

Healthcare and Regulatory Subcommittee Meeting

Tuesday, February 5, 2019

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AGENDA

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman John Taliaferro (Jay) West, IV

The Honorable Robert L. Ridgeway, III

The Honorable Bill Taylor

The Honorable Christopher Sloan (Chris) Wooten

Tuesday February 5, 2019

9:00 a.m.

Room 403 - Blatt Building

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

AGENDA

- I. Approval of Minutes**
- II. Discussion of study of the Department of Mental Health**
- III. Adjournment**

MEETING MINUTES

Chair Wm. Weston J. Newton

Legislative Oversight Committee

*First Vice-Chair:
Laurie Slade Funderburk*

*Katherine E. (Katie) Arrington
William K. (Bill) Bowers
Neal A. Collins
MaryGail K. Douglas
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Robert L. Ridgeway, III
Bill Taylor
John Taliaferro (Jay) West, IV*



South Carolina House of Representatives

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Research Director*

*Cathy A. Greer
Administration Coordinator*

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Gary E. Clary
Chandra E. Dillard
Phyllis J. Henderson
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Tommy M. Stringer
Edward R. Tallon, Sr.
Robert Q. Williams*

*Charles L. Appleby, IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

Healthcare and Regulatory Subcommittee Meeting
Thursday, August 30, 2018, at 11:00 am
Blatt Building Room 317

Archived Video Available

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

Attendance

- I. The Healthcare and Regulatory Subcommittee is called to order by Chair Phyllis J. Henderson on Thursday, August 30, 2018, in Room 317 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting, with the exception of Representative Bill Bowers.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Douglas moves to approve the meeting minutes from the July 30, 2018, meeting.

| Representative Douglas' motion to approve the meeting minutes from the July 30, 2018, meeting. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|
| Rep. William K. Bowers | | | ✓ | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

Meeting

- I. Chair Henderson explains that this is the Subcommittee's eighth meeting with the Department of Disabilities and Special Need (DDSN).
- II. Chair Henderson explains that the purpose of the meeting is to discuss the Subcommittee's recommendations.
- III. Chair Henderson explains that all testimony given to this subcommittee, which is an investigating committee, must be under oath. She reminds those sworn in during prior meetings that they remain under oath.
- IV. Representative Douglas moves that the Subcommittee report include a recommendation that the Department of Disabilities and Special Needs seek funding to create a grant program or incentives for providers to expand the pool of Direct Care Professionals through shadowing programs, recognition programs, grassroots campaigns and training efforts designed to expand awareness about the profession and encourage greater participation by potential employees, specifically students preparing to graduate high school.

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|---|-----|-----|---------------------|----------------------|
| | | | | |

| | | | | |
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| greater participation by potential employees, specifically students preparing to graduate high school. | | | | |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

- V. Pat Maley, Interim DDSN Director, provides an update on internal agency changes. Tana Vanderbilt, General Counsel, reviews DDSN's statutory recommendations. Subcommittee members ask questions and make motions for certain agency statutory recommendations to be included in the report.
- VI. Representative Douglas moves that the Subcommittee report include a recommendation that the General Assembly should consider amending S.C. Code Ann. § 44-20-370(A) to reflect that services are offered through private qualified providers as well as county Disabilities and Special Needs (DSN) boards. In addition, the Subcommittee recommends the agency develop a definition of "qualified provider," for inclusion in Title 44, Chapter 20 of the S.C. Code of Laws.

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|---|-----|-----|---------------------|----------------------|
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| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |

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|----------------|---|--|--|--|
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

VII. Representative Henderson moves that the Subcommittee report include a recommendation that the General Assembly consider repealing S.C. Code Ann. § 44-28-10 through § 44-28-80 and S.C. Code Ann §44-28-310 through §44-28-370.

| Representative Henderson's motion that the Subcommittee report include a recommendation that the General Assembly consider repealing S.C. Code Ann. § 44-28-10 through § 44-28-80 and S.C. Code Ann §44-28-310 through §44-28-370. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

VIII. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann § 44-23-10(22) so that the definition of intellectual disability is consistent with the definition in S.C. Code Ann. § 44-20-30(12). Also the General Assembly should consider amending S.C. Code Ann. § 44-25-20(g), to replace “mental deficiency” and its definition with “intellectual disability,” as defined in S.C. Code Ann § 44-20-30(12). In addition, the Subcommittee recommends that “mental deficiency” be replaced with “intellectual disability” through Title 44, Chapter 25.

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|---|-----|-----|---------------------|----------------------|
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| defined in S.C. Code Ann § 44-20-30(12). In addition, the Subcommittee recommends that “mental deficiency” be replaced with “intellectual disability” through Title 44, Chapter 25. | | | | |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

IX. Representative Douglas moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 6-29-770 to remove the requirement that notice be given for a home for persons with disabilities, as it violates federal Fair Housing laws.

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|--|-----|-----|---------------------|----------------------|
| Representative Douglas’ motion that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 6-29-770 to remove the requirement that notice be given for a home for persons with disabilities, as it violates federal Fair Housing laws | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

X. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 44-66-30(A) to give DDSN last priority in health care decisions for persons unable to consent, as “a person given authority to make health care decisions for the patient by another statutory provision.” Section 44-26-40, § 44-26-50, and § 44-26-60(C) should all be amended to refer to the correct priority number in § 44-66-30.

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|--|-----|-----|---------------------|----------------------|
| Representative Taylor’s motion that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 44-66-30(A) to give DDSN | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|

| | | | | |
|--|---|--|--|--|
| last priority in health care decisions for persons unable to consent, as “a person given authority to make health care decisions for the patient by another statutory provision.” Section 44-26-40, § 44-26-50, and § 44-26-60(C) should all be amended to refer to the correct priority number in § 44-66-30. | | | | |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

- XI. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 43-35-10(4) to include day programs in the definition of “facility” in the Omnibus Adult Protection Act.

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|--|-----|-----|---------------------|----------------------|
| Representative Taylor’s motion that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 43-35-10(4) to include day programs in the definition of “facility” in the Omnibus Adult Protection Act. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

- XII. Representative Henderson moves that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 43-35-60 to require investigating agencies to share specific abuse, neglect, or exploitation case dispositions with the relevant state agency.

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|--|-----|-----|---------------------|----------------------|
| Representative Henderson’s motion that the Subcommittee report include a recommendation that the General Assembly consider amending S.C. Code Ann. § 43-35-60 to require investigating agencies to | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|

| | | | | |
|--|---|--|--|--|
| share specific abuse, neglect, or exploitation case dispositions with the relevant state agency. | | | | |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

XIII. Representative Henderson asks the agency to provide more detail about the agency’s failure to promulgate regulations for at least two decades. Interim Director Maley responds, and Chair Henderson makes two recommendations based on that response.

XIV. Representative Henderson moves that the Subcommittee report include a recommendation that the Subcommittee should formally communicate to the House Regulations and Administrative Procedures Committee that the Commission on Disabilities and Special Needs has reviewed some regulations, and determined they should be amended. This study will be available as a resource whenever the Commission promulgates new regulations or proposes amendments to existing regulations.

| | | | | |
|---|-----|-----|---------------------|----------------------|
| Representative Henderson’s motion that the Subcommittee report include a recommendation that the Subcommittee should formally communicate to the House Regulations and Administrative Procedures Committee that the Commission on Disabilities and Special Needs has reviewed some regulations, and determined they should be amended. This study will be available as a resource whenever the Commission promulgates new regulations or proposes amendments to existing regulations. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

XV. Representative Henderson moves that the Subcommittee report include a recommendation that the Commission on Disabilities and Special Needs should undertake a complete review of the agency’s regulatory environment, including existing and needed regulations. If that review reveals regulations that should be promulgated, amended, or repealed, the Commission should proceed through the procedures in Title 1, Chapter 23 of the South Carolina Code of Laws, related to state agency rulemaking.

| Representative Henderson’s motion that the Subcommittee report include a recommendation that the Commission on Disabilities and Special Needs should undertake a complete review of the agency’s regulatory environment, including existing and needed regulations. If that review reveals regulations that should be promulgated, amended, or repealed, the Commission should proceed through the procedures in Title 1, Chapter 23 of the South Carolina Code of Laws, related to state agency rulemaking. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

XVI. Representative Taylor moves that the Subcommittee report include a recommendation that the General Assembly should consider amending S.C. Code Ann. § 44-20-210 to establish knowledge and expertise criteria for membership on the Commission on Disabilities and Special Needs.

| Representative Taylor’s motion that the Subcommittee report include a recommendation that the General Assembly should consider amending S.C. Code Ann. § 44-20-210 to establish knowledge and expertise criteria for membership on the Commission on | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|--|-----|-----|---------------------|----------------------|
| | | | | |

| | | | | |
|--|---|--|--|--|
| Disabilities and Special Needs. | | | | |
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

XVII. Representative Henderson moves that the payment system study be included in the report, when it is completed.

| Representative Henderson's motion that the payment system study be included in the report, when it is completed. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|---|-----|-----|---------------------|----------------------|
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

XVIII. Representative Taylor's moves that the subcommittee report include a recommendation that the State Director should report to the Healthcare and Regulatory Subcommittee in six months regarding changes implemented as a result of the Legislative Oversight process and the agency's internal improvement processes.

| Representative Taylor's motion that the State Director should report to the Healthcare and Regulatory Subcommittee in six months regarding changes implemented as a result of the Legislative Oversight process and the agency's internal improvement processes. | Yea | Nay | Not Voting (Absent) | Not Voting (Present) |
|---|-----|-----|---------------------|----------------------|
| Rep. William K. Bowers | ✓ | | | |
| Rep. MaryGail Douglas | ✓ | | | |
| Rep. Henderson | ✓ | | | |
| Rep. Taylor | ✓ | | | |

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

STUDY TIMELINE

Legislative Oversight Committee Actions

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

Healthcare and Regulatory Subcommittee Actions

- February 5, 2019- Holds **Meeting 2** with the agency to receive an overview of the agency's **history, mission, organization, products, and services**

Department of Mental Health Actions

- March 11, 2015- Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 8, 2016- Submits its **2016 Annual Restructuring Report**
- September 2016- Submits its **FY 2015-16 Accountability Report/Annual Restructuring Report**
- September 2017- Submits its **FY 2016-17 Accountability Report/Annual Restructuring Report**
- September 2018 – Submits its **FY 2017-18 Accountability Report/Annual Restructuring Report**
- November 19, 2018- Submits its **Program Evaluation Report**
- February- TBD 2019- Meets with and **responds to Subcommittee inquiries**

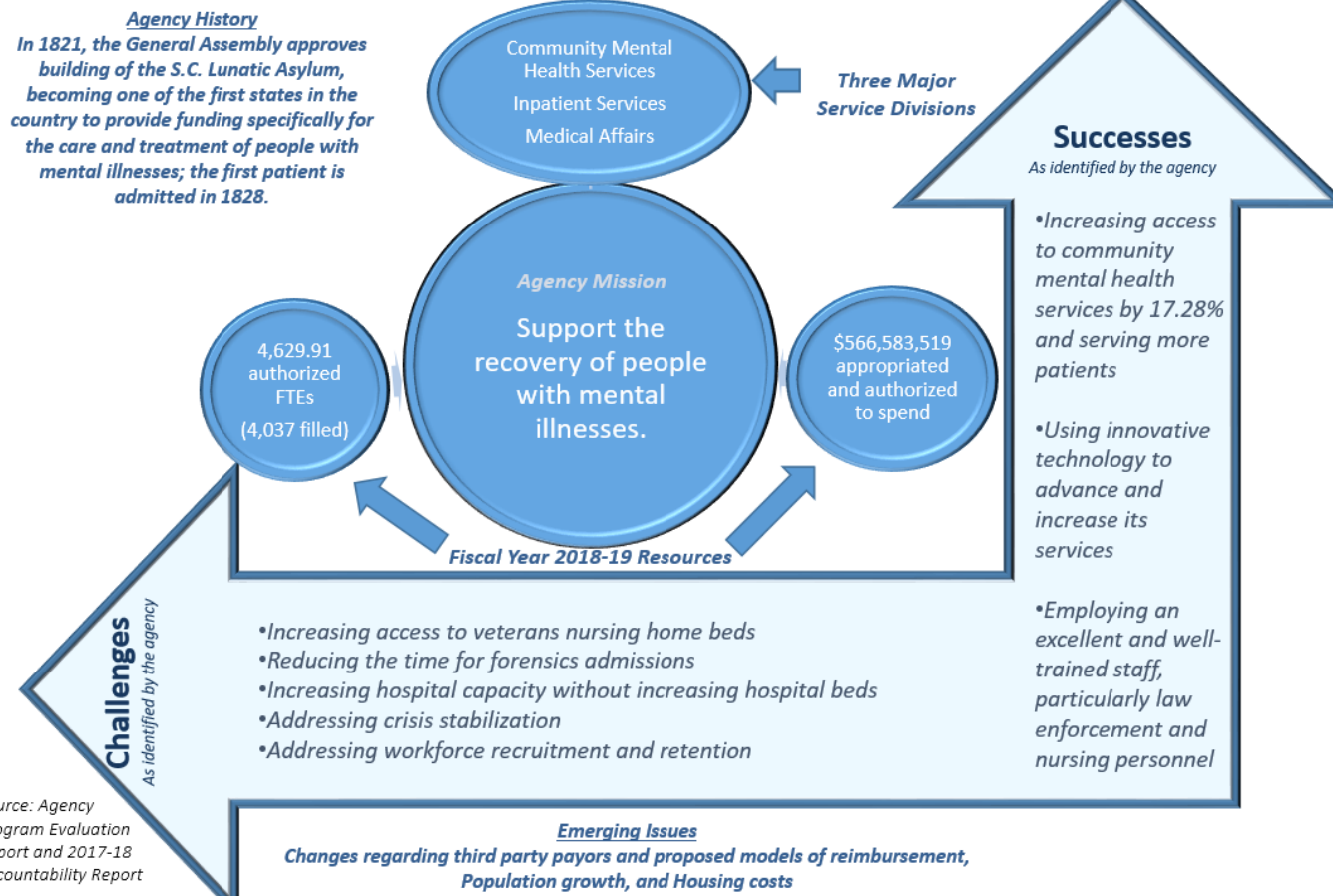
Public's Actions

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

AGENCY OVERVIEW

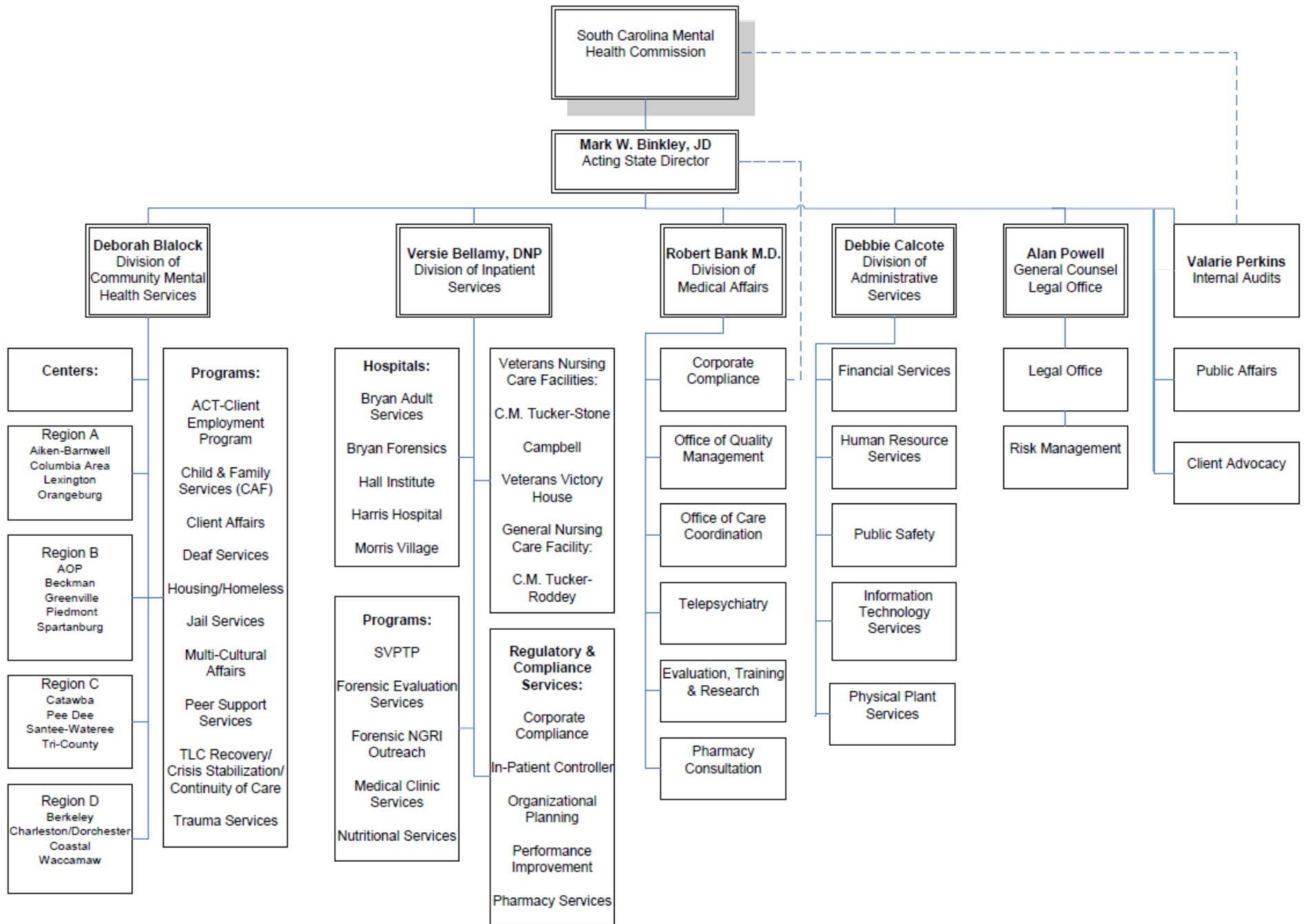
Snapshot

Department of Mental Health



Source: Agency Program Evaluation Report and 2017-18 Accountability Report

AGENCY ORGANIZATIONAL CHART



LETTER IN SUPPORT OF SC'S PUBLIC MENTAL HEALTH SYSTEM STRUCTURE

July 8, 2014

John H. Magill
State Director
South Carolina Department of Mental Health
2414 Bull Street
Columbia, SC 29202

RECEIVED

JUL 14 2014

Director of
S.C. Dept. of Mental Health

Dear John:

I was at a meeting recently with Debbie Blalock where we discussed some of the work our group has been doing with public mental health systems in other states. She suggested that I write you with some of my observations and experiences that have made me greatly appreciate the organizational structure and work of the SCDMH.

As you know, our team here at the NCVV has been heavily involved in dissemination, training and implementation projects for evidence-based trauma treatments for children and youth for the past 10 years. Project BEST (www.musc.edu/projectbest) and the recently launched South Carolina Trauma Practice Initiative, conducted in collaboration with DMH and DSS and funded by the Duke Endowment, are two examples of our work in South Carolina. Many DMH senior leaders, supervisors, and therapists have participated in these projects and have been wonderful partners in dramatically increasing our state's capacity to deliver effective, evidence-based treatment to abused and traumatized children.

Through funding from SAMHSA for our Program on Adolescent Traumatic Stress (www.musc.edu/pats) and other sources, we also have conducted, or are conducting, similar training and implementation projects in other states, including Florida, Georgia, North Carolina, Tennessee, Kansas, New York, and Washington, DC, and we are assisting with projects in California, Washington state, Arkansas, and Virginia. Because of this work, we have become very familiar and involved with the day to day work of mental health professionals and the structure of the mental health service systems in these states. It has been quite an education and has made me very appreciative of what we have in South Carolina in the DMH.

The structure of the mental health systems in these states vary, but virtually all have gone to a public mental health service system that relies almost exclusively on contracting for specific services for target populations with an array of private organizations, some nonprofit and some for-profit. Few of these state mental health departments actually deliver many services anymore. Mainly, they are set up to administratively award and manage contracts with individual service organizations and providers that do the actual work. I know that you understand all of this, but for me coming from South Carolina where we still have a state supported Department of Mental Health that delivers most services itself through its own employees located at various centers, institutions, and programs, understanding these very complicated and sometimes fragmented service delivery systems in other states has been a challenge. Most important to our work, the structure of these complex systems of independent, contracted organizations and providers has made implementing evidence-based practices and effective services quite challenging. I have seen several consistent themes in these other states that, in my opinion, result in poorer day to day services to patients. Below are some examples.

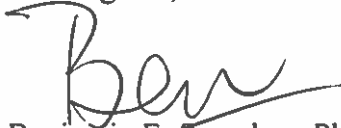
- **The overall service system lacks coordination due to multiple provider agencies.** Contracts often are given to different organizations for specialized services for very specific patient populations. For example, one agency gets a contract to deliver home-based services to a specialty population while another gets a contract for office-based services and still another is contracted for school-based services, all directed to the same group of patients. Rarely do the multiple agencies coordinate their work, even though doing so may be mandated in their contracts. Patients often have to engage with multiple service systems, each with its own forms, procedures, personnel, assessments, programs, and locations. Consequently, the service navigation burden on patients is dramatically increased, resulting in greater attrition out of services and ultimately, patients not getting better.
- **Service provider agencies operate more like competitors than colleagues.** In our work we emphasize coordination of services and collaboration across community agencies since these community service system characteristics have been found to be related to more effective mental health service utilization and better outcomes for patients. In these states, achieving a meaningful degree of collaboration has been difficult since service agencies frequently compete for the same contracts. Agencies do not want to share their ideas, solutions to problems, or successful approaches with others since doing so essentially would be helping their competition for the next contract. This attitude results in mistrust amongst professionals, poorer collaboration, less service integration, and poorer outcomes for patients.
- **Services are incomplete and lack flexibility.** Contracted organizations typically “work to the contract.” They deliver the services they are contracted to deliver. But if the patient needs other interventions that are not part of the particular contract they fall under, service agencies usually say it is outside the scope of their contract, which it is. Patients have to go somewhere else or simply not get the service. Again, the burden on patients is increased, attrition goes up, and service effectiveness goes down.
- **Patients are much more likely to fall through the cracks because there are so many more cracks in the system.** In one state, we learned that an abused child referred for mental health treatment by child welfare had to go through 3 service agencies and 3 assessments before finally getting to see a therapist trained in trauma treatment. This process often took weeks. Each agency was contracted to do a very narrow set of procedures and then they would pass the family along to the next provider. Not surprisingly, many families simply gave up. Because there were so many players and interfaces across multiple agencies within the system, more children fell through the cracks and never received the services they needed.
- **Patients are likely to be placed in an inappropriate service that has a higher pay rate.** In one state, the pay rate for short-term, home-based supportive (not therapeutic) services was nearly double that for office based psychotherapy. Consequently, provider organizations sought to complete a 12 week course of trauma treatment within the 5-6 week window that was allowed for home-based programs in order to maximize billing. Not surprisingly, the children rarely completed treatment and were more likely to drop-out due to the need to shift to office-based services with a new therapist in the middle of treatment. Again, they never received the needed treatment. Referrals to services of questionable value or with inappropriate time frames or structures to enhance revenue seem to be common.
- **Monitoring contract compliance is difficult, costly, and frequently ineffective.** I have been amazed at the amount of time and effort that goes into monitoring contract compliance. It is very costly in terms of personnel. However, my experience has been that these efforts are reasonably

ineffective. In all of the states and communities we have worked over the years I have never known of a contract that was lost due to noncompliance unrelated to finances. For example, in one state, contracts explicitly stated that agencies had to participate in the trauma treatment training and implementation project (that the state DMH was paying for) so that they could deliver the contractually mandated service. However, less than 50% of participants completed the project requirements, mostly due to simply not participating in the training activities. To my knowledge, despite this clear lack of compliance, no contracts were ever lost. When asked about this situation, senior leaders at the state DMH indicated that terminating a contract was very difficult, and could take up to 2 years with due process. And, drafting, advertising and awarding a new one was even more work, with no assurance they would get any better compliance. The bottom line for me was that administrative inertia, the real world difficulties of dealing with contracts, and the paucity of reasonably qualified provider organizations made it unlikely that there would be any real consequences to agencies for noncompliance that involved the quality of services delivered.

I am sure these sorts of issues are well-known to you and your leadership team. And, for all I know there may be many states implementing this universal contracting approach to service systems very successfully. I am far from an expert and can only speak from my experience in this limited number of states. It seems to me that despite having good people trying to do a good job, the service systems in these states are disjointed, uncoordinated, extremely difficult for patients to navigate, and very hard to change into evidence-based approaches.

Based on these experiences, I have come to appreciate greatly our system of state supported mental health centers staffed by DMH employees. It has far fewer cracks, fewer moving parts, and much more accountability than the other systems we are dealing with. Change, though not easy, is much easier with DMH than when we have to deal with the state agency and a host of contracted service organizations and providers, each doing bits and parts of the services within a community. Ultimately, with our system, I think patients get better services; services are much better integrated for individual patients; providers are more accountable; and community collaboration with other service systems, such as DSS and DJJ, is far easier. While change and progress often come slow in South Carolina, not jumping on the bandwagon of a contracted mental health service system may be serving us and our patients well. DMH has wonderful senior leaders, supervisors and staff that are all dedicated to their patients. However, bad systems can trump good people. Luckily, that has not happened in South Carolina!

Best regards,



Benjamin E. Saunders, Ph.D.
Professor and Associate Director

cc: Dr. Alison Evans

PROFILES OF SELECTED COMMUNITY AND INPATIENT MENTAL HEALTH FACILITIES

Profiles of DMH Components

The following profiles were developed by the Department of Mental Health to highlight a few of the many outstanding people that work to aid those with mental illness. The original interviews were conducted by State Director John H. Magill.

Profiles of the highlighted centers are included in the February 5, 2019, meeting packet.

Community Mental Health Center Profiles

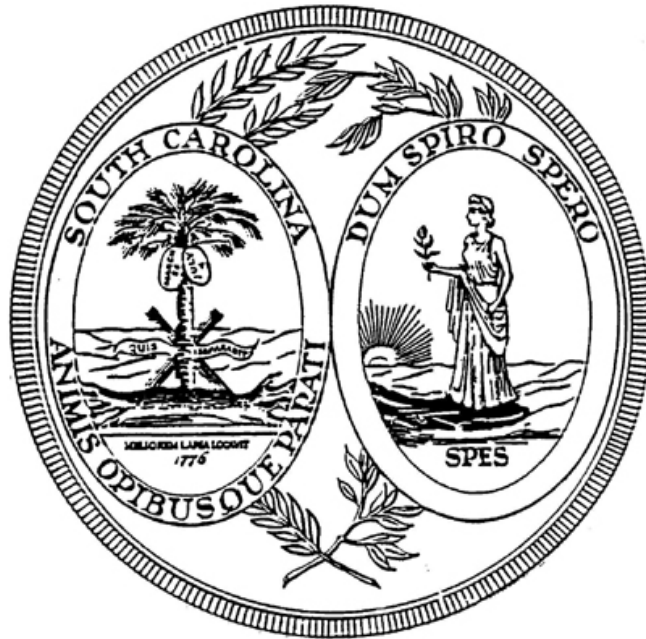
1. Aiken-Barnwell Mental Health Center - 4/3/15
2. Anderson-Oconee-Pickens Mental Health Center - 3/15/18
3. Beckman Center For Mental Health Services - 10/12/15
4. Berkeley Community Mental Health Center - Spring 2012
5. Catawba Community Mental Health Center - 1/4/15
6. Charleston / Dorchester Mental Health Center - Fall 2012
7. Coastal Empire Community Mental Health Center - 7-13-15
8. Columbia Area Mental Health Center - 5/2/18
9. Greenville Mental Health Center - 8/25/15
10. Lexington County Community Mental Health Center - Fall 2011
11. Orangeburg Area Mental Health Center - 2/1/17
12. Pee Dee Mental Health Center - 6/12/15
13. Piedmont Center For Mental Health Services 10/23/15
14. Santee-Wateree Mental Health Center - 9/25/15
15. Spartanburg Area Mental Health Center - Fall 2012
16. Tri-County Community Mental Health Center 11/10/15
17. Waccamaw Center For Mental Health - 1/24/15

Inpatient Facility Profiles

1. C.M. Tucker Nursing Care Center - Roddey Pavilion - Summer 2012
2. C.M. Tucker Nursing Care Center - Stone Pavilion - Fall 2011
3. G. Werber Bryan Psychiatric Hospital - Fall 2012
4. Morris Village Alcohol and Drug Addiction Treatment Center - Fall 2011
5. Patrick B. Harris Psychiatric Hospital - 11/20/14
6. Richard M. Campbell Veterans Nursing Home - Spring 2012
7. Veterans Victory House - Summer 2012
8. William S. Hall Psychiatric Institute - Spring 2012

SCDMH Commission Profile - Spring 2013

Mental Health Advocates Profile - Spring 2013



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL**

**AIKEN-BARNWELL MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR RICHARD L. ACTON**

Spring 2015

DMH MISSION:
 TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.



Babcock Building Cupola

DMH OPERATES A NETWORK OF SEVENTEEN COMMUNITY MENTAL HEALTH CENTERS, 42 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, AND ONE COMMUNITY NURSING HOME.

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. It was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational

in 1828 as the South Carolina Lunatic Asylum. The facilities grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. Since the 1820's, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

The 1950's saw the use of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center,

was built. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, four hospitals, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina.

| DMH HOSPITALS AND NURSING HOMES | |
|---|--|
| Columbia, SC | |
| G. Werber Bryan Psychiatric Hospital | |
| William S. Hall Psychiatric Institute (Child & Adolescents) | |
| Morris Village Alcohol & Drug Addiction Treatment Center | |
| C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home) | |
| C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion | |
| Anderson, SC | |
| Patrick B. Harris Psychiatric Hospital | |
| Richard M. Campbell Veterans Nursing Home | |
| Walterboro, SC | |
| Veterans Victory House (Veterans Nursing Home) | |



AIKEN-BARNWELL MENTAL HEALTH CENTER

1135 Gregg Highway
Aiken, SC 29801
(803) 641-7700

AIKEN-BARNWELL MENTAL HEALTH CENTER

Operating a main Center and two satellite clinics, Aiken-Barnwell Mental Health Center (ABMHC) provides behavioral health services to families, adults, and children who are diagnosed with mental illness.

Intervention, prevention and recovery services may include: Assessment, Therapy, Care Coordination, Psychosocial Rehabilitation, Peer Support, and Community Collaboration.

Founded in 1965, ABMHC was one of the first community mental health centers in South Carolina. In 1963, the Federal Community Mental Health Act provided 50/50 grant money to develop community-based mental health centers. In 1965, Governor David Russell appointed the Aiken County Mental Health

Board, consisting of 12 members. Shortly thereafter, on July 1, 1965 Aiken County Mental Health center became operational.

The original staff consisted of three people: including a psychiatrist, a secretary, and a part-time psychiatric consultant. Dr. Elna Lombard served as the first center director, beginning in December 1965. In October 1970, the first board members were appointed to serve from Barnwell County. As a result, the center officially changed its name to Aiken-Barnwell Mental Health Center.

In 1979-80, federal grant money helped to establish the satellite office, Hartzog Center, in North Augusta.

ABMHC is committed to the belief that

“Prevention works, treatment is effective and people recover.” Recovery is defined as process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

In Fiscal Year 14, ABMHC provided more than 59,000 services to approximately 4,100 Aiken and Barnwell residents.

All DMH facilities are licensed or accredited; ABMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

MISSION:
AIKEN
BARNWELL
MENTAL
HEALTH CENTER
ASPIRES TO BE
THE PREMIER
PROVIDER OF
BEHAVIORAL
SERVICES TO
SUPPORT THE
RECOVERY OF
FAMILIES,
ADULTS AND
CHILDREN
LIVING IN
AIKEN AND
BARNWELL
COUNTIES.



ABMHC BOARD OF DIRECTORS

ABMHC BOARD OF DIRECTORS

- RACHEL RYAN,
CHAIR
- DR. ROSA ISHMAL,
VICE-CHAIR
- JAMES BAGGOT, JR.
- HARRY DOUGLAS
- DR. W GAINES
ENTREKIN
- MARION GARY
- MARY HEAD
- JANIE KEY
- CHERYL AZOURI-
LONG
- LISA TINDAL
- JOHN YOUNG

The ABMHC Board of Directors plays an important role in Center operations. As advisors, their efforts, in concert with the Executive Director Richard Acton, Center staff, and patients, help ABMHC to provide a community-based system of care for people with mental illness. The primary responsibility of the center board is to ensure that quality care and treatment is provided by the center.

The ABMHC board ide-

ally consists of fifteen residents of Aiken and Barnwell counties selected by the Aiken and Barnwell County Legislative Delegation to serve as the voice of the community. Currently, the Board has four vacant seats.

Board Member Mary Head said, "I am excited to serve on the board because I see first-hand the dedication the Aiken-Barnwell staff has toward the mentally ill in our community!" Head would like to see the

Board more involved in community education and more involved with fundraising.

Serving on this board provides Marion Gary the opportunity to make a difference in the lives of citizens of Aiken and Barnwell counties. Gary's goal is to ensure citizens are aware of the services offered at ABMHC and for them to know the staff is available to address mental health concerns in a professional and caring manner.

RICHARD "RICK" L. ACTON, EXECUTIVE DIRECTOR



Richard "Rick" L. Acton
Executive Director

Rick Acton is the executive director at ABMHC and Lexington Mental Health Center. He has served as the executive director at ABMHC for the past seven years.

An Ohio native, Acton's educational background includes a bachelor's degree in Psychology from Wittenberg University and a master's degree in Social Work from Ohio State University.

Rick has more than 30

years' executive and operational experience in private/non-profit and public community-based family service and behavioral health. He has extensive knowledge and experience in the areas of Program Development & Implementation in Mental Health, Alcohol and Substance Abuse, Family Preservation Services, and Chronic Mental Illness- Needs/Treatment.

Acton's emphasis is on

focusing and developing people's strengths, especially staff clinicians and managers, who make the difference in patients' lives.

TAMARA L. SMITH, ASSISTANT DIRECTOR

ABMHC Assistant Director Tamara L. Smith, is a native of Aiken County. She grew up in North Augusta and attended North Augusta High School and the University of SC Aiken.

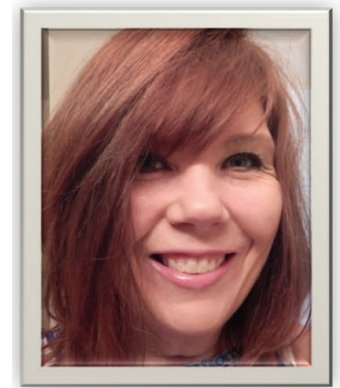
The health and general well-being of the citizens of Aiken and Barnwell counties is very important to her. Smith has worked at ABMHC for 23 years.

Smith feels her contribu-

tion to mental health is three-fold. She works closely with clinicians at the Center to implement evidenced-based and best practices to help patients move forward in their recovery. She provides leadership for the Center, assisting with policy-making, program development, strategic planning, performance improvement and administration to enhance overall quality of services provided in the system.

In addition, she works with community partners to strengthen relationships to promote a holistic approach to health-care and enhance the health of the overall community and advocate for those served.

Her vision for the Agency is to move towards a system of integrated care thus addressing patients' mental and physical health and helping them achieve recovery.



Tamara L. Smith
Assistant Director

BIANCA OTTERBEIN, PROGRAM COORDINATOR II CHILD, ADOLESCENT, AND FAMILY SERVICES

Bianca Otterbein launched into her professional career by serving as a case manager for Shoreline Behavioral Health Services, where she also worked as an Adolescent Counselor, Adolescent Coordinator, and Coordinator of Out-patient Services.

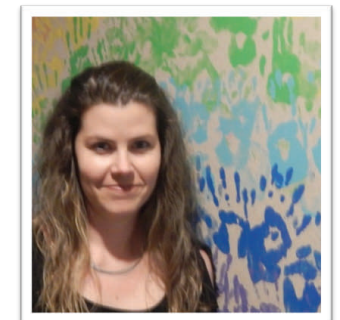
Otterbein has worked with children, adolescents, adults, couples, and families, although most of her experience has focused on working

with children and adolescents. She has trained extensively in the areas of Grief, Child Abuse, and Substance Abuse treatment. She utilizes many different theories of practice to fully meet patients where they are.

Otterbein's vision for the ABMHC CAF Department is to increase counselor competency with added training, utilize best-practices in clinical supervision, and increase community partnerships

and collaboration. Ultimately, she would like to see a school-based counselor stationed at every school in Aiken and Barnwell counties.

Otterbein is committed to creating a positive environment for both patients and staff by providing support and encouragement and building strong community relationships.



Bianca Otterbein
Program Coordinator II
Child, Adolescent, and
Family Services

GREGORY E. SMITH, CHIEF OF PSYCHIATRIC SERVICES



Gregory E. Smith
Chief of Psychiatric Services

In 2013, Greg Smith, MD, returned to the position of medical director for ABMHC. Additionally, he serves part-time as a DMH telepsychiatry psychiatrist. Seeing patients across the State in hospital emergency departments via computer and high definition video.

Dr. Smith's vision for Medical Services at ABMHC is to become the "premier provider of psychiatric medical and nursing services in Aiken and Barnwell counties, providing medical assessment, nursing services, injectable medications, education to patients and families about medication treatments, and links to the latest treatment technology for patients."

When asked what his contribution to Mental Health is, he shared,

"Through telepsychiatry I am personally able to make the world of medicine, and more specifically psychiatry and mental health, available to my patients in the form of a friendly face that they see in real time. I am, in that way, just one half of a partnership with someone who suffers from mental illness, and a strong partnership makes it possible for that person to enjoy a full and meaningful life."

Dr. Smith noted that ABMHC's most valuable resource is its people. "It's what attracted me to the Center 23 years ago when I first worked part time at the Garvin Center in Aiken, and it's what has kept me here. We have veterans in the field who have years of

experience and hundreds of thousands of patient contacts, and we have fresh new faces just out of training that have the knowledge and the energy to keep us moving forward in this era of rapid change in the field of Mental Health. Together, they make a very strong workforce that is on the side of patients and families and other stakeholders who benefit greatly from their contact with the mental health system and ABMHC."

Dr. Smith emphasized that stigma is still very much alive, but it should not stop someone from seeking help.

"The local mental health center is a good place to talk things over with emergency services staff, counselors, doctors and nurses who care about you, have something to offer you, and will partner with you as you figure out how to achieve your own brand of recovery."

Greg Smith, MD

SCHOOL-BASED SERVICES - AIKEN & BARNWELL COUNTIES

ABMHC is dedicated to the development of school-based mental health programs in Aiken and Barnwell counties.

Our goal is to identify and intervene at early points in children's emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving

these disturbances.

In addition to individual and family therapy, school-based therapists also meet with teachers and other school personnel to coordinate services for students. Services are provided in the schools to increase accessibility and decrease stigma related to mental illness.

ABMHC provides school-based services at the following Barnwell County schools: Barnwell Primary, Barnwell Elementary, Kelly Edwards Elementary, Macedonia Elementary, Guinyard-Butler Middle, Blackville Hilda Junior High, Barnwell High, Barnwell Alternative School, Williston Elko High, and Blackville Hilda High.

ABMHC provides school-based services at the following Aiken County schools: North Aiken Elementary, Aiken Middle, Wagener-Salley High, Busbee-A.L. Corbett Elementary and Middle, Aiken High, South Aiken High, and Midland Valley High.

RACHEL RYAN, CEO OF AURORA PAVILION

For a community mental health center, partnerships in the community are invaluable, and some of the most critical are the relationships with inpatient facilities. At ABMHC, Aurora Pavilion (Aurora) is the closest facility and the one with the closest relationship. In no small part, that is through the work of Rachel Ryan, Aurora's CEO.

Aurora, located on the campus of Aiken Regional Medical Center, offers inpatient and partial hospitalization. Serving up to 60 individuals, Aurora houses a child and adolescent unit, a senior adult unit, and two adult units. The partnership

includes ABMHC attending treatment team meetings twice a week and a contract between ABMHC and Aurora for the treatment of indigent patients that gives Aurora the resources to take care of patients "in our own backyard." Patients are also brought from Aurora to ABMHC for designated exams needed for involuntary commitment.

A big advocate of prevention, Ryan sees the need to identify resources across the board to support patients and prevent relapse or even initial hospitalizations.

"If we are doing what's right for patients then I can sleep at night" is the bottom line. While all

the options she would ideally want are not available in the community, Ryan works to balance staff, money, and patients. For Aurora and ABMHC, this partnership is one way to make that balance work.

Ryan also currently serves as the chairman of the ABMHC Board. She is committed to providing support to the ABMHC staff, increasing knowledge of the Center in the community, and serving as an advocate for the Center with local and state representatives.

Ryan shared, "I am excited that ABMHC is working to improve the care for mentally ill patients in the local community."



Rachel Ryan,
CEO of Aurora Pavilion



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF
MENTAL HEALTH**

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

**AIKEN-BARNWELL
MENTAL HEALTH CENTER**

1135 GREGG HIGHWAY
AIKEN, SC 29801
(803) 641-7700

SATELLITE CLINICS:

HARTZOG CENTER

431 WEST MARTINTOWN ROAD
NORTH AUGUSTA, SC 29841
(803) 278-0880

POLLY BEST CENTER

916 REYNOLDS ROAD
BARNWELL, SC 29812

WWW.AIKENBARNWELLMHC.COM

RECOVERY SPOTLIGHT – BY WILLIAM

When I was 11, I was diagnosed with attention deficit hyperactivity disorder (ADHD). I saw a psychiatrist until I was a teenager. During that time I was diagnosed with schizophrenia and bipolar disorder. I started getting into trouble, using drugs and was kicked out of high school permanently.

When I was 17, I was arrested for dealing drugs. I continued using drugs and drinking. I experienced multiple hospitalizations and participated in several treatment programs throughout this time. One such program was Building New Beginnings, an as-

sisted living program that Aiken Barnwell Mental Health Center had at the time. I continued drinking and using drugs, and ended up being kicked out of the apartments that I was living in, so I moved into my mom’s house. I had a few outbursts with family, and I was arrested and placed in Bryan Psychiatric Hospital.

As a result of my most recent outburst, I was court-ordered to go to Psychosocial Rehabilitation Service (PRS) groups for a year. I attended PRS groups and then started going to Peer Support in September 2012. I have

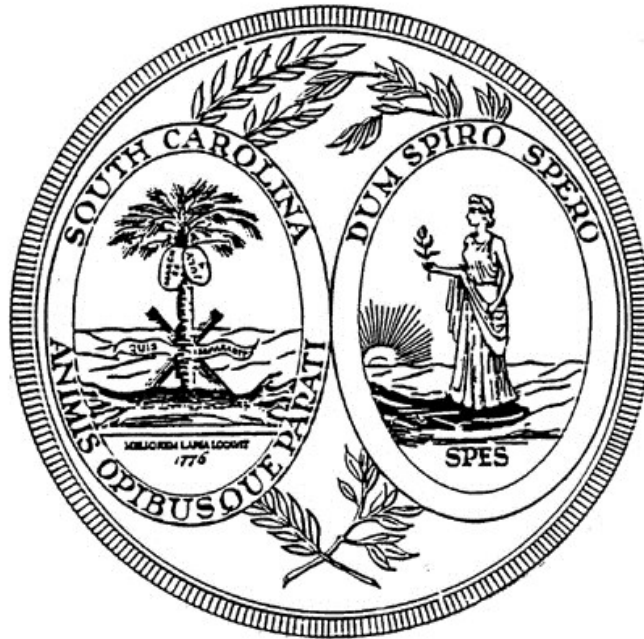
been going to Peer Support ever since then.

I have been sober for two years and have been trying my best to do what is right. I’ve been taking my medicine as prescribed. I go to Double Trouble in Recovery (DTR), a 12 step group that is designed for individuals recovering from mental illness and addictions, four times a week.

I interact with my peers more than I did when I first started going to group therapy. I’ve started having more fun going to group therapy than I did when I first started. My relationship with my fam-

ily is better now that I’m trying. I have not had any anger outbursts in two years.

Peer Support has taught me to communicate with my peers better and to have fun instead of focusing on the negative things in life. Peer Support keeps me active during the day and focused on the right things. My self-esteem has improved and I don’t think about myself in a negative way anymore. I plan on continuing to attend Peer Support and working on my recovery to become more sociable and maintain my stability in the community.



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL**

**ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR KEVIN W. HOYLE**

March 2018

DMH OPERATES A NETWORK OF 17 COMMUNITY MENTAL HEALTH CENTERS, 43 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, ONE COMMUNITY NURSING HOME, A FORENSIC PROGRAM, AND A SVPTP.

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Today, DMH operates a network of 17 community mental health centers, 43 clinics, four hospitals, three veterans' nursing homes, one community nursing home, a Forensic Program, and a Sexually Violent Predator Treatment Program (SVPTP). DMH is one of the largest hospital and community-based systems of care in South Carolina.

In response to community needs, DMH has developed multiple innovative blue-ribbon programs, two of which are its School-based program and its Telepsychiatry program. As of August, 2015, DMH's School-based program has mental health professionals embedded in approximately 500 public schools and serves 13,000 children per year. The Telepsychiatry program, which utilizes state of the art equipment that allows doctors to see, speak with, and evaluate patients from remote locations, is currently located in 23 emergency departments and has provided more than 25,000 consults.

DMH MISSION: TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)



Anderson-Oconee-Pickens Mental Health Center

200 McGee Road
Anderson, SC 29625
(864) 260-2220

Counties served: Anderson, Oconee, and Pickens

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The Anderson Oconee and Pickens mental health board was organized on November 20, 1962. At that time, the Center was led by Dr. William Bolt. It was one of 12 such entities across South Carolina, and was governed by the State Mental Health Commission.

The original location on North Main Street in Anderson was quickly outgrown and plans were made to build a larger facility. In March of 1968, the present location of Anderson-Oconee-Pickens Mental Health Center (AOPMHC), at 200 McGee Road in Anderson, was completed and ready for occupancy. In 1969, Dr. William Wood was appointed as center director.

To meet patient demand and to reduce transportation issues, satellite offices were opened in Oconee and Pickens counties in 1971 and 1974, respectively.

In addition to Drs. Bolt and Wood, executive directors for AOPMHC include Starlus Rigell (1971-1980), Mary Borough (1980-1985), Dr. Norman Robertson (1986-2005), and Kevin W. Hoyle (2005-present).

Today, AOPMHC provides mental health services to people of all ages, offering counseling, psychiatric assessment, medication management, crisis intervention, and other services to those experiencing serious mental illness and significant emotional disorders.

AOPMHC excels in Individual Placement and Supportive Employment, School-based Services, Family Outreach, Supported Residential Services, and more.

Since 1965, AOPMHC has provided more than 3,000,000 outpatient contacts/services. During fiscal year 2017, AOPMHC served 4,479 adults and 1,527 children; a total of more than 6,000 citizens of the Anderson, Oconee, and Pickens area received nearly 113,000 outpatient contacts/services.

All DMH facilities are licensed or accredited; AOPMHC has been nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1997.

**DURING
FISCAL YEAR
2017,
AOPMHC SERVED
MORE THAN
6,000 RESIDENTS
BY PROVIDING
NEARLY 113,000
SERVICES/
CONTACTS.**



BOARD OF DIRECTORS



Jane Jones
Board Chair



Sherry Hall
Board Vice-Chair



Carol Burdette
Board Member



Joseph McElwee, MD
Board Member

AOPMHC has a 15 member Board of Directors, led by Jane Jones, chair, and Sherry Hall, vice chair. Jane Jones said, “I am pleased that I can serve Anderson, Pickens, and Oconee Counties on the Mental Health Board.”

Jane Jones is dedicated to being an active member of her community and previously served on the state Mental Health Commission for 11 years. She is a member of several community organizations including the Anderson County Republican Party, Anderson County Republican Women and Anderson County Planning Commission. Jane is also a Guardian ad Litem, a retired school teacher and real estate agent. She is an active member of Bethesda United Methodist Church in Powdersville, SC.

Sherry Hall is a resident of Belton, SC. She is married to Ronald B. Hall and has two daughters, Blythe Lauren and Avari Lynn. Sherry attended Lockhaven State College in Pennsylvania and graduated from Clemson University with a degree in Nursing in 1983. Currently, she is a Nurse Manager III for Harris Psychiatric Hospital.

Sherry is an active member of Neals Creek Baptist Church, where she sings in the choir. Sherry is involved in the AWANA program and is the Assistant Head Coach for the Varsity Girls Soccer Team at Belton-Honea Path High School. Her interests

are running, cycling, golf, knitting and reading.

Sherry says, “Serving on the AOP Board has given me the opportunity to bridge between in-patient hospitalization to out-patient through the Mental Health Centers and how we can continue to provide whatever services are needed to promote the best quality of care for our patients.”

Board member Carol Burdette is the executive director of United Way of Anderson County. She has served on the Anderson-Oconee-Pickens Mental Health Center board of directors since 2011, and has been involved in the community for more than 25 years. She is active in her church, is a past chair of the Anderson Area Chamber of Commerce, past district governor of Rotary, and served as mayor of Pendleton for 12 years. Burdette has chaired Anderson’s Sister City Association, was president of Clemson Little Theatre, served on the advisory board for the Palmetto Bank, and serves on the Board of Visitors of Anderson University.

Burdette states, “We must do all that we can as community leaders to address concerns and help those suffering from all forms of mental illness. The SC Department of Mental Health and its local offices play a major role in dealing with this issue, and I am pleased to be an advocate

for the services provided by the dedicated staff.”

Joseph McElwee, MD, past vice-chair from Anderson County, has had a continuing interest in public health. A practicing psychiatrist, Dr. McElwee is an associate professor of Family Medicine and Psychiatry at AnMed Health in Anderson, and works in a residency program teaching psychiatry to family medicine residents. “I believe that one-on-one communication is important so that we can discuss mental health issues and advocate not only for increased funding, but also to make clear some of the challenges that patients seeking mental health services and referrals face,” he said.

Kevin Hoyle, Executive Director, stated, “The Board continues to challenge me as a center director and the staff at the center to think of new and innovative ways to meet our mission to support the recovery of those with mental illness.”

Hoyle and all board members expressed the need for a new facility for the AOPMHC. They hope that it will be a viable option for the community in the near future. “We have an investment in this concept in this state. A centralized system of care has so many advantages and we need to continue to work to keep that in place,” said Dr. McElwee.

KEVIN W. HOYLE, EXECUTIVE DIRECTOR

Executive Director Kevin W. Hoyle has been an employee of DMH for over 30 years. Hoyle joined the staff of the Santee-Wateree Community Mental Health Center in October of 1985, where he served as clinic director in Clarendon County and later assistant director. He came to AOPMHC in 2003 as director of Outpatient Adult Services, eventually assuming the position of executive director in 2005.

Hoyle, who grew up in Winston-Salem, North Carolina, always sought a career in Human Services. "It's a family tradition. My father was a social worker," he said. Hoyle completed his undergraduate work at the University of North Carolina, and received his master's degree in Psychology from Wake Forest University.

Hoyle says it's an honor to work with his staff and board

of directors. "I think the AOPMHC staff does an exceptional job and I am proud of the dedication they show. They are devoted to our patients," he said. "I am also proud of the board of directors; we have one of the most active boards in the state."

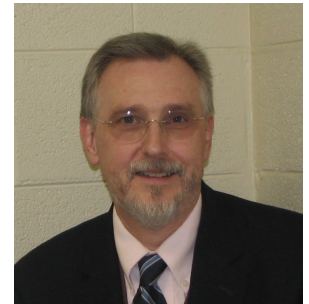
He is most proud of AOPMHC's ability to maintain Enhanced Residential Services (ERS). The focus of ERS is to help clients struggling with severe persistent mental illness avoid hospitalization/re-hospitalization through a combination of structured housing placement and mental health services. The goal is to provide living conditions that resemble, as closely as possible, home-style living.

Under Hoyle's direction AOPMHC offers an array of services to both adults and children. He encourages staff to work to develop new rela-

tionships with other agencies and to strengthen existing ones. AOPMHC has established a Probate Judges' Quarterly Forum that is extremely well attended, with representatives from hospitals, the probate judges from AOPMHC's three-county catchment area, law enforcement, and behavioral health.

The Center participates in the Children's Policy Council, organized by the Anderson County DSS, and has established a close relationship with Clemson University. In addition, Hoyle and a local hospital CEO co-chair a group that keeps a watchful eye on situations that may arise for individuals needing psychiatric services and general emergency services in emergency rooms.

Hoyle's vision for AOPMHC has always been to be known as the premier place to go for mental health treatment.



Kevin W. Hoyle,
Executive Director

HOYLE'S VISION FOR AOPMHC HAS ALWAYS BEEN TO BE KNOWN AS THE PREMIER PLACE TO GO FOR MENTAL HEALTH TREATMENT.

TRACY RICHARDSON, COMMUNITY SERVICES DIRECTOR

At the age of 12, Tracy Richardson knew, due to her experience with a close family member who had been diagnosed with bi-polar disorder, that she wanted to not only help her family, but others. She began her career with DMH at Patrick B. Harris Psychiatric Hospital in 1994. Three years later, she transferred from the inpatient setting to AOPMHC.

Since then, she has served in several positions at the Center, presently overseeing Community Services, which includes supervising the co-occurring program and the

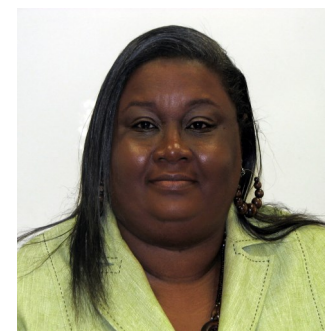
Daybreak Recovery Center, among others.

The co-occurring program is designed to meet the special needs of clients with mental illness and a substance abuse disorder. Dealing with two illnesses at the same time presents significant challenges. The co-occurring program has three clinicians, one in each county.

The Daybreak Recovery Center is a Psychosocial Rehabilitative Program focused on wellness and recovery. The goal of the Center is to assist clients with achieving their optimal level of functioning

while leading successful productive lives in the community.

She works closely with Anderson Oconee Behavioral Health Services and the Vocational Rehabilitation Department. Richardson says, "In working with individuals with mental illness I have found several things are required: dedication, commitment, understanding, patience, and, of course, knowledge. We must be healthy ourselves in order to be healthy advocates for our clients. And at the end of the day, we have to be



Tracy Richardson,
Community Services Director

CARLY PATTERSON, M.ED., CHILD, ADOLESCENT, AND FAMILY SERVICES COORDINATOR



Carly Patterson, M.Ed.,
Child, Adolescent, and Family
Services Coordinator

Carly Patterson, who has been with AOPMHC for more than 15 years, always wanted to work with children. AOPMHC was her first job out of college, and she says it has been a good fit. She began her career in outpatient services and then moved to school-based services before becoming the coordinator of the Children's Alternative to Placement Program (CAP). She is now the Child, Adolescent, and Family (CAF) Services Coordinator for AOPMHC.

As the CAF Coordinator, Carly supervises outpatient CAF clinic services, school-based services, and intensive in-home services including CAP. The focus of CAP is to wrap necessary services around a child and his or her

family to keep the child at home and out of residential treatment programs. "The objective is to keep children where they are," she explained. Family outreach staff go into homes and spend time working with families on site. Since the program began, more than 90% of children served have been able to remain at home.

Patterson also supervises staff out-stationed at other agencies. In Anderson County, an AOPMHC clinician works at the local Department of Juvenile Justice office to prevent and decrease youth involvement with the juvenile justice system by offering counseling and other supportive services to adolescents and their families. Services are delivered in schools, homes, Center offic-

es, and other environments. Two AOPMHC counselors are based out of the Departments of Social Services in Anderson and Pickens counties, working with children placed in foster care. These efforts have led to increased collaboration between agencies and improved service delivery to children and families in our area. "It is great being with people who love what they do," said Patterson. "This center does a lot of things well in its service to children and families, but strong collaborations with other agencies is one of the things AOPMHC does best. When we are all working together on the same page for our clients I think we can make things happen that are in their best interest."



Eric Turner, Chief of Clinical
Operations and
Assistant Director

ERIC TURNER, CHIEF OF CLINICAL OPERATIONS AND ASSISTANT DIRECTOR

Eric Turner was motivated to enter the area of counseling through his experiences with helping soldiers through difficult times while on active duty.

The Pickens County native participated in Army ROTC while a student at Clemson University, receiving a Commission as a 2nd Lieutenant as he started his senior year of college. Upon graduation, Turner entered the active military as an Armor officer. Over the next 12 years, he served in a variety of manage-

ment and command staff positions within the Armor Branch.

Turner left the active military in 1993 and worked in management until he felt led to enter Seminary and focus on counseling. He completed his 96-hour Master's in Divinity in Counseling in 1998 and began working as a counselor at AOPMHC in February 1999. He additionally continued his military service through his seminary years in the Reserves and National Guard where he now serves

as a Chaplain. During his time at AOPMHC, Turner has been deployed twice: once to Iraq in 2004-05 and once to Afghanistan in 2011-12, returning to work the first of March of 2012.

Turner is a Lieutenant Colonel with more than 31 total years of service. He is currently the Chief of Clinical Operations and Assistant Director for AOPMHC. "I have a desire to help others and what we do impacts families and lives on a daily basis."

QUEENNA PATTERSON, M.ED., SCHOOL-BASED COUNSELOR

Queenna Patterson has been with DMH since 2005 and has been a school-based counselor for more than two years. She began her career at AOPMHC on the Assessment Team. After expressing an interest to work with children, she transferred to School-based Services. Her professional experience includes working with Share Head Start in Anderson, the Department of Disabilities and Special Needs, Charter Hospital, and Mentor-Therapeutic Foster Care.

AOPMHC's 21 school-based counselors serve three counties, in 35 schools. Program referrals typically come from

guidance counselors. School-based counselors try to see students when it will not take them away from their core classes, placing them in individual or group treatment, depending on the needs of each student.

Family treatment services are available, but can be difficult to provide because many parents do not have transportation and/or have strict work schedules, though most families are willing to come into family treatment if they can.

Patterson believes school-based services could be enhanced by having one coun-

selor per school and a presence in schools on a daily basis.

One of the many things she likes about working with children is being actively involved in giving them support in reaching their goals, and helping them to become self-sufficient and responsible. "It is one of the most rewarding things to actually see them make positive changes," she said. "It is so rewarding to follow them through high school, seeing them reach even more goals, and knowing that we may have had some small part in this process."



Queenna Patterson, M.Ed,
School-based Counselor

AOPMHC'S 21
SCHOOL-BASED
COUNSELORS
SERVE THREE
COUNTIES, IN 35
SCHOOLS

JEANNE WARD, RN, EDD, FACHE, REGIONAL PRESIDENT, GREENVILLE HEALTH SYSTEM

Jeanne Ward is the regional president for Oconee and Pickens Counties for Greenville Health System and former president and CEO of Oconee Memorial Hospital, an acute care facility with 169 beds in Seneca. The hospital admitted its first patient on January 31, 1939, and has continued to grow in structure and service delivery. Ward explained that the hospital has undergone significant change over the years, due in part to the change in community demographics. The community has a tremendous influx of retirees from all parts of the country. As such, the hospital continues to special-

ize in areas that cater to the retirement population.

The Oconee Memorial Hospital and AOPMHC have a very strong collaborative relationship, and are currently working on a collaboration to share a psychiatrist. Ward said that, "continued partnership is key to our success in reaching and meeting the needs of the community.

"One of our goals is to continue brainstorming about how to provide more housing for individuals that have mental health issues, so that they will not end up on the street and will hopefully return to living successfully in the communi-

ty. We focus, too, on case management services that enhance the quality of life for the mentally ill in this community and others. We have become navigators of how to help clients, with a close focus on the uninsured."

Ward believes that Executive Director Hoyle "is always interested in meeting the needs of our community. He has vision and is not afraid to think outside the box." She reports that the hospital physicians and staff have a tremendous amount of respect for Hoyle and AOPMHC, and that the patient population also has a great respect for the Center.



Jeanne Ward, Regional President,
RN, EdD, FACHE,
Greenville Health System



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SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

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**ANDERSON-OCONEE-PICKENS
COMMUNITY MENTAL HEALTH CENTER**

200 McGee Road
Anderson, SC 29625
(864) 260-2220

Oconee Clinic

115 Carter Park Drive
Seneca, SC 29678
(864) 885-0157

Pickens Clinic

337 West Main Street
Easley, SC 29640
(864) 878-6830

WWW.AOPMENTALHEALTH.ORG

RECOVERY SPOTLIGHT

BY-LUCY J., AOPMHC CLIENT ADVISORY BOARD MEMBER

It started during the 1980's. I was really depressed then. I was 18, newly married with a baby, and working full time. I had a lot of problems back then and it was a lot to adjust to.

Things would get so stressful, I would go off to see my mother. Sometimes she would take me down to the hospital, and I was admitted several times. I would get suicidal and needed to go inpatient. It was during that time I started coming to the AOPMHC. Sometimes I would come in as a "walk

-in" when I had an episode.

Later, when things started to settle down, I began attending the Daybreak Center for Recovery, an AOPMHC program that focuses on helping people achieve wellness and recovery. While there, during the educational groups, I learned about my mental illness and ways to deal with it. I started to make friends. I started to think positively about myself. I started to take on some leadership roles and I started to talk.

I had a reason to get up and get going. I was asked to join the AOPMHC Client Advisory Board. At first I didn't know what I was supposed to do. I didn't want to say anything wrong and I was afraid people wouldn't like me, but someone has to be the leader, and I was being a leader. I enjoy my role on the Client Advisory Board.

Oh, 1993! I have stayed out of the hospital since 1993!

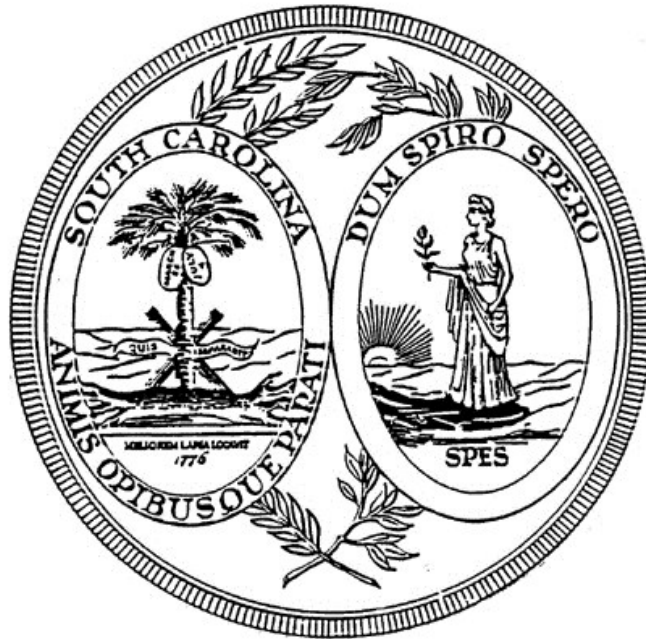
I graduated from the Daybreak Center for Recovery in August of 2011. I want to keep busy and healthy.

Now, I work cleaning two days a week and also volunteer in Medical Records at the AOPMHC.

You just don't know what you can do until you try!



Lucy J.,
Client Advisory Board Member



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL**

**BECKMAN CENTER FOR MENTAL HEALTH SERVICES
EXECUTIVE DIRECTOR MELANIE E. GAMBRELL**

Fall 2015

DMH OPERATES A NETWORK OF 17 COMMUNITY MENTAL HEALTH CENTERS, 43 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, ONE COMMUNITY NURSING HOME, A FORENSIC PROGRAM, AND A SVPTP.

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. It was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well

over 6,000 patients on any given day. Since the 1820's, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

The 1950's saw the use of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical

Today, DMH operates a network of 17 community mental health centers, 43 clinics, four hospitals, three veterans' nursing homes, one community nursing home, a Forensic Program, and a Sexually Violent Predator Treatment Program (SVPTP). DMH is one of the largest hospital and community-based systems of care in South Carolina.

In response to community needs, DMH has developed multiple innovative blue-ribbon programs, two of which are its School-based program and its Telepsychiatry program. As of August, 2015, DMH's School-based program has mental health professionals embedded in approximately 500 public schools and serves 13,000 children per year. The Telepsychiatry program, which utilizes state of the art equipment that allows doctors to see, speak with, and evaluate patients from remote locations, is currently located in 21 emergency departments and has provided almost 25,000 consults.

| DMH HOSPITALS AND NURSING HOMES | |
|---|--|
| Columbia, SC | |
| G. Werber Bryan Psychiatric Hospital | |
| William S. Hall Psychiatric Institute (Child & Adolescents) | |
| Morris Village Alcohol & Drug Addiction Treatment Center | |
| C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home) | |
| C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion | |
| Anderson, SC | |
| Patrick B. Harris Psychiatric Hospital | |
| Richard M. Campbell Veterans Nursing Home | |
| Walterboro, SC | |
| Veterans Victory House (Veterans Nursing Home) | |

DMH MISSION: TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.



THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES

1547 Parkway
Greenwood, SC 29646
(864) 229-7120

Counties Served: Abbeville, Edgefield, Greenwood, Laurens,
McCormick, Newberry, and Saluda

THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES EXECUTIVE DIRECTOR MELANIE E. GAMBRELL

Executive Director Melanie E. Gambrell, LPC, is an 18 year veteran of the Beckman Center for Mental Health Services (Beckman). Beginning as a school-based clinician with the Edgefield Mental Health Clinic in 1997, she rose through the ranks to become center director in 2007. Along the way, she has served as the Edgefield clinic director; director of services to Children, Adolescents and their Families; and assistant director of Clinical Services. This journey has given her unique perspective and vision related to mental health center operations.

When asked what Beckman does best, Ms. Gambrell is quick to respond, “Serve our patients in the community.” This is done by assisting staff in providing the best services to each of the patients and their families through innovative and unique programs at the Center. Several of these innovations will be highlighted throughout this profile.

Ms. Gambrell also believes that partnering with the community is something Beckman does best. Forging strong community relationships has

long been a necessity due to the Center’s large catchment area. Beckman works alongside seven probate judges, seven county sheriffs and substantially more police departments, 11 school districts, five hospitals, and assorted configurations of social service and assistance providers. In addition, there are four four-year colleges and universities and a seven-county Technical College system with campuses in each county. Partnering has long been a way of life in this area.

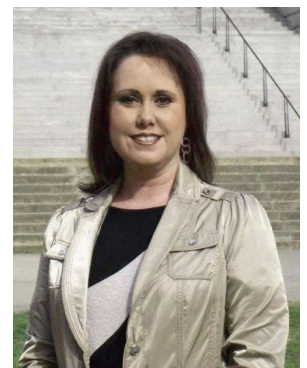
Today, Beckman is especially proud to be a leader in partnership with federally qualified health care provider, Carolina Health Centers. We have collocated staff in the Carolina Children’s Center and in the Uptown Family Practice, with expansion happening at this time into LC4, a primary health care center, Carolina Health Centers, located in the old Laurens Hospital Emergency Department. LC4 is designed to treat those with urgent, rather than emergent needs.

The news is filled with information affecting possible systemic challenges. When

asked, however, about future challenges a bit more personal to Beckman, Ms. Gambrell cited the Center’s changing leadership structure. Currently key to Beckman’s strength is its 12 member management team.

Within the next three to five years, approximately a third of these members face retirement potential. Many in the group are long-term Beckman employees with a valuable sense of history and experience not easily replaced. Both short-term and long-range planning have embraced the need for on-going mentoring and succession planning. Ms. Gambrell has accepted this as a professional challenge she will navigate through transition.

Another key leadership structure is Beckman’s Quality Improvement Team (QIT). This seven member group serves as Beckman’s leadership processing unit, filtering information and formulating recommendations for Management Team. During its monthly meeting, many of Beckman’s innovations are born. Simply put, Ms. Gambrell’s goal for Beckman is “that we provide good quality services to our patients. If we can continue to do that, all else will follow.”



Melanie E. Gambrell,
Executive Director

SINCE 1963,
BCMHS HAS
PROVIDED
MORE THAN
2,137,000
SERVICES/
OUTPATIENT
CONTACTS TO
ADULTS,
CHILDREN,
AND FAMILIES
WHO ARE
IMPACTED BY
MENTAL
ILLNESS.

ELAINE FONTANA, DIRECTOR OF QUALITY MANAGEMENT



Elaine Fontana,
Director of Quality Management

Elaine Fontana’s 40 year relationship with Beckman affords a unique perspective. During those years, her service was broken by employment with the local alcohol and drug agency and the area technological college, but her partnership with the Center remained. Recruited to return in 1987, her first assignment was to guide Beckman through the then newly passed SC Involuntary Commitment Laws.

A much paraphrased quote reads to the effect that “you can’t know where you are going until you know where you have been.” Currently supervising a department responsible for Corporate Compliance, Quality Assurance, Risk Management, CARF Accreditation, Information Technologies, Credentialing, and Employee Health, Ms. Fontana believes in the truth of that statement.

“I could not juggle all these

areas without three things . . . great staff responsible for their various functions, a center director and executive staff who are great partners, and a sense of history upon which to build. I’ve pretty much grown up with Beckman. I believe in the power of positive expectation and have no room for failure.

“We must remain visionary and when we hit challenges simply redirect.”

BECKMAN CENTER HISTORY



The Center opened its doors to serve the residents of Abbeville, Edgefield, Greenwood, Laurens, and McCormick counties on January 7, 1963. The original clinic, named the Area Five Mental Health Center, was located in Greenwood and staffed with two full-time employees and one part-time psychiatrist.

Saluda County became part of the Center in 1964 and Newberry County in 1965, rounding out the seven county area that Beckman continues to serve.

In 1966, the name of the Center was officially changed to The Beckman Center for Mental Health Services, in memory of W.P. Beckman,

M.D., who had served for many years as the state director of Mental Health and was a pioneer during the original Community Mental Health Movement.

Two unique features identify Beckman. It is currently the only community mental health center to be named for an individual rather than an area. Second is the massive territory served. With more than 3,300 square miles encompassing seven counties, it serves the largest DMH catchment area in the state.

In 1997, Beckman became accredited through the Commission on Accreditation of Rehabilitative Facilities

(CARF) and has remained so without interruption.

Today, Beckman provides affordable and accessible mental health care throughout its seven counties. Each site is staffed by professionals trained to provide quality care for the mental health needs of the community, utilizing a mission-driven focus. During FY15, Beckman provided services to approximately 1,500 children and 2,300 adults.

The year 2013 commemorated Beckman’s 50th Anniversary. The staff are proud to celebrate the evolution of mental health care in this area and look to the future with optimism.



THE BECKMAN BOARD OF DIRECTORS

Beckman is guided by a 15 member board representing per capita populations of the counties it serves. Representative of this dedicated group are members Terri Mostiller (Greenwood) and Lee Kennerly (Abbeville).

Ms. Mostiller has served on the Board for eight years. Her interest in Mental Health goes back to 2001, when her son had had a recent suicide attempt and her family had just moved to the Greenwood area. Her son began services at Beckman with a school-based mental health counselor, which Ms. Mostiller states was a “Godsend.” She gives credit to the school-based counselor who worked with her son for assisting him in his progress. He graduated high school, has held a long-

term job, and was recently married.

Lee Kennerly has been a member for approximately 11 years. He retired from the Anderson-Oconee-Pickens Mental Health Center but did not want to retire from his interest in mental health nor from his love of its patients. Board membership allowed him to stay involved.

Both agree that their primary role as board members is to support our executive director. They also see themselves as advocates for mental health issues with considerable knowledge and experience to offer.

When asked how they believe Beckman is perceived by the community, Mr. Kennerly’s response is positive, especial-

ly with regard to collocated efforts such as school-based services. He elaborates that the Board contributes to this by focusing on Mental Health’s investment in the community and related opportunities for proactive involvement. The Board has accepted responsibility for communication with elected officials. Through educational and supportive correspondence as well as legislative visits, board members keep the needs of Beckman and mental health in general “up-close and personal.”

Ms. Mostiller and Mr. Kennerly were asked about their vision for Beckman over the next five to ten years. Both agree that they would like to see Beckman widen its ability to serve the needs of more people.



Lee Kennerly and Terri Mostiller, Board Members

THE BECKMAN
CENTER IS
GUIDED BY A 15
MEMBER BOARD.

PARTNERSHIPS WITH ELECTED OFFICIALS THE HONORABLE FLOYD NICHOLSON, SC SENATOR, DISTRICT 10 FORMER GREENWOOD CITY MAYOR, 14 YEARS FORMER GREENWOOD COUNTY COUNCIL, 10 YEARS

Another driving force behind Beckman’s success can be found in strong partnerships with elected officials at home. The Honorable Floyd Nicholson is a long standing example of this support.

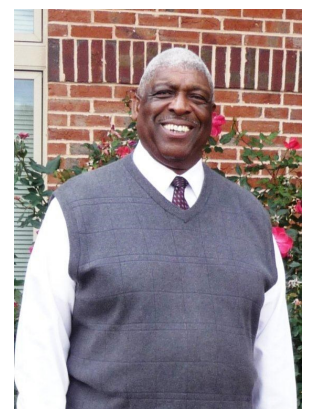
Senator Nicholson, a former Greenwood School District 50 teacher, coach, case manager, and administrator knows first-hand the benefits of school-based services and cites this as an area the Center does extremely well. He also credits Adult Services as offering excellent care to those

who need them. He sums up mental health services as a “win-win” for all in the community.

Born and raised in Greenwood, he remembers much social change over the years. He sees very favorably that families and patients can be served at home and remembers a time when that was not generally the case. As a public servant, he acknowledges the cost savings provided by community-based programs as well as the recognized patient benefit. Knowing the pro-

grams and what they can do helps him fulfill his political responsibilities. No matter what the situation, he believes that no one can live in the past, and that as a community leader it is his job to move forward. “If you have something you want to do, you will not do it unless you attempt it,” he said.

As to future challenges, he believes mental health will be fine as long as there are enough staff available to cover needs.



The Honorable Floyd Nicholson, South Carolina State Senator



Dr. Eman Sharawy,
Beckman Medical Director



Calvin Lake,
Lead System Administrator

TELEPSYCHIATRY VIA WEB CAM DR. EMAN SHARAWY, BECKMAN MEDICAL CHIEF CALVIN LAKE, LEAD SYSTEM ADMINISTRATOR

The application of information technologies in clinically assistive innovations is synonymous with Beckman. As the first community mental health center to develop and utilize electronically fillable clinical forms and the first to establish a paperless electronic medical record, it seems only fitting to be the first Center with local application of computer assisted service delivery.

Motivated by miles of catchment area, limited physician availability, and growing patient needs, Telepsychiatry allows a physician to be in one clinic while a patient is in another. Existing as a true partnership between psychiatry and technology, Medical

Chief Eman Sharawy and Lead Systems Administrator Calvin Lake, both agree on the advantages of the project.

Initially, Beckman piloted the concept with a physician based in McCormick and the patient Center established in Laurens. The telepsychiatry program faced issues of privacy, equipment compliance with provider standards, and quality of data transmission. Once these were addressed, and tested, it was “all systems go” to become the first Center with full tele-psychiatry connectivity. The current telepsychiatry application utilizes the Polycom Model Real Presence Group 300.

Dr. Sharawy is extremely pleased with the project: “Resolution remains good and assessing functionality has not been problematic thus far. Being able to minimize driving time between clinics has allowed additional time to focus on patient care.” Dr. Sharawy also views telepsychiatry as a recruiting tool in a time when competition for physicians is great.

An additional benefit is the ability to connect both patient and clinician with a language interpreter when needed. To the benefit of patients, physicians, and clinicians, this interconnectivity offers clinical alternatives in service delivery and is utilized in varying degrees by all Beckman doctors.

PRIMARY HEALTH CARE PROVIDER PARTNERSHIP KIMBERLY KAPETANAKOS, LMSW



Kimberly Kapetanakos, LMSW,
Primary Health Care
Provider Partnership

Several years ago, the President’s New Freedom Commission on Mental Health published findings supporting mental health as essential to overall health, emphasizing the relationship in primary health care settings. Taking a proactive approach, Beckman and the Carolina Health Center have proven such a partnership can be effective.

Kimberly Kapetanakos represents a growing group of mental health professionals co-located in a primary health care setting. For the past seven years, Ms. Kapetanakos has been a DMH Child, Ado-

lescent and Family therapist whose office is in the Greenwood Community Children’s Center. A Carolina Health Center grant helps support this partnership, which allows Ms. Kapetanakos to work directly with the medical staff and patients on a daily basis.

Patients and their families respond positively to her accessibility, allowing most visits to meet multiple needs. “I support expansion of such positions in the future,” Ms. Kapetanakos states, “because I’ve seen first-hand the benefits to families.” Her success and that of the partnership is

enhanced by her philosophy that “we are held responsible to what is greater than one-self”. “I just want to make a difference,” she modestly states.

Ms. Kapetanakos has made a difference, and her success supported the addition of another co-located clinician in Carolina Health Center’s Uptown Family Practice. Beckman is also expanding to provide a full-time mental health professional in the Federally Qualified Health Center located in the old Laurens Emergency Department, known as LC4.

EVIDENCED-BASED PRACTICES: TACEY PERILLO, SHANE PARNELL, AND AMYLYNN BATTLES

The Substance Abuse Mental Health Services Administration's National Registry of Evidence-based Programs and Practices defines Evidence – based Practices as those that have been studied and shown to produce positive outcomes. Beckman has already implemented or is currently participating in initiatives to implement at least three different Evidence–based Practices within the Center: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), and the In SHAPE (Self Health Action Plan for Empowerment) Program.

Trauma Focused Cognitive Behavioral Therapy is an evidence-based treatment approach shown to help children, adolescents, and their non-offending caregivers overcome trauma. TF-CBT addresses the negative effects of childhood sexual abuse and other traumatic events by integrating several therapeutic approaches and treating both child and parent/caregiver in a comprehensive manner. TF-CBT is a short-term treatment usually provided in 12 to 18 sessions and can be tailored to meet the child and family's needs.

Through collaborative partnering, The Department of Mental Health and The Department of Social Services have contracted with Project BEST (a collaborative funded by the Duke Endowment and done in coordination with

both state children's advocacy centers and MUSC) to expand the South Carolina Trauma Practice Initiative (SCTPI).

Parent Child Interaction Therapy (PCIT) is an evidence-based treatment designed to improve disruptive and oppositional behavior in children between the ages of 2 ½ to 7 years old. PCIT works by improving the parent child relationship and teaches parents how to handle their oppositional child's behavior. PCIT has two phases; during the first phase of therapy, parents are taught play therapy skills designed to give attention to positive child behaviors. This gives the child the positive attention they crave and reduces the likelihood that they will act out to gain attention. During the second phase of therapy parents are taught how to further manage child behavior through more direct behavior management training. On average, PCIT lasts between 12-18 weeks. Parents are required to practice skills with their child at least five minutes a day, so that they can achieve mastery of their PCIT skills, as well as, further build the parent-child relationship.

PCIT at Beckman began in 2014. Beckman was one of 11 agencies chosen by the PCIT of the Carolinas fourth cohort, a program funded by the Duke Endowment. During this time, four clinicians were trained on how to in-

corporate PCIT into their practices in the Greenwood Clinic. In 2015, the program expanded to include three more clinicians, and services can now also be provided in the Laurens clinic. Shane Parnell is the clinical leader for this program.

The In SHAPE Program was created in 2003 by Ken Jue after he recognized that individuals with serious mental illness have a life span 10 to 20 years shorter than that of the general population. Participants in the program are provided with Personal Health Mentors, access to fitness activities, nutrition counseling and education, smoking cessation support, medical liaison support, encouragement and support for receiving regular medical check-ups, and active management of chronic health conditions.

Amyllynn Battles is the Health Mentor for Beckman. When asked about the In Shape Program, Ms. Battles said, "I consider it an honor to be able to assist in the overall health and wellness of my patients. I love to see the smiles on their faces and hear the excitement in their voices when they realize that they are able to accomplish a goal that they have set for themselves. This program is changing lives and I am lucky to be a part of that."

The Center is pleased to be able to provide these types of quality treatment modalities.



Amyllynn Battles, Health Mentor
Shane Parnell, PCIT Lead Clinician
Tacey Perillo, CAF Director



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PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF
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**THE BECKMAN CENTER
FOR MENTAL HEALTH SERVICES**

1547 Parkway
Greenwood, SC 29646
(864) 229-7120

Satellite Clinics:

Abbeville Mental Health Clinic
101 Commercial Drive, Abbeville, S.C. 29620
(864) 459-9671

Edgefield Mental Health Clinic
409 Simpkins Street, Edgefield, S.C. 29824
(803) 637-5788

Laurens Mental Health Clinic
442 Professional Park Road, Clinton, S.C. 29325
(864) 938-0912

McCormick Mental Health Clinic
202 Hwy. 28 North, McCormick, S.C. 29835
(864) 465-2412

Newberry Mental Health Clinic (also serving Saluda)
2043 Medical Park Drive, Newberry, S.C. 29108
(803) 276-8000

RECOVERY SPOTLIGHT – TOMARA M.

My recovery and ability to live with Bipolar disorder has been aided by many resources. In addition to medication, my family, doctors, counselors, friends, and prayer have helped me. I also write poetry, take photographs, listen to music, and draw geometric ink designs. Steps for improving and staying on the right path for my life have included:

- Meeting with counselors and opening up about my emotions and feelings.

- Taking medications as prescribed and informing my doctor of any side effects and how my mood has been affected.
- Using public assistance to have access to my medication, doctors, and counselors.
- Keeping a journal and mood chart.
- Allowing my family to provide emotional and financial support.
- Giving myself the right to have a bad day.

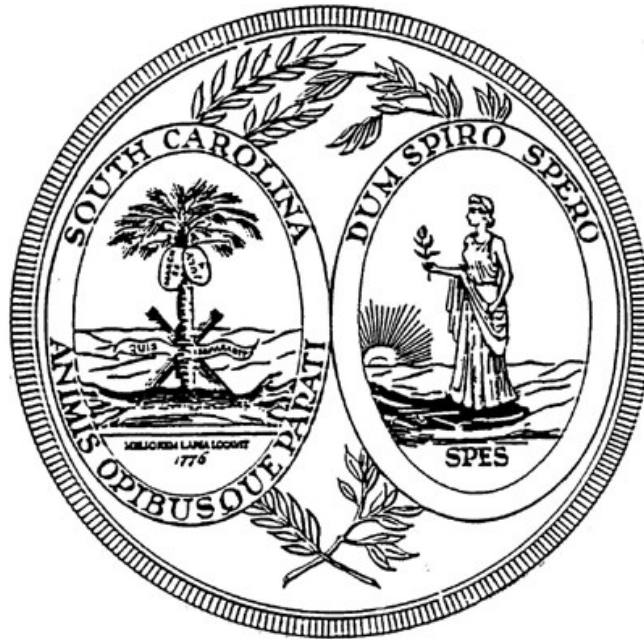
I have also attended group therapy.

I often ask God to bless me that I'll be able to feel positive thoughts. He is my friend and I thank him for being there for me and for being patient with me.

I'd like to express my deepest appreciation to friends, family, counselors, doctors, and community leaders who support the efforts to assist mentally ill patients. I am so grateful for all of the resources that have been and continue to be available in my recovery.



Tomara M.



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
State Director John H. Magill

LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER
Executive Director Richard Acton

Fall 2011

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

**DMH HOSPITALS
AND
NURSING HOMES**

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

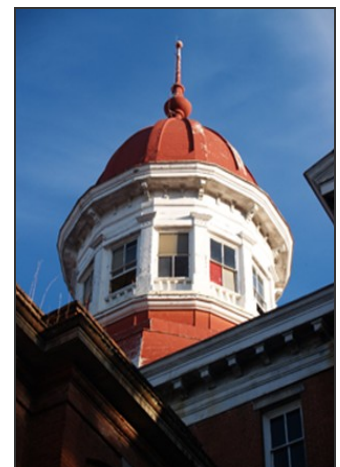
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



Lexington County Community Mental Health Center
 301 Palmetto Park Boulevard
 Lexington, SC 29072
 803-996-1500

County Served: Lexington

LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER

With the mission to aspire to be the provider of choice for behavioral health and recovery services for the residents of Lexington county, Lexington County Community Mental Health Center (LCCMHC) opened its doors on July 5, 1979. At that time, it was located in the Shull House on the grounds of the Lexington Medical Center, and served approximately 100 clients.

The Center has had four executive directors: Malcolm Stasiowski, Lou Musekari, Linda Dasher, and the current director, Rick Acton.

Today, The Center’s Adult program consists of: three

outpatient clinics which are located in Lexington, Batesburg, and Gaston; two rehabilitative day programs; a Homeshare/Toward Local Care (TLC) program; and a Community Residential Care Facility. The Center’s Child and Adolescent Program includes: clinic services, collaborative services with the Department of Social Services, the Department of Juvenile Justice, Special Needs/Crisis Services, School-based services, and a Multi-Systemic Therapy (MST)/Family Preservation Program.

LCCMHC’s staff is dedicated to delivering services to clients and their families that are

impactful, professional, and innovative, while demonstrating compassion and respect.

During fiscal year 2011, LCCMHC served nearly 6,000 residents by providing over 70,500 services/contacts. Since opening, LCCMHC has provided more than two-million services to the residents of Lexington County.

All DMH facilities are licensed or accredited; LCCMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in outpatient treatment of adults, children, and adolescents, and Adult Rehabilitation Treatment.

DURING FISCAL YEAR 2011, LCCMHC SERVED NEARLY 6,000 RESIDENTS BY PROVIDING OVER 70,500 SERVICES/CONTACTS.



| <i>Numbers at a Glance for Fiscal Year 2011</i> | | |
|---|--|----------------------|
| | <i>Lexington County Community Mental Health Center</i> | <i>DMH Statewide</i> |
| <i>Adult Outpatients Served</i> | 3,768 | 59,427 |
| <i>Child Outpatients Served</i> | 2,028 | 30,058 |
| <i>Total Outpatients Served</i> | 5,796 | 89,485 |
| <i>Population</i> | 262,391 | 4,625,364 |
| <i>Clinical Contacts Provided</i> | 70,511 | 1,175,482 |
| <i>School-Based Schools</i> | 24 | 388 |
| <i>Children Served by School-Based Programs</i> | 599 | 12,064 |
| <i>Supported Community Living Environments</i> | 154 | 3,395 |

RICK ACTON, ACSW, EXECUTIVE DIRECTOR



Rick Acton, ACSW,
Executive Director

Executive Director Rick Acton has been employed for nine years with LCCMHC. An Ohio native, Acton’s educational background includes a Bachelor of Arts in Psychology from Wittenberg University and a Master’s in Social Work from Ohio State University.

Acton came to LCCMHC from Ohio in 2002. Prior to his employment at LCCMHC, he worked in a residential treatment program for children and adolescents, created a college mental health program, taught at a small college, served as executive director for a family services agency, and CEO of a three county mental health center.

Acton has developed and implemented guidelines and policies with the purpose of ensuring LCCMHC remains in compliance with all government regulations, as well as maintaining alignment with the Center’s core services and values of providing services designed and delivered in cooperation with clients and their families that are impactful, professional, innovative, compassionate, and respectful.

During the past several

years, LCCMHC has been a part of a movement in the mental health system toward helping people living with mental illness beyond stabilization and on to full recovery. LCCMHC provides a full range of crisis, outpatient and residential services, designed from a recovery-oriented perspective.

Acton monitors the effectiveness of the Center, making adjustments as needed. “Leadership for the organization has been to elevate the knowledge of the management team in the business of mental health to include treatment, cost factors, maintaining organizational and corporate structure, along with empowering managers to manage,” said Acton.

He works closely with the staff to secure funds and grants to meet the budgetary requirements of the LCCMHC. Additionally, he serves as the face of LCCMHC programs to the community, attending local events in an effort to build and maintain positive relationships.

When Acton first came to the Center, he encouraged staff to obtain licensure and intentionally directed Human Resources to hire li-

censed staff. According to Acton, managed care carriers and third party vendors won’t work with you if you don’t have licensure. LCCMHC’s large percentage of licensed staff provides possibilities of entrance into other revenue streams and programmatic endeavors.

Acton said, “When thinking about the future, it’s important to recognize that approximately one in four people in this country will experience a need for mental health services at some point in his or her lifetime. One in ten will have significant depressive symptoms that will need to be addressed and treated. As the population increases at a rate of four to five percent per year, the number of individuals in need of services locally will increase. The challenge is to get the proper clinical mix and funding base to be able to provide the needed level of services. When levels of support erode while population increases you have real problems. It’s not just a problem in Lexington, it’s a challenge all over the state.”

“WHEN THINKING ABOUT THE FUTURE, IT’S IMPORTANT TO RECOGNIZE THAT APPROXIMATELY ONE IN FOUR PEOPLE IN THIS COUNTRY WILL EXPERIENCE A NEED FOR MENTAL HEALTH SERVICES AT SOME POINT IN HIS OR HER LIFETIME.”

DAVE MAHRER, PH.D., BOARD MEMBER

Lexington County Community Mental Health (LCCMHC) Board Member Dave Mahrer has made many contributions to the improvement of mental healthcare. He began his employment with DMH in 1984, worked mostly in Quality Assurance and Patient Rights, and retired in 2002.

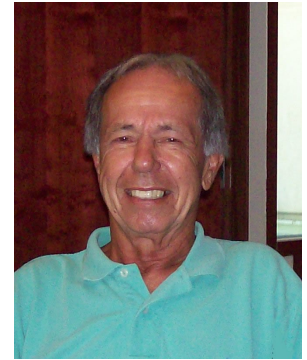
Early in his career at DMH, Mahrer was asked to help write the first set of standards to be used in mental health outpatient settings for the Department of Health and Human Services' Standards and Services Manual. The manual defined the services that DMH still provides today and established statewide standardized forms for DMH centers and hospitals. By hav-

ing clear definitions of services, DMH was better able to file for Medicaid reimbursements, which increased the available revenue for DMH operational expenses.

The LCCMHC advisory board consists of 12 Lexington County residents selected by the Lexington County Legislative Delegation. Board members volunteer to serve three year terms. "There is a great deal of sharing by members about what is happening in the community," said Mahrer. "Members are very interested in not only what the Department can do, but also what we *personally* can do to help those with mental illness."

Ever-changing federal and

state policies and fluctuations in the economy encourage the Center to look for new resources, to either replace money that is no longer available or to help with program growth and sustainability. "All of our sources of revenue are being attacked at once and we are faced with an unclear financial future. I'm concerned that the set of services we will offer in the future may not be broad enough to meet client needs," said Mahrer. "However, the Lexington County community has been very good to this center. This county is one of two in the state with a millage tax dedicated to support mental health care. Lexington County's support is more than verbal," said Mahrer.



Dave Mahrer, Ph.D.,
Board Member

"THE
LEXINGTON
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CENTER."

DEBRA LYLES, LPC-S, DIRECTOR OF CLINICAL SERVICES

"My Mom was a teacher and my Dad was a preacher, I grew up surrounded by helping professionals," says LCCMHC Director of Clinical Services Debra Lyles. She obtained her undergraduate degree in Recreation Therapy from Clemson University and a Master of Arts in Counseling from Liberty University. Lyles began her career with DMH as an activity therapist at both the William S. Hall Psychiatric Institute and G. Werber Bryan Psychiatric Hospital.

Debra Lyles was hired at LCCMHC in 1994, to perform assessments on children who had been taken into the custody of the Department of Social Services (DSS). She

later became supervisor of the DSS and Family Preservation Unit and, in 2003, director of Child, Adolescent and Family Services. In 2011, she was promoted to director of Clinical Services.

"If there's a program that can help kids we have pursued it. Our staff is trained in Multi-Systemic Therapy, Trauma Focused Cognitive Behavioral Therapy, and Parent Child Interaction Therapy," said Lyles. LCCMHC also works to develop partnerships and coordinated interagency efforts. However, due to funding cuts, Lexington County school-based programs have been reduced by approximately half over the past five years; going from 22 school-

based counselors in 40 schools to the current number of 11 therapists in 20 schools. "It's disappointing but we will continue to try to build relationships with area schools," said Lyles.

LCCMHC staff members strive to find the most effective use of resources and innovation at all levels, not just in treatment, but also in prevention and intervention. All programs are designed with the recovery process in mind. "If there is a program that is found to be effective, then that is the direction we will go," said Lyles. "My vision is for LCCMHC is to be the best mental health center in the state and I truly believe that we are," she said.



Debra Lyles, LPC-S,
Director of Clinical Services

"MY VISION IS
FOR LCCMHC
TO BE THE BEST
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Jennifer Gerber,
CAF Clinic Therapist

JENNIFER GERBER-CAF CLINIC THERAPIST

Jennifer Gerber, a Children, Adolescents and Families (CAF) therapist, has been employed by LCCMHC for almost seven years.

Growing up in Illinois, Gerber envisioned becoming a teacher, going on to graduate from the University of South Carolina with a Bachelor of Arts degree in English and a master's degree in Education.

Gerber worked as a special education teacher before deciding to change careers. "As a teacher I saw children with burdens too heavy to be addressed by an educator. I felt I could make more of an impact working as a therapist," she said.

Gerber's skills enable her to identify problem behaviors

and formulate appropriate interventions. She works with children and families to develop individualized treatment plans appropriate to each child's specific needs. "In a typical day, I hit the ground running, finishing up case notes, doing clinical service notes, staffing cases with doctors and/or colleagues, calling doctors, seeing patients, or talking with a parent that has experienced a crisis with a child the night before," said Gerber.

At LCCMHC, parental involvement is a crucial component of every child's treatment. From the first session, parents are relied upon for information concerning their child's development, behavior, relationships, and habits, and they are closely con-

sulted regarding the goals of treatment. Parents are partners in the treatment process, providing critical feedback regarding the effectiveness of interventions as they are developed and implemented. "I feel like I'm doing really positive work, especially with young parents. I feel like I really do help them," said Gerber.

Gerber would like to see services expanded for children seven years of age and younger. She is involved with developing a Parent Child Interactive (PCI) therapy clinic and play therapy for younger children. Gerber said, "My philosophy is to keep going, focus on the positives and overcome negatives."

AT LCCMHC,
PARENTAL
INVOLVEMENT
IS A CRUCIAL
COMPONENT
OF EVERY
CHILD'S
TREATMENT.



Sarah Main, LPC ,
Rehabilitative Psychosocial Services
and Residential Program Director

SARAH MAIN, LPC, REHABILITATIVE PSYCHOSOCIAL SERVICES AND RESIDENTIAL PROGRAM DIRECTOR

Sarah Main loves helping people. She earned a Psychology degree from the University of Texas and a Counselor in Education degree from the University of South Carolina. A LCCMHC employee for nine years, Main is the Center's Rehabilitative Psychosocial Services and Residential Program director.

Main works with Homeshare, Toward Local Care, Youth in Transition, MIRCI-supported apartments, and Community Residential Care Facilities.

According to Main, the Homeshare program is interesting because many of the

clients have spent years in state hospitals prior to being transitioned into the community. Homeshare places clients with long-term or repeated hospitalizations in the community in safe, family settings with trained providers/families. Clients receive intensive case management and physician services from mental health staff.

With 54 clients currently in the program, Homeshare is very successful. During FY10, 18 clients successfully transitioned out of hospitals into the community. "Homeshare gives clients a higher quality of life," said Main. "It's one of the programs our state does very

well; it's effective and worthwhile." She encourages providers to give clients responsibilities in the household, as doing so helps clients feel like part of the family and also boosts feelings of self-worth and accomplishment. "The biggest thing that makes Homeshare successful is the strength of the relationship between the client and the provider," said Main.

Main's philosophy is to be creative in all aspects of her life and to 'think outside the box.' "I like to look at someone who hasn't done well in other placements and try to figure out what to do to help them do well and move forward," she said.

"HOMESHARE
GIVES CLIENTS
A HIGHER
QUALITY OF
LIFE."

SUSAN HARRIS, LEXINGTON ADULT SERVICES AND EMERGENCY SERVICES SUPERVISOR

The Emergency Services division of LCCMHC provides a number of services within and beyond the Center facilities. Clinic-based services include triage, assessment and referral services, and a short term crisis stabilization program. Anxiety, depression, substance abuse, domestic violence, and chronic mental health issues are some of the conditions commonly addressed. LCCMHC also provides services off-site at the Lexington Medical Center and the Lexington County Detention Center.

Adult Services and Emergency Services Supervisor Susan Harris has been employed by LCCMHC for 12 years. A graduate of the College of Charleston, she previously provided counseling at

the South Carolina Department of Corrections and Lutheran Family Services. When initially hired at LCCMHC, she worked with the first Criminal Domestic Violence Court in Lexington.

Harris wears many hats, serving as Disaster coordinator, Lexington Medical Center (LMC) liaison, and overseeing mental health services at the Lexington County Detention Center.

Hospitals, statewide and nationally, continue to have a growing number of mentally ill and substance dependent patients in emergency departments (ED). LCCMHC and LMC have a long standing and mutually beneficial relationship. Harris works closely with the LMC ED staff in coordinating discharges and

follow-ups.

Two full-time LCCMHC staff available Monday through Friday, and part-time weekend staff provide coverage to the jail population seven days a week. LCCMHC staff see approximately 200 inmates per month, more than half of whom have previously diagnosed mental health issues.

Harris has found her niche working with LCCMHC Adult Services and Emergency Services and wants to continue to grow in this area. She said, "People come in and they say 'so and so' needs help. I can get them to the right place for what they need. I get tremendous job satisfaction providing direct care to clients and their families."



Susan Harris, Lexington Adult Services and Emergency Services Supervisor

"LCCMHC IS IN THE TOP THREE MENTAL HEALTH CENTERS THAT I WORK WITH, BECAUSE THE STAFF IS SO PROACTIVE."

**KATHY SPEED, JUVENILE JUSTICE PROGRAM MANAGER
CHILDREN'S LAW CENTER; UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW**

The purpose of the Children's Law Center (CLC) is to help professionals enhance their knowledge and skills so that court proceedings will have the best possible outcomes for children. The CLC is a resource center for South Carolina professionals who are involved in child maltreatment or juvenile justice court proceedings. The CLC and LCCMHC have a close working relationship.

Kathy Speed, who has served as the CLC Juvenile Justice Program manager for the past seven years, oversees juvenile justice projects and assists professionals within the community with issues related to juvenile detention. Children

with systemic issues that cannot be resolved often require services from a variety of agencies. Speed works with the staff of the DMH CAF program and interacts regularly with all of DMH's mental health centers on the behalf of shared clients. Speed said, "LCCMHC is in the top three mental health centers that I work with, because the staff is so proactive. They are always willing to start talking early about the needs of a child instead of waiting until there is a crisis."

"The LCCMHC staff does an excellent job reaching out to partnering agencies. They know their clients well enough that the February 6, 2019

when they have possible DSS or DDSN issues and know whom to contact for help in these areas." Speed said, "Other agencies respect this Center."

The CLC also provides research and staff support for the Joint Citizens and Legislative Committee on Children. The Committee, which is composed primarily of legislators and agency heads, including DMH State Director John H. Magill, identifies and researches issues related to children, provides information and recommendations to the Governor and General Assembly on children's issues, and offers recommendations



Kathy Speed, Juvenile Justice Program Manager



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF
MENTAL HEALTH**

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

**LEXINGTON COUNTY
COMMUNITY MENTAL HEALTH CENTER**

Lexington Adult Clinic and Emergency Services

301 Palmetto Park Boulevard
Lexington, SC 29072
(803) 996-1500

Batesburg/Leesville Clinic

120 West Church Street, Suite A
Batesburg, SC 29006
(803) 532-8414

Gaston Clinic

3965 Fish Hatchery Road
Gaston, SC 29053
(803) 755-2261

Child, Adolescent, and Family Services

305 Palmetto Park Boulevard
Lexington, SC 29072
(803) 359-7206

**RECOVERY SPOTLIGHT
BY- MARILLA C.**



I was diagnosed with a mental illness called schizophrenia. I started hearing voices and seeing things. I was delusional, paranoid, and manic. So I was admitted to the State Mental Hospital on Bull Street. There I received treatment for my mental illness.

I was mentally ill all my life and finally received treatment in 1997. I started out in the Cooper building, where I spent one year. I was at my worst there.

I would sit in a chair in the hall and stare into space. I would shower every two days, and I could not swing my arms when I walked. I was just flat. Then, when the medication started working, I started to come around. When I started feeling better they moved me to the Allan building. That is when I started my seven years of treatment.

I was found not guilty by reason of insanity (NGRI) in 1998. When I started my recovery journey I was placed on different medications, some were good and helped me, others were not. That went on for a while. When I went to Crafts Farrow hospital, I was placed on the right medications.

I made it through seven years at the mental hospital, some days I

thought I would not make it out. The road was hard but I had to fight to get out. Seeing others come and go, it was hard.

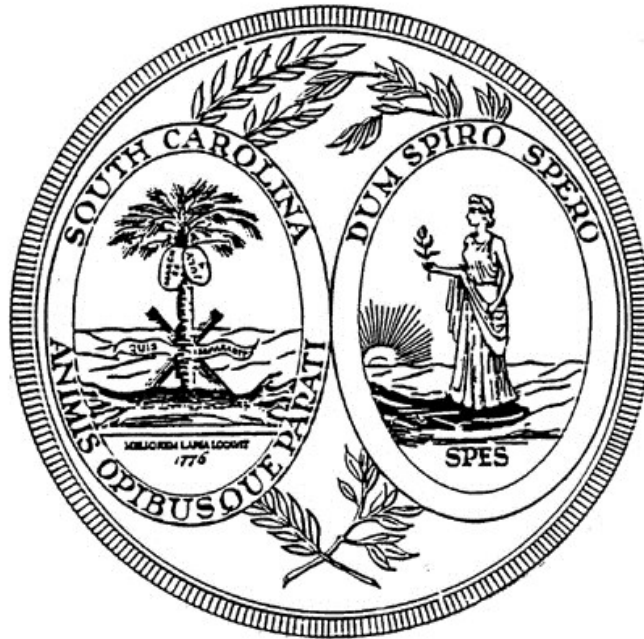
After that time, I was screened for services at the Lexington County Community Mental Health Center (LCCMHC). I came to the LCCMHC in the late part of 2003, where I was originally placed in a home in the community through the Homeshare program. I was later placed in my own apartment in November of 2004 as part of the assisted living program (ALP).

I have a great case manager at ALP. His name is Carlos Lopez. He has played a big part in helping me get used to being in the community. I now have a

job at SCSHARE that I love, and which Carlos takes me to.

What has kept me on the right path is that I enjoy my freedom. I say that because I remember when I did not have freedom. That's why I work hard to keep it. The LCCMHC staff makes sure I have my medications and I see my doctor every three months.

I have learned how important my medication is to me and my recovery. My strength comes from my Higher Power, and knowing I need my medications and taking them. This is my Recovery Story!



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL**

**SANTEE-WATEREE MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR RICHARD B. GUESS**

Fall 2015

DMH OPERATES A NETWORK OF 17 COMMUNITY MENTAL HEALTH CENTERS, 43 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, ONE COMMUNITY NURSING HOME, A FORENSIC PROGRAM, AND A SVPTP.

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The 1950's saw the use of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical

Today, DMH operates a network of 17 community mental health centers, 43 clinics, four hospitals, three veterans' nursing homes, one community nursing home, a Forensic Program, and a Sexually Violent Predator Treatment Program (SVPTP). DMH is one of the largest hospital and community-based systems of care in South Carolina.

In response to community needs, DMH has developed multiple innovative blue-ribbon programs, two of which are its School-based program and its Telepsychiatry program. As of August, 2015, DMH's School-based program has mental health professionals embedded in approximately 500 public schools and serves 13,000 children per year. The Telepsychiatry program, which utilizes state of the art equipment that allows doctors to see, speak with, and evaluate patients from remote locations, is currently located in 21 emergency departments and has provided almost 25,000 consults.

| DMH HOSPITALS AND NURSING HOMES | |
|---|--|
| Columbia, SC | |
| G. Werber Bryan Psychiatric Hospital | |
| William S. Hall Psychiatric Institute (Child & Adolescents) | |
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| Patrick B. Harris Psychiatric Hospital | |
| Richard M. Campbell Veterans Nursing Home | |
| Walterboro, SC | |
| Veterans Victory House (Veterans Nursing Home) | |

DMH MISSION:
TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.



SANTEE-WATEREE MENTAL HEALTH CENTER
 215 North Magnolia Street
 Sumter, SC 29151
 (803) 775-9364

Counties Served: Clarendon, Kershaw, Lee, and Sumter

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Wateree Mental Health Center (SWMHC) is the face of public mental health in the local community. Outpatient mental health services are provided in clinics in its four-county catchment area: a clinic in Camden serves Kershaw County; one in Bishopville serves Lee County; one in Sumter serves Sumter County; and one in Manning serves Clarendon County.

Each clinic offers a full and flexible array of outpatient services, including individual, group, and family therapy, psychiatric services, emergency services, and case management. With the exception of the Sumter Clinic, the clinics provide services for children, families, and adults. In Sumter, due to space limi-

tations, Child, Adolescent, and Family Services are provided in a separate location.

Unique programs are also available to serve specific populations within the local community. Sumter has the Elder Services program, which provides individualized treatment to persons 65 and older suffering from mental illness, as well as to persons of all ages diagnosed with dementia.

Assertive Community Treatment (ACT) is also provided in Sumter, for those diagnosed with serious and persistent mental illness. A multidisciplinary team works together to treat patients whenever and wherever needed, reducing the episodes of hospitalization and increasing patients' quality of life.

The Kershaw clinic director serves on a Community Coalition that receives an Access Health Grant. With the Kershaw Clinic as their base, five school-based counselors provide mental health services in Kershaw schools. The Kershaw Clinic also has a Federally Qualified Health Care Provider (FQHC) based in Kershaw County, Sandhills Medical Foundation, co-located in the Mental Health Clinic who sees patients two days a week for their primary health care needs.

SWMHC's clinics also work with other local community partners, an advisory board, and other mental health professionals throughout the state to fulfill the Center's mission: to help patients recover from mental illness and lead fulfilling lives.



ALL DMH FACILITIES ARE LICENSED OR ACCREDITED; SWMHC IS NATIONALLY ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF).

| <i>Numbers at a Glance FY15</i> | |
|---|--|
| | <i>Santee-Wateree Mental Health Center</i> |
| <i>Outpatients Served</i> | 5,500 |
| Contacts/Services Provided | 56,550 |
| <i>School-Based Schools</i> | 27 |
| <i>Children Served by School-Based Programs</i> | 1,210 |

MARY ALICE IPOCK, BOARD CHAIR



Mary Alice Ipock,
Board Chair

Board Chair Mary Alice Ipock (Mary Alice) is a retired high school math teacher. Two years after the death of her husband, Mary Alice decided to accept the position he had held on the SWMHC board. During the many years he served, Mary Alice had worked with him in supporting the vision and work of the Board, so it was natural for her to continue to represent Clarendon County.

Mary Alice has been involved in the work of the clinic in Manning, she's served in several capacities on the Mental Health America board, and is an active member of the board of "Ipock Place", a residential housing community for those with mental illness in Manning. She also serves on the board of the Logan Foundation.

In 2014, she assumed the role of chair of the SWMHC board.

Mary Alice believes her primary responsibility as chair is to motivate the other board members to advocate for SWMHC. "We must educate the public and fight to remove the stigma of mental illness if we are to treat those who suffer from this disease," she said. "Never has the need been more obvious than now, after all the adverse publicity for those with mental illness as a result of the suicides and murders of late."

Ultimately, Mary Alice's goal is for others to recognize that mental illness is a medical condition like any other illness. She is especially concerned about veterans, many of whom are hesitant to seek

help due to the "John Wayne complex". There is no shame in having a mental illness, and people should not be afraid to seek help. With proper treatment recovery is possible.

The Board constantly reaches out to elected officials to stimulate interest in and improve support of mental health care.

"Our greatest accomplishment is the wonderful care we give our patients. I thank God for the dedicated staff who work day and night to see that this happens," she said.

Currently, SWMHC is preparing to break ground on a new facility in Sumter, which will house all branches of the Sumter Clinic as well as its administrative headquarters.



Richard B. Guess,
Executive Director

RICHARD B. GUESS, EXECUTIVE DIRECTOR

Richard B. Guess, M.Ed., likes perfecting things. Whether it's organizing a beekeeping association to share knowledge, providing multi-cultural training to celebrate his Native American heritage, or transforming the way services are delivered to mental health patients, he continuously strives for the best. So, when SWMHC needed a new executive director 10 years ago, he accepted and found tremendous potential at SWMHC.

"We have the talent here locally to do something for ourselves, and the generosity to share it with others. We see ourselves as part of a bigger picture that contributes here

and contributes to others," said Guess. For instance, SWMHC staff developed the first electronic medical record (EMR) in the Agency, which later served as the template for a statewide EMR now implemented in all DMH centers. "We have loyal, innovative staff. I consider them our greatest resource," he said.

Guess always knew he wanted to touch individual lives and chose Psychology as his college major, later graduating with a Master of Education degree from the University of South Carolina.

Like many at DMH, he has been personally affected by mental illness. He shared this

a family with a secret, one they had never dealt with," he said.

The first time his former mother-in-law called in the middle of the night telling him to check on his children, it didn't seem alarming. But the calls kept coming. Eventually, he came to understand that "the voices were telling her terrible things had happened to the children." While she was able to keep it hidden from the outside world, it was painful for her family. These experiences have given Guess a strong desire to educate the public about mental illness in an effort to eliminate any associated stigma.

MARIAN DEHLINGER, MD, MEDICAL DIRECTOR

From Athens, Greece, Medical Director Dr. Marian Dehlinger graduated from Temple Medical School and completed her residency at the Temple Psychiatry Residency Program in Philadelphia, PA.

She decided to specialize in Psychiatry during her residency because she realized she is more drawn to healing mental illness than physical disease. She brings to the table extensive psychiatric experience in the public and private sectors and has been Board certified in Psychiatry/Neurology since 1994.

Dr. Dehlinger derives satisfaction from both her clinical

and administrative duties as medical director. She said, “On the clinical side you affect the patient you see, but on the administrative side you can affect even those you don’t personally see. You influence a much wider scope. I want to make changes to give the best possible care to our patients.”

Dr. Dehlinger is concerned with all aspects of the Center, including how patients are greeted at the front desk. It is her goal that every patient has a positive experience at SWMHC. She meets with staff and community partners, reviews surveys and comments, and tries to address

and resolve all issues quickly.

“I think it’s important to increase communication with all agencies in the healthcare system. We are only as strong as our weakest link,” she said.

She hopes to recruit psychiatrists from the Medical University of South Carolina and the University of South Carolina residency programs, who will stay at SWMHC long term.

When asked what drives her she said, “My father raised me to do the best I can, no matter what I do or where I work. He gave great advice.”



Dr. Marian Dehlinger,
Medical Director

LANALLE DARDEN, CHILDREN, ADOLESCENTS, AND FAMILIES (CAF) DIRECTOR

Born and raised in Yonkers, NY, Lanalle Darden obtained her undergraduate degree and master’s degrees in Education and Social Work at Fordham University.

The challenges Darden faced as a young mother of a daughter diagnosed with Autism gave her the desire to improve social services and help others with similar issues.

Headquartered in Camden, CAF Director Darden oversees CAF operations in all four counties of the SWMHC catchment area. CAF services provide therapeutic services, which include individual, family, and group counseling, school-based services, psychiatric medical services, case management and crisis management, based on need.

Located in 27 public schools, SWMHC’s school-based program is an integral part of CAF services. Notably in 2011, SWMHC sustained a partnership with Clarendon School District 2 that was initially established through funding from the Blue Cross Blue Shield Rural Initiative Grant. Likewise, the partnership with Kershaw County School District initially established in 2011 under the federal Safe School Healthy Students Grant, was sustained in 2014 with over 1,000 students being served through prevention/intervention and targeted mental health services. The program continues to promote safe and healthy environments in which children can learn and develop.

Darden and her staff work collaboratively with other community partners from the entire catchment area, including the Department of Juvenile Justice, the Department of Social Services, The Alpha Center, United Way, the Continuum of Care, Federation of Families, and more, to offer a ‘no wrong door approach’ to accessing mental health services for children and youth.

“We’ve developed a system of care that strengthens our services and our community,” said Darden. She attributes much of her success to following her grandmother’s adage, that “you catch more flies with honey than with vinegar.”



Lanalle Darden,
Children, Adolescents, and
Families (CAF) Director

“WE’VE
DEVELOPED A
SYSTEM OF
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AND OUR
COMMUNITY.”

DARDEN



Roslyn Sanders,
RPS, IPS, and QI Director

ROSLYN SANDERS, RPS, IPS, AND QI DIRECTOR

Roslyn Sanders is a Sumter native with more than 21 years of experience in the behavioral health field and six years consulting for human service agencies throughout the United States. In 2004, she received her Master’s Degree in Rehabilitation Counseling from the University of South Carolina School of Medicine. In 2008, she successfully completed the Southeast Addictive Technology Transfer Center Network (ATTC) Leadership Institute. The program is devoted to cultivating evidence-based research and practices that improve treatment access and outcomes. In 2009, she be-

came a Commission on Accreditation for Rehabilitation Facilities (CARF) surveyor. She now serves as Santee Wateeree Mental Health CARF Coordinator. She received special acknowledgment from Sumter County Adult Education for promotion of education for persons living with severe and persistent mental illness. “Healing starts with seeing everyone as a human being first,” she said.

The main goals of the Psychosocial Rehabilitation Program (PRS) and the Individual Placement and Supported Employment Program (IPS) program are to provide great-

er access to quality services for everyone and to reconnect a person to his or her environment, community, and culture. The programs address strategies in dealing with feelings and images about mental illness, teaches new methods of setting goals and developing strategies to compensate for cognitive deficits, and improves communication with family members and caregivers.

Roslyn has worked to enhance awareness and education around psycho-social and employment issues and reducing stigma.

SERVICES MAY INCLUDE THERAPY, CRISIS INTERVENTION, TRANSPORTATION, SKILL-BUILDING, SUPPORTED EMPLOYMENT, AND SUPPORTED HOUSING, DEPENDING ON PATIENT NEEDS.



Michele Reeder,
Kershaw County Clinic Director

MICHELE REEDER, KERSHAW COUNTY CLINIC DIRECTOR

Michele Reeder, M.Ed., came to South Carolina when she was 18. After studying Anthropology so she could work with gorillas, she decided to change her path after learning she would have to spend six months in Africa. Then, after studying pre-Med, Reeder found her way to counseling. “Helping others figure out how to make changes for the better and find their own strengths and how to use them gives me a purpose filled life,” she said.

Now in her 15th year as the clinic director for Kershaw County Mental Health, Reeder manages a busy clinic with approximately 950 open cases. In addition to this, she is the Training Coordinator for

the Center. Most case managers have a case load of 100 to 130 patients. The clinical staff includes physicians, nurse practitioner, nurses, two peer support specialists, a Care Coordinator, and 10 mental health professionals.

The main goal of the Kershaw Clinic is to promote recovery and provide comprehensive multidimensional services aimed at helping a patient make significant gains in functioning and quality of life. These services include case management, skills groups, group therapy, individual therapy, medication management, nursing services, psychiatric assessment services and collaboration with community agencies to develop

comprehensive and forward-moving plans of care.

Kershaw County is mostly rural, and many patients lack health insurance coverage to pay for the services needed to attain and sustain recovery. Currently, the clinic uses a medication voucher system to assist indigent patients with medications partially funded by County-donated monies. The Clinic has also partnered with Sandhills Medical Foundation, a local FQHC, to collocate primary healthcare services in the clinic two days a week to assist patients who have transportation issues and stream line the referral process.

LYNN MELTON, ELDER SERVICES & ACT DIRECTOR

Since interning with DMH in 1985, Lynn Melton, LMSW, has devoted the majority of her career to Geriatrics in both the private and public sectors. “I was gifted with a very deep and very loud voice. My presence is generally known, which makes it easy for the patients to hear me,” she said.

In 2006, Melton became the Elder Service program coordinator for the Sumter Adult Clinic. The program provides individualized treatment to persons 65 and older suffering

from mental illness, as well as to persons of all ages diagnosed with dementia. It currently serves approximately 200 patients.

In 2014, she accepted the position of program coordinator for the first Assertive Community Treatment (ACT) team in Sumter County. ACT is based on a nationwide model aimed at helping patients with serious and persistent mental illness lead independent lives within their communities. A team, rather than multiple service provid-

ers, cares for those who have not had success with the traditional outpatient model. The goal is to reduce or eliminate debilitating acute episodes that require institutionalization, thereby reducing the economic and societal costs of hospitalization, incarceration, unemployment, and homelessness, and increasing patients’ quality of life.

The ACT team provides individualized support to more than 60 patients.



Lynn Melton,
Elder Services
& ACT Director

CATHERINE F. HARRIS, LEE COUNTY PROBATE JUDGE

As an advocate for the mentally ill, Lee County Probate Judge Catherine Harris believes more people need to be educated about mental illness and recovery. “People just don’t understand, unless they have had a loved one stricken with it. It usually robs young people of the most precious years of their lives. It will rob their careers, their hopes, their dreams,” she said.

Judge Harris’ brother Wendall was one of those robbed of a promising life by mental illness. “On a scale of one to ten, Wendall was a perfect ten,” Judge Harris said. “He was tall, dark, and handsome, gifted, and talented. He pitched Major League baseball, had a fiancée, and was planning to finish college.” Everything was going well in her 20-year-old brother’s life. But a hidden trigger was

pulled when his former fiancée married his friend and Wendall attempted suicide.

Judge Harris and her family were devastated. They never suspected Wendall had an illness that had been there all along. More stressors, such as a demanding boss, exacerbated his underlying illness. Voices continuously told him to kill his family and himself. In the 1980s, Wendall was diagnosed with schizophrenia and eventually had to be institutionalized in the South Carolina State Hospital.

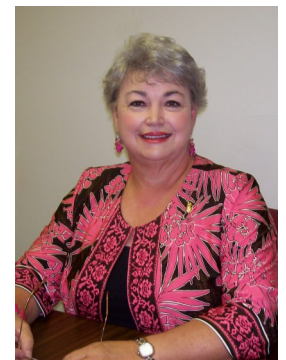
Wendall’s illness prompted Judge Harris to begin a new career. In 1993, she became a Probate Judge for Lee County in Bishopville.

When the small county hospital closed, it made SWMHC more important than ever. “Many times, when those

with mental illness are in crisis, a mental health counselor can recognize the crisis and work to avoid an inpatient stay. That is the goal,” Judge Harris said.

Judge Harris usually presides over 15 to 20 commitment hearings a week in her 12-county district. She sees many “revolving door patients” who don’t take their medicine because of the side effects or because they don’t believe they need them. “I tell them it’s no different than my diabetes. If I don’t take my medicine, I get deathly sick. You will too. It’s something that you’ve just got to make your mind up that you have to do.”

Judge Harris believes more funding is a necessity to help the chronically mentally ill with everything from medicine to housing.



Catherine F. Harris,
Lee County Probate Judge



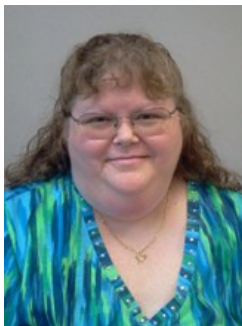
TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG



Ivy
Peer Support
Specialist

SANTEE-WATEREE MENTAL HEALTH CENTER

215 North Magnolia Street—Sumter, SC 29151
(803) 775-9364

Office Hours: Monday-Friday 8:30 a.m. to 5:00 p.m.

Satellite Clinics:

Sumter Child, Adolescent, & Family Services

1175 N. Guignard Drive—Sumter, SC 29151
(803) 775-7898

Sumter Medical Services Annex

215 North Salem Ave—Sumter, SC 29150
(803) 775-9364

Clarendon County Clinic

215 Commerce Street—Manning, SC 29102
(803) 435-2124

Kershaw County Clinic

2611 Liberty Hill Road—Camden, SC 29020
(803) 432-5323

Lee County Clinic

817 Brown Street—Bishopville, SC 29010
(803) 484-9414

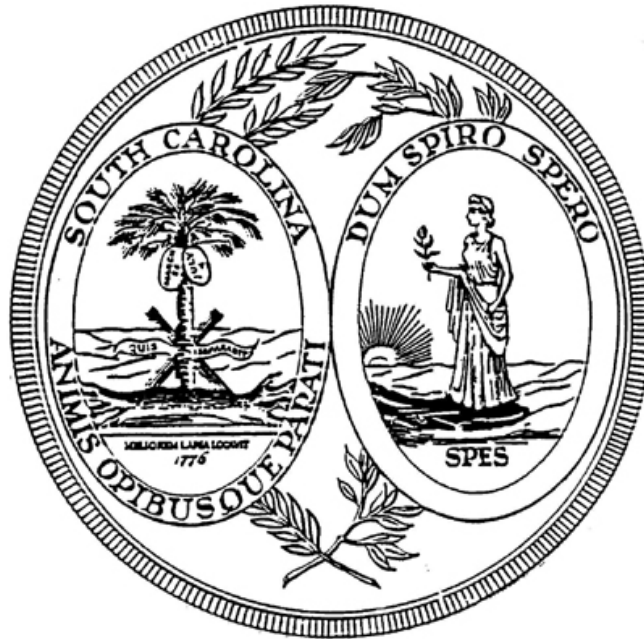
RECOVERY SPOTLIGHT – IVY

My name is Ivy. After suffering with depression for as long back as I can remember, I attempted suicide in 2008 and promptly found myself committed to a mental health hospital. When I was ready to be discharged I was told that I needed to follow-up at Kershaw County Mental Health. I was assigned a psychiatrist and a mental health counselor. I was properly diagnosed for the first time with Bipolar II disorder and generalized anxiety disorder and put on the appropriate medication. The counselor I was given turned out to be a wonderful woman who gave

me unconditional caring and support. She and I began the process of helping me deal with my life-long depression. Slowly, I changed, even though my living circumstances didn't. When they became available, she referred me to group services. What I learned there was truly life altering. In Cognitive Behavioral Therapy, I learned to change my thinking and take control of my mental illness. The classes taught me how powerful a group experience could be. I learned many techniques to deal with the stresses of everyday life and began to

thrive. After a few years I was encouraged by my group leader to apply for a new position at the center. Becoming a Certified Peer Support Specialist (CPSS) was perhaps one of the scariest prospects of my life. So many of my old insecurities reared their ugly heads. Slowly, I grew to love the new responsibility of using the lessons I had learned to help other patients along their own mental health journey. It is a dream come true to be able to help others improve their lives. The process also helps keep me on my toes about my own

mental health. I've been a CPSS now for four years and have never regretted taking that risk. Throughout all this time, I have certainly had my own share of ups and downs. I've had bouts of depression and gone through numerous medication changes. During this time I have managed to remain stable. I have not had a return trip to a mental health hospital and have not missed a single day of work due to my mental illness. Finally, I can honestly say that I look forward to tomorrow and know that I can face the future without my mental illness getting in the way.



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

Hospital Director John Fletcher

Fall 2014

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL
HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. It was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational

in 1828 as the South Carolina Lunatic Asylum. The facilities grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. Since the 1820's, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center,

was built. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, four hospitals, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)



Patrick B. Harris Psychiatric Hospital
 130 Highway 252 - Anderson, SC 29621
 (864) 231-2600

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

Patrick B. Harris Psychiatric Hospital (HPH) is an acute care psychiatric inpatient facility located in Anderson. One of four hospitals run by the South Carolina Department of Mental Health (DMH), HPH is the only public psychiatric inpatient facility in the Upstate and serves 13 counties and the state’s entire deaf population. The hospital provides intensive psychiatric diagnostic and treatment services.

In 1974, it was announced that HPH would be constructed in the Upstate, containing an initial 206 beds for adults, the elderly, and children. Anderson County, the geographic center of the Upstate catchment area at the time, was chosen as its location. Construction was completed in 1984.

The 167,255 square foot healthcare facility was constructed as one building, but is divided into smaller components. Living units known as “lodges” accommodate groups of 11 pa-

tients each and provide shared therapeutic space for normal daily living activities. Lodge “G” serves male acute care psychiatric patients, lodge “H” serves female acute care psychiatric patients, and lodge “K” is an intermediate care co-ed unit.

Common diagnoses on all three units are Schizophrenia, Bipolar Disorder, Major Depression, Anxiety Disorder, and Personality Disorder. Currently, the maximum occupancy at HPH is 121 beds.

The mission of HPH is to utilize a team approach for treatment planning, implementation, coordination of total care, and continuity of aftercare. These services are provided with the least amount of patient restriction and maximum opportunities for each person’s recovery. At HPH, meeting patient and family needs is the top priority.

Medical treatments, therapy, meals, haircuts, laundry, and recreation are provided in-house. HPH’s

community areas, gymnasium, swimming pool, and on-site library provide recreational opportunities.

The facility is accredited by The Joint Commission, the Centers for Medicare and Medicaid Services, and the Department of Health and Environmental Control.

In December 1981, the Mental Health Commission voted to name the hospital in honor of then Representative Patrick B. Harris, an advocate and champion for the cause of the mentally ill and handicapped in South Carolina. Affectionately known as “Mr. Pat,” Representative Harris served as an esteemed member of the SC House of Representatives for 27 years. He died in 2001 at the age of 90.

AT HPH
 MEETING
 PATIENT AND
 FAMILY NEEDS
 IS THE
 TOP PRIORITY.

THE HOSPITAL
 WAS NAMED IN
 HONOR OF
 THEN
 REPRESENTATIVE
 PATRICK B.
 HARRIS,
 AN ADVOCATE
 AND CHAMPION
 FOR THE CAUSE
 OF THE
 MENTALLY ILL.

| COUNTIES SERVED BY HPH | | |
|------------------------|------------|-------------|
| ABBEVILLE | GREENVILLE | PICKENS |
| ANDERSON | LAURENS | SALUDA |
| CHEROKEE | MCCORMICK | SPARTANBURG |
| EDGEFIELD | OCONEE | UNION |
| GREENWOOD | | |

JOHN FLETCHER, HOSPITAL DIRECTOR



John Fletcher,
Hospital Director

“THERE IS A
STRENGTH THAT
MENTAL
HEALTH CAN
BUILD UPON
THROUGH
PUBLIC-PRIVATE
PARTNERSHIPS.
IT’S THE WAY
TO GO.”

FLETCHER

John Fletcher began working for DMH in 1985 at the South Carolina State Hospital in Columbia. In 1999, Fletcher came to HPH as acting director while DMH began the search for permanent leadership. After six months, Fletcher enjoyed the hospital and the local area so much, he decided to put his name in for consideration for the position. In January 2000, he accepted the position of hospital director.

The operating philosophy at HPH is that “it starts at the front gate.” Fletcher ensures the facility is clean and well kept; staff supports one another and everyone works together to best meet patient needs by providing an environment of acceptance and personal dignity.

He is pleased to have so many long-term employees; some have been working at HPH for more than 26 years. “You can’t buy experience like that,” said Fletcher. “At HPH we believe that you don’t work with the mentally ill to have a job, you work with the mentally ill because that is what you are ‘called’ to do.”

Fletcher is proud to be a part of the coalition of the Upstate hospitals, noting that building relationships often results in increased medical care options for HPH’s patients.

Fletcher’s vision for the future of HPH includes a strong telepsychiatry program, which could allow screenings to occur earlier for prospective patients. According to Fletcher, HPH could become a major telepsychiatry hub,

especially with the Greenville Hospital residency training program coming. As with most things, expansion in this field will depend on new or renewed funding sources.

“Ten years ago we rewrote our vision statement to be recognized locally, regionally, and nationally as a center of excellent care. At that time it seemed a pipe dream to be recognized regionally and nationally. But now that the hospital is partnering with a medical school and a residency program, as we start training physicians, we will evolve to that high standard of recognition. There is a strength that Mental Health can build upon through public-private partnerships. It’s the way to go,” said Fletcher.

KAY L. SEYMOUR, DIRECTOR OF SOCIAL WORK



Kay L. Seymour,
Director of Social Work

Kay L. Seymour, LISW-CP, earned her Master’s of Social Work degree from the University of South Carolina School of Social Work, and received extensive hours of individual supervision in order to become a Licensed Independent Social Worker in Clinical Practice. She has served as the director of Social Work for the past 12 years and, prior to this, was with the South Carolina Department of Social Services. A lifelong resident of South Carolina, she has spent the last 40 years serving the citizens of the place she fondly

calls home.

The global mission of the Social Work Department is to function as a vital part of multi-disciplinary teams while ensuring the provision of the highest quality social work services to all patients, their families, the mental health centers in the geographical region served by Harris Psychiatric Hospital. Emphasis is focused on individual recovery by assisting patients with the attainment of their full biopsychosocial potential within community and family settings.

“We serve as advocates for patients in an effort to destigmatize emotional and behavioral illnesses. Treating individuals with dignity and respect is a core philosophy demonstrated by the strong work ethic throughout the HPH Social Work Department,” said Seymour.

A vital function within the Social Work Department is the obligation to foster and advance the profession through the education of students in the field. HPH Social Workers work closely with the University of South Carolina and other educational

KAY L. SEYMOUR, DIRECTOR OF SOCIAL WORK

centers of excellence to provide internship placements for those obtaining a Master's in Social Work and related educational fields.

With the creation of the University of South Carolina School of Medicine, Greenville Hospital System Campus, the Department of Social Work at Harris Psychi-

atric Hospital is privileged to expand its educational role to include medical students and eventually psychiatry residents completing assigned rotations at HPH.

THERESA S. BISHOP, MD, DIRECTOR OF PROFESSIONAL SERVICES

Dr. Bishop, the newly hired Director of Professional Services at HPH, grew up in Long Island, NY. Although her first career goal was to be a waitress at a Friendly's restaurant, she began dreaming of becoming a physician while still in Junior High School. She credits her older sister, who is also a Physician, with being a positive influence on both her and her career choice.

An Army scholarship enabled Dr. Bishop financially to participate in Boston University's prestigious six-year accelerated BA/MD program. She earned her BA and MD simultaneously in 1989. From 1989 to 1993 she did a Categorical Internship in Psychiatry and her Residency in Psychiatry at Letterman Army Medical Center in San Francisco, CA. Hers was the last class to graduate from Letterman before the building was abandoned in 1994.

During her esteemed military service, Dr. Bishop practiced psychiatry in the 2nd Armored Division, Fort Hood, TX, and Walter Reed Army Medical Center in Washington, DC.

After leaving the military, Dr. Bishop spent more than ten

years working locally as both Psychiatrist and Medical Director in Greenwood and Abbeville, SC.

Dr. Bishop's academic experience includes serving as the Walter Reed Army Medical Center Site Director for the National Capital Area Integrated Military Psychiatry Residency Program and Assistant Clinical Professor in Psychiatry at the Uniformed Services University of Health Sciences in Bethesda, MD. Teaching is dear to her heart and one of her greatest interests. She likes the fact that HPH partners with the University of South Carolina School of Medicine—Greenville at the Greenville Health System and the Edward Via College of Osteopathic Medicine in Spartanburg by participating in their psychiatry residency and medical student education programs. "Involvement in medical education helps us to provide better therapeutic care to fit patients' individual needs. It helps to keep us on our toes and current," she said. Another benefit of involvement in these programs is that it often leads to recruitment and retention of Psychiatrists, which are in short supply in the Upstate.

Dr. Bishop brings to the table vast medical, educational, and administrative experiences from a diverse variety of settings. "I've learned that as much as we would like to, we can't be all things to all people. But having compassion and empathy for those needing our services always helps. Harris Hospital's staff is a great team that's dedicated to providing outstanding patient care. That's the main focus that drives the work here. I like the campus and atmosphere at Harris Hospital and especially enjoy working with our hospital administrator, Mr. Fletcher," said Dr. Bishop.

According to Dr. Bishop, the greatest challenge faced by the State psychiatric hospitals, both Harris and the G. Werber Bryan Psychiatric Hospital, is meeting the needs of the aging population. "Patients with severe psychiatric diagnoses typically don't do well in community nursing homes and it's a challenge to care for the physical and medical needs of the elderly. But we are charged with that mission and my goal is to provide patients with the best care possible."



Dr. Theresa S. Bishop,
Director of Professional Services

"HARRIS
HOSPITAL'S
STAFF IS A
GREAT TEAM
THAT'S
DEDICATED TO
PROVIDING
OUTSTANDING
PATIENT CARE."

DR. BISHOP

KEVIN BUSBY, DIRECTOR OF NURSING



Kevin Busby,
Director of Nursing

Kevin Busby, director of nursing since September of 2012, is dedicated to maintaining quality nursing care in a safe and therapeutic environment.

Diagnosed with childhood cancer at the age of 12, Busby was a patient at St. Jude's Hospital in Memphis, Tennessee. There, he saw nurses and doctors take excellent care of those too young to understand what was happening. That experience led him to enter the field of nursing.

In 2003, Busby began his career at HPH as a resource nurse responsible for the orientation and annual training of HPH nursing staff. According to Busby, that role has given him a great advantage in his new position as director of nursing, allowing him to get to know and form positive relationships with the entire nursing staff.

In addition, Busby brings extensive nursing experience and education to the table. He earned a Bachelor of science degree in Nursing from Lander University and a Master of Science in Nursing, Clinical Nurse Specialist, and Nurse Education from Clemson University.

Nurses provide direct patient care and patient education, including medication, diabetic care, coping skills, and more. The HPH Recovery Center, in operation since 2004, provides patient education in an off-lodge-classroom setting. The program generates about 800 progress notes per quarter, and about 40 new patients a month participate in classes that teach how to live a healthy lifestyle.

HPH has agreements with a variety of colleges and universities to provide learning environments for student clinical rotations. Each year, for nearly 20 years,

approximately 150-200 students from three area nursing schools, Clemson, Tri-County Tech, and Piedmont Tech, complete psychiatric nursing rotations at HPH. Though it takes time to teach students in the midst of a patient care environment, failure to invest that time could ultimately lead to a devastating shortage of behavioral health clinicians.

Busby expects honor, integrity, and dependability from himself and the nurses he supervises. "My team is reliable and highly trained. I have faith and trust in their ability; I sleep peacefully at night because I know Harris Hospital clients are receiving compassionate care," said Busby.

"I get to teach, coach, enable, and influence the staff who serve the most vulnerable of populations. This is my ultimate calling in life."

EACH YEAR,
APPROXIMATELY
150-200
STUDENTS FROM
THREE AREA
NURSING
SCHOOLS
COMPLETE
PSYCHIATRIC
NURSING
ROTATIONS AT
HPH.

ACTIVITY THERAPY AND RECREATION

Led by Activity Therapy Director Susan Williams, HPH offers Recreation and Music Activity Therapy. Staff therapists conduct goal-oriented therapeutic groups, and assess and document patient progress.

Based on clinical needs, patients take part in Independent Living Skills, Music Therapy, Gardening, Aero-

bics, Weight Lifting, Life Management, Sports, Crafts, Community Reintegration and more. HPH recreation specialists conduct monthly, hospital-wide, special events for patients, like volleyball tournaments, dances, carnivals, super BINGO games, and field days.

Another therapy program,

Adult Community Education Skills, or ACES, takes patients on off-lodge trips to places like the zoo, the mall, and the bowling alley.

According to Williams, the goal is to maintain an environment that provides the opportunity for patients to reach their maximum potential.



Susan Williams,
Activity Therapy Director

ALLEN McENIRY, CHIEF OPERATING OFFICER

Since 2008, Allen McEniry has served as Chief Operating Officer of HPH.

Tests taken during high school pointed out his aptitude for the ministry and the military. He joined the R.O.T.C. and later the Army. He obtained a bachelor's degree in Industrial Management from the Georgia Institute of Technology and a master's degree in Business Administration from Palm Beach Atlantic University. He draws on his extensive supervisory and military experience to plan

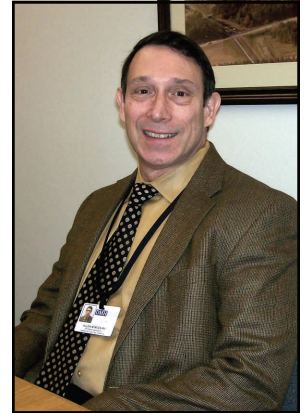
and lead effectively, but his aptitude for the ministry allows him to perform his job with caring and compassion.

"Patrick Harris has a collegial environment. The doctors, nurses, social workers, all work together amicably. There are no turf wars. Everyone works together. During emergencies I've even seen Director Fletcher serve food and wash dishes," said McEniry.

"I try not to lose sight of the fact that a patient could be my father, or mother, or

sister or brother." Because one in four adults experience a mental health disorder in a given year, mental illness affects everyone in one way or another.

"I have a passion for helping those with acute mental illness, which makes coming to work a joy. I've seen how mental health treatment can greatly benefit people's lives and I'm proud to be a part of that," he said. "The adjectives that best describe HPH and its staff are: caring, compassionate, effective, and necessary."



Allen McEniry,
Chief Operating Officer

PUBLIC-PRIVATE PARTNERSHIP INCREASES HPH CAPACITY

In 2011, DMH sponsored a series of meetings at HPH that brought together the leadership of local community hospitals, mental health centers, drug and alcohol commissions, two state agencies (DMH and DAO-DAS) and the South Carolina Hospital Association.

Developing from those collaborative discussions were advances in telepsychiatry evaluations, jointly funded emergency department clinicians at three different community hospitals and a spirit of cooperation and trust that continues to produce new initiatives.

In 2012, AnMed Health (AnMed) and HPH developed the idea of private practice psychiatrists in Anderson providing psychiatric coverage for acute patients at HPH. The original

idea was to cover the AnMed Emergency Department, but leadership at AnMed, COO Bill Manson and VP Tina Jury, wisely decided to include regional partners at Oconee Memorial, Cannon Memorial and Baptist-Easley in the Anderson, Oconee, Pickens coverage plan.

In 2013, the contract between AnMed and HPH was initiated and provided availability for up to 15 additional patients to be admitted to HPH. Psychiatric coverage is provided by four psychiatrists on rotation to allow for equal caseload distribution. Since inception, this unique public-private partnership has provided care for more than 325 patients.

"We looked outside the normal system for creative ideas

to answer some of our problems. The work of John Fletcher and Tina Jury has made this possible. Over all, I think the partnership is helpful to our hospital and the other hospitals involved," said Manson.

The partnership has been so successful that HPH patient capacity has increased by 20 beds, and Spartanburg Regional Hospital was added to the list of partners.

Without this public-private partnership, patients waiting for admission to HPH from partner hospitals would have waited days longer for acceptance. The additional 20 beds covered by the private psychiatrists are the difference between patients being housed in an emergency department versus timely admission to appropriate inpatient psychiatric care.



Tina Jury,
AnMed Health
Vice President



Bill Manson,
AnMed Health
Chief Operating Officer



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

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RECOVERY SPOTLIGHT – BY JACQUELINE

For me, mental illness progressed over time. It started fairly young when I started getting molested by my cousin, who I called uncle because he was that much older than I. Every year that it happened caused me to suppress my feelings of hurt guilt and shame.

I was seven and I just didn't know what to do, but one thing was for sure, there was definitely something wrong with my behavior in class. They called it needs improvement in self control. I always had that "talks too much" and "lacks self control" report after each quarter, which I dreaded because I feared a belt each time by my dad, who I love, but who thought whippings were the

answer. He didn't know that his little girl was going through something far deeper on the inside than anyone could know, living with torment.

I was always pretty smart, but I began displaying behaviors of a "class clown." For me, I think that making people laugh is somewhat a part of my fear of them disapproving of me, but I've learned how to do it so well I don't have to worry about how to make others laugh.

During trips to the Bahamas I made others laugh, but that's also where the molestation happened. So in essence, for me, the symptoms started around seven and I just dealt with my pain by smoking pot and

drinking with friends.

People recognized I had some 'crazy' in me but in N.Y. it was pretty normal-except in class, there it was not accepted. I was bullied a lot in school.

They noticed strange behavior recently, and, at the age of 31, I wrote grandiose thoughts on walls. I frightened people with threats, just like I did when I was growing up. There really hasn't been a time when I have not experienced difficulties but I see a light to getting better. My diagnosis is Bipolar.

Living with this mental illness is fine as long as I take my medicine. Taking my medicine helps relieve stress. I think it took all of

the 30 years to experience an emotional breakdown to where I've been noticed and able to get help. I can tell a difference in the way my brain functions when taking my medication.

My suggestions to others with mental illness:

1. Do not be ashamed.
2. Seek help.
3. Get relief through positive outlets, such as taking medication as prescribed by your doctor, talking with your therapist, or even talking to a Crisis Line.
4. Learn about your diagnosis.

The most important thing in your recovery is You.



Committee Mission

Determine if agency laws and programs are being implemented and carried out in accordance with the intent of the General Assembly and whether they should be continued, curtailed or eliminated. Inform the public about state agencies.

Website: <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php>

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