

SOUTH CAROLINA MENTAL HEALTH COMMISSION
SCDMH Administration
2414 Bull Street, Columbia, South Carolina 29201

August 6, 2021

Morris Village Alcohol and Drug Addiction Treatment Facility

ATTENDANCE

Commission Members:

Mr. Greg Pearce, Chair, Ms. Louise Haynes, Mr. Bob Hiott, Dr. Elliott Levy, and Mr. Bobby Mann were present in person. Dr. Crystal Maxwell was present virtually via Zoom. Dr. Alison Evans was absent, excused.

Staff/Visitors:

Christian Barnes-Young	<i>Present virtually via Zoom</i>	<i>Present virtually via Zoom</i>	<i>Present virtually via Zoom</i>
Janet Bell	Jennifer Alleyne	Tracy LaPointe	Tracy Richardson
Mark Binkley	Wendy Arndt Holmquist	Bill Lindsay	Jennifer Roberts
Dr. Patricia Handley	Pat Bresnan	Dr. Mark Kilgus	Stuart Shields
Louise Johnson	Jackie Brown	Sarah Main	Janie Simpson
Grace Lambert	Richard Brown	Eleanor Odom-Martin	Dr. Allyson Sipes
Paul Morris	Peter Camelo	George McConnell	Jessica Suber
Dr. Kenneth Rogers	Troy Chisolm	Allen McEniry	Susan von Schenk
Brett Williams	Dr. Eve Fields	Valarie Perkins	Noelle Wriston
	Dr. Kelly Gothard	Jocelyn Piccone	
	Dr. Patricia Handley	Vicki Redding	

A meeting of the S.C. Mental Health Commission was held in Room 320 at the S.C. Department of Mental Health Administration Building on Friday, August 6, 2021, at 9:30 a.m. Chairman Pearce welcomed everyone to the meeting. He said it was very fitting that the presentation today would be at Morris Village, which coincides with Ms. Louise departure from the Commission. Ms. Haynes was a former Director of Morris Village Alcohol and Drug Addiction Treatment Center. Chairman Pearce turned the meeting over to Mr. George McConnell, Morris Village Facility Director.

PRESENTATION:

Mr. McConnell welcomed everyone and introduced Dr. Mark Kilgus, Morris Village Medical Director. Mr. McConnell said Morris Village has been serving the State of South Carolina in addictions treatment for over 45 years. Following below are highlights from the presentation. A copy of the presentation is filed with the minutes in the Office of the State Director.

- 60% of the patients come to Morris Village voluntarily
 - County Alcohol & Drug referrals
 - Local Community Mental Health Center referrals
 - Detention Center referrals
- 40% of the patients come to Morris Village involuntarily
 - Judicial referrals from Probate Court
 - Emergency referrals from hospitals EDs
- 591 patients were admitted in FY21.
- Addictions are influenced by biological, psychological, social and spiritual factors.
- Primary substance use disorder (SUD) includes alcohol, methamphetamines, stimulants, opioids (heroin and other fentanyl laced products).

- Clinical Interventions: restructure daily living; work with ambivalence and readiness for change; motivational interviewing; cognitive behavioral therapy techniques; identifying triggers and developing coping strategies; develop new sense of connectedness; discovering and coping with painful feelings; identifying co-occurring issues and incorporating in treatment plans; trauma informed care and gender sensitivity; group therapy; family services; and strong case management services linking patients back to important community resources.
- Dr. Kilgus explained that, using the accepted scale for measuring the intensity of a treatment program's services on a 4.0 scale, Morris Village provides Level 3.7 medically monitored inpatient programs.
- The 4 C's of addiction: compulsive use; continued use despite consequences; control loss; and craving.
- There are four licensed providers at Morris Village: two nurse practitioners, one general physician, and one psychiatrist.
- Morris Village addresses comorbid relationships; 66% of Morris Village patients have co-occurring mental illness and SUD.
- Challenges:
 - Only 5.44% of the patients are associated with any kind of third-party reimbursement.
 - Only one psychiatrist on the medical staff.
 - The South Carolina Department of Health and Human Services (SCDHHS) does not contract for Morris Village services.
 - There is only one other level 3.7 facility in South Carolina and it serves dual disordered adolescents.
 - There are no partial hospitalization programs in South Carolina.

Dr. Levy asked is there is a sense of comparison on the measure of success rate in voluntarily versus judicially committed admissions. Mr. McConnell said the outcomes are basically the same; treatment should link patients to reinforcers that will make recovery from addiction more attractive to both volunteer patients and the judicially committed patients.

Ms. Haynes thanked Mr. McConnell and Dr. Kilgus for the presentation and said she was thrilled Dr. Kilgus is on the team at Morris Village. Ms. Haynes asked how the State Opioid Response (SOR) funding to address opioid crisis by increasing access to medication-assisted treatment (MAT) is helping with opioid dependent patients. Mr. McConnell said that MAT has been effective for patients, however he said that he is concerned by the current lack of IOP (intensive outpatient program) treatment in the community. Dr. Kilgus concurred with Mr. McConnell and said that MAT is the primary treatment but the counseling piece is absent.

Mr. Hiott shared his personal experience from many years ago at Morris Village. He said that substance abuse is the only sickness that he is aware of that the patient gets blamed for any relapse.

The Commission thanked Mr. McConnell and Dr. Kilgus for the informative presentation. The center presentation concluded at 10:30 a.m.


L. Gregory Pearce, Jr., Chair
SC Mental Health Commission


Kim Ballentine, Recording Secretary
SC Mental Health Commission