

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
State Director John H. Magill

LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER
Executive Director Richard Acton

Fall 2011

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.

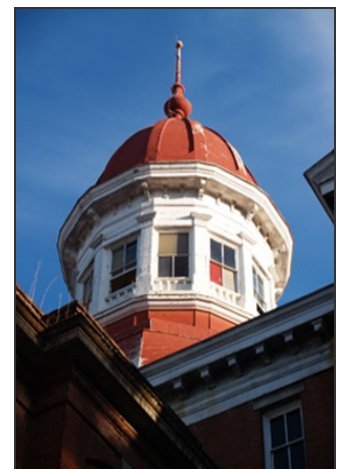
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government 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



Lexington County Community Mental Health Center
 301 Palmetto Park Boulevard
 Lexington, SC 29072
 803-996-1500

County Served: Lexington

LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER

With the mission to aspire to be the provider of choice for behavioral health and recovery services for the residents of Lexington county, Lexington County Community Mental Health Center (LCCMHC) opened its doors on July 5, 1979. At that time, it was located in the Shull House on the grounds of the Lexington Medical Center, and served approximately 100 clients.

The Center has had four executive directors: Malcolm Stasiowski, Lou Musekari, Linda Dasher, and the current director, Rick Acton.

Today, The Center’s Adult program consists of: three

outpatient clinics which are located in Lexington, Batesburg, and Gaston; two rehabilitative day programs; a Homeshare/Toward Local Care (TLC) program; and a Community Residential Care Facility. The Center’s Child and Adolescent Program includes: clinic services, collaborative services with the Department of Social Services, the Department of Juvenile Justice, Special Needs/Crisis Services, School-based services, and a Multi-Systemic Therapy (MST)/Family Preservation Program.

LCCMHC’s staff is dedicated to delivering services to clients and their families that are

impactful, professional, and innovative, while demonstrating compassion and respect.

During fiscal year 2011, LCCMHC served nearly 6,000 residents by providing over 70,500 services/contacts. Since opening, LCCMHC has provided more than two-million services to the residents of Lexington County.

All DMH facilities are licensed or accredited; LCCMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in outpatient treatment of adults, children, and adolescents, and Adult Rehabilitation Treatment.

DURING FISCAL YEAR 2011, LCCMHC SERVED NEARLY 6,000 RESIDENTS BY PROVIDING OVER 70,500 SERVICES/CONTACTS.



<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>Lexington County Community Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	3,768	59,427
<i>Child Outpatients Served</i>	2,028	30,058
<i>Total Outpatients Served</i>	5,796	89,485
<i>Population</i>	262,391	4,625,364
<i>Clinical Contacts Provided</i>	70,511	1,175,482
<i>School-Based Schools</i>	24	388
<i>Children Served by School-Based Programs</i>	599	12,064
<i>Supported Community Living Environments</i>	154	3,395

RICK ACTON, ACSW, EXECUTIVE DIRECTOR



Rick Acton, ACSW,
Executive Director

“WHEN THINKING ABOUT THE FUTURE, IT’S IMPORTANT TO RECOGNIZE THAT APPROXIMATELY ONE IN FOUR PEOPLE IN THIS COUNTRY WILL EXPERIENCE A NEED FOR MENTAL HEALTH SERVICES AT SOME POINT IN HIS OR HER LIFETIME.”

Executive Director Rick Acton has been employed for nine years with LCCMHC. An Ohio native, Acton’s educational background includes a Bachelor of Arts in Psychology from Wittenberg University and a Master’s in Social Work from Ohio State University.

Acton came to LCCMHC from Ohio in 2002. Prior to his employment at LCCMHC, he worked in a residential treatment program for children and adolescents, created a college mental health program, taught at a small college, served as executive director for a family services agency, and CEO of a three county mental health center.

Acton has developed and implemented guidelines and policies with the purpose of ensuring LCCMHC remains in compliance with all government regulations, as well as maintaining alignment with the Center’s core services and values of providing services designed and delivered in cooperation with clients and their families that are impactful, professional, innovative, compassionate, and respectful.

During the past several

years, LCCMHC has been a part of a movement in the mental health system toward helping people living with mental illness beyond stabilization and on to full recovery. LCCMHC provides a full range of crisis, outpatient and residential services, designed from a recovery-oriented perspective.

Acton monitors the effectiveness of the Center, making adjustments as needed. “Leadership for the organization has been to elevate the knowledge of the management team in the business of mental health to include treatment, cost factors, maintaining organizational and corporate structure, along with empowering managers to manage,” said Acton.

He works closely with the staff to secure funds and grants to meet the budgetary requirements of the LCCMHC. Additionally, he serves as the face of LCCMHC programs to the community, attending local events in an effort to build and maintain positive relationships.

When Acton first came to the Center, he encouraged staff to obtain licensure and intentionally directed Human Resources to hire li-

icensed staff. According to Acton, managed care carriers and third party vendors won’t work with you if you don’t have licensure. LCCMHC’s large percentage of licensed staff provides possibilities of entrance into other revenue streams and programmatic endeavors.

Acton said, “When thinking about the future, it’s important to recognize that approximately one in four people in this country will experience a need for mental health services at some point in his or her lifetime. One in ten will have significant depressive symptoms that will need to be addressed and treated. As the population increases at a rate of four to five percent per year, the number of individuals in need of services locally will increase. The challenge is to get the proper clinical mix and funding base to be able to provide the needed level of services. When levels of support erode while population increases you have real problems. It’s not just a problem in Lexington, it’s a challenge all over the state.”

DAVE MAHRER, PH.D., BOARD MEMBER

Lexington County Community Mental Health (LCCMHC) Board Member Dave Mahrer has made many contributions to the improvement of mental healthcare. He began his employment with DMH in 1984, worked mostly in Quality Assurance and Patient Rights, and retired in 2002.

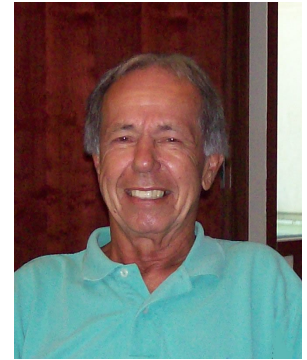
Early in his career at DMH, Mahrer was asked to help write the first set of standards to be used in mental health outpatient settings for the Department of Health and Human Services' Standards and Services Manual. The manual defined the services that DMH still provides today and established statewide standardized forms for DMH centers and hospitals. By hav-

ing clear definitions of services, DMH was better able to file for Medicaid reimbursements, which increased the available revenue for DMH operational expenses.

The LCCMHC advisory board consists of 12 Lexington County residents selected by the Lexington County Legislative Delegation. Board members volunteer to serve three year terms. "There is a great deal of sharing by members about what is happening in the community," said Mahrer. "Members are very interested in not only what the Department can do, but also what we *personally* can do to help those with mental illness."

Ever-changing federal and

state policies and fluctuations in the economy encourage the Center to look for new resources, to either replace money that is no longer available or to help with program growth and sustainability. "All of our sources of revenue are being attacked at once and we are faced with an unclear financial future. I'm concerned that the set of services we will offer in the future may not be broad enough to meet client needs," said Mahrer. "However, the Lexington County community has been very good to this center. This county is one of two in the state with a millage tax dedicated to support mental health care. Lexington County's support is more than verbal," said Mahrer.



Dave Mahrer, Ph.D.,
Board Member

"THE
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DEBRA LYLES, LPC-S, DIRECTOR OF CLINICAL SERVICES

"My Mom was a teacher and my Dad was a preacher, I grew up surrounded by helping professionals," says LCCMHC Director of Clinical Services Debra Lyles. She obtained her undergraduate degree in Recreation Therapy from Clemson University and a Master of Arts in Counseling from Liberty University. Lyles began her career with DMH as an activity therapist at both the William S. Hall Psychiatric Institute and G. Werber Bryan Psychiatric Hospital.

Debra Lyles was hired at LCCMHC in 1994, to perform assessments on children who had been taken into the custody of the Department of Social Services (DSS). She

later became supervisor of the DSS and Family Preservation Unit and, in 2003, director of Child, Adolescent and Family Services. In 2011, she was promoted to director of Clinical Services.

"If there's a program that can help kids we have pursued it. Our staff is trained in Multi-Systemic Therapy, Trauma Focused Cognitive Behavioral Therapy, and Parent Child Interaction Therapy," said Lyles. LCCMHC also works to develop partnerships and coordinated interagency efforts. However, due to funding cuts, Lexington County school-based programs have been reduced by approximately half over the past five years; going from 22 school-

based counselors in 40 schools to the current number of 11 therapists in 20 schools. "It's disappointing but we will continue to try to build relationships with area schools," said Lyles.

LCCMHC staff members strive to find the most effective use of resources and innovation at all levels, not just in treatment, but also in prevention and intervention. All programs are designed with the recovery process in mind. "If there is a program that is found to be effective, then that is the direction we will go," said Lyles. "My vision is for LCCMHC is to be the best mental health center in the state and I truly believe that we are," she said.



Debra Lyles, LPC-S,
Director of Clinical Services

"MY VISION IS
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Jennifer Gerber,
CAF Clinic Therapist

JENNIFER GERBER-CAF CLINIC THERAPIST

Jennifer Gerber, a Children, Adolescents and Families (CAF) therapist, has been employed by LCCMHC for almost seven years.

Growing up in Illinois, Gerber envisioned becoming a teacher, going on to graduate from the University of South Carolina with a Bachelor of Arts degree in English and a master's degree in Education.

Gerber worked as a special education teacher before deciding to change careers. "As a teacher I saw children with burdens too heavy to be addressed by an educator. I felt I could make more of an impact working as a therapist," she said.

Gerber's skills enable her to identify problem behaviors

and formulate appropriate interventions. She works with children and families to develop individualized treatment plans appropriate to each child's specific needs. "In a typical day, I hit the ground running, finishing up case notes, doing clinical service notes, staffing cases with doctors and/or colleagues, calling doctors, seeing patients, or talking with a parent that has experienced a crisis with a child the night before," said Gerber.

At LCCMHC, parental involvement is a crucial component of every child's treatment. From the first session, parents are relied upon for information concerning their child's development, behavior, relationships, and habits, and they are closely con-

sulted regarding the goals of treatment. Parents are partners in the treatment process, providing critical feedback regarding the effectiveness of interventions as they are developed and implemented. "I feel like I'm doing really positive work, especially with young parents. I feel like I really do help them," said Gerber.

Gerber would like to see services expanded for children seven years of age and younger. She is involved with developing a Parent Child Interactive (PCI) therapy clinic and play therapy for younger children. Gerber said, "My philosophy is to keep going, focus on the positives and overcome negatives."

AT LCCMHC,
PARENTAL
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OF EVERY
CHILD'S
TREATMENT.



Sarah Main, LPC ,
Rehabilitative Psychosocial Services
and Residential Program Director

SARAH MAIN, LPC, REHABILITATIVE PSYCHOSOCIAL SERVICES AND RESIDENTIAL PROGRAM DIRECTOR

Sarah Main loves helping people. She earned a Psychology degree from the University of Texas and a Counselor in Education degree from the University of South Carolina. A LCCMHC employee for nine years, Main is the Center's Rehabilitative Psychosocial Services and Residential Program director.

Main works with Homeshare, Toward Local Care, Youth in Transition, MIRCI-supported apartments, and Community Residential Care Facilities.

According to Main, the Homeshare program is interesting because many of the

clients have spent years in state hospitals prior to being transitioned into the community. Homeshare places clients with long-term or repeated hospitalizations in the community in safe, family settings with trained providers/families. Clients receive intensive case management and physician services from mental health staff.

With 54 clients currently in the program, Homeshare is very successful. During FY10, 18 clients successfully transitioned out of hospitals into the community. "Homeshare gives clients a higher quality of life," said Main. "It's one of the programs our state does very

well; it's effective and worthwhile." She encourages providers to give clients responsibilities in the household, as doing so helps clients feel like part of the family and also boosts feelings of self-worth and accomplishment. "The biggest thing that makes Homeshare successful is the strength of the relationship between the client and the provider," said Main.

Main's philosophy is to be creative in all aspects of her life and to 'think outside the box.' "I like to look at someone who hasn't done well in other placements and try to figure out what to do to help them do well and move forward," she said.

"HOMESHARE
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SUSAN HARRIS, LEXINGTON ADULT SERVICES AND EMERGENCY SERVICES SUPERVISOR

The Emergency Services division of LCCMHC provides a number of services within and beyond the Center facilities. Clinic-based services include triage, assessment and referral services, and a short term crisis stabilization program. Anxiety, depression, substance abuse, domestic violence, and chronic mental health issues are some of the conditions commonly addressed. LCCMHC also provides services off-site at the Lexington Medical Center and the Lexington County Detention Center.

Adult Services and Emergency Services Supervisor Susan Harris has been employed by LCCMHC for 12 years. A graduate of the College of Charleston, she previously provided counseling at

the South Carolina Department of Corrections and Lutheran Family Services. When initially hired at LCCMHC, she worked with the first Criminal Domestic Violence Court in Lexington.

Harris wears many hats, serving as Disaster coordinator, Lexington Medical Center (LMC) liaison, and overseeing mental health services at the Lexington County Detention Center.

Hospitals, statewide and nationally, continue to have a growing number of mentally ill and substance dependent patients in emergency departments (ED). LCCMHC and LMC have a long standing and mutually beneficial relationship. Harris works closely with the LMC ED staff in coordinating discharges and

follow-ups.

Two full-time LCCMHC staff available Monday through Friday, and part-time weekend staff provide coverage to the jail population seven days a week. LCCMHC staff see approximately 200 inmates per month, more than half of whom have previously diagnosed mental health issues.

Harris has found her niche working with LCCMHC Adult Services and Emergency Services and wants to continue to grow in this area. She said, "People come in and they say 'so and so' needs help. I can get them to the right place for what they need. I get tremendous job satisfaction providing direct care to clients and their families."



Susan Harris,
Lexington Adult Services and
Emergency Services Supervisor

"LCCMHC IS
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BECAUSE THE
STAFF IS SO
PROACTIVE."

KATHY SPEED, JUVENILE JUSTICE PROGRAM MANAGER CHILDREN'S LAW CENTER; UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW

The purpose of the Children's Law Center (CLC) is to help professionals enhance their knowledge and skills so that court proceedings will have the best possible outcomes for children. The CLC is a resource center for South Carolina professionals who are involved in child maltreatment or juvenile justice court proceedings. The CLC and LCCMHC have a close working relationship.

Kathy Speed, who has served as the CLC Juvenile Justice Program manager for the past seven years, oversees juvenile justice projects and assists professionals within the community with issues related to juvenile detention. Children

with systemic issues that cannot be resolved often require services from a variety of agencies. Speed works with the staff of the DMH CAF program and interacts regularly with all of DMH's mental health centers on the behalf of shared clients. Speed said, "LCCMHC is in the top three mental health centers that I work with, because the staff is so proactive. They are always willing to start talking early about the needs of a child instead of waiting until there is a crisis."

"The LCCMHC staff does an excellent job reaching out to partnering agencies. They know their clients well enough that they can identify

when they have possible DSS or DDSN issues and know whom to contact for help in these areas." Speed said, "Other agencies respect this Center."

The CLC also provides research and staff support for the Joint Citizens and Legislative Committee on Children. The Committee, which is composed primarily of legislators and agency heads, including DMH State Director John H. Magill, identifies and researches issues related to children, provides information and recommendations to the Governor and General Assembly on children's issues, and offers recommendations for policy and legislation.



Kathy Speed,
Juvenile Justice Program Manager



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

**LEXINGTON COUNTY
COMMUNITY MENTAL HEALTH CENTER**

Lexington Adult Clinic and Emergency Services

301 Palmetto Park Boulevard
Lexington, SC 29072
(803) 996-1500

Batesburg/Leesville Clinic

120 West Church Street, Suite A
Batesburg, SC 29006
(803) 532-8414

Gaston Clinic

3965 Fish Hatchery Road
Gaston, SC 29053
(803) 755-2261

Child, Adolescent, and Family Services

305 Palmetto Park Boulevard
Lexington, SC 29072
(803) 359-7206

**RECOVERY SPOTLIGHT
BY- MARILLA C.**



I was diagnosed with a mental illness called schizophrenia. I started hearing voices and seeing things. I was delusional, paranoid, and manic. So I was admitted to the State Mental Hospital on Bull Street. There I received treatment for my mental illness.

I was mentally ill all my life and finally received treatment in 1997. I started out in the Cooper building, where I spent one year. I was at my worst there.

I would sit in a chair in the hall and stare into space. I would shower every two days, and I could not swing my arms when I walked. I was just flat. Then, when the medication started working, I started to come around. When I started feeling better they moved me to the Allan building. That is when I started my seven years of treatment.

I was found not guilty by reason of insanity (NGRI) in 1998. When I started my recovery journey I was placed on different medications, some were good and helped me, others were not. That went on for a while. When I went to Crafts Farrow hospital, I was placed on the right medications.

I made it through seven years at the mental hospital, some days I

thought I would not make it out. The road was hard but I had to fight to get out. Seeing others come and go, it was hard.

After that time, I was screened for services at the Lexington County Community Mental Health Center (LCCMHC). I came to the LCCMHC in the late part of 2003, where I was originally placed in a home in the community through the Homeshare program. I was later placed in my own apartment in November of 2004 as part of the assisted living program (ALP).

I have a great case manager at ALP. His name is Carlos Lopez. He has played a big part in helping me get used to being in the community. I now have a

job at SCSHARE that I love, and which Carlos takes me to.

What has kept me on the right path is that I enjoy my freedom. I say that because I remember when I did not have freedom. That's why I work hard to keep it. The LCCMHC staff makes sure I have my medications and I see my doctor every three months.

I have learned how important my medication is to me and my recovery. My strength comes from my Higher Power, and knowing I need my medications and taking them. This is my Recovery Story!