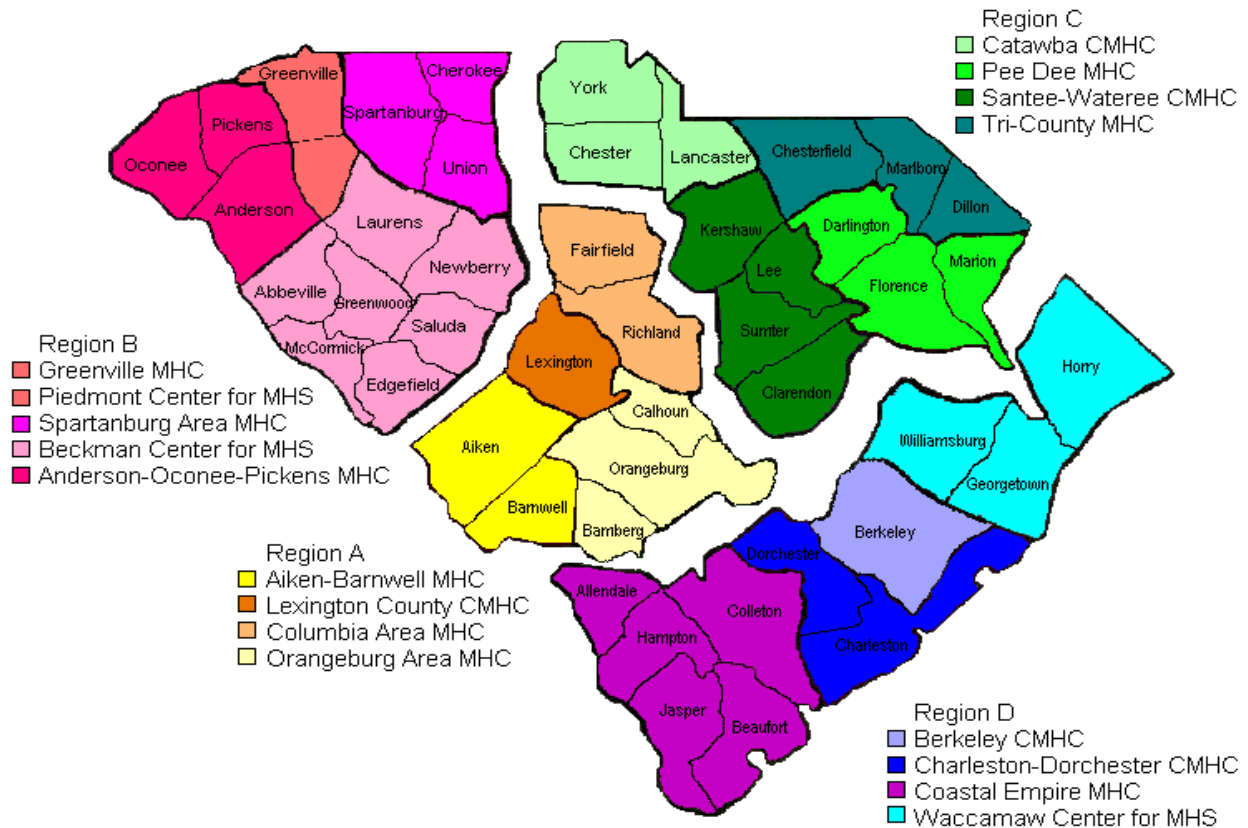


WACCAMAW CENTER FOR MENTAL HEALTH

2015 ANNUAL MANAGEMENT REPORT

A Facility of the South Carolina Department of Mental Health

South Carolina Department of Mental Health



P&LA 2006

THE WACCAMAW CENTER FOR MENTAL HEALTH Monday - Friday 8:30 a.m. to 5:00 p.m.

1. Horry County

164 Waccamaw Medical Park Dr.
Conway, S.C. 29526
347-4888 (843)

3. Georgetown County

525 Lafayette Circle
Georgetown, S.C. 29440
546-6107 (843)

2. Williamsburg County

501 Nelson Boulevard
Kingstree, S.C. 29556
354-5453 (843)

TABLE OF CONTENTS

	<u>Page</u>
Mission Statement	3
Values Statement	4
Vision and Purpose Statement	5
Organization Statement	6
Ethical Principles for South Carolina State Government Service	7
Administrative & Clinical Reports	
Report from Governing Board Chair	9
Report from Executive Director	10-11
Reports from Clinical Directors	
Conway Clinic	12
Georgetown Clinic	13-14
Kingstree Clinic	15-16
Children, Adolescent, & Family (CAF)	17
Program Descriptions	
Outpatient	19
Crisis Intervention	19
Medication Management	20
Intensive Outpatient Treatment	20
School Based Services	20-21
Family Preservation	21
Special Programs	23-27
Continuous Quality Improvement Program	29-30
Community Services	32
2015 Outcomes Management Report	34-36
WCMH Summary	38-41
Revenue and Expenditure Report & Graphs	43-45
W.C.M.H. Staff	46-49
WCMH 2015 Outstanding Employees	50

WACCAMAW CENTER FOR MENTAL HEALTH

MISSION STATEMENT

The Waccamaw Center for Mental Health, in full support of the South Carolina Department of Mental Health, strives to create a partnership of clients, families, communities and staff to therapeutically assist people with mental disorders.

The Waccamaw Center for Mental Health and the SCDMH gives priority to adults with serious mental illnesses and children with serious emotional disturbances, while fulfilling legislative mandates. The Center will seek to provide other services as resources permit.

WACCAMAW CENTER FOR MENTAL HEALTH

VALUES

We are committed to providing services that promote the individual's quality of life and focus on the individual's strengths and abilities.

We strive to foster independence and honor the rights and needs of the individual.

We believe that the people we serve have the right to personal dignity and respect.

We are committed to the availability of a full and flexible range of coordinated services within the community.

We are committed to programs which build upon the local support provided by families, friends, other agencies and the community.

We are committed to a skilled and ethical work force which is culturally competent and dedicated to the highest standards of courtesy, understanding and respect.

WACCAMAW CENTER FOR MENTAL HEALTH

VISION AND PURPOSE

The ultimate vision of this Mental Health Center is the achievement of equitable and comprehensive coverage so that every citizen, who is suffering from mental illness within the catchment area, will have access to the full range of diagnostic and therapeutic services necessary for the maintenance or reinstatement of their social and psychological well-being.

In order to achieve that vision, the purpose of this Center is to constantly be responsive to the changing client's needs due to factors such as shifts in population, changes in social and cultural norms and altering economic conditions. This Center's Mental Health delivery system must be evaluated and assessed constantly in order to be effective and efficient in satisfying the mental health needs of the community.

WACCAMAW CENTER FOR MENTAL HEALTH

ORGANIZATION

The Waccamaw Center for Mental Health is one of 17 State owned Mental Health Centers. The Center was started in 1967 when a group of concerned citizens came together to form a Mental Health Board and hired its first employee. From those early beginnings the Board applied for and received status as a "community mental health center" pursuant to Section 44-9-10 and 44-9-70 of the Code of Laws of South Carolina as amended in 1976. The Board established a set of By-Laws and hired an Executive Director to oversee the operation of the Center. Over the years, the Center expanded to include two additional counties Georgetown and Williamsburg.

Currently the Center operates in three counties: Horry, Georgetown and Williamsburg. Geographically, the catchment area is the largest in the State, encompassing a total of 2,901 square miles.

ETHICAL PRINCIPLES FOR SOUTH CAROLINA STATE GOVERNMENT SERVICE

Serving the public as an employee of South Carolina state government requires an appreciation for and dedication to the basic principles of integrity, honesty, respect for others, fairness, and accountability. These principles are fundamental in providing good government and advancing the public interest and are central to and implicit in any personal, professional, or agency code of ethical conduct.

Because protecting the public trust and strengthening public confidence in government requires the highest standards of personal and professional conduct, state employees have an obligation to apply these ethical principles in their individual job duties and responsibilities.

INTEGRITY

State employees should adhere to a personal code of conduct which supports the moral values necessary for good government and advances the purpose and mission of the State, their profession, and their agency.

HONESTY

State employees should be truthful and sincere in all their interactions with the public and with each other. They should avoid even the appearance of wrongdoing and should confront and challenge unethical behavior.

RESPECT FOR OTHERS

State employees should discharge their duties with care, compassion, and concern for the well-being of all those they serve. They should recognize the inherent worth and dignity of all persons regardless of race, color, sex, age, religion, national origin, handicapping condition, social or economic status.

FAIRNESS

State employees should make decisions in a fair, objective, and impartial manner.

ACCOUNTABILITY

State employees should take responsibility for their own actions and personal decisions and protect the public trust by upholding the constitutions and laws of the United States of America and the State of South Carolina.

**ADMINISTRATIVE
&
CLINICAL REPORTS**

WACCAMAW CENTER FOR MENTAL HEALTH GOVERNING BOARD CHAIRMAN

Calep J. Brown

For the last few years the national spotlight has been on mental illness. We, who work or are associated with this field, should do everything possible to get the word out to each level of government in our society. There seems to be a lot of discussion on this topic at the local, state and federal level; however, I would like to see more positive outcome from these talks. We can no longer wait until something negative happens and wish that we had done something to prevent it.

It is my hope and desire that these discussions will lead to a better understanding of the issues that will lead to additional funding. In our effort to see improvement in mental illness in our communities, it is imperative that we reach out to all segments of society.

I believe that the more the public is educated and made aware of the issues that face the mental health community, the more positive response will be received. We are all affected by mental illness in one way or another, directly or indirectly. Knowing that mental illness will not go away or disappear overnight, it encompasses all of us in the mental health arena, to keep reminding the public of the treatment options available to those who need the services.

GEORGETOWN COUNTY

Everlena Lance, Secretary/Treasurer

Deborah Heller

Gilmore McManus

Rebecca King retired after 18 years of service.

WILLIAMSBURG COUNTY

Arthur Tisdale, Jr.

HORRY COUNTY

Nedra Black

Calep J. Brown, Chairman

Leanne Dillian

Dr. Robert Guffey

Michael Hughes

Mary Maher

Julia Miller, Vice Chairman

Mary E. Owens

Rachel Whitley

EXECUTIVE DIRECTOR

Ethel Blake Bellamy, MA, LPC/S

Waccamaw Center for Mental Health (WCMH) is an outpatient facility of the South Carolina Department of Mental Health providing comprehensive services in Horry, Georgetown and Williamsburg Counties serving a population of more than 365,000 residents. Waccamaw represents the largest geographical area in the community mental health center system in the state of South Carolina. Each county in the center offers a full array of mental health services for its residents, including crisis intervention, individual, family and group therapy, psychiatric evaluations and medication management. After Hours emergency service, provided by mental health professionals, is available in each county.

Members of the Governing Board remain tenacious in strengthening relationships with local County Councils and Legislative Delegations to 1) raise awareness of mental health services and the needs of the community mental health center and; 2) raise consciousness about the lack of funding to mental health and the impact on increased cost to many other agencies such as law enforcement and hospitals. In continuing the legacy of collaboration, the Waccamaw Center strives to seek local partnerships with the County, not a hand-out.

The Center's commitment to the legacy of community collaboration continues with ongoing partnerships with both public and private partners. For example, collaborations with organizations such as Any Length Recovery, Access Health-Horry, Tideland Community Care Access Health, Eastern Carolina Homeless Organization (ECHO) and local Primary Healthcare Facilities has helped to create greater access for behavioral health services in our communities. Further, a collaboration of community stakeholders organized to initiate the launch of the Mental Health Court in Horry County. In June 2014, the Court was piloted under the direction and leadership of the 15th Circuit Solicitor's Office. Waccamaw partnered with the Court by providing direct services and a part-time mental health counselor.

Tele-psychiatry service is continuing to expand in the Waccamaw Center. Tele-psychiatry enables immediate access to a psychiatrist by clients who otherwise may not have received needed services of a psychiatrist. The Waccamaw Center performed 872 Center-to-Center Clinical Tele-psychiatry consultations in FY15. This enabled the Center to maximize the limited availability of time psychiatrists provide to the Center within DMH. Each clinic in our catchment area has full access to Center-to-Clinic tele-psych services. Tele-psych has been a tremendous asset to our most remote clinic, Williamsburg County. The Center-to-

Clinic tele-psych program also has the capability of tele-psych from Waccamaw Center to various centers across the state. Soon we will embark upon an expanded relationship with the local Federally Qualified Health Center (FQHC) by providing pediatric psychiatry to Little River Medical Center via tele-psych with Waccamaw serving as the base location for the psychiatrist.

This year South Carolina suffered a tragic loss with the fatal shooting of nine individuals at the Emanuel AME Church, a historic African-American Church in Charleston. The Waccamaw provided assistance to the Charleston Dorchester Mental Health Center staff and provided crisis intervention services to families.

In recognition of National Mental Health Awareness Month, observed in May, the Center highlighted client recovery services available through Center by hosting a number of educational activities throughout the counties. Activities for children, adults, families, professionals and all persons touched by mental illness; included declaration of May as Mental Health month by local governmental entities; walk for the mentally ill; public speaking; School Based Services displayed boards designed by counselors and students; an Open House with personal Recovery Stories told by persons experiencing mental health issues. The Annual Client Recovery Conference hosted by Waccamaw Center clients culminates a month long celebration.

The Center maintains its' "core" services in the face of a rapidly changing healthcare environment. The pages of this annual report will present more detailed information of the various services and specialized programs provided by Waccamaw Center for Mental Health in Horry, Georgetown and Williamsburg Counties. Hopefully this report will convey the spirit of service, dedication and loyalty of the Governing Board and staff to provide the highest quality of care to those whom we are privileged to serve.

CONWAY CLINIC DIRECTOR

Lori Chappelle, MA

Our staff continues to respond to the mission of the S.C. Department of Mental Health by providing quality services to assist persons with severe and persistent mental illness and to support the recovery of people with Mental Illness. We provide a wide array of services including outpatient therapy, psychiatric evaluation, nursing services, and medication management. Collaborating with the community remains a high priority for the staff and is essential for connecting client to needed resources.

The Employment and Individual Placement and Support (IPS) Program continues to work closely with Vocational Rehabilitation to seek competitive employment opportunities for the clients we serve. The Supportive Employment Program (Workers United) provides clients with on-site job skill training in a closely supervised environment. The Workers United clients do an outstanding job maintaining the Conway Office. A number of these clients have been transitioned into the IPS Program and have been able to obtain competitive employment within the community.

A team of clinical staff provide crisis consultation and referral services to the local hospital emergency rooms after hours and weekends. With the shortage of State Psychiatric beds, the Lighthouse Care Center of Conway and Palmetto Low Country Behavioral Health in Charleston have been resources for local inpatient beds for adults. Most of the hospitals in the Horry County area currently have access to the South Carolina Department of Mental Health Tele-psychiatry Program, which allows access to a psychiatrist for assessment of a patient in the local hospital emergency room.

The Conway Office continues to see growth in all program areas and has seen an increase in the number of residents from the community requesting services. Several changes have improved access to much needed services and decreased wait times for treatment. We will continue assessing programs to maximize our resources as we continue to provide optimal services to all of our clients as they work toward recovery.

GEORGETOWN CLINIC DIRECTOR

B. Doris Smith, MA, LPC/S

In the year of 2015, the Georgetown Clinic has learned to be flexible with continued and upcoming changes in the behavioral health field. Our goal is to provide quality behavioral health services for Children, Adolescents and Adults with a mental illness in the most cost efficient way. One of the Georgetown Clinic's strengths is our ability to continue and maintain our partnerships with local agencies (The Department of Juvenile Justice, The Department of Social Services, Georgetown County Alcohol and Drug Commission and South Carolina Vocational Rehabilitation), organizations (The Family Justice Center, Associated Marine Institutes, Tara Hall Home for Boys, Head Start and the Francis P. Bunnelle Foundation) and community partners (St. James Santee Health Clinic, Tideland Community Care Network, Healthy Learners and the Health Care Collaborative for Children and Youth) to provide behavioral health services to the citizens of Georgetown County.

The Child and Adolescent (C&A) Program provides an array of services that meet the treatment needs of children with emotional problems and their families. This program provides traditional therapy services on-site as well as outreach services to the Associated Marine Institute, Tara Hall Home for Boys, Head Start Centers and various schools with the Georgetown County School District.

The Adult Outpatient Program provides a variety of services on-site to adults with a chronic and persistent mental illness. These services include traditional outpatient services such as individual, family and group therapy, psychiatric nursing services, psychiatric medical assessments, crisis counseling and mental health assessments. The Clinic also has a Peer Support Specialist that works with people living in recovery with mental illness and substance use who provide support to others who can benefit from their lived experiences.

The Georgetown Clinic has several specialty programs that focus on outreach services. The Toward Local Care (TLC) Program provides services to those individuals with a history of multiple hospitalizations who need extra assistance to stay in the community and prevent recurrent psychiatric hospitalizations. The ACT-Like Team (Assertive Community Team) works with individuals to reduce inpatient psychiatric hospitalizations, frequent stays in the local jail and visits to the local emergency rooms. They provide psychological rehabilitation and recovery for persons who have the most severe and

persistent mental illnesses and have not benefited from traditional outpatient services. The Georgetown Clinic was awarded a grant from the Francis P. Bunnelle Foundation to expand the Youth in Transition Work Program from part time to full time. This program provides support for the seriously mentally ill client as they seek employment opportunities. The program provides a staff member to work alongside the client during a predetermined training period. The clients will be involved in an employment training program which helps them develop their self-confidence, work skills, reviews their work history for placement in appropriate job settings and provides transitional employment opportunities. The Meadowlands Apartment Complex in Andrews has provided housing opportunities for our clients for twelve years. The specialized housing program has kept a steady occupancy rate and continues to be a positive example of individuals with mental illness living independently.

The Georgetown Clinic continues the partnership with the Tideland Community Care Network Hospital (TCCN) to improve the overall wellness of an individual. TCCN is a program for the uninsured and underinsured patient that is a high utilizer of the Local Emergency Department. The goal of TCCN is to provide participants with a medical home that gives ongoing access to a primary care team to address preventive care, specialty care, dental and behavioral care, non-emergent hospital care, and medications.

Finally, I would like to thank the staff of the Georgetown Clinic for their hard work and dedication to serving the citizens of Georgetown County. Great Job!

KINGSTREE CLINIC DIRECTOR

Maritta Janice Smith, MA, LMSW

The Kingstree staff continues to strive to deliver quality services as we carry out the mission of the South Carolina Department of Mental Health to render care to persons with severe and persistent mental illness and to support the recovery of persons with mental illness.

During August, 2015 the Kingstree Clinic restructured the IOT Program at the Neighborhood Family Center from group Rehabilitative Psychosocial Services to individual and home based RPS. The change ended many years of onsite services and the Neighborhood Family Concept.

The Executive Staff, Medical Director and Clinic Director continue to seek a full time psychiatrist for the Kingstree Clinic. The Kingstree Clinic is served by Locum Tenens Psychiatrists and the Medical Director, Dr. Rupa Shetty, which afforded the clinic psychiatric coverage five days a week for several months in 2015.

The Kingstree Clinic continues to have strong partnerships with the local hospital, the county school district, Probate Court, law enforcement and agencies in the county. These community collaborations have supported us in providing care to the mentally ill as we continue to adjust and manage the uncertainty of State and Local budget allocations.

The Kingstree Clinic has specialty programs that provide outreach focusing on housing, living independently in the community and residential care. The Family Preservation team works with children and families with a focus on children at risk to be removed from their homes. The mission of this program is to reduce out of home placement by working intensely with families. The Toward Local Care (TLC) Program continues to provide services to those individuals with a history of multiple psychiatric hospitalizations who need intense support to remain stable in the community.

Porter Place Apartments located in the city limits of Kingstree has been in operations for several years. It is a community of individuals living independently in the community while coping with mental illness.

The Neighborhood Family Center continues to assist clients with developing and maintaining skills necessary to support their recovery in the community.

Staff in our Adult Outpatient Services, Children/ Adolescent Outpatient Services and School-Based Program work collaboratively and diligently with families, agencies, the medical community and the school district to provide innovative and optimal care to assist clients with their recovery.

The Kingstree Clinic while coping with the changes in psychiatric coverage continues to function as a comprehensive community mental health center addressing the needs of the mentally ill in Williamsburg County.

CHILDREN, ADOLESCENT, AND FAMILY SERVICES
DIRECTOR
Lori Chappelle, MA

Child, Adolescent, and Family (CAF) Services provides a continuum of treatment to the children and families throughout Georgetown, Horry, and Williamsburg Counties. CAF staff provides the highest quality services in schools, at homes, and in the community to serve the complex needs of their clients.

School-Based Services is our largest program with staff providing services to schools in Georgetown, Horry and Williamsburg Counties. The program provides services in schools. This is an efficient and effective way to address mental health needs. By receiving services at school and in the communities where families live, it helps to reduce the stigma around mental health services. Over the last few years, the South Carolina Legislature provided funding to DMH for the expansion of School-Based Services across the state. WCMH has benefited by receiving six School-Based positions from this effort.

One of our main goals is strengthening community partnerships by working together for the benefit of children and families. Our partnerships with sister agencies include Department of Juvenile Justice, Department of Social Services and Continuum of Care. We provide mental health assessments for each child and family referred. This assessment identifies the mental health concerns of the child and family, and provides treatment to address their ongoing needs. Our hope is that by working together and collaborating across agencies, we will develop stronger plans for helping the families in our community grow stronger.

PROGRAM REPORTS

OUTPATIENT

The Waccamaw Center seeks to create a partnership of clients, families, communities and staff to therapeutically assist people with mental disorders in an outpatient setting. It is the purpose of the Outpatient Program to provide an array of services based on needs, abilities, strengths and preferences of the clients.

The philosophy of Outpatient Services is to provide an array of services in a therapeutic environment which enhances the individual's physical, psychological and social development. In addition, the services should attend to the treatment needs of the client and his/her family.

Integral in this philosophy is the full involvement of and appropriate intervention with the family as well as the primary social environment and community of the client in a culturally competent manner.

Clinic-based outpatient treatment for adults focuses on individuals and families who are experiencing a disruption in their normal level of functioning. Services may include Individual Therapy, Family Therapy, Group Therapy, Psychiatric, Nursing, Rehabilitative Psychosocial Services and Peer Support Services.

Clinic-based outpatient treatment for children is the least restrictive intervention. Though provided in the clinic, programming is flexible and adaptable and may be used, where necessary in combination with other treatment components. Services may include Individual Therapy, Group Therapy, Family Therapy, Psychiatric, Nursing and Crisis Intervention.

CRISIS INTERVENTION

This program is designed to respond to acute needs of individuals requiring mental health intervention and provides immediate support, evaluates treatment needs and identifies resources to help with the treatment. Crisis Intervention includes an array of services such as assessment, screening, referral and treatment services for individuals or their families who are experiencing acute psychiatric crisis or need evaluation for inpatient substance abuse treatment. The focus of this service is to develop an initial crisis intervention plan for each person served with the aim of stabilizing any immediate crisis and making appropriate referrals.

MEDICATION MANAGEMENT PROGRAM

The Medication Management Program serves clients with a level of functioning and stability that can benefit from medical management to maintain therapeutic gains and emotional stability. Clients must be referred into this program by a physician and it involves the prescription of medications and on-going monitoring of side-effects or concerns. Services offered in this program include: nursing services, assessment, crisis intervention services, and physician services which are provided by medical staff only.

INTENSIVE OUTPATIENT TREATMENT (IOT)

The IOT Program serves adult clients who need a more intense level of mental health care than traditional outpatient services by providing a comprehensive approach to the delivery and coordination of services. A comprehensive approach to assessment, treatment, and rehabilitation is a feature of this program. The goals of the IOT Program are to improve client level of functioning, improve client quality of life, increase client and family involvement in the treatment process, reduce after-hour emergency contacts, as well as, reduce hospital recidivism. The specific services include opportunities to meet identified needs and supportive services in relation to independent living. They shall be offered in a manner that maximizes the individual's responsibility, control and feeling of self-worth. They are provided in the context of a supportive normalizing environment in the community. In addition, their treatment program may include client assessment, goal planning activities, individual and group therapy, and family support activities.

SCHOOL BASED SERVICES

It is the philosophy of School Based Services that a dialectical relationship exists between children and their environments. Therefore, we believe that the potential for a child to

experience positive life changes is dramatically increased when therapeutic services are provided within a context of familiar surroundings. We believe that our presence within the school and the community allows children and their families greater access to therapeutic services while decreasing the stigmatizing image which is sometimes associated with traditional services.

The School Based Counseling Program is the primary Children and Adolescent Program at the Waccamaw Center. The program consists of Masters level counselors in Horry County, Georgetown County and Williamsburg County, all of whom are located within the primary, elementary, middle and high schools. Child Psychiatrists are on staff and available to see children and their parents. The school based counselor acts as a therapist, mediator, and advocate for each child in their caseload and provides play, cognitive, reality, psychosocial, behavioral, and a variety of other therapeutic methods in order to reach a child and his or her family.

FAMILY PRESERVATION

The philosophy of Family Preservation Services is to prevent an out of home therapeutic placement of an identified child. In other words, keep the family together by working intensely with the family unit. The Family Preservation Program works with families where the level of dysfunction and the severity of the child's difficulties are such that an out of home placement is imminent.

The services are primarily delivered in the child's home with a family focus. The services provided are based upon the identified needs of the child and have an ecological holistic perspective. Basic to Family Preservation Services is the fact that services are multi-faceted.

Family Preservation Services are available and shall be provided for each client based on assessed needs. The purpose of Family Preservation Services is to reinforce and enhance an individual client's ability to function within the family and to enhance the total family's level of functioning.

SPECIAL PROGRAMS

SPECIAL PROGRAMS

Special programs are a unique and intricate part of the range of services offered at The Waccamaw Center. Programs include Assertive Community Treatment-Like (A.C.T.-Like), Toward Local Care (T.L.C.), Supported Employment and Individual Placement and Support, Homeless Project, Little River Medical Center Cooperative, Volunteer Program, and Staff Development.

ASSERTIVE COMMUNITY TREATMENT – LIKE PROGRAM (A.C.T. – L) IN GEORGETOWN COUNTY

The W.C.M.H. received funds several years ago to develop and implement an Assertive Community Treatment-L-Program (ACT-L) in Georgetown. The purpose of the ACT-Like Program is to serve clients who are not accessing the traditional Center Programs, by providing a comprehensive approach to the delivery of services.

Services are provided to psychiatrically disabled adults living in Georgetown County who because of their mental illness have difficulty functioning in the community. Clients in the ACT-L program have histories of long and frequent hospitalizations and limited success with independent living, and finding and maintaining employment. They also over utilize the hospital's emergency rooms to treat their psychiatric illness. A host of supportive individually designed interventions are required to maintain these individuals in the community, which is what the ACT-L Team is designed to do. Currently the ACT-L is staffed with two master-level clinicians and a B.A. level clinician.

TOWARD LOCAL CARE (TLC) TLC Coordinator - Martha D. Scott, MSW, LMSW

During the last decade, the Department of Mental Health(DMH) adopted the Toward Local Care (TLC) philosophy that people with mental illnesses get better faster and

maintain recovery longer when they receive services in their community, close to family and their community resource support system.

Many individuals who were once hospitalized for a long period of time, or had experienced many hospital admissions, are now living in their community with intensive community support and have remained hospital free. They receive psychiatric and medical services, medication education and monitoring, daily living skills training and development as well as employment assistance.

The TLC Program is comprised of 79 TLC clients; they all reside within the communities of Georgetown, Horry and Williamsburg Counties. Some of them live in Homeshare, Community Residential Care Facilities, Supported Apartments and some have purchased their own home. We have 42 trained and certified Homeshare community providers and 13 TLC staff that are located within the Waccamaw catchment area. The Homeshare Providers provide adult foster care and short term respite care within a private family home environment. We currently have 32 Supported Apartments where clients live independently and are given weekly clinical support within their own environment.

The TLC program continues to strive to assist in helping individuals with serious mental illness reach their maximum level of independent living. It is the hope of this center to see continued development of local mental health community programs that will allow people who are faced with serious mental illness, the ability to live with dignity and respectable independence.

SUPPORTED EMPLOYMENT PROGRAM AND INDIVIDUAL PLACEMENT AND SUPPORT

The Supported Employment Program provides support for chronically mentally ill clients as they seek employment opportunities. This program provides a Job Coach to work alongside the client during a pre-determined training period. The program also provides disability awareness consultation to employers who request it. Supported employment clients are involved in an employment training program which helps them develop their self-confidence, work skills, reviews their work history for placement in appropriate job settings and provides transitional employment opportunities.

The WCMH also has a program called Individual Placement and Support (I.P.S.), a competitive employment program. This program serves the adult clients who have a major mental illness. The client expresses a strong desire to be employed but needs assistance with the employment process. The program integrates Vocational

Rehabilitation and Case Management Services within the community mental health center. The program gives clients intensive training, support and ongoing follow up with the assistance of a trained job coach.

HOMELESS PROJECT

Jacqueline Brown, MA – Director of Special Services

The Waccamaw Center stresses the development of safe, decent and affordable housing for individuals who have a severe and persistent mental disorder. A continuum of housing has been developed for clients who are homeless or live in sub-standard housing.

The PATH grant, which is federally funded, provides salaries for two outreach staff positions to address the needs of homeless mentally ill. Services offered are assessments, referrals, and case management services involving prevention, intervention and follow-up.

Due to limited resources, the Center relies heavily upon established community relationships. In Horry County, the Center developed a private, non-profit corporation Waccamaw Housing Inc. (WHI). Currently three projects have been developed through this relationship. The first was an agreement with a local developer to provide 14 one-bedroom units of affordable housing in three phases of Swansgate Apartments in Myrtle Beach. The second project, through a Shelter Plus Care Grant, provides rental assistance vouchers to individuals and families who are homeless in Horry, Williamsburg and Georgetown counties. And the third project is the development of Porter Place Apartments in Williamsburg County, which provides 20 one-bedroom affordable apartments for homeless individuals.

Also, in cooperation with the city of Myrtle Beach and Federal Grants, the Alliance Inn was built and opened in 2004, providing a total of 54 one, two and three bedroom units. An average of 66 children lives at the Inn. The WCMH in partnership with the non-profit Home Alliance Inc. developed Balsam Street apartments, which consists of 25 single room units designed to accommodate chronically homeless and disabled males. The Georgetown Chapter of Mental Health of America built 12 one-bedroom free standing units - the Meadowlands in Andrews, SC for homeless individuals. Halyard Bend, a new cooperative agreement with WCMH and Myrtle Beach Housing Authority, provides an additional seven housing units for the Homeless Mentally Ill.

Individuals placed in housing have demonstrated the ability to live independently and are psychiatrically stable; however, they continue to receive needed services and support from WCMH staff.

LITTLE RIVER MEDICAL CENTER COOPERATIVE HOMELESS PROGRAM

The Waccamaw Center for Mental Health in conjunction with Primary Health Care Little River Medical Center has a joint partnership to serve the dually diagnosed homeless population. The psychiatrically disabled and homeless population has the same basic needs as all people i.e. food, shelter, affection and growth. If a dually diagnosed homeless individual is unable to provide some or all of his or her needs and relatives cannot, the homeless individual's dependency on significant others intensifies. This is the most critical time for intervention; however, the social service system needs rarely address the dually diagnosed homeless individual.

The joint partnership was established to avoid collapse of the social system for this type of client. The outreach team is comprised of a licensed master level mental health counselor and a licensed master level social worker. There is also a primary health outreach team that includes a physician, nurse and social worker. Together these teams work to improve the lives of the homeless dually diagnosed population by conducting groups, developing support groups, obtaining jobs for individuals, providing safe places, performing case management services, acquisition of entitlements, and providing treatment.

VOLUNTEER PROGRAM

The Volunteer Program is vital to the Waccamaw Center for Mental Health. Volunteers make very special and important contributions to the overall mental health effort. Sharing their abilities to help others, our volunteers have found the secret of self-worth and the satisfaction of giving which cannot be matched.

During 2015, 157 volunteers contributed 3,127 hours to various programs with a service value of \$47,847. Additionally a total of \$748,614 worth of donations was received this year. Donations include materials, moneys, indigent medication and etc. The volunteers include the Governing Board members, intern students, church groups and individuals from the community who wish to serve. Their investment of time allowed the Center's staff and clients the ability to achieve many goals that would not have been reached without their support. Volunteers assisted staff in providing clients with skills necessary to function on a daily basis after periods of institutionalization. Volunteers make a vital contribution by relating directly with clients by participating in organized activities, and providing clerical support services. The Center thanks you and we truly appreciate all of the hard work.

STAFF DEVELOPMENT PROGRAM

The purpose of staff development is to provide a process that exposes staff to the latest ideas and concepts in related professional fields or areas of work responsibility. The Center has an intensive ongoing training program which helps meet the needs of staff and keeps them up to date on current and new mental health concepts and therapies. All staff is encouraged to attend in-house informational and educational meetings such as videoconferencing, staff meetings, in-service seminars and management meetings. The Center also has on-line mandatory training i.e. fire safety, infection control, cultural competency, etc. of which all staff are required to access and view annually. Additionally the Center supports staff in attending out of Center workshops which meets Center requirements.

In 2015, staff was offered 13 in-house opportunities for staff training. Our summer in-house training covered the following topics: Customer Service, Surviving the Teen Years, Sex and Teens, Family Engagement, Family Therapy, Person Centered Care, Pharmacology, TF-CBT Skills Review, Auditor Training, and Wellness for Staff.

In the spring of 2015 the Center utilized Youth In Transition Funds to provide 2 days of Motivational Interviewing, Cognition Behavior Therapy, and Didactic Behavioral Therapy for a majority of our clinical staff.

**CONTINUOUS
QUALITY
IMPROVEMENT
PROGRAM**

CONTINUOUS QUALITY IMPROVEMENT (C.Q.I.)

In order to carry out the mandate of the Vision and Purpose of this Center, a continuous monitoring and improvement mechanism needs to be in place to satisfy client needs and evaluate programs due to changing social and cultural norms.

C.Q.I. covers an array of different functions which helps the Center evaluate and improve its commitment to its clients. The following section will examine the Corporate Compliance, Privacy Officer, and Quality Assurance Program which incorporates Q.A. Training, C.Q.I. Committee, Credential Program, and Adverse Incident Reporting.

CORPORATE COMPLIANCE

Under the guidance of the S.C.D.M.H. Corporate Compliance Plan, the Waccamaw Center for Mental Health has a Center-wide corporate compliance plan. This plan is intended for the prevention of fraud, abuse and waste and to assist in the refinement or development of internal controls that promote adherence to applicable Federal and State laws. The corporate compliance officer has the duty to carry out the mandate of corporate compliance and to oversee its implementation in the Center. All staff has been trained in the area of Corporate Compliance and is aware of their responsibilities in regards to corporate compliance issues. We had one (1) violation of corporate compliance standards this year.

PRIVACY OFFICER

The Privacy Officer of the Center is responsible for making sure that HIPAA Policies and Procedures are implemented and observed by staff, clients and visitors. The Privacy Officer is also responsible for computer security via the internet.

QUALITY ASSURANCE PROGRAM

Dana Strock, MA

The Quality Assurance Program insures that the Center is providing appropriate quality services. The Quality Assurance Program also evaluates staff credentials, investigates adverse incidents, and ensures client rights.

Each quarter, an audit is performed on a representative sample of active and closed cases to ensure that proper documentation is completed. These audits are performed by the Quality Assurance Committee of the Waccamaw Center. The results for fiscal year 2015 show a ninety-two (92%) percent compliance rate. Deficient cases are returned to the appropriate therapist for corrections.

Once every twelve months, the Department of Mental Health Quality Assurance/Accreditation division team of auditors evaluates and assesses whether appropriate services are rendered to the Center's client population. Results show the Center continues providing quality services to its clients. The Center scored slightly above the required percentage and many staff received commendations.

The QA Program provides initial and ongoing training for clinical staff. There are a variety of training opportunities for staff. New staff will receive an orientation to Quality Assurance issues as a part of orientation training. This training provides an overview of our clinical work with clients, billing for services provided, documentation issues, and Electronic Medical Records (EMR). Additionally, training is provided to all clinical staff regarding specific issues or changes and new information as necessary. Training continues to be provided on person centered care, collaborative documentation, as well as the DLA20 Assessment tool.

Once a week each office holds a meeting in which staff discuss their cases with other staff in a formalized setting. A psychiatrist is present in the staffing and his or her signature serves as approval for the treatment plan. Utilization Review is accomplished through the C.Q.I. Committee which meets at least four times a year. Problems are discussed and trends reviewed.

All clinical staff currently employed at the Center has a credential file. These files contain such items as diplomas, resumes, licenses, certifications, privileging of services and other pertinent information. The Credentialing and Privileging Committee in Columbia meets every month to review new and existing staff. Every two years staff is re-credentialed and their files updated.

Any adverse incident within the Center is reported through an Adverse Incident Report. This form is forwarded to the Office of General Council in Columbia. Fifty-two (52) adverse incident reports were filed this year and six (6) incidents required a case review.

**COMMUNITY
&
DEBRIEFING
SERVICES**

COMMUNITY SERVICES

The Center continues to provide education and prevention programs to the community. The Center participated in 24 community events and 1,107 persons were reached through consultation, education, and prevention activities this year.

The Center keeps on-going relations with the media in order to provide the community with public service announcements via radio and newspaper articles. The Center also participated in several community health fairs, which provide the public with mental health awareness. Every year in association with the local Mental Health of America the Center participates in National Depression Screening Day.

CRISIS DEBRIEFING FOR EMERGENCY AND DISASTER PERSONNEL

This is a service to help meet the demands of debriefing services for professionals who work in high intensive jobs in the community. The Center has staff trained in debriefing after a crisis and they are available to assist in the community when requested.

A Debriefing Team within the Center has been identified to assist Center staff. This team has received training in debriefing.

During the year, debriefing was provided to staff members from the Charleston/Dorchester Mental Health Center affected by the church shootings which occurred at the Mother Emanuel AME Church in Charleston, SC.

**2015
OUTCOME
MANAGEMENT
REPORT**

WACCAMAW CENTER FOR MENTAL HEALTH 2015 OUTCOMES MANAGEMENT REPORT

INTRODUCTION:

The Annual Outcomes Management Report represents a cumulative total of all statistical reports, surveys and evaluations completed in 2015. This report will illustrate program compliance with outcomes over the past year to include effectiveness, efficacy, service access and follow up reports and client satisfaction survey reports.

Key Measures of Organizational Effectiveness:

Effectiveness of Services:

1. Target: Decrease Admissions to State Facilities

Effectiveness:

Facility	2014	2015	% Change
Bryan Hospital	59	78	32%
Morris Village	44	35	-20%
Williams S. Hall	38	38	0%
Center Total	141	151	7%

Results: The Center increased admissions to all state facilities at a rate of 7%. Outcome was not met.

EFFICIENCY OUTCOME:

1. Target: Productivity standard of 53% monthly for clinicians.

Effectiveness: Average productivity for clinicians was 45% for 2015. This is the same as last year.

Results: This outcome was not met. DMH has moved to a productivity standard based on direct service hours. For 2015, the Center met the standard for direct service hours of 720. The Center will move to the direct service hour standard in 2016.

2. Target: Increase average monthly contacts by 5% over the previous year.

Effectiveness: Average monthly contacts for 2015 were 8860. This is a 5% increase from the previous year.

Results: This outcome was met.

Service Access:

At the end of 2015, the Center maintained a caseload of 7,623 clients. The total number of individuals served was 5,960. The admissions for the Center were 5,399. The Center has implemented access time frames for all non-urgent assessments with the Center.

1. Target: All non-urgent requests for services will be seen within 7 business days.

Effectiveness: Average monthly wait time for non-urgent initial assessments was 7 days.

Results: This outcome was met.

Satisfaction and Client Feedback:

FOLLOW-UP SURVEY:

This Center conducts a direct service follow-up survey approximately one month after the case is closed. Results from the follow up study show that 1533 follow up surveys were mailed. One hundred fifty four (154) surveys were returned completed indicating a return rate of 4%. Sixty-nine percent (69%) of the respondents felt their counselor understood their problems; Seventy-one percent (71%) would return to the Center for services; thirty-nine percent (39%) felt their problem had either greatly improved or somewhat improved with treatment; twenty-four percent (24%) stated their problem was the same and twenty-seven percent (27%) felt their problem was worse.

CLIENT SATISFACTION:

A client satisfaction survey is completed each Quarter. A total of 890 questionnaires were completed for the year. Results show that acceptability of our services to the clients remains high with an average of eighty-six percent (86%) of clients indicating they would recommend services to a friend or relative. There were no significant barriers identified by

clients. Seventy-two percent (72%) felt they were helped with their specific problem. Overall, eighty-six percent (86%) of the participants who completed surveys stated they were satisfied with the overall services they received. In conclusion, a majority of clients who visit the Center were satisfied with the help they received for their problem and potential barriers were not a factor in receiving services at the Center.

CONCLUSION:

The WCMH met goals in some areas while just missing goals in others. The Center was able to hire more staff including full-time psychiatrics which allowed for more consistent care for our clients.

In terms of effectiveness of services, the Center was unable to decrease admissions to the state hospital for both adults and children; however did decrease admissions to Morris Village for Substance Abuse.

In terms of efficiency, the Center did not meet the outcomes for productivity however remained constant in productivity standards. In terms of contacts the Center did have an increase in overall client contacts. In terms of service access the Center met the target for 2015.

In terms of satisfaction and client feedback, the results were again mixed. Client overall satisfaction with on-going services remains high. Follow-up surveys show clients feel counselor understand their problems and are likely to return for services.

In conclusion, WCMH continues to strive to meet the targets in all areas of service delivery. The WCMH is committed to providing the highest quality service to the residents of Horry, Georgetown, and Williamsburg counties.

WCMH SUMMARY

**WACCAMAW CENTER FOR MENTAL HEALTH
SUMMARY OF CLIENT DATA INFORMATION BY DIAGNOSTIC CATEGORIES
COMMUNITY MENTAL HEALTH SERVICES
Fiscal Year 2015 – Table 1**

Diagnostic Categories	Total Admissions	Total Discharges	Open Cases	Number Served Unduplicated
Attention Deficit	825	767	1348	995
Conduct	514	478	298	334
Autism/Pervasive Development Disorder, Mental Retardation	42	27	87	61
Other Childhood Disorders	6	4	8	4
Substance Abuse	89	95	60	79
Organic Mental Disorder, Dementia, Delirium	40	49	48	50
Other Mental Health Diagnoses	563	479	372	393
Schizophrenic	322	272	1542	912
Other Psychotic	82	116	194	136
Major Depressive & Other Mood Disorders	2373	2086	3193	2545
Anxiety	386	332	402	328
Personality	39	57	49	44
Deferred	67	60	14	55
Diagnosis Not Entered	51	45	10	24
Totals	5399	4867	7625	5960
Major Mental Illness – Adults	2044	1865	4120	2965
Other Adults	918	797	813	865
Major Mental Illness – Children	4070	940	1728	1205
Other Children	1316	1220	952	901
DOB or Diagnosis Not Entered	51	45	10	24

**WACCAMAW CENTER FOR MENTAL HEALTH CLIENT DATA INFORMATION
FISCAL YEAR 2015– TABLE 2**

	Admission	Discharge	Active Clinical Cases on 6/30/15	Total Served	Unduplicated Served
Total	5399	4867	7623	106326	5960
Age Group:					
4-6	165	80	145	1707	105
7-9	357	223	432	6280	316
10-12	373	313	599	7853	440
13-17	1435	1324	1331	15970	1254
18-20	313	383	268	3862	304
21-30	779	697	820	10162	716
31-45	961	880	1463	21172	1128
46-64	858	824	2201	33566	1455
65-74	127	112	311	4979	201
75+	33	31	53	775	41
Gender - Female	2770	2443	3914	48956	3034
Gender - Male	2617	2406	3709	57350	2919
Gender Not Entered	12	18	0	20	7
Race					
Black	1736	1689	3246	55887	2366
White	3285	2876	4014	45723	3273
Asian American	13	8	12	173	10
A. Indian/Alaskan Native	7	8	2	61	5
Spanish American	7	11	14	180	14
More Than One Race	57	67	88	1256	71
Other	239	175	192	2131	178
Unknown	33	18	30	368	22
Multicultural	0	2	0	86	1
Race not Entered	22	13	25	461	20
Ethnicity					
Mexican/Mexican American	50	46	48	446	42
Puerto Rican	14	12	12	140	9
Cuban	42	23	144	2331	82
Other Hispanic	49	48	73	853	56
Not Hispanic	4386	4100	6166	86186	4897
Unknown	829	623	1157	16306	856
Ethnicity Not Entered	29	15	23	164	18

**WACCAMAW CENTER FOR MENTAL HEALTH
SUMMARY OF BILLABLE UNITS BY PAYOR SOURCE CLINICAL SERVICES
FISCAL YEAR 2015 – Table 3**

CLINICAL SERVICE	Billable Units
H001: Crisis Intervention Services	5,843
H002: MH Assmt Non-Physician	18,765
H003: Individual Therapy	22,796
H004: Family Therapy	2,693
H005: Group Therapy	1,225
H010 Injectable Medication Administration	5,951
H012: Psychiatric Medical Assessment	1,554
H014: Behavioral Health Screening	24
H016: Injection Administration	6,359
H017: MH Service Plan Development Non-Physician	488
H021: Psychiatric Nursing Services	12,482
H042: Crisis PMA Advanced APRN	263
H052: Subsequent PMA	7,447
H053: Subsequent PMA by APRN	1,266
H056: Rehabilitation Psychosocial Services	73,269
H057 Family Support	3,405
H059 Peer Support Services	1,757
H060: Service Plan Development Interdisciplinary Team	250
Total	165,837

**DEMOGRAPHICS OF THE WACCAMAW CENTER FOR MENTAL HEALTH
CATCHMENT AREA – TABLE 4**

County	2015 Pop.	2013 Pop.	Pop. % change	Race – White	Race - Black	Race Hispanic	Race other	Median Household Income	Persons in poverty level
Horry	319,199	289,650	11.0%	77.2%	13.7%	6.1%	3%	\$42,322	17.6%
G'town	61,298	60,440	1.0%	63.%	32.6%	3.2%	1.2%	\$41,578	19.6%
W'burg	32,535	33,067	-5.0%	31.5%	65.1%	2.3%	1.1%	\$27,485	28.3%
Totals	413,032	383,157	7.0% Avg.	57% avg	37.1% avg	3.7% avg	1.7% avg	\$37,128 avg	21.8 % avg

Based on 2015 Census Data.

**TELEPSYCHIATRY
LOCAL HOSPITAL EMERGENCY DEPARTMENTS – FY 2015
TABLE 5**

County	Hospital	Cases
Georgetown	Georgetown Hospital Emergency Department	216
Georgetown	Waccamaw Hospital Emergency Department	293
Horry	Conway Medical Center Emergency Department	355
Horry	Loris Medical Center Emergency Department	214
Horry	Sea Coast Hospital Emergency Department	128
Williamsburg	Williamsburg Hospital Emergency Department	51
Total	Waccamaw Center for Mental Health	1,257
Total	Statewide (22 hospital systems)	4,583

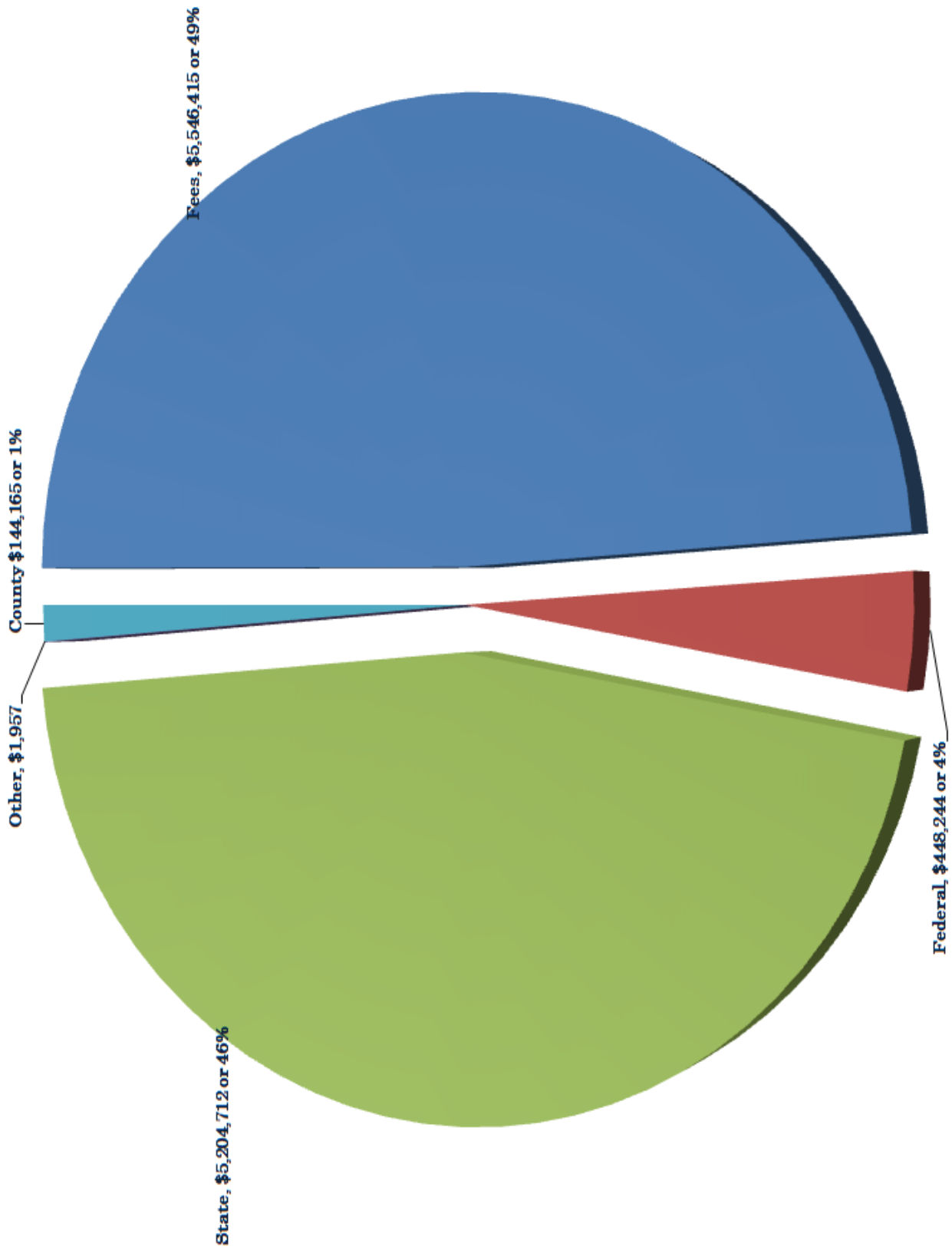
**REVENUE &
EXPENDITURE
REPORT
&
GRAPHS**

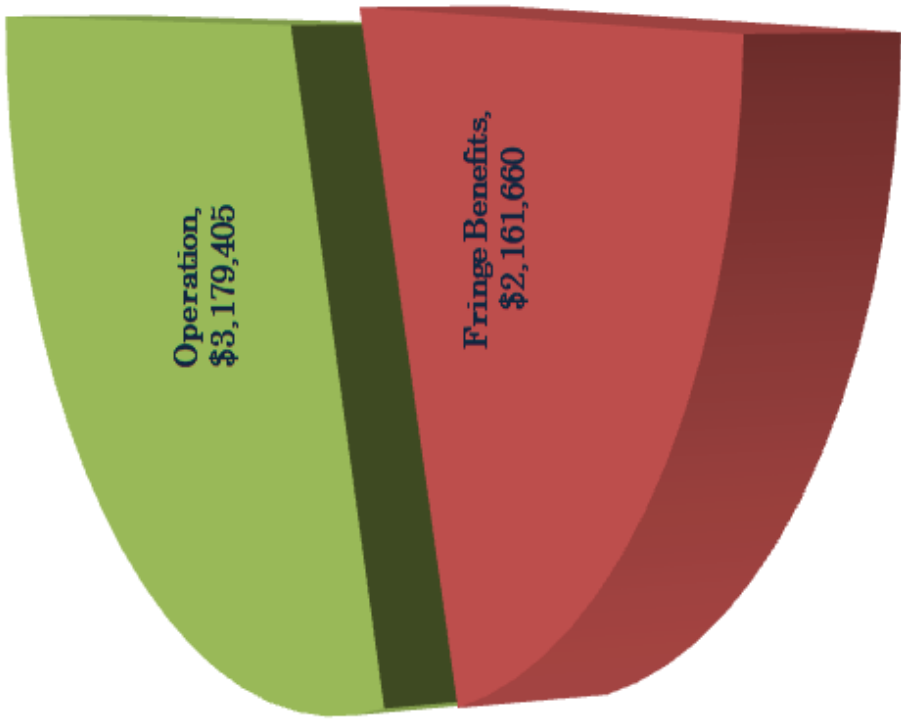
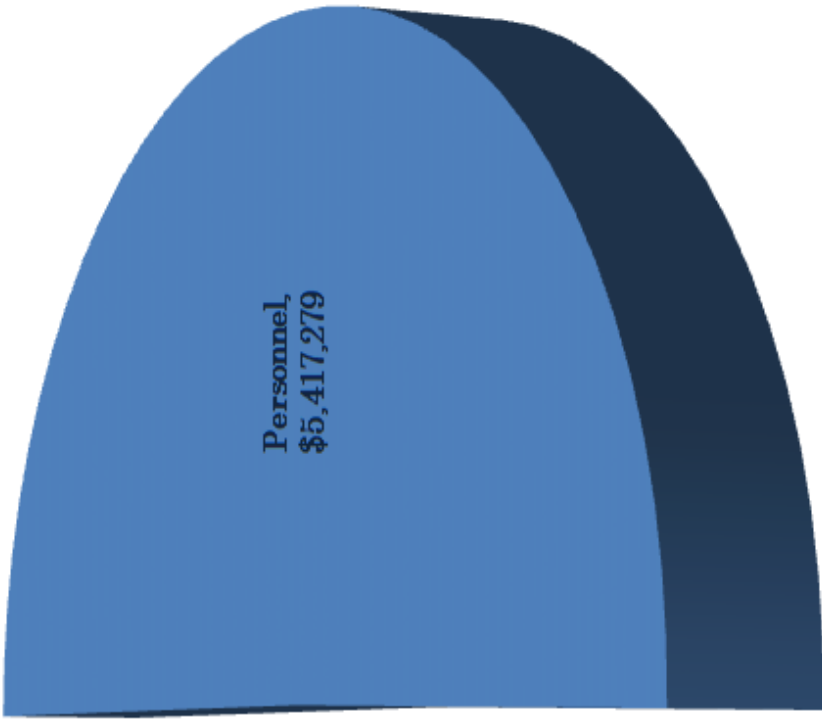
**2015 EXPENDITURE
STATEMENT**

PERSONNEL	\$ 5,417,279
FRINGE BENEFITS	\$ 2,161,660
OPERATION	<u>\$ 3,179,405</u>
TOTAL	\$10,758,344

**2015 REVENUE
STATEMENT**

FEES	\$ 5,546,415
STATE	\$ 5,204,712
FEDERAL	\$ 448,244
COUNTY	\$ 144,165
OTHER	\$ 1,957
TOTAL	\$11,345,493





**WCMH STAFF
&
2015 OUTSTANDING
EMPLOYEES**

WACCAMAW CENTER FOR MENTAL HEALTH STAFF – 2015

Executive Director

Ethel B. Bellamy, MA, LPC/S

Director of Medical Services

Rupa Shetty, MD

Director of Clinical Services

Michelle Little, MA, LMFT

Director of Financial Services

Marvin Morris, BS

Director of Special Services

Jacqueline Spencer-Brown, MA

Director of Ancillary Services

Linda Wright, MPH, RN, LPC/S

Executive Services Coord.

Jan Gawith

Clinic Directors

Lori Chappelle, MA - Conway

Doris Smith, MA, LPC/S -

Georgetown

M. Janice Smith, MA, LMSW -

Kingstree

Director of C/A Services

Lori Chappelle, MA

Program Coordinator - TLC

Martha Scott, MSW, LMSW

Q.A. Coordinator

Dana Strock, MA

Chief Accountant

Glenn Parsons, BS

I.T. Personnel

Helen Wells, AS

Dave Moen

Human Resources

Leisa Mullins

Accounting Staff

Lynda Norris

Terry Sessions

Business Office Coordinator

Gwen Robinson

Procurement Staff

Diane Schroeder, AS

Clinic Business Office Managers

Kelly Burton - Conway

Natasha Smith - Georgetown

Tammy Strickland

Support Staff-Horry

Doris Alston

Jackie Johnson

Patricia Moore

Bonnie O'Laker

Vanessa Smith Thomas, AS

Support Staff-Georgetown

Rena Williams

Support Staff-Kingstree

Lisa Gordon

Devonne Wilson

Loretta Woods, BS

Maintenance
Andrew Wilson

Custodial
Lena Mae Spain

Homeless & Housing Program
Michael Desire, MSW
Cicely Glasgow, MA
Hunter Richardson, MA
Willie Shaw, EdS
Al Teague, MA, LPC

Job Coach & IPS
Mark Bellamy, BA
Constance Busbee, BA
Audrey Griffin, BA

Psychiatrists
Robert Hotchkiss, MD
Kurt Klauburg, MD
Michael Smith, MD
Covia Stanley, MD (Probate Court)
Psychiatrist (Contract):
Debra White, MD
Psychiatrist (Locum):
Marie Fitzgerald, MD
James Gibbs, MD
Kathleen O'Leary, MD
Donna Orvin, MD
Susan Redge, MD

Nurse Practitioner
Susan Mathis, APRN

Therapeutic Assistants
Diane Hudson
Minority Outreach
Vastine Scott-Graham, MA

TLC Program
Teresa L. Brown, MA
Linda Grant
Pearlie Mae Houston
Sarah Holmes, MA
Marcus Johnson, BA
Justine Scott

TLC Program (cont.):
Lou Sellers
Kimeka Seward, BSW
Corella Shaw
Evelena Singletary, MA
Elizabeth Wilson, MS

ACT
Desiree Aklin, BA
Patricia Brown, MA
Lashanda Nesmith, MA

IOT/PRS Program
Tashanda Graham, BS
Shirley Pinckney, BS

Peer Support
Sachi Baird, BS

Nurses
Loretta Brown, LPN
Novia Cooper, RN
Fara Fowler, RN
Suzanne Heroux, RN
Helga Holbert, RN
Kutura Lynch, RN
Sarah Reynolds, RN
Geraldine Smalls, BSN

Children/Adolescent and
School Based Program
Jill Anderson, MA
LaShana Barr, MA
Diane Tyler Baylor, MA
Eryn Bergeron, MSW, LISW-CP
Pamela Brown, MSW
Shenera Butler, MA
Michelle Cain, MA
Tomecca Campbell, MSW
Winferd Carraway, MS
Jacqueline Covington, MA
Richard Dantzler, MDiv
Gayla Eastep-Birch, MS, LPC
George Fogel, MA
James Garvey, MS, LPC/S
Takashi Gowans, MA

Children/Adolescents and
School Based Program (cont)

Robin Grither, MA, LPC
Celeste Gathers, MA
Celena Gathers Groth, MA
Robert Ann Johnson, MS
Trena Kelty, MA
Cheria Livingston, MA
Jacqueline Mack, MA
Tara Putzulu Meade, MA
Tiffany Nesbit, MA
Keyatta Oliver, MA
Samantha Paggeot, MS, LPC
Matthew Pressley, MA
Nathaniel Pressley, BA
Elizabeth Prete, MS
Shavonne Myers Richardson, MA
Rebecca Rafferty, MS
Jean Rogers, BA
Harriet Rose, MA
Alfreda Smalls, MA
Charmayne Talerico, MA, LPC
Lauren Thomas, LMSW
Darian Torrice, MSW
Ut-Uyen N. Vanhoogen, MA, LPC
Angela Williams, MA
Annie Williams, MA

Mental Health Counselors

Rick Barrett, MA
Shirlren Brown, MA
Pearl Calhoun, MA
Nancy Woods Canty, MA, LBSW
Fran Clark, MEd, LPC
Vanessa Gamble, MA
Jason Gnau, MA
Kisha Guess, MA
Devora Harrelson, LMSW
Irene Knowlin, MA
Jennifer Koperli, MA
Honey Lance, MS
Corrie Linton MSW, LMSW
Dorotheal Marsh, MA, LMSW
Nancy McMillan, MEd
Raydeenya Morrison, MA
Kristen Parrotta, MA
Walter Polinski, MS, LPC

Mental Health Counselors (cont):

Edward Robinson, MA
Scott Shepherd, MS
Sherri Walker, MA, LPC
Mimi Wrobel, MA, LPC

DMH Care Coordinators

Kim Jackson, MA
Rita Tahan, BA

WACCAMAW CENTER FOR MENTAL HEALTH OUTSTANDING EMPLOYEES FOR 2015

The following employees were selected by their peers and are considered outstanding employees for their clinic locations. Each are well deserving of this recognition.

Horry County - School Base Services – Pamela Brown, M.S.W.

Conway Clinic – Children & Adolescents Outpatient – Lauren Thomas, M.S.W.

Conway - Administrative Services – Glenn Parsons, B.A.

Georgetown Clinic – Patricia Brown, M.A.

Kingstree Clinic – Mark Bellamy, B.A.

Mark Bellamy was selected as “the 2015 Overall WCMH Outstanding Employee” and represents our Center at the South Carolina Department of Mental Health Annual Employee Recognition Presentation.