DMH Signs Covenant to Support Returning Troops and Their Families

By Tracy LaPointe, Office of Public Affairs

On June 1, 2009, leaders from the Columbia regional community, local and state government agencies, and non-profit organizations joined military officials from the S.C. National Guard, Fort Jackson, and the Army Reserve in pledging continuing support for returning veterans and their families by signing the South Carolina Veterans Policy Academy Covenant. Held at the Greater Columbia Chamber of Commerce, the event honored the dedication and sacrifices made by South Carolina's veterans and their families in the defense of our nation.

Following welcoming remarks from General (Ret.) George Goldsmith, Chair of the Military Affairs Committee, the 81st Army Reserve unit, presented the Colors. Ike McLeese, Civilian Aide to the Secretary of the Army, welcomed the standing-room only crowd of veterans, family members, service providers, and dignitaries. State Director John H. Magill, who served as team leader for the South Carolina Policy Academy, gave remarks, as did South Carolina House Member James Smith; Lieutenant Colonel Steve Shugart, of the SC National Guard's Adjutant General's Office; Colonel (Ret.) Phil Butler, on behalf of the Governor's Office of Veterans Affairs; and Congressman Joe Wilson, of the US House of Representatives.

Continued on page 10.

SCDMH and USC School of Medicine Awarded Ro1 Grant from the National Institute of Mental Health

By Sandy Hyre, MSN, RN
Division of ETR

The University of South Carolina School of Medicine, in partnership with the South Carolina Department of Mental Health (DMH), Office of Research and Statistics and Emory University, has been awarded a one million dollar Ro1 grant from the National Institute of Mental Health. This grant is titled “Clinical and Policy Implications of a Statewide Emergency Telepsychiatry Project.” It will explore outcomes from a cutting-edge telemedicine initiative in emergency departments across the state of South Carolina called “Partners in Behavioral Health Emergency Services” that delivers care to some of the most vulnerable patients at the most critical point in the course of their treatment.

DMH has been partnering with the South Carolina Hospital Association on the Emergency Telepsychiatry project which is funded by a Duke Endowment Grant. This project is unique and one of a kind in the nation. Psychiatrists provide around-the-clock coverage for consultation with hospital emergency departments all across the state of South Carolina.

This Ro1 grant will allow for the collection and analysis of data that is gathered through the Emergency Telepsychiatry project. In turn, it will provide the opportunity to make policy decisions that will enhance the care and service to the mentally ill citizens of South Carolina. This is the first time that DMH has had the opportunity to participate in a Ro1 grant.

Meera Narasimhan, MD, professor of Psychiatry and director, Biological Research, Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine and Benjamin Druss, MD, MPH, Rosalynn Carter Chair in Mental Health, Rollins School of Public Health at Emory University, will serve as the Co-Principal Investigators on this grant.

Dr. Narasimhan is also the director of Clinical Research and Psychopharmacology Consultation at the South Carolina Department of Mental Health.
The Mental Health Commission recently signed a non-binding Letter of Intent with Hughes Development Corporation of Greenville to convey the Bull Street property, excepting the portion of the property occupied by the William S. Hall Psychiatric Institute, the Department’s child and adolescent hospital. This action is just the first step in a process of negotiations and approvals which may or may not ever result in a final sale. It is a significant milestone for the Department and its governing body, the South Carolina Mental Health Commission, in addressing what are both a unique and a challenging issue.

On February 20, 2007, the South Carolina Supreme Court issued its decision that the Bull Street property is subject to a “charitable trust” and the proceeds from any sale of the property must go to DMH for the care and treatment of mentally ill. Following the ruling, agency leaders and the Commission committed the Department to a planning process for a sale of the Bull Street property, which was both inclusive and transparent.

In March 2007 the Department began to hold periodic meetings which included the City of Columbia, the State Budget and Control Board, and other local and State officials to solicit their advice and keep open the lines of communication as to the status of efforts to market the property. Most of the officials attending the meetings had previously been involved in the State-City planning efforts for the development of the Bull Street property. Those planning efforts culminated in the creation of what has come to be known as the Duany Plan, which was presented in May 2005.

In the advisory meetings and throughout the past 2½ years, those officials have provided advice to the Department. Even as the Department has worked to relocate its remaining treatment and support services from the Bull Street campus, staff began other steps needed to prepare the property for sale. Those measures included environmental studies, boundary surveys and retaining a commercial real estate firm. Recently, the Department came to the conclusion that it made more sense not to include Hall Institute in the sale of the property. The agency does not have the funds to replace Hall Institute with a new hospital, and sees no likelihood of having sufficient funds for a new hospital in the foreseeable future. The agency does appear to have sufficient funds set aside to renovate the hospital.

In July of this year, an Application was filed with the City of Columbia to impose an “Architectural Conservation District” on approximately 40 acres of the Bull Street campus, encompassing many of the State Hospital’s oldest remaining buildings, including the Babcock Building. Such a designation would add an additional layer of regulation on any plan to demolish or alter a building or structure within the district. The Department has gone on record as opposing this proposal as both unnecessary and potentially counter-productive.

During our meetings, the City of Columbia advised the Department that they would support any rezoning of the Bull Street property for development, which is in accordance with the concepts and principles of the Duany Plan. The Duany plan contains specific recommendations to retain a number of the historic buildings in the area proposed for designation as an Architectural Conservation District, including the Babcock building.

Even without such a District, a prospective buyer will have to secure approval from the City, and that approval process will address the preservation of the buildings and structures. It is not necessary to add the proposed designation under these circumstances.

Adding the designation could also further delay the preservation of historic buildings and structures on the Bull Street property. The listed buildings/structures are all currently vacant and DMH does not have the funds to devote to their preservation or restoration. To the extent the proposed conservation district designation discourages the current prospective buyer or others from further consideration of the property, the designation will have the effect of further postponing the transfer of the buildings on the property into the ownership of an entity with the resources and financial incentive to preserve and re-develop them.

I anticipate that there will be other challenging issues to address as we proceed in our efforts to sell the Bull Street property. The Commission and I will base all of our decisions not only on the information and advice from experts, but on the goal of obtaining the most advantageous agreement possible for the patients and clients of the agency.
If they weren’t playing basketball or hanging out at the beach, Rusty Jennings and friends were at “Rusty’s place.” To the outside world, it was just a living room with a TV, but to Rusty and those close to him, it was a place where friends bonded and lasting memories were formed.

So it was only fitting for the people at C.M. Tucker Nursing Care Center to recently dedicate the new media center after Rusty, a Rock Hill native, who died in April of Huntington’s Disease (HD) at age 38.

Huntington’s Disease is a hereditary neurological deterioration of brain cells. It causes, among other symptoms, involuntary movement, muscle loss and the inability to speak. There is no cure and it has no set age of onset. An offspring of a carrier has a 50-50 chance of getting the disease.

Rusty’s mother, Margaret Jennings, had already experienced the devastation of the disease when her husband died from it in his 30s. She first noticed the symptoms in her son during high school.

“I noticed movement with his toes,” Jennings said. “He would be lying completely still and his toes would move back and forth on their own accord.”

After high school, Rusty went on to get a degree in criminal justice at USC. He later went on to work various security jobs until 1997, when his movements started to get worse, his mother said.

“Rusty never complained about anything. When anything came up over the years he would deal with it,” she said.

What made Rusty special to family members and friends is that he took his condition in stride. When Rusty found out he couldn’t run, he walked, and when he couldn’t walk around the neighborhood anymore, he found some other ways to get around. “He believed that you played the cards you were dealt the best you could,” his mother said.

Rusty’s uncle, Roy Russell, said he wants Rusty to be remembered for his perseverance. “All that adversity it never took him down. That disease would take two or three good men out,” Russell said.

In 2005, Rusty caught pneumonia and in July 2005 was admitted to C.M. Tucker Jr. Nursing Care Center in Columbia.

C.M. Tucker memories
C.M. Tucker Nursing Care Center first decided to group the Huntington’s residents together in 1999. There are currently 300 residents at Tucker and nine of them have HD.

“We treat them like family, and how we want our family to be treated. Our job is for them to be as independent as possible,” said Eric Jones, the center’s activity therapist.

Carrie Askew, one of Rusty’s nurses at the center, recalled his friendly nature.

“I would just sit down and talk to him and even though he couldn’t talk very well he would talk to me,” she said.

Her fondest memory of him was when she came back to work after being sick for two weeks to find him sitting in the hallway. He looked up at her and said, “Glad you’re back.”

“That meant more to many than any money,” Askew said.

After Rusty died, donations from family and friends from Rock Hill poured in to the center.

“They wanted something to remember him by that the other patients could benefit from,” Margaret Jennings said.

A media room called “Rusty’s Place” was dedicated in his honor and, like the original, unofficial “Rusty’s place,” it’s a room where residents can relax and form bonds with each other. There’s a digital projector, a motorized screen, a Blue Ray disc player and 12 speakers. The first movie they played was an Adam Sandler movie “Mr. Deeds” in honor of Rusty’s love of comedies.

Jennings said she’s glad Rusty spent his last days at C.M. Tucker and that she never had to worry about his well being.

“They were able to do so much for him medically. I’m going to continue to stay involved with Tucker,” Jennings said. “It’s important that people in S.C. know that this unit is well run. It’s a place where I think our tax dollars are well spent.”
The South Carolina Department of Mental Health Congratulates the 2009 Outstanding Employees!

Harold Alexander
WSHPI/SVPTP

Henrietta Ashe
Tucker Center

Dr. Lori Barwick
Spartanburg Area MHC

Vandria Bennett
Orangeburg Area MHC

Mark Binkley
DOAS/Central Admin.

Cynthia Dunbar
Aiken-Barnwell CMHC

Jill Dunmire
Berkeley CMHC

Kimberly Grant
WSHPI/Forensics

Kathy Hugg
Columbia Area MHC

Mary Katherine Johnson
Santee-Wateree CMHC

Marilyn Jones
Lexington County CMHC

Crystal Martin
Beckman CMHC
Mental Health
Outstanding Employees!

Lawrence McClintock
Bryan Hospital/Morris Village

Furman Outen
Hall Institute/C&A Services

Glen G. Poore
Catawba CMHC

Ralph Randolph
Bryan Hospital/Wellspring

Constance Session
Waccamaw Center

Congratulations to our Overall Winner:
Mary Kay Campbell
Greenville MHC

Dr. Scott Christie
Charleston/Dorchester CMHC

Christy Costanza
Coastal Empire CMHC

Cassandra McCrary
Pee Dee CMHC

Sabrina Peake
Piedmont Center for MHS

Dr. Simi Sachdev
Tri-County CMHC

Esaw Robinson, Jr.
Bryan Hospital/Acute Care

Mary Raaf
Harris Hospital

Outstanding Employees not available for pictures:

Susan Steedman
Bryan Hospital/Pharmacy

Jerri Veronee
DOAS/Physical Plant Svs.

Diane Williams
Anderson-Oconee-Pickens

Diane Young
DOAS/Nutritional Services
Charleston Firefighter Support Team Heads to New York City

By Tracy LaPointe, Office of Public Affairs

Three staff members from the Charleston/Dorchester Mental Health Center (CDMHC) visited New York City in June to tour the New York City Fire Department’s (FDNY) counseling and substance abuse intervention services, meet with administration and service providers, and study its support model.

Chris Wells, Amanda Custer and Sarah Braswell, from CDMHC, and Gerald Mishoe, of the SC State Firefighters’ Association, represented the Charleston Firefighter Support Team. Developed as a result of the 2008 Sofa Superstore fire, in which nine firefighters lost their lives, the team is a collaborative effort between the City of Charleston, the South Carolina State Firefighters’ Association and the CDMHC, and functions as a full-time counseling unit dedicated to the emotional health and well-being of Charleston firefighters and their families.

Though the team was initially focused on assisting the fellow firefighters and families of the fallen nine with the trauma they experienced, it has since expanded to include all active duty firefighters and their families. While the team continues to assist those who are still experiencing difficulties as a result of the Superstore fire, it also provides services for other needs unrelated to the tragedy, including stress and trauma associated with employment and personal events, family issues, and psychological concerns.

Peer Support Specialists from the FDNY have come to Charleston periodically over the past year to assist and consult with the Charleston Firefighter Support Team, providing peer support services and assisting the Team and the City of Charleston Fire Department in identifying psychological needs and planning issues. Upon doing so, the Team decided to enhance its services to include drug and alcohol and peer-support assistance.

To that end, Richey Denninger, peer support specialist and retired FDNY firefighter who has traveled to Charleston to assist the Team many times over the last year, worked with Captain Frank Leto, director of the FDNY Peer Support Division, to arrange a site visit to the FDNY so Team members could study its advances in these areas.

The South Carolina Firefighters’ Association, which has supported the Team’s efforts from the beginning, agreed to finance the cost of the trip for Charleston Firefighter Support Team members. While there, they gleaned valuable information that will help in expanding and enhancing the services provided in Charleston.

“FDNY has been a pioneer in the development of peer-support, counseling, and substance abuse services for firefighters, and provides state-of-the-art specialized support,” said CDMHC Chief of Staff Kirby Bond. “The Charleston Team has expanded its services tremendously since its inception, from forming a retiree support group to assisting with in-service and recruit training. These folks are dedicated to working together to provide assistance to those who risk their lives for our safety, and this site visit helped them continue to do so.”

Charleston Area Clients Hold Car Wash for Children’s Hospital

By Debbie Blalock, Executive Director
Charleston/Dorchester CMHC

I have the privilege of working for the South Carolina Department of Mental Health at the Charleston/Dorchester Mental Health Center. Our center has a very active client advisory board comprised of folks who receive services from the center for serious mental illnesses such as schizophrenia and bipolar disorder. This valuable board advises our center leadership on many matters, always providing the most important perspective, the client’s perspective.

Recently the board decided that it wanted to celebrate May as Mental Health Awareness Month, by giving back to the community. The board knows all too well that the community at large views them as folks who take and not as folks who give. They decided to hold a car wash to raise funds for the Medical University of South Carolina’s Children’s Hospital’s oncology unit.

So, on May 22, 10 clients washed over 35 cars and raised $250 to donate to kids with cancer. I wish you could have seen the faces of these men and women as they served those less fortunate rather than being the less fortunate! It was truly recovery in action. For three hours, these folks were not folks with mental illnesses – they were simply good neighbors making a difference.
One-Stop Shop for Disability Benefits
By Sheila Arnold, Columbia Area MHC

Navigating the red-tape of applying for Social Security disability can be a challenge for anyone, but it can be especially daunting for someone with a serious mental illness. Columbia Area MHC helps clients apply for disability benefits and assists clients with post-entitlement issues such as the impact of employment, change in marital status, and change in finances on benefits.

John H. Magill identified a need to prepare a cadre of qualified personnel to assume executive leadership positions in the future within the organization. This year, seven candidates were noticed and appreciated by many.

In 2008, five individuals completed the program, two of whom have assumed executive leadership positions within the organization at the executive level.

The goal of the state director, with assistance from the Division of Evaluation, Training and Research (ETR), was to initiate the necessary paperwork.

Facilitators and program candidates meet at least once per week throughout the 14-week program. During the first and last week, candidates meet as a group with Mr. Magill. They spend weeks two through six with their individual assigned primary facilitator. For the remaining seven weeks, program candidates rotate among the other facilitators in order to gain a better understanding of the areas of DMH in which those facilitators are experts.

Each program candidate is required to prepare a written Management Improvement Project. The purpose of this project is to give candidates the opportunity to use his or her experience to identify an area within DMH for targeted improvement, and formulate a document about said improvement, which is presented to all candidates and facilitators. The project requires candidates to focus on methods to create new management initiatives or to improve, or add value to one that is already in place within the agency.

ETR is responsible for coordinating the program and provides each program candidate with a manual, developed by ETR, containing information about the program, his or her individual schedule, and associated reference materials.

Both candidates and facilitators are required to complete an evaluation of their experience upon completion, the results of which are used to improve future program offerings.

In 2008, five individuals completed the program, two of whom have assumed executive leadership positions within the organization. This year, seven individuals will complete the program.

Through this program, DMH has begun the process of grooming selected individuals to advance to the executive leadership level to fill vacancies resulting from attrition.
Recovery Through Work: The Evidence-Based Practice of Supported Employment

In August 2009, South Carolina became the sixth state accepted into the Johnson & Johnson-Dartmouth project on family advocacy for Supported Employment. Supported Employment is a generic term used by many types of programs that provide long-term supports to people with disabilities.

Recently, five members of NAMI Mid-Carolina, accompanied by Demetrius Henderson, director of Consumer Employment at the South Carolina Department of Mental Health, attended a training program at the Dartmouth Community Health Program in Hanover, New Hampshire, in order to learn more about Supported Employment, particularly a program called Individual Placement and Support (IPS). The trip was part of a grant from Johnson and Johnson, and the goal was to learn about ways to increase family advocacy efforts for promoting employment as a key part of recovery from mental illness.

The IPS program places and supports individuals exclusively in competitive community employment. Competitive community employment is defined as: working in the community for at least minimum wage, where pay is commensurate to the job and the work environment is in an integrated setting of people with non-disabilities.

The national average, based on supported employment research, indicates that people working competitively on IPS caseloads range from 40 to 58 percent, as compared to the 18 to 21 percent range for traditional vocational programs serving people with mental health disabilities.

The core IPS principals are:

- Eligibility based on consumer choice. No one is excluded who wants to participate;
- Employment integrated with treatment. Employment specialists coordinate plans with individuals’ treatment teams (case manager, therapist, psychiatrist, etc.);
- Achieving competitive employment. The focus is on obtaining community jobs anyone can apply for, which pay at least minimum wage, including both part and full-time jobs;
- Job searches that begin soon after a patient expresses interest in working;
- No requirements for completing extensive pre-employment assessment and training, intermediate work experiences, such as pre-vocational work units, transitional employment, or sheltered workshops;
- Continuous follow-along support. Individualized supports must be provided to maintain employment as long as patients want assistance;
- Consumer preferences. Choices and decisions about work and support are individualized based on patients’ preferences, strengths, and experiences; and
- Benefits counseling as part of the employment decision-making process. Personalized benefits planning and guidance help patients make informed decisions about job starts and changes.

Unique Needs of Returning Soldiers and their Families are the Focus of Healthcare Provider Training

By Melanie Ferretti
Division of Information Technology

As more and more soldiers return from the wars in Iraq and Afghanistan, it is inevitable that healthcare providers must prepare for and address the unique issues this population will face. Post traumatic stress disorder (PTSD), co-occurring disorders, combat stress injuries, family and marital problems, and the need to find employment are a few of the challenges veterans and their families must meet.

On October 15 and 16, the South Carolina Department of Mental Health (SCMH) hosted a conference, “Painting a Moving Train - Working with Veterans of Iraq, Afghanistan, and Their Families,” which was held at the William S. Hall Psychiatric Institute Forum in Columbia.

The conference covered the basics of psychiatric treatment related to soldiers returning from Afghanistan and/or Iraq and their families, identified how family relationships are impacted by deployment, discussed referral resources available for soldiers, and provided an opportunity for the attendees to network. Ideally, the care soldiers receive will be better coordinated as a result of this conference. A key presenter, Dr. Rachael Nelson, of W.J.B. Dorn VA Medical Center said, “Hopefully, we have increased sensitivity to the needs and issues of returning veterans.”

According to Terry O’Connor, Yellow Ribbon Coordinator with the South Carolina National Guard, “It is as much about understanding the impact on the families and children as it is about the returning soldier.” South Carolina was one of the first states to study the impact of a parent's deployment on children in schools. Children experiencing this stress may act out in different ways, which can result in higher absenteeism, increased tardiness, dropping grades, increased aggression, and other negative behaviors. This is a challenge counselors, teachers, and school administrators should expect and prepare for.

The audience of more than 125 professionals comprised Behavioral Health Service providers in many areas, including case managers, social workers, physicians, nurses, counselors, and chaplains. In addition to those in attendance at The Forum, still more took part via video; the conference was broadcast to each of DMH’s 17 Mental Health Centers, located throughout the state, and was sponsored by the S.C. Returning Veterans Policy Academy Team, DMH, and the William Jennings Bryan Dorn VA Medical Center.

“DMH has been proud to lead Team South Carolina since its inception,” said State Director of Mental Health John H. Magill. “We at DMH are so glad to have been able to assist in bringing this valuable training opportunity to the healthcare community and look forward to continuing to support returning veterans and their families.”

For more detailed information on this subject and to view the handouts used at the conference, visit www.upstateahcc.org.
South Carolina COSIG and Co-occurring Capable Pilot Sites

By Shelley McGeorge, Division of Community Mental Health Services

The South Carolina Co-Occurring State Incentive Grant’s (COSIG) Doors to Recovery project represents a bold initiative among The South Carolina Department of Mental Health (DMH), the SC Department of Alcohol and Other Drug Abuse Services (DAODAS), and The SC Department of Vocational Rehabilitation (VRD). The purpose of the pilot initiatives is to test the new methods developed during the grant to see if they are feasible, effective, and efficient. The pilot sites have been the first to implement:

- SC COSIG is in its third year of Substance Abuse and Mental Health Service Administration (SAMHSA) funding and has two pilot sites: one in Charleston (urban setting) and another in Georgetown (rural setting), which have both been recently reviewed through the Dual Diagnosis Capability in Addiction Treatment/Dual Diagnosis Capability in Mental Health Treatment DDCAT/DDCMHT for co-occurring treatment capability and rated as capable through the DDCMHT. The Co-occurring Center for Excellence has been providing treatment consultation regarding organizational structure and clinical issues, through Dr. JoAnn Sacks, from the start of these pilot sites.

The purpose of the pilot initiatives is to test the new methods developed during the grant to see if they are feasible, effective, and efficient. The pilot sites have been the first to implement:

- A universal COD screening tool and a website with electronic referral within DMH, DAODAS, and VRD;
- Training and cross-training programs for new and existing agency staff;
- Collaboration agreements among local mental health and substance abuse treatment providers, including staff exchange for joint staffing, treatment planning, etc.;
- Alternative reimbursement methods to fund COD services;
- Management Information System (MIS) changes to allow tracking of clients with COD and the exchange of information among local mental health, substance abuse, and vocational rehabilitation agencies and among local and state agencies;
- Utilization of the DDCAT/DDCMHT fidelity measure in staff training to provide recommendations for strategic planning for service delivery and treatment content; and
- Implementation of a Double Trouble in Recovery Support Group for COD clients.

Charleston

The Charleston/Dorchester Mental Health Center provides a specialized COD treatment program partially funded through SC COSIG. The program is an integrated project, which utilizes clinical staff from the local DMH facility and the local DAODAS provider, The Charleston Center. Staff members from each agency provide clinical service at the primary locations of their respective agencies, as well as locations in the community that staff have identified as Client Recruitment Networks. The program provides COD outpatient services, including individual and group therapy, psychiatric/medication assessment, intensive case management, and psychiatric nursing services. In addition to the integrated COD treatment that clients of the pilot project receive, they also obtain supportive employment services from the local area vocational rehabilitation office to enhance the recovery process.

Currently the team is offering the following groups and services:

- Co-Occurring Disorders Primary Therapy groups;
- Co-Occurring Disorders Education group “Feeling Better”; Co-Occurring Disorders Discovery group;
- Seeking Safety groups;
- Mental Health Consultation Team – provides information and support for counselors and treatment staff who wish to learn more about COD treatment and intervention; and
- Substance Abuse/Dependence Consultation Team – provides information and support for staff treating individuals with addiction problems.

Georgetown ‘Choppee’

Located in Georgetown County, the Waccamaw Mental Health Center’s Choppee Health Complex location provides a specialized co-occurring disorder treatment program, partially funded through South Carolina’s COSIG. The program provides outpatient services, including individual, family and group therapy, psychiatric/medication assessment, and psychiatric nursing services. The Choppee project is a collaborative project, involving early screening and referral to the Choppee program by the local DAODAS provider. Clinical staff of the Choppee pilot project are cross-trained and have experience providing mental health and substance disorder treatment.

Currently, the team offers the following groups and services:

- the COD group;
- a Medication Compliance group;
- a Relapse Prevention group;
- bus service is in the community;
- a Double Trouble Recovery group (recently started); and
- A peer support specialist who will begin providing services to COSIG clients in the next quarter.

Congratulations!

Chrystal Jenkins, administrative assistant to the director of Accounting with the SCDMH Division of Financial Services, was honored Sept. 24 by Sistercare, Inc., as Children’s Program Volunteer of the Year for her reliability, conscientiousness and dedication in volunteering her time towards helping make a difference in the lives of battered women and their children.
The final speaker of the program was Hampton Caughman, father of Army Specialist Thomas D. Caughman, the first South Carolinian casualty of the war in Iraq. Mr. Caughman spoke of his son's dedication to his country and to his family and stressed the necessity of providing a support network for returning soldiers who share that dedication and are willing to make the ultimate sacrifice as a result. Mr. Caughman closed by reading an undated letter from Specialist Caughman, in which he spoke of the importance of remembering the men and women who sacrifice in the name of Freedom.

“We here at the Public Safety Division again would like to thank all those who assisted us in obtaining this vital resource to accomplish our mission.”

According to Tammy Orr, grants manager for SCDMH, these are the first stimulus funds DMH has received directly from the 2009 American Recovery and Reinvestment Act.

“This funding opportunity will allow for enhanced safety and security of DMH clients, patients, and employees,” she said.

The Covenant outlines the group’s commitment to reducing barriers and ensuring statewide access to treatment of mental health and substance abuse issues; developing a coordinated approach to provide services in the areas of employment, vocational rehabilitation, and housing; providing information about and assistance with local services available to veterans and their families; raising awareness throughout South Carolina of the needs of veterans and their families; and expanding and enhancing the South Carolina Policy Academy to include other organizations who can provide assistance to those in need.

South Carolina Senator Thomas Alexander; Deputy Superintendent Mark Bounds, of the SC Department of Education; Lieutenant Colonel Clarence Bowser, of the SC National Guard; Brigadier General Les Eisner, S.C. National Guard deputy adjutant general; Director Lee Catoe, of the SC Department of Alcohol and Other Drug Abuse Services; SC Comptroller General Richard Eckstrom; Director Emma Forkner, of the SC Department of Health and Human Services; Executive Director Bill Lindsey, of the National Alliance for the Mentally Ill – SC; and Richland County Councilman Paul Livingston joined Representative Smith, Mr. Magill, General Goldsmith and Colonel Butler in signing the pledge.

Led by DMH State Director John H. Magill and comprising more than 30 organizations, including representatives from the Legislature, military and veterans’ groups, and state and non-profit agencies, Team South Carolina continues to revise and augment its six priority Action Plan to identify and coordinate existing services and improve the integration of said services.
The South Carolina Joint Council on Adolescents held its quarterly meeting June 19 at the SC Department of Mental Health (DMH) in Columbia. The initiative, which aims to improve and enhance services for South Carolina’s children and adolescents with co-occurring issues, forms a “No Wrong Door” collaborative. At the June meeting, the Executive Steering Committee reported on No Wrong Door’s recent accomplishments and made recommendations for future objectives.

Since June 2008, services have been implemented in eight pilot sites – and participating agencies have performed more than 1,000 client screenings using the Global Appraisal of Individual Needs Short Screening Tool, or GAIN-SS.

The initiative has begun piloting the utilization of an assessment tool for co-occurring (mental health and substance abuse) disorders. The Practical Adolescent Dual Diagnostic Interview, or PADDI, is being employed in six locations, with 200 assessments planned for piloting in the coming months.

No Wrong Door is dedicated to improving the quality of the workforce by assessing needs in the area of core competencies. To that end, approximately 300 service providers in the eight pilot sites had completed training needs assessments as of May of this year. These evaluations are integral in identifying areas where further training related to serving clients with co-occurring disorders is needed.

In addition to reporting the Collaborative’s achievements, the Council outlined areas of focus to expand and improve the Initiative’s activities, including continuing collaboration at a state level; taking action to ensure sustainability; continued implementation of the GAIN-SS tool, adapting a co-occurring assessment tool for implementation across agencies; and continued improvement of the workforce.

At the Council’s last meeting held September 17, State Director John H. Magill passed the gavel to William J. Byars, Director, South Carolina Department of Juvenile Justice. The Department of Mental Health will continue to participate in the Council and support Judge Byers in treating the children of South Carolina.

In the Next Issue…

The Winter Edition of IMAGES will include the following articles:

- Mental Health Weekly Recognizes SCDMH’s Deaf and Hard of Hearing Program
- Charleston CMHC Employee Named NAMI Mental Health Professional of the Year
- Hall Institute Wins Poster Contest
- Looking Back: Clinical Pastoral Education Program at SCDMH

See you in 2010!
Images is an in-house newsletter published by the S.C. Department of Mental Health for its employees.

The S.C. Department of Mental Health provides services to the mentally ill citizens of South Carolina through 17 community mental health centers, four psychiatric hospitals, and three nursing homes.

The S.C. Department of Mental Health does not discriminate in any way in the delivery of services nor the employment of qualified persons.

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