

**ANDERSON-OCONEE-PICKENS**  
**MENTAL HEALTH CENTER**  
**PERFORMANCE ANALYSIS – 2016**

# AOPMHC Performance Analysis – June 2016

*Report Period: July 2015 through June 2016*

## OVERVIEW

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 9 years as state funding has slowly improved. Since 2008, our center's state funding has been cut by \$399,600.00 which equates to a 7.23% 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 FY16 with a surplus of \$201,846.00. The South Carolina Department of Mental Health allowed AOP to keep \$40,402.00. These funds will be utilized during FY17 to purchase new vehicles to replace those in our aging fleet, continue to update computer equipment and award salary increases to staff based on dedication and performance.

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

Carol E. Burdette  
Mary Jane Dobbins  
Sherry S. Hall, Vice Chair  
Dr. Joseph M. McElwee  
Jane Jones

### OCONEE COUNTY

Kathy Whitmire  
Michelle Ready, Secretary  
Dr. Charles W. Wilson

### PICKENS COUNTY

Dr. Robert R. Nash  
Ethel C. Pettigrew  
Dr. Hope Threadgill, Chair

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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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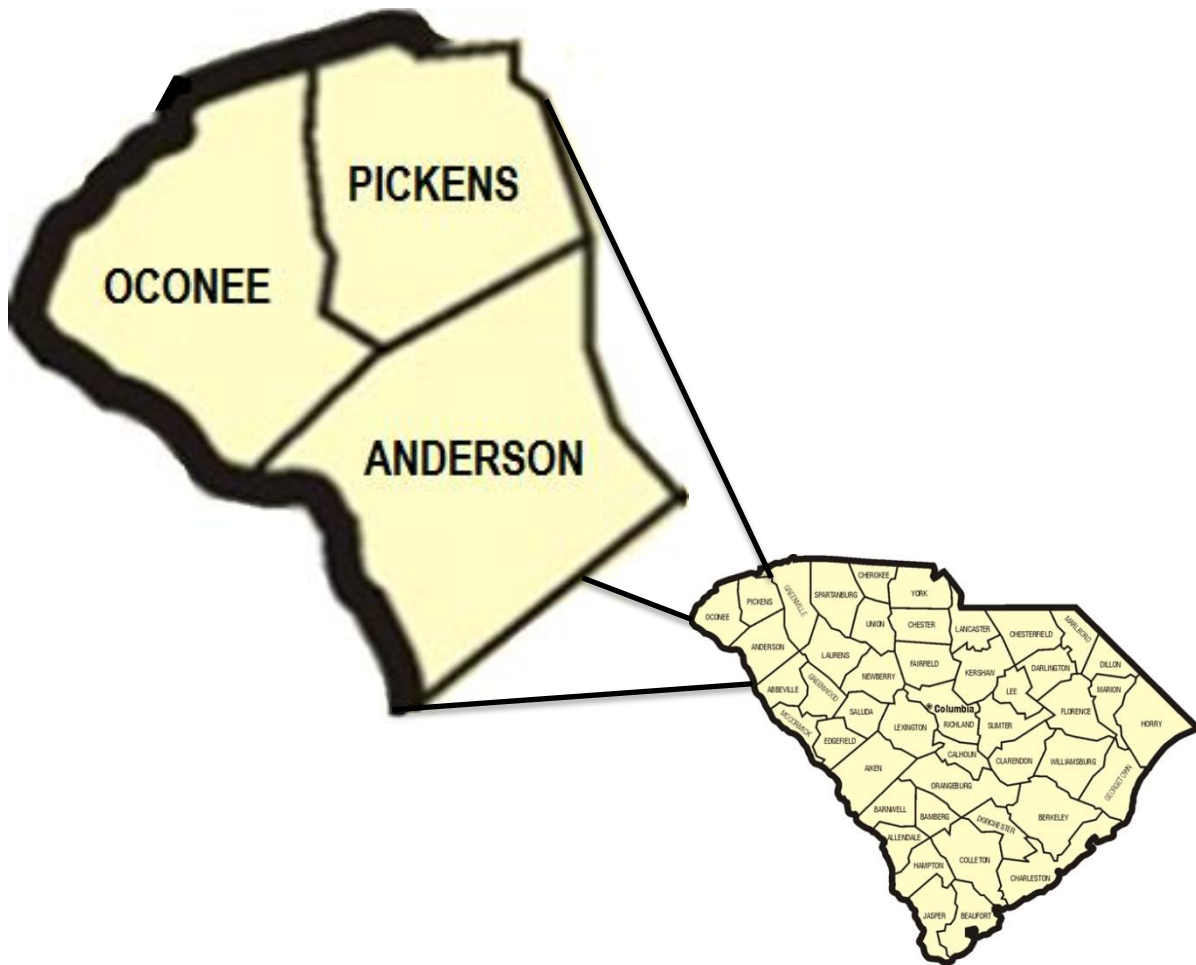
## **CHALLENGES**

- Maintain consistent service delivery despite staff turnover
- Ensuring a balanced budget despite third party reimbursement obstacles
- Improve clinician's access to evidenced-based trainings while maintaining high standards for productivity
- Recruitment of medical personnel: Psychiatrists, APRN and nurses

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## CATCHMENT AREA



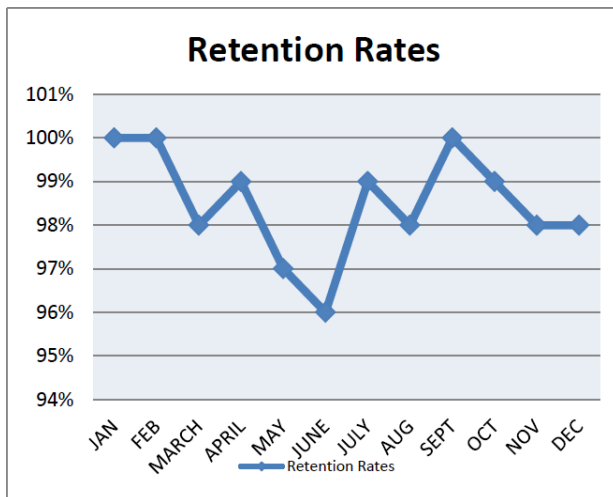
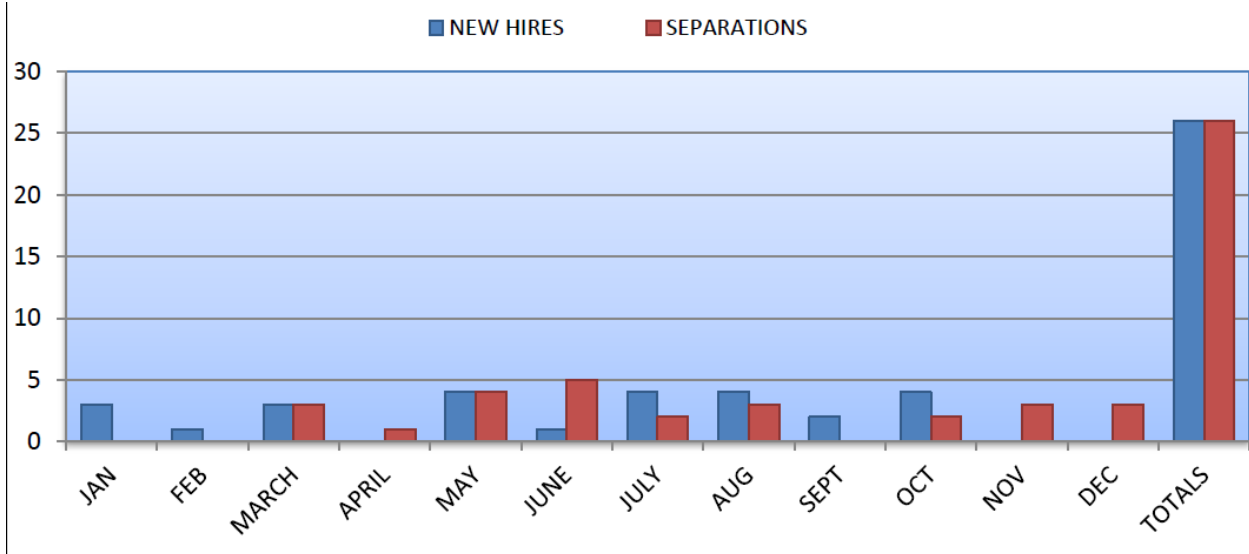
COUNTY	POPULATION	# SERVED
ANDERSON	194,692	2,825
OCONEE	75,713	1,255
PICKENS	121,691	1,842

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## FULL-TIME/PART-TIME/TEMPORARY EMPLOYEES

2016 Staff Totals for AOP Mental Health Center													
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
<b>NEW HIRES</b>	3	1	3	0	4	1	4	4	2	4	0	0	26
Anderson	1	0	2	0	4	1	2	2	1	2	0	0	15
Oconee	0	1	0	0	0	0	0	1	0	1	0	0	3
Pickens	2	0	1	0	0	0	2	1	1	1	0	0	8
<b>SEPARATIONS</b>	0	0	3	1	4	5	2	3	0	2	3	3	26
Anderson	0	0	3	1	2	3	1	1	0	1	3	1	16
Oconee	0	0	0	0	1	0	0	1	0	1	0	2	5
Pickens	0	0	0	0	1	2	1	1	0	0	0	0	5
<b>INT TRANSFER</b>	0	0	0	0	1	0	0	0	0	0	3	0	4
Anderson	0	0	0	0	1	0	0	0	-1	0	3	0	3
Oconee	0	0	0	0	0	0	0	0	1	0	0	0	1
Pickens	0	0	0	0	-1	0	0	0	0	0	0	0	-1
<b>ANDERSON</b>	89	89	88	87	90	88	89	90	90	91	88	87	87
<b>OCONEE</b>	18	19	19	19	18	18	18	18	19	19	19	17	17
<b>PICKENS</b>	35	35	36	36	34	32	33	33	34	35	35	35	35
<b>TOTAL</b>	142	143	143	142	142	138	140	141	143	145	142	139	139
<b>RETENTION RATE</b>	100%	100%	98%	99%	97%	96%	99%	98%	100%	99%	98%	98%	99%



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## INFORMATION TECHNOLOGY

### INFORMATION TECHNOLOGY PROGRESS ON FY16 GOALS

- All clinicians have access to EMR to complete required clinical documentation
- Information and request sent to Network Services for analysis to determine how to implement wireless access points at C&A clinic
- Completed annual equipment database update

### ONGOING GOALS FOR FY17

- Ongoing assessment of new and changing technology needs
- Expand IT equipment to allow clinicians to meet documentation standards
- Implement wireless access points to aid staff in meeting the needs of clients who cannot walk long distances
- Appoint or Employ new team members to explore IT expansion and solutions
- Continue manage, maintain and control equipment within AOP

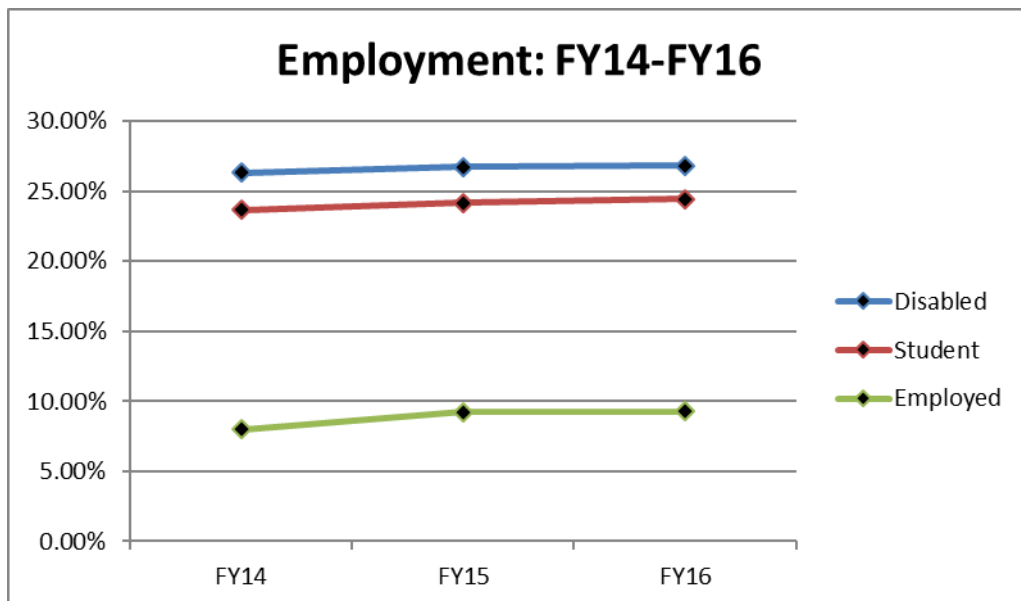
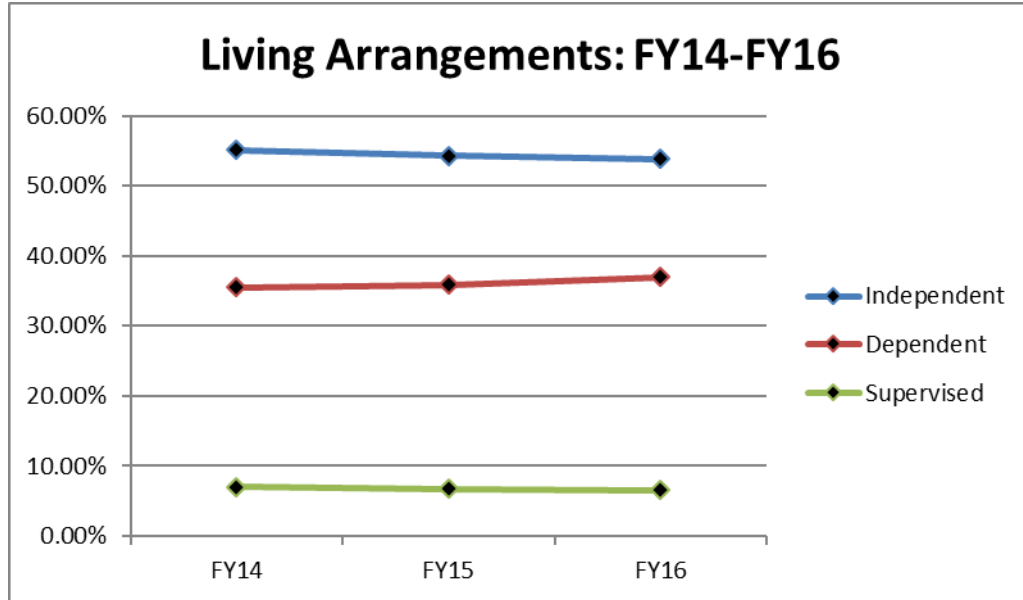


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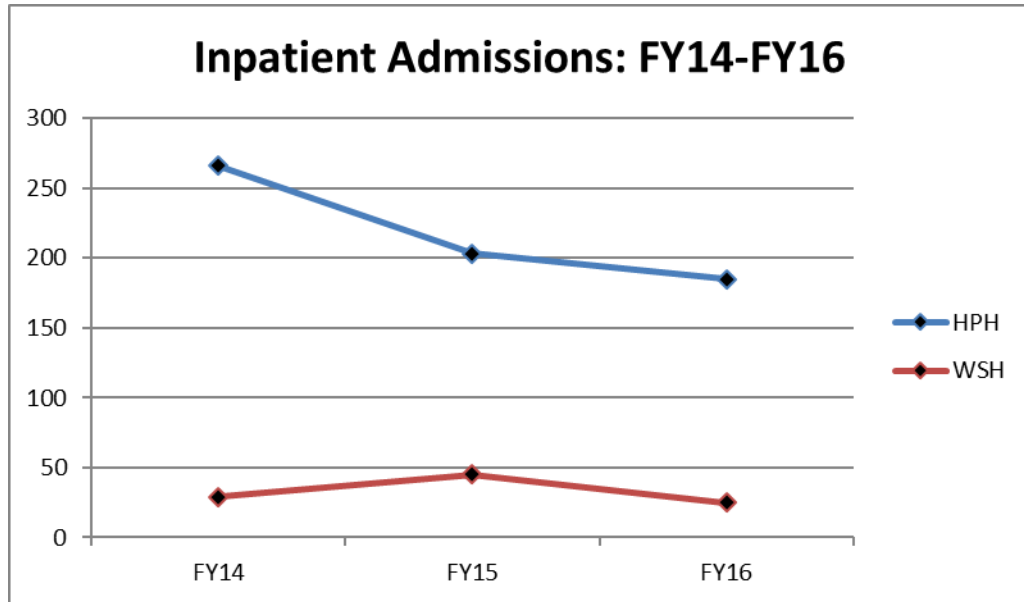
## AOP EFFECTIVENESS

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## MHSIP RESULTS – 2015

### MHSIP CONSUMER SURVEY REPORT A-O-P CMHC DATA

#### OVERVIEW

The Mental Health Statistics Improvement Project (MHSIP) Consumer Surveys focus on the care received in community mental health treatment settings. The Surveys have been used by SCDMH since 1998. Data from the surveys are used for accreditation, accountability reporting, Federal Block Grant reporting, and performance improvement.

#### INSTRUMENTS

The MHSIP Surveys were developed by the MHSIP Policy Group, a national committee of consumers, researchers, state and Federal representatives. These surveys (or variations) are used by 55 states and territories to gather data on mental health consumers' perception of the care and treatment they receive.

Three different surveys are administered, one to adults, one to family members of youths and one to adolescents. This feedback reflects the value of client involvement and the client voice in mental health systems and evaluating mental health services.

The surveys ask about care and treatment in a number of domains including:

1. Access to Treatment
2. Appropriateness of Treatment

3. Outcome of Treatment
4. Participation in Treatment Planning
5. Satisfaction with Treatment
6. Improvement in Functioning
7. Social Connectedness
8. Cultural Sensitivity (Family and Youth Surveys only)

The survey administered to adults also included a number of health questions including smoking status, height and weight, other health problems, general health, and the number of healthy days the person experienced over the previous month. This is the fourth year these health questions were included.

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Adult MHSIP Domains		Statewide	AOP 16	AOP 15
		N=5750	N=434	N=371
Access to Treatment	# of Positive Responses	4870	352	
	# of Responses	5654	421	
	<b>Percent Positive</b>	<b>86.1%</b>	<b>83.6%</b>	<b>84.9%</b>
Appropriateness of Treatment	# of Positive Responses	5039	361	
	# of Responses	5615	420	
	<b>Percent Positive</b>	<b>89.7%</b>	<b>86.0%</b>	<b>87.3%</b>
Outcome of Treatment	# of Positive Responses	3627	242	
	# of Responses	5458	407	
	<b>Percent Positive</b>	<b>66.5%</b>	<b>59.5%</b>	<b>63.5%</b>
Satisfaction with Treatment	# of Positive Responses	5063	356	
	# of Responses	5686	425	
	<b>Percent Positive</b>	<b>89.0%</b>	<b>83.8%</b>	<b>87.5%</b>
Participation in Treatment Planning	# of Positive Responses	4355	303	
	# of Responses	5487	407	
	<b>Percent Positive</b>	<b>79.4%</b>	<b>74.4%</b>	<b>78.0%</b>
Improvement in Functioning	# of Positive Responses	3705	245	
	# of Responses	5518	411	
	<b>Percent Positive</b>	<b>67.1%</b>	<b>59.6%</b>	<b>64.2%</b>
Social Connectedness	# of Positive Responses	3816	268	
	# of Responses	5552	418	
	<b>Percent Positive</b>	<b>68.7%</b>	<b>64.1%</b>	<b>67.7%</b>

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Youth MHSIP Domains		<b>Statewide</b>	<b>AOP 16</b>	<b>AOP 15</b>
		N=1,935	N=140	N=89
Access to Treatment	# of Positive Responses	1548	127	
	# of Responses	1905	168	
	<b>Percent Positive</b>	<b>81.3%</b>	<b>75.6%</b>	<b>73.9%</b>
Cultural Sensitivity	# of Positive Responses	1767	150	
	# of Responses	1930	170	
	<b>Percent Positive</b>	<b>91.6%</b>	<b>88.2%</b>	<b>90.8%</b>
Outcome of Treatment	# of Positive Responses	1429	107	
	# of Responses	1932	169	
	<b>Percent Positive</b>	<b>74.0%</b>	<b>63.3%</b>	<b>58.6%</b>
Satisfaction with Treatment	# of Positive Responses	1669	134	
	# of Responses	1934	170	
	<b>Percent Positive</b>	<b>86.3%</b>	<b>78.8%</b>	<b>78.7%</b>
Participation in Treatment Planning	# of Positive Responses	1603	137	
	# of Responses	1931	170	
	<b>Percent Positive</b>	<b>83.0%</b>	<b>80.6%</b>	<b>84.1%</b>

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Youth Family MHSIP Domains		Statewide	AOP 16	AOP 15
		N=1,966	N=166	N=84
Access to Treatment	# of Positive Responses	1719	137	
	# of Responses	1943	159	
	<b>Percent Positive</b>	<b>88.5%</b>	<b>86.2%</b>	<b>86.4%</b>
Cultural Sensitivity	# of Positive Responses	1869	150	
	# of Responses	1957	163	
	<b>Percent Positive</b>	<b>95.5%</b>	<b>92.0%</b>	<b>94.0%</b>
Outcome of Treatment	# of Positive Responses	1266	88	
	# of Responses	1953	162	
	<b>Percent Positive</b>	<b>64.8%</b>	<b>54.3%</b>	<b>54.4%</b>
Satisfaction with Treatment	# of Positive Responses	1715	134	
	# of Responses	1961	163	
	<b>Percent Positive</b>	<b>87.5%</b>	<b>82.2%</b>	<b>72.0%</b>
Participation in Treatment Planning	# of Positive Responses	1784	149	
	# of Responses	1957	164	
	<b>Percent Positive</b>	<b>91.2%</b>	<b>90.9%</b>	<b>90.5%</b>
Improvement in Functioning	# of Positive Responses	1259	88	
	# of Responses	1950	161	
	<b>Percent Positive</b>	<b>64.6%</b>	<b>54.7%</b>	<b>53.2%</b>
Social Connectedness	# of Positive Responses	1697	130	
	# of Responses	1936	157	
	<b>Percent Positive</b>	<b>87.7%</b>	<b>82.8%</b>	<b>80.0%</b>

No formal analysis available at this time.

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## FINAL ANALYSIS

Despite being in the 9<sup>th</sup> consecutive year of budget reductions, AOP was able to end FY16 with a surplus of \$201,846.00. These funds will result in being able to continue to expand a variety of programs across AOP. Staff retention remains high at 99% through the end of the calendar year. In addition to high retention rates, AOP continued to fill and expand positions across the agency. Although client housing data shows a slight decline in overall independence, productivity and hospitalizations show improvement. Adult client progress is illustrated by their ability to be productive members of society. This is shown by AOP's adult clients being consistently employed and/or enrolled in an educational program during FY16. In addition, the number of adult hospitalizations has significantly decreased in FY15 further demonstrating client success in treatment. The C&A population also showed a dramatic decrease in hospitalizations reversing a recent trend. AOP has continued to focus on providing a statistically relevant sample size for the MHSIP survey. As our sample size has substantially increased, our scores have become a more accurate representation of client perceptions. Although the most concerning item listed in the previous survey was the families' level of satisfaction, this item increased significantly due to our efforts to engage families in the therapeutic process. The two most concerning domains are outcome of treatment and improvement in functioning. While self-assessment of progress is challenging, AOP staff need to be more diligent in identifying progress and celebrating successes. AOP continues to operate with a focus on client and employee needs. AOP is committed to maintaining the services in our effective programs while evaluating and addressing areas in need of improvement.