

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 424,480 persons.

Our active caseload as of June 30, 2022 (FY21-22) was 3116. We provided services to 6073 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 SCDMH community mental health centers to assist in transitioning patients from long term inpatient hospital settings back into 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 the level of care system. Service delivery

includes the following areas: crisis intervention, assessment, individual therapy, family therapy and group therapy, as clinically appropriate. 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 all three counties, 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 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 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 staff 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. Priority is given to children/adolescents with serious emotional disorders.

As part of CAF Services, AOP has 4 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 1 clinician who provides Multi-Dimensional Family Therapy to 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 recruiting clinicians in all three counties for this highly effective program.

AOP CAF services currently has 24 full time clinicians serving patients in 42 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 liaison is able to collaborate with DJJ staff to advocate and aid our patients 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 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 all three 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	1288
▪ Female	1828

AGE

▪ Under 18	1086
▪ 18 and Older	2030

RACE/ETHNICITY

▪ African American	607
▪ American Indian	10
▪ Asian American	6
▪ Hispanic	68
▪ More than One Race	93
▪ Native Hawaiian	2
▪ Spanish American	4
▪ Unknown	36
▪ White	2207

DIAGNOSIS

▪ ATTENTION DEFICIT	71
▪ CONDUCT	170
▪ MENTAL RETARDATION, AUTISM, & SPECIFIC DEV	15
▪ OTHER CHILDHOOD DISORDERS	1
▪ SCHIZOPHRENIA	676
▪ OTHER PSYCHOTIC DISORDERS	106
▪ DEPRESSIVE & OTHER MOOD DISORDERS	1331

▪ DEMNTIA, DELIRIUM & ORD DUE TO GMC	13
▪ SUBSTANCE ABUSE	28
▪ ANXIETY	389
▪ PERSONALITY DISORDER	29
▪ OTHER MH DIAGNOSES	244

AOPMHC STAFF

GENDER

▪ Male	24
▪ Female	95

RACE

▪ African American	27
▪ Other Minorities	4
▪ White	88

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 have 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
- 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's Mental Health Board meetings are open to legislators and County Council members
- School Mental Health Satisfaction Survey

Personnel:

- Annual review of all position descriptions
- Periodic staff surveys
- Review of grievances
- Suggestion Boxes
- Employee Relations Committee
- 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 FY23 is \$11,449,084. 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 due to personnel shortages in all 3 counties, AOP plans to utilize the funds to make building repairs, minor upgrades, technology upgrades, and vehicle replacements.

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 42 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 SCEIS 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 organization plans to continue to utilize locum tenens and staffing agencies to fill medical staff vacancies; however, recruitment of full-time medical personnel and less reliance on temporary/contractual positions remains a priority for the center.

HEALTH & SAFETY

AOP has a comprehensive health and safety program that includes competency training for all employees. Our safety officer chairs the Health and Safety Committee. This committee meets quarterly and has representatives from each center location.

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.

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.

Hardware options such as double monitors, laptops, and new webcams are being implemented 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. The Quality Assurance department will be implementing one on one trainings for all staff following each audit to offer personalized training to meet the needs of the staff.

CENTER GOALS

REVIEW OF FY 2021-2022

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

GOALS PRIORITIZED FY 2022-2023

1. Fill current vacancies to bring staffing levels up to pre-COVID level to ensure services are consistent and can expand with a focus on meeting patient and community needs
2. Balance the FY23 Budget with no more than a 5% surplus
3. Quality Assurance medical records audits to score 90% or above
4. Expand Homeless outreach and IPS program to Oconee and Pickens County.
5. Start process of obtaining redesign & improvement plans for the Anderson Adult clinic to enhance the therapeutic environment and improve safety for both patients & staff.
6. Explore options to hire a new Medical Director for the Tri-County catchment area.
7. Expand school mental health program to meet increased service request by local school districts
8. Continue with replacement of desk top computers with laptops/aircards to allow the provision of remote service delivery as needed
9. Obtain a RV to provide mobile mental health services to underserved and/or remote areas
10. Continue local efforts to communicate regularly with county and municipal government