

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

**Greenville Mental Health Center
124 Mallard Street
Greenville, SC 29601**

**May 2, 2013
Center Presentation**

Attendance:

Commission Members

Alison Y. Evans, Psy.D., Chair
Jane B. Jones
Everard O. Rutledge, PhD
Sharon L. Wilson

Joan Moore, Vice Chair
James Buxton Terry (excused)
Beverly Cardwell

Staff/Guests:

John H. Magill
Watt McCain
Susan Marshburn
John Fletcher

Al C. Edwards, MD
April Simpson
Crystal Barrs

Gayle Peek
Kelly Adams
Chris Haines

The South Carolina Mental Health Commission met at Greenville Mental Health Center on Thursday, May 2, 2013. Alison Y. Evans, PsyD, Chair, opened the meeting at 9:00 a.m., and turned the meeting over to Al C. Edwards, MD, Executive Director of Greenville Mental Health Center.

Dr. Edwards opened by re-stating the center's philosophy. He said that staff is here to serve the clients and that, sometimes, we tend to lose sight of that. Nearly all the clients of Greenville Mental Health Center have been mainstreamed into the community. Greenville has a fairly large homeless population. The center has partnerships with the Upstate Homeless Coalition and the Department of Housing and Urban Development to provide housing for these individuals. Dr. Edwards said the center has 20 homes in the area, along with apartments, which are very helpful in keeping people out of the hospital. Dr. Edwards also feels that the center has the best Individual Placement and Support (IPS) Program in the state. This program has been promoted so that people can obtain employment and become independent.

Greenville Mental Health Center also has a very strong Art of Recovery (AOR) Program, which has been integrated into the IPS Program. A system was developed where the client produces artwork for the Art of Recovery Program and they receive payment for these pieces when the artwork is sold. This provides employment for them. Clients are instructed on how to do a budget, how to manage a home and all areas that will enable them to live independently.

Dr. Edwards said that mis-diagnosis accounts for approximately 80 percent of the deaths in the United States, more than any other disease. This mis-diagnosis between patient and doctor is due to the fact that the physician is not really listening to what the patient is telling them. Another problem is the use of Nurse Practitioners in the first time diagnosis of a patient. Nurse Practitioners can help the physician in many areas, but using them in the first time diagnosis is not appropriate. It is important to have the physician do the first diagnosis of a patient's condition.

Center Presentation
Greenville Mental Health Center

Page 2

Dr. Edwards said that the center has been successful in decreasing its out-of-home placement of children. Children placed in residential out-of-home situations have a greater tendency to violent crime than other placements. Foster care is a better alternative; however, keeping the child in the home is the best answer. The center offers many services that keep a child in a homelike environment.

The first presentation the Commission heard was from Chris Haines, Director of School-based Services at Greenville Mental Health. The Commission is aware that School-based Services is one of the best programs to keep kids in the home.

Mr. Haines said that Greenville Mental Health Center began its school-based program in 1994. Since that time, the center has added its 23rd school in April 2013. School-based Services Programs station mental health counselors in schools to provide treatment to mental health clients. These services are done more frequently as the counselors are on-site and have smaller caseloads. The center's goal is to provide a mental health professional in every school. Schools served by Greenville Mental Health include: 11 elementary schools, five middle schools, three high schools, two alternative schools, one charter school, and one special education separate facility.

Mr. Haines said that Greenville Mental Health's model is to focus on stationing one counselor full time in each school served. School-based services are considered a best practice model. The center has a Memorandum of Agreement with each school served. Greenville Mental Health does not receive funding from Greenville County Schools; they only receive revenue from direct billing for services. Each School-based Program offers the following services in the school setting: individual therapy, family therapy, group therapy, crisis intervention, assessment, behavior modification, and rehabilitative psychosocial services (RPS).

Some of the benefits to clients and families are:

- Less stigmatizing;
- Easy access to Services;
- Elimination of transportation issues;
- Crisis episodes handled immediately.

School administrators/staff are well aware of the benefits and the results of School-based Services. A 2012 survey of 50 school administrators revealed that 98 percent of the administrators reported that the services were of the best quality, and that students have improved as a result of the services. The challenges facing the center regarding School-based Services are:

- Expansion of access to services is difficult because of reduced budgets; and,
- Clients do not keep appointments and become non-compliant with treatment when schools are out of session.

Mr. Haines said that when schools are out of session, Greenville Mental Health has developed an Intensive Community-Based Services Program to increase client engagement in services. The center utilizes a fleet of vans to pick up the children from their homes, take them into the community, and target the symptoms, behaviors, thoughts, and feelings that disrupt their educational, occupational, recreational, and social functioning. All school-based, child and family support services, outpatient, DSS, DJJ, Babynet and intensive family services teams are involved in Intensive Community-Based Services. Counselors are assigned to teams and groups based on planning needs, ages of clients and issues of the clients.

While programs for children are useful, best practices in counseling and education involve individualized care. Each activity targets a client's individual skill deficits, even though they are in group settings. All goals and objectives are in the client's individualized plan of care.

Some of the activities/places the clients are taken to and/or participate in are:

- Hiking
- Ice skating
- Gower Estates Park
- Animal Shelter
- Biking the Swamp Rabbit
- Team and individual sports
- Mountain goat climbing gym
- Outdoor rock climbing
- Ropes course

Complete details of Mr. Haines' presentation are included in the minutes of this meeting.

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

Alison Y. Evans, Psy., D., Chair

Connie Mancari, Recording Secretary