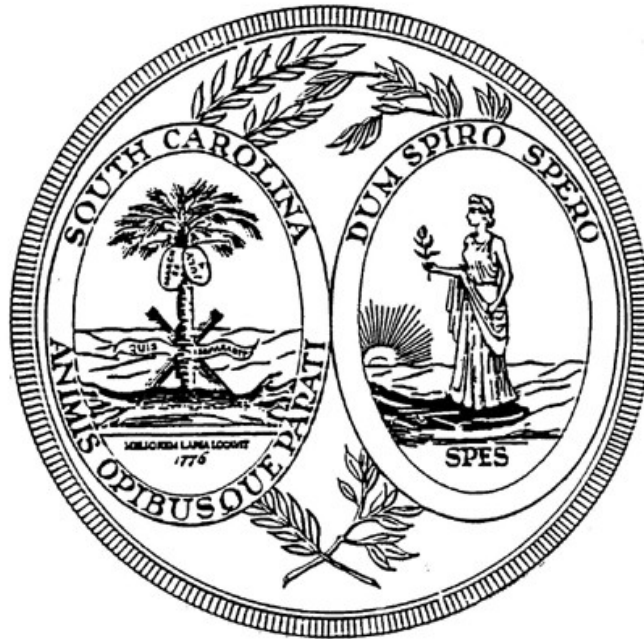


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G. Werber Bryan Psychiatric Hospital Mental Health Center Profile

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

STATE DIRECTOR JOHN H. MAGILL

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR OF ADULT SERVICES RALPH RANDOLPH

DIRECTOR OF FORENSICS SERVICES HARVEY MILLER

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.

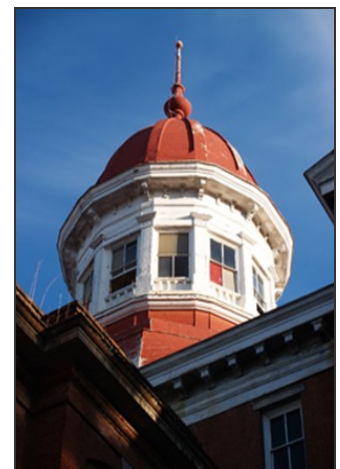
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government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



G. WERBER BRYAN PSYCHIATRIC HOSPITAL

220 FAISON DRIVE
 COLUMBIA, SC 29203
 803-935-7140 (CIVIL)
 803-935-5809 (FORENSIC)

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

G. Werber Bryan Psychiatric Hospital (Bryan) provides assessment, treatment, and evaluation of acute and long-term inpatient psychiatric patients.

The hospital’s inpatient services feature a treatment team, composed of diverse health professionals, including licensed and board-certified psychiatrists, nurse practitioners, nurses, psychologists, social workers, activity therapists, nu-

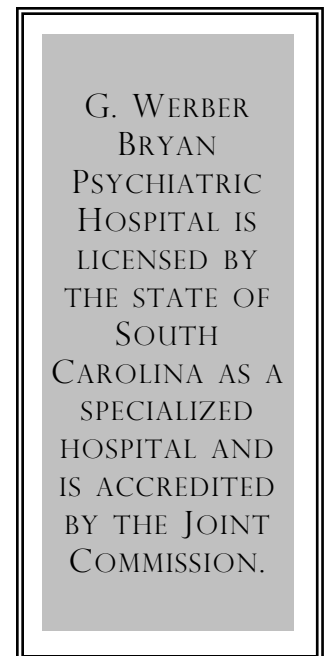
trition and dietary staff.

The majority of patients treated in the Adult Services Division are involuntary admissions.

Bryan’s acute lodges focus on getting patients back into the community as quickly as possible, with the goal of discharging patients within a month. The longer-term lodges’ staff provides continued treatment and efforts to place

patients who have not returned to the community after 30 days in acute care.

Bryan offers a complete spectrum of care, from intensive acute services designed for almost immediate appropriate return to community treatment to extended long-term treatment with referral to other community resources (e.g. community care homes, nursing homes, etc.).



BRYAN FORENSICS

Bryan Forensics Services is divided into three components: Forensic Inpatient Hospital Services, Forensic Evaluation Services, and Not Guilty by Reason of Insanity (NGRI) Outreach Clinic Services.

Inpatient Hospital Services comprises Pretrial Services: inpatient psychiatric treatment, primarily for adult criminal defendants awaiting trial in SC detention centers; and the Psychiatric Rehabilitation Program: inpatient psychiatric treat-

ment services for adult criminal defendants judged NGRI or incompetent to stand trial and unlikely to become capable in the foreseeable future.

Forensic Evaluation services include court-ordered evaluations, competency to stand trial evaluations for adults and juveniles, criminal responsibility evaluations for adults and juveniles, expert witness testimony, and more.

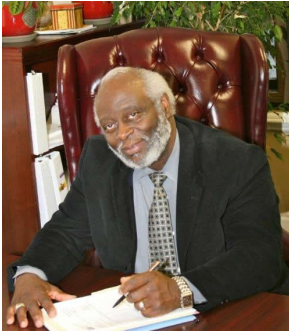
The NGRI Outreach Clinic works with NGRI clients in

the community to ensure compliance with the Circuit Court’s conditions for discharge, providing targeted case management, service plan development, group treatment, drug and alcohol screening, placement consultation, crisis intervention, and more.

Forensics patients are primarily referred by jails and criminal courts from across the state and are housed separately from patients in the Adult Services Division in a secured area.



RALPH RANDOLPH, DIRECTOR OF ADULT SERVICES



Ralph Randolph, Director

BECAUSE THE MAJORITY OF PATIENTS ADMITTED TO BRYAN ARE PERSISTENTLY MENTALLY ILL, EFFECTIVE COMMUNICATION WITH COMMUNITY LIAISONS IS CRITICAL.

Director of Adult Services Ralph Randolph is very proud to say that DMH has been his one and only employer since graduating from the University of Tennessee in 1974. He has seen tremendous change in the Agency during his time here. Randolph explained, "When I came in the 70s, there were more than 3,500 patients in the State Hospital, and we were just beginning to make a mark with regard to moving into the community. Community perception has changed dramatically."

Randolph was born in South Carolina, but moved to the South Bronx of New York City at an early age. He returned to South Carolina in his youth. His first position at Bryan was as director of Ancillary Services, where he worked to establish relationships between the hospital and the agency's community mental health centers. He later served as director of Long-Term Care and moved to his current position in 2010.

Randolph works with a large number of intermediate to long-term care patients to achieve the goal of moving the patients back into the community. Be-

cause the majority of patients admitted to Bryan are persistently mentally ill, effective communication with community liaisons is critical. It is through the hospital's well-established relationships with the community mental health centers that patients receive the most appropriate living arrangements after being discharged.

Also key is the staff's dedication to paying close attention to what patients are saying. "We have the ongoing voices of our patients to tell us what we are doing well and what we can improve," said Randolph. "Leadership makes a conscious effort to listen to patient input via questionnaires, and we address low scoring areas. This has been going very well."

One of the things Randolph values most about his job is the close-knit relationship among Bryan's staff: "We are all dedicated to improving the lives of our patients, to supporting them and supporting one another."

Though his job can be stressful, he finds it very rewarding. He recalls an occasion when, while shop-

ping at a local store, a former patient approached him and introduced himself and his children. The patient said to one of his sons, "This man helped Daddy tremendously when he and Mommy were having a hard time."

Randolph's personal philosophy makes him a good fit for his position. "I have been fortunate all my life to receive care when I was young and in need. From that came a sense of wanting to thank those people who helped me," he said. "I will be forever grateful for the family lessons, guidance, and support ... sometimes we have to look at the little things, the little rewards to reach our goals. It's about putting one step in front of the other and moving forward. This is true for each of us as individuals, including our patients."

ROBERT BREEN, MD, MEDICAL DIRECTOR

Bryan Acute Services' Medical Director Dr. Robert Breen came to the hospital more than five years ago, beginning as medical director of both Bryan Hospital and Morris Village. A 1984 graduate of MUSC, he returned to DMH for his residency. He actually began working for the Agency more than 30 years ago, first working for community services at Camp Logan and then as a mental health specialist at William S. Hall Institute.

A native of New York City, he attended high school in the Midlands of South Carolina and discovered an aptitude for Psychology while in college. During graduation advisement at USC he was told that medical school might be a good fit for his abilities, and his experience providing medical care at Camp Logan convinced him to pursue Psychiatry. He attributes his desire to practice medicine, Psychiatry in particular, to a genuine need to help care for others. "My profession satisfies that part of my personality. Psychiatry is where I can most make a difference, particularly in the public sector," he said. "I have a sense of commitment to looking after other people more

than my personal bottom line. We need folks committed to careers in the public sector, particularly during these difficult economic times."

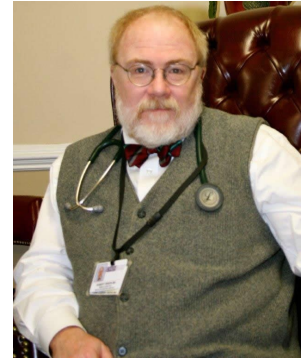
Breen thinks Bryan's staff is undoubtedly a credit to the public sector, stating that quality goes back years, to its other facilities as well. "You run into people from across the state who are able to tell you stories about how we've saved people's lives, because we can do things that are not driven by pursuit of a private sector bottom line. That's why I find it so rewarding to work at DMH."

Staying current with literature and research is very important to Dr. Breen. As such, he would like to see DMH have more involvement with the state's academic institutions. "It would be wonderful. It's been difficult over these last few years, during this recession, to retain some of the public-academic bonds we have, but I think they reinforce each other. I wish we could do more of this," he said.

Upon completion of his residency, Breen was hired as assistant director of the Public Psychiatry Training

Program (PPTP), a collaborative of DMH and the University of South Carolina, which provides training and education to patients, families, and mental health professionals. He later became director of PPTP, where he is responsible for the Public Psychiatry portion of the training for all residents graduating from the Palmetto-USC Psychiatry residency program. As an extension, Breen is also involved in training medical students, Social Work and Psychology interns, nursing students, and DMH case managers. He has even done first responder training in the community and provides training for community care home operators, explaining that he finds this personally and intellectually rewarding.

Breen has seen changing trends in the management of psychiatric illnesses. "Here at Bryan, we've incorporated a recovery oriented approach into our treatment to do more than just symptom reduction," he said. "For patients, this means being more functional and being able to live more satisfying lives."



Robert Breen, MD,
Medical Director

"HERE AT
BRYAN, WE'VE
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A RECOVERY
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REDUCTION."

DR. BREEN

JEANNE FELDER, DIRECTOR OF NURSING



Jeanne Felder,
Director of Nursing

Director of Nursing Jeanne Felder has been with DMH for more than six years and in her current position for more than three years. Felder knew she wanted to be a nurse growing up; her mother was a nurse and an inspiration to her, leading the Union native to complete her undergraduate and master's degrees at the University of South Carolina. She came to the Agency with extensive nursing experience, having been a Registered Nurse for 35 years. In fact, her first job after completing nursing school was at DMH's Crafts-Farrow State Hospital.

When Felder came to Bryan in 2006, she was not very familiar with the facility, but she was moved by what she saw during a tour prior to beginning employment. When given the opportunity to choose the lodge she would work on, she intentionally chose the one she felt would be most challenging, serving as nurse manager of the Geriatric Unit.

"The geriatric population is very near and dear to my heart," said Felder. "When I looked at the unit at the time, I immediately saw some changes I wanted to make to make life better for those patients."

Felder's typical day begins with "morning report," a summary from each nurse manager of what has occurred over the past 24 hours. "Everything we do is data driven, and data dictates the day," she said. "I'm responsible for day-to-day operations from a nursing perspective, and for ensuring that patients are being treated with dignity and respect, and receiving the highest quality of care," Felder explained.

"The Joint Commission visited Bryan in December 2009. It was very complimentary of the care given and of the staff. The survey was a collaborative effort on the part of the surveyors and employees," Felder explained. "As we strive to

provide quality care, we conduct mock surveys to promote a continuous survey ready state." With unlimited funding, Felder would fill all licensed nursing vacancies and ensure nursing salaries were competitive; use funds to retain loyal, dedicated, competent staff; invest in increased technology with regard to nursing (e.g. laptops for the medication room, to provide access to medical records, files, and to implement the EMR); and equip lodges with automated dispensing cabinets, which track daily use of medications and controlled substances.

Felder has always wanted to be in healthcare. "I'm a giver; I want to make sure the patients are getting the very best care, which they deserve," she said. "I have to make difficult decisions every day, but that's my responsibility. I must do what is necessary to improve patients' lives."

"I WANT TO MAKE SURE THE PATIENTS ARE GETTING THE VERY BEST CARE, WHICH THEY DESERVE. I MUST DO WHAT IS NECESSARY TO IMPROVE PATIENTS' LIVES."

FELDER

BEVERLY DILL, CLINICAL COUNSELOR

Beverly Dill, a clinical counselor in the Admissions and Acute Care Unit, came to Bryan after completing her master's degree in Social Work at the University of South Carolina. She worked in an outpatient setting at

DMH for a period of time, but found that she preferred working in an inpatient setting.

Dill, a native of Connecticut, came to South Carolina in 1992. In searching for

appropriate services for her daughter, who has special needs, she found information about BabyNet, which prompted her to move here. "If you could see my child today, I'm so proud of her.

(CONTINUED ON PAGE 7)

BEVERLY DILL, CLINICAL COUNSELOR (CONTINUED FROM PAGE 6)

The services she received in South Carolina were great,” she said. Dill’s subsequent involvement with a related local parent-to-parent group led her to take on the role of a “support parent” in a grant project between DHEC and DDSN. Eventually she managed the ABC Block Grant for children with disabilities and special needs.

As a clinical counselor, Dill facilitates several groups, including Rational Behavior Therapy, Relapse Control, Coping, and Current Events. “I like what I do very much,” she said. “What’s so fascinating is when, at the end of a long day, that patient gets ready to walk out the door, they

say to me and my coworkers, ‘Thank you, I feel that you’ve helped me, and I think I can go out and do this.’ It’s very rewarding to hear that.”

According to Dill, the best part of her job is facilitating groups. “I just love it when patients are able to open up, because a lot of them arrive with a lot of issues that others don’t understand. They face stigma and shame. When they come to us, they feel they are in an environment where they can discuss things, that there are people there with similar issues. They come because they know that they can get help. We give them the tools and

the information they need to recover,” she explained.

Dill’s personal and professional motivation is to “do my job well and have fun. Keep a positive attitude.” Her can-do attitude and determination has helped her in many ways. In fact, despite receiving a diagnosis of breast cancer while in graduate school, Dill continued on the path to her goal and completed her master’s degree. “You set the tone for the day,” she said. “You carry your positive attitude to the work environment, and you can spread that to your coworkers and to your patients. Positivity affects everything.”



Beverly Dill,
Clinical Counselor

JUDGE MARVIN LAWSON, DARLINGTON COUNTY PROBATE COURT

Darlington County Probate Court Judge Marvin I. Lawson comes to Bryan Hospital each week to hold mental release hearings for as many as 24 counties. The Darlington native has served as probate judge for more than 17 years. Judge Lawson previously served as Clerk of Court for 13 years and thought that would be where he remained. But he found serving as Probate Judge to be a wonderful change. “It’s more satisfying in a way, because I feel like I accomplish something on my own,” he said.

Judge Lawson’s impression of Bryan is that, “They work with people from across the spectrum from treatment to recovery. This is a huge responsibility for the hospital, and the staff do a great job.” Lawson is very pleased with his experience at the hospital, noting that the Judicial Processing Department is efficient. Patients and doctors are ready when he arrives each week. All staff are very efficient with regard to the use of his time.

Lawson doesn’t think South Carolina invests enough in Mental Health, but thinks

the State is doing the best it can, given the economic climate. He also feels that the public lacks understanding of the Probate process and how to find treatment for loved ones. When requested, he speaks to civic groups to educate the community about the process.

“The doctors here are far and above the norm of what I see,” said Lawson. “We are very fortunate to have these doctors and staff at Bryan. I appreciate what they do, and I’ve had no problems with the hospital at all.”



Judge Marvin Lawson,
Darlington County
Probate Court

HARVEY MILLER, DIRECTOR OF FORENSIC SERVICES



Harvey Miller, Director of Forensic Services

Director of Forensic Services Harvey Miller has been in his current position since 2010. Previously, he served as program director of Bryan's Acute program and also as acting deputy director for the DMH Division of Inpatient Services.

Miller, who earned his bachelor's degree from Hofstra University and his master's degree in Social Work from Adelphi University, first worked in the mental health field as a social worker at a state hospital in New York. After further graduate work at the University of Maryland and many years as an assistant professor at Adelphi, he felt the need to get back into the field, as he enjoyed doing operational work in a hospital rather than academic setting. He began to apply for positions in South Carolina, having visited the area many times and liking it, and has been with DMH for more than four years.

Miller feels the community at large does not understand the scope of Forensics in Psychiatry. "In many ways, Forensics is more complicated than inpatient and outpatient mental health programs," said Miller. "The complications come from having to bal-

ance the safety and needs of the public with the rights of the patients. It is a very strong and increasingly complicated balancing act." He feels that DMH does an incredibly good job at achieving this balance, both protecting the public and treating patients who need to be treated.

With regard to Forensics services nationwide, Miller feels that the need for services will increase. "The fascinating thing about Forensics is that it sits at the cusp of the criminal justice and mental health systems. Forensics has been a national growth field, and it appears that it will continue to grow," he explained.

In addition to his work as director of Forensics, Miller has played a key role in the Agency's long-term planning effort, leading a sub-committee. "We recognize that health care, particularly mental health care is changing, and we've just begun to scratch the surface of these changes. We need to be proactive and prepare for coming changes," he said. To that end, the sub-committee looked at legislative trends, pulling nationwide data and information and working

with other committees to develop a plan to give DMH guidance and to serve as a living, dynamic document.

When asked about the future of public mental health, Miller said, "I think the scope will drastically change; greater care will be required to take care of the uninsured. Public mental health has an important function in guiding services. Planning, administration, and identifying suitable service providers will be more and more important to public mental health. I think unless something drastic changes, the public mental health system will always be responsible for intermediate and long-term care of patients."

Miller feels that, "The public sector has not only a legal, but a moral responsibility to care for those who cannot care for themselves. I believe that working in the public sector means that you have to be smart, diligent, and caring; it goes with the territory and makes it possible to provide the best services possible despite resources that are stretched thin."

"THE PUBLIC SECTOR HAS NOT ONLY A LEGAL, BUT A MORAL RESPONSIBILITY TO CARE FOR THOSE WHO CANNOT CARE FOR THEMSELVES."
MILLER

PEGGY WADMAN, MD, FORENSICS MEDICAL DIRECTOR

Forensics Medical Director Dr. Peggy Wadman has worked at DMH for nearly five years, previously serving at clinics of its Beckman Center for Mental Health Services. Though she hails from Oregon, Wadman's military family lived all over the world during her youth. Wadman completed her undergraduate degree in journalism at the University of South Carolina, and worked as a journalist for a number of years, which she really enjoyed. After losing her mother to breast cancer, however, she began to think about continuing her education in medical school. She completed her Doctor of Medicine as well as a master's degree in Public Health at the University of South Carolina. Though Journalism and Medicine appear to be completely different careers, Wadman explains that, "Psychiatry, like Journalism, is all about getting the story, who, what, when, where, how, and why. When you write reports, complete evaluations, and go to court, you are really telling someone's story."

According to Wadman, "There is no normal day in Forensics, because there are two different pro-

grams. There is always something going on." On a given day she deals with legal issues, attends hearings, attends to medical concerns, and addresses adverse incidents. She says, "The only regular part of the day is that it starts with morning report at 8:30 a.m."

"I like the diversity of my job," said Wadman. "I really enjoy being with the medical staff and listening to them. The best ideas for solving challenges come from people who work most closely with the situations." As a result, every Wednesday morning she meets with psychiatrists and nurse practitioners to identify problems, brainstorm, and develop solutions.

With regard to the current state of public mental health in South Carolina, Wadman said, "I think that South Carolina has done really well with regard to the care of the mentally ill, and slowly, over time, that's being dismantled, and I think that's tragic. I feel that jails could become the new mental health systems. The state is not doing itself favors by cutting back on mental health centers and beds in mental health hospitals, because

we are going to pay for it in other ways. More crime, more costs for jails and prisons, the mentally ill will still be with us, but will be managed in different locations. I think it's more humane to have a quality, solid mental healthcare system."

In addition to her duties in Forensics, Wadman recently took part in the Agency's Executive Leadership program. She feels it is of great value, explaining, "It is valuable to learn about the bigger system, to avoid being myopic and to understand system-wide issues." She also feels the program helps professionals tailor solutions to specific areas and problems.

Wadman describes her motivation for her work as growing from her lifelong desire for fairness: "I was always for the underdog, I abhorred bullies, stood up for the little guy. Also, I moved so much growing up. Because I was always the new kid at the school, I got used to hanging back and observing the hierarchies and interactions among others. I tended to gravitate to the outsiders, and I think this is probably why I went to public mental health."



Peggy Wadman, MD,
Forensics Medical Director

"I THINK IT'S
MORE HUMANE
TO HAVE A
QUALITY, SOLID
MENTAL
HEALTHCARE
SYSTEM."

DR. WADMAN

JEFF MUSICK, PHD, CHIEF OF PSYCHOLOGY AND DIRECTOR OF FORENSIC EVALUATION SERVICES



Jeff Musick, PhD,
Chief of Psychology and
Director of Forensic Evaluation
Services

“THE PEOPLE
WHO WE SERVE
ARE GETTING
GOOD QUALITY
TREATMENT.
WE HAVE
HIGHLY
CREDENTIALLED
STAFF.”

MUSICK

Jeff Musick, chief of Psychology and director of Forensic Evaluation Services (FES), has been with DMH for nearly 12 years. He began his career with the Agency as a chief psychologist, was promoted to director of Psychology in Forensics, served as clinical director of FES, and is now director of FES, supervising both the clinical and administrative staff. An Ohio native, Musick completed his undergraduate degree at Miami University (Ohio) and his Ph.D. in Clinical Psychology at the University of Florida.

FES does three things: conduct court ordered evaluations, provide expert testimony in the Court of General Sessions and family courts, and process related paperwork. There are several types of evaluations, including, but not limited to, competency to stand trial (adults and juveniles), crimi-

nal responsibility (adults and juveniles), Social Security/Disability evaluations for forensics patients (to determine benefit qualifications), and diagnostic consultations. FES staff frequently testify about evaluations, having made 64 court appearances last year alone.

Musick’s typical day comprises addressing coverage issues, performing evaluations, and reviewing reports. He performs both clinical and managerial duties, supervising 18 full time staff, half of whom are clinicians, four social workers, two paralegals, and two administrative employees. “We have a very high functioning staff, and I feel very lucky that that’s the case,” he said. “The staff at the Forensic hospital, particularly the Psychiatry staff, is better than it’s ever been as far as I can see.”

Musick credits an “overdeveloped sense of fairness” for his ability to serve as both a clinician and an administrator: “It helps me in my work, in terms of my objectivity, to see all sides of cases, consider all variables, and I think it helps me in my supervisory responsibilities, too.”

The Department, despite the financial difficulties it faces, has been able to put quality clinicians in place, according to Musick. “It’s quite an impressive accomplishment. The people who we serve are getting good quality treatment. We have highly credentialed staff.” He is proud to work at the DMH and does not plan to leave anytime soon, saying, “I’m proud to work in the public sector. It’s rewarding to serve people who would otherwise be underserved. I think I’m in the right place.”

BILL DAVIS, PROGRAM MANAGER

Bill Davis, program manager of the Forensic Not Guilty by Reason of Insanity (NGRI) Outreach Clinic, has worked at DMH for nearly 12 years. The Abbeville native completed his undergraduate work at the University of South Carolina, and his master’s degree at Furman University.

Davis wrote a proposal to start the NGRI Outreach Clinic in 1999, and was hired to implement it in 2000. Since its inception, he has seen a great deal of change. “Though it began as more of a public safety program, we very soon saw it would be better to work on behalf of clients to help them comply with court

orders. Once we changed that perspective, clients began calling on staff for assistance with issues that may have kept them from meeting their court orders before,” he explained.

On a typical day, Davis works with Sheriff’s Depart-

(CONTINUED ON PAGE 11)

BILL DAVIS, PROGRAM MANAGER (CONTINUED FROM PAGE 10)

ments, addresses medication issues, and speaks with clients. NGRI outreach staff also serve as liaisons between clients and mental health centers and law enforcement. There is no such thing as a “dull day” in NGRI Outreach, however. Davis recalled an incident where he received a call about a client in a standoff situation. SLED contacted Davis, who traveled to the location in Bamberg. The client, who

was very distrustful of law enforcement, refused to talk to anyone but Davis, who spoke with him by cell phone until he arrived at the scene. The client came out, and Davis rode with him to the hospital. Not only did he assist with ensuring the safety of the client, but also built a close relationship with SLED and local law enforcement. “These clients need the respect that we want. Giving them this re-

spect is key to getting them to work with us,” Davis explained.

In addition to his work for Bryan Forensics, Davis is also a well-known painter, who has an annual show every fall. His work is often featured in Midlands and Lowcountry galleries, and collectors from as far away as Europe seek out and purchase his pieces.



Bill Davis, Program Manager

KIM GRANT, ACTIVITY THERAPIST SUPERVISOR

Activity Therapist Supervisor Kim Grant began work with DMH 33 years ago, and came to Forensics in 2002. During her career she worked in many areas of the former South Carolina State Hospital. Though she originally wanted to be a teacher, it became apparent to Grant early in her college career that she wanted to work with special populations. As a result, she changed her major at the University of Georgia to Therapeutic Recreation, and completed her degree in 1979. She then came to DMH through an internship.

Grant’s typical day begins with morning report, meeting with activity therapists, reviewing calendars of activities, and making plans to fill in where needed. Though an administrator,

she is on the units every day.

“There’s always a fire to put out. I stay busy on the units. But the patients know me, and I’m a go-to person there,” she explained. Her favorite part of her job is having the flexibility to create different activities for patients; coming up with new ideas is critical for long-term patients. As a result, she is continuously brainstorming and developing new ideas. “Our patients are no different from you or me. They look forward to activities, special events, things that make their days special. Being a part of that is a big highlight for me,” she said.

Also important is creating a an environment of consistency. “Consistency is the key to success,” said Grant. “It’s picked up on by the

patients and it’s appreciated; they yearn for consistency. They are already troubled and sometimes unstable. If they get consistency from staff on a daily basis, they can improve.”

When asked what she would do with unlimited funds, Grant doesn’t hesitate – she has plenty of ideas. “I would build a new facility with a secure outdoor area, one to two person bedrooms, personal storage space, a dining room to eat meals and socialize, a more homelike location. I’ve envisioned this for years.” Grant loves her job and doesn’t intend to leave anytime soon - she has a lot of good years and good ideas left. “Every day I get up and want to go to work. As long as I have that feeling, I know this is where I belong,” she said.



Kim Grant,
Activity Therapist Supervisor



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

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RECOVERY SPOTLIGHT – BY BONNIE F.

Hi, my name is Bonnie and I work at Bryan as the Consumer Affairs Coordinator (CAC). My journey through the world of mental illness began when I was about 30 years old; I was diagnosed with depression, Obsessive Compulsive Disorder (OCD), and anxiety.

For me, depression was a big black hole inside of me that just couldn't be filled. For a long time, I felt empty on the inside no matter what was going on around me. I didn't laugh and I didn't cry. There were no "feelings" in my life. Obsessive Compulsive Disorder was the

world of fantasy that I lived in. If things in my life couldn't be "perfect," I just lived out a perfect life in my mind.

I have had several hospitalizations, beginning when I was about 30. During my hospitalizations and therapy I've learned many coping skills. Some of these include living in the moment, the importance of taking my medicine, and learning not to judge myself and others so harshly. My hospitalizations, medication, coping skills, weekly therapy, family support, and (dear) friends have helped me to

move through this journey called mental illness.

Since I have been on this road to recovery from mental illness, I have been able to keep a full time job. I have had many jobs, but the job I have right now allows me to help other folks with their journeys down the road to recovery from mental illness. As the CAC for Bryan, I also work with a group of patients who meet monthly to discuss the needs of the patients; this report goes to Senior Management. We all work together to help the patients get their needs met while they are at Bryan.

My recovery isn't over yet. I look forward to many good times and adventures ahead of me. I wouldn't be true to myself if I didn't admit that there will be some hard roads ahead also. But the most important thing this journey of recovery has taught me is I am a somebody, not a nobody.



Bonnie F.