

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

CHARLESTON/DORCHESTER MENTAL HEALTH CENTER

Executive Director Deborah Blalock

Fall 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 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 2012, South Carolina state-run hospitals and nursing homes treated over 938,000 patients and provided over 149,000,000 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.

Today, DMH operates a network of 17 community men-

tal health centers and 42 clinics to serve every county in the state. The centers and clinics have served over 2,800,000 patients, providing over 39,600,000 clinical contacts.

DMH is one of the largest hospital and community-based systems of care in South Carolina. In 2012, DMH outpatient clinics treated about 100,000 citizens, including approximately 30,000 children and adolescents, and provided more than 515,000 bed days at DMH hospitals and nursing homes.

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

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

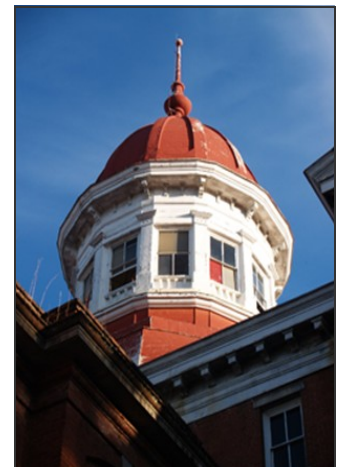
Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)



Babcock Building Cupola



**CHARLESTON MENTAL HEALTH CENTER
2100 CHARLIE HALL BOULEVARD
CHARLESTON, SC 29414**

**DORCHESTER MENTAL HEALTH CLINIC
106 SPRINGVIEW LANE
SUMMERVILLE, SC 29485**

CHARLESTON/DORCHESTER MENTAL HEALTH CENTER

The Charleston Mental Hygiene Clinic, established in 1928, expanded over the years to serve both Charleston and Dorchester counties and in 1968 changed its name to the Charleston/Dorchester Mental Health Center (CDMHC).

CDMHC services include: crisis intervention, psychiatric and medical assessments, triage, referrals, individual, family, and group therapy, vocational and rehabilitative services, peer support, case management, and more. The services provided at CDMHC help families remain safely intact, keep children in their homes and schools, and help adults

function in the community as safe and productive citizens. Since 1965, CDMHC has provided approximately 4,015,000 outpatient contacts/services to more than 205,000 clients.

CDMHC has a value driven culture that emphasizes client-focused, recovery-oriented programs, accountability, customer-friendly service, and data-driven decision making.

The three greatest strengths of the CDMHC are its innovative programming designed by its creative staff; its excellent relationships within the community that enable the center to implement creative programming;

and finally, its focus on the recovery of those served by the center. CDMHC is visited by other entities to observe some of its unique programming such as Mobile Crisis, the Psychiatric Urgent Care, and the Mental Health Court.

Despite a lagging economy and numerous budgetary threats, CDMHC continues to focus upon providing evidenced based programming and best practices.

CDMHC is accredited by the Commission on Accreditation of Rehabilitation Facilities in the areas of outpatient treatment: adults and outpatient treatment: children and adolescents.

THE SERVICES PROVIDED AT CDMHC HELP FAMILIES REMAIN SAFELY INTACT, KEEP CHILDREN IN THEIR HOMES AND SCHOOLS, AND HELP ADULTS FUNCTION IN THE COMMUNITY AS SAFE AND PRODUCTIVE CITIZENS.



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NUMBERS AT A GLANCE FOR FISCAL YEAR 2011		
	<i>Charleston/Dorchester Mental Health Center</i>	<i>DMH Statewide</i>
Adult Outpatients Served	5,087	59,427
Child Outpatients Served	2,402	30,058
Total Outpatients Served	7,489	89,485
Population	486,764	4,625,364
Clinical Contacts Provided	120,703	1,175,482
School-based Schools	29	397
Children Served by School-based Programs	1,132	11,916
Supported Community Living Environments	324	3,395

CLAIRE WILLETT, GOVERNING BOARD MEMBER



Claire Willett,
Board Member

THE ANTI-STIGMA COMMITTEE FOCUSES ON PUBLIC RELATIONS AND PUBLIC EDUCATION.

The CDMHC Advisory Board of Directors consists of 15 people, appointed by the Governor to serve four year terms. 11 members are recommended by the Charleston County Legislative Delegation and four members are recommended by Dorchester County Council.

Claire Willett, a dedicated member of the Board for 15 years and former chair, with gratitude in her heart shared that “God is the great tapestry weaver of the world.” Unusual events led to her appointment to the Board, and though she didn’t know it at the time, her experiences as a CDMHC board member would serve her later in life, preparing her to cope with problems that arose when members of her

own family were diagnosed with mental illness.

The Board is a very active and vocal group. Willett is active on the CDMHC Anti-Stigma Committee, which is charged with reducing the stigma attached to mental illness. The Anti-Stigma Committee focuses on public relations and public education, and is composed of CDMHC staff, Board members, and other agency partners. Together, they participate in awareness campaigns like the NAMIWalk.

The Anti-Stigma Committee coordinates rallies near the College of Charleston to distribute information on mental illness and spread “House” star Hugh Laurie’s message that “Normal’s Overrated.”

According to Willett, the tragedy of the “Fallen Nine” brought about both community support and scrutiny. The CDMHC created the Fire Fighter Support Team to serve fire fighters and families following the Sofa Super Store Fire. Funded by the City of Charleston, a highly trained team, entrenched in fire fighter culture, is on-call 24/7. This program has recently been designated as part of a national model to be replicated across fire service by the National Fallen Firefighters’ Foundation (NFFF).

Willet is concerned by budget cuts but remains positive. She expressed that the CDMHC team is innovative and brave and will continue to help those in need.

DEBORAH BLALOCK, EXECUTIVE DIRECTOR



Deborah Blalock, M.Ed., LPCS,
Executive Director

While serving as a student intern in 1993, Deborah Blalock was deeply moved by the profound situations faced by those with mental illness. Originally from Massachusetts, she moved South and obtained a master’s degree in Clinical Counseling from the Citadel.

Blalock, a DMH employee for 19 years, rose through the ranks, working in many clinical positions at CDMHC. Hired as executive director in 2004, she knows the system from the ground up.

According to Blalock, the Center is known for its ability to serve those in crisis. “We do the things all the other Centers do, but we are the only ones with a mobile crisis unit. It’s expensive, but worth it. We train monthly with law enforcement and have forged wonderful relationships due to our mobile crisis unit. Also, it has been a springboard for the development of our other innovative programs,” she said.

When asked about her philosophy of care management Blalock said, “Silos are not

effective. We live in a community and we can’t meet client’s needs alone. We are fortunate to have so many resources in the area.” She attributes the Center’s success to the partnerships developed within the community and her amazing, dedicated staff. She pushes hard on productivity and holds staff accountable for their actions.

“The staff at this Center are committed to the Department of Mental Health’s mission to support the recovery of people with mental illness.”

ELLIOT LEVY, MD, MEDICAL DIRECTOR

Dr. Elliot Levy attended medical school in Charleston, specialized in Child and Adolescent Psychiatry, and completed his residency in 1999. He has extensive experience providing psychiatric services at both CDMHC and the Ralph H. Johnson Veterans Administration Medical Center.

After serving for three years on the Center's Board, Dr. Levy recently resigned his appointment to accept the position of CDMHC medical director. He brings knowledge, relationships, and assertiveness to the table.

As medical director, Dr. Levy performs a wide variety of administrative duties in addition to providing psychiatric services to both the Mobile Crisis and Psychiatric Urgent Care units.

Because Dr. Levy is driven to make a difference on a large scale, he became a volunteer faculty member at the Medical University of South Carolina. His role quickly expanded; he now oversees the entire psychiatric residency program. He develops curriculum, lectures, and gets others involved to train approximately 50 residents in the

program. As medical director, he plans to increase the opportunities for medical students to complete rounds and residencies at CDMHC.

According to Dr. Levy, "It's amazing what the Center is able to do with the funds it has. Management has developed and implemented great ideas to stay ahead of the curve. Charleston Dorchester Mental Health Center is very well connected to the community, meshed with the police, clergy, and other agencies. Here, those with mental health issues get the respect and care they deserve."



Elliot Levy, MD,
Medical Director

ESTHER HENNESSEE, INTERIM DIRECTOR OF SPECIAL OPERATIONS

Esther Hennessee has worked with CDMHC emergency services for 10 years and was recently appointed interim director of Special Operations. Under her new title she oversees a variety of programs, including Mental Health Court and Highway to Hope.

CDMHC was instrumental in creating the first mental health court in the state. Mental Health Court is a post booking jail-diversion program that serves people who have committed non-violent crimes and are in need of mental health services. Clients are assessed, provided case management, therapy, and psychiatric medical services. A team that includes the client, CDMHC, probate court,

solicitor, public defender, probation, and Sheriff's Office, works together to ensure the best possible appropriate outcome for both the client and the community.

An outstanding example of agency collaboration, it is team-funded, in part, by a contract with the Charleston County Probate Court. Measurable results of this program include decreased number of days served in jail, decreased homelessness, and decreased repeat offenses. The program is successful because the client is accountable to the judge.

Highway to Hope is a mental health mobile unit created to bring mental health treatment to those in rural areas who cannot access a

clinic. In 2010, an RV was retrofitted to serve as a mobile clinic.

CDMHC partners with local businesses for parking access to the three different locations the RV visits on a rotating basis.

Funded in part by a grant from The Duke Endowment through Roper St. Francis, the Highway to Hope program has treated approximately 200 clients to date.

Hennessee is a valuable asset at CDMHC and was named this year's CDMHC Employee of the Year. She said, "I believe in what we do. Even with cuts to our funding we continue to affect so much change and so many lives. I work with excellent people."



Esther Hennessee,
Interim Director of
Special Operations



Cathy Joyner,
Resource Development
Coordinator

MORE COMMUNITY “LINKS” AT CDMHC

By - David Diana

CDMHC scored a big victory recently when it received word that the Trident United Way’s “Links to Success” initiative would approve \$160,000 in mental health funding for 8 LINKS schools over the next 3 years! This means CDMHC will continue to provide high quality mental health services, including psychiatric services, for children and their families in each of these schools.

The “Links to Success” program seeks to build community-learning centers in high-

poverty, low-performing schools. Through the work of community-based organizations like CDMHC, “Links to Success” is able to support educational attainment, positive health outcomes, and the family stability needs of children and families in each of the identified schools. The overall objective of this essential Trident United Way initiative is to support the community’s goal of increasing the on-time high school graduation rate of children served by the Links initiative to 88%

by 2020.

CDMHC has been an invaluable LINKS partner for the past several years, and thanks to the grant writing skills of Cathy Joyner and Jennifer Roberts, along with the excellent work history of CDMHC LINKS school-based staff Cheryl Benson, Jeffrey Hair, Jeanette Johnson, Dana Brown, Karen Kraul, Ellison Lafferty, and Wanda Smalls-Smith, these life-changing support systems will remain in place for years to come!

THE “LINKS TO SUCCESS” OBJECTIVE IS TO SUPPORT THE COMMUNITY’S GOAL OF INCREASING THE ON-TIME HIGH SCHOOL GRADUATION RATE OF CHILDREN SERVED BY THE INITIATIVE TO 88% BY 2020.

JOANN DEBEVEC, NAMI PRESIDENT—CHARLESTON AREA

JoAnn Debevec has been president of the Charleston Area chapter of the National Alliance on Mental Illness (NAMI) for two years and a NAMI member for 22.

The Charleston chapter is one of 16 in the State and has approximately 100 members. As president, Debevec would like to expand into Dorchester and Berkeley counties.

Her first encounter with the mental health system came when her son was hospitalized and diagnosed with schizoaffective disorder. She felt as though her world was falling down around her, until a nurse gave her con-

tact information to NAMI. The next day, she went to their office and borrowed books and tapes to learn about mental illness, figure out what was happening with her child, and discover how to help with his recovery. Debevec was especially relieved to realize she was not alone. She found a new group of friends who understood what she was going through, and offered support and encouragement.

Now, Debevec facilitates the Family to Family class, one of NAMI’s oldest and most helpful courses, for caregivers, friends, and family members. During the

free 12-week course, topics covered are: diagnoses, recovery, symptoms, medications, communication with doctors and relatives, problem-solving, and advocacy. The course is taught by trained caregivers. Like many who have attend these classes, Debevec believes the lessons covered are life-changing, eye-opening, and extremely helpful. “Old members encourage new members. It all comes full circle,” she said.

For more information about NAMI and it’s services go to www.nami.org/sites/namicharlestonarea.



JoAnn Debevec,
NAMI President—
Charleston Area

JOYCE BROWN, INDIVIDUAL PLACEMENT AND SUPPORT AND LLOYD HALE, PEER SUPPORT SERVICES

Joyce Brown, director of the Individual Placement and Support Program, is proud of the Individual Placement and Support (IPS) program. Receiving national recognition, it won a \$10,000 merit grant from Johnson & Johnson in 2008. The program is designed to provide pre-vocational services, and a SC Vocational Rehabilitation staff member is part of the team, embedded in the Charleston Clinic.

One member of the Vocational Team, Lloyd Hale, is CDMHC’s outstanding Peer Support Services Specialist and Client Affairs Coordinator.

As a peer support services specialist, Hale is a self-disclosing, trained receiver of mental health services,

employed by CDMHC to provide clients with someone who has “walked in their shoes.”

Hale’s goal is to spread wellness, decrease stigma, and highlight that recovery is possible. As a role model and advocate for those with mental illness, he stresses that his story is not unique, and he hopes that people learn from his experiences.

Hale is frequently a guest speaker to groups in the community and says, “The more I give of myself the more I get back. The more I share about myself, the more others share back. It’s very rewarding. I hope I inspire others by being myself.”

*Read Hales’s story of recovery on page 8.

“I HOPE I INSPIRE OTHERS BY BEING MYSELF.”
-LLOYD HALE



Individual Placement and Support Program Director Joyce Brown & Peer Support Services Specialist Lloyd Hale

CLINIC HOURS OF OPERATION



Charleston Mental Health Clinic
Monday 8a.m. – 7p.m.
Tues – Sunday 8a.m. – 6p.m.



Dorchester Mental Health Clinic
Monday, Thursday, and Friday 8:30a.m. – 5p.m.
Tuesday and Wednesday 8:30 a.m. – 7p.m.



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

Charleston Mental Health Center

2100 Charlie Hall Boulevard
Charleston, SC 29414
(843) 852-4100

Dorchester Mental Health Clinic

106 Springview Lane
Summerville, SC 29485
(843) 873-5063

WWW.CDCMHC.ORG

RECOVERY SPOTLIGHT – BY LLOYD HALE

I am Lloyd Hale, a 31 year old Peer Support Specialist in Charleston, SC. As a Peer Support Specialist I have reached and maintain a level of recovery, but I voyaged through a complex road to recovery.

The onset of my mental illness began around the age of 14, when I began the toxic behavior of smoking marijuana and drinking alcohol. I lived at home with my mother, brother and step father (birth father incarcerated). I didn't notice it then but, I began fading into a lifestyle of quietness, isolation and negative self-talk. Combating ideas of good and evil, I soon became oblivious to the world around me and engulfed inward, entertained by internal voices; voices I thought to be friends and family members talking in secret code. These sure signs of mental illness were masked beneath a cloud of

marijuana smoke and a 40oz. Colt 45. People would always say, "Oh he's just high" when I said or did something out of the ordinary. At 16, I became disruptive in school and at home which got me expelled from school, sent to juvenile detention, adult detention and then to William S. Hall Psychiatric Institute. Although my family and I didn't know it, I had been suffering with a treatable mental illness called schizophrenia.

Medications were prescribed to treat my illness before I accepted that I even had an illness. An acceptance I struggled with largely because of the negative things I had been taught about mental illness. Not long after, I had a terrible episode with symptoms I recognized. This was my "moment of clarity." Soon with an introduction to mental health treatment and peers with similar stories I

warmed to the idea of acceptance. The peer support I received in the hospital was equally as valuable as the information given from therapists. After two years of hospitalization I had defined a new sense of self and wellness. Educated about my personal symptoms, medications, triggers and armed with an action plan; I was ready to leave the Hall Institute.

I have made an agreement with myself that I will never drink alcohol or use marijuana again because I now understand that this was the fire starter of my illness. I moved into a Residential Care Facility where I practiced this new life style in a less restricted environment. I worked with my treatment team, supporters and probation officer to identify resources I could use in the community.

Work was at the top of my

priority list, which eventually caused me to lose the security of Medicaid and SSI benefits, but enabled me to move into my own apartment. I applied for the Certified Peer Support Specialist Job and was accepted during the spring of 2004. Since then I have been sharing my story and strength with others in recovery through groups and individual settings. I travel the United States telling my recovery story to broad audiences and circuits. Now I am a sophomore of Strayer University, with the aim to broaden my educational and professional horizons.

Looking back I realize, peer support didn't start when I got the job with DMH, it started on a ward in a psychiatric hospital.

It is fitting to say: **"Peer Support is a Culture of Healing."**