

About Morris Village

7/5/16

The Morris Village Alcohol and Drug Addiction Treatment Center is an adult inpatient addiction treatment program under the Division of Inpatient Services of the South Carolina Department of Mental Health (SCDMH). The treatment program operates in a self-standing facility and is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Mission, Vision, Values

The mission of Morris Village is to provide effective and efficient treatment of alcohol and other drug addictions through comprehensive assessment, safe detoxification, and evidenced based treatment services to the citizens of South Carolina. Our staff respects the dignity and rights of patients and promotes their return to normal, productive lives in their community. We are committed to professionalism, quality and excellence.

We believe that addiction is a chronic relapsing disease that has serious physical, emotional, social, and spiritual effects. The treatment program is based on the premise that those who suffer from the disease of addiction can achieve lifelong abstinence through a program of intensive treatment followed by appropriate community-based aftercare services and ongoing participation in Peer Support programs.

Facts and History

Morris Village was one of four regionally located mental health facilities envisioned in 1963 by the Governor's Interagency Council on Mental Health Planning. Although the concept of the village system was to provide geographically accessible treatment closer to the patient's community, Morris Village was designated as the department of mental health's sole inpatient facility for the treatment of alcohol and other drug addiction.

In 1968, the Department of Mental Health made a concerted effort at long range planning for Departmental physical needs. As a part of this planning, a partnership was made with the College of Architecture of Clemson University to assist in coordinated planning for the building needs of the department, both short term and long range. Professor George C. Means was the chief coordinator and liaison person for this project.

The Village opened in 1975 to serve patients from throughout the 46 counties of the state of South Carolina. The Morris Village treatment program was an outgrowth of a pilot 56 bed addiction treatment program housed at Crafts-Farrow State Hospital from 1971 until completion of the current facility in 1975. The Village was designed as a typical small residential community. Fourteen cottages (patient living areas) were located on the periphery of the campus, while administrative offices, an infirmary and a library were located in the interior surrounded by a central court yard. In addition, the village contains residential cottages, a physical activities center,

learning and resources center, cafeteria, a post office and cashier area, occupational therapy buildings and an assembly hall.

In 1987, the state passed legislation for the involuntary commitment of persons with chemical dependency. Since that time, the mission of Morris Village has evolved to accommodate the needs of persons involuntarily committed to treatment.

In 2004, Morris Village was integrated under the umbrella of Columbia Behavioral Healthcare Services consisting of other public inpatient hospitals in the Columbia Area serving adults and children who are experiencing a variety of behavioral healthcare problems. The purpose for this integration was to more effectively and efficiently integrate care by networking facilities that serve both the mentally ill and chemically dependent patients.

In 2007, Morris Village experienced another management restructuring as it became a facility under the newly reorganized Division of Inpatient Services.

Awards/Licensure/Accreditation

Morris Village is a licensed inpatient treatment facility providing alcohol and drug addiction treatment services under the Division of Inpatient Services and the SC Department of Mental Health. We are a specialized hospital, licensed by the SC Department of Health and Environmental Control and accredited by the Commission on Accreditation and Rehabilitation Facilities (CARF).

Patients and Visitors

Morris Village Treatment Center is located at 610 Faison Drive near downtown Columbia, South Carolina (29203) and is conveniently located in central Richland County.

Referral and Admission

Morris Village accepts three types of admissions: voluntary, judicial (by order of probate court) and emergency (by examination and affidavit of a licensed physician).

Referrals are received from hospitals, probate courts, county alcohol and drug treatment providers and local mental health centers. Prospective patients should contact their designated county alcohol and drug commission or their county mental health center to facilitate a referral to Morris Village. Family members can contact their local probate courts if they have any questions about judicial commitments.

Eligibility: The criteria for patient admission to Morris Village:

- Must be a SC resident
- Must be 18 or older
- Must be diagnosed with substance dependence

The progression of addiction must be severe enough to warrant inpatient treatment (i.e. previous outpatient treatment experience, history of relapse, poor recovery environment, need for 24 hour treatment structure, etc.)

Billing Information

Patients will not be denied services based on their ability to pay. Many insurance companies cover services provided by Morris Village. We do not accept Medicare A and Medicaid.

Patients are responsible for payment of services. Questions regarding charges or payments of charges, inquiries should be directed to the South Carolina Department of Mental Health Reimbursement Office at (803)-898-8405.

Visitation and the Family Program

There are scheduled times for your loved ones to visit you during your treatment stay. Prior to the actual, visitors will need to arrive at Morris Village to participate in our Family Education Program. After completion of the family education course, visitors will then have an opportunity to meet with their loved one.

Location

610 Faison Drive Columbia, SC 29203 US

What to Bring

Morris Village wants its admissions process to be as easy and comfortable for patients as possible. We want to ensure that you have the information that you need when making this important step in your life. One of our goals is to make sure that your experience at Morris Village is safe and productive. To do this, we have established a list of what you can and can't bring into our treatment facility. Below you will find the items that are allowed and the items that are prohibited.

Clothing and Jewelry

Morris Village asks that only 5 days' worth of clothing be brought to our treatment facility. Patients are expected to dress modestly. Clothing should be intact and not be revealing. We do not allow patients to wear halter tops, tank tops, mini-skirts or shirts that reveal a bare midriff. We do not allow high-heel shoes or steel toe boots. We also do not allow clothes with designs or wording which refer to alcohol, drugs, violence, gambling, include profanity or are considered obscene or culturally inappropriate in any manner. In regards to jewelry, you are allowed to bring in a wedding band, 1 pair of earrings and 1 necklace. Please do not bring additional jewelry.

Not Allowed

The following items listed below are considered CONTRABAND AND MAY NOT BE BROUGHT into the Morris Village Alcohol and Drug Addiction Treatment Center.

1. **Food or drinks**
2. **Weapons of any kind**, including but not limited to, firearms, knives or materials for making knife-like weapons, clubs, mace, pepper-spray or any articles that may be used for offense or defense
3. **Alcohol or drugs** of any description, including over-the-counter medicines and prescription drugs
4. **Drug paraphernalia**, including but not limited to, needles, syringes, and other intravenous supplies not approved and issued by the facility for treatment
5. **Poisons, flammable liquids, igniting devices and other chemicals/items** that may cause injury, harm or present a fire hazard, including matches and cigarette lighters
6. **Pornographic or sexually explicit materials** such as photographs, magazines, books, video, and any other images that display sexual behavior
7. **Literature** that DOES NOT pertain to recovery
8. **Stationary supplies** such as ink pens and spiral notebooks
9. **Hardware**, including but not limited to, tools, keys, and locks
10. **Electronics, cell phones and any other audio-visual equipment** with recording and/or photographing capabilities
11. **Tattoo or body piercing supplies**
12. **Plastic bags**
13. **Glass items**
14. **Aerosols or items containing alcohol**
15. **Linens**, including but not limited to, sheets, comforters, pillows, towels and blankets
16. **Leisure items**, including but not limited to, cards, fishing equipment, games, dice, musical instruments and stuffed animals
17. **Hairstyling and haircutting equipment and beauty supplies**, including but not limited to, mirrors, scissors, razors, electric shavers, beard clippers and curling irons
18. **Hygiene items** such as toothpaste, soap and shampoo
19. **Tobacco products** such as cigars, slim cigars, dissolvables, chewing tobacco and rolling papers

Protocol Regarding Contraband

Upon arrival, any and all prohibited items/contraband that are brought with you will be properly secured by staff. Due to space limitations, we can only store minimal amounts of items; therefore, we request that a family member or friend pick up these items as soon as possible. Morris Village is not liable for the loss or damage of any money, jewelry documents or any other articles of value. This includes cash, checks, money orders, credit and debit cards.

Our Treatment Services

Specialized treatment services are available to men and women as well as treatment services for those patients with acute and chronic co-occurring psychiatric disorders. The program serves adults 18 years old and over. All programs are structured around four (4) multi disciplinary treatment teams that provide treatment services in an environment applicable to the specific needs of program participants.

The teams are comprised of medical, nursing, clinical, and activity therapy staff who are responsible for treatment planning and on-going assessment and evaluation of patients. Each patient is assigned a case manager who coordinates all treatment and referral activity. Treatment is based on the individual needs of each person served.

Morris Village recognizes and highly values the principles of the 12-STEP recovery model and seeks to incorporate these concepts into the treatment process. Community representatives from the recovering community lead various 12-STEP meetings for our patient population.

Therapeutic modalities include group therapy, individual therapy, recovery dynamics/patient educational classes, family education/counseling, activity therapy, vocational rehabilitation, and big book (AA) study. Morris Village also recognizes and highly values the power of group therapy as one of the most effective ways to work with patients suffering from addiction. Psychiatric and/or psychological assessments are provided based on individual need.

Our Staff

Our treatment teams provide the direction and leadership for our treatment programming. The teams are composed of addictions counselors, nursing personnel, physicians and activity therapists who provide direct patient services. Psychological testing and assessments are available, and both physicians and nurses provide 24-hour medical coverage.

What We Provide

Morris Village provides evaluation, medical stabilization/detoxification and inpatient treatment services. Our treatment programs address special gender and cultural needs, as well as, possess the capability to work with patients who suffer from “co-occurring” disorders (both substance dependence and mental illness).

Our services include medical care, group and individual counseling, family counseling, patient education, AA-NA Big Book study, activity therapy and AA-NA meetings.

Dual-Diagnosis

Those who struggle both with serious mental illness and substance abuse face problems of enormous proportions. Mental health services are often not well prepared to deal with patients having both afflictions. Often only one of the two problems is identified. If both are recognized, the individual may bounce back and forth between services for mental illness and those for substance abuse, or they may be refused treatment by each of them.

While the picture regarding dual diagnosis has not been very positive in the past, there are signs that the problem is being recognized and there is an increasing number of programs trying to address it. The drug most commonly used is alcohol, followed by marijuana and cocaine. Prescription drugs such as tranquilizers and sleeping medicines may also be abused. The incidence of abuse is greater among males and those in the aged 18 to 44. People with mental illnesses may abuse drugs covertly without their families knowing it. It is now reported that both families of

mentally ill relatives and mental health professionals underestimate the amount of drug dependency among people in their care. There may be several reasons for this. It may be difficult to separate the behaviors due to mental illness from those due to drugs. There may be a degree of denial of the problem because we have had so little to offer people with the combined illnesses. Caregivers might prefer not to acknowledge such a frightening problem when so little hope has been offered.

Substance abuse complicates almost every aspect of care for the person with mental illness. First, these individuals are very difficult to engage in treatment. Diagnosis is difficult because it takes time to unravel the interacting effects of substance abuse and the mental illness. They may have difficulty being accommodated at home and may not be tolerated in community residences of rehabilitation programs. They lose their support systems and suffer frequent relapses and hospitalizations. Violence is more prevalent among the dually diagnosed population. Both domestic violence and suicide attempts are more common, and of the mentally ill who wind up in jails and prisons, there is a high percentage of drug abusers.

Given severe consequences of drug abuse for the mentally ill, it is reasonable to ask: "Why do they do it?" Some of them may begin to use drugs or alcohol for recreational use, the same as many other people do.

Various factors may account for their continued use. Probably many people continue their use as a misguided attempt to treat symptoms of the illness or the side effects of their medications. By "self-medicating," they find that they can reduce the level of anxiety or depression -- at least for the short term. Some professionals speculate that there may be some underlying vulnerability of the individual that precipitates both mental illness and substance abuse. They believe that these individuals may be at risk with even mild drug use.

Social factors may also play a part in continued use. People with mental illnesses suffer from what has been called "downward drift." This means that as a consequence of their illness they may find themselves living in marginal neighborhoods where drug use prevails. Having great difficulty developing social relationships, some people find themselves more easily accepted by groups whose social activity is based on drug use. Some may believe that an identity based on drug addiction is more acceptable than one based on mental illness.

This overview of the problem of drugs and mental illness may not be a very positive one. However, there are some encouraging signs that better understanding of the problem and potential treatments are on the way. Just as consumers and families have faced other very troublesome problems in the past and developed adequate responses to them, they can also learn to deal with this one in a way that their lives become less troubled and better treatment is received.

Careers

State Employees may be eligible for a variety of benefits associated with their employment. From a comprehensive health and dental insurance program, to generous annual and sick leave policies, to a solid and secure retirement system, the State of South Carolina offers a competitive benefits program for state employees.

The SCDMH lists its job openings at jobs.sc.gov.

Privacy Policy

For information on our privacy practices, please visit <http://www.state.sc.us/dmh/noticepp.htm>.