

ANDERSON-OCONEE-PICKENS
MENTAL HEALTH CENTER
PERFORMANCE ANALYSIS – 2018

AOPMHC Performance Analysis – June 2018

Report Period: July 2017 through June 2018

OVERVIEW

Anderson-Oconee-Pickens Mental Health Center (AOP MHC) is one of seventeen community mental health centers that is part of the South Carolina Department of Mental Health.

AOP has operated at a reduced level for the past 10 years as state funding has slowly improved. Since 2008, our center's state funding has been cut by \$291,416.00 which equates to a 5.27% reduction. This year a portion of our state funding was restored and as a result we have been able to continue to expand in a variety of programs across the center.

All of AOP's 4 centers remain in full time operation.

AOP ended FY18 with a surplus of \$2,398.00.

AOP continues to have a supportive and active Board that understands the importance of advocacy as it relates to clients, their families and staff.

AOP is perceived as the public resource for mental health needs in the communities it serves. Our priority is service to persons with serious and persistent mental illnesses and serious emotional disorders, including an array of mental health concerns.

The staff and board of AOP MHC are proud to serve the persons in our communities.

Kevin Hoyle

Executive Director

Contact Us

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AOPMHC BOARD

ANDERSON COUNTY

James J. Bucks
Carol E. Burdette
Mary Jane Dobbins
Debbie J. Harnesberger
Sherry S. Hall, Vice Chair
Dr. Joseph M. McElwee
Jane Jones - Chair

OCONEE COUNTY

Kathy Whitmire
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Dr. Charles W. Wilson

PICKENS COUNTY

Dr. Robert R. Nash
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Chris Jones
Dr. Hope Threadgill
Mary Ann Hunter

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OUR VALUES

As part of the South Carolina Department of Mental Health:

AOP MHC Mission

- “In partnership with clients, families and communities, the center supports the recovery of persons with mental illness.”

Values

- Treat each person who receives services with respect and dignity
- Honor the rights, wishes and needs of each individual
- Promote each individual’s quality of life
- Foster independence and recovery
- Demonstrate the value of family inclusion and strong social support
- Provide treatment environments that are safe and therapeutic
- Hire, train, support and retain staff who are culturally competent, committed to the recovery philosophy, and who value learning

AOP Priorities

- To serve adults, children and their families who are affected by serious mental illness and significant emotional disorders.
- To eliminate stigma and promote recovery.
- To accomplish program goals in collaboration with Stakeholders.
- To assure the highest quality of culturally competent services possible.

Note: AOP recognizes that the Center can’t meet all of our communities mental health needs and as a result several collaborations have been formed with other agencies in the community.

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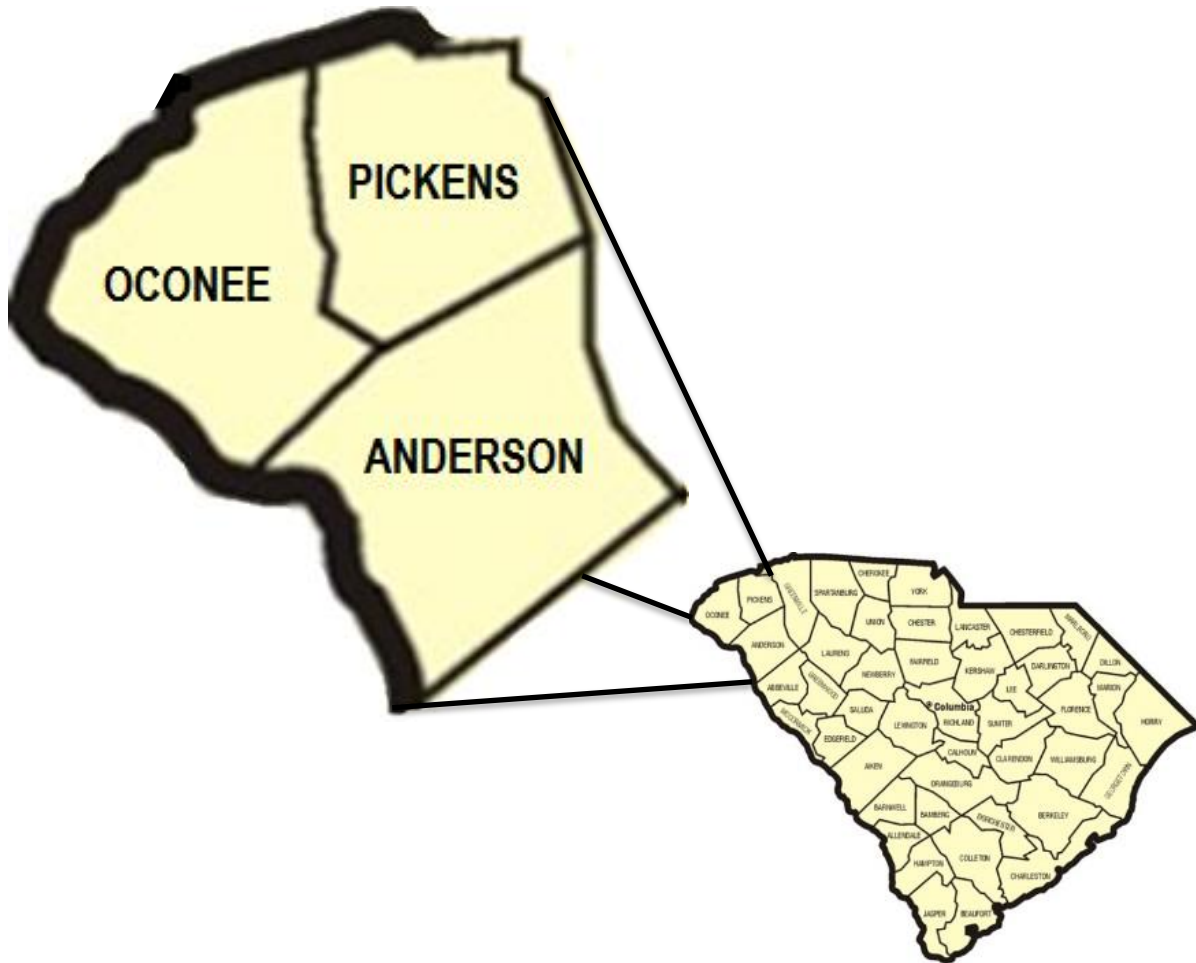
CHALLENGES

- Recruitment and retention of personnel
- Maintaining a balanced budget
- Maintain consistency in medial psychiatric coverage
- Expand housing, employment, intensive family services, and crisis programs

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CATCHMENT AREA



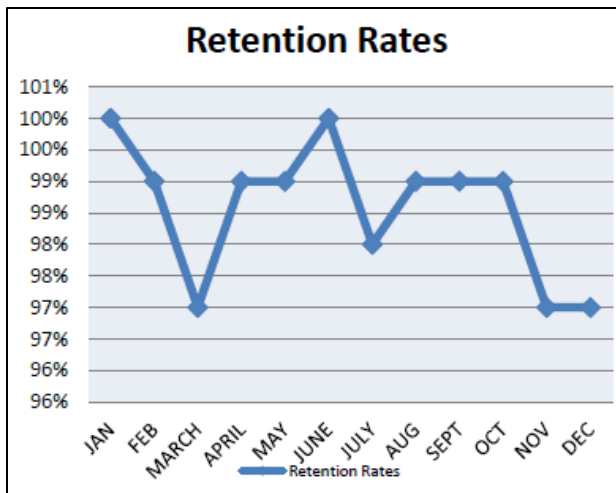
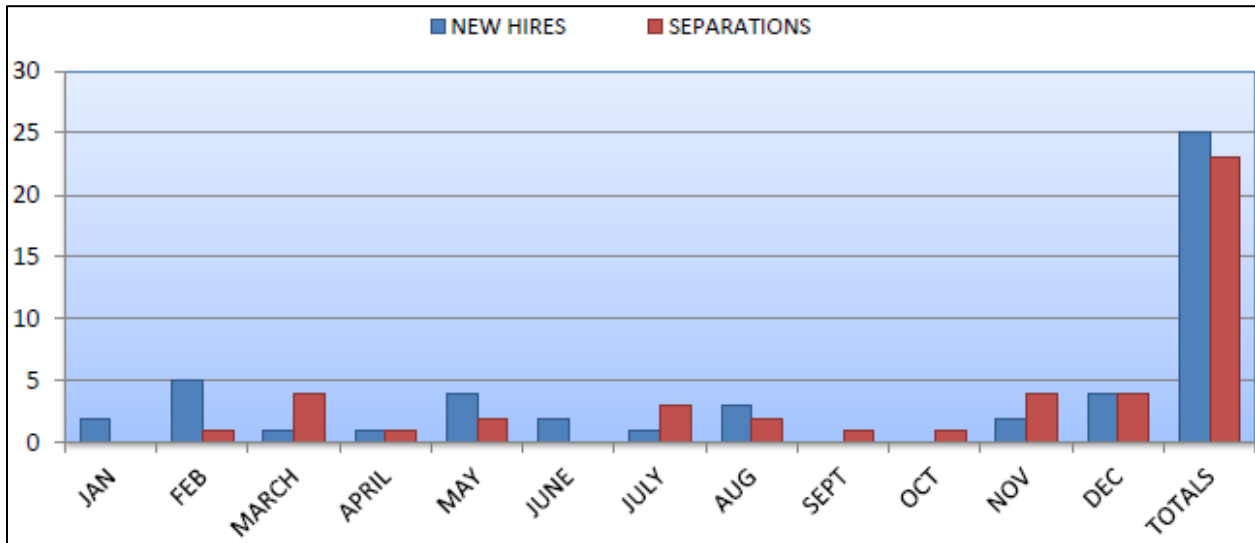
COUNTY	POPULATION	# SERVED
ANDERSON	198,759	3,096
OCONEE	77,270	1,281
PICKENS	123,479	1,760

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FULL-TIME/PART-TIME/TEMPORARY EMPLOYEES

2017 Staff Totals for AOP Mental Health Center													
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
NEW HIRES	2	5	1	1	4	2	1	3	0	0	2	4	25
Anderson	1	2	1	1	3	1	1	2	0	0	1	2	15
Oconee	0	3	0	0	0	1	0	0	0	0	1	1	6
Pickens	1	0	0	0	1	0	0	1	0	0	0	1	4
SEPARATIONS	0	1	4	1	2	0	3	2	1	1	4	4	23
Anderson	0	1	2	1	1	0	2	0	0	0	4	2	13
Oconee	0	0	1	0	1	0	0	0	0	0	0	2	4
Pickens	0	0	1	0	0	0	1	2	1	1	0	0	6
INT TRANSFER	0	0	0	0	0	0	0	0	1	0	0	0	1
Anderson	0	0	0	0	0	0	0	0	1	0	0	0	1
Oconee	0	0	0	0	0	0	0	0	0	0	0	0	0
Pickens	0	0	0	0	0	0	0	0	-1	0	0	0	-1
ANDERSON	88	89	88	88	90	91	90	92	93	93	90	90	90
OCONEE	17	20	19	19	18	19	19	19	19	19	20	19	19
PICKENS	36	36	35	35	36	36	35	34	32	31	31	32	32
TOTAL	141	145	142	142	144	146	144	145	144	143	141	141	141
RETENTION RATE	100%	99%	97%	99%	99%	100%	98%	99%	99%	99%	97%	97%	99%



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INFORMATION TECHNOLOGY

PROGRESS ON FY18 GOALS

- Ongoing assessment of new and changing technology needs
- Expanded piloting a IT equipment (e.g. dual monitors) to allow clinicians to meet documentation standards
- Working to implement a wireless access point at the Child & Adolescent Clinic
- Continued Windows 10 system upgrade
- Continued to manage, maintain and control equipment within AOP

ONGOING GOALS FOR FY19

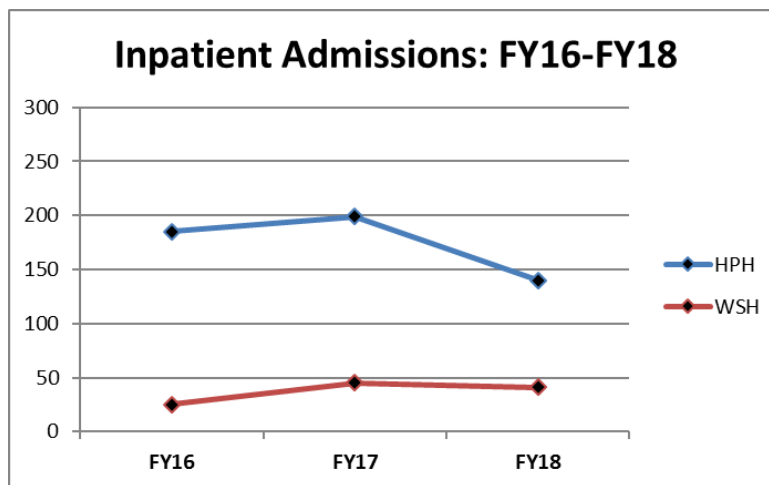
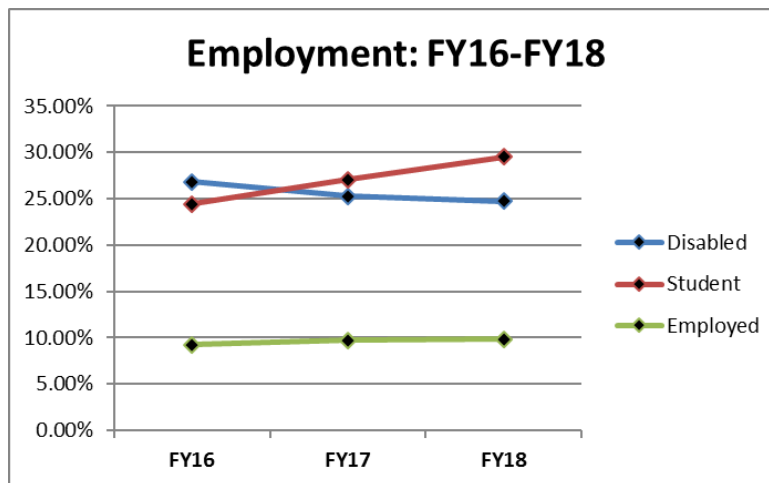
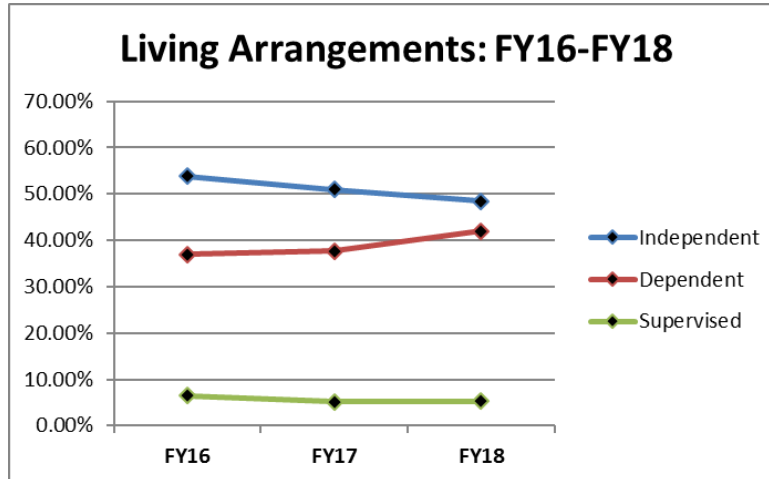
- Ongoing assessment of new and changing technology needs
- Continued to manage, maintain and control equipment within AOP
- To improve access to the network wirelessly by inputting wireless connections at all locations
- To have a per five year equipment upgrade as technology change and keeping cost affordable

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AOP EFFECTIVENESS

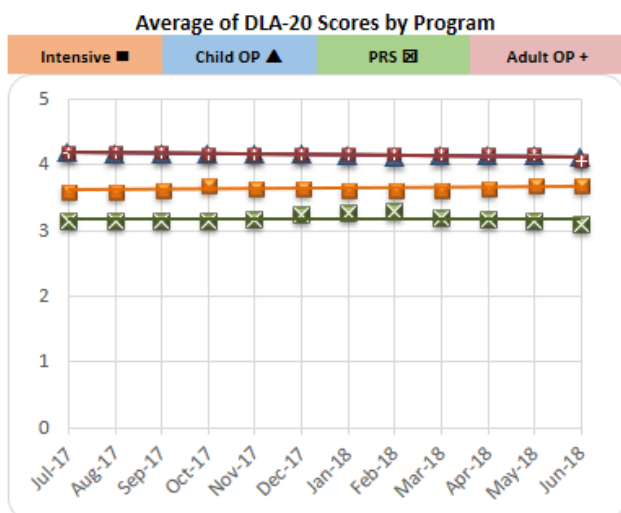
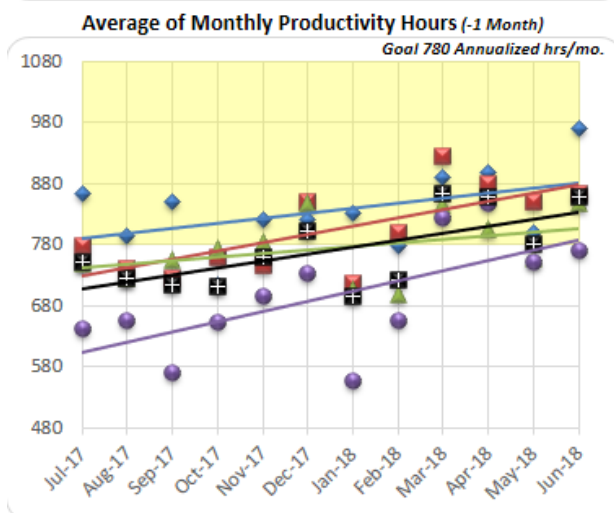
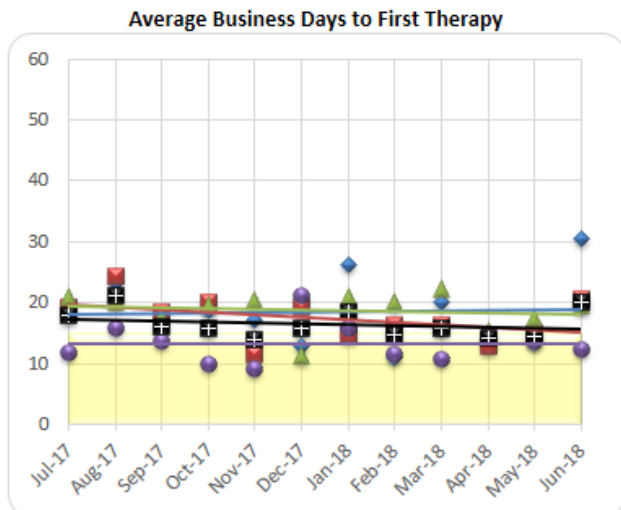
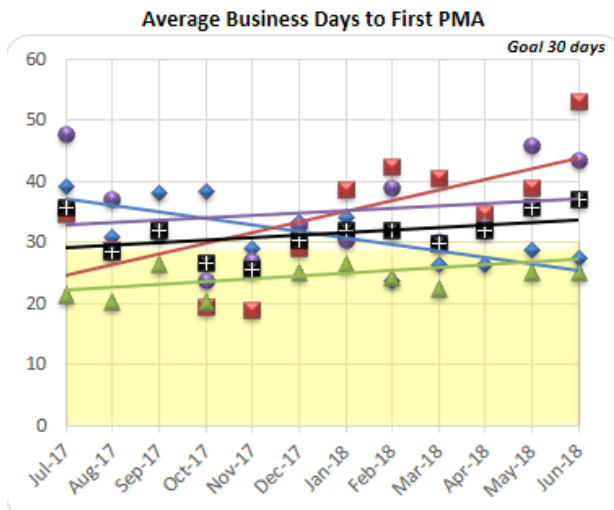
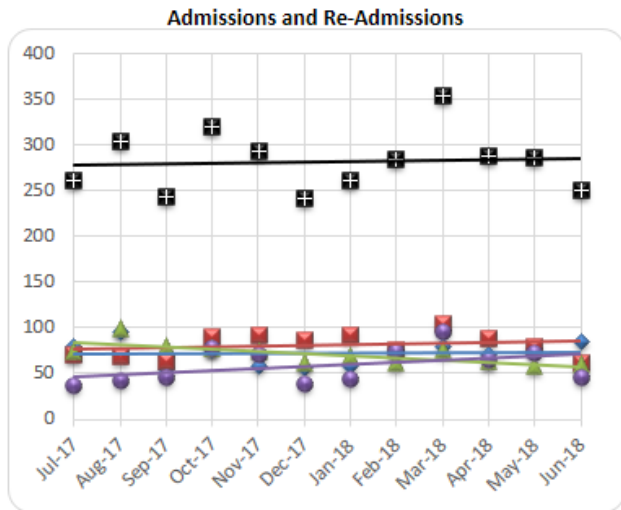
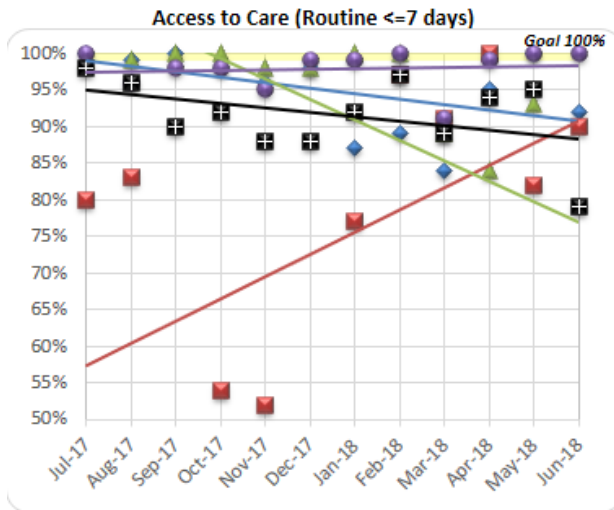
EFFECTIVENESS



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OUTCOME MEASURES



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MHSIP RESULTS

Adult MHSIP Domains		Statewide	AOP 17	AOP 16
		N=5059	N=361	N=434
Access to Treatment	# of Positive Responses	4324	313	
	# of Responses	5946	358	
	Percent Positive	87%	87%	83.6%
Appropriateness of Treatment	# of Positive Responses	4432	315	
	# of Responses	4903	358	
	Percent Positive	90%	88%	86.0%
Outcome of Treatment	# of Positive Responses	3083	191	
	# of Responses	4769	350	
	Percent Positive	65%	55%	59.5%
Satisfaction with Treatment	# of Positive Responses	4476	307	
	# of Responses	4982	360	
	Percent Positive	90%	85%	83.8%
Participation in Treatment Planning	# of Positive Responses	3852	266	
	# of Responses	4789	352	
	Percent Positive	80%	76%	74.4%
Improvement in Functioning	# of Positive Responses	3116	194	
	# of Responses	4812	352	
	Percent Positive	65%	55%	59.6%
Social Connectedness	# of Positive Responses	3160	203	
	# of Responses	4827	352	
	Percent Positive	65%	58%	64.1%

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Youth MHSIP Domains		Statewide	AOP 17	AOP 16
		N=1752	N=149	N=140
Access to Treatment	# of Positive Responses	1403	132	
	# of Responses	1691	145	
	Percent Positive	83%	91%	75.6%
Cultural Sensitivity	# of Positive Responses	1612	136	
	# of Responses	1720	147	
	Percent Positive	93.7%	92.5%	88.2%
Outcome of Treatment	# of Positive Responses	1255	102	
	# of Responses	1717	146	
	Percent Positive	73.1%	69.9%	58.6%
Satisfaction with Treatment	# of Positive Responses	1524	127	
	# of Responses	1723	147	
	Percent Positive	88.5%	86.4%	78.8%
Participation in Treatment Planning	# of Positive Responses	1462	133	
	# of Responses	1720	147	
	Percent Positive	85%	90.5%	80.6%

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Youth Family MHSIP Domains		Statewide	AOP 17	AOP 16
		N=2107	N=180	N=166
Access to Treatment	# of Positive Responses	1840	155	
	# of Responses	2044	178	
	Percent Positive	90%	87%	86.2%
Cultural Sensitivity	# of Positive Responses	1956	166	
	# of Responses	2051	177	
	Percent Positive	95%	94%	92.0%
Outcome of Treatment	# of Positive Responses	1294	102	
	# of Responses	2066	177	
	Percent Positive	63%	58%	54.3%
Satisfaction with Treatment	# of Positive Responses	1798	154	
	# of Responses	2070	179	
	Percent Positive	87%	86%	82.2%
Participation in Treatment Planning	# of Positive Responses	1909	163	
	# of Responses	2069	178	
	Percent Positive	92%	92%	90.9%
Improvement in Functioning	# of Positive Responses	1278	97	
	# of Responses	2064	177	
	Percent Positive	62%	55%	54.7%
Social Connectedness	# of Positive Responses	1843	154	
	# of Responses	2062	177	
	Percent Positive	89%	87%	82.8%

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FINAL ANALYSIS

Anderson-Oconee-Pickens MHC has operated at a reduced funding level since 2008, which state legislators have been committed to slowly improving. As a result of this incremental increase, AOP was able to focus on expansion of programs and workforce resulting in a small budget surplus. We continue to have challenges with recruitment. In response to the continued decline in patient housing, AOP is working to implement new housing programs to meet this growing need. In contrast, employment and education data indicate positive results of our expanded employment and peer support services. The data for hospital admissions show significant improvement overall, particularly in the adult population. This seems to be in direct correlation to the expansion of the ACT-like program and other wrap around services. Adult MHSIP data show little significant change in any area from the previous year; however, youth and family services improved in all domains. Focusing on participation in treatment through the use of collaborative documentation has been successful as evidenced by the MHSIP data. Outcome of treatment for youth and adults continues to be an area of concern. To address this deficit, AOP has identified Evidenced Based Practice training for all staff as a FY19 goal. As seen in the irregularity of the access to care data, staffing shortages led to an overall decline in this area. While AOP's continued challenge with physician coverage has led to a slight increase in wait time for first doctor's appointment, patients are able to see a clinician for therapy more quickly. Despite consistent admissions and readmissions, staff productivity has significantly improved. This improvement seems to be highly correlated with the increase in supervision, position reviews, and monthly data reports. Overall, the year-end data indicate that AOP's dedication to staff development and patient programs has been effective. The identified areas of need will remain the focus in coming years.