EXECUTIVE SUMMARY

SERVICE AREA AND OVERVIEW

Anderson-Oconee-Pickens Mental Health Center (AOP), established in 1962, serves the following counties: Anderson, Oconee and Pickens. Its catchment area has an estimated population of 399,508 persons.

Our active caseload as of June 30, 2018 (FY17-18) was 3297. We provided services to 5928 patients during the fiscal year. AOP continues to provide services at a steady pace to meet the needs of our growing community while operating within the federal, state, and local regulatory requirements.

AOP was among the first community mental health centers for SCDMH to assist in transitioning patients from long term inpatient hospital settings to the community. We are currently one of the largest Toward Local Care (TLC), Intensive Community Treatment (ICT) formerly known as ACT-Like, and PRS service providers in the state. We have implemented both Peer Support Services and Competitive Employment Services to assist patients in achieving continued recovery. AOP has expanded tele-psychiatry services and partners with local hospitals to provide quality care to patients waiting for inpatient hospitalization. We employ one hospital liaison in 2 of the three counties we serve.

For children and adolescents, AOP partners with the Department of Juvenile Justice to render services to children at risk of out-of-home placement. Our school-based program dates back to 1997 when we began partnering with schools to increase accessibility of services to our families. In addition, AOP has staff out stationed at the Anderson and Pickens Department of Social Services to serve children at risk of out of home placements.

MISSION STATEMENT

In partnership with patients, families and communities, the Anderson-Oconee-Pickens Mental Health Center supports the recovery of persons with mental illnesses.

ADULT SERVICES

Anderson-Oconee-Pickens Mental Health Center focuses service delivery on persons with treatable mental illness with a specific focus on those with serious mental illness to include co-occurring disorders.

One of the core services provided to this population is Psychosocial Rehabilitation Services. Two the three counties in our catchment area houses a Recovery Center for the provision of these services. These Community Integration Programs provide training/skill-building in the following areas: basic living skills, interpersonal skills, therapeutic skills and patient empowerment. As part of these services, there is focus on addressing pre-vocational assistance and increased housing stability. We will be continuing to add a number of Peer Support Services, both individual and group, particularly to those patients receiving PRS to offer additional support.

Another focus area for services is within Outpatient Treatment. Clinic-based outpatient services provide assessment, linkage and treatment of serious mood/emotional disorders, and continuous discharge planning. Service delivery includes the following areas: crisis intervention, assessment, individual therapy, family therapy and group therapy, as clinically appropriate.

Specialized programs such as Intensive Community Treatment (ICT) formerly known as ACT-Like, Toward Local Care (TLC), Peer Support (PSS), Employment Services (IPS), and Co-Occurring (Dual) Programs provide more intensive services to patients who are high users of emergency departments, jails, and psychiatric hospitals and/or have a history of non-adherence to treatment. These Outreach Programs seek to ensure patient stability and offer increased engagement. Treatment Team re-evaluates the admission criteria in an effort to increase patient access on an on-going basis. The goal of the Intensive Services programs is to collaborate with patients and their support systems to aid them in reaching their optimal level of functioning to assist them with maintaining successfully in the community. At times groups are offered that teach patients skills to aid in recovery such as: medication compliance, independent living skills, and social interactions. These services are utilized to promote hope and maintenance of therapeutic gains. Expansion is on-going for the ICT and Peer Support Programs by increasing service delivery to AOPMHC patients. AOPMHC will be working to expand mental outreach to those persons who experience symptoms of mental illness, who are homeless. The homeless mental health outreach will be a collaboration with a local church, South Mercy on Main. Additionally, AOPMHC was chosen to participate in the Supportive Employment Demonstration (SED) program, which is a national study to expand the IPS program.

Patients have access to Emergency Services twenty-four hours per day/seven days per week. Each clinic phone line rolls to an answering service who will then contact an on-call mental health professional, as needed. During standard operating hours, AOP provides assessment and crisis services to patients within the local hospitals. Patients can be seen immediately during regular business hours in emergent situations. We also offer assistance with obtaining detention orders when warranted. AOP is working with other centers, the state office and local partners to determine the feasibility of a new crisis stabilization program. Also, AOPMHC plans to collaborate with the state office to implement Crisis Response Teams to respond after hours with the face-to-face crisis response.

CHILDREN, ADOLESCENTS & THEIR FAMILIES

CAF Services provide multiple avenues to meet the patient/family needs of our catchment area. Assessment, individual therapy, group therapy and family therapy are offered in both clinic and community locations. Priority is given to children/adolescents with serious emotional disorders.

As part of CAF Services, AOP has 4 full-time clinicians providing Children's Alternative to Placement (CAP) Program. This program utilizes Rehabilitative Behavioral Health Services, specifically Behavior Modification, Family Support and Psychosocial Rehabilitation Services in schools, homes and the community. The goal of the CAP Program is to help children maintain or improve their current placement in the community by improving targeted behaviors and pro-social skills. This intensive, short-term program has been very effective in keeping our patients in the community. Community Based Services (CBS) is a CAF services program made up of 4 clinicians who serve patients and their families in Anderson, Oconee and Pickens counties. These families are experiencing severe issues that have or may result in the identified child being placed outside the home. CBS is our most intensive OP service with the primary goal of keeping families together. More than ninety percent of patients who participate in the CBS program continue to live successfully with their families for one or more years after completion of CBS. AOP is looking for additional training support in order to continue the high efficacy of these programs.

We have expanded the AOP CAF services to 14 full time clinicians serving patients in 24 schools. School Mental Health services are not only effective but very popular with patients, families and school staff as well. This program is evaluated each year for expansion opportunities. In the coming fiscal year, we will add 5 staff to serve in 10 new schools.

CAF services partners with Anderson County Department of Juvenile Justice to provide OP services to adjudicated juveniles with a diagnosed mental illness. As DJJ is dedicated to rehabilitating children, our out-stationed clinician is able to provide collaborative services to aid them on the road to recovery.

AOP CAF services also partners with the Department of Social Services in Anderson and Pickens counties. This partnership is designed to increase accessibility of mental health services for children & families during their time of transition and challenge. Having a clinician out-stationed in the local DSS office offers improved treatment access to patients and families. In addition to treatment, this allows us to have relevant input to DSS treatment plans for our patients. This unique position embraces the effectiveness of inter-agency collaboration to meet our patient's needs.

CAF staff participates in the Community Assertive Response Team (CART) at Foothills Rape Crisis and DSS ISDEC teams as well as partnering with local schools, group homes and child-serving agencies for the benefit of all local children. AOP staff will continue to be active members of the Child Welfare Improvement Teams in Anderson and Pickens Counties in an

effort to exchange resource information among agencies. These meetings result in improved quality of all services to the children in our community.

DEMOGRAPHICS

ACTIVE CLIENTS

GENDER

Male	1431
Female	1866

AGE

Under 18	916
18 and Older	2381

RACE/ETHNICITY

African American	609
American Indian	10
Asian American	1
Hispanic	63
More than One Race	72
Native Hawaiian	1
Other	27
Unknown	16
White	2498

AOPMHC STAFF

GENDER

Male	28
Female	109

RACE

African American	40
Other Minorities	0
White	97

BUSINESS FUNCTIONS & PERFORMANCE IMPROVEMENT

OPERATIONAL STRUCTURE/INFORMATION MANAGEMENT

AOP has an organizational chart that provides clear lines of supervision and responsibility. The Executive Director reports directly to the Board of Directors that consists of a diverse group of community leaders. The board members are appointed by the Governor on recommendation by the Legislative Delegations of Anderson and Oconee Counties and the Pickens County Council.

AOP has three clinical divisions: Adult Services, Children and Adolescent services and Psychosocial Rehabilitative Services. In addition, there are two county satellite clinics (Oconee and Pickens). Each division and clinic has a clinic manager who is responsible for the overall operation of his/her clinical area and report directly to the Chief of Clinical Operations. The following staff report directly to the Executive Director: the Chief of Clinical Operations, Administrative Assistant to the Executive Director and Board of Directors, Human Resources Director, Quality Assurance Coordinator, Staff Training and Development Coordinator, Patient Affairs Coordinator, Administrator, and the Medical Director.

INPUT FROM PERSONS SERVED

AOP uses a variety of mechanisms to make sure that our programs and services are in line with the expectations of persons served, stakeholders and personnel. Leadership utilizes this data in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, resource planning, and workforce planning.

Persons Served:

- Suggestion boxes conveniently placed at all program locations, with pre-printed forms
- Post-assessment surveys
- Patient advisory board meetings
- Periodic review of complaints/patient rights allegations by Patient Advocate
- SCDMH Assessments (clinical forms)
- SCDMH Plan of Care and Progress Summary (clinical forms)
- MHSIP Consumer Survey replaced by SCDMH CMHS Patient Satisfaction Survey
- Patient Focus Groups
- Discharge Follow Up surveys

Stakeholders:

- The State Director schedules Mental Health Forums for local legislators and stakeholders

- At least once every quarter we host a Stakeholder Community Forum hosted by the three county Probate Judges. This forum includes representatives from community hospitals, law enforcement and other agencies and advocacy groups
- Clinical Program Presentations made to the Board of Directors allowing for questions
- Attend Advocacy Board Meetings as requested
- AOP Board hosts regular meetings with legislators and County Council members

Personnel:

- Annual review of all position descriptions
- Staff survey every two years
- Review of grievances
- Suggestion Boxes
- Employee Relations Committee
- All Staff Meeting held each year to discuss challenges, successes and provide additional training
- Treatment Planning/Supervision for all clinical staff
- Quality Assurance Training

FINANCIAL PLANNING

AOP develops the Center budget along major program lines. This is the procedure used by the South Carolina Department of Mental Health and is consistent for all seventeen Community Mental Health Centers in the state. The Center Director and Administrator coordinate the budget process with input from all program managers. The budget includes state and county appropriations, grants, federal block grant funds, revenue generated through direct service provision and contractual revenues.

Our projected budget for FY18-FY19 is 10,530,435.06. This represents funding from grants and other foundations, state monies and anticipated fee for service revenue. Executive staff and the Board of Directors review the operating budget monthly. Adjustments, as required, due to changes in revenues, personnel needs, operational expenses or mid-year state funding cuts are made as needed.

ACCESS TO CARE

To serve our growing population, AOP has four full-time Mental Health Clinics, two in Anderson County (Main Center for Adults and The William E. Pascoe Center for Children, Adolescents and Families), one in Oconee County and one in Pickens County. These clinics provide the primary entry point of our service delivery system and most patients access our services through these locations. Crisis services along with screening and initial clinical assessment takes place at these locations. Other intake sites include 2 Recovery Centers, Anderson and Pickens Social Services offices, Anderson Juvenile Justice office, South Mercy on Main Church and 24 schools located in our catchment area.

There is a structured screening process to make sure the individual's needs are within the scope of our mission and that resources exist for the organization to meet the needs of the persons seeking services. In recent years, AOP has strived to improve the timeliness of access to initial assessment. Due to the success in this area, we have expanded our focus on access to include first therapeutic contact. Any patient not accepted for services receives referrals to appropriate service providers. The screening process is reviewed periodically for effectiveness and as a means of identifying community needs.

Clinicians in all locations participate in the screening and assessment process to ensure compliance with the Department of Mental Health's Access to Care standards. AOP's assessment process is being stream-lined. In addition, AOP is utilizing a Centralized Scheduling model to improve our ability to meet patient needs. AOPMHC also plans to train staff on a statewide Levels of Care (LOC) program as well as increase patients' access to evidenced based nursing services to further meet the needs of the patients we serve.

HUMAN RESOURCES

Program/Clinic Managers are responsible for determining the Human Resource needs for their service areas. Position descriptions are reviewed annually and updated as the needs of the organization evolve. Our Human Resources policies and procedures allow for recruitment of experienced personnel, as well as entry-level staff members, based on the current market and the needs of the organization. Entry-level personnel are mentored by supervisors or other experienced staff members. Training relevant to their job duties is available through Pathlore and other online SCDMH training modules. All clinical staff members receive training as needed from the QA department to assist them in providing quality services for our community while following all privacy practices. AOP continues to hire Licensed Master's Level clinicians to focus on improved quality of service delivery.

The greatest and continuing challenge for Human Resources is the recruitment of medical personnel, including advance practice nurses and psychiatrists. The organization has utilized staffing and locum tenens agencies to fill key vacancies in these areas. Recruitment of full-time medical personnel and less reliance on temporary/contractual positions remains an urgent and primary goal of the center.

HEALTH & SAFETY

AOP has a comprehensive health and safety program that includes competency training for all employees. Our designated safety officer chairs the Health and Safety Committee. This committee meets quarterly and has representatives from each center location. The health and safety chair also represents this department at the monthly management team meetings allowing for regular input from other departments.

AOP has a risk management committee that is comprised of clinicians from each of the counties, quality assurance, and risk management chair. This committee meets bi-annually or as warranted to review critical incidents and identify areas in need of additional staff training. The committee discusses trends and makes recommendations for the improvement of clinical and/or administrative services. The annual Risk Management/Critical Incident report is compiled and provided to all members of the management team to allow center-wide compliance with all recommendations made. AOPMHC has updated this process and will continue to analyze results and make warranted changes in policy/processes/procedures as outlined in the state directive.

INFORMATION TECHNOLOGY

The System Administrator is responsible for updating, on an annual basis, an analysis of our technology assets and needs. All counties are equipped to provide tele-psychiatry at this time. We have increased utilization of tele-psychiatry in all counties to meet the needs of patients during physician shortages. We aim to improve physician coverage to reduce our reliance on this process of meeting patient needs. AOP will continue to explore technological advancements in order to support clinician's utilization of collaborative documentation.

QUALITY IMPROVEMENT PERFORMANCE

AOPMHC has a multi-faceted Performance Improvement Program. Coordinated by the Quality Assurance staff, the Quality Improvement (QI)/Performance Improvement (PI) program encompasses Risk Management, Health and Safety, Staff Development, Licensure, Peer Review, Administrative Support, Utilization Management, Cultural Diversity and Corporate Compliance.

The purpose of the QI/PI program is to improve efficient utilization of resources, manage risk, identify quality of care issues in need of improvement and provide training and consultation to administrative and clinical staff. Information collected and analyzed by the various components of the QI/PI program is reported on a regular basis. This information is utilized to make recommended adjustments in the day-to-day operation of the organization. It is also incorporated into the strategic planning process.

QI/PI will continue to utilize these strategies to guide AOP towards appropriate and effective improvement.

CENTER GOALS

REVIEW OF FY 2017-2018 GOALS

1. Expand IPS program to Oconee County - **ongoing**
2. Expand peer support activities in all counties - **accomplished**
3. Train all clinical staff in at least one evidenced based best practice modality - **ongoing**
4. Establish an engagement specialist position for the Anderson Center (initially) and all center locations to address and enhance patient participation in treatment - **ongoing**
5. Continue psychiatrist recruitment and explore opportunities for expanded telepsychiatry and contractual physician coverage - **ongoing**
6. Establish additional center staff to provide LPC licensure supervision - **accomplished**
7. Ensure a balanced budget for FY17 while adapting to the changes in managed care Medicaid - **accomplished**
8. Participate in the first year of the National Supported Employment Demonstration - **accomplished**
9. Implement new procedure for suicide screening and care-planning - **accomplished**

FY 2018-2019 GOALS

1. Continue psychiatrist recruitment and explore opportunities for expanded medical coverage
2. Continue participation in, and expansion of, the Zero Suicide Initiative
3. Continue partnership as a member of the Criminal Justice Coordinating Council in Anderson County
4. Continue collaboration with the Pickens County Sheriff's Department to expand mental health support services at the Pickens County Detention Center
5. Develop Crisis Stabilization Unit plans for implementation in 2019
6. Structure clinical supervision of staff with the goal of improving patient care
7. Implement Levels of Care system to improve successful treatment and discharge for patients
8. In conjunction with community partners, develop Mental Health Court for Anderson County by July 2019
9. Expand recruitment efforts of bi-lingual employees to improve outreach and engagement of patients
10. Continue local efforts to communicate regularly with county and municipal government