

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

CHARLESTON/DORCHESTER MENTAL HEALTH CENTER

Executive Director Deborah Blalock

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 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.

Today, DMH operates a network of 17 community men-

tal health centers and 42 clinics to serve every county in the state. The centers and clinics have served over 2,800,000 patients, providing over 38,000,000 clinical contacts.

DMH is one of the largest hospital and community-based systems of care in South Carolina. In 2011, DMH outpatient clinics treated about 100,000 citizens, including approximately 30,000 children and adolescents, and provided nearly 530,000 bed days at DMH hospitals and nursing homes.

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

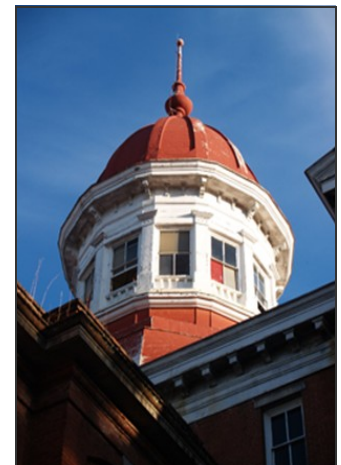
Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)



Babcock Building Cupola



**CHARLESTON MENTAL HEALTH CENTER
2100 CHARLIE HALL BOULEVARD
CHARLESTON, SC 29414**

**DORCHESTER MENTAL HEALTH CLINIC
106 SPRINGVIEW LANE
SUMMERVILLE, SC 29485**

CHARLESTON/DORCHESTER MENTAL HEALTH CENTER

The Charleston Mental Health Clinic, established in 1928, expanded over the years to serve both Charleston and Dorchester counties and in 1968 changed its name to the Charleston/Dorchester Mental Health Center (CDMHC).

Since 1965, CDMHC has provided approximately 3,900,000 outpatient contacts/services. These services help families remain safely intact, keep children in their homes and schools, and help adults function in the community as safe and productive citizens.

CDMHC is accredited by the

Commission on Accreditation of Rehabilitation Facilities in the areas of outpatient treatment: adults and outpatient treatment: children and adolescents.

CDMHC Executive Director Deborah Blalock, a DMH employee for eighteen years, rose through the ranks working in many clinical positions at CDMHC. Hired as executive director in 2004, she knows the system from the ground up.

Under her direction, adult and children’s services were integrated and merged into geographically structured teams, resulting in huge sav-

ings of resources, increased communication between staff, and more effectively and comprehensively provided services.

She attributes the Center’s success to the partnerships developed within the community and her amazing staff. She pushes hard on productivity and holds staff accountable for their actions.

Blalock’s goal for the center is to “diversify the portfolio.” Anticipating more Medicaid cuts, she is always looking for new ways to deliver quality clinical services while increasing generated revenue to ensure continued operations.



Executive Director
Deborah Blalock

NUMBERS AT A GLANCE FOR FISCAL YEAR 2011		
	<i>Charleston / Dorchester Mental Health Center</i>	<i>DMH Statewide</i>
Adult Outpatients Served	5,087	59,427
Child Outpatients Served	2,402	30,058
Total Outpatients Served	7,489	89,485
Population	486,764	4,625,364
Clinical Contacts Provided	120,703	1,175,482
School-based Schools	29	397
Children Served by School-based Programs	1,132	11,916
Supported Community Living Environments	324	3,395

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ELLIOT LEVY AND CLAIRE WILLETT CDMHC GOVERNING BOARD MEMBERS



CDMHC Board Member
Elliot Levy

The CDMHC Advisory Board of Directors consists of 15 people, appointed by the Governor to serve four year terms. 11 members are recommended by the Charleston County Legislative Delegation and four members are recommended by Dorchester County Council.

Elliot Levy, a psychiatrist with the Veterans Administration, previously worked at CDMHC in the Mobile Crisis Unit and is a current member of the CDMHC Board. Levy will continue his involvement with mental health and CDMHC because he wants to make a difference on a larger scale than he can in one-on-one treatment.

The CDMHC Board is a very active and vocal group, and Levy brings knowledge, relationships, and assertiveness to the table.

Over the past 20 years, he's seen a lot of changes. When he started with mobile crisis, more funds were available. Now, as a result of extensive budget cuts, he sees doctors struggling to give care, and there are not as many sources of hospital beds available as there used to be.

Levy thinks the inability to get legislative support for mental health is a result of a lack of connection and knowledge. According to Levy, unless something bad happens or someone has experience

dealing with mental illness, either personally or with a close friend or family member, it's hard to convince legislators to make funding mental health a priority.

Claire Willett, a dedicated member of the Board for 15 years and former chair, with gratitude in her heart shared that "God is the great tapestry weaver of the world." Unusual events led to her appointment to the Board, and though she didn't know it at the time, her experiences as a CDMHC board member would serve her later in life, preparing her to cope with problems that arose when members of her own family were diagnosed with mental illness.

Willett is active on the CDMHC Anti-Stigma Committee, which is charged with reducing the stigma attached to mental illness. The Anti-Stigma Committee focuses on public relations and public education, and is composed of CDMHC staff, Board members, and other agency partners. Together, they participate in awareness campaigns like the NAMIWalk.

Ron Rzepowski, the Charleston Area NAMI President, said there is a great need for more volunteers and more legislative support.

The Anti-Stigma Committee recently coordinated rallies

near the College of Charleston to distribute information on mental illness and spread "House" star Hugh Laurie's message that "Normal's Overrated."

According to Willett, the tragedy of the "Fallen Nine" brought about both community support and scrutiny. The CDMHC created the Fire Fighter Support Team to serve fire fighters and families following the Sofa Super Store Fire. Funded by the City of Charleston, a highly trained team, entrenched in fire fighter culture, is on-call 24/7. This program has recently been designated as part of a national model to be replicated across fire service by the National Fallen Firefighters' Foundation (NFFF).

Willett is concerned by budget cuts but remains positive. She expressed that the CDMHC team is innovative and brave and will continue to help those in need.



Charleston Area NAMI
President Ron Rzepowski

THE ANTI-STIGMA COMMITTEE FOCUSES ON PUBLIC RELATIONS AND PUBLIC EDUCATION.



CDMHC Board Member
Claire Willett

CDMHC EMERGENCY SERVICES

Esther Hennessee, director of both Mobile Crisis and Psychiatric Urgent Care, has been working with emergency services for ten years. Hennessee said, “We have an exceptional emergency services program because leadership allows, supports, and encourages it.”

Psychiatric Urgent Care is a walk-in clinic for those in psychiatric crisis, open seven days a week, 8am-6pm, with a weekend component funded by a Duke Endowment grant through Roper St. Francis Hospital. Psychiatric Urgent Care diverts people from emergency departments when clinically appropriate, treats those not traditionally treated by CDMHC, and provides assessments, referrals, psychiatric medical services, nursing services, and short-term therapy.

Mobile Crisis is the only 24/7 psychiatric emergency response and intake team in

the state. When called by law enforcement, night or day, rain or shine, a mobile crisis team member will go anywhere in the community (except emergency departments) to provide triage, assessments, and referrals. Mobile Crisis partners with the Lowcountry Crisis Negotiators’ team to assist at bridge jumping, barricade, and hostage scenes.

Chief Deputy Guy Vanhorn, a member of the Charleston County Sheriff’s Office for 30 years, recalls the difficulties of dealing with the mentally ill when he was a road officer, before the Mobile Crisis unit was available. Vanhorn said, “The Mobile Crisis unit and the in-service training supplied by CDMHC to the sheriff’s officers is a tremendous benefit to the citizens of Charleston.”

The program works when deputies, trained to recognize the symptoms of someone

experiencing mental health issues, notify Dispatch to have Mobile Crisis respond. The psychiatric specialist sent to the scene can often get the person in crisis diagnosed and directed to treatment. According to Vanhorn, this keeps people who are experiencing mental illness from being treated like criminals and diverts them from crowded emergency departments.

CDMHC also participates in a statewide network that responds to law enforcement in need of support following critical incidents, called South Carolina Law Enforcement Assistance Program (SC LEAP). SC LEAP is funded by SC Department of Probation, Parole, and Pardon Services, SC Department of Natural Resources, SC Highway Patrol, SC Law Enforcement Division, and private donations.

CDMHC
PARTNERS WITH
LAW
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Mobile Crisis and
Psychiatric Urgent Care
Director Esther Hennessee

MOBILE CRISIS IS
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THE STATE.



Charleston County
Sheriff's Office
Chief Deputy Guy Vanhorn

CDMHC EMBEDS STAFF AT SISTER AGENCIES



DNLCC Founding Director
Dr. Libby Ralston

CDMHC has staff members embedded in 35 schools, The Charleston Detention Center, The Fetter Clinic, Family Services, Department of Social Services (DSS), Department of Juvenile Justice, and The Dee Norton Lowcountry Children’s Center (DNLCC).

CDMHC works closely with DNLCC, a premier Children’s Advocacy Center in the state. DNLCC Founding Director Dr. Libby Ralston, and CDMHC Resource Development Coordinator Cathy Joyner, have a combined total of 42 years experience in the areas of child therapy and advocacy. It is

their policy to use evidence-based treatment to bring about positive outcomes. Forming their practice based on research, they have shifted to evidence based treatment, like Trauma-Focused Cognitive Behavioral Therapy, and Parent Child Interaction Therapy.

Treating abused children is a daunting task that requires interaction with many other agencies; scores of factors can get in the way of the coordination effort. CDMHC, law enforcement, DSS, schools, etc. may all have different mandates, but in Charleston and Dorchester they come

together to work for child victims and their families. Dr. Ralston said, “By working together, the professional community has chosen to put children at the forefront.”



Resource Development
Coordinator Cathy Joyner

“BY WORKING TOGETHER, THE PROFESSIONAL COMMUNITY HAS CHOSEN TO PUT CHILDREN AT THE FOREFRONT.”
- DR. RALSTON

MENTAL HEALTH COURT TREATMENT TEAM

CDMHC was instrumental in creating the first mental health court in the state. Mental Health Court is a post booking jail-diversion program that serves people who have committed non-violent crimes and are in need of mental health services.

Clients are assessed, provided case management, therapy, and psychiatric medical services. A team that includes the client, CDMHC, probate court, solicitor, public defender, probation, and Sheriff’s Office, work together to ensure the best possible appropriate outcome for both the client and the

community.

An outstanding example of agency collaboration, it is team-funded, in part, by a contract with the Charleston County Probate Court. Measurable results of this program include decreased number of days served in jail, decreased homelessness, and decreased repeat offenses.

According to CDMHC Executive Director Deborah Blalock, “Low case-loads and the ‘hammer of the court’ are why this program is so successful. The patient is accountable to the judge.”

32 people are currently in the

program with 123 graduates.



MENTAL HEALTH COURT IS A POST BOOKING JAIL-DIVERSION PROGRAM THAT SERVES PEOPLE WHO HAVE COMMITTED NON-VIOLENT CRIMES AND ARE IN NEED OF MENTAL HEALTH SERVICES.

CDMHC IS A TRAINING SITE KATHERINE SMITH, M.D., MEDICAL DIRECTOR

Katherine Smith, M.D., CDMHC medical director, has the goal of getting doctors and staff working as a team. She enjoys solving problems and looks for new ways to efficiently utilize the doctors' time.

Dr. Smith believes the time she spent at CDMHC, while a MUSC resident, was very valuable. Now she is passion-

ate about training new residents about community mental health continuity of care. She views teaching as a long-term opportunity, a recruiting tool, and an opportunity to expose residents to a field they may want to study further. An additional bonus is that the 3rd and 4th year residents can be very helpful. Her goal is to make it fun and

to expose the residents to experiences they wouldn't have in a typical hospital setting.

CDMHC is a training site that serves students in many disciplines from MUSC, USC, Citadel, College of Charleston, Trident Tech, and others.



CDMHC Medical Director
Katherine Smith

JOYCE BROWN, INDIVIDUAL PLACEMENT AND SUPPORT AND LLOYD HALE, PEER SUPPORT SERVICES

Joyce Brown, director of the Individual Placement and Support Program, is proud of the Individual Placement and Support (IPS) program. Receiving national recognition, it won a \$10,000 merit grant from Johnson & Johnson in 2008. The program is designed to provide pre-vocational services, and a SC Vocational Rehabilitation staff member is part of the team, embedded in the Charleston Clinic.

One member of the Vocational Team, Lloyd Hale, is CDMHC's outstanding Peer Support Services Specialist and Client Affairs Coordinator.

As a peer support services specialist, Hale is a self-disclosing, trained receiver of mental health services, em-

ployed by CDMHC to provide clients with someone who has "walked in their shoes."

Hale's goal is to spread wellness, decrease stigma, and highlight that recovery is possible. As a role model and advocate for those with mental illness, he stresses that his story is not unique, and he hopes that people learn from his experiences.

Hale is frequently a guest speaker to groups in the community and says, "The more I give of myself the more I get back. The more I share about myself, the more others share back. It's very rewarding. I hope I inspire others by being myself."

*Read Hales's story of recovery on page 8.

"I HOPE I
INSPIRE
OTHERS BY
BEING MYSELF."

-LLOYD HALE



Individual Placement and Support Program Director Joyce Brown
&
Peer Support Services Specialist Lloyd Hale



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

**SC DEPARTMENT OF
MENTAL HEALTH**

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Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

Charleston Mental Health Center

2100 Charlie Hall Boulevard
Charleston, SC 29414
(843) 852-4100

Dorchester Mental Health Clinic

106 Springview Lane
Summerville, SC 29485
(843) 873-5063

WWW.CDCMHC.ORG

RECOVERY SPOTLIGHT – BY LLOYD HALE

I am Lloyd Hale, a 31 year old Peer Support Specialist in Charleston, SC. As a Peer Support Specialist I have reached and maintain a level of recovery, but I voyaged through a complex road to recovery.

The onset of my mental illness began around the age of 14, when I began the toxic behavior of smoking marijuana and drinking alcohol. I lived at home with my mother, brother and step father (birth father incarcerated). I didn't notice it then but, I began fading into a life-style of quietness, isolation and negative self-talk. Combating ideas of good and evil, I soon became oblivious to the world around me and engulfed inward, entertained by internal voices; voices I thought to be friends and family members talking in secret code. These sure signs of mental illness were masked beneath a cloud of marijuana smoke and a 40oz.

Colt 45. People would always say, "Oh he's just high" when I said or did something out of the ordinary. At 16, I became disruptive in school and at home which got me expelled from school, sent to juvenile detention, adult detention and then to William S. Hall Psychiatric Institute. Although my family and I didn't know it, I had been suffering with a treatable mental illness called schizophrenia.

Medications were prescribed to treat my illness before I accepted that I even had an illness. An acceptance I struggled with largely because of the negative things I had been taught about mental illness. Not long after, I had a terrible episode with symptoms I recognized. This was my "moment of clarity." Soon with an introduction to mental health treatment and peers with similar stories I warmed to the idea of acceptance. The peer support I re-

ceived in the hospital was equally as valuable as the information given from therapists. After two years of hospitalization I had defined a new sense of self and wellness. Educated about my personal symptoms, medications, triggers and armed with an action plan; I was ready to leave the Hall Institute.

I have made an agreement with myself that I will never drink alcohol or use marijuana again because I now understand that this was the fire starter of my illness. I moved into a Residential Care Facility where I practiced this new life style in a less restricted environment. I worked with my treatment team, supporters and probation officer to identify resources I could use in the community.

Work was at the top of my priority list, which eventually caused me to lose the security of Medicaid and SSI benefits,

but enabled me to move into my own apartment. I applied for the Certified Peer Support Specialist Job and was accepted during the spring of 2004. Since then I have been sharing my story and strength with others in recovery through groups and individual settings. I travel the United States telling my recovery story to broad audiences and circuits. Now I am a sophomore of Strayer University, with the aim to broaden my educational and professional horizons.

Looking back I realize, peer support didn't start when I got the job with the South Carolina Department of Mental Health, it started on a ward in a psychiatric hospital.

It is fitting to say:

"Peer Support is a Culture of Healing"

– Empowerment Partners