

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

**BECKMAN CENTER FOR MENTAL HEALTH SERVICES
EXECUTIVE DIRECTOR MELANIE E. GAMBRELL**

Fall 2015

DMH OPERATES A NETWORK OF 17 COMMUNITY MENTAL HEALTH CENTERS, 43 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, ONE COMMUNITY NURSING HOME, A FORENSIC PROGRAM, AND A SVPTP.

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. 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'.

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. Since the 1820's, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million 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 use 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. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 43 clinics, four hospitals, three veterans' nursing homes, one community nursing home, a Forensic Program, and a Sexually Violent Predator Treatment Program (SVPTP). DMH is one of the largest hospital and community-based systems of care in South Carolina.

In response to community needs, DMH has developed multiple innovative blue-ribbon programs, two of which are its School-based program and its Telepsychiatry program. As of August, 2015, DMH's School-based program has mental health professionals embedded in approximately 500 public schools and serves 13,000 children per year. The Telepsychiatry program, which utilizes state of the art equipment that allows doctors to see, speak with, and evaluate patients from remote locations, is currently located in 21 emergency departments and has provided almost 25,000 consults.

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



THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES

1547 Parkway
Greenwood, SC 29646
(864) 229-7120

Counties Served: Abbeville, Edgefield, Greenwood, Laurens,
McCormick, Newberry, and Saluda

THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES EXECUTIVE DIRECTOR MELANIE E. GAMBRELL

Executive Director Melanie E. Gambrell, LPC, is an 18 year veteran of the Beckman Center for Mental Health Services (Beckman). Beginning as a school-based clinician with the Edgefield Mental Health Clinic in 1997, she rose through the ranks to become center director in 2007. Along the way, she has served as the Edgefield clinic director; director of services to Children, Adolescents and their Families; and assistant director of Clinical Services. This journey has given her unique perspective and vision related to mental health center operations.

When asked what Beckman does best, Ms. Gambrell is quick to respond, “Serve our patients in the community.” This is done by assisting staff in providing the best services to each of the patients and their families through innovative and unique programs at the Center. Several of these innovations will be highlighted throughout this profile.

Ms. Gambrell also believes that partnering with the community is something Beckman does best. Forging strong community relationships has

long been a necessity due to the Center’s large catchment area. Beckman works alongside seven probate judges, seven county sheriffs and substantially more police departments, 11 school districts, five hospitals, and assorted configurations of social service and assistance providers. In addition, there are four four-year colleges and universities and a seven-county Technical College system with campuses in each county. Partnering has long been a way of life in this area.

Today, Beckman is especially proud to be a leader in partnership with federally qualified health care provider, Carolina Health Centers. We have collocated staff in the Carolina Children’s Center and in the Uptown Family Practice, with expansion happening at this time into LC4, a primary health care center, Carolina Health Centers, located in the old Laurens Hospital Emergency Department. LC4 is designed to treat those with urgent, rather than emergent needs.

The news is filled with information affecting possible systemic challenges. When

asked, however, about future challenges a bit more personal to Beckman, Ms. Gambrell cited the Center’s changing leadership structure. Currently key to Beckman’s strength is its 12 member management team.

Within the next three to five years, approximately a third of these members face retirement potential. Many in the group are long-term Beckman employees with a valuable sense of history and experience not easily replaced. Both short-term and long-range planning have embraced the need for on-going mentoring and succession planning. Ms. Gambrell has accepted this as a professional challenge she will navigate through transition.

Another key leadership structure is Beckman’s Quality Improvement Team (QIT). This seven member group serves as Beckman’s leadership processing unit, filtering information and formulating recommendations for Management Team. During its monthly meeting, many of Beckman’s innovations are born. Simply put, Ms. Gambrell’s goal for Beckman is “that we provide good quality services to our patients. If we can continue to do that, all else will follow.”



Melanie E. Gambrell,
Executive Director

SINCE 1963,
BCMHS HAS
PROVIDED
MORE THAN
2,137,000
SERVICES/
OUTPATIENT
CONTACTS TO
ADULTS,
CHILDREN,
AND FAMILIES
WHO ARE
IMPACTED BY
MENTAL
ILLNESS.

ELAINE FONTANA, DIRECTOR OF QUALITY MANAGEMENT



Elaine Fontana,
Director of Quality Management

Elaine Fontana's 40 year relationship with Beckman affords a unique perspective. During those years, her service was broken by employment with the local alcohol and drug agency and the area technological college, but her partnership with the Center remained. Recruited to return in 1987, her first assignment was to guide Beckman through the then newly passed SC Involuntary Commitment Laws.

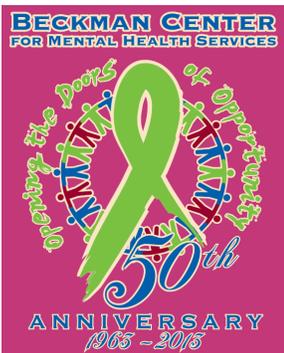
A much paraphrased quote reads to the effect that "you can't know where you are going until you know where you have been." Currently supervising a department responsible for Corporate Compliance, Quality Assurance, Risk Management, CARF Accreditation, Information Technologies, Credentialing, and Employee Health, Ms. Fontana believes in the truth of that statement.

"I could not juggle all these

areas without three things . . . great staff responsible for their various functions, a center director and executive staff who are great partners, and a sense of history upon which to build. I've pretty much grown up with Beckman. I believe in the power of positive expectation and have no room for failure.

We must remain visionary and when we hit challenges simply redirect."

BECKMAN CENTER HISTORY



The Center opened its doors to serve the residents of Abbeville, Edgefield, Greenwood, Laurens, and McCormick counties on January 7, 1963. The original clinic, named the Area Five Mental Health Center, was located in Greenwood and staffed with two full-time employees and one part-time psychiatrist.

Saluda County became part of the Center in 1964 and Newberry County in 1965, rounding out the seven county area that Beckman continues to serve.

In 1966, the name of the Center was officially changed to The Beckman Center for Mental Health Services, in memory of W.P. Beckman,

M.D., who had served for many years as the state director of Mental Health and was a pioneer during the original Community Mental Health Movement.

Two unique features identify Beckman. It is currently the only community mental health center to be named for an individual rather than an area. Second is the massive territory served. With more than 3,300 square miles encompassing seven counties, it serves the largest DMH catchment area in the state.

In 1997, Beckman became accredited through the Commission on Accreditation of Rehabilitative Facilities

(CARF) and has remained so without interruption.

Today, Beckman provides affordable and accessible mental health care throughout its seven counties. Each site is staffed by professionals trained to provide quality care for the mental health needs of the community, utilizing a mission-driven focus. During FY15, Beckman provided services to approximately 1,500 children and 2,300 adults.

The year 2013 commemorated Beckman's 50th Anniversary. The staff are proud to celebrate the evolution of mental health care in this area and look to the future with optimism.



THE BECKMAN BOARD OF DIRECTORS

Beckman is guided by a 15 member board representing per capita populations of the counties it serves. Representative of this dedicated group are members Terri Mostiller (Greenwood) and Lee Kennerly (Abbeville).

Ms. Mostiller has served on the Board for eight years. Her interest in Mental Health goes back to 2001, when her son had had a recent suicide attempt and her family had just moved to the Greenwood area. Her son began services at Beckman with a school-based mental health counselor, which Ms. Mostiller states was a “Godsend.” She gives credit to the school-based counselor who worked with her son for assisting him in his progress. He graduated high school, has held a long-

term job, and was recently married.

Lee Kennerly has been a member for approximately 11 years. He retired from the Anderson-Oconee-Pickens Mental Health Center but did not want to retire from his interest in mental health nor from his love of its patients. Board membership allowed him to stay involved.

Both agree that their primary role as board members is to support our executive director. They also see themselves as advocates for mental health issues with considerable knowledge and experience to offer.

When asked how they believe Beckman is perceived by the community, Mr. Kennerly’s response is positive, especial-

ly with regard to collocated efforts such as school-based services. He elaborates that the Board contributes to this by focusing on Mental Health’s investment in the community and related opportunities for proactive involvement. The Board has accepted responsibility for communication with elected officials. Through educational and supportive correspondence as well as legislative visits, board members keep the needs of Beckman and mental health in general “up-close and personal.”

Ms. Mostiller and Mr. Kennerly were asked about their vision for Beckman over the next five to ten years. Both agree that they would like to see Beckman widen its ability to serve the needs of more people.



Lee Kennerly and Terri Mostiller, Board Members

THE BECKMAN
CENTER IS
GUIDED BY A 15
MEMBER BOARD.

PARTNERSHIPS WITH ELECTED OFFICIALS THE HONORABLE FLOYD NICHOLSON, SC SENATOR, DISTRICT 10 FORMER GREENWOOD CITY MAYOR, 14 YEARS FORMER GREENWOOD COUNTY COUNCIL, 10 YEARS

Another driving force behind Beckman’s success can be found in strong partnerships with elected officials at home. The Honorable Floyd Nicholson is a long standing example of this support.

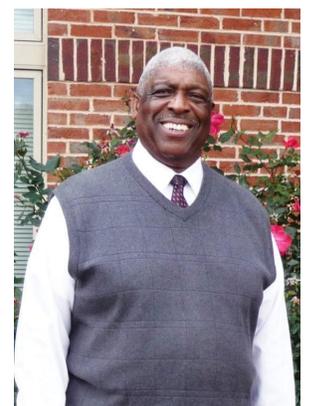
Senator Nicholson, a former Greenwood School District 50 teacher, coach, case manager, and administrator knows first-hand the benefits of school-based services and cites this as an area the Center does extremely well. He also credits Adult Services as offering excellent care to those

who need them. He sums up mental health services as a “win-win” for all in the community.

Born and raised in Greenwood, he remembers much social change over the years. He sees very favorably that families and patients can be served at home and remembers a time when that was not generally the case. As a public servant, he acknowledges the cost savings provided by community-based programs as well as the recognized patient benefit. Knowing the pro-

grams and what they can do helps him fulfill his political responsibilities. No matter what the situation, he believes that no one can live in the past, and that as a community leader it is his job to move forward. “If you have something you want to do, you will not do it unless you attempt it,” he said.

As to future challenges, he believes mental health will be fine as long as there are enough staff available to cover needs.



The Honorable Floyd Nicholson, South Carolina State Senator



Dr. Eman Sharawy,
Beckman Medical Director



Calvin Lake,
Lead System Administrator

TELEPSYCHIATRY VIA WEB CAM DR. EMAN SHARAWY, BECKMAN MEDICAL CHIEF CALVIN LAKE, LEAD SYSTEM ADMINISTRATOR

The application of information technologies in clinically assistive innovations is synonymous with Beckman. As the first community mental health center to develop and utilize electronically fillable clinical forms and the first to establish a paperless electronic medical record, it seems only fitting to be the first Center with local application of computer assisted service delivery.

Motivated by miles of catchment area, limited physician availability, and growing patient needs, Telepsychiatry allows a physician to be in one clinic while a patient is in another. Existing as a true partnership between psychiatry and technology, Medical

Chief Eman Sharawy and Lead Systems Administrator Calvin Lake, both agree on the advantages of the project.

Initially, Beckman piloted the concept with a physician based in McCormick and the patient Center established in Laurens. The telepsychiatry program faced issues of privacy, equipment compliance with provider standards, and quality of data transmission. Once these were addressed, and tested, it was “all systems go” to become the first Center with full tele-psychiatry connectivity. The current telepsychiatry application utilizes the Polycom Model Real Presence Group 300.

Dr. Sharawy is extremely pleased with the project: “Resolution remains good and assessing functionality has not been problematic thus far. Being able to minimize driving time between clinics has allowed additional time to focus on patient care.” Dr. Sharawy also views telepsychiatry as a recruiting tool in a time when competition for physicians is great.

An additional benefit is the ability to connect both patient and clinician with a language interpreter when needed. To the benefit of patients, physicians, and clinicians, this interconnectivity offers clinical alternatives in service delivery and is utilized in varying degrees by all Beckman doctors.

PRIMARY HEALTH CARE PROVIDER PARTNERSHIP KIMBERLY KAPETANAKOS, LMSW



Kimberly Kapetanakos, LMSW,
Primary Health Care
Provider Partnership

Several years ago, the President’s New Freedom Commission on Mental Health published findings supporting mental health as essential to overall health, emphasizing the relationship in primary health care settings. Taking a proactive approach, Beckman and the Carolina Health Center have proven such a partnership can be effective.

Kimberly Kapetanakos represents a growing group of mental health professionals co-located in a primary health care setting. For the past seven years, Ms. Kapetanakos has been a DMH Child, Ado-

lescent and Family therapist whose office is in the Greenwood Community Children’s Center. A Carolina Health Center grant helps support this partnership, which allows Ms. Kapetanakos to work directly with the medical staff and patients on a daily basis.

Patients and their families respond positively to her accessibility, allowing most visits to meet multiple needs. “I support expansion of such positions in the future,” Ms. Kapetanakos states, “because I’ve seen first-hand the benefits to families.” Her success and that of the partnership is

enhanced by her philosophy that “we are held responsible to what is greater than oneself”. “I just want to make a difference,” she modestly states.

Ms. Kapetanakos has made a difference, and her success supported the addition of another co-located clinician in Carolina Health Center’s Uptown Family Practice. Beckman is also expanding to provide a full-time mental health professional in the Federally Qualified Health Center located in the old Laurens Emergency Department, known as LC4.

EVIDENCED-BASED PRACTICES: TACEY PERILLO, SHANE PARNELL, AND AMYLYNN BATTLES

The Substance Abuse Mental Health Services Administration's National Registry of Evidence-based Programs and Practices defines Evidence – based Practices as those that have been studied and shown to produce positive outcomes. Beckman has already implemented or is currently participating in initiatives to implement at least three different Evidence-based Practices within the Center: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), and the In SHAPE (Self Health Action Plan for Empowerment) Program.

Trauma Focused Cognitive Behavioral Therapy is an evidence-based treatment approach shown to help children, adolescents, and their non-offending caregivers overcome trauma. TF-CBT addresses the negative effects of childhood sexual abuse and other traumatic events by integrating several therapeutic approaches and treating both child and parent/caregiver in a comprehensive manner. TF-CBT is a short-term treatment usually provided in 12 to 18 sessions and can be tailored to meet the child and family's needs.

Through collaborative partnering, The Department of Mental Health and The Department of Social Services have contracted with Project BEST (a collaborative funded by the Duke Endowment and done in coordination with

both state children's advocacy centers and MUSC) to expand the South Carolina Trauma Practice Initiative (SCTPI).

Parent Child Interaction Therapy (PCIT) is an evidence-based treatment designed to improve disruptive and oppositional behavior in children between the ages of 2 ½ to 7 years old. PCIT works by improving the parent child relationship and teaches parents how to handle their oppositional child's behavior. PCIT has two phases; during the first phase of therapy, parents are taught play therapy skills designed to give attention to positive child behaviors. This gives the child the positive attention they crave and reduces the likelihood that they will act out to gain attention. During the second phase of therapy parents are taught how to further manage child behavior through more direct behavior management training. On average, PCIT lasts between 12-18 weeks. Parents are required to practice skills with their child at least five minutes a day, so that they can achieve mastery of their PCIT skills, as well as, further build the parent-child relationship.

PCIT at Beckman began in 2014. Beckman was one of 11 agencies chosen by the PCIT of the Carolinas fourth cohort, a program funded by the Duke Endowment. During this time, four clinicians were trained on how to in-

corporate PCIT into their practices in the Greenwood Clinic. In 2015, the program expanded to include three more clinicians, and services can now also be provided in the Laurens clinic. Shane Parnell is the clinical leader for this program.

The In SHAPE Program was created in 2003 by Ken Jue after he recognized that individuals with serious mental illness have a life span 10 to 20 years shorter than that of the general population. Participants in the program are provided with Personal Health Mentors, access to fitness activities, nutrition counseling and education, smoking cessation support, medical liaison support, encouragement and support for receiving regular medical check-ups, and active management of chronic health conditions.

Amyllynn Battles is the Health Mentor for Beckman. When asked about the In Shape Program, Ms. Battles said, "I consider it an honor to be able to assist in the overall health and wellness of my patients. I love to see the smiles on their faces and hear the excitement in their voices when they realize that they are able to accomplish a goal that they have set for themselves. This program is changing lives and I am lucky to be a part of that."

The Center is pleased to be able to provide these types of quality treatment modalities.



Amyllynn Battles, Health Mentor
Shane Parnell, PCIT Lead Clinician
Tacey Perillo, CAF Director



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

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Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

WWW.BECKMANCENTER.COM

THE BECKMAN CENTER FOR MENTAL HEALTH SERVICES

1547 Parkway
Greenwood, SC 29646
(864) 229-7120

Satellite Clinics:

Abbeville Mental Health Clinic
101 Commercial Drive, Abbeville, S.C. 29620
(864) 459-9671

Edgefield Mental Health Clinic
409 Simpkins Street, Edgefield, S.C. 29824
(803) 637-5788

Laurens Mental Health Clinic
442 Professional Park Road, Clinton, S.C. 29325
(864) 938-0912

McCormick Mental Health Clinic
202 Hwy. 28 North, McCormick, S.C. 29835
(864) 465-2412

Newberry Mental Health Clinic (also serving Saluda)
2043 Medical Park Drive, Newberry, S.C. 29108
(803) 276-8000

RECOVERY SPOTLIGHT – TOMARA M.

My recovery and ability to live with Bipolar disorder has been aided by many resources. In addition to medication, my family, doctors, counselors, friends, and prayer have helped me. I also write poetry, take photographs, listen to music, and draw geometric ink designs. Steps for improving and staying on the right path for my life have included:

- Meeting with counselors and opening up about my emotions and feelings.
- Taking medications as prescribed and informing my doctor of any side effects and how my mood has been affected.
- Using public assistance to have access to my medication, doctors, and counselors.
- Keeping a journal and mood chart.
- Allowing my family to provide emotional and financial support.
- Giving myself the right to have a bad day.

I have also attended group therapy.

I often ask God to bless me that I'll be able to feel positive thoughts. He is my friend and I thank him for being there for me and for being patient with me.

I'd like to express my deepest appreciation to friends, family, counselors, doctors, and community leaders who support the efforts to assist mentally ill patients. I am so grateful for all of the resources that have been and continue to be available in my recovery.



Tomara M.