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

Morris Village
610 Faison Drive
Columbia, SC 29203

April 4, 2013
Facility Presentation

Attendance:
Commission Members

Alison Y. Evans, Psy.D., Chair
Jane B. Jones
Everard O. Rutledge, PhD (excused)
Sharon L. Wilson (excused)
Joan Moore, Vice Chair
James Buxton Terry
Beverly Cardwell

Staff/Guests:

John H. Magill
Kimberly Rudd, MD
Trey Causey, MD
Tim Rogers
Pam Wilson
Versie Bellamy
George McConnell

The South Carolina Mental Health Commission met at Morris Village on Thursday, April 4, 2013. Alison Y. Evans, PsyD, Chair, opened the meeting at 9:05 a.m., and turned the meeting over to George McConnell, Program Director at Morris Village. Mr. McConnell welcomed the Commission to Morris Village and said that he had been in the county alcohol and drug system prior to coming to Morris Village.

Mr. McConnell began his presentation by saying the people who are admitted to Morris Village come from all counties in the state. The voluntary admissions are referrals from the county alcohol and drug commissions and the mental health centers. Most involuntary admissions are emergency commitments from the hospital emergency rooms. Judicial admissions are referrals from the county probate judges. Mr. McConnell said that the majority of the admissions to Morris Village (17 percent) come from Columbia Area Mental Health Center, with Lexington Mental Health Center being the next highest at 13.5 percent.

Patient Demographics: 70 percent are male; 30 percent female. 66 percent are Caucasian and 33 percent are African American. The average age of the patients being admitted is 30-39, or 28 percent. Age 40-49 accounts for 26 percent of the admissions. Men are more likely to seek addiction treatment than women. Emergency admissions are given priority. The waiting list at Morris Village is comprised of voluntary admissions. A person has to be an imminent danger to themselves or others due to their alcohol and/or drug abuse for admission. This diagnosis for admission is best made by a telepsychiatry physician as opposed to a straight emergency room physician.

Primary diagnoses for admission:

1. Multiple dependencies;
2. Alcohol dependency;
3. Opiate dependency (includes prescription drugs);
4. Cocaine dependency

Mr. McConnell said that the average length of stay at Morris Village is 24 days. The average monthly admissions are 114, and the recidivism rate is three percent.

Dr. Trey Causey, Medical Director, said that Morris Village has a six member medical staff. Each treatment team has an assigned medical provider. The medical staff is a mix of psychiatrists, primary physicians or related specialties, and nurses. The goal of the medical staff team is the integration between non-psychiatric and psychiatric care and non-medical disciplines.

Dr. Causey said that Morris Village has been involved in research activities through the National Institute of Drug Abuse (NIDA) which funds nationwide studies involving drug and alcohol addiction. Specifically, Morris Village is involved in the Busipirone for Relapse Prevention in Adults with Cocaine Dependence (BRAC) Study. This is a two-stage study, a pilot trial of 60 patients followed by a full trial with 264 patients. The purpose of the study is to evaluate the effect of Busipirone in preventing relapse in adults who are planning to enter outpatient treatment upon discharge. Both Morris Village and the Lexington/Richland Alcohol and Drug Abuse Commission (LRADAC) are partners in this study. Morris Village is one of only three sites to meet the patient recruitment goals. This has been attributed to the staff at the facility.

Pam Wilson, head of the Women's Treatment Team, has been at Morris Village since 1990. Ms. Wilson said that many women entering treatment have experienced trauma in their lives. This trauma can be in the form of either physical or sexual abuse, or both. One in three girls is sexually abused by the time they reach 18. Ms. Wilson said that women get addicted much faster than men as they have a tendency to use drugs and alcohol to self-medicate themselves for depression, eating disorders, etc. It is necessary for staff to recognize that trauma plays a big role in a person's treatment. Staff are taught to recognize the many signs of trauma; lack of concentration, irritability, feeling numb, depression, etc. Staff treats each woman with respect regardless of where she came from. We ask, "What happened to you?" as opposed to "What's wrong with you?" Staff at Morris Village never assumes they know a woman's life story before she actually tells the story. Treatment staff listens first and offers suggestions. It is important to remember that a healing environment is needed for recovery. It is necessary for the system of care to be sensitive to the needs of trauma patients, and that staff understand trauma in order to support healing and evaluate re-traumatization. Ms. Wilson said that the Morris Village Women's Program does not adhere to a specific model; it changes with the patients involved in the program.

Recognizing that connecting patients to appropriate after care is very important, the Morris Village forum will be changed from the typical community forum format. The forum will be used to eliminate the barriers for people seeking outpatient treatment. A training for social workers and counselors will be linked to the forum. This training/community forum will be more focused on anticipated outcomes.

There being no further business or information, the facility presentation concluded at 10:00 a.m.

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Alison Y. Evans, Psy., D., Chair Connie Mancari, Recording Secretary