

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Anderson-Oconee-Pickens Mental Health Center
Day Break Recovery Center
515B Camson Road
Anderson, SC 29622**

**August 7, 2008
Center Presentation**

Attendance:

Commission Members

Alison Y. Evans, Psy.D., Chair
Joan Moore, Vice Chair

J. Buxton Terry
Jane B. Jones

Harold E. Cheatham, PhD

Staff/Guests:

John H. Magill
Brenda Hart
Bob Nash
Bolt McClain
Carly Johnson
Rudolph Green

Mark Binkley
Ron Prier, MD
Chuck Wilson
Mary McIntyre
Tracy Richardson
Dale Hullander

Brenda Ratliff, MD
John Fletcher
Willie Jenkins
Kevin Hoyle
Mallory Miller
C.A. Latimer

Allen McEnig
Tom Klugh
Michelle Ready
Monica Perez
Mary Espieg

The S.C. Mental Health Commission met at the Anderson-Oconee-Pickens (AOP) Mental Health Center on Thursday, August 7, 2008. Alison Y. Evans, Psy.D., Chair, called the center presentation to order at 9:00 a.m. Kevin Hoyle, Executive Director of AOP Mental Health Center, acknowledged that the center's board of directors is very interested in and active in the work that the center performs. Mr. Hoyle then acknowledged the AOP Management Team members present at today's meeting, and said that three of these individuals are graduates of DMH's Mentoring Program. He also introduced Monica Perez, Coordinator of Outpatient Assessment, who is a member of the current Mentoring Program.

Mr. Hoyle said that his center's challenges are similar to those of other mental health centers, such as budget, changes in the reimbursement system, and recruitment and retention of qualified staff. One challenge that is unique to AOP is that the center will begin trying to obtain funding for a new main center building in Anderson. The lease on the current building expires in 2016. Mr. Hoyle said his board is working through the local county delegation and the county council to try to obtain funds for a new building.

Mr. Hoyle then introduced Carly Johnson, who made a presentation on the Children's Alternative to Placement program. Ms. Johnson said that this program applies to both home and school and is community based. This program focuses on keeping children out of the hospital and introduces behavioral interventions through the family. Family intervention is 70 percent of the program. Coping skills and behavioral skills are taught. Ms. Johnson said there are 11 Child, Adolescent and Family (CAF) workers and there are 50 children currently in the program. Many of the workers in the program are temporary employees who receive no benefits and no holidays. These individuals work day after day with the children and are available on a 24/7 basis.

Ms. Johnson related several stories concerning difficult children that have successfully gone through this program.

Ms. Johnson said that the center also has a family outreach program where families are seen two to five times per week. These family groups include all the family members that are in the home. The program aims to identify each family's strengths and unique problems. The different skills that are taught are education, parenting skills, and communication skills. All of these skills are taught in order to prevent an out of home placement of a child.

Ms. Johnson said here are 16 client families in this program at the present time, and the center does have a waiting list to be in the program. This is one program where the entire community gets involved with the families. The mental health center also arranges transportation for clients if they are unable to come in for treatment.

Ms. Johnson said that the center has had its first outreach summer program for youth this year. This summer camp included both WRAPS and CAF clients. Activities included games, crafts, outings and coping skills. There were no major incidents. The summer program provided a structured daily environment for many of the children who do not have a daily structure at home.

Mr. Hoyle next introduced Tracy Richardson, Director of the ACT-Like Treatment Program. Ms. Richardson explained that this program provides intensive services to clients who are suffering from serious mental illness in the areas of monitoring, education and support in their natural environment. Assertive Case Treatment (ACT) serves clients in all three counties. At present there are 25 clients in Anderson County, 12 clients in Pickens/Oconee Counties. Some of the admission criteria to the program are:

- An identifiable serious mental illness;
- Two or more hospitalizations to a state psychiatric hospital;
- A history of treatment non-compliance;
- An established pattern of emergency department visits;
- Must be a resident of Anderson, Oconee or Pickens Counties; and
- Multiple crisis unit admissions

Staff of the ACT program approach treatment in a collaborative team effort. Ms. Richardson said that Individualized Placement and Support (IPS) and Vocational Rehabilitation are utilized for employment services. Ms. Richardson said that the goals of the program are to increase clients insight into symptoms management without state hospital admissions, and/or emergency department admissions; to increase linkage to the community for identified needs; to improve coping skills to manage mental illness symptoms; and to assist clients with improving and/or maintaining their level of independence/functioning in the community.

Ms. Richardson said that caseloads in the program are small. There are no more than 20 in the program. Presently, the caseloads are approximately 15. If necessary, case managers will assist in obtaining admission to the hospital, but everything is done initially to avoid hospitalization.

The ACT-like program currently has 37 clients. At one time, there were 50 in the program. All clients remain in the program as long as it is needed. The average wait time for a bed is less than 13 hours. Only five percent of the clients in the program have been hospitalized, and eight percent of the clients have returned to the emergency room. Ms. Richardson said if programs like this did not exist, clients would be re-hospitalized in state psychiatric hospitals, in jail, in prison or on the street as homeless. There would also be more child out-of-home placements, more broken families and more juvenile suicides.

Ms. Richardson then had a client who is currently in the ACT program relate her experience regarding her treatment and progress.

Mr. Hoyle said he is looking to expand this program at AOP. Ms. Richardson said that clients who are in the ACT program live in supervised apartments in the community, not group homes.

Mr. Hoyle then updated the Commission on the Village Program. He said that keeping the Village open has been a struggle for the center in recent months because of the recent audit by Health and Human Services, of the psychosocial rehabilitation services that are delivered at the Village. Mr. Hoyle said that the Village has been a good program for clients for many years, as it has been used as a “step up” program to apartment living. The Village clients that live in apartments are served by the ACT team. The ACT program has 44 clients at the Village. Mr. Hoyle said the center is committed to the program at the Village and is working to make it continue.

At 10:05 a.m., on a motion by Buck Terry, the Commission entered into executive session to receive legal advice concerning a potential claim. After convening in open session at 10:30 a.m., it was noted that only information was received. No votes were taken.

There being no further business, the center presentation concluded at 10:35 a.m.

Alison Y. Evans, Psy.D., Chair
SC Mental Health Commission

Connie Mancari, Recording Secretary
SC Mental Health Commission.

/cm