

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

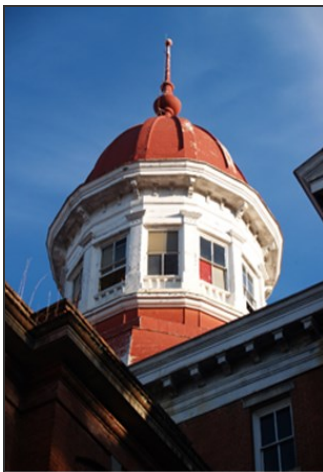
State Director John H. Magill

ORANGEBURG AREA MENTAL HEALTH CENTER

Executive Director Willie Priester

June 2015

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



Babcock Building Cupola

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL
HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. 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. 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, 42 clinics, four hospitals, 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.

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)	



ORANGEBURG AREA MENTAL HEALTH CENTER

2319 Saint Matthews Road

Orangeburg, SC 29118

(803) 536-1571

Counties Served: Bamberg, Calhoun, and Orangeburg

ORANGEBURG AREA MENTAL HEALTH CENTER

In 1927, one of the first Mental Health Clinics in the State was established in the Orangeburg area with the mission to provide therapy and referral services to those with mental illness.

In 1943, when World War II depleted the staff, operations ceased and the clinic was closed. The Orangeburg Area Mental Health Clinic (OAMHC) reopened in 1968 in a vacant school office. Soon thereafter, the clinic moved to St. John Street and began providing community mental health services to residents of Orangeburg, Bamberg, and Calhoun counties.

A proposal requesting feder-

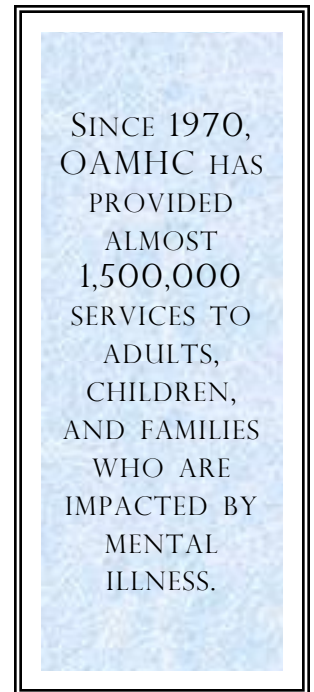
al monies to expand staff and services was approved in 1978. Services were expanded to include 24-hour emergency service, inpatient services through The Regional Medical Center, a partial hospitalization program, and a transitional living home. Since 1979, OAMHC has operated satellite offices in all three counties, offering an array of services.

Services provided by OAMHC include: crisis intervention, psychiatric and medical assessments, triage, referrals, individual, family, and group therapy, vocational and rehabilitative services, peer support, case management, and more.

In FY14, OAMHC provided 30,897 services to 2,399 patients. Since 1970, OAMHC has provided almost 1,500,000 service contacts to adults, children, and families who are impacted by mental illness. Approximately one-third of the patients served at OAMHC are children under the age of 18.

Past executive directors include: Harmon Hovis, Robert J. Cummings, Thomas E. Foley, Dr. Ida E. Wanamaker, and Bessie Abraham. The current Executive Director, Willie Priester, accepted the position in 2012.

The OAMHC is accredited by the Commission on Accreditation of Rehabilitation Facilities.



Homeshare Program Highlight

Homeshare is a unique and innovative adult foster care program sponsored by DMH and operated by OAMHC. This program provides suitable housing in a family environment for patients screened and selected for such a setting; placement is based on whether it would be the best option to help a patient adjust to living in the community. Special families are selected and oriented to the needs of a potential placement. The patient has an opportunity to visit a potential Homeshare provider on a trial basis to help assess whether it is the right family before placement. Selected families receive a monthly stipend to provide care for patients. Staff of the program provide intensive case management services, assessment, and crisis intervention, as needed, to help each patient maintain his or her status in the community.

**If you are interested in becoming a Homeshare provider please contact the OAMHC.*





Sadie Jarvis
OAMHC Board Chair

SADIE JARVIS – BOARD CHAIR

For seventeen years, Mrs. Sadie Jarvis has served as a dedicated member of the OAMHC Board of Directors. She was an integral part of the continuous improvement process that the Center has undergone. She currently serves as Board Chair.

Jarvis states that she expects the Center to continue to provide excellent services that meet the needs of the community. She is extremely impressed with the collaboration that

the Board experiences among themselves. This, she believes, is why the Board has been able to keep on target and stay on course.

“The Center continues to provide excellent services for those whom we are privileged to serve,” said Jarvis.

Goals for the future of OAMHC include improving technology, increasing psychiatric coverage and continuous education for

all Board members. Jarvis believes that this will make the Board stronger and better equipped to perform the duties at hand.

Jarvis would like to see enhancement of school-based services as well as enhancement of adult outpatient services offered. She wholeheartedly believes that services should meet the needs of all patients in a holistic fashion to include mind, body and spirit.



Willie Priester
OAMHC Executive Director

WILLIE PRIESTER – EXECUTIVE DIRECTOR

OAMHC Executive Director Willie Priester has worked at OAMHC for over twelve years of his twenty-nine year tenure with DMH.

Priester received his education at the University of South Carolina culminating with a Master’s degree in Rehabilitation Counseling. His career began at a small satellite office in Barnwell county where he worked as a Mental Health Professional to a variety of patients. The bulk of those services were provided to persons with serious and persistent mental illness. During this time, a day program was developed which assisted patients with daily living skills and op-

portunities to further their goals towards recovery.

In 1992 Priester transferred to the main center of Aiken-Barnwell Mental Health as a Program Director. In this position, he was responsible for programs such as employment, day programs, case management, rural outreach and a high management program.

After serving ten years of his tenure at Aiken Barnwell, Mr. Priester transferred to OAMHC as Assistant Director/Clinical Director. In this role, he was constantly in contact with supervisors and program directors at the main center and its clinics and served as troubleshooter and manag-

er of day-to-day operations.

Priester believes that affiliations are the key to success in dealing with the community, and that outreach and involvement with people at a local level are integral to the Center’s success. To that end, Priester and Center staff interface regularly with the Department of Social Services, The Regional Medical Center, Vocational Rehabilitation, the local Alcohol and Drug Commission and the faith-based community. OAMHC also has a staff person stationed at the local Department of Juvenile Justice.

Appointed Executive Director in 2012, Priester’s

WILLIE PRIESTER – EXECUTIVE DIRECTOR (CONTINUED FROM PAGE 4)

goals for the Center are to continue to provide excellent services in a timely fashion serving patients and their families in order for them to meet their stated goals.

Priester also will work to eliminate stigma as it relates to mental health ser-

vices and continue to provide education to community groups and affiliates on an ongoing basis.

If mental health resources were increased, items on his “Center Wish List” would include being more competitive in hiring physicians, enhancing school-

based services, increasing housing options to include more bungalow-style, family-oriented units, implementing new technology, expanding staff training to help retain quality workers and enhancing transportation resources.

PRIESTER AND CENTER STAFF INTERFACE REGULARLY WITH THE DEPARTMENT OF SOCIAL SERVICES, THE REGIONAL MEDICAL CENTER, VOCATIONAL REHABILITATION, THE LOCAL ALCOHOL AND DRUG COMMISSION, AND THE FAITH-BASED COMMUNITY.

KATHRYN JEFFERY - COORDINATOR COMMUNITY SUPPORT PROGRAMS (CSP)

As an employee of the OAMHC since 1976, Kathryn Jeffery currently manages programs and a team of clinical staff tasked with providing nursing services, counseling, and intensive case management services for people with serious and persistent mental health disorders.

The focus of the clinicians is not only to assure that patients have access to the mental health center for treatment to help deter relapse, but also to educate patients, their families, or caretakers about how to manage their illness. Another facet critical to treatment is clinicians’ efforts to help empower patients to function at their personal best, which in turn results in lengthier, sustained stays in the community with fewer incidents of rehospitalization.

Having well trained clinicians who are dedicated and vested in the work they do with people who have serious mental challenges plays a significant role in the Center’s ability to help minimize hospital re-admission rates, decrease ER visits and incarcerations. Programs such as TLC and Act-Like are staffed with clinicians who provide intensive treatment interventions that have proven effective in minimizing these outcomes.

Nursing Services is a critical component of Community Support Programs (CSP) and Center-wide. More so than ever during Jeffery’s tenure, a higher percentage of patients with serious mental illness are prescribed one of a number of injectable antipsychotic medications available to help increase compliance

with medication. Many patients who have been stable in long-term treatment still warrant services, but only require medical monitoring by a registered nurse between assessments by a psychiatrist. The number of people served in this capacity has increased significantly over the past four years.

Jeffery feels the overall objective of CSP is to ensure that patients in the Orangeburg community are well served. “Each day is viewed as a new opportunity to have a positive impact on the lives of patients. The individual approach of clinicians may vary, but each clinician is dedicated to providing the support needed to improve the quality of life of another. Our teams certainly make a difference,” said Jeffery.



Kathryn Jeffery
Coordinator of
Community Support Programs



Sarah Thomas
Children, Adolescents, and
Families Director

SARAH THOMAS CHILDREN, ADOLESCENTS, AND FAMILIES DIRECTOR

Children, Adolescents, and Families (CAF) Director Sarah Thomas has worked at the OAMHC for eleven years. She enjoys her work environment, and especially appreciates having leadership that encourages innovation and creativity.

The CAF program provides therapeutic outpatient counseling and case management services to children, adolescents and their families, who are experiencing serious mental disorders or emotional disturbances. Thomas guides this program in developing individualized treatment plans, providing short-term and group therapy, and making referrals for the kids and families the Center serves.

A Bennettsville native, Thomas is one of seven siblings. Her large, supportive family inspired her to work with people in need; for her it is a calling. For Thomas, emphasis on family preservation is very important: “with more resources, I would love to add more school-based services,” she said. “I would also like to increase family preservation services, which have proven positive outcomes and save money. These services work well for patients and providers.”

The Center’s School-based Services program provides therapeutic outpatient counseling and case management to children by including their families in the treatment process, using

the multi-disciplinary team to plan treatment, making referrals to ensure individual needs are met, and consulting with teachers, school administrators, and multiple agencies on the patient’s behalf.

For Thomas, success is making someone else’s life better, allowing that person to help another. She feels that the atmosphere at the Center allows her to achieve her goal: “I enjoy the family atmosphere at the Center,” she said. “The job is stressful, but I look forward to coming to work. I am confident in the support of our leadership and I know, without a doubt, that the staff genuinely want to provide quality services to the citizens we serve.”

CAF PROVIDES THERAPEUTIC OUTPATIENT COUNSELING AND CASE MANAGEMENT SERVICES TO CHILDREN, ADOLESCENTS, AND THEIR FAMILIES, WHO ARE EXPERIENCING SERIOUS MENTAL DISORDERS OR EMOTIONAL DISTURBANCES.

DAN AVOSSO, MD – MEDICAL DIRECTOR OF THE EMERGENCY DEPARTMENT AND MEMBER, MEDICAL EXECUTIVE COMMITTEE, THE REGIONAL MEDICAL CENTER



Dan Avosso, MD
The Regional Medical Center

Dan Avosso, MD, has been with The Regional Medical Center for ten years. Trained in Emergency Medicine, he and his team are a safety net for the community, focusing on both public health and the health of individuals.

Dr. Avosso is closely involved with OAMHC, attending meetings for individual patients. In addition, Center staff are available to

come to Regional’s Emergency Department (ED) to assist with the evaluation and placement of patients in need of mental health services.

Regional’s ED treats a wide range of conditions, some medical, some social, some psychiatric, and some surgical, with the goal of ensuring patients are medically stable.

Dr. Avosso believes the way OAMHC responds to the local ED could serve as a model: “We’ve worked together in developing algorithms for sharing after-hours call, and on case management for individual patients,” he said. “Having a standing meeting every couple of months to discuss issues and collaborations is key. It should be a model for other counties.”

SCOTT STEVENSON, RN - REGISTERED NURSE WITH THE COMMUNITY SUPPORT PROGRAM UNIT

Scott Stevenson watched for an opening at OAMHC. When a job became available, he jumped at the chance – he’s been at the center for 20 years now, and loves what he does.

While attending the College of Charleston with plans to become a doctor, he found that Nursing would be a better career choice; he could have the close involvement with patients that doctors have, but would also be able to focus on his family. He completed internship at McLeod Hospital in Florence, and gained a great deal of education and “excellent ER experience.” Stevenson continued his studies at Orangeburg Calhoun Tech, and completed his psychiatric nursing training at DMH’s William S. Hall Psychiatric Institute in Columbia.

Stevenson says that part of what moved him to study

mental health is that “physical’ illness is a very objective thing; anyone can work on it. Helping someone with a mental ailment is more personal. Mental illness not only affects physical health, but also controls where individuals will go or not go, their future success.”

In his opinion, the community has changed in its perception of mental illness during his time at the Center, but there is still work to be done. “We have to ensure that our patients and the community at large understand that mental illness is physical illness,” he said.

Stevenson, an Orangeburg native, sees professional appreciation of the Center in the community: “The Orangeburg Area Mental Health Center is recognized as a professional collaborator in helping people,” he said.

The Center’s Community Support Programs (CSP) provide treatment intervention and support services to help patients remain in the community and avoid re-hospitalizations. OAMHC’s CSP includes case management programs, such as Aftercare and Transitional Care, as well as Psychosocial Rehabilitation Services, a Community Integration program. As such, on a given day, Stevenson does everything from clarifying prescriptions and dealing with health insurance companies to giving injections. It is very important to him that his patients know that they are always welcome and appreciated, and that they trust him. And his patients do; the individual appreciation he receives from those he treats motivate him and show him that he makes a difference.



Scott Stevenson, RN
Community Support Program
Unit

“WE HAVE TO ENSURE THAT PATIENTS AND THE COMMUNITY AT LARGE UNDERSTAND THAT MENTAL ILLNESS IS PHYSICAL ILLNESS.”

S. STEVENSON

TELEPSYCHIATRY

In keeping with its innovative history, OAMHC utilizes telepsychiatry. The Main Center, Bamberg County Clinic, Calhoun County Clinic, and Holly Hill Clinic are all interconnected on a secure network, enabling patients to be seen remotely via specialized videoconference equipment at any of these locations by an available physician. Additionally,

in collaboration with the Charleston-Dorchester Mental Health Center, OAMHC has access to a full-time telepsychiatrist who serves patients of the Agency.

The success of this program has been phenomenal. Since May 2014, more than 600 OAMHC patients have received psychiatric evalua-

tions and follow-up in a timely manner via telepsychiatry.

This innovative service has helped patients avoid exacerbation of symptoms and has decreased inpatient psychiatric admissions. The true beneficiaries of this cutting edge use of technology are OAMHC patients and their families.



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

WWW.SCDMH.ORG

Orangeburg Area Mental Health Center

2319 St. Matthews Road
Orangeburg, SC 29118
(803) 536-1571

Bamberg County Clinic

5573 Carolina Highway
Denmark, SC 29042
(803) 793-4274

Calhoun County Clinic

112 Guess Lane
St. Matthews, SC 29135
(803) 874-2301

Orangeburg County Clinic

1375 Gilway Extension
Holly Hill, SC 29059
(803) 496-3410

RECOVERY SPOTLIGHT – BY LEON



My name is Leon. I was born on December 11, 1959, and am the fourth of five children. I am married to a wonderful lady, Kim. We have been married 16 spectacular years and we have several children and grandchildren. I attended the local Denmark schools and graduated

from Denmark-Olar High School in 1976. I continued my education at Voorhees College, completed two Bachelor of Science degrees, and passed the National Teacher Exam.

Shortly after completing four years of college, I began to have some problems. I started having crying spells for no reason. In 1980, my father took me to the family doctor, who placed me in Bryan Hospital, where I stayed for six weeks. I was diagnosed with Paranoid Schizophrenia. I became upset with my parents and

struck out at material things, not wanting to harm anyone. I admitted I had a mental illness, began taking my medication as prescribed and attended Mental Health.

Mr. Allen Rush, who was a Mental Health Worker, saw me as a person, not just someone with a mental illness. Mr. Rush allowed me to not only help myself, but to help other people in the community. I have learned not to worry about negative people or issues. I meet with my counselor weekly to address any issues

which may be upsetting to me. I attend all scheduled appointments with the Mental Health clinic to have my medications and treatment evaluated by the Mental Health staff. It's a place I can call or go to if I have any problems. I have learned to stay calm and not allow people or things to get me upset.

I want to end by saying that I have no regrets about life. I went through a lot but I have learned a great deal.