

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

ORANGEBURG AREA MENTAL HEALTH CENTER

Executive Director Bessie Abraham

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.

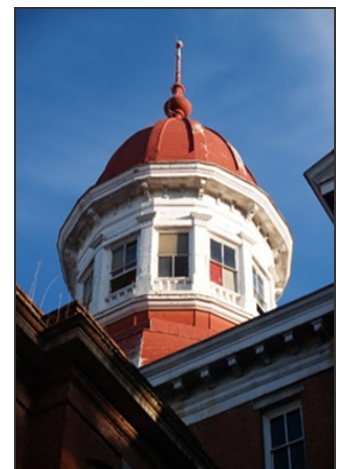
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government 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



ORANGEBURG AREA MENTAL HEALTH CENTER

2319 Saint Matthews Road
 Orangeburg, SC 29118
 (803) 536-1571

Counties Served: Bamberg, Calhoun, and Orangeburg

ORANGEBURG AREA MENTAL HEALTH CENTER

In 1927, one of the first Mental Health Clinics in the State was established in the Orangeburg area with the mission to provide therapy and referral services to those with mental illness.

In 1943, when World War II depleted the staff, operations ceased and the clinic was closed. The Orangeburg Area Mental Health Clinic (OAMHC) reopened in 1968 in a vacant school office. Soon thereafter, the clinic moved to St. John Street and began providing community mental health services to residents of Orangeburg, Bamberg, and Calhoun counties.

A proposal requesting federal monies to expand staff and services was approved in 1978. Services were expanded to include 24-hour emergency service, inpatient services through The Regional Medical Center, a partial hospitalization program, and a transitional living home. Since 1979, OAMHC has operated satellite offices in all three counties, offering an array of services.

Services provided by OAMHC include: crisis intervention, psychiatric and medical assessments, triage, referrals, individual, family, and group therapy, vocational and rehabilitative services,

peer support, case management, and more.

Last year, OAMHC provided 30,357 services to 994 children and 1,642 adults. Since 1970, OAMHC has provided over 1,365,000 services/outpatient contacts to adults, children, and families who are impacted by mental illness.

Past executive directors include: Harmon Hovis, Robert J. Cummings, Thomas E. Foley, and Dr. Ida E. Wanamaker. The current Executive Director, Bessie Abraham, accepted the position in 2002.

The OAMHC is accredited by the Commission on Accreditation of Rehabilitation Facilities.

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<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>Orangeburg Area Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	1,642	59,427
<i>Child Outpatients Served</i>	994	30,058
<i>Total Outpatients Served</i>	2,636	89,485
<i>Population</i>	123,663	4,625,364
<i>Clinical Contacts Provided</i>	30,357	1,175,482
<i>School-Based Schools</i>	5	388
<i>Children Served by School-Based Programs</i>	148	12,064
<i>Supported Community Living Environments</i>	174	3,395

DORIS CANTEY, PHD – BOARD CHAIR



OAMHC Board Chair
Dr. Doris Cantey

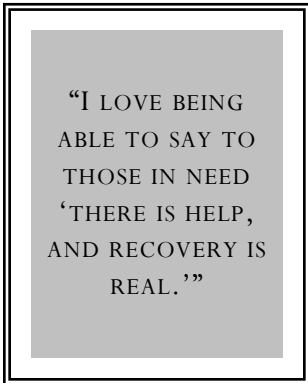
During her 28 year tenure as OAMHC board chair, Dr. Doris Cantey has seen many changes, not only in the OAMHC, but also in South Carolina’s mental health system as a whole. “There have been facility changes; staff has grown here, and insurance companies have recognized that mental illness is a treatable disease,” she says.

Dr. Cantey believes the community’s perception of the

Center has also made changes in the Mental Health movement. “Those who have received services here and those who have heard about us through word of mouth have helped us be more accepted,” she said. “The stigma is still there, but it’s better. The community, the hospital, and law enforcement know that Mental Health provides valuable services.”

As the Center and the DMH system continue to evolve, Dr. Cantey would like to see an increase in geriatric services and children’s services. Her hope is that, as a board member, she has helped someone, somewhere, through her services to the Center. As the OAMHC continues to provide quality services to the community, she strives to leave a legacy of providing help to those in need.

BESSIE ABRAHAM – EXECUTIVE DIRECTOR



OAMHC Executive Director
Bessie Abraham

OAMHC Executive Director Bessie Abraham has worked at the Center for 33 years. Prior to accepting her current position in 2002, she worked as clinical services director and assistant director. She has always enjoyed working with people: “I like the challenge of seeing how people, both clients and staff, grow and develop with assistance and guidance,” she says.

Abraham always knew she wanted to work with children, having received assistance herself after losing her parents at a young age. She knew she wanted to help others as she had been helped, so Social Work was a natural fit. She completed her undergraduate degree at SC State University and her Master’s in Social Work at the University of Pittsburgh. She is proud of the great progress DMH has made in working with children, and would love to see more training of coun-

selors in the area of working with families: “a child doesn’t live in a vacuum,” she says.

Abraham believes that community relationships are critical to the Center’s success. Community groups can act as advocates, so interfacing with advocacy groups, faith based organizations, Vocational Rehabilitation, the Department of Social Services, the local Alcohol and Drug Commission, and others is vital. The groups work together and support one another to address local issues at a local level.

In addition to its history of providing exceptional after-care services for individuals when they leave inpatient treatment, the Center has a very successful Housing program, with 73 apartments. Abraham believes the program’s success is due to the dedication of staff in helping clients improve their lives,

and doing so with a holistic approach, focusing on housing as well as employment, for example. In her view, housing is integral to mental health recovery, and this is why she is open to all housing opportunities, including working closely with Mental Health America of South Carolina. Recently, Abraham was involved in providing housing for two clients, one of whom called her and said, “for the first time, I have my own place, safe and decent.”

When she reflects on the development of the Department of Mental Health, and the OAMHC, she is glad to see that South Carolina has deinstitutionalized and that the process has been so successful. “It’s fantastic that people can live in their communities and achieve recovery,” she said. “I love being able to say to those in need ‘there is help, and recovery is real.’”

WILLIE PRIESTER – ASSISTANT DIRECTOR

OAMHC Assistant Director Willie Priester has worked at the OAMHC for nine of his 25 year tenure with DMH.

A typical day for him begins with interaction with the Center’s treatment team, to be briefed on what happened in Crisis the previous day or night. As both clinical and assistant director for OAMHC, Priester is in contact with supervisors and program directors at the main center and its clinics, and serves as troubleshooter and manager of day-to-day operations.

Priester believes that affiliations are the key to success in dealing with the community, and that outreach and involvement with people at a local level are integral to the Center’s success. To that end, Priester and Center staff interface regularly with the Department of Social Services, the Regional Medical Center, Vocational Rehabilitation, the local Alcohol and Drug Commission, and the faith-based community. OAMHC also has a staff person stationed at the local Department of Juvenile Justice office.

If mental health resources were increased, items on his “Center Wish List” include being more competitive in hiring physicians, enhancing school-based services, increasing housing options to include more bungalow-style, family-oriented units, implementing new technology, expanding staff training to help retain quality workers, and enhancing transportation resources.



OAMHC Assistant Director
Willie Priester

PRIESTER AND CENTER STAFF INTERFACE REGULARLY WITH THE DEPARTMENT OF SOCIAL SERVICES, THE REGIONAL MEDICAL CENTER, VOCATIONAL REHABILITATION, THE LOCAL ALCOHOL AND DRUG COMMISSION, AND THE FAITH-BASED COMMUNITY.

KATHRYN JEFFERY COORDINATOR OF COMMUNITY SUPPORT PROGRAMS

As Coordinator of Community Support Programs (CSP), Kathryn Jeffery oversees programs that provide treatment intervention and support services to assist clients with serious and persistent mental illness, to remain in the community and avoid re-hospitalization. CSP includes Aftercare, TLC, day treatment for Rehabilitation Psychosocial Service (RPS), and ACT-like services.

Though early in life Jeffery wanted to be a teacher, majoring in Psychology changed her view. She completed a Master’s Degree in Education with a specialty in Guidance and Counseling. A Center employee for nearly 35 years, she manages the flow of treat-

ment provided by Center clinicians.

Case managers serve many clients who have received inpatient treatment. Their goal is to keep clients healthy and active in the community, thereby avoiding re-hospitalizations.

CSP staff, as applicable, are tasked with developing individual treatment plans with therapeutic interventions to meet clients’ needs. These professionals are also responsible for conducting routine assessments of mental status and educating clients about medications, side effects, and the importance of maintaining treatment regimes. Treatment interventions are pro-

vided through various group activities or individual sessions for clients at the Center. Support is also rendered in the community setting, which often includes working with clients, families and/or caretakers, to assist with enhancing the quality of care for those served.

“Staff members do an excellent job in their quest to help sustain clients in the community,” says Jeffery.

Jeffery’s goal is to accommodate the needs of the citizens OAMHC serves. She encourages case managers to use their skills, experiences, and talents as tools in helping to address clients’ needs.



Coordinator of
Community Support Programs
Kathryn Jeffery



Children, Adolescents, and Families Director Sarah Thomas

THE CAF PROGRAM PROVIDES THERAPEUTIC OUTPATIENT COUNSELING AND CASE MANAGEMENT SERVICES TO CHILDREN, ADOLESCENTS AND THEIR FAMILIES, WHO ARE EXPERIENCING SERIOUS MENTAL DISORDERS OR EMOTIONAL DISTURBANCES.

SARAH THOMAS CHILDREN, ADOLESCENTS, AND FAMILIES DIRECTOR

Children, Adolescents, and Families (CAF) Director Sarah Thomas has worked at the OAMHC for eight years. She enjoys her work environment, and especially appreciates having leadership that encourages innovation and creativity.

The CAF program provides therapeutic outpatient counseling and case management services to children, adolescents and their families, who are experiencing serious mental disorders or emotional disturbances. Thomas guides this program in developing individualized treatment plans, providing short-term and group therapy, and making referrals for the kids and families the Center serves.

A Bennettsville native, Thomas is one of seven siblings. Her large, supportive family inspired her to work with people in need; for her it is a calling. For Thomas, emphasis on family preservation is very important: "with more resources, I would love to add more school-based services," she said. "I would also like to increase family preservation services, which have proven positive outcomes and save money. These services work well for clients and providers."

The Center's School-based Services program provides therapeutic outpatient counseling and case management to children by including their families in the treatment process, using the multi-

disciplinary team to plan treatment, making referrals to ensure individual needs are met, and consulting with teachers, school administrators, and multiple agencies on the client's behalf.

For Thomas, success is making someone else's life better, allowing that person to help another. She feels that the atmosphere at the Center allows her to achieve her goal: "I enjoy the family atmosphere at the Center," she said. "The job is stressful, but I look forward to coming to work. I am confident in the support of our leadership and I know, without a doubt, that the staff genuinely want to provide quality services to the citizens we serve."

SCOTT STEVENSON, RN - REGISTERED NURSE WITH THE COMMUNITY SUPPORT PROGRAM UNIT



Scott Stevenson , RN Community Support Program Unit

Scott Stevenson watched for an opening at OAMHC. When a job became available, he jumped at the chance – he's been at the center for 17 years now, and loves what he does.

While attending the College of Charleston with plans to become a doctor, he found that Nursing would be a better career choice; he could have the close involvement with patients that doctors have, but would also be able

to focus on his family. He completed internship at McLeod Hospital in Florence, and gained a great deal of education and "excellent ER experience." Stevenson continued his studies at Orangeburg Calhoun Tech, and completed his psychiatric nursing training at DMH's William S. Hall Psychiatric Institute in Columbia.

Stevenson says that part of what moved him to study mental health is that

"physical' illness is a very objective thing; anyone can work on it. Helping someone with a mental ailment is more personal. Mental illness not only affects physical health, but also controls where individuals will go or not go, their future success."

In his opinion, the community has changed in its perception of mental illness during his time at the Center, but there is still work to be done. "We have to ensure

SCOTT STEVENSON, RN - REGISTERED NURSE WITH THE COMMUNITY SUPPORT PROGRAM UNIT

that our clients and the community at large understand that mental illness is physical illness," he said.

Stevenson, an Orangeburg native, sees professional appreciation of the Center in the community: "Mental Health is recognized as a professional collaborator in helping people," he said.

The Center's Community Support Programs (CSP) provide treatment intervention and support services to help clients remain in the community and avoid re-hospitalizations. OAMHC's CSP includes case management programs, such as Aftercare and Transitional Care, as well as Psychosocial Rehabilitation Services, a Community Integration program. As such, on a given day, Steven-

son does everything from clarifying prescriptions and dealing with health insurance companies to giving injections. It is very important to him that his clients know that they are always welcome and appreciated, and that they trust him. And his clients do; the individual appreciation he receives from those he treats motivate him and show him that he makes a difference.

"WE HAVE TO ENSURE THAT OUR CLIENTS AND THE COMMUNITY AT LARGE UNDERSTAND THAT MENTAL ILLNESS IS PHYSICAL ILLNESS."

DAN AVOSSO, MD – MEDICAL DIRECTOR OF THE EMERGENCY DEPARTMENT AND MEMBER, MEDICAL EXECUTIVE COMMITTEE, THE REGIONAL MEDICAL CENTER

Dan Avosso, MD, has been with The Regional Medical Center for seven years. Trained in Emergency Medicine, he and his team are a safety net for the community, focusing on both public health and the health of individuals.

Regional's Emergency Department (ED) treats a wide range of conditions, some medical, some social, some psychiatric, and some surgical, with the goal of ensuring patients are medically stable.

Dr. Avosso is closely involved with the OAMHC, attending meetings for individual patients. In addition, Center staff are available to come to the ED to assist with the evaluation and placement of patients in need of mental health services.

The Regional Medical Center

has instituted Telepsychiatry, the aim of which is to make psychiatric consultations available to patients in emergency rooms who are experiencing a behavioral health crisis. DMH psychiatrists are available 24 hours per day, seven days per week to provide consultations to participating hospital emergency departments remotely via the use of the Internet.

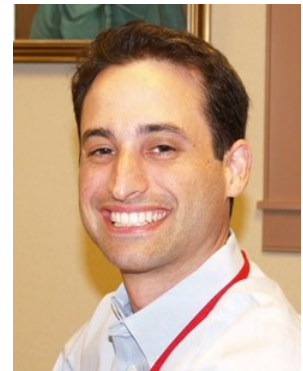
The state-of-the-art high definition video/audio equipment used allows DMH psychiatrists to see, speak with, and evaluate the patients in real time, as well as speak to emergency department staff and review the patients' medical records.

The high-tech wireless video cart runs on a secure network meeting all privacy standards. DMH currently provides

telepsychiatry services in 22 hospital emergency departments across the state.

Telepsychiatry consults help patients receive quality psychiatric treatment sooner, leave the hospital sooner, and alleviate overcrowding in emergency rooms, saving participating hospitals tens of thousands of dollars.

Dr. Avosso believes the way OAMHC responds to the local ED could serve as a model: "We've worked together in developing algorithms for sharing after-hours call, and on case management for individual patients," he said. "Having a standing meeting every couple of months to discuss issues and collaborations is key. It should be a model for other counties."



Dan Avosso, MD
The Regional Medical Center

DR. AVOSSO BELIEVES THE WAY OAMHC RESPONDS TO THE LOCAL ED COULD SERVE AS A MODEL FOR OTHER COUNTIES.



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

Orangeburg Area Mental Health Center

2319 St. Matthews Road
Orangeburg, SC 29118
(803) 536-1571

Bamberg County Clinic

5573 Carolina Highway
Denmark, SC 29042
(803) 793-4274

Calhoun County Clinic

112 Guess Lane
St. Matthews SC 29135
(803) 874-2301

Orangeburg County Clinic

1375 Gilway Extension
Holly Hill, SC 29059
(803) 496-3410

RECOVERY SPOTLIGHT – BY LEON



My name is Leon. I was born on December 11, 1959, and am the fourth of five children. I am married to a wonderful lady, Kim. We have been married 16 spectacular years and we have several children and grandchildren.

I attended the local Denmark schools and graduated from Denmark-Olar High School in 1976. I continued my education at Voorhees College, completed two Bachelor of Science degrees, and passed the National Teacher Exam.

Shortly after completing four years of college, I began to have some problems. I started having crying spells for no reason. In 1980, my father took me to the family doctor, who placed me in Bryan Hospital, where I stayed for six weeks. I was diagnosed with Paranoid

Schizophrenia. I became upset with my parents and struck out at material things, not wanting to harm anyone. I admitted I had a mental illness, began taking my medication as prescribed and attended Mental Health.

Mr. Allen Rush, who was a Mental Health Worker, saw me as a person, not just someone with a mental illness. Mr. Rush allowed me to not only help myself, but to help other people in the community. I have learned not to worry about negative people or issues.

I meet with my counselor weekly to address any issues which may be upsetting to me. I attend all scheduled appointments with the Mental Health clinic to have my medications and treatment evaluated by the Mental Health staff. It's a place I can call or go to if I have any problems. I have learned to stay calm and not allow people or things to get me upset.

I want to end by saying that I have no regrets about life. I went through a lot but I have learned a great deal.