

A Study of Substance Abuse and  
Mental Health Treatment Services  
in Chesterfield County, South Carolina

FINAL REPORT OF FINDINGS AND RECOMMENDATIONS

**Submitted to**

**The Chesterfield County Coordinating Council**

Prepared by

Joyce A. Ott, Ph.D.  
James R. McDonell, D.S.W. and  
Jennifer Boyles

A Final Report of the  
Institute on Family and Neighborhood Life  
Clemson University  
158 Poole Agricultural Center  
Clemson, SC 29634

December 2004

This is in fulfillment of a Rural Planning Grant contract TI-14895 with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This report is a summary of findings obtained from interviews with fifty-two (52) knowledgeable individuals about the nature of mental health and substance abuse treatment services in Chesterfield County. The Chesterfield County Coordinating Council (CCCC), in partnership with Clemson University's Institute on Family and Neighborhood Life, gathered information from service providers, referral sources, and consumers as part of a comprehensive county needs assessment that will steer a process to develop a strategic plan for strengthening services.<sup>1</sup>

The following six questions framed the discussions, in one-on-one interviews and in the focus groups.

- 1) What populations or groups are not getting the substance abuse or mental health services they need?
- 2) What are the barriers to services?
- 3) In what ways could current services be improved in order to better serve those in need?
- 4) What new services or resources are needed?
- 5) What changes in community attitudes, norms, or values are needed in order to assure better access to services?
- 6) In your view, what would be the best way to go about creating a plan to improve substance abuse and mental health treatment services?

## **Research Approach**

A majority of the interviews represent the viewpoints of consumers. Twenty-nine individuals, four of which are parents, described from personal experience how they first discovered and then obtained mental health and substance abuse treatment services. Except for two volunteers, these individuals were identified by the directors and staff of three facilities that deliver treatment services within Chesterfield County:

1. Tri-County Community Mental Health Center, which provides mental health services to residents of all ages, including 24-hour emergency services;
2. ALPHA Center, which serves any resident with a presenting problem of alcohol abuse and/or other drug use and dependency, and also provides substance abuse prevention services; and

---

<sup>1</sup> This project is funded by the U.S. Department of Health and Human Services, Center for Mental Health Services, SAMHSA; contracted through Clemson University's Institute on Family and Neighborhood Life.

3. Sandhills Medical Foundation, Inc., a nonprofit community health center, which offers behavioral health care to patients requiring medical, therapeutic and after care assistance.

The interviewees were not asked about their mental health history. As best as could be determined from self-disclosures and descriptions of treatment, however, the respondents were nearly divided between treatment services primarily related to mental health and for substance abuse. We also identified that at least three of the consumers interviewed had co-occurring diagnoses and therefore required services from both mental health and substance abuse providers.

It is important to understand that the consumers interviewed were self-selected volunteers who were available to meet on the days that researchers were on-site at the Tri-County Community Mental Health Center, the ALPHA Center, and the Sandhills Medical Foundation's satellite center at McBee. Consequently, their responses cannot be interpreted as representative of all consumers or even characteristic of a subset.

We solicited input from twenty-three community representatives and agency staff largely in focus group settings. Four focus groups were held with personnel from the County School District, the Chesterfield County Hospital, Law Enforcement, and five separate referral sources. Four additional individuals were interviewed, three of whom were with referral sources that provide direct services and one was an out-of-county provider of substance abuse treatment services.

Findings from the interviews and focus groups are summarized in aggregate for all respondents. To ensure confidentiality, we withheld information and the details of specific concerns when the evidence or the expertise presented could be attributed to an individual. At times the responses of consumers are described separately because their insights offer valuable, first-hand information on what is seen to be essential in the effective management of their care, and speak directly to obstacles encountered in obtaining services.

### **Prevalent Themes and Critical Issues**

A notable pattern of responses occurred with such consistency and frequency among the consumers, and across the agency groups as to identify twelve critical issues. These issues are organized into two categories: issues about the care and treatment of persons, and issues in the overall delivery of treatment services. As would be expected, the observations about commonly experienced problems in the receipt of treatment and care came predominately from consumers and attempts by referral agency staff to secure services for their clients. The broader issues related to the delivery of services were largely discussed in interviews and focus groups with agency staff.

## Issues about Treatment and Care

### **1. The community-at-large lacks an awareness of mental health and substance abuse issues, and the local availability of services.**

The respondents agreed that the community is unaware of the causes, symptoms or manifestations, and treatments for mental disorders and addictions. Yet different reasons were given by the consumers and agency staff when suggesting that county residents be better informed about mental health and substance abuse issues.

Consumers felt the primary reason for raising public awareness would be to help residents recognize their own or a family member's need for help. They were adamant that the public-at-large be sufficiently informed to assist in the detection and encouragement of persons with presenting concerns to obtain treatment services. A two-fold strategy of disseminating easy-to-use information was recommended: First, to introduce the public to these concerns and the services available through the countywide distribution of materials (e.g., brochures and flyers) and publicity by means of newspaper ads, public service announcements, billboards, direct mailing, the Internet, and web site postings. And secondly, to target resource information to professionals and community members who are in the best position to identify mental health concerns and make referrals, such as clergy, teachers, and physicians.

Agency respondents stressed the importance of educating the community-at-large on the prevalence of mental health conditions and why seeking solutions through better prevention and expanded services is crucial. In addition, the law enforcement respondents felt the public deserved to be apprised of recent trends leading to an increase in drug use and associated crime statistics. For instance, they noted that methamphetamine is quickly becoming the "drug of choice" in the county, attributing this to the ready availability of ingredients for the drug's manufacture and its highly addictive quality.

### **2. Information is needed on various mental health conditions and addictions to dispel wrong ideas and promote the promising results of therapy and treatment.**

Fear, misconceptions, and the stigma of being labeled mentally ill or an addict are thought to be deterring residents from seeking the help they need. Too many residents hold to ideas about outdated treatment methods and to stereotypes that nothing can be done to help those with mental health or drug and alcohol problems.

The consensus among those interviewed is that the community's attitudes and norms are problematic. Individuals often refuse to be diagnosed and treated for suspected disorders because of the negative effects from long-held stigmas and biases toward persons with disorders. Some feel these attitudes contribute to

discrimination in a variety of settings (e.g., school, and workplace). An example was given that even though alcohol and other drug addictions have been recognized as a disease for more than 47 years, the stigma persists that substance abuse is a moral issue rather than a medical one. This viewpoint seems to be evident even among medical staff and physicians. The consequences of these misperceptions are believed to be greater for persons living in poverty.

Developing written information and video tapes on specific mental health conditions (e.g., major depression and schizophrenia) was recommended as a way to inform persons when first diagnosed about the causes and the promising results from appropriate treatment; for instance, a regimen of medication and therapy. This may help relieve fears and dispel misconceptions. The materials would also serve to educate family members. Mental health consumers asked for such information to assist their well-meaning loved ones who cannot comprehend what is required in managing a serious mood or emotional disorder.

### **3. Concerns about “ability to pay” restrictions for treatment services was hotly debated.**

Most consumers and agency staff interviewed refuted the claim that residents receive behavioral health services based on diagnosed needs alone. Instead, they perceive that enrollments are related to one’s “ability to pay.” No one denies that Medicaid recipients dominate the caseloads and that Medicaid funds sustain the centers’ budgets. Because there are so few non-Medicaid individuals served, consumers suspect that persons without health insurance are either wrongly assuming that services are restricted to the poor or, as many remarked, are being denied care for earning too much income to qualify for Medicaid.

Although agency representatives suspected that persons with sufficient insurance and means may choose to obtain services outside of the County to avoid being stigmatized. The same concern was raised in the focus groups. Impressions were shared that persons most affected are the uninsured. Access to mental health treatment and, more so, to substance abuse treatment is seen to be denied regardless of the seriousness of a person’s condition. When attempting to make a referral, agency and medical staff explained they are routinely asked by Tri-County Community Mental Health and ALPHA center staff whether someone is on Medicaid or covered under an insurance plan. The self-pay clients are inevitably put off, told to seek the services of another provider or discouraged by long waiting lists. In contrast, enrollments of insured clients are timely, and waiting times, if any, are short for space in nearby residential and treatment facilities.

**4. There is limited access to psychiatric care, which compromises the timeliness and quality of assessment and treatment services.**

The quality of care is thought to be compromised by the absence of full-time and consistent psychiatric supervision at the Tri-County Community Mental Health Center. Several mental health consumers mentioned they had seen three different psychiatrists within the last year. They were frustrated by having to re-orient each new physician and essentially “begin again” each time. Newly diagnosed patients experience the same waiting time, up to three months, between appointments as do patients with lengthy and relatively stable histories. Complaints regarding infrequent and inconsistent psychiatric care were mentioned by nearly every mental health consumer and many substance abuse consumers. They did convey an understanding of the difficulties faced by the Tri-County Community Mental Health Center in recruiting and retaining a psychiatrist on staff.

**5. Services are inaccessible to persons in outlying areas and with commonly experienced hardships.**

Chesterfield County spans 800 square miles and ranks as the 11<sup>th</sup> largest county in the state. Its population of over 40,000 is dispersed across the county with no central hub city. The two public treatment facilities, Tri-County Community Mental Health and the ALPHA Centers, are situated in the north central area of the county, however, the town of Chesterfield, the county seat, is still twenty or more miles from the border communities of McBee, Jefferson and Pageland.

Residents from these outlying towns and isolated rural communities who own care described how excessive commuting distances prevented them from continuing their substance abuse treatment. One respondent suggested that it would be closer to obtain mental health services from a neighboring county which is not in the Tri-County Community Mental Health service area. Other mental health consumers interviewed who rely on family members to bring them to appointments from distant towns, explained they had to plan an entire day around each visit. For working parents and spouses, these trips require taking time off from work. Except in one instance where the mental health consumer could drive, the other adults admitted that without family support they would have no choice but to discontinue treatment.

Consumers from the ALPHA Center were confused about the availability of transportation assistance. In response to a person’s remark in the focus group that a van service will transport anyone from door-to-door, at no charge, to attend therapy or support groups, several men disagreed explaining that only Medicaid-eligible persons qualify. Medicaid recipients were familiar with the program, especially those with a year or more experience managing a mental illness. They knew to schedule pickups for the next appointment at the time of a mental health visit or else call-in the request a day or two in advance of an appointment. Transportation was not seen to be an obstacle to treatment for

those utilizing this service even though several ALPHA Center consumers complained it took most the day to come in for services.

Obtaining substance abuse treatment for families with few resources was identified as a major dilemma. Employed men with revoked driving privileges must rely on wives or family members to drive them from work to participate in daytime therapy at the ALPHA Center. Because there are no other alternative means of transportation, potentially two wage-earners are put at risk of losing their jobs. Generally, employers are seen to be inflexible about allowing time off. Knowing that good jobs are scarce, several consumers receiving substance abuse treatment said they would forego treatment at the slightest indication of employer discontent.

Persons with debilitating disorders and revoked driving privileges cannot be expected to receive vital treatment services without some assistance with transportation. This also applies to other essential travel, such as commutes to and from work, church, shopping, and school if they are parents with school-age children. Treatment is frequently interrupted or discontinued when parents are pressed to meet these other family obligations. It was recommended that treatment services be distributed throughout the county to make it easier for persons to receive services without disrupting the work day. The establishment of a satellite center in the Pageland area was recommended, and a mobile unit could visit outlying communities on designated days of the week. Incorporating services into the workplace through employee assistance programs or offering services through community centers was also suggested.

#### **6. Other persistent economic and social problems hinder access to quality care and compound the incidence and severity of behavioral health concerns.**

Persistent conditions of poverty, unemployment and illiteracy tend to magnify behavioral health concerns and further complicate how services are provided. Those with mental health or substance abuse conditions are apt to experience frequent job losses and be marginally employed in jobs offering low-pay with little or no benefits.

When participants engaged in drug and alcohol treatment programs were asked to describe any unmet needs, "finding jobs" ranked highest among their concerns. No one mentioned an awareness of job training and employment assistance programs. One agency spokesperson stressed that jobless residents may not know they can obtain alcohol and drug treatment services for as little as a dollar a month or for whatever they can afford through the ALPHA Center. Most substance abuse treatment is fee-for-service. But the ALPHA center receives a combination of federal and state funding which permits services to be available on a sliding fee scale.

The most crucial need mentioned by the mental health consumers was "assistance with medications." Respondents remarked that the greatest benefit of their involvement with the Tri-County Community Mental Health Center was

obtaining appropriate medications at reduced or completely subsidized costs. Because of difficulties faced in the consistent receipt of medications, one uninsured consumer admitted to taking medications once every three days, instead of the prescribed daily dose, in an attempt to "spread it out" between refills. Persons without health insurance and with diagnosed conditions requiring life-long medication (such as bipolar, mood disorders or schizophrenia) explained how the cost of medications could easily exceed \$700 a month. The financial burden was prohibitive for jobless individuals and unbearable for most families even with two working parents.

### Issues in Service Delivery

#### **7. Outreach is required to identify persons who are not getting the services they need.**

When asked if certain populations or groups may not be getting the services they need, most consumers admitted they did not know or could only guess. Groups cited more than once were the working poor, Latinos, youth, and the elderly. Service providers and agency respondents shared stories of difficulties faced by these groups in obtaining services and at times stressed a particular underserved group.

Low-resourced, working poor families are thought to be the group with the least access to services. A compelling argument was made that access to services is based on an "ability to pay" (see #3 above). Unless persons qualify for Medicaid or have health coverage, they tend to be relegated to a holding status, directed elsewhere, or simply denied services. Respondents generally felt that even when working poor families eventually obtain care, it is seldom offered to the full extent, that is, for necessary durations and with an adequate combination of support and subsidies to be effective.

Adolescents and teenagers facing multiple risks, many with family histories of mental disorders and addictions, are not being reached, nor are youth with emotional and behavioral problems being screened and offered specialized treatment. There is one adolescent counselor at Tri-County Community Mental Health Center and no known specialist at any of the three facilities with expertise in the treatment of youth with drug and alcohol abuse issues. A child psychiatrist is available for consultation at the main Tri-County Community Mental Health facility in Bennettsville (Marlboro County).

Law enforcement officers feel challenged in responding to the problem of teenage substance use. They believe that families and churches are unaware of how extensive the problem is and what few treatment options exist. There is no detoxification or treatment facility in the county for youth.

Latinos and other non-English speakers may find obtaining county services difficult since few medical and service personnel are multilingual (one identified). When seeking services, Latinos will come together as a group and bring along an

interpreter. According to the teachers interviewed, all too often their children serve as interpreters, which may contribute to the higher absentee rate among the estimated 100 to 125 Latino children in area schools.

Several focus group members knew of Latino families going to Darlington County for medical services. This may be as a result of the shorter commuting distance from the western most part of the county where the Latino population is largely concentrated. Policing the Latino communities was reported to be complicated by cultural as well as language barriers. Many Latinos are thought to be in the country illegally and keep to themselves to avoid INS involvement.

Young parents and multi-problem families, without connections to informal networks of support (e.g., families and church members), are said to be “falling through the cracks” of the county’s service system, having no single recourse to receive the array of treatment and supports needed. Consumers told stories of dire circumstances faced by family members overstressed and financially burdened trying to coping with a child or spouse incapacitated with a severe mental disorder or addiction. Teachers mentioned the need to target young parents, as young as age sixteen, which are unprepared to raise a child and require help themselves in making normal life transitions out of adolescence. There is an in-school program for teen mothers, but nothing for teen fathers.

Other underserved groups mentioned were the elderly, veterans, the homeless, divorced mothers with children, and victims of intimate partner and family violence.

#### **8. A more informed and responsive “Assessment and Referral” network must be created.**

Critical first signs of mental disorders and addictions are frequently overlooked or misperceived by teachers, caseworkers, police officers, and medical personnel. This was attributed to two causes. First, those within county agencies who are in the best position to detect and refer persons with behavioral concerns for treatment are not being encouraged and enabled to do so. And, secondly, the screening criteria and referral protocols of the local treatment providers are not well-defined or shared in a consistent manner with this potentially larger network of referral sources. As long as hereditary risks are not being routinely identified and early manifestations go undetected, the individuals and families affected are left to sort out and discover solutions on their own. “If only” was a common refrain by those who remained unaware of the existence of local mental health services until referred to one for after care following a crisis that required hospitalization or inpatient treatment.

Consumers told stories of earlier assessments by physicians and medical professionals who failed to diagnose chronic anxiety, depression, and psychotic states. In some instances even when an accurate diagnosis was made, the person was not referred for therapy and psychiatric care. Concerns were voiced about the diagnostic methods used by area physicians. Several

respondents pointed out their initial treatment consisted of prescribed psychotropic medications by physicians with limited knowledge of the mental health conditions being treated and the medications prescribed. It was not uncommon for this treatment to continue unsuccessfully until the doctor or patient gave up in frustration and sought assistance elsewhere.

Several respondents noted that police officers seem to confuse the overt symptoms of a severe emotional disturbance with substance abuse, leading to the arrest of persons who may be psychotic on suspicion of a drug-related offense. The misdirection of such persons delays treatment and sometimes subjects the individual to harsh treatment in lock-up.

**9. The lack of coordination among behavioral health providers causes persons to “fall through the cracks” and not receive the full extent of care and support needed.**

Beyond the apparent confusion and misdirection that stems from an ineffective referral network (explained in #8 above), communications are problematic in the coordination of treatment services between local providers. Referral agency staff described persons they referred for treatment being sent back and forth between the ALPHA and Tri-County Community Mental Health centers for extended periods of time, or sent elsewhere, and consequently never enrolled. Whether intentional or not, the enrollment process at these centers is seen to be selective. Treatment services are believed to be confined to those with obvious and perhaps treatable symptoms, excluding persons with co-occurring diagnosis, dementia, and mental retardation. Heavy caseloads and limited staff time were cited as reasons for these problems more than the lack of appropriate treatment options.

Moreover, inadequate connections with out-of-county providers of inpatient and residential treatment services may be limiting the access of residents to higher levels of care. For example, there are no detoxification and intensive day treatment programs available in the county to care for residents with serious drug and alcohol dependencies. At the state mental health facilities, waiting times were said to be lengthening while average stays are becoming shorter. Consequently, persons in critical stages of recovery are being released back to the county without established routes for on-going treatment and after care.

A cost-effective strategy for extending after care for recovering alcoholics and addicts is through informal support that is organized by community volunteers. Several respondents enrolled at the ALPHA Center wished they could spend more time in group therapy sessions than is typically the case which suggests there is an unmet need for support groups, such as AA and Al-Anon. And yet several respondents suspected that the volunteers and churches offering AA groups in Cheraw and Chesterfield are too stretched to expand into other areas of the county requiring that new sponsors be found.

**10. Staffing and resource constraints make it difficult to attract and retain the skilled personnel needed.**

An inability to attract and maintain psychiatric and behavioral treatment specialists further limits the quality and type of care provided. Problems in retaining a skilled psychiatrist on staff at the Tri-County Community Mental Health Center received the most attention. However, similar concerns surfaced in the focus group with agency staff who discussed the loss of the adolescent counselor by the ALPHA Center, and the high turnover of area physicians and medical personnel. The consumers acknowledged the gravity of current resource constraints. While generally unaware of how resources are allocated, they observed that the centers' staffs appear to be overburdened with seemingly scant opportunity to increase funding for new hires.

**11. There are limited services available for families trying to help a child or parent cope with a severe mental disorder or addiction.**

When consumers were asked to recommend ways to expand or improve services, the responses focused on desires for additional community support for themselves and family members. Consumers spoke positively about their participation in therapy and support groups administered by the county's treatment providers. One mental health consumer believed family members would appreciate the advice and support of such groups as well, or possibly having access to mentors willing to share from personal experience how to help a child or spouse with a specific disorder.

In discussing obstacles to services, attention was brought to families incapable of coping with the financial and emotional stress of managing a child or parent with a severe disorder or addiction. Family members may be poorly educated or too overwhelmed to problem-solve the challenges they face. Some financial compensation may be necessary to off-set serious family hardships. Consumers emphasized, from their own experiences, that by intervening sooner more costly and irreversible disruptions to the family's livelihood may be prevented—before a crisis, bankruptcy, or foreclosure occurs.

Focus group discussants at the ALPHA Center also remarked on the need for recreational opportunities for youth. They find that children growing up in low-income families are likely to turn to drugs and alcohol out of boredom. Law enforcement officers enumerated other socio-cultural factors that contribute to the escalating problem of substance abuse among teenagers, including limited educational opportunities, lack of structured activities, poor adult supervision, and family histories of drug and alcohol abuse.

**12. The inefficiency of the psychiatric care system at the federal and the state level penalizes local care providers.**

The inefficient provision of treatment and prevention services at the state and federal level drains valuable county resources, which are already constrained.

Changes in federal policies and reductions in funding necessitated by the state's budget crisis have shifted the burden of critical behavioral health care to local services and county providers.

A shortage of beds for long-term residential care at state mental health facilities is forcing county hospital personnel to "gate keep" indigent persons in crisis. This compromises care and delays treatment since the facility and its staff are ill-equipped to provide treatment services. Police officers are unduly implicated in this state backlog since they are required to transport persons once a bed becomes available. If in performing essential police duties, an officer is unable to transfer the patient within the time allowed (sometimes 2-3 days), the bed is lost, and the person may remain at the hospital for another week or longer.

Shorter stays for inpatient substance abuse and detoxification are resulting in the release of persons back to the county before arrangements can be made for after care. Relapses are inevitable when care is interrupted at this critical point. Consequently, local providers must manage the care of persons with increasingly more complex and chronic disorders, conditions which had previously warranted intense residential treatment. These cases are added to existing caseloads of therapists and, at times, physicians with limited experience and knowledge of behavioral medicine and therapeutic regimens.

### **Improvements Needed in Current Services**

- Create a network and coordinated "system of care" involving medical professionals, psychiatrists, and therapists skilled in the treatment of specific concerns and populations (youth, multi-problem families, etc.)
- Recruit a permanent psychiatrist to serve county residents.
- Provide assistance and subsidies to offset the high cost of essential medications and residential care for uninsured and Medicaid-ineligible persons.
- Market mental health and substance abuse services in a variety of ways, reaching specific underserved areas and populations.
- Conduct outreach to identify persons and families needing services.
- Expand the offerings of group therapy, making it available after hours and in locations throughout the county for the convenience of more consumers.
- Provide community-based care and services.
- Change the present approach to services to adopt more holistic, compassionate, and family-friendly policies and practices.
- Remove the "politics" in how persons receive treatment services.

## **New Services or Resources Needed**

- Establish a county detoxification facility for adults and youth.
- Develop written information and video tapes to inform those diagnosed, and their family members, about the causes and crucial details in managing a severe emotional disturbance or disorder, including “success stories” and the promising results from present-day drugs and therapies.
- Develop opportunities for socialization and meaningful activities for mentally disabled adults and youth.
- Offer supervised and transitional housing for mentally disabled adults.
- Provide half-way housing and intensive follow-up services for substance abusing adults.
- Establish smaller satellite facilities at more locations (2 or 3 within the county) and better staffing, and/or explore the collocation of services at other community centers (i.e., One-Stop Center).
- Conduct home visits and offer intensive case management services to persons with severe mental and emotional disorders.
- Implement more school-based prevention programs.
- Place mental health counselors in the school system or create a coordinator position to assist adolescents with their needs and conduct follow-ups with adolescents.
- Create a program specifically for the uninsured.
- Offer seminars on mental health and substance abuse concerns.