

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
COMMISSION**

**State Director John H. Magill**

**Spring 2013**

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 149,100,000 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.

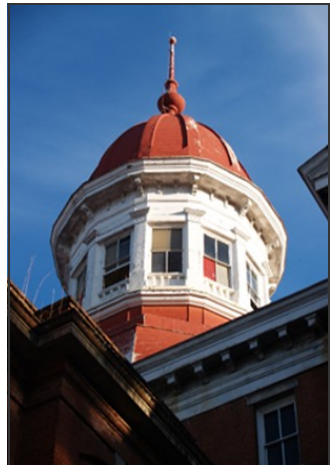
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government 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 2,890,000 patients, providing over 39,600,000 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 FY12, DMH outpatient clinics provided more than 1,179,000 clinical contacts and DMH hospitals and nursing homes provided more than 515,250 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

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



Babcock Building Cupola

## DEPARTMENT OF MENTAL HEALTH COMMISSION

This publication profiles the seven members of the SC Mental Health Commission, which is the governing body of the SC Department of Mental Health. The Commis-

sion has jurisdiction over the state's public mental health system. Its members are appointed for five-year terms by the governor with advice and consent of the Senate.

DMH deeply appreciates the selfless dedication of each Commissioner safeguarding the Agency mission to support the recovery of people with mental illness.

### ALISON Y. EVANS, PSY.D., CHAIR

Born and raised in Hartsville, Dr. Evans's interest in serving people with mental challenges began in her childhood. Her brother was diagnosed with autism and mental retardation. The entire family participated in his care and Dr. Evans remembers driving to Chapel Hill and Columbia for various treatments. The family got involved in day-to-day behavior modification treatment and other "homework" assignments for her brother, who was served for a time by Hall Institute and later moved to the Charles Lea Center at the South Carolina School for the Deaf and Blind. This experience exposed Dr. Evans to the importance of advocacy, as her mother was a tireless advocate for her son. It also influenced Dr. Evans' later academic, professional and service decisions.

Dr. Evans has directed her church's children's choir for 15 of the last 24 years. As choir director she stresses the importance of ensuring every child has a part in order to build their confidence. She says it is a great outlet in that it goes beyond a traditional choir involving Bible memory and Bible study.

Dr. Evans is a licensed professional counselor. She received her bachelor's degree from Trevecca Nazarene University, her master's degree from Middle Tennessee State University and her doctorate in psychology from California Coast University. After completing her academic studies, Dr. Evans worked for a time as a psychologist at the Pee Dee MHC. She later went into private practice, which she did for many years, and most recently joined the faculty of the SC Governor's School for Science and Math, where she serves as the mental health counselor for the school's 188 students.

Excited by her new position at the Governor's School, Dr. Evans says she helps the students balance stress with wellness, while keeping an eye out for emerging clinical issues. The students are away from home in an environment of excellence, which can become overwhelming for those who are used to being first in their class. The work is rigorous and students can find themselves making C's despite working very hard.

Dr. Evans works on site and the students can be self-

referred or referred by their parents or teachers. She focuses on decreasing students' vulnerability to unhealthy coping mechanisms such as alcohol or marijuana through counseling and education. She began Fun Without Drugs (FWD), a club that stresses management activities such as attending ball games and cheering to both help the students decompress and increase their sense of belonging. Their slogan is "24/7 Smart: making good decisions inside and outside the classroom."

Dr. Evans has been a member of the Mental Health Association of South Carolina since 1994. She is also a member of the Mental Health Association of Darlington County, serving since 1986. She is a member of numerous organizations and has received many distinguished service awards.

Dr. Evans was appointed to the SC Mental Health Commission in May of 2004 by Governor Sanford. In August of that year she was elected Chair, and has served in that capacity ever since.

As Chair, Dr. Evans feels the role of the Commission is not to micromanage operations



Alison Y. Evans,  
Psy.D., Chair

## ALISON Y. EVANS, PSY.D., CHAIR

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DR. EVANS FEELS THE ROLE OF THE COMMISSION IS NOT TO MICROMANAGE OPERATIONS BUT TO HELP SET POLICY AND DIRECTION FOR THE AGENCY.

but to help set policy and direction for the Agency. The Commission pays special attention to the financial situation to best provide services from a client-centered perspective. Dr. Evans says that from an operational standpoint, the most important tasks of the Commission is hiring the state director. She feels the best decision they have made is to bring in John H. Magill for that position. She says that Mr. Magill has led DMH through very difficult times while simultaneously making major accomplishments: "The Telepsychiatry program is phenomenal. What that has done for patient care as well as the financial impetus and the accessibility of services. It's a wonderful thing," she said. Another noted accomplishment is the sale of the Bull Street property. Dr. Evans says the

Commission knew that it would not be an easy task, there would be lots of scrutiny and it would be a one-time opportunity. They wanted the best deal possible to protect clients, carry out fiduciary responsibility, and provide for patient care. Those different perspectives potentially were at odds and the Commission needed to ensure that patient care remained the number one priority.

Regarding the future of the Agency, Dr. Evans says there is a concern about where health care is going and how it is going to be managed more efficiently without jeopardizing standards. She would like DMH to move in the direction of prevention and would like increased funding to allow this. She notes that it can be a tough sell to those who control purse strings but

treatment on the front end of a psychotic condition is less costly than waiting until after it occurs.

Dr. Evans is quick to recognize her husband Ken, a family practice physician, and her son Justin for supporting her efforts to serve the citizens of South Carolina. Without their support she could not put in the time she does in her various roles.

She says her faith has been an important part of shaping the work and life she lives. Her faith teaches, "You are to look out for your fellow man, you are to love your neighbor as yourself. And I think that's what it's about for me, to protect those vulnerable populations who maybe need somebody to fight for them or at least help empower them to fight. I think that's my driving force."

## JOAN MOORE, VICE CHAIR



Joan Moore, Vice Chair

Vice Chair Joan Moore has served on the SC Mental Health Commission for more than eight years. The Bonneau native and Goose Creek resident represents Congressional District 1. Moore has lived in the Lowcountry for most of her life, having attended schools in Berkeley, Georgetown, and Charleston counties, and working as a secretary at West View Elementary for 25 years. "I loved being around the children, they were wonderful," she said. "It was great to see them grow up. As the children

grew up most of them married and remained in the community. I had the pleasure of seeing their children educated at Westview Elementary. I still have contact with some of the former students." This sense of closeness and community is important to Moore.

Moore did not expect to be asked to serve on a Commission, but found the offer to serve on Mental Health's to be a blessing. She has a son with a mental illness, and she has first hand knowledge of

the challenges that families face finding appropriate services. She said, "It was a perfect fit."

Moore has enjoyed her time on the Mental Health Commission and has learned a great deal about DMH. "What really surprises me about this Department is that just about everyone that I have met truly cares about the people we serve – it's not just a job to them. To me, that makes it worthwhile," she said.

When asked about her role as

## JOAN MOORE, VICE CHAIR

a Commissioner, Moore explained that sometimes it's more of a public relations position than anything else. "We are the governing board, but without the director, the driving force, it wouldn't work," she said. "We have to communicate what DMH is all about to the public."

With unlimited resources,

Moore said she'd see DMH have the best, newest, and most modern facilities, as well as many more psychiatrists and counselors. As resources increase, she feels personnel, especially psychiatrists, and competitive pay should be high priorities.

Moore explained her philosophy: "My mother always said,

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'You work for other people, you do for other people, and you will be satisfied. Find someone who needs your help, and you help them.' And that's what I try to do. There's always someone else who is worse off, I count my blessings that I can help, in some small way."

## BEVERLY F. CARDWELL

Beverly Cardwell was appointed as a mental health commissioner in August of 2012 representing District 5. Cardwell has a husband with a diagnosis of bipolar disorder and a son with the diagnosis of schizophrenia. She has been on the Board of Catawba Mental Health Center since 2000 and says it was hard to leave her post there, though she believes it will help her in her new role of Commissioner.

Cardwell was born in Kings Mountain, NC, the youngest of six children. Her mother, age 94, still lives in NC and Cardwell keeps in close contact with her five siblings, whom she describes as "wonderful". Cardwell attended high school and business school in NC.

Growing up, Cardwell says that mental health issues were not on her radar. Then she learned her father-in-law had been diagnosed with bipolar disorder. Early in their relationship, her husband said he would take her higher and lower than she's ever been. At the time she did not fully

understand his meaning. Later he was also diagnosed with bipolar disorder and her learning began. She had no worries that she could handle loving someone with mental health problems but says that when her son was diagnosed with schizophrenia she needed to learn more and reach out to others who were living with mental illness. According to the National Alliance on Mental Illness, (NAMI) one in four adults experiences a mental health disorder in a given year.

In the late 1990s, Cardwell's husband began experiencing mania and would get up at 4 a.m. to write for hours at a time. This effort eventually became a book entitled *No More Secrets*. The book chronicles his journey of diagnosis, treatment, and recovery. Throughout the process he learned of multiple family members who also suffered from mental illness. The stigma of mental illness was so strong one cousin had been removed from the family tree. The cousin died at age 43 at the State Hospital after an 11 year stay.

A little over two years ago, Cardwell lost her son to suicide. She described how this was new territory for her and how difficult it was. She says she wants the Agency to help people who are going through mental and emotional pain as much as possible.

As a Commissioner, Cardwell would like to see more people helped and shorter waits for appointments. She notes when people call they usually need help right then, not in a week or two. She is excited about the new Future Is Now (FINS) initiative to provide rapid response and appointments at DMH's 17 mental health centers.

Additionally, Cardwell would like to see some of the older DMH buildings replaced, especially Catawba Mental Health Center's facility.

Cardwell recalls growing up in a Christian-centered home. She says they were a big family, did not have a lot of money, but there was always unconditional love, and this impacted her value system most of all.



Beverly F. Cardwell

ACCORDING TO THE NATIONAL ALLIANCE ON MENTAL ILLNESS, (NAMI) ONE IN FOUR ADULTS EXPERIENCES A MENTAL HEALTH DISORDER IN A GIVEN YEAR.



## JANE JONES



Jane Jones

Jane Jones has served as a commissioner since 2004. She feels she brings a different perspective, not having a clinical background. Jones values her experience on the Commission and believes that collectively it makes a difference.

Jones was born in Anderson County, where she grew up on a farm. She had a traditional southern upbringing where faith, manners, and respect were stressed. She was taught to be kind to everybody.

Jones attended two years of Erskine College, transferred, and graduated from Winthrop University, with majors in sociology and psychology. Jones's first job was a social worker at Child Welfare.

After starting her family, she decided to go into teaching. She earned her teaching certificate and became a middle-school teacher, retiring after 22 years. As a teacher in a rural community she saw students come to school with many needs and heart wrenching stories; this further enforced her commitment to service.

In addition to her social service and teaching experience, Jones is a licensed realtor and a "full time grandmother". Jones and her family are big Clemson fans.

Jones has a keen interest in politics, believing in the importance of knowing what is going on in her community and state.

Jones sees the role of the Commission as being a support and a watchdog for the Agency. "Everybody needs oversight; even if there is nothing wrong a second opinion can help," she said. She believes the Commission's greatest accomplishment was hiring Mr. Magill as the state director, noting he has done an incredible job managing the Agency through difficult times.

In the future Jones would like to see continued focus on Hall Institute. She recalls years where the Agency had to fight hard to keep it in existence and says it is important for DMH to provide a place for children with psychiatric needs that cannot be served elsewhere.

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## SHARON L. WILSON, FACHE, CEAP



Sharon L. Wilson,  
FACHE, CEAP

Newly minted Commissioner Sharon L. Wilson is the director of Behavioral Health Operations at the Greenville Hospital System (GHS). GHS recruited Wilson 18 years ago due to her expertise in Employee Assistance Programs (EAP) and Managed Care. GHS wanted to bring an EAP product to the marketplace as well as redesign the offerings it had for its own employees in the area of Managed Care and EAP.

Wilson was born and reared in Pittsburgh, Pennsylvania. She received her Bachelor of Science in Psychology from Indiana University of Pennsylvania. Where she continued graduate studies in clinical psychology. Prior to complet-

ing her thesis, she married and began raising a family. She worked in community mental health centers in Pennsylvania and Virginia. It was important to Wilson to obtain a graduate degree, so she returned to school and earned a master's degree in Management. She has since received her Certification in Employee Assistance Programs (CEAP) and is a Fellow in the American College of Health Care Executives (FACHE).

Wilson's interest in psychology and mental health began as a young child when she was a patient of a husband and wife dentist/hygienist. Not a fan of going to dental appointments, she really enjoyed

visiting their office, which was located in their home. She recalls a warm, loving and happy atmosphere, complete with the family pets in the waiting room. She decided, at that time, that she wanted to become a dental hygienist, so inspired was she by this couple's practice and seemingly "perfect" life. Two years later, she learned that the wife/hygienist had committed suicide. The news shocked the young Wilson and from that moment forward she was committed to understanding the human psyche and helping people deal with mental health problems.

GHS has a labor force of approximately 10,000 people

## SHARON L. WILSON

and is self-insured. Taking into consideration employees' dependents, GHS provides healthcare benefits to more than 13,000 people. When Wilson first joined GHS, the mental health benefit to employees was limited to M.D. coverage. Now it offers therapy to support the mental health of its employees and their dependents. While her main duties are administrative, Wilson is still involved in some employee case man-

agement and takes special pride in being able to problem solve with them and get the services they need. "When I can make an impact on one person or group and change something for the better, this gives me great satisfaction," she said.

As a Commissioner, Wilson would like the state to continue to collaborate with the private sector. She believes that public/private sharing of responsibility is essential in

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supporting people gaining access to needed mental health care. She stresses the need for an inclusive, grass roots approach, which focuses on keeping people well in addition to treating them when they are not. While recognizing the challenges both the private and public sector face in their service to people's mental health, Wilson chooses to frame this as an opportunity, "These are exciting times," she said.

WILSON  
SUPPORTS  
COLLABORATION  
WITH THE  
PRIVATE SECTOR.

## EVERARD RUTLEDGE, PH.D.

Everard Rutledge, Ph.D., has served as a mental health commissioner since 2009. He holds a master's degree in Hospital and Health Administration from the University of Minnesota and a Ph.D. in Healthcare Administration from La Salle University.

Dr. Rutledge, the former vice president of Bon Secours Health System, has held executive leadership positions in healthcare organizations across the nation for more than 30 years. He helped pioneer the first community care provider model in the Midwest and the development and building of the Urban Medical Institute in Baltimore, as well as overseeing the integration of the Liberty Health System with the Bon Secours Baltimore Health Corporation.

In his previous role with Bon Secours, Rutledge was responsible for system-wide community health programs, as well as advocacy, public policy, diversity, and the

identification of community needs throughout the Bon Secours system.

He joined the Bon Secours system in 1996 as chief executive officer of Bon Secours Baltimore Health Corporation following its merger with Liberty Health System. He assumed his position as Health System vice president in 1997. Dr. Rutledge retired in 2007. He took on leadership of Sea Island Comprehensive Healthcare Corporation in Johns Island in 2009.

Born and raised in New York City, NY, Dr. Rutledge came to South Carolina to be near his parents, who had retired in Charleston, and to work with the Bon Secours system. "Healthcare Administration is very rewarding, professionally," said Rutledge. "It's a field where frustration may be ever-evident as far as policy issues, but it's a wonderful way to make a difference."

Dr. Rutledge feels that public agency commissioners are entrusted to ensure that the

policies set by the Legislature are carried forth consistently with sensitivity to the needs of the constituents receiving services. To him, the commissioner works in an advisory role to the management and chief executive officer, to ensure that resources are utilized in a manner that will provide the greatest benefit to those in need. "Our sensitivity is to a very vulnerable population, that is why I'm proud to be a member of the Mental Health Commission," he said.

"Many states dismantled their mental health systems years ago, in a trend called 'deinstitutionalization,' with the intention of providing greater flexibility for patients and mental health care professionals, however, in many instances it didn't turn out that way," said Dr. Rutledge. "South Carolina didn't take that same tack. We see the need for both ambulatory and institutional care, and I think we're very well suited for that."



Everard Rutledge, Ph.D.

## JAMES BUXTON "BUCK" TERRY

James Buxton "Buck" Terry has been a member of the Mental Health Commission for six years.

Born and raised in Orangeburg, Terry attended high school for three years in Orangeburg and then attended a military school in Marion, Alabama. Terry graduated from Wofford College, where he majored in psychology and economics. Following graduation from Wofford, he went to Naval Officer Candidate School (OCS) in Newport, Rhode Island. After graduating from OCS he was assigned to the aircraft carrier USS Forrestal for two years then got transferred to the Sixth Naval District staff at the naval base in Charleston. After leaving the Navy, Terry spent many years working in management and executive positions at various banks and financial firms throughout South Carolina, eventually heading up his own loan company. After retiring, he and his family settled in Columbia.

Terry and his wife are both interested and involved in the mental health movement. Their involvement started when their 21 year old son began experiencing mental health problems. They were living in Orangeburg at the time, and after receiving inpatient services their son moved back in with Terry and his wife and received outpatient services through Department of Mental Health psychiatrists. The family relocated to Sumter, where their son lived

at Washington Place, a supportive living program affiliated with the Santee-Wateree Mental Health Center (SWMHC) and the Mental Health Association. Mrs. Terry got to know the then executive director of SWMHC and was asked to serve on the Center's board. Terry was then approached by NAMI for assistance with budget matters due to his extensive background in finance. When the Terrys eventually relocated to Columbia, he was approached by Columbia City Council member Ann Sinclair to serve on the board of the Mental Health Association of SC. Terry became the treasurer, serving on that board for six years. "Since we have moved to Columbia, my son, in one way shape or form has been a client of the Department of Mental Health. So consequently I'm wed to the Department of Mental Health."

Terry believes that the primary role of the Commission is to ensure, by policies and actions of management, that DMH can provide the care that is needed, keep facilities open and operational, and do things that are required currently as well as in the future. He feels the Commission performs a vital role in this process. Terry takes a personal interest in special projects that DMH undertakes, likes the Agency's management set-up, and feels that the direction Management is taking is a positive one.

Terry says the values that

drive him in his role as a commissioner were given to him by his parents. He believes that each individual is responsible for him or herself and their progeny.

On the topic of the Bull Street property, Terry believes the project will turn out to be "truly fantastic" though it will take some time to come to fruition. Terry says that the Agency's efforts regarding the Bull Street property will positively impact clients and citizens of South Carolina for years to come.

When looking to the future, Terry believes DMH will need to look at the long term care housing situation. "The number of people with mental illness is growing and we have to provide for them.



TO SUPPORT THE RECOVERY OF  
PEOPLE WITH MENTAL ILLNESSES.

### SC DEPARTMENT OF MENTAL HEALTH

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James Buxton "Buck" Terry

Budget constraints can sideline this effort. Total privatization is not the answer in the area of long term care. There is an inherent conflict in being for profit and going the extra mile for hard to manage clients. The DMH fills a very important service component for the citizens of South Carolina," he said.