



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

**WILLIAM S. HALL PSYCHIATRIC INSTITUTE  
DIRECTOR ANGELA FORAND, PH.D.**

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**

<b>Columbia, SC</b>
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
<b>Anderson, SC</b>
Patrick B. Harris Psychiatric Hospital
Richard M. Campbell Veterans Nursing Home
<b>Walterboro, SC</b>
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



William S. Hall Psychiatric Institute  
1800 Colonial Drive  
Columbia, SC 29203  
Phone: (803) 898-1662

## WILLIAM S. HALL PSYCHIATRIC INSTITUTE

William S. Hall Psychiatric Institute (Hall Institute) opened its doors in 1964, as a result of the dedicated efforts of William S. Hall, M.D., DMH's first state commissioner of Mental Health.

Legislation in 1965 amended the SC Code of Laws to make a special provision for Hall Institute to be maintained as a teaching hospital for the primary purposes of training mental health personnel and conducting psychiatric research. The Institute has trained more than 250 psychiatry and 180 psychology interns since it opened.

Today, Hall Institute collaborates with the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina (USC) School of Medicine, and Palmetto Richland to provide training for students in neuropsychiatry and behavioral science. Dr. Angela Forand, Hall's director, serves on the USC School of Medicine's faculty.

Hall Institute's focus is on the unique needs of children and adolescents with mental illness and substance abuse disorders, providing both inpatient and outpatient treatment

and services to some of the state's most severely mentally ill children, adolescents, and their families. In Fiscal Year 2011, Hall Institute provided more than 15,000 bed days for 515 children.

Programs at Hall Institute include Children's Acute Care for children ages 4 to 12, Adolescent Acute Care for children ages 13 to 17, and a Substance Abuse unit for adolescents with both substance abuse disorders and mental illness. These programs offer inpatient stabilization and treatment modalities which include individual therapy, group therapy, psychopharmacology, activity therapy and educational services.

Hall operates a residential treatment unit for males, aged 13 to 21. Many of the male residents have involvement with the Department of Juvenile Justice and have difficulty controlling their aggressive behaviors. One focus of the program is to teach the adolescents coping skills.

Hall Psychiatric Institute is accredited by The Joint Commission (TJC), Hospital Accreditation Program, and has been since 1968.

### Assessment Resource Center

Hall Institute's Assessment Resource Center is a child-focused program, which, through service, multi-disciplinary coordination, teaching, and research ensures that children suspected of being maltreated receive the highest level of professional care. The Assessment Resource Center serves more than 600 children annually and is the "go-to" center of the Midlands for the evaluation of children who are victims of physical and sexual abuse.

Outpatient services provided by the Assessment Resource Center include physical exams for suspected child maltreatment, child forensic interviews, mental health evaluations, psychotherapy for children and their caregivers, multi-disciplinary case coordination, professional education, and case consultation. The Assessment Resource Center also provides ChildFirst training for the Children's Law Center in forensics interviewing techniques for law enforcement professionals.

The Assessment Resource Center is accredited by the National Children's Alliance as a Children's Advocacy Center.

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### ANGELA FORAND, PH.D.—DIRECTOR



Angela Forand  
Director

WHAT MAKES HALL INSTITUTE UNIQUE IS THAT IT IS THE ONLY STATE-SUPPORTED CHILD AND ADOLESCENT INPATIENT FACILITY IN SOUTH CAROLINA.

Angela Forand, Ph.D., has been director at Hall Institute for five years, having previously served as director of Residential Treatment Services, where she started South Carolina’s first state supported children’s residential treatment program. She has worked at Hall Institute for 24 years.

Born and raised in Savannah, Georgia, Dr. Forand earned her bachelor’s, master’s, and doctorate degrees in Psychology from the University of Georgia, where she also completed post-doctoral training in Child and Adolescent Psychiatry.

To Dr. Forand, what makes Hall Institute unique is that it is the only state-supported child and adolescent inpatient facility in South Carolina, with four fairly diverse inpatient programs and the Assessment Resource Center (outpatient). Inpatient programs comprise inpatient acute care for children and adolescents, residential treatment units, and the only state

supported dual-diagnosis treatment program for adolescents, which also accepts emergency admissions.

Throughout her tenure at Hall Institute, Dr. Forand has seen the daily census at the facility decrease, but notes that the demand for its unique services remains. In fact, Hall Institute still runs a waiting list at times, particularly during the school year, and especially for its Adolescent Acute unit. “We are in high demand from the community,” Dr. Forand explained. “I see a distillation of the population to a much more psychiatrically impaired population. In the earlier years, we saw more conduct disordered patients. The community also does a much better job with referrals. I don’t see the demand decreasing.”

Dr. Forand’s goals include continuing to provide training for staff in child development, pathology, and appropriate interventions, as the facility admits many patients that many hospitals refuse. “It’s

important that we provide tools to staff for dealing with a difficult population,” she said.

In the long run, Dr. Forand would like for Hall Institute to be “the facility of choice, not the facility of default because someone doesn’t have insurance.” When it comes to quality, she would put Hall Institute up against any public or private treatment facility: “I absolutely would,” she said, “and I think we’d come out as number one. The treatment and staff here are state-of-the-art.”

As director of Hall Institute, Dr. Forand invokes her personal and professional philosophy: “One of my views of life, or the way we *should* behave is ‘others first.’ So I want to support my staff, to provide whatever they need to get their jobs done, because they have the most difficult jobs – they’re the front line. That translates to the children. With the staff, it is *children* first, and they are the priority. They’re the ones we’re here for.”

### ANITA RICE—LEAD TEACHER, HALL INSTITUTE SCHOOL



Anita Rice  
Lead Teacher  
Hall Institute School

Anita Rice has served as lead teacher at the Hall Institute School for six years. In addition to a bachelor’s degree in Government and International Studies, an MAT in Secondary Social Studies, and master’s in Special Education, all from the University of South Carolina, she has 22 years of experience in education, teaching emotionally disabled and learning disabled students for the majority of her career.

As lead teacher, Rice is responsible for day to day operations of the school. Teaching multiple education levels at one time can be challenging, but she explains, “Some kids perform better due to the class size and structured environment, than they would in a traditional school. I love what I do, and I enjoy my job. We’ve got a great group of kids right now.” Rice reports

that she sees many students at Hall Institute turn their lives around and make drastic improvements.

Rice is guided, in part, by values imparted to her growing up. “I believe in being fair. I am the second of five children,” she said. “As such, I learned to do what needs to be done for the child who needs it, when he or she needs it.”

## PHYLLIS BRYANT-MOBLEY—MEDICAL DIRECTOR

Phyllis Bryant-Mobley, M.D., received her undergraduate degree in Engineering and Humanities from the Massachusetts Institute of Technology, and matriculated from the University of South Carolina School of Medicine (USC-SOM), completing her residency in Adult Psychiatry and a Fellowship in Child and Adolescent Psychiatry at the USC-SOM Department of Neuropsychiatry and Behavioral Science. She has been medical director at Hall for two years.

Dr. Bryant-Mobley had worked in Engineering for seven years when she decided to pursue medical school, as she initially intended growing up. Interestingly, she never planned to be a psychiatrist. “I found my psychiatry rotations to be interesting, and interesting all the time. It was never

routine,” she said. After her Psychiatry rotation, she knew what she wanted to do.

She trained at DMH and completed her General Psychiatry and Child Training at Hall Institute. “The clinicians who were here when I began and the research that was going on made my training an exciting experience.”

Being medical director is very different from clinical work and requires she navigate the differences between administrative and clinical areas. She supports the medical staff, with everything from budgetary problems and staffing issues to admittances and releases. “A lot of what I do involves being a bit of a cheerleader, supporting the staff and going to bat for them,” she explained. “We have very good doctors, very good licensed prescribing practitio-

ners who work with a difficult population.”

Dr. Bryant-Mobley is proud of Hall Institute. “I feel the quality of our care is excellent, because we ask the right questions up front, and we don’t take more than we can handle. We have excellent child psychiatrists and nurse practitioners. No micromanagement is necessary. I have a very dedicated group,” she said.

Her wish list for the future of Hall Institute includes a return to performing research, testing, and comprehensive workups, and operating developmental clinics. And she plans to be there, explaining, “In the future, I want to be doing what I’m doing now. I enjoy it. I enjoy the people I work with, the people I supervise, all the people at Hall Institute. We’re a family.”



Dr. Phyllis Bryant-Mobley,  
Medical Director

“THE QUALITY OF OUR CARE IS EXCELLENT, BECAUSE WE ASK THE RIGHT QUESTIONS UP FRONT, AND WE DON’T TAKE MORE THAN WE CAN HANDLE.”

**DR. BRYANT-MOBLEY**

## ALICE ANN FARLEY—SPEECH THERAPIST

Alice Ann Farley, a licensed speech language pathologist and fluency specialist in Columbia, has served as a consultant for DMH since the mid 1980’s, previously at the SC State Hospital, Crafts-Farrow State Hospital, and now at Hall Institute. She earned her undergraduate and graduate degrees from the University of Georgia.

Originally from Southern Pines, North Carolina, Farley originally planned to major in Music, but had a severe stuttering problem. She needed speech assistance, which she received at the University of

Georgia; she knows what it’s like to be in the trenches. The result has been a lifelong dedication to people who stutter and to providing quality and individualized intervention to people of all ages.

Farley’s day-to-day work as a speech therapist involves working with communication disorders, screening, evaluating, recommending evaluations, and providing staff education. When she receives a call from one of the wards at Hall Institute, she comes to the facility as soon as possible to provide services. She believes that “positive reinforce-

ment is very helpful to overall staff-to-child communication. We must be very cognizant of and sensitive to these situations.”

Overcoming her own problem led to her career; her life experiences help her identify and empathize with the many different situations that her clients have. “I love what I do and I want to model to others compassionate care,” she said. “You might be the one person who says something encouraging to someone in need; you never know when such an interaction will have a profound effect.”



Alice Ann Farley  
Speech Therapist



Wanda Simpson  
Mental Health Specialist

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**SIMPSON**



Kathy Jenkins  
Director of Nursing

## WANDA SIMPSON—MENTAL HEALTH SPECIALIST

Columbia native Wanda Simpson is a certified nursing and medical technician, and has worked at DMH for 30 years. She previously worked with geriatric patients at Crafts-Farrow State Hospital for 11 years and enjoyed it, but realized she wanted to work with kids and has been at Hall Institute ever since.

“I love working with children,” she said. “I like seeing change and growth. You can see it with the children. It’s great when they go back into the community and they’ve made it and they’re functioning. It makes me happy to see children get better.”

Simpson always wanted a big family, explaining, “I got one. I have four children of my

own, but I feel like these kids I care for are my kids, too.”

She knew she wanted to work in nursing from a young age. “I was the oldest, always taking care of somebody, so I knew I would do something along the lines of taking care of people. I enjoy doing that, I enjoy helping people,” she said.

“We have a wonderful group of people that work with the children, a great nurse manager, and a great director who stresses learning and professional growth. The field of Mental Health has changed drastically from when I started and now we work to return the kids to the community. That works for me, because I love to see growth

and change. That’s a focus here.”

A typical day for Simpson includes staff checks, new admissions (ensuring orientations are done, and if not, completing them), and making sure that children who have just been admitted understand the program. “The children may be scared and unsure when they come in,” she said. “It’s only fair that they know the process, what we have to offer them, and what’s expected of them.”

When asked about her personal and professional values, she simply answers “Respect. If you expect to get respect, you have to give it, no matter how old you are.”

## KATHY JENKINS—DIRECTOR OF NURSING

Hall Institute’s Director of Nursing Kathy Jenkins has served in her position for six years, and has been with DMH for 20 years. The Holly Hill native obtained her bachelor’s degree in Nursing from the University of South Carolina, and a master’s in Business Administration in Healthcare Management from Colorado Technical University.

Jenkins knew she wanted to be a nurse from a very young age, wanting to help, assist, and support others. Her desire to help people and watch them progress makes her job at Hall Institute a perfect fit.

“Seeing our patients come in, as ill as they are, getting well, seeing someone become less fearful, helping to get that person better, that is the joy of what I have achieved in my field as a psychiatric nurse. It is very rewarding for me,” she said.

Her day to day duties are varied; the only constant is that what she has planned is not what happens. She begins each day by assessing what is going on at the unit level, with regard to employees and patient care. Whenever new patients who are very ill or very challenging arrive, she is there to support the staff. “We’re all

in this together,” she explained. “The beauty of the staff here is that we work together to do what we need to do to meet the needs of the patients. If we have done this and the staff feel supported, my day has been a success.”

When it comes to her career, Jenkins is proudest of “being able to serve children, who are so important to the state of South Carolina. I’m proud of the people I work with, and how we are all about the needs of the children. What I’ve found here is that I learn every day, from everyone on the team, how to best take care of the children.”

### **CHARLES VILORD—PROGRAM DIRECTOR, ADOLESCENT RECOVERY PROGRAM**

Charles Vilord earned his bachelor's and master's degrees in Social Work from Florida State University. He worked in Florida for 16 years, designing effective program and treatment models in the area of Crisis Stabilization, single-point access models, public/private partnerships, juvenile justice reform, and deinstitutionalization and client empowerment.

As a medic in the military, Vilord saw a good deal of substance abuse and performed counseling duties. Following his military service, Vilord worked as a psychiatric technician at a local psychiatric hospital and realized his aptitude for the profession.

Vilord came to Hall Institute in 2000, as program director of the Adolescent Recovery Pro-

gram, which specializes in the treatment of co-occurring addiction and mental health disorders in adolescents between the ages of 13 and 17. In his view, Hall Institute is unique because its value to various community stakeholders is evident; the referral rate indicates satisfaction. "For example, family courts and the Department of Juvenile Justice see us as a treatment option for kids with substance abuse problems who can't be placed anywhere else, a suitable place for treatment resistant kids," he explained. "We are unique because we are able to provide treatment whether the patients like it or not and we have the skill set to do that."

To the probate courts, Hall Institute is seen as a safe place;

procedures put in place have been able to unblock local emergency rooms' ability to get kids into the program, decreasing emergency admissions. "The probate court is thankful for that," said Vilord. "And they're thankful that we don't discharge kids when they are difficult. Our premise is 'You don't have to be voluntary to get better'."

Treatment in the Adolescent Recovery program is crafted in a way that doesn't depend on patients' volunteering, but that elicits their volunteering, using motivational techniques. "Referral agencies are very motivated to get kids to us, and we're very motivated to take them, because that's what we do," said Vilord. "We don't give up on kids."



Charles Vilord  
Program Director  
Adolescent Recovery Program

"WE DON'T  
GIVE UP ON  
KIDS."

**VILORD**

### **ALICIA BENEDETTO, PH.D.—CHIEF PSYCHOLOGIST, ASSESSMENT RESOURCE CENTER**

Licensed Clinical Psychologist and Forensic Interviewer/Evaluator Alicia Benedetto, Ph.D., has worked at the Assessment Resource Center for 5 years. She provides therapy, court preparation, expert witness testimony, and consultation, as well as training services to child protection professionals.

A native of Cleveland, Ohio, Dr. Benedetto completed her undergraduate education at New York University, and received her doctorate degree in Psychology from St. John's University. She completed an accredited internship at Hall Institute, after which she served as the facility's coordinator of Treatment Services for

Children and Adolescents. She then transferred to the Assessment Resource Center.

Dr. Benedetto explains what makes the Assessment Resource Center unique: "it comprises a team of highly trained professionals; there are Child Advocacy Centers (CACs) across the country, but the Assessment Resource Center is a fully accredited CAC, which requires meeting very stringent requirements of the National Children's Alliance," she said. "The Assessment Resource Center also trains child protection professionals through the Child First program, a week-long course that is provided three to four times per year." Advanced training for profes-

sionals who have taken part in the week-long course is also provided. "The Assessment Resource Center is a feather in the cap of South Carolina," she said. "One of the things we can truly be proud of, one of the areas we are far ahead in is the area of child abuse treatment."

When she looks to the future, Dr. Benedetto intends to continue to be a part of the Assessment Resource Center Team: "I can't imagine doing anything besides child protection work; it's extremely important and fulfilling. I feel on a daily basis the difference we make in children's and families lives," she said.



Alicia Benedetto, Ph.D.  
Chief Psychologist  
Assessment Resource Center



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

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[WWW.SCDMH.ORG](http://WWW.SCDMH.ORG)

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**RECOVERY SPOTLIGHT  
BY—"SPIKE" – AGE 16**

I cut myself multiple times and that's what led me to this place. In my treatment plan I have participated in a lot of groups, such as individual therapy and art groups, process group, 5 step recovery group, and social skills group. Those groups help me with controlling my anger and with good social skills, and help me get ready to face society when I leave this place.

The staff treat you with the same respect you treat them. They take great care of you. They also come to you and let you know that they're here for you.

Now that I have received my treatment there are things I know I can use to replace cutting, like walking away from bad situations, talking to someone when I feel angry instead of holding it in, writing, or listening to music.