

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

**ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER**  
**EXECUTIVE DIRECTOR KEVIN W. HOYLE**

Fall 2012

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.

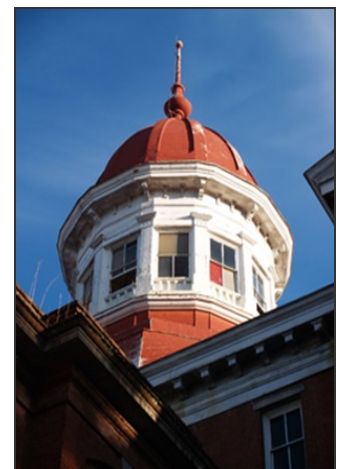
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government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



Anderson-Oconee-Pickens Mental Health Center  
 200 McGee Road  
 Anderson, SC 29625  
 (864) 260-2220

Counties served: Anderson, Oconee, and Pickens

## ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The Anderson Oconee and Pickens mental health board was organized on November 20, 1962. At that time, the Center was led by Dr. William Bolt. It was one of 12 such entities across South Carolina, and was governed by the State Mental Health Commission.

The original location on North Main Street in Anderson was quickly outgrown and plans were made to build a larger facility. In March of 1968, the present location of Anderson-Oconee-Pickens Mental Health Center (AOPMHC), at 200 McGee Road in Anderson, was completed and ready for occupancy. In 1969, Dr. William Wood was appointed as center director.

To meet patient demand and to reduce transportation issues, satellite offices were opened in Oconee and Pickens counties in 1971 and 1974, respectively.

In addition to Drs. Bolt and Wood, executive directors for AOPMHC include Starlus Rigell (1971-1980), Mary Borough (1980-1985), Dr. Norman Robertson (1986-2005), and Kevin W. Hoyle (2005-present).

Today, AOPMHC provides mental health services to people of all ages, offering counseling, psychiatric assessment, medication management, crisis intervention, and other services to those experiencing serious mental illness and significant emotional disorders.

AOPMHC excels in Individual Placement and Supportive Employment, School-based Services, Family Outreach, Supported Residential Services, and more.

Since 1965, AOPMHC has provided more than 2,600,000 outpatient contacts/services. During fiscal year 2011, AOPMHC served 3,675 adults and 1,708 children; a total of 5,383 citizens of the Anderson, Oconee, and Pickens area received nearly 109,000 outpatient contacts/services.

All DMH facilities are licensed or accredited; AOPMHC has been nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1997.

DURING FISCAL YEAR 2011, AOPMHC SERVED MORE THAN 5,300 RESIDENTS BY PROVIDING NEARLY 109,000 SERVICES/CONTACTS.



<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>AOPMHC</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	3,675	59,427
<i>Child Outpatients Served</i>	1,708	30,058
<i>Total Outpatients Served</i>	5,383	89,485
<i>Population</i>	380,623	4,625,364
<i>Clinical Contacts Provided</i>	108,958	1,175,482
<i>School-Based Schools</i>	22	388
<i>Children Served by School-Based Programs</i>	582	12,064
<i>Supported Community Living Environments</i>	213	3,395

## WILLIE JENKINS, BOARD CHAIR AND JOSEPH MCELWEE, MD, VICE CHAIR



Willie Jenkins,  
Board Chair



Joseph McElwee, MD,  
Vice-Chair

AOPMHC has a 15 member Board of Directors, led by Willie Jenkins, chair, and Dr. Joseph McElwee, vice-chair. Jenkins said, “We have a strong board, attendance is good, we often engage in lively debate over some challenging issues, but that is what a board should do.”

Jenkins, a retired educator from Westminster, has actively served on the Board for more than 30 years and is very involved in his community. He’s active in his church, Habitat for Humanity, the NAACP, and the Democratic Party of Oconee County. His years of service grew from his desire to make a difference and give back to his community. Enhancing the array of services offered at AOPMHC is a large part of his vision for the Center’s future.

Like Jenkins, Dr. Joseph McElwee is dedicated to serving his community and has had a long interest in public health. A practicing psychiatrist, Dr. McElwee is an associate professor of Family Medicine and Psychiatry at AnMed Health in Anderson, and works in a residency program teaching psychiatry to family medicine residents. He spends the majority of his day

in a primary care clinic, teaching resident doctors how to address mental health issues and looking for resources to use in helping patients to get appropriate treatment. Dr. McElwee believes that the Center is an integral part of this process.

Dr. McElwee continues to educate and inform primary care providers and others about the role AOPMHC plays in the community, what services are available, and how they are delivered. He feels that educating the community on mental health needs is vital, particularly in light of the impact of recent budget cuts. Dr. McElwee feels it is important that legislators are provided with information that they might not get in formal reports. “I believe that one-on-one communication is important so that we can discuss mental health issues and advocate not only for increased funding, but to make clear some of the challenges that patients seeking mental health services and referrals face,” he said.

Dr. McElwee also believes that the integration of mental health services into primary health care should be an essential part of the vision for the future of DMH.

Jenkins said, “I’ve had the opportunity to observe operations in the three clinics and I appreciate the fine work done by such dedicated staff.” Dr. McElwee also expressed sincere appreciation to Executive Director Hoyle for his leadership and the AOPMHC staff for the quality services they provide to the clients AOPMHC serves.

Executive Director Hoyle stated, “The Board continues to challenge me as a center director and challenges the staff at the center to think of new and innovative ways to meet our mission to support the recovery of those with mental illness.”

Hoyle, Jenkins, and McElwee all expressed the need for a new facility for the AOPMHC. Hoyle said that he and the Board believe in the comprehensive mental health center concept and work to keep that alive, despite budget cuts. They hope that it will be a viable option for the community in the near future. “We have an investment in this concept in this state. A centralized system of care has so many advantages and we need to continue to work to keep that in place,” said Dr. McElwee.

“A CENTRALIZED SYSTEM OF CARE HAS SO MANY ADVANTAGES AND WE NEED TO CONTINUE TO WORK TO KEEP THAT IN PLACE.”

DR. MCELWEE

ONE-ON-ONE COMMUNICATION IS IMPORTANT SO THAT WE CAN DISCUSS MENTAL HEALTH ISSUES AND ADVOCATE NOT ONLY FOR INCREASED FUNDING, BUT TO MAKE CLEAR SOME OF THE CHALLENGES THAT PATIENTS SEEKING MENTAL HEALTH SERVICES AND REFERRALS FACE.”

## KEVIN W. HOYLE, EXECUTIVE DIRECTOR

Executive Director Kevin W. Hoyle has been an employee of DMH for 26 years. Hoyle joined the staff of the Santee-Wateree Community Mental Health Center in October of 1985, where he served as clinic director in Clarendon County and later assistant director. He came to AOPMHC in 2003 as director of Outpatient Adult Services, eventually assuming the position of executive director in 2005.

Hoyle, who grew up in Winston-Salem, North Carolina, always sought a career in Human Services. "It's a family tradition. My father was a social worker," he said. Hoyle completed his undergraduate work at the University of North Carolina, and received his master's degree in Psychology from Wake Forest University.

Hoyle says it's an honor to work with his staff and board

of directors. "I think the AOPMHC staff does an exceptional job and I am proud of the dedication they show. They are devoted to our clients," he said. "I am also proud of the board of directors; we have one of the most active boards in the state."

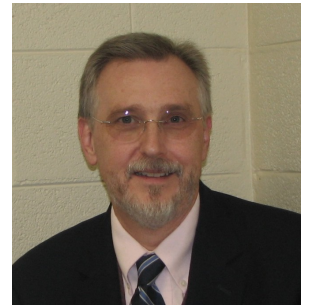
He is most proud of AOPMHC's ability to maintain Enhanced Residential Services (ERS). The focus of ERS is to help clients struggling with severe persistent mental illness avoid hospitalization/re-hospitalization through a combination of structured housing placement and mental health services. The goal is to provide living conditions that resemble, as closely as possible, home-style living.

Under Hoyle's direction AOPMHC offers an array of services to both adults and children. He encourages staff to work to develop new rela-

tionships with other agencies and to strengthen existing ones. AOPMHC has established a Probate Judges' Quarterly Forum that is extremely well attended, with representatives from hospitals, the probate judges from AOPMHC's three-county catchment area, law enforcement, and behavioral health.

The Center participates in the Children's Policy Council, organized by the Anderson County DSS, and has established a close relationship with Clemson University. In addition, Hoyle and a local hospital CEO co-chair a group that keeps a watchful eye on situations that may arise for individuals needing psychiatric services and general emergency services in emergency rooms.

Hoyle's vision for AOPMHC has always been to be known as the premier place to go for mental health treatment.



Kevin W. Hoyle,  
Executive Director

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## TRACY RICHARDSON, SPECIAL SERVICES COORDINATOR

At the age of 12, Tracy Richardson knew, due to her experience with a close family member who had been diagnosed with bi-polar disorder, that she wanted to not only help her family, but others. She began her career with DMH at Patrick B. Harris Psychiatric Hospital in 1994. Three years later, she transferred from the inpatient setting to AOPMHC.

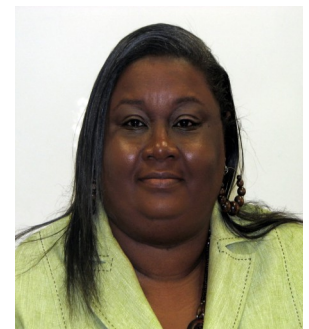
Since then, she has served in several positions at the Center, presently supervising the Co-occurring program and the Daybreak Recovery Center.

The Co-occurring program is designed to meet the special needs of clients with mental illness and a substance abuse disorder. Dealing with two illnesses at the same time presents significant challenges. The co-occurring program has three clinicians, one in each county, and each program is unique to the county it is in.

The Daybreak Recovery Center is a Psychosocial Rehabilitative Program focused on wellness and recovery. The goal of the Center is to assist clients with achieving their optimal levels of functioning

while leading successful productive lives in the community.

Richardson works closely with Anderson Oconee Behavioral Health Services and the Vocational Rehabilitation Department. She says, "In working with individuals with mental illness I have found several things are required: dedication, commitment, understanding, patience, and, of course, knowledge. We must be healthy ourselves in order to be healthy advocates for our clients. And at the end of the day, we have to be the voice of our clients."



Tracy Richardson,  
Special Services Coordinator

## CARLY PATTERSON, M.ED., CHILDREN'S ALTERNATIVE TO PLACEMENT PROGRAM (CAP) COORDINATOR



Carly Patterson, M.Ed.,  
Children's Alternative to Placement  
Program Coordinator

THE FOCUS OF  
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Carly Patterson, who has been with AOPMHC for more than 13 years, always wanted to work with children. AOPMHC was her first job out of college, and she says it has been a good fit. She began her career in outpatient services and then moved to school-based services, before becoming the coordinator of the Children's Alternative to Placement Program (CAP).

The focus of CAP is to wrap necessary services around a child and his or her family to keep the child at home and out of residential treatment programs. Patterson says her staff is amazing and wonderful and she feels very blessed. CAP staff go wherever the problems are. "The objective is to keep children where they

are," she explained. Family outreach staff go into homes and spend time working with families on site. Since the program began, more than 90% of children served have been able to remain at home.

Patterson also works with the Gray House Project. Located in Anderson County, it works to prevent and decrease youth involvement with the juvenile justice system by offering counseling and other supportive services to adolescents and their families. Services are delivered in schools, homes, Center offices, and other environments. The program currently serves 16 adolescents. Patterson reports that the Project has developed many strong community collaborations, with the Department of Juvenile Justice, the

Department of Social Services, and the Juvenile Deferred Prosecution Program. It also participates with Anderson Behavioral Health Services in a community outreach program.

"It is great being with people who love what they do," said Patterson. "I would like to see a family outreach program in all three counties and to see Gray House expand. This center does a lot of things well in its service to children and families, but strong collaborations with other agencies is one of the things AOPMHC does best. When we are all working together on the same page for our clients, I think we can make things happen that are in their best interest."

## ERIC TURNER, DIRECTOR OF CLINIC SERVICES AND ANDERSON CLINIC MANAGER



Eric Turner, Director of  
Clinic Services and  
Anderson Clinic Manager

Eric Turner was motivated to enter the area of counseling through his experiences with helping soldiers through difficult times while on active duty.

The Pickens County native participated in Army ROTC while a student at Clemson University, receiving a Commission as a 2<sup>nd</sup> Lieutenant as he started his senior year of college. Upon graduation, Turner entered the active military as an Armor officer. Over the next 12 years, he served in a variety of manage-

ment and command staff positions within the Armor Branch.

Turner left the active military in 1993 and worked in management until he felt led to enter Seminary and focus on counseling. He completed his 96-hour Master's in Divinity in Counseling in 1998 and began working as a counselor at AOPMHC in February 1999. He additionally continued his military service through his seminary years in the Reserves and National Guard where he now serves

as a Chaplain. During his time at AOPMHC, Turner has been deployed twice: once to Iraq in 2004-05 and once to Afghanistan in 2011-12, returning to work the first of March of 2012.

Turner is a Lieutenant Colonel with more than 31 total years of service. He is currently the director of Clinic Services and Anderson Clinic Manager for AOPMHC. "I have a desire to help others and what we do impacts families and lives on a daily basis."

## QUEENNA PATTERSON, M.ED., SCHOOL-BASED COUNSELOR

Queenna Patterson has been with DMH since 2005 and has been a school-based counselor for more than two years. She began her career at AOPMHC on the Assessment Team. After expressing an interest to work with children, she transferred to School-based Services. Her professional experience includes working with Share Head Start in Anderson, the Department of Disabilities and Special Needs, Charter Hospital, and Mentor-Therapeutic Foster Care.

AOPMHC's nine school-based counselors serve three counties, in 22 schools. Program referrals typically come

from guidance counselors. School-based counselors try to see students when it will not take them away from their core classes, placing them in individual or group treatment, depending on the needs of each student.

Family treatment services are available, but can be difficult to provide because many parents do not have transportation and/or have strict work schedules, though most families are willing to come into family treatment if they can.

Patterson believes school-based services could be enhanced by having one coun-

selor per school and a presence in schools on a daily basis.

One of the many things she likes about working with children is being actively involved in giving them support in reaching their goals, and helping them to become self-sufficient and responsible. "It is one of the most rewarding things to actually see them make positive changes," she said. "It is so rewarding to follow them through high school, seeing them reach even more goals, and knowing that we may have had some small part in this process."



Queenna Patterson, M.Ed,  
School-based Counselor

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## JEANNE WARD, PRESIDENT/CEO - RN, EdD, FACHE, OCONEE MEDICAL CENTER

Jeanne Ward is the president and CEO of Oconee Medical Center, an acute care facility with 169 beds in Seneca. The hospital admitted its first patient on January 31, 1939, and has continued to grow in structure and service delivery. Ward explained that the hospital has undergone significant change over the years, due in part to the change in community demographics. The community has a tremendous influx of retirees from all parts of the country. As such, the hospital continues to specialize in areas that cater to the retirement population.

The Oconee Medical Center and AOPMHC have a very strong collaborative relationship, and are currently working on a collaboration to share a psychiatrist. Ward said that, "continued partnership is key to our success in reaching and meeting the needs of the community."

"One of our goals is to continue brainstorming about how to provide more housing for individuals that have mental health issues, so that they will not end up on the street and will hopefully return to living successfully in the community. We focus, too, on case management services

that enhance the quality of life for the mentally ill in this community and others. We have become navigators of how to help clients, with a close focus on the uninsured."

Ward believes that Executive Director Hoyle "is always interested in meeting the needs of our community. He has vision and is not afraid to think outside the box." She reports that the hospital physicians and staff have a tremendous amount of respect for Hoyle and AOPMHC, and that the patient population also has a great respect for the Center.



Jeanne Ward, President/CEO,  
RN, EdD, FACHE,  
Oconee Medical Center



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

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WWW.SCDMH.ORG

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**ANDERSON-OCONEE-PICKENS  
COMMUNITY MENTAL HEALTH CENTER**

200 McGee Road  
Anderson, SC 29625  
(864) 260-2220

**Oconee Clinic**  
115 Carter Park Drive  
Seneca, SC 29678  
(864) 885-0157

**Pickens Clinic**  
314 West Main Street  
Pickens, Sc 29671  
(864) 878-6830

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**RECOVERY SPOTLIGHT  
BY-LUCY J., AOPMHC CLIENT ADVISORY BOARD MEMBER**

It started during the 1980's. I was really depressed then. I was 18, newly married with a baby, and working full time. I had a lot of problems back then and it was a lot to adjust to.

Things would get so stressful, I would go off to see my mother. Sometimes she would take me down to the hospital, and I was admitted several times. I would get suicidal and needed to go inpatient. It was during that time I started coming to the AOPMHC. Sometimes I would come in as a "walk

-in" when I had an episode.

Later, when things started to settle down, I began attending the Daybreak Center for Recovery, an AOPMHC program that focuses on helping people achieve wellness and recovery. While there, during the educational groups, I learned about my mental illness and ways to deal with it. I started to make friends. I started to think positively about myself. I started to take on some leadership roles and I started to talk.

I had a reason to get up and get going. I was asked to join the AOPMHC Client Advisory Board. At first I didn't know what I was supposed to do. I didn't want to say anything wrong and I was afraid people wouldn't like me, but someone has to be the leader, and I was being a leader. I enjoy my role on the Client Advisory Board.

Oh, 1993! I have stayed out of the hospital since 1993!

I graduated from the Daybreak Center for Recovery in August of 2011. I want to keep busy and healthy.

Now, I work cleaning two days a week and also volunteer in Medical Records at the AOPMHC.

You just don't know what you can do until you try!



Lucy J.,  
Client Advisory Board Member