

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 412,351 persons.

Our active caseload as of June 30, 2021 (FY20-21) was 3454. We provided services to 5994 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), and Psychosocial Rehabilitative Service (PRS) providers in the state. Support Services and Competitive Employment Services assist patients in achieving continued recovery. AOP has expanded tele-psychiatry services to Pickens and Oconee counties to meet the needs of our entire catchment area.

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 Mental Health 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 Department of Social Services to serve children in foster care.

MISSION STATEMENT

In partnership with clients, families, and communities, the 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.

The main area of service focus is within Outpatient Treatment. Clinic-based outpatient services provide assessment, linkage and treatment of serious mood/emotional disorders, and continuous transition and discharge planning through level of care system. Service delivery

includes the following areas: crisis intervention, assessment, individual therapy, family therapy and group therapy, as clinically appropriate. These services, with the exception of group therapy, continued throughout the COVID-19 pandemic via telehealth platforms. AOPMHC plans to expand the number of outpatient treatment therapists with the goal of decreasing the ratio of patient to provider. Additionally, our service provision will be diversified to meet the needs of all Levels of Care.

Evidence based programs such as Intensive Community Treatment (ICT), Toward Local Care (TLC), Peer Support (PSS), Employment Services (IPS), Co-Occurring (Dual), and Homeless Mental Health Outreach Programs, focus on intensive community engagement with patients with severe persistent mental illness and who are high users of emergency departments, jails, and psychiatric hospitals and/or have a history of non-adherence to treatment. These Outreach Programs provide intensive services to support recovery in order to stabilize patient's level of functioning, improve community tenure, and minimize inappropriate use of ED, jails and psychiatric hospitals. 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. This assists them with maintaining their recovery successfully in the community. Psychosocial Rehabilitative services are offered in Anderson County, and help 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. Additionally, IPS has proven to increase income, self-esteem, social interaction, quality of life, better control of symptom management, reduce hospitalization, substance use and decrease need for intensive mental health services. AOPMHC seeks to expand access of these services across all counties and is primarily focused on re-establishing Peer Support Services to support recovery.

Patients have access to Emergency Services twenty-four hours per day/seven days per week through the Community Crisis Response Intervention (CCRI) Teams through the Mobile Crisis Program. The goal is to provide access to care and link individuals with appropriate levels of care, reduce hospitalizations, and reduce Emergency Department visits. The service is an extension of AOP and is staffed by specially trained clinicians. During standard operating hours, AOP provides assessment and crisis services to patients as needed through face-to-face, telehealth, and community response as warranted. Patients can be seen immediately during regular business hours in emergent situations. We also offer assistance with obtaining detention orders when warranted. AOP is currently expanding Mobile Crisis and plans for a Crisis Stabilization Unit are currently being discussed with community stakeholders, the state office and other centers to bring this service to the upstate.

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. These services will continue by telehealth as warranted in response to

the COVID-19 pandemic. Priority is given to children/adolescents with serious emotional disorders.

As part of CAF Services, AOP has 3 clinicians providing services in the 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. AOPMHC plans to maintain this successful and effective program.

Community Based Services (CBS) is a CAF services program made up of 2 clinicians who serve patients and their families. 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 are able to maintain or improve their current placement. AOPMHC is currently training and certifying all CBS staff in Multi-Dimensional Family Therapy in order to continue the high efficacy of this program.

AOP CAF services currently has 25 full time clinicians serving patients in 47 schools. School Mental Health services are not only effective but very popular with patients, families and school staff as well. AOPMHC will continue to expand SMH providers in the coming fiscal year. We will continue to evaluate how to best meet school and patient mental health needs. As a result of a partnership with the Department of Education, AOPMHC has expanded telepsychiatry services in Anderson School District 2. These mental health services are offered to patients in their school environment to improve access to treatment.

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 clinical liaison 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 County. 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. AOPMHC is dedicated to maintaining these valuable community partnerships.

CAF staff participates in the Community Assertive Response Team (CART) at Foothills Rape Crisis Center and DSS ISDEC teams as well as partnering with local schools, 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.

PERSONS SERVED

In the effort to achieve our mission, AOP serves a diverse population that is impacted by many different factors. It is well known, that the social determinants of health, which include the conditions that people are born into, grow, work, live, and age, as well as, the wider set of forces and systems, all can shape and influence the conditions of daily life. AOP recognizes the correlation between these non-medical factors and successful treatment. We plan to develop a workforce that is trained in the social determinants of health through staff training. We also utilize the DMH Care Coordination Program to help reduce barriers for patients and families, which will help to improve treatment outcomes.

DEMOGRAPHICS

ACTIVE CLIENTS

GENDER

▪ Male	1960
▪ Female	1458

AGE

▪ Under 18	1089
▪ 18 and Older	2329

RACE/ETHNICITY

▪ African American	647
▪ American Indian	7
▪ Asian American	7
▪ Hispanic	80
▪ More than One Race	117
▪ Native Hawaiian	1
▪ Spanish American	2
▪ Unknown	17
▪ White	2498

DIAGNOSIS

▪ ATTENTION DEFICIT	97
▪ CONDUCT	171

▪ MENTAL RETARDATION, AUTISM, & SPECIFIC DEV	8
▪ OTHER CHILDHOOD DISORDERS	1
▪ SCHIZOPHRENIA	706
▪ OTHER PSYCHOTIC DISORDERS	127
▪ DEPRESSIVE & OTHER MOOD DISORDERS	1529
▪ DEMNTIA, DELIRIUM & ORD DUE TO GMC	17
▪ SUBSTANCE ABUSE	30
▪ ANXIETY	394
▪ PERSONALITY DISORDER	39
▪ OTHER MH DIAGNOSES	276

AOPMHC STAFF

GENDER

▪ Male	31
▪ Female	114

RACE

▪ African American	35
▪ Other Minorities	5
▪ White	105

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. AOPMHC will continue to update the organization chart annually or as warranted.

AOP has three clinical divisions: Adult Services, Children and Adolescent services and Community Services. In addition, there are three satellite clinics (Oconee county, Pickens county, and the Anderson Child and Adolescent Clinic). Each division and clinic has a manager who is responsible for the overall operation of his/her clinical area and reports 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, 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, information technology planning, financial planning, resource planning, and workforce planning. AOPMHC will continue to collect this valuable data to support strategic planning.

Persons Served:

- Suggestion boxes conveniently placed at all program locations
- 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)
- SCDMH CMHS Patient Satisfaction Survey
- 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
- School Mental Health Administration Survey

Personnel:

- Annual review of all position descriptions
- Periodic staff surveys
- 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 sixteen 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 FY22 is \$12,268,455. 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 due to changes in revenues, personnel needs, financial threats, operational expenses or mid-year state funding cuts are made as needed. As a result of an expected surplus, AOP plans to take advantage of this opportunity to make building upgrades, technology upgrades, and vehicle replacements.

Despite the COVID-19 pandemic, the center's budget remained stable. The center implemented telephonic and telehealth avenues of contacting patients that allowed AOP to maintain services to our patients. Effective July 2nd, 2021, staff returned to a 37.5 hour work week. AOP will continue to monitor budget and productivity as this change takes place, and will make adjustments as the COVID-19 pandemic continues.

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 Anderson Department of Social Services office, South Mercy on Main Church and 47 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 and first therapeutic contact. Due to the success in this area, we will continue our efforts to meet patient needs in a timely manner. 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 staff and clinic 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. AOPMHC is utilizing a Centralized Scheduling model to improve our ability to meet patient needs. AOPMHC has trained staff on a statewide Levels of Care (LOC) program and plans to continue to provide this data to supervisors to aid in effective caseload management.

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 will continue to hire License eligible Master's Level clinicians to focus on improved quality of service delivery. Options will be explored to allow for competitive offers to be made to prospective employees.

The greatest and continuing challenge for Human Resources is the recruitment of medical personnel, including advance practice nurses and psychiatrists. The organization has utilized locum tenens and staffing 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 interim 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's current plan is to fill the Health and Safety Supervisor vacancy, as well as, the newly created assistant position.

AOP has a risk management committee that is comprised of clinicians from each of the three 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.

In response to the worldwide COVID-19 pandemic, AOPMHC implemented a number of additional health and safety protocols for staff and patients. These include telecommuting, daily health screenings, and mask and sanitation requirements. Each clinic is currently returning to standard operating occupancy limits. To achieve this, AOPMHC continues to work with staff and patients as we move in this direction. AOPMHC will continue to evaluate and adjust to this new way of operating.

INFORMATION TECHNOLOGY

The System Administrator is responsible for updating, on an annual basis, an analysis of our technology assets and needs. This analysis is used to maintain and upgrade AOP's hardware, as the budget allows. AOP will continue to explore technological advancements in order to support clinician's utilization of collaborative documentation and efficiency in job performance. AOP plans to increase the focus on staff training and practical application of IT disaster preparedness procedures.

In response to the COVID-19 pandemic in our state, AOPMHC continued to adjust to telecommuting and telehealth needs. We are continuing to evaluate long-term technology needs, in order to sustain these services. In addition, AOPMHC plans to evaluate appropriate telehealth platform options that may be better suited for mental health services. Hardware options such as double monitors, laptops, and new webcams are being explored to improve efficient operations. As clinical staff become more efficient, they will be better able to offer increased effectiveness of service delivery. As the data is analyzed, the technology needed for performance improvement can be evaluated.

QUALITY ASSURANCE

The purpose of the Quality Assurance department is to improve efficient utilization of resources, manage risk, and identify quality of care issues in need of improvement. Information is collected and analyzed which results in training and consultation to administrative and clinical staff. The AOP Quality Assurance department also obtains data that is presented to the leadership team on a monthly basis. This information is incorporated into the supervision of clinical staff and the strategic planning process. Quality Assurance will continue to utilize these strategies to guide AOP towards appropriate and effective improvement. In addition, QA will utilize the updated Data Collection System to determine areas of greatest need for resources.

CENTER GOALS

REVIEW OF FY 2020-2021

1. Fill all peersupport vacancies. – not accomplished
2. Fully staff Community Based Services Program in all counties. – partially accomplished
3. Develop Wellness Program for patients focusing on healthy lifestyles. - accomplished
4. All staff complete suicide prevention training annually. - accomplished
5. Provide at least 12 community education presentations on mental illness, treatment, and Mental Health First Aid. – accomplished
6. Continue planning discussions with funding partners for crisis stabilization unit. - ongoing
7. QA medical records audits will score at 90% or above. - accomplished
8. Balance the FY21 budget with no more than a 5% surplus. – partially accomplished
9. Form a board committee to explore funding options for a new main center building. – not accomplished
10. Continue local efforts to communicate regularly with county and municipal government. - ongoing

GOALS PRIORITIZED FY 2021-2022

1. Balance FY22 Budget to allow continued operations
2. Roll out suicide prevention pilot “communities of care” to address high rate of suicide in this area
3. Increase physician coverage to improve access to services by lowering physician/patient ratio
4. Back fill staff vacancies to ensure all patient and organization needs are met
5. Expand school mental health program to meet increased service request by local school districts
6. Replace desk top computers with laptops/aircards to allow the provision of remote service delivery as needed
7. Obtain a RV to provide mobile mental health services to underserved and/or remote areas
8. Provide at least 12 community education presentations on mental illness, treatment, and Mental Health First Aid
9. Fund building improvements to enhance the therapeutic environment for both patients and staff
10. Continue local efforts to communicate regularly with county and municipal government