

S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health
Morris Village
610 Faison Drive
Columbia, SC 29203

August 6, 2009
Facility Presentation

Attendance - Commission Members

Alison Y. Evans, Psy.D., Chair J. Buxton Terry Everard Rutledge, PhD

Attendance - Staff/Guests:

John H. Magill	George McConnell	Versie Bellamy
Brenda Hart	Mark Binkley	Ivy Goforth
Chad Lominick	Marti Fritz	Shanna Amerson
Pam Wilson	Phyllis Houghton	

The S.C. Mental Health Commission met at Morris Village, 610 Faison Drive, Columbia, on Thursday, August 6, 2009. J. Buxton Terry called the center presentation to order at 9:15 a.m. as Dr. Alison Evans was delayed in arriving. Mr. Terry thanked the staff of Morris Village for hosting the meeting today and commented that the facility looks very professional. Ms. Versie Bellamy, Director of Inpatient Services, also welcomed the Commission to Morris Village and turned the program over to George McConnell, Director of Morris Village, who delivered the invocation. Mr. McConnell introduced several Morris Village staff members in attendance: Pam Wilson, Director of Rehab Teams and Coordinator of Team A; Tammy Cleveland, Nurse Manager; Chad Lominick, Team C Coordinator; and Marti Fritz, Team Coordinator of Team B, Co-Occurring Disorders Program.

Mr. McConnell said that in 1971, DMH had a 56 bed unit treating addictions located in downtown Columbia. Morris Village officially opened in 1975 with a 168 bed capacity. Currently, Morris Village bed capacity is at 104 beds. Morris Village has achieved national recognition in the area of addiction treatment. It may also be one of the first public treatment facilities in South Carolina that is accredited by the Rehabilitation Accreditation Commission (CARF). In the beginning, patients coming to Morris Village had single addictions, either alcohol or drug addiction. Currently, many patients entering Morris Village have multiple issues. Approximately 50-75 percent of people are diagnosed with a mental illness and a substance abuse addiction. Staff at Morris Village understands how to treat the illnesses simultaneously; therefore, emphasis is on a multi-disciplinary approach. The multi-disciplinary approach is one that involves medical, nursing, counseling and staff to work as a team.

Mr. McConnell introduced Dr. Trey Causey, Medical Director at Morris Village. Dr. Causey said that the trend lately has been to cut down on inpatient substance abuse treatment because of the length of stay and the cost. Dr. Causey said that many individuals with a mental illness have a substance abuse problem. Addiction is a disease just like diabetes or hypertension. The addiction problem impairs the patient's treatment. In order to give the patient the best chance for recovery, they have to be involved, life-long, in some sort of treatment process, and a solid foundation is needed to teach them skills that they will utilize. This doesn't happen in a short period of time. Average length of stay is 24 days. Co-occurring disorders make this process more complicated and could lengthen the length of stay.

Admission criteria to Morris Village includes:

- 18 years of age or older;
- Must have a diagnosis of psychoactive substance abuse;

- Must meet the severity criteria for inpatient treatment services as identified by the American Society of Addiction Medicine (ASAM). This means that an individual has bio-medical conditions or complications warranting inpatient treatment; has emotional/behavioral/cognitive conditions or complications; is determined to live in a very poor recovery environment within his or her community; and is determined to have a very high relapse risk, thus requiring 24 hour structured living.

The mission of Morris Village is to provide effective treatment of the addictive disease through safe detoxification, careful evaluation and evidence-based treatment. The goal of Morris Village is to restart the individual down the road to better physical health, emotional balance, social responsibility and economic stability.

Morris Village is comprised of the following:

Team A – Women’s Program – 36 beds Team C & D – Men’s Programs – 28 beds each
Team B – Severe Co-Occurring Disorders – 12 beds

Ms. Phyllis Houghton said that by the time a person gets to Morris Village, his/her behavior is out of control. Treatment begins with detox, then progresses to the main clinical treatment. Therapy groups begin in the morning, education begins after lunch. Education consists of information on the disease of addiction, and helping patients diagnose themselves. In the late afternoon, patients meet with the case manager. After care planning actually begins the day the individual is admitted. Patients are encouraged to attend AA and NA meetings, which are usually held in the evening. Ms. Houghton said that Morris Village is a community where the patients live in small groups in individual cottages. All day activities are structured, and 24 hour staff are in attendance. A person’s behavior gets him/her admitted to Morris Village, and the behavior gets him/her discharged. Even though the average length of stay is 24 days, the court hearing is usually held within 21 days. After that, it is the patient’s decision to stay and complete treatment, or to leave.

The Commission next heard from a former patient, Ms. Ivy Goforth, about the positive impact her treatment at Morris Village made in her life. A family member of another former patient, Ms. Elaine Fairey, spoke on the benefits of the Family Therapy Program, and the positive difference Morris Village made for her family member as well as for her and other members of her family.

The final presentation was on the Family Therapy Program by Audrey Thompson. Ms. Thompson said that family therapy sessions are held on Tuesdays (males) and Thursdays (females). These sessions are from 1:00 p.m. until 4:30 p.m. Families learn how to help their loved ones deal with the addiction problem, and they learn how not to become an enabler. This program helps to educate the family about the disease of addiction, how it affects family relationships and how it interacts with the family. Counselors stress the important of attending self help groups, such as AA and NA, which help develop new attitudes about addictions and co-occurring disorders. Participation in the Family Therapy Program is a requirement for the families. The Family Therapy Program consists of four phases, ranging from orientation to the treatment program, to education about the disease, attendance at self-help groups, and finally to the actual visitation. Each Family Therapy session consists of 30-40 people.

The facility presentation concluded at 10:40 a.m.