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 437,865 people.

Our active caseload as of June 30, 2024 (FY24-25) was 3,350. We provided services to 5,554 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 currently utilize Toward Local Care (TLC), Intensive Community Treatment (ICT), and Psychosocial Rehabilitative Services (PRS). Peer Support Services (PSS) and Competitive Employment Services (IPS) assist patients in achieving continued independence and recovery. Tele-psychiatry services can be utilized as needed to serve 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 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 has been steadily increasing 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 our patients at all Levels of Care.

Evidence based programs such as Intensive Community Treatment (ICT), Toward Local Care (TLC), Peer Support Services (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 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 3 counties. We are actively recruiting Peer Support staff for our clinics and Mobile Crisis programs.

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. Patients have access to Emergency Services twenty-four hours per day/seven days per week, through the Mobile Crisis Program. The program's primary goal is diversionary: preventing unnecessary incarcerations, reducing hospitalizations, and reducing Emergency Department visits. Mobile Crisis improves access to care for those in crisis and allows specially trained AOP clinicians to provide services and link individuals to an appropriate level of care. AOP currently has 2 full-time mobile crisis clinicians and 3 part-time after hours clinicians that includes 2 certified peer support specialists. This team of professionals rotate to provide 24 hour/7 day a week coverage to Anderson, Oconee, and Pickens Counties. The Mobile Crisis team works very closely with County and City law enforcement partners to respond collaboratively to the location of the individual in crisis. AOP's Mobile Crisis team promotes these services through extensive community engagement efforts to increase awareness and usage of this valuable program. As a result of the program's success, Mobile Crisis services are being requested more frequently. Therefore, AOP is currently recruiting a full-time Peer Support Specialist (PSS) to expand the Mobile Crisis team.

CHILDREN, ADOLESCENTS & THEIR FAMILIES

Child, Adolescent, and Family (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.

AOP also has 2 clinicians providing Multi-disciplinary Family Therapy (MDFT) in Oconee and Pickens counties. This evidence-based practice is delivered to patients and their families who are experiencing severe issues that have or may result in the identified child being placed outside the home. MDFT is our most intensive OP service with the primary goal of keeping families together. More than ninety percent of patients who participate in the MDFT program can maintain or improve their current placement.

AOP CAF services currently has 25 full time clinicians serving patients in 38 schools. School Mental Health services have proven to be both highly effective and widely supported by students, families, and school staff. AOP remains committed to assessing the evolving needs of students in close partnership with each school district and will adjust staffing levels accordingly based on documented needs.

Our team continues to strengthen the early identification, comprehensive evaluation, and evidence-based treatment of students' mental health concerns to support their academic success and promote emotional well-being at home and in the community. By delivering these services directly within the school setting, we improve access to care, reduce time away from class, and foster healthier, more resilient students who are better prepared for long-term success in life.
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, AOP works in collaboration 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 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 participate in the Child Abuse Response Teams (CART) at First Light Child Advocacy Centers and Interagency System of Caring for Emotionally Disturbed Children teams, as well as, partnering with local schools and child-serving agencies, for the benefit of all local children. 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.

DEMOGRAPHICS

ACTIVE CLIENTS

GENDER

- Male 1,440
- Female 1,910

AGE

- Under 18 1,196
- 18 and Older 2,154

RACE/ETHNICITY

- African American 682
- American Indian 8
- Asian American 7
- Hispanic 82
- More than One Race 96
- Native Hawaiian 2
- Spanish American 3
- Unknown 35
- White 2,353
- Other 82

DIAGNOSIS

ATTENTION DEFICIT	31
CONDUCT	184
MENTAL RETARDATION, AUTISM, & SPECIFIC DEV	7
OTHER CHILDHOOD DISORDERS	3
SCHIZOPHRENIA	676
OTHER PSYCHOTIC DISORDERS	136
DEPRESSIVE & OTHER MOOD DISORDERS	1,396
DEMNTIA, DELIRIUM & ORD DUE TO GMC	18
SUBSTANCE ABUSE	15
ANXIETY	565
PERSONALITY DISORDER	18
OTHER MH DIAGNOSES	297

AOPMHC STAFF

GENDER

- Male 24
- Female 113

RACE

- African American 27
- Other Minorities 7
- White 103

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 monthly or as warranted.

AOP has three clinical divisions: Adult services, Children and Adolescent services and Community services. Adult and CAF services are provided in the main clinic in Anderson County as well as the two satellite clinics in Oconee County and Pickens County. 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: Chief of Clinical Operations, Administrative Assistant to the Executive Director, Human Resources Director, Quality Assurance Coordinator, Administrator, Staff Development Training Outreach Coordinator, and the Medical Director.

If the Executive Director is unable to serve temporarily, the Chief of Clinical Operations will serve as person in charge over AOP's leadership team, guiding daily operations. All members of the Leadership Team have a Succession Planning document that identifies key job responsibilities and an appropriate staff position for the reassignment of those duties should it become necessary. In the event that any member of the Leadership Team needs to be permanently replaced, thorough national recruitment will ensue.

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
- SCOMH Assessments (clinical forms)
- SCOMH Plan of Care and Progress Summary (clinical forms)
- SCOMH Safety Plans (clinical form) to fall under the SCOMH Plan of Care
- SCOMH 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 Patient Advisory Board Meetings as requested
- AOP's Mental Health Board meetings are open to legislators and County Council members
- School Connection Report
- AOP Mobile Crisis Stakeholder Survey
- AOP Stakeholder 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 Office 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 FY25 is $13,716,763. 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. If a surplus were to exist at the end of FY26, AOP plans to utilize the surplus funds to assist in additional patient outreach and needs, make improvements to existing facilities, upgrade technology, and replace aging State vehicles.

ACCESS TO CARE

To serve our growing population, AOP has three full-time Mental Health Clinics, one in each county we serve. 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 38 schools located in our catchment area. Our newest initiative, Highway to Hope, is also being used as a mobile location to reduce barriers and provide services to those in our community.

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. As the agency restructures and merges, AOPMHC will become one "door" for services across the new agency. AOPMHC will utilize the "No Wrong Door" approach for the citizens in the counties we serve. This person-centered approach will allow AOP to assist people seeking treatment by not turning them away or redirecting them to another agency. If it is determined the patient's needs are best served by a sister agency, the assessing clinician will provide a warm handoff by helping the patient schedule an initial appointment with the correct agency. This will ensure that AOPMHC is providing the support a person needs, when they need it, while respecting the individual and helping them navigate a complex system.

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 Office 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

During this time of the agency restructuring, all vacated positions are being evaluated on multiple levels. Positions must be critical to the provision of mental health services before the consideration of hiring a replacement. Program/Clinic Managers are responsible for determining the personnel needs for their service areas prior to submitting a request to the Human Resource Manager. Position descriptions are reviewed annually and updated as the needs of the organization evolve. Our Human Resources policies and procedures allow for the 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, other online OMH training modules and training announced by the Training Coordinator or other Leadership Team Members. All clinical staff members receive initial and ongoing 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. The organization plans to continue to utilize locum tenens and external staffing agencies to temporarily fill vacancies during the restructure. However, recruitment of full-time 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 the Risk Management Coordinator. 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. AOPMHC has updated this process to include diagnostic data and will continue to analyze results for significance. The annual Risk Management/Critical Incident Analysis is compiled and provided to all members of the leadership team to allow center-wide compliance with all recommendations and to notify leadership when changes in policies, processes, and/or procedures are warranted.

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, compiles, and analyzes 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 Data Collection System to determine areas in the greatest need for resources. The Quality Assurance department develops training for all staff following each audit to offer targeted training to meet the needs of the staff. Programmatic trends in auditing results are tracked and submitted to the leadership for corrective action at the organizational level.

CENTER GOALS

REVIEW OF FY 2024-2025

1. Fill current vacancies to bring staffing levels up and meet the ongoing needs of the 3 Counties, and to reflect the cultural diversity of patients served. - ongoing
2. Balance the FY25 Budget with no more than a 5% surplus. - accomplished
3. Quality Assurance medical records audit to score 90% or above. - accomplished
4. Open new Anderson Adult and Child and Adolescent clinic to better serve the needs of patients in Anderson County. - accomplished
5. Evaluate need of our patient population to determine implementation timeframe to launch an ACT model of treatment service provision, for our patients with severe mental illness in the community. - on hold
6. Mobilize AOP's, Highway to Hope, RV to conduct in-the field services for hard to reach and underserved populations. - accomplished
7. Explore opportunities to expand the Mobile Crisis program and utilization within catchment area. - accomplished
8. Continue to expand AOP's School Mental Health Staff across our 3 Counties for accessibility to services for school aged children and their families. - ongoing
9. Expand IPS program to Oconee and Pickens Counties. – accomplished
10. Continue local efforts to communicate regularly with county and municipal government. - ongoing

GOALS PRIORITIZED FY 2025-2026

1. Balance the FY26 Budget with no more than a 5% surplus.
2. Quality Assurance medical records audit to score 90% or above.
3. Start conversations with SMH administrators on increasing funding from $15,000 per counselor in all districts.

4. Continue to mobilize AOP's Highway to Hope RV to conduct in-the-field services for hard to reach and underserved populations.
5. All AOP employees will have 90% SCEIS module completion.
6. Meet PCH target for FY26.
7. Cross-train administrative staff in all areas to ensure operations function properly and efficiently regardless of staff vacancies.
8. Develop a standardized adult group therapy curriculum that meets "certificate of completion" requirement for community partners (DSS/SCDPPPS).
9. Discuss a MOU/MOA with the libraries to allow for engagement and services to be provided from within that system to the underserved.
10. Explore opportunities to partner with local providers to increase health care access for our patients.