

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

**GREENVILLE MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR AL C. EDWARDS, MD**

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



GREENVILLE MENTAL HEALTH CENTER

124 Mallard Street
Greenville, SC 29601
(864) 241-1040

County Served: North Greenville County

GREENVILLE MENTAL HEALTH CENTER

The Greenville Mental Health Center (GMHC) was one of the first mental health centers in South Carolina. It opened in 1950 with a small staff of four and was eventually integrated with the Marshall I. Pickens Psychiatric hospital (MIPH) supported by a staffing and construction grant in 1969. For years the staffs of the GMHC and MIPH were synonymous.

The GMHC has grown to approximately 160 staff including 10 psychiatrists, 16 nurses, and over 78 Masters level clinical and other staff members. The Center currently serves the city and northern parts of Greenville County. As a branch of the larger S.C. Department of Mental Health, it has been subject to budgetary and directional influences and receives about 35% of its current budget in state dollars. Our primary location is 125 Mallard St. and branch offices can be found on the Greenville Health System (GHS) campus and co-located with Foothills Family Services in the Slater Marietta area.

Services are co-located in 31 Greenville County schools. Our school-based services are in the process of partnering with the National Alliance for

the Mentally Ill (NAMI) to integrate their educational mini-course for teachers on identification and referral of students with a possible mental illness. These are cutting-edge approaches to problems which have plagued our school systems nationally for years. Twice a year, during the summer and winter school breaks, intensive services for children are offered daily in a camp-like setting. For older children our Young Adults in Transition (YAT) program offers similar services. Additionally, GMHC provides services at the Whitehorse Academy for adolescent males with substance abuse, Serenity Place for substance-addicted mothers, Department of Social Services, Department of Juvenile Justice (DJJ) Juvenile Assessment Center, and the assessment and forensic aspects of the Julie Valentine Center.

Over a third of our services are traditional outpatient services for adults and children including daily programs for those with long-standing mental health needs. Newer successful services include care coordination which seeks to assist with very complex and time intensive cases.

Another is our Independent Placement Services (IPS) which is a merged effort with Vocational Rehabilitation and was the recipient of the prestigious Dartmouth award last year out of a field of 600 programs. The IPS program seeks to provide a path to recovery through employment.

Our access team has worked hard over the past 18 months to meet the needs of our community and is able to offer adults and children appointments in less than seven days from time of first contact. Of course, emergency walk-ins are seen that same day.

For many years the GMHC has operated a sizable homeless outreach program which works with multiple organizations such as Miracle Hill, the Salvation Army, United Ministries/Place of Hope, United Housing Connections (UHC), Triune Mercy Center, and New Horizons Healthcare, to name a few.

Housing has been a priority for the GMHC for years and by partnering with organizations such as Homes of Hope, UHC, the City of Greenville, and rental assistance programs we have been integral in developing over 50 independent homes for the mentally ill. With help from the local Mental Health

Association for representative payee services we strive to make independent living a reality for many.

The future holds perhaps accelerated demand for mental health services of the spectrum that we provide at GMHC. We will continue to pursue attention to the stabilization of families and early detection of mental illness. We will continue to mainstream adults and expand educational and vocational routes to recovery. Novel approaches to service access coupled with further reintegration with the GHS as it forges a much-needed path to medical student and psychiatric resident education are vital. Continued and further integration of services with all of our partners will be needed as the Greenville area continues to grow and its needs expand.

All DMH facilities are licensed or accredited; GMHC is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities.



CHARLOTTE E. WALKER, BOARD CHAIR



Charlotte E. Walker,
Board Chair

Mental Health Services is an intricate part of the life fabric of Board Chair Charlotte E. Walker. Walker graduated from the University of Chicago's School of Social Service Administration and completed two years of clinical training in the Dept. of Psychiatry at the University of Chicago.

After returning home to Greenville, she accepted a position with the GMHC Child and Adolescent Division. Her employment at GMHC spans 33 years, with opportunities to coordinate programs and provide mental health services to children, adults, the chronically mentally ill, senior adults, deaf individuals, and high risk

young African American males. Over the course of her career at GMHC, she provided program administration, staff supervision, and clinical treatment services. She had the distinguished honor of being recognized as GMHC Outstanding Employee of the Year. Walker has also served as a Commission on Accreditation of Rehabilitation Facilities (CARF) surveyor for 25 years.

Very shortly after retiring from the Center, Walker transitioned into the role of board member. She brings to the Board extensive knowledge, experience, and mental health expertise. Walker values and appreciates

the dynamic leadership of Center Director Al Edwards, MD, the incredible personal and professional dedication of staff, and the array of comprehensive quality services available at GMHC.

Walker is committed to advocating for support from City, County, and State elected officials, as well as other leaders in the community to ensure GMHC will continue to meet the comprehensive mental health needs of those diagnosed with mental illnesses. Additionally, Walker strongly supports staff development and training initiatives.

AL C. EDWARDS, MD, EXECUTIVE DIRECTOR



Al C. Edwards, MD,
Executive Director

After Presbyterian College, Al C. Edwards attended the University of South Carolina School of Medicine and finished as a member of its second graduating class. He began in internal medicine, switched to psychiatry, and did his residency at Hall Institute. As part of his commitment to the National Health Service Corps, he spent four years at the Department of Corrections. He served as director of mental health services for the SC Department of Corrections. He was later appointed Chief of Forensic Services at William S. Hall Psychiatric Institute (WSHPI) and associate director of the WSHPI Medical School. In 1993, he accepted the position of GMHC executive director, which enabled him to return to his home town.

Dr. Edwards instills in his staff that patients of GMHC will receive as good or better care than is available anywhere else in the community, and he firmly believes they are meeting that goal. "Frequently, when folks with mental illness go to an emergency room, most of their problems are ascribed to their mental illness, so co-existing physical conditions may not be diagnosed. A major factor in achieving mental health requires assurance that all of a person's health care needs are met. We try to integrate primary healthcare and behavioral healthcare. Our nurses and doctors actively look for health issues with our patients while caring for their psychiatric needs," he said.

A long-time dream of Dr. Edwards' has been to co-

locate mental health and primary health care in the same offices, possibly by bringing family practitioners into the GMHC. With a new medical school planned for the upstate at the Greenville Hospital System, an opportunity to provide dual services may evolve as residency students rotate through different disciplines, possibly at GMHC.

The new medical school may benefit the Center in another way. The Upstate has historically had more difficulty attracting psychiatrists than Columbia and Charleston. "As many people tend to remain where they train, I fully expect some of the doctors that finish their psychiatric residency program in Greenville to remain in the Upstate," Edwards said.

SUSAN CAMPBELL, MD, CHILD PSYCHIATRIST

Child psychiatrist Dr. Susan Campbell is a consultant for GMHC. She is a part of the school-based team that serves some of the Title I schools in Greenville County. School-based therapists meet with children during school hours in local schools.

Once a week, the therapists meet with Dr. Campbell and a GMHC nurse to discuss cases and do treatment planning. Dr. Campbell also prescribes medications if needed. While she has been a part of the school-based team for 10 years, she has worked with children at GMHC about 24 years.

Susan grew up in Moonville, and attended Furman University and the Medical University of South Carolina. She completed her Psychiatry residency and Child Psychiatry fellowship at Duke Uni-

versity.

In addition to her work at GMHC, Dr. Campbell also works one day a week at Furman University's Student Mental Health Services.

Yet Susan finds the school-based services most exciting. "Many parents have a difficult time bringing their children in consistently for appointments. They may not be able to leave their jobs, have transportation issues, or may have health challenges of their own. By meeting the child in a school setting, he or she can be seen every week, or more if necessary. School-based services remove the burden of keeping appointments from families allowing center staff to meet with a child when needed – not just when a caregiver can make the arrangements.

Medication, when required, is a major benefit. Many medicines in use today were not available just 20 years ago. Diagnostic skills have also evolved during that period. "I think we recognize some illnesses now that we did not recognize 20 years ago, and we're getting better at diagnosing things early. There's some thought that if we can catch and treat the more malignant diseases early on, we might be able to attenuate the prognosis.

I had a wonderful professor at Duke who always said, 'You'll get disheartened if you think you are going to cure everyone, but if you help one child and make a difference in the life of that one child, you've helped that child and their future children.' So I look for that one."



Susan Campbell, MD,
Child Psychiatrist,
School-based Services

SCHOOL-BASED SERVICES REMOVE THE BURDEN OF KEEPING APPOINTMENTS FROM FAMILIES ALLOWING CENTER STAFF TO MEET WITH A CHILD WHEN NEEDED.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS)

The GMHC Individual Placement and Support (IPS) team was awarded the 2014 Johnson & Johnson – Dartmouth Achievement Award for outstanding outcomes.

The IPS Supported Employment program is available to any Greenville Mental Health patient that wants to work. The goal is to help patients incorporate employment into their mental health recovery. In collaboration with the South Carolina Vocational Rehabilitation Department, IPS staff members provide individualized services based

on each patient's needs and preferences. Participants receive skill building, peer support services, and job search assistance to help them reach their employment goal. With a focus on rapid employment, the job search starts immediately, with no required testing, trainings, or groups to attend prior to job search. Supports are time-unlimited to help patients maintain employment.

According to the IPS Program Coordinator Olivia Davis, on average, 50% of patients who enter the program gain com-

petitive employment and the program consistently receives high outcome ratings.



IPS team—L to R: Shelley Hoppe, Belinda Wilson, Olivia Davis, Karesha Richardson, Erica Mansel

CHRISTINE CARLBERG, MA, FORENSICS INTERVIEWER



Christine Carlberg, MA,
Forensics Interviewer

THE SUPPORT AND RELATIONSHIP BETWEEN DMH, GMHC, AND JVC HAS STRENGTHENED AND CONTINUES TO BENEFIT THE ENTIRE COMMUNITY.

In 2004 the Julie Valentine Center (JVC), formerly known as the Greenville Rape Crisis and Child Abuse Center, and the GMHC established a partnership to continue providing forensic interviews at the JVC. Through this collaboration, the JVC contracts with GMHC for full-time forensic interviewer Christine Carlberg. The interviews, which are provided for both Greenville and Pickens counties, are paid for by the State Office of Victim Assistance and Medicaid.

Carlberg earned a Bachelor of Science degree from the Pennsylvania State University and a Master of Arts degree from Reformed Theological Seminary in Jackson, Mississippi. She also trained at Corner House, a nationally recognized training facility for forensic interviewers. Her previous employment includes: a community mental health center in Mississippi, Charter Hospital Systems, and the Mississippi Children’s Advocacy Center.

In 2007, she joined the

GMHC Forensic Department. To date, she has conducted more than 2,700 forensic interviews in both South Carolina and Mississippi, and is frequently called to testify in court.

Carlberg works with children, adolescents, and developmentally-delayed adults conducting forensic interviews for investigations. She regularly interfaces with DMH’s Assessment and Resource Center in Columbia, which is a child abuse evaluation and treatment center. Together, Carlberg and the ARC staff assist patients and their caregivers, helping them traverse the multiple systems they encounter during the investigation.

Carlberg described her work saying, “Forensic interviews have a semi-structured protocol. It is a non-leading, non-suggestive way of gathering information to assist with an investigation. Typically, I meet with a non-offending care-giver to gain background information and then conduct the interview. Interviews are

video-taped and I write up a report with my assessment and recommendations. The information may be given to the Department of Social Services, law enforcement, or the solicitor’s office, and all those involved in the case.

I interview children from the age of two up to age 18 and developmentally-delayed adults. The majority are female between the ages of seven and 11.”

Often, the only evidence in a child abuse case is the child’s statement. These interviews preserve evidence at the time the child is disclosing, making them a vital part of the overall investigation of child abuse.

Without this partnership, the JVC would not have been able to maintain the forensic interview program. In addition to providing a service that is desperately needed, the support and relationship between DMH, GMHC, and JVC has strengthened and continues to benefit the entire community.

APRIL M. SIMPSON, MA, PROGRAM DIRECTOR



April Simpson, MA
Program Director

April M. Simpson was born and raised in Greenville, and received a bachelors degree in Psychology and a Master’s degree in Rehabilitation Counseling from South Carolina State University. She worked two years as a counselor at the Vocational Rehabilitation Center in Charleston. She was hired at GMHC as a therapist in the Senior Adult Division. About

a year later, Simpson was promoted to chief counselor in Community Rehabilitative Services (CRS).

Today, Simpson stays busy as program director of four GMHC programs: the Homeless Program, the Housing Program, Rehabilitative Psychosocial Services (RPS), and Intensive Case Management Services.

In the Homeless Program, professionals go into the community to find and assist homeless, mentally ill persons with finding shelter, food, clothing, financial resources, mental health treatment, and decent housing. The staff provides on-site assessments and counseling.

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APRIL M. SIMPSON, MA, PROGRAM DIRECTOR (continued from page 6)

The Housing Program partners with Upstate Homeless Coalition (UHC) and Homes of Hope. Currently, 130 patients and their families are served and receive intensive case management. GMHC and UHC were pioneers of the “Housing First” model in South Carolina.

The RPS program places persons with serious and persistent mental illness into different types of group therapy. Groups are based on

level of cognitive functioning and are offered five days a week.

Additionally, Simpson supervises Intensive Case Management Services. Clinicians in this program serve about 15 patients each, due to the patients’ intense needs. Services provided typically include housing placement, dealing with family issues, assistance with shopping, and encouragement of medication compliance.

“Five years from now, I want to be doing what I’m doing, fine-tuning and growing the division. It’s a management position, but I have relationships with the patients and I’m involved with them. They see me daily; I’m in their homes; I help them in a variety of different ways. I enjoy both sides – management and direct contact with patients. I stay busy and I love what I do,” Simpson said.

THE RPS PROGRAM PLACES PERSONS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS INTO DIFFERENT TYPES OF GROUP THERAPY.

WILLIAM J. SLOCUM, VICE PRESIDENT OF ADULT MINISTRIES, MIRACLE HILL

Community partnerships are vital to GMHC in its mission to support the recovery of people with mental illness. Director Edwards is grateful for the mutually beneficial partnership that has grown between the Center and Miracle Hill Greenville Rescue Mission.

Miracle Hill Ministries is a private, non-profit organization funded by individuals, regional and national foundations, churches, businesses, and social agencies. Since its beginning as a soup kitchen in 1937, Miracle Hill Greenville Rescue Mission (Greenville Rescue Mission) has expanded its services to provide food and shelter on any given night to more than 600 men, women, and children, in its children’s home, adult shelters, or foster care.

Vice President of Adult Ministries, Bill Slocum, an employee of 20 years, first served as the director of the Miracle Hill Children’s Home

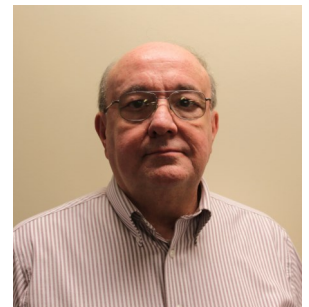
before coming to the Rescue Mission in 1999. He’s formally trained in Ancient Languages and Theology, and his 16 years spent as a pastor and Bible teacher helped prepare him for the challenges he faces at Miracle Hill Ministries.

GMHC and Greenville Rescue Mission serve many of the same clients. Together, Slocum and GMHC’s Special Services Coordinator Mary Kay Campbell established cooperative guidelines about 9 years ago.

Slocum also works closely with the staff of the DMH facility Patrick B. Harris Psychiatric Hospital (Harris), which is a major source of referrals. When Harris has a client who needs shelter, Slocum reserves a bed based upon the anticipated discharge, if possible. For clients housed at Miracle Hill, the GMHC, Harris, and Miracle Hill staff perform what they call ‘cooperative case planning,’ to determine a

client’s progress, continued needs, and how to address specific issues.

As with many social service organizations, adequate and consistent funding is an ongoing concern. In Mr. Slocum’s words, “With the economy contracting, this community is in need of more housing. According to recent snapshot surveys, there are approximately 1,200 or so homeless people in Greenville county. Of that 1,200, approximately 250 are unsheltered homeless, those not living at the Rescue Mission, Salvation Army, or other safe temporary housing. Some are sleeping under bridges or in their cars. That’s the population that really concerns me. It’s fast growing with a large subset of families. We have too few family apartments. I hope one day to have enough housing options to keep all families intact.”



Bill Slocum, Vice President of Adult Ministries, Miracle Hill

“I HOPE ONE DAY TO HAVE ENOUGH HOUSING OPTIONS TO KEEP ALL FAMILIES INTACT.”

SLOCUM



TO SUPPORT THE RECOVERY OF PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

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GREENVILLE MENTAL HEALTH CENTER

124 MALLARD STREET
GREENVILLE, SC 29601

(864) 241-1040

Hours of Operation:

Monday-Friday
8:30 a.m.—5:00 p.m.

County Served: North Greenville County

WWW.GREENVILLEMENTALHEALTH.ORG

RECOVERY SPOTLIGHT – BY MONTY

Becoming really paranoid was the first indicator that I was having problems. My doctor told me that I did not eat, sleep, or bathe for five days when first admitted to the Patrick B. Harris Psychiatric Hospital.

I have had a couple of psychotic episodes. I would self-medicate with drugs or alcohol. When I stopped taking my prescribed medication my situation would get worse. The worst was when I attempted suicide by jumping off a highway bridge.

I would come to Mental Health day groups. I did not consistently stay stabilized until I entered a 12-step program. Even after being clean and sober for almost seven

years, I still battle with mental illness.

Counselors and doctors at GMHC have been instrumental in my recovery because of my access to services. I have Seasonal Affective Disorder and I can get help at GMHC.

I have had to overcome alcoholism, drug addiction, anger issues, self-hate, self-esteem issues, and quality of life issues.

To keep on the right path, I attend 12-step meetings on a regular basis. I keep in contact with counselors and doctors at GMHC. Through all the breakdowns in my life, GMHC has been there in one form or another to help. I have attended its day pro-

grams and have been a participant in Mental Health Court. Being in group therapy at GMHC doesn't necessarily solve my problems, but it gives me a place where I can honestly and wholeheartedly face my mental illness and accept it.

GMHC provides services to improve my quality of life as a person with a mental illness. GMHC also gives me opportunities to help myself by helping others.

With strong fortitude I work toward recovery. I have been through a great deal of life situations. The staff at GMHC have given me hope that I can have a joyous life. I have learned to advocate for myself, be responsible for

my own recovery, and trust the people that are here to help me.

Trust, hope, faith, perseverance, humility, honesty, willingness – these are only a few of the many gifts I have found here at Greenville Mental Health Center.



Monty