
Arne W. Kemp	-----	Effingham
Shirley Murray	-----	Darlington
Hoyt Parker	-----	Conway
Janice P. Fields	-----	Lydia



## VOICES FOR THE VOICELESS

Carolyn Bearden Brown  
5225 Clemson Avenue  
Columbia, South Carolina 29206

October 5, 2009

The Honorable Harvey S. Peeler, Jr.  
213 Gressette Building  
Columbia, 29201

Dear Senator Peeler:

*Voices for the Voiceless* has been asked to comment on the proposal to move the South Carolina Department of Disabilities and Special Needs to the Governor's cabinet. *Voices* is an independent grass-roots organization with hundreds of members across the State. Our organization was formed to advocate for consumers and families who depend on services provided by SCDDSN. Members are most appreciative of the changes that have come about as a result of intervention by the General Assembly. As a result of legislative intervention, the South Carolina Legislative Audit Council brought to light many of the problems which have plagued the agency for many years.

A majority of members of *Voices* have indicated support of DDSN becoming an agency under the Governor's cabinet. However, a significant minority of members feel that the Commission should continue as the governing board of the agency. Regardless, *Voices* believes that it would enhance services, provide needed protections and encourage DDSN to be more responsive to constituent concerns if the legislature plays an active role in the selection of the agency Director and DDSN Commission members. *Voices* recommends that this Committee consider some of the opportunities for legislative input which were included when the Department of Transportation became a cabinet agency. These include:

- The creation of a Joint Legislative Committee to review agency performance on an ongoing basis, to screen candidates and to make recommendations to the Senate for the appointment of the Agency Director and Commissioners.
- A requirement that the Agency Director and Commissioners of DDSN be appointed upon the advice and consent of the Senate.
- Appointment of DDSN Commissioners by the legislative delegation of each of the six Congressional Districts, as is done with the Department of Transportation, with the seventh at-large Commissioner appointed at large by the Governor.
- Appointment of three Advisory Boards by the legislative delegations of each Congressional district: one for each of the divisions of DDSN, i.e. (1) Mental Retardation/Related Disabilities, (2) Autism and (3) Head and Spinal Cord Injury. Current law requires that the members of these Advisory Boards be appointed by the Governor. **However, the Governor has failed to appoint these Advisory Boards.**



- Appointment of an Internal Auditor by the DDSN Commissioners, based on the Department of Transportation model. *Voices* also believes that an annual external financial audit should be required. Audits should be conducted based on specifications provided by the State Auditor, not those established by the Director or Commissioners of DDSN. The firm used to conduct these audits should be changed periodically.

The firm consensus of opinion of *Voices* members is that DDSN has not been transparent, accountable, or efficient in providing services to South Carolina's most vulnerable citizens and has only begrudgingly responded upon public outcry and demands from legislators. *Voices* would like to see future legislation address the following concerns:

- DDSN has not had a full financial audit in seven years, during which time the agency spent approximately \$3 billion. Changes are needed to give the internal auditor independence from the director and to require financial transparency and accountability.

- DDSN has failed to provide information necessary to Commission members to make informed decisions, even when such information is available to the public under the Freedom of Information Act. DDSN has not informed the public about significant cuts to services in a timely manner and has, in fact, prevented the public from learning about decisions made by staff which affect families and consumers. Opportunities for public input is controlled and manipulated by DDSN staff to prevent meaningful participation by affected families. Meetings have been scheduled at conflicting times and without adequate notice to prevent meaningful participation by both the public and Commissioners.

- The DDSN Board has refused to follow Robert's Rules of Order or other comparable parliamentary procedures, thus allowing for arbitrary decision making and decisions being made without adequate deliberation by Commissioners or public comment. This arbitrary process has been used to approve spending plans involving expenditures of hundreds of millions of dollars annually.

- DDSN unilaterally determines who they will serve and how services will be provided. DDSN frequently ignores consumers' medical and professional documentation and opinions when provided, leaving families without service options. Meaningful and fundamental due process has not been provided to consumers. Current hearing procedures involve complex legal rules and procedures which force families to hire attorneys to represent them. Because most consumers cannot afford legal representation, most aggrieved families abandon legitimate claims.

- DDSN needs a robust network of service providers in order to promote competition and choice. DDSN has favored their County DSN Boards as providers. Even though DDSN recently announced that the number of private providers has increased by 40%, only 3% of services are provided by private providers. This monopoly gives DDSN and the County DSN Boards the power to intimidate and retaliate against consumers and families who speak against them. A more efficient and fair system is needed which gives faith-based organizations and other private providers an equal opportunity to provide services.



•• Service coordination needs to be removed from the delivery of waiver services. By statute, the legislature requires that the South Carolina Department of Health and Human Services will not provide direct services, so as to avoid the conflict of interest that now exists within DDSN. Local DSN Boards can provide both services and service coordination. DDSN does not allow Non-DSN Boards to provide services while simultaneously providing service coordination. The current system has led to consumers fighting to get needed services in their plans of care, but being unable to locate providers for these services. There have been no consequences for failing to provide services which are contained in the plan of care. Local DSN Boards have a financial incentive to maintain the monopoly and to prevent families from receiving services which are contained in the plans of care, especially those provided by private providers. Local DSN Boards have an incentive to limit services based on financial gain to the Board, not medical necessity.

•• DDSN has diverted funds provided by the legislature for direct care services to purchase real estate. Hundreds of persons on the waiting lists could have been served if these funds had been used as intended by the legislature. Federal stimulus funds which should have been used to provide services to persons on the waiting lists and to maintain services needed by current waiver participants have been paid instead to other agencies. Families and consumers were not informed of the diversion of these funds in time to request legislative action to preserve services before the end of the last legislative session.

•• The changes to the MR/RD Medicaid waiver are designed to require consumers to utilize congregate facility-based day services operated primarily by the DSN Boards, without regard to the choices or needs of consumers and their families. Many *Voices* families are at risk of a parent losing his or her job when the services are cut on January 1, 2010. These cuts could have been avoided if stimulus funds generated by DDSN had been used to maintain services, as intended by Congress.

*Voices* is the only large independent organization which advocates for DDSN consumers and their families and does not receive payment or any financial incentive from DDSN. We appreciate the opportunity to provide this input and look forward to working with the legislature to create needed reform at DDSN. If any of the members of your Committee would like to receive information or updates on our activities, please contact Carolyn Myers at [nettlesjr@bellsouth.net](mailto:nettlesjr@bellsouth.net) to be added as a member of *Voices*.

Sincerely,

Carolyn Bearden Brown  
President



**PROTECTION AND  
ADVOCACY FOR  
PEOPLE WITH  
DISABILITIES, INC.**

*The Protection & Advocacy System for South Carolina*

October 2, 2009

Hon. Danny Verdin  
404 Gressette Building  
Columbia, SC 29201

EMAIL AND UNITED STATES MAIL

Re: H. 3199, H. 3314

Dear Senator Verdin and Subcommittee Members:

As the entity designated by state and federal laws to advocate for the legal and human rights of people with disabilities in South Carolina, Protection and Advocacy for People with Disabilities, Inc. (P&A) supports the need for accountability, efficiency, and transparency in the delivery of services to people with disabilities addressed in H. 3199 and H. 3314.

**South Carolinians with Disabilities Need Better Service Delivery**

South Carolinians with disabilities now face a confusing, inefficient "system" of service delivery. Consider individuals such as these:

- A person with substance abuse and mental illness;
- A person with a head injury and substance abuse;
- A person with a developmental disability and mental illness;
- A person with a developmental disability and substance abuse.

These individuals now would receive services from at least two different agencies, each with its own management structure, eligibility criteria, and local service providers. The problems are even greater for children, whose treatment needs must be integrated with their education.

The difficulty individuals experience is exacerbated by the fragmentation at the local level, where there is a patchwork of disabilities and special needs boards, mental health centers, and substance abuse treatment centers. These multiple layers of administration increase costs and are a particular burden to the many low income individuals who have limited access to transportation.

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SUITE 208  
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1-866-232-4525  
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FAX (843) 571-0880



H. 3199, creating the Department of Behavioral Health Services, is an important step towards truly integrated services, despite the omission of DDSN. P&A urges the Committee to include DDSN as part of a meaningful reform of delivery of services to people with disabilities. H. 3414 would improve DDSN's accountability, but it is a partial measure that does not address the fact the many recipients of DDSN services need services from more than one agency.

P&A suggests that H. 3199 not require that specific divisions be established within the new department. Department management should be free to align resources in the most effective manner. Requiring specific divisions is only likely to continue existing practice. P&A also suggests that the proposed advisory committee specifically address co-locating services when feasible.

P&A strongly supports proposed Section 44-8-40. The Administrative Procedures Act (APA) contemplates that the public will have participation in the development of agency rules and that those rules will be readily available. Even if no other part of the bill passes, an amendment requiring DDSN, DMH and DAODAS to comply with this section would be a significant improvement in accountability.

#### **Accountability for DDSN**

Although P&A supports consolidation of DDSN with DMH and DAODAS, even H. 3414 would bring more accountability to DDSN. While the Governor appoints the DDSN Commission members, the Commission members alone choose the Director. The Commission system places responsibility for an agency with a budget of hundreds of millions of dollars on unelected Commission members. The Governor cannot replace the Director if dissatisfied with his or her performance. Instead, the Governor's only option is to terminate Commission members and appoint new ones until a satisfactory Director is hired, obviously causing significant delays. Public involvement would be protected by retaining citizens in an advisory role and, as discussed below, complying with the Administrative Procedures Act.

For the last several years, DDSN and its contractor agencies have received unfavorable audits. A 2008 Legislative Audit Council report was highly critical of virtually every aspect of the Department's operations. In 2006 a South Carolina Department of Health and Human Services (HHS) audit found that DDSN must repay the federal share of Medicaid \$422,077 for services that could not be properly documented. A 2003 HHS audit of the Babcock Center, Inc., a major contractor of DDSN's, required repayment to consumers of \$88,745.63 of embezzlement from clients. This audit also made numerous findings of violations, including failure to report abuse, neglect and exploitation.

At a minimum, H. 3414 should be amended to include the language from proposed Code Section 44-8-40 to require that DDSN promulgate regulations. P&A is a plaintiff in a

Hon. Danny Verdin

October 2, 2009

Page 3

lawsuit against DDSN seeking compliance with the APA. P&A and its clients have long believed that DDSN's failure to have publicly and legislatively reviewed regulations for,

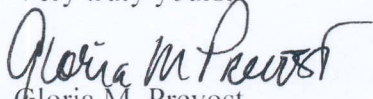
among other items, eligibility, standards for licensing and operation of community facilities, and hearings and appeals, violates state law and sound public policy. While DDSN now posts its directives and standards on its website, they are not developed through the public and due process requirements in the APA, nor is there any legislative oversight.

DDSN's lack of regulations has become especially pressing as DDSN has transferred inspections of community facilities to DHEC. DHEC has regulations for operation of facilities it licenses, but it is inspecting DDSN-licensed facilities whose operations are governed only by DDSN "Standards" developed without formal public participation and subject to change at any time. There is no logical reason why residents of facilities operated by DDSN or its contractors, including local DSN Boards, should have less protection than residents of Community Residential Care Facilities.

P&A also strongly recommends amending S.C. Code § 44-7-2910(A)(1), extending criminal records checks to staff of DDSN day programs. Many recipients of DDSN services spend much of their time in day programs, where there is as much risk of abuse as in DDSN funded facilities.

Based upon years of experience with the "system," P&A strongly supports 1) creation of a department of behavioral health services that includes DMH, DDSN, DAODAS, and the Continuum of Care and 2) at a minimum, making DDSN a cabinet agency and requiring comprehensive compliance with the APA. Please contact me at 803.217.6713 or [prevost@pandasc.org](mailto:prevost@pandasc.org) if I may provide you with any additional information. P&A appreciates your support for South Carolinians with disabilities.

Very truly yours,



Gloria M. Prevost  
Executive Director