

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL

BERKELEY COMMUNITY MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR DEBBIE CALCOTE

Spring 2012

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

**DMH HOSPITALS
AND
NURSING HOMES**

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

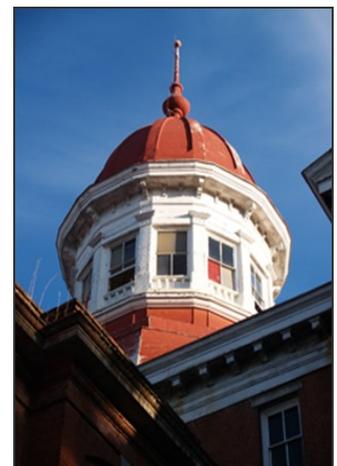
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



BERKELEY COMMUNITY MENTAL HEALTH CENTER
 403 STONEY LANDING ROAD
 MONKS CORNER, SC 29461
 (803) 761-8282

Serving Berkeley County

BERKELEY COMMUNITY MENTAL HEALTH CENTER

Established in 1981, Berkeley Community Mental Health Center (BCMHC) is the youngest of the 17 mental health centers operated by DMH. Located on Stoney Landing Road in Moncks Corner, the 26,000 square foot facility was built in 1992, in response to increased need for mental health services due to commercial and residential growth.

The mission of BCMHC is for staff to work in partnership with clients, families, and the community, to assist adults and children with severe, persistent, mental illnesses to improve the quality of clients' lives. The Center staff values input and feedback from clients, families, and community stakeholders.

Services offered include case management; individual, group, and family therapies; medication therapies, programs for the elderly; voca-

tional readiness; and community placement (Homeshare).

BCMHC provides goal-oriented and individualized support and/or skill building. To assist in recovery, an individualized plan of care based on each patient's needs and goals is developed. The level of intensity and duration of services are designed to meet both individual and family needs.

At BCMHC staff believe that: clients are best served within their home communities, with treatment people with mental illnesses can lead full lives, and investing in treatment for children, adolescents, and their families is vitally important. These beliefs have led to three major accomplishments. One, a historically low number of clients from Berkeley County has needed to be admitted to State psychiatric hospitals. Two, the Center has moved to rehabilitation-focused treatment versus maintenance-

focused treatment. And three, vital evidence-based outpatient programs for children and their families have been established.

BCMHC gives priority to adults and children with serious mental illnesses and serious emotional disturbances and fulfills its legislative mandates. BCMHC works cooperatively with other agencies, both public and private, to assure continuity of services. To this end, BCMHC has forged relationships with community partners including the Kennedy Center, the Department of Social Services, the Department of Vocational Rehabilitation, primary care physicians, local hospitals, schools, and more.

All DMH facilities are licensed or accredited; the BCMHC Outpatient Program for Adults and Children/Adolescents has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1997.

THE MISSION OF THE CENTER IS FOR STAFF TO WORK IN PARTNERSHIP WITH CLIENTS, FAMILIES, AND THEIR DIVERSE COMMUNITIES, TO ASSIST THOSE WITH MENTAL ILLNESS TO IMPROVE THE QUALITY OF CLIENTS' LIVES.



<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>Berkeley Community Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	1,588	59,427
<i>Child Outpatients Served</i>	666	30,058
<i>Total Outpatients Served</i>	2,442	89,485
<i>Population</i>	177,843	4,625,364
<i>Clinical Contacts Provided</i>	23,977	1,175,482
<i>Supported Community Living Environments</i>	2	3,395

VICKI ELLIS, BOARD CHAIR AND STACY LINDBERGH, BOARD MEMBER



Vicki Ellis,
Board Chair



Stacy Lindbergh,
Board member

Board Chair Vicki Ellis, an active member of the Board for more than 14 years, is dedicated to ensuring people who need mental health care receive proper care. Ellis, also an emergency room nurse at Trident Medical Center, wants to know that her patients are properly cared for after they leave the hospital. "Mental illness is a medical issue, which can be improved with treatment. Like patients with diabetes and heart disease, without proper care and/or medication, patients with mental illness will have problems," said Ellis.

Stacey Lindbergh, the director of Business Development and Community Relations at Palmetto Behavioral Health, and president of the Rotary Club of North Charleston, is also a

BCMHC board member. She has a master's degree in Health Administration, and considers mental illness a huge issue because it spans all socioeconomic levels and because there is widespread misunderstanding of what mental illness is. "When one in four people have mental illness, everyone has mental illness in their family, as I do in mine. It is a professional and personal concern for me. I'm proud to serve on this board and I enjoy it. I want to reduce the stigma associated with mental illness through education and to fight for necessary funding," she said.

According to Lindbergh, funding is at its lowest level since 1987. "It's like squeezing a balloon, those not being served end up in different places, such as emergency rooms, the penal

system, or homeless. And, if children aren't taken care of, it can negatively affect their long-term success. Inadequate funding of Mental Health affects every social service. It's multifaceted with a domino effect," Lindbergh said.

Both members agree that infrastructure for Mental Health has not kept pace with the growth of the area's population. Additionally, legislated mandates for the care of sexual predators puts a deep strain on the State's mental health resources. "Personally, I don't think DMH has any business taking care of sexual predators. And if DMH must take care of them, the program should at least be fully funded," said Ellis.

DEBBIE CALCOTE, EXECUTIVE DIRECTOR

Debbie Calcote began working at BCMHC in 1981, three months after the Center was founded. Early in her career, while working as an adult clinician, she helped to establish the first club house in the Berkeley area. She's done home visits, therapy and counseling, quality assurance, and held multiple supervisory positions, including director of Adult Services. In 2001, she accepted the position of executive director of the Center.

While a staff member, she focused on meeting individual needs of clients; now, as director, she focuses on the big pic-

ture while keeping the needs of clients foremost in her mind. "I want to contribute to taking care of people with mental illness. I don't want to be in a position that would remove me from the client population. I aggressively advocate for those with mental illness, and I enjoy working hands-on with clients," said Calcote.

"All of the staff, everyone in the building, knows we are here to do whatever it takes to serve clients. No one says 'that's not my job'." All clinical support staff is cross-trained, starting with the executive director, to set the

stage from the top down. Because of this, services are unaffected when staff members are absent.

To adapt to diminishing levels of funding, Center leaders and the Board have focused on maintaining the organization's clinical services. They made a cultural change in what most programs label "administrative services."

"We determined clinical staff could more effectively serve clients if they could focus more of their time on clinical duties rather than administrative duties. Numerous functions which are more appropriately

"MENTAL ILLNESS IS A MEDICAL ISSUE WHICH CAN BE IMPROVED WITH TREATMENT."
ELLIS

DEBBIE CALCOTE, EXECUTIVE DIRECTOR (CONTINUED FROM PAGE 4)

assigned to what was renamed Clinical Support Staff (CSS) were identified. By freeing clinicians and psychiatrists from administrative duties, CSS have been able to extend the availability of clinical time for cli-

Her goal for the Center is to be

recovery-oriented and empowering while operating as an efficient business. Calcote is driven by her desire to make a positive contribution: "I am most proud that we are providers of quality care while being good stewards of state money," she said.

In her office, Calcote keeps a model of a bridge which symbolizes a 'bridge to recovery'. She added wheels to the bridge to illustrate the challenge of evolving and improving in order to provide quality services to the citizens of Berkeley County.



Debbie Calcote,
Executive Director

STACY ALBARRAN, DIRECTOR OF CHILDREN, ADOLESCENT, AND FAMILY SERVICES

Originally from New York, Stacy Albarran decided, at age 17, to move south to attend the University of South Carolina. She knew at an early age that she wanted to work with abused children. With that goal in mind, she obtained an undergraduate degree in Psychology and went straight through to obtain her master's degree in Social Work, specializing in Family Therapy.

During Albarran's 18 year tenure at BCMHC she has filled a variety of roles. She started as one of the first school-based program therapists, working closely with school officials and teachers to provide a full range of mental health services in the school environment to children and their families. In 2000, she became director of Children, Adolescent, and Family Services (CAF).

CAF offers individual, group, and family therapies for children experiencing emotional and behavioral problems and mental illness, with emphasis placed on family participation in treatment and collaboration with school and community agencies. Berkeley's CAF program provides a full array of

mental health services, through office-based and in-home services, Intensive Community Services, and DSS Liaison Services.

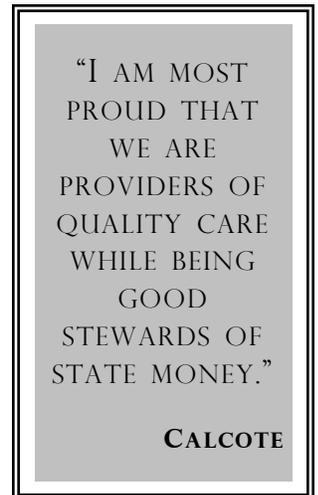
Three years ago, BCMHC expanded its in-home services. "In-home therapists strive to keep children in their homes. If that isn't possible due to safety issues, the goal is to keep the child in the local community," said Albarran.

Staff retention is a concern of Albarran. "In order for us to continue to serve children, families, and adults in our community, we need to keep feeding the growth of staff with retention as a goal. We do such an amazing job training staff, we don't want to lose them," she said.

Albarran continues to look ahead, focusing on finding new ways to provide services. In the past year, the CAF program has had the opportunity to participate in two evidence-based learning collaboratives sponsored by a local children's advocacy center: Trauma-focused Cognitive Behavioral Therapy (TFCBT) and the Sexual Behavior Problem Program (SBP). TFCBT is a child and parent

psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma sensitive interventions with cognitive behavioral, family, and humanistic principles, designed to accomplish goals in 12 to 18 sessions. SBP treatment uses behavioral, psycho-educational, and cognitive behavioral approaches in concurrent children and care-giver groups to eliminate identified sexual behavior problems, improve parent/child relationships and improve performance and behavior at home, school, and in the community.

An unexpected result of CAF participation in these community-based learning collaboratives has been the Dee Norton Lowcountry Children's Center sharing office space with CAF one day a week to provide children in northern Berkeley County with trauma assessments and forensic interviews. CAF's ability to provide evidenced-based treatments and advocacy has influenced the expansion of services in the county.



Stacy Albarran,
Director of Children,
Adolescent, and Family Services

RICHARD ALBARRAN, ACCESS CENTER DIRECTOR



Richard Albarran,
Access Center Director

- A - Always
- C - Caring and
- C - Compassionate
- E - Exuding
- S - Sensitivity and
- S - Support

“I BELIEVE WE HAVE THE RESPONSIBILITY OF IMPLEMENTING PROGRAMS AND TREATMENT INTERVENTIONS TO ENABLE OUR CLIENTS TO REMAIN SAFELY IN THE COMMUNITY, CLOSE TO THEIR FAMILIES.”

ALBARRAN

To ensure timely and consistent response to client requests for services, BCMHC established a central admission unit in 1989 called the Access Center. Under the supervision of director Richard Albarran, mental health professionals in the Access Center respond to all requests for services, conduct the initial assessments for all new clients, and provide crisis intervention and stabilization services.

During business hours, 8:30 a.m. to 5:00 p.m. Monday through Friday, the Access Center’s mental health professionals respond to telephone callers and individuals who walk in seeking information about services. They spend time talking with individuals to ascertain specific needs and determine an appropriate time frame for first appointments based on those needs. “One of our goals is to offer routine appointments within seven days of the request for service. If a situation is urgent or emergent, rapid or immediate service is provided,” said Albarran.

The assessment process involves an initial psychosocial assessment with a Master’s prepared counselor. In this session, the counselor learns about the needs as expressed by the client and any family participating. Information is also gathered from other treatment or medical providers. Knowing as much as possible about a client is the beginning of developing an effective plan of care, which may include therapies

and medical interventions.

Medical professionals, psychiatric nurses, and psychiatrists, also meet with new clients. A nurse conducts medical assessments to gather information about health conditions and provide education about associated treatments. Every new client meets a psychiatrist to complete the assessment process. The psychiatrists use the information gathered by the counselor and nurse as well as what the client discusses to formulate a diagnosis, recommend therapies, and, when needed, prescribe medications.

Once the comprehensive psychosocial, nursing, and psychiatric medical assessment process is complete, the clients start to work on their treatment goals with counselors in Adult Services or the CAF program.

BCMHC’s Access Center also provides crisis intervention and stabilization services for clients and people from the community. The team of mental health counselors and psychiatrists work with clients and families to assess immediate needs, identify resources to most effectively address the needs, and engage clients in these resources.

A goal of the Access Center is to prevent hospitalization as long as safety is not at risk. To assist in keeping clients in the community, a host of stabilization interventions are activated based on each client’s needs. Such intervention, aptly labeled “Hospital Diversion,” can

include therapies, nursing services, and medication adjustments. Hospital Diversion team members may work with clients throughout the day for multiple days in the week. If a client’s stressors are associated with his or her living environment, a respite bed may be an alternative. In fiscal year 2011, 86.5% of individuals in crisis served by the Access Center remained in the community.

Richard Albarran obtained his bachelor of arts degree in Psychology from Francis Marion University and his master’s degree in Education from the Citadel in the Clinical Counseling program. A licensed professional counselor, he has been a BCMHC employee for over 20 years, and director of the Access Unit since 2000.

“I believe that working in a community mental health center carries the responsibility of implementing programs and treatment interventions to enable our clients to remain safely in the community, close to their families. The Access Center’s main function is to strive towards that goal when clients first request services as well as when they present in crisis. With prompt appointments, close follow-up by the access staff, and programs in the Access Unit like Hospital Diversion, we are able to successfully achieve this goal,” said Albarran.

KELLY SEILING, SUPERVISOR, SC VOCATIONAL REHABILITATION-BERKELEY/DORCHESTER AREA OFFICE

BCMHC collaborates with many agencies daily, such as Trident Hospital, Roper Hospital, the SC Department of Alcohol and Other Drug Abuse Services, the SC Department of Social Services, the SC Department of Juvenile Justice, and the SC Vocational Rehabilitation Department (SCVRD).

According to Vocational Rehabilitation Supervisor Kelly Seiling, SCVRD serves people who want to work but are discouraged from doing so by a physical or mental disability. SCVRD provides evaluations, job skills training, and job placement for employment and places special emphasis on serving individuals who receive Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

In keeping with its mission of promoting recovery and community integration, BCMHC formed a partnership with the local SCVRD office in 1986, and has sustained this partnership, which supports clients

going to work. Currently, the vocational program model is Individual Placement and Support (IPS). The IPS supervisor at BCMHC works in tandem with a job coach/developer from SCVRD to rapidly place any client who wants to work in their vocation of choice.

More than 40 clients are currently employed through the IPS program. "IPS is my favorite program of all the programs we offer at Voc. Rehab. It's one of our most successful programs, due to the positive relationship we have with the Berkeley Community Mental Health Center and the individualized services we provide our clients," said Seiling. "We interface in a variety of ways."

"I am always impressed at how the IPS counselors stay so involved with their clients. It's great that together, the Vocational Rehabilitation Department and the Berkeley Community Mental Health Center help so many people transform from being sheltered and with-

drawn to being successfully employed citizens. The satisfaction of using employment as part of mental health treatment evokes warm and fuzzy feelings. It makes me love what I do," she said.

Seiling and Director Calcote are both part of the Agency Director's Forum. The group, which consists of most of the Agency heads in the county, meets once a month. According to Seiling, it's a time to meet, problem solve, share ideas, and blend resources. "The need for services is especially great in the outlying rural areas. We advocate together to provide what we can for all the citizens of Berkeley county," Seiling said.

Seiling, originally from Prosperity, is an avid Gamecock fan with a degree in Criminal Justice from the University of South Carolina. She has worked with the SCVRD for 12 years and has been the Berkeley/Dorchester Area supervisor for the past five.



Kelly Seiling, Supervisor,
SC Vocational Rehabilitation-
Berkeley/Dorchester
Area Office

"TOGETHER, WE
HELP MANY
PEOPLE
TRANSFORM
FROM BEING
SHELTERED AND
WITHDRAWN
TO BEING
SUCCESSFULLY
EMPLOYED
CITIZENS."

SEILING

RECOVERY SPOTLIGHT - BY STEPHEN

Throughout college I was an outgoing, lively, friendly, and very popular person. However, in my senior year I became uptight, irritable, and began to isolate myself.

After graduating, I started my first full-time job. It paid well and had great benefits, but deep down I wasn't happy. I became a health fanatic, ate organic foods, and delved into spirituality and Buddhism. I

didn't feel my job was meaningful, so after six months, I resigned with the aspiration of becoming a nutritionist. I went to graduate school in Seattle, Washington, wasn't working, and soon quit going to class.

Each day I awoke with no plans at all. All I did was eat, sleep, exercise, meditate and read. Life began to slow down, I lost track of time, and I couldn't even tell you what day of the

week it was. I had very little money, and used my credit card to buy everything. Soon I couldn't afford my apartment, so I packed up my things and moved back home with my parents. Immediately, they noticed a change in my behavior. I talked of things that made no sense, and I isolated myself from everyone. My parents were the first to suggest I get some help.

(CONTINUED ON PAGE 8)



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

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Phone: (803) 898 - 8581

WWW.SCDMH.ORG

BERKELEY COMMUNITY MENTAL HEALTH CENTER

403 Stoney Landing Road
Monks Corner, SC 29461

(843) 761-8282

Hours of Operation:
8:30 a.m. - 5:00 p.m.
Monday - Friday

WWW.BCMHC.ORG

RECOVERY SPOTLIGHT – BY STEPHEN

(CONTINUED FROM PAGE 7)

At the time, I didn't think I needed any help. I was clearly in denial. I knew that changes were taking place with me, but I really thought that I could just get over it. I had always been independent, so I thought that this was something I could handle on my own.

Eventually, I had my first manic episode. At my worst, I had audio and visual hallucinations, and was very paranoid. For almost two days, I roamed the streets, trying to make sense of what was going through my mind. Everything I heard or saw meant something on a deeper level, at least that's what I thought. A group of young kids found me squatting near the side of the road. They asked if I was alright, but with my disheveled looks, they knew I needed help. They called an ambulance, and I was soon on my way to the hospital. I spent almost a week in a regular hospital, and as soon as there was a room available I was sent to a psychiatric hospital. I stayed there for more than two weeks, but because I wasn't completely in recovery, I was

sent to the State psychiatric hospital. After about 2 months in the SC State Hospital I began to improve and was sent home.

What helped me move from where I was mentally then, to where I am now, was my compliance to take my medicine, and the help of the staff at the various hospitals and clinics.

Mental illness cannot be handled on your own. I had to realize that in order to survive in the world I have to depend on others for help. Also, I had to remain optimistic. The worst feelings don't last forever, though it seems they will.

I've overcome so much adversity. Mental illness is a tough hill to climb. First you have to admit that you have a problem, and then you have to seek help to overcome that problem.

One of the most difficult things to get over is the concern of what others will think of your illness. Mental illness has a stigma, because of the lack of knowledge among the masses, but mental

illness does not define a person, he or she is bigger than the illness. You can control the illness; it doesn't have to have control over you.

I admit it does take a while to get back into the swing of things. You have to be committed to your health: physical, mental, emotional, and spiritual. To live in recovery, it helps to take your medicine as directed, talk with a mental health professional regularly, exercise, see your general doctor, and socialize with friends and family.

BCMHC is at the core of my well being. I feel like the staff knows me personally, they treat me with respect, and see me for the great individual that I am. The years it took to find the right combination of medications and therapy that works for me, taught me to never give up. I've learned many things about myself while recovering from mental illness. I've learned that mental illness can be controlled, and that you can have a great life regardless of your illness.