South Carolina Department of Mental Health

Aiken-Barnwell Mental Health Center
Annual Report

Fiscal Year 2015 (July 1, 2014-June 30, 2015)

1135 Gregg Highway
Aiken, South Carolina 29801
803.641.7700
http://www.state.sc.us/dmh/ab/

Prepared by: Tamara L Smith, LISW-CP
Assistant Director
Description of Agency (Mission, Values, Six Pillars of Excellence & Guiding Principles)

Aiken Barnwell Mental Health Center has provided essential behavioral services to the residents of Aiken & Barnwell counties since July 1, 1965. ABMHC is one of 17 community mental health centers providing health services to families, adults, and children who are diagnosed with mental illness or mental illness and a co-occurring disorder (medical, substance abuse, or developmental). Intervention, prevention and recovery services may include: Assessment, Therapy, Care-Coordination, Psychosocial Rehabilitation, Peer Support, and Wellness. ABMHC serves the residents of Aiken and Barnwell counties, SC, rural communities.

ABMHC has three convenient locations:
- Main Center, 1135 Gregg Hwy, Aiken SC, 29801
- Hartzog Center, 431 W Martintown Rd, North Augusta, SC 29841
- Polly Best Center, 916 Reynolds Rd, Barnwell, SC, 29812

A three-year CARF Accreditation was awarded to Aiken-Barnwell for the following programs/services through November 2015: Outpatient Treatment for Adults, Children & Adolescents; and Community Integration – Psychosocial Rehabilitation Services-Adults.

Our Mission
Aiken Barnwell Mental Health Center (ABMHC) aspires to be the premier provider of health services to support the recovery of families, adults and children living in Aiken and Barnwell counties.

Our Core Values
In order to best serve our clients and remain true to our employees, ABMHC embraces the following core values:

Celebrating Diversity- “Respecting the rights, differences, and dignity of others.”

Recovery-“Achieving a high quality, self-directed, satisfying life integrated in the community.”

Quality- “Commitment to Excellence.”

Public Awareness- “Dedicated to increasing the understanding, prevention and treatment of co-occurring substance abuse, physical and mental health.”

Collaboration- “Partnering with clients and stakeholders to create healthy communities.”

Technology-“Embracing Technology” to improve efficiency and quality of care.”

Community Integration- “Promotion of effective health practices, safe and stable housing, meaningful activity and community supports.”
The Six Pillars of Excellence

ABMHC utilizes the Six Pillars of Excellence as identified by the Studer Group - Service, Quality, People, Finance, Growth, and Community- to demonstrate our commitment in making ABMHC the leader in behavioral care in Aiken and Barnwell Counties. The Six Pillars of Excellence are the foundation for our mission and provides the framework to help us align and prioritize operational goals, develop a strategic plan, and communicate our progress and outcomes to our stakeholders.

Quality- ABMHC provides safe, effective and evidenced based behavioral health care that can be defined, measured and published. ABMHC is committed to leading the community in improving health status and access to care. We take pride in what we do.

Service- Our job is to exceed customer (clients, families, stakeholders, employees) expectations at every turn thus establishing ABMHC as the preferred provider of choice in Aiken and Barnwell counties.

People- We recognize that being the behavioral health care provider and employer of choice means recruiting, developing and retaining a competent, culturally diverse, motivated and productive workforce. Every team member is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set ABMHC apart.

Finance- It is our responsibility to provide cost-effective, compassionate care and excellent services to our payers and clients. We will demonstrate fiscal responsibility and accountability to advance our mission and values.

Growth- ABMHC is committed to the continual pursuit of new and better ways of serving our customers. We stay abreast of clinical practices and technological advances. We offer continuing education and training for all our team members. We are also a training resource for individuals pursuing mental health careers.

Community- ABMHC actively partners with local and regional organizations and service agencies to effectively meet the needs of the community and to increase the public’s awareness of mental health issues, mental health treatment and access to treatment.

The Nine Guiding Principles

The Nine Guiding Principles serve as a roadmap for leadership to develop an excellence-based culture and promote the organization’s successes. It’s a step by step process that takes ABMHC where we are to where we want to be. The Studer approach generates passion thus helping employees to focus and engage in work that is purposeful, worthwhile and makes a difference in the lives of others. Studer’s principles align the organization’s leaders from top to bottom to focus on outcomes that really matter to long-term success creating a balance of goals and activities that address the holistic performance of the organization while minimizing distractions. The Studer principles help create better leaders by creating consistency across the organization and putting in systems of accountability to execute operational plans. Ultimately the Studer pillars and principles create a great place for clients to receive care by first creating a great place for employees to work.

Commit to Excellence

Excellence is when employees feel valued, staff feels their clients are getting great care and the clients feel the service and quality they receive are extraordinary. A commitment to excellence impacts the bottom line while living out the mission and values of the organization. It aligns staff and leaders and put the “why” back in health care. Commitment to excellence means setting measurable goals under each of the Six Pillars.

Measure the Important Things

In order to achieve excellence, ABMHC needs to be able to objectively assess its current status as well as progress. Principle 2 helps an organization define specific targets and measurable tools and align the necessary resources to hit those targets. What gets measured gets done.
Build a Culture around Service
All successful change requires well thought-out processes that must become the norm or be hardwired in the organization. This principle teaches how to connect services to organizational values- script behaviors, create employee-based service teams, teach service recovery, and develop standards of performance. There is no higher responsibility than to ensure high quality and a caring environment for our clients.

Create and Develop Leaders
In order for an organization to be great, it has to have great leaders. Leadership is crucial to sustaining a culture of excellence. This principle teaches how to identify current and future leaders and then how to develop, train, and equip those leaders in a cost-effective manner.

Focus on Employee Satisfaction
The saying, “A chain is only as strong as its weakest link,” holds true within every organization. Every employee is critical to the success of the organization. Satisfied employees do a better job. It’s that simple. This principle show how an organization, by focusing on employee satisfaction, can improve client satisfaction while decreasing costs.

Building Individual Accountability
Principle 6 teaches ABMHC how to create a self-motivated work-force by creating a sense of ownership in the organization.

Align Behaviors with Goals and Values
Through Principle 7, we are shown how to create and implement objective, measurable evaluation systems that are tied to the Six Pillars. The leader’s evaluation must be aligned with the desired outcomes and behaviors via implementation of an objective, measurable leader evaluation tool.

Communicate at ALL Levels
Change occurs when all leaders are aligned and everyone understands what is important, and what they need to do to help accomplish organizational goals. This method speeds up the decision process, creates proactive behavior and improves working relationships. Organizations who apply this principle will find that “Administration” is often viewed in a more positive manner.

Recognize and Reward Success
Everyone makes a difference. Create win-wins for staff and never let great work go un-noticed! Establish real life examples for others to follow.
Summary of Agency Accomplishments FY 15

- Active Participation in Inter-Agency Team Meetings In Aiken, Barnwell and North Augusta (North Augusta Community Service Network, Aiken Community Service Network & Barnwell Community Service Network) to promote continuity of care for clients and avoid duplication of resources and maximize resources

- On-going networking with Local Legislative Representatives (Senator Shane Massey, Rep. Jim Clyburn, Rep. Bill Taylor, Sen. Tom Young) and local county officials (Clay Killian, Aiken County Council and Barnwell County Council)

- Public Relations and Community Outreach:
  
  **July 2014**
  July 30- Mental Health Quarterly Forum (Barnwell)

  **August 2014**
  August 9- Back to School Bash- Wagener Schools
  August 9- Graniteville Health Fair- Leavelle-McCampbell Middle School
  August 12- National Health Center Week at MJWCHC
  August 13- Open House with Wagener Schools

  **September 2014**
  September 17- Presentation at Aiken Tech on PTSD
  Press release provided to People Sentinel re Lacinda McCormack’s appointment as Program Director at Polly Best Center

  **October 2014**
  October 1- Job Fair at USC-Aiken
  October 4- Color Run
  October 7- MH Collaborative Forum with Community Stakeholders
  October 8- Depression Presentation at Aiken Technical College
  October 8- Free Depression Screenings at Aiken Technical College
  Oct 9- Pink Ribbon Tea- Aiken Technical College
  October 16-25- Western Carolina State Fair
  October 18- Miracle Mile Walk
  Oct. 21- Mobile Mammography Breast Cancer Vehicle on site
  Oct. 25- Jack O Lantern Jubilee
  Oct. 25- Ridge Spring Harvest Festival
  Oct. 29- Mental Health Quarterly Forum (Barnwell)

  **November 2014**
  Nov. 15- Out of Darkness Suicide Walk Aiken County
  Nov. 17-Nov. 21- Community Packets handed out at First Franklin Finance
  Nov. 20-Anxiety Presentation Aiken Technical College-@ 12:30pm

  **December 2014**
  Dec. 5- Wagener Hometown Pride Event
  Dec. 10- Operation Santa with Mental Health America
  Dec. 18-Presentation at Oakwood-Windsor School for School Staff
**January 2015**
Jan 28- Mental Health Quarterly Forum (Barnwell)
Jan 31- First Steps-Barnwell Healthfair

**February 2015**
February 6- USC MSW Field and Career Fair
February 10- Health Matters Radio Show 10-11am

**March 2015**
March 10-Radio Show (WAAW 94.7)- Topic “School Based Services”
March 12-Presentation for AARP
March 16-Presentation at Ridge Spring HS (Good Judgment)
March 25-USC Aiken Career Fair
March 26-Presentation at Oakwood-Windsor Elementary School 4-6pm
Presentation at Macedonia Elementary Career Day

**April 2015**
April 1- Meeting with Faith-based Community
April 15-Semi Annual- MH Collaborative Meeting with Community Stakeholders
April 18-Taste of Blackville
April 21- Presentation to Housing Authority (Barnwell)
April 29- Mental Health Quarterly Forum (Barnwell)

**May 2015**
Mental Health Month
Children’s Mental Health Week- Week of May 4th- Activity books provided to children- All CAF staff
May 2-Wagons to Wagener Event
May 6- Presentation on SSDI/SSI for clients and caregivers
May 13- Presentation on SSDI/SSI for staff
May 15-Relay for Life
May 26-28th- NAMI Training with Aiken County Detention Center
Provided 1000 bulletin inserts to local churches for mental health month

**June 2015**
June 10-Summer Institute for Aiken County School District
June 10-Presentation at Barnwell County Detention Center
June 12-Aiken's Cookin
June 19-Father’s Day Event with Barnwell Housing Authority

- Continued partnerships with local colleges via internship opportunities & placements at ABMHC. (USC School of Social Work, Georgia Regents)- Four internships at ABMHC FY 15.

- Licensure- 81% of staff is licensed or seeking licensure (54% fully licensed).

- Provided largest number of Peer Support Services in South Carolina/SCDMH system. ABMHC has the premier peer support program with SCDMH.

- Facilitated Semi-Annual Mental Health Collaborative Forum Meetings in Aiken County and Quarterly Forum in Barnwell County.
• Participated in Aiken County Suicide Coalition.

• Expanded School Based Services in Aiken and Barnwell Counties serving a total of 18 schools.

• Obtained funding for 25 additional housing placements.

• Offered free, anonymous on-line mental health screenings.

• Clinical Staff trained in the following evidenced based practices and best practices: Cognitive Behavioral Therapy; Trauma Focused Cognitive Behavioral Therapy; Solution Focused Therapy; Mindfulness; Dialectical Behavioral Therapy; Motivational Interviewing; Person Centered Care; Double Trouble Recovery; Wellness Recovery Action Planning; Dimensions Tobacco Free; Dimensions Well Body, Psychosocial Rehabilitation; Peer Support; and Multi-Systemic Therapy.

• Expanded Care-Coordination Services at agency to include 3 full-time care-coordinators to assess all needs of clients served (medical, legal, housing, food, clothing, etc.).

• Facilitated NAMI Connections Group (Support Groups for persons with Mental Illness).

• Facilitated Double Trouble Recovery Support Groups at Aiken Main Center 4x weekly and Polly Best Center (weekly).

• Facilitated Dimensions Tobacco Free and Well Body Groups.

• Provided transportation to/from mental health appointments for indigent clients.

• Provided 6277 contacts to non-opened stakeholders via consultations and public relations events.
ABMHC Executive Leadership Team

Richard L Acton served as the Executive Director at Aiken Barnwell Mental Health Center and Lexington Community Mental Health Center during FY15. Rick has thirty plus year’s executive and operational experience in private/non-profit and public community based family service and behavioral health. He has extensive knowledge and experience in the areas of Program Development & Implementation in Mental Health, Alcohol and Substance Abuse, Family Preservation Services, and Chronic Mental Illness-Needs/Treatment. Rick currently works with a variety of organizations/affiliations including the South Carolina Department of Mental Health Executive Advisory Council; Chairperson Region “A” Mental Health Directors; & Instructor/Mentor for the South Carolina Department of Mental Health Mentoring/Succession Program. Rick has a Master of Social Work from Ohio State University.

Tamara L Smith, LISW-CP served as the Assistant Executive Director at Aiken Barnwell Mental Health Center and the Program Manager for the Community Based Rehabilitative (CRS) Programs for FY 15. CRS includes Psychosocial Rehabilitation, Peer Support and Housing. Tamara holds a Master of Social Work Degree from the University of South Carolina, 1999. She has worked with Aiken Barnwell Mental Health Center since 1992 primarily in Psychosocial Rehabilitation, Peer Support Services, Case-Management Services and Supported Employment. From February 2006-March 2009, she coordinated the Mental Health Treatment Study at ABMHC. Tamara is the ABMHC Liaison with SCDMH for Integration. As Assistant Director, she assists with day to day operations of the agency and chairs the following committees: Public Relations, Grants, Integration and Performance Improvement. Tamara has twenty-four years of experience in the field of behavioral and mental health.
**Gregory E. Smith MD** is Chief of Psychiatric Services at ABMHC. He also sees patients at the community mental health. He continues to do tele-psychiatry half time as well with SCMDH. He has been practicing psychiatry for twenty-eight years since he finished a residency in psychiatry at the Medical College of Georgia in Augusta, GA. His professional interests include mood disorders, psychotic disorders, addictions, and chronic mental illness. He also treats persons with depression, bipolar disorder, addictions of all kinds, and children's disorders such as ADHD, ODD and conduct disorders. He finished medical school at the Medical College of Georgia in 1983, did a four year residency in psychiatry at MCG from 1983-1987, and obtained certification in psychiatry from the American Board of Psychiatry and Neurology in 1991.

**Bianca Otterbein, LPC-S, CACII** served as the Program Manager for Child, Adolescent and Family Services at ABMHC for FY15. She earned her B.A. degree in psychology from Coastal Carolina University in 2006 and her M.Ed. in Community Counseling from Winthrop University in 2009. Her experience includes work with children, adolescents, adults, couples, and families, although most experience has focused on working with children and adolescents. She has extensive experience and training in the areas of grief, child abuse, and substance abuse. She currently holds a license in South Carolina as a Professional Counselor and two certifications, one as a National Certified Counselor by the National Board for Certified Counselors and one as a Certified Addictions Counselor II. She is also certified in Equine Assisted Psychotherapy by the O.K. Corral Series.
**Jeff Waddell**, MS served as the Program Manager for Integrated Healthcare for FY15. He graduated from Augusta State University in 1997 with a MS in Clinical Psychology. Jeff previously worked at Tri-Development Center from 1994-2002 as Qualified Mental Retardation Specialist and Director of Community Training Home. Jeff has been with ABMHC since 2002 where he has served in a variety of positions. Currently Jeff is the liaison with Aurora Pavilion and Designated Exams via Probate Court and assists with Adult Outpatient Services.

**April Kitchens**, MS, LPC served as the Program Director for Hartzog Center in North Augusta (ABMHC) for FY15. She is responsible for overseeing daily clinical and administrative operations, and ensuring that the staff at Hartzog Center is able to successfully and efficiently meet the mental health needs of our clients and the surrounding community. April graduated with a Master of Science in Psychology from Augusta State University in 2000. April’s past experience at ABMHC includes: Crisis Services, Adult Outpatient and Quality Assurance.

**Lacinda McCormack**, LPC-S served as a Program Director for Polly Best Center in FY 15. She is responsible for overseeing daily clinical and administrative operations and ensuring that the staff at Polly Best Center is able to successfully meet the mental health needs of our clients and the surrounding community. She received her Master’s Degree in Counseling from South University in 2008. Past counseling experience includes working at Axis I and Ashleigh Place Girls Home.
Phyllis Leverett, LPC-I, LAPC, served as Quality Assurance Coordinator for FY 15. She received her MA in Counseling from Webster University in 2002 and a Graduate certificate in Psychiatric Vocational Rehabilitation from University of Maryland. She has an array of experiences in mental health services ranging from therapist, case expeditor, surveyor and psychiatric program director. Her primary function is to ensure the quality of services given as well as education and training of staff. She also works as a clinician facilitating a Dialectical Behavioral Therapy group at ABMHC.

Elaine Van Patten, M.S. served as the Business Administrator at ABMHC for FY15. She is an accomplished operations administrator with over 9 years of operations and program management experience. She received her M.S. in Science, Technology, Society and Public Policy from the Rochester Institute of Technology, and began her professional career managing grants and contracts for non-profits. As ABMHC Center Administrator, Elaine is responsible for daily administrative operations and fiscal management for the center to ensure clients receive the best possible assistance and experience.
ABMHC Board of Directors

Aiken Barnwell Mental Health Center has an advisory board consisting of fifteen residents of Aiken and Barnwell Counties selected by the Aiken and Barnwell County Legislative Delegations to serve as the voice of the community.

Table 1: Board of Directors Data

<table>
<thead>
<tr>
<th>Member Name</th>
<th>County Served</th>
<th>Appointed</th>
<th>Expiration Date</th>
<th>Seat Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Young-Board</td>
<td>Barnwell</td>
<td>2/10</td>
<td>2/16</td>
<td>1</td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Mary Valliant</td>
<td>Barnwell</td>
<td>11/14</td>
<td>1/17</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Rosa Ishmal (Vice-Chair)</td>
<td>Aiken</td>
<td>1/13</td>
<td>1/17</td>
<td>4</td>
</tr>
<tr>
<td>Cheryl Azouri-Long</td>
<td>Barnwell</td>
<td>4/89</td>
<td>5/17</td>
<td>5</td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Lisa Tindal</td>
<td>Aiken</td>
<td>12/13</td>
<td>9/16</td>
<td>7</td>
</tr>
<tr>
<td>Dr. W. Gaines Entrekin</td>
<td>Aiken</td>
<td>1/12</td>
<td>9/15</td>
<td>8</td>
</tr>
<tr>
<td>James Baggott, Jr.</td>
<td>Aiken</td>
<td>12/12</td>
<td>4/18</td>
<td>9</td>
</tr>
<tr>
<td>Mary Head</td>
<td>Aiken</td>
<td>1/12</td>
<td>4/18</td>
<td>10</td>
</tr>
<tr>
<td>Rachel Ryan (Chair)</td>
<td>Aiken</td>
<td>1/12</td>
<td>1/19</td>
<td>11</td>
</tr>
<tr>
<td>Harry Douglas</td>
<td>Aiken</td>
<td>2/15</td>
<td>9/15</td>
<td>12</td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Marion Gary</td>
<td>Aiken</td>
<td>9/10</td>
<td>1/18</td>
<td>14</td>
</tr>
<tr>
<td>Janie Key</td>
<td>Aiken</td>
<td>8/10</td>
<td>1/18</td>
<td>15</td>
</tr>
</tbody>
</table>
County Data

Aiken County is the fourth largest South Carolina County by land area with a total of 1,080 square miles. It is located near the mid-point of SC’s 250 mile border with Georgia. Barnwell County has a total area of 557 square miles and is located along US route 278. Population data for Aiken and Barnwell counties is outlined in Table 2.

Table 2: Population Data for Aiken and Barnwell Counties

<table>
<thead>
<tr>
<th></th>
<th>Aiken County</th>
<th>Barnwell County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2014 estimate)</td>
<td>164,753</td>
<td>21,959</td>
</tr>
<tr>
<td>% Persons under 18 years (2013)</td>
<td>22.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>% Persons 65 years and over (2013)</td>
<td>16.9%</td>
<td>15.5%</td>
</tr>
<tr>
<td>% Female persons (2013)</td>
<td>51.5%</td>
<td>52.3%</td>
</tr>
<tr>
<td>% Minority persons (2013)</td>
<td>24.9%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Median household income (2009-2013)</td>
<td>$44,509</td>
<td>$35,231</td>
</tr>
<tr>
<td>% Persons below poverty level (2009-2013)</td>
<td>18.9%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

ABMHC Client Data

From July 1, 2014-June 30, 2015 (Fiscal Year 15 –FY 15), Aiken Barnwell MHC served a total of 3876 people. A total of 50,326 clinical client contacts were provided in regards to the following clinical services: Crisis Intervention Services, Mental Health Assessment, Psychiatric Medical services, Individual Therapy, Group Therapy, Family Therapy, Peer Support Services, Psychosocial Rehabilitation Services, Nursing Services and School Based Services.

Table 3: Summary of Client Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Persons Served</td>
<td>3876</td>
</tr>
<tr>
<td>Total Number of Admissions</td>
<td>2561</td>
</tr>
<tr>
<td>Total Number of Clinical Contacts</td>
<td>50642</td>
</tr>
<tr>
<td>Male</td>
<td>45%</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
</tr>
<tr>
<td>Ages 0-17</td>
<td>33%</td>
</tr>
<tr>
<td>Ages 18+</td>
<td>67%</td>
</tr>
<tr>
<td>Total Contacts provided to Non-opened Stakeholders (Meetings, PR Events)</td>
<td>6277</td>
</tr>
</tbody>
</table>
ABMHC is committed to providing safe, effective and evidenced based mental health care. ABMHC utilizes the following evidenced based and best practices: Multi-Systemic Therapy (MST), Cognitive Behavioral Therapy (CBT), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT); Wellness Action Recovery Planning (WRAP), Shared Decision Making, Double Trouble in Recovery (DTR), Dimensions Well Body Program and Dimensions Tobacco Free Program, Psychosocial Rehabilitation (PRS), Peer Support Services (PSS), Direct Skills Teaching, School Based Services, Motivational Interviewing (MI), Solution Focused Brief Therapy, Primary/Behavioral Integration, Person Centered Treatment, Dialectical Behavioral Therapy, Collaborative Documentation, and Integrated Treatment for Co-Occurring Disorders. In addition to the above evidenced based and best practices, clinicians are trained in Mindfulness, Behavioral Health Screenings, and Preventing Childhood Sexual Abuse. A total of 52.5 hours of clinical training was provided to the clinicians at ABMHC in FY 15. Eighty-one percent of therapists are fully licensed or seeking licensure in South Carolina.

As part of our commitment to person centered care and increasing family and caregiver involvement in the treatment planning process a total of 2576 family therapy contacts were provided. In addition, ABMHC offered trainings for fifty one care-givers, family members and stakeholders. ABMHC utilized an Engagement Specialist to help clients quickly schedule and reschedule appointments as well as to decrease the failed appointment rate (cancellations and no-shows). Clients are contacted forty-eight hours in advance to be reminded of scheduled appointments.

ABMHC provides same day assessment services also known as “Just in Time Care”. As part of the intake process persons seeking services meet with a Master Level Clinician same day for a clinical assessment to help determine the best way to meet needs. If the case is opened at ABMHC, the client will be scheduled follow-up
appointments with the assigned therapist, psychiatrist and care-coordinator. It may be determined that someone would be best served by another agency or co-served by another agency. In these circumstances this will be discussed with the client and linkage with the other agency will be provided.

Urgent Clients are clients presenting in crisis or with mental health emergencies. Services are provided on the same day they present for treatment. Emergent clients are clients presenting with mental health issues that need to be addressed within 2 business days. After the initial same day assessment, clients are scheduled with a follow-up appointment with a therapist within 2 business days. Routine clients are clients presenting with routine mental health issues that can be addressed within 7 business days. After the initial same day assessment, a follow-up appointment with a therapist is scheduled within 5-7 business days.

Walk-ins are seen on a first come, first served basis. Client are asked to arrive to ABMHC no later than 3pm Monday-Friday to be seen that day. Waiting times will vary. Client are asked to bring proof of identification, discharge paperwork (if being discharged from the hospital, jail, substance abuse program or referred by a private provider), proof of income, insurance card and immunization record (Children-only).

If someone has private insurance, the insurance company should be contacted for a referral within network prior to walking in. If someone chooses to utilize ABMHC in lieu of a provider in network, full payment is expected for services provided.

Benzodiazepines (e.g. Xanax, Klonopin, Ativan) will only be prescribed if the ABMHC Psychiatrist feels this is the most appropriate medication for a client. Our physicians participate in the on-line Prescription Monitoring Program known as SCRIPTS (South Carolina Reporting and Identification Prescription Tracking System). The system collects prescription data on ALL Schedule II, III and IV controlled substances dispensed in or into the state of South Carolina. A urine drug screen may be requested at the intake and as part of the treatment process.

A total of 2561 persons were screened for services (admission and re-admission) at ABMHC during FY 15.

**Adult Outpatient Services**

Adult Outpatient provides services to clients who are in short term psychotherapy. The Adult program offers individual therapy and group sessions by appointment. All adult programs serve clients who are 18 years of age and older. Clients can expect to be seen for up to 12 sessions with additional sessions provided depending on individual need. ABMHC served a total of 2632 adults during FY 15. In addition, a total of 23,727 contacts were provided to adults served via the Adult Outpatient Programs at Main Center, Hartzog Center and Polly Best Center.

**Crisis Intervention (CI) and Emergency Services**

CI provides services during regular office hours and after hours. This program services adults, adolescents and children who are experiencing a psychiatric emergency or in need of evaluation for involuntary emergency chemical / psychiatric treatment. These services are provided in the Center as well as other locations in the community. During FY 15, ABMHC provided a total of 143 crisis contacts during business hours and 214 crisis contacts after hours.

**Community Rehabilitative Services (CRS)**

The overall goal of the CRS programs is to provide opportunities for recovery for clients primarily diagnosed with Serious & Persistent Mental Illness, Serious Mood Disorders and Co-Occurring Disorders (SPMI/Substance Abuse). Recovery is defined as process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. CRS includes: Psychosocial Rehabilitation, Peer
Support, and Supported Housing (Homeshare, Shelterplus and Housing First). During FY15, a total of 13,991 contacts were provided to clients served in the CRS programs.

Psychosocial Rehabilitation Services (PRS) is offered in the clinic and in the community utilizing direct skills teaching and social skills training. Clients with behaviors that interfere with the ability to function in primary aspects of daily living, such as personal relations, living arrangements, work, school, and recreation would benefit from this service. In FY15, a total of 4159 contacts were provided via the Psychosocial Rehabilitation Services Program. Fifty percent of clients served were transitioned from PRS services due to meeting goals and objectives.

Peer Support Services (PSS) are offered in the clinics and community utilizing a person centered approach. The purpose of this service is to allow clients the opportunity to direct their own recovery and advocacy processes while promoting skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills. ABMHC employs six peer support specialists who self-identify as having a mental illness thus providing hope and encouragement for recovery. Clients diagnosed with severe mental illness and/or substance abuse disorders would benefit from this service. During the FY 2015, a total of 8607 contacts were provided via the Peer Support Services Program. A total of eighty-six Wellness Recovery Action plans (WRAP) were completed. A total of thirty four clients were served in the Well Body and Tobacco Free groups. ABMHC Peer Support Program is recognized as the best in the state of South Carolina. Past awards include: 2014 Champions in Mental Health Outstanding Program of the Year Award and “Creative Program of the Year” Award/Heroes in the Fight 2007.

Shelterplus provided seventeen placements for clients with very limited income and/or no income. There was one new placement in Shelterplus during this time-frame. There are currently a total of fourteen Shelterplus placements in Aiken County and two in Barnwell County with one pending vacancy in Aiken County. There are a total of eight Homeshare providers in the Homeshare program (six in Aiken County and two in Barnwell County). There are four clients currently residing in the Homeshare Program. Multiple interventions to develop housing opportunities, maintain current placements, and/or assist with evictions and other housing problems were provided on a consistent basis. In addition, ABMHC procured funding to place twenty-five additional clients via the Housing First program.

**Care-Coordination Services**

Care-Coordination Services are designed to help clients gain access to needed medical, social, educational and other services. Components of this service include: Assessment, Care Planning, Referral and Linkage and Monitoring and Follow-Up. Examples of care-coordination may include referrals to: Legal resources, Transportation resources, Employment resources, Educational Resources, Medical Providers and much more. Care-Coordination Services are offered in the clinic and community via SCDMH.

Care-Coordination Services is encompassed into South Carolina Department of Mental Health’s supervision. Services are centralized with SCDMH and supervised locally by a Regional Care Coordinator. All clients are asked about needs and referred to a Care-Coordinator for an assessment at intake and during the course of treatment. In addition, ABMHC staff can make referrals to Care-Coordinators for children and adults when needed. During FY 15, Care Coordination served a total of 1064 clients providing 4392 total contacts meeting conventional needs such food, clothing, housing, employment, and primary care and unconventional needs such as pest control, beds, bedding, televisions, appliances, nutritional supplements, child care arrangements, and toys for Christmas. SCDMH has three Care-Coordinators assigned to provide services at ABMHC.

**Child, Adolescent and Family Services (CAF)**

CAF provides a multi-faceted approach to children 0-18. The parents/guardians along with the child, clinician and psychiatrist form an important team who work together to set goals for treatment. Services include: Group Therapy, Individual Therapy, Family Therapy, Multiple Family Group Therapy, Multi-systemic Therapy (MST)
and School Based Services (SBS). Multi-systemic therapy is a service for youth, ages 11-16, at risk of out-of-home placement. Intensive guidance to children and their families is provided in the home several days a week for up to 5 months. Clients are referred as appropriate. CAF served a total of 1244 clients aged 0-18 at ABMHC during FY 15. A total of 12,465 clinical contacts were provided during FY 15. ABMHC provided school based services at eighteen schools during FY15.

**SERVICE**

ABMHC is committed to exceeding customer expectations at every turn in order to be the preferred health provider of choice in Aiken and Barnwell Counties. As part of this commitment, ABMHC provided transportation to and from mental health appointments for indigent clients in order to increase access to treatment. Caseloads were reviewed weekly to ensure caseload sizes and frequency of treatment was appropriate based on client’s level of functioning and needs. The average caseload for an adult clinician is eighty clients while the average caseload for a child/adolescent/family clinician is sixty.

In FY15, ABMHC held and participated in multiple Mental Health Collaborative Forums and Community Networking meetings to enhance partnerships with stakeholders and build healthier communities as well as expand housing, employment and community supports for clients. ABMHC served an average of forty-eight clients as part of its partnership with Aiken Regional Hospital and Southern Palmetto Hospital Healthy Outcomes program. In addition, ABMHC facilitated a presentation for the Faith-Based Community to develop opportunities for clients that are seeking spiritual resources and want to develop spiritual support systems in their communities.

In FY15, ABMHC conducted two assessments, Administrative Readiness Tool (ART) and COMPASS Primary and Behavioral HealthCare tool to identify strengths and needs as related to becoming a fully integrated system of care (Mental Health, Substance Abuse and Medical services) in order to best serve the holistic needs of clients served. Based on the results, ABMHC formed an Integration Committee to address areas of need, develop a time-line to move forward with Integrated Care and updated its mission and values accordingly. As part of this initiative ABMHC offered Dimensions Well Body, Dimensions Tobacco Free, Double Trouble Recovery, and NAMI Connections Support groups. ABMHC also offered training on Integration and Integrated treatment for Co-Occurring Disorders. Twenty-five mental health professionals are currently seeking certification in addictions with two currently certified. Training was provided to clinicians on how to utilize the following behavioral screening tools: Modified Simple Screening Instrument for Substance Abuse (MSSI-SA); Harborview Trauma Screen (Children); Trauma Assessment (BR) for Adults; PHQ9; Generalized Anxiety Scale (GAD-7), Mood Disorder Questionnaire and Vanderbilt Questionnaire. Screeners are now being used at intake to help determine client’s needs.

ABMHC collects outcome data designed to measure the effectiveness and efficiency of services as well as client and stakeholder satisfaction with services. This is discussed below.

**Stakeholder’s Survey**

A five-point Likert item survey was utilized to obtain information regarding the following areas: quality of services, access to care, and competency of staff. Respondents were also asked to identify how ABMHC could score “Strongly agree” on each item. A Likert item was chosen as it allows the respondent to evaluate both objective and subjective criteria and provide equal amounts of positive and negative positions. The survey was administered via Survey Gold. The overall satisfaction rate for FY15 is 86%.

**Client Satisfaction Survey**

Clients at each site (Main Center, Hartzog and Polly Best) were offered the opportunity to complete a Client Satisfaction Survey. A five point Likert scale was utilized to obtain information regarding the following areas: satisfaction with administrative staff, satisfaction with clinical services and satisfaction with agency environment and effectiveness of services. Respondents were also asked to identify how ABMHC could score “Strongly Agree” on each item as well as provide additional comments. A Likert item was chosen as it allows
the respondent to evaluate both objective and subjective criteria and provide equal amounts of positive and negative positions. The overall client satisfaction rate for FY15 is 95%.

**Client Discharge Survey**
Upon discharge clients are offered the opportunity to complete a post discharge survey via phone or mail. A five point Likert scale was utilized to obtain information regarding the following areas: effectiveness of services, willingness to refer someone to agency, willingness to return to agency in future, participation in treatment and overall satisfaction with services. A Likert item was chosen as it allows the respondent to evaluate both objective and subjective criteria and provide equal amounts of positive and negative positions. Clients were also asked to provide suggestions on how to improve services. The overall client discharge satisfaction rate for FY15 is 91%.

**People**
ABMHC recognizes that being the behavioral health care provider and employer of choice means recruiting, developing and retaining a competent, culturally diverse, motivated and productive workforce. During FY15, the retention rate was eighty percent. New employees were provided a five day orientation to the agency and surveyed regarding their experience. Ninety one percent of new employees were satisfied with the orientation process. Eighty percent of master level therapists are licensed in South Carolina or seeking license. In order to promote career development, ABMHC continues to provide supervision for clinical licensure for staff seeking license. Twenty-five master level therapists are seeking National Certification in Addictions. ABMHC is providing clinical supervision and training to assist these therapists with obtaining their Master of Addiction Certification. Overall, ABMHC provided 52.5 hours of continuing education to staff in FY15.

In order to recruit staff, ABMHC participated in several job fairs with local colleges including University of South Carolina-Aiken and University of South Carolina Columbia School of Social Work. ABMHC provided four internships to include one with Georgia Regents University- Bachelor of Social Work and three with the University of South Carolina-Columbia School of Social Work- Master’s Program. Information about job announcements was provided to the University of South Carolina-Aiken; the University of South Carolina-Columbia; Georgia Regents University and the Medical University of South Carolina. Prospective employees can also obtain information about ABMHC on its website.

A quarterly all-agency Employee Forum is held to promote transparency and to provide information to staff regarding agency’s performance as well as to recognize and reward employee’s achievements.

The ABMHC Leadership Development Institute was continued with six staff participating in this nine month training program led by the Executive Director. The ABMHC Leadership Development Institute was designed to develop a cadre of qualified staff to assume leadership positions at Aiken Barnwell Mental Health Center and to help participants understand the use of leadership and managerial concepts while recognizing their own strengths and limitations. The objectives include:

- To enhance and develop the leadership abilities and effectiveness of selected staff.
- To provide an understanding of their responsibilities as leaders.
- To provide an understanding of the concepts and techniques relevant to leadership and management.

**Finance**
ABMHC is committed to demonstrating fiscal responsibility and accountability to advance our mission. Financial information is depicted in Table 4 and Figure 2.
### Table 4: ABMHC FY15 Budget Financial Report as of June 30, 2015

<table>
<thead>
<tr>
<th>Revenues</th>
<th>FY15 Budget</th>
<th>YTD Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Reimbursement</td>
<td>$2,500,000</td>
<td>$2,270,682</td>
</tr>
<tr>
<td>Other Fees/Institutional Revenue</td>
<td>$450,000</td>
<td>$402,651</td>
</tr>
<tr>
<td>State Appropriations</td>
<td>$3,022,071</td>
<td>$2,888,448</td>
</tr>
<tr>
<td>County Appropriations</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Block Grant</td>
<td>$138,135</td>
<td>$207,203</td>
</tr>
<tr>
<td>Other Revenues</td>
<td>$5,000</td>
<td>$5,927</td>
</tr>
<tr>
<td>FY14 Carry Forward Earmarked</td>
<td>$161,491</td>
<td>$96,732</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>$6,277,697</strong></td>
<td><strong>$5,872,643</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Projected</th>
<th>YTD Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Position Salaries</td>
<td>$3,250,100</td>
<td>$3,065,713</td>
</tr>
<tr>
<td>Temporary Position Salaries</td>
<td>$40,000</td>
<td>$0</td>
</tr>
<tr>
<td>Other Personal Services</td>
<td>$156,133</td>
<td>$78,191</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>$1,235,000</td>
<td>$1,222,004</td>
</tr>
<tr>
<td>Contract Personnel</td>
<td>$591,500</td>
<td>$352,414</td>
</tr>
<tr>
<td><strong>TOTAL PERSONNEL COST</strong></td>
<td><strong>$5,272,733</strong></td>
<td><strong>$4,718,323</strong></td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$628</td>
<td>$1281</td>
</tr>
<tr>
<td>Supplies</td>
<td>$175,000</td>
<td>$258,914</td>
</tr>
<tr>
<td>Fixed Charges</td>
<td>$75,465</td>
<td>$92,209</td>
</tr>
<tr>
<td>Travel/Vehicle Expenses</td>
<td>$74,117</td>
<td>$61,436</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>$48,064</td>
<td>$59,632</td>
</tr>
<tr>
<td>Telecom, Telephone and Cellular</td>
<td>$70,482</td>
<td>$125,124</td>
</tr>
<tr>
<td>Equipment</td>
<td>$25,000</td>
<td>$7871</td>
</tr>
<tr>
<td>Utilities</td>
<td>$91,500</td>
<td>$94,875</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$4300</td>
<td>$5168</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSE</strong></td>
<td><strong>$560,225</strong></td>
<td><strong>$701,341</strong></td>
</tr>
<tr>
<td>Case Services</td>
<td>$140,000</td>
<td>$67,456</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>$5,977,288</strong></td>
<td><strong>$5,492,288</strong></td>
</tr>
</tbody>
</table>

| Revenues Over (Under) Expenditures       | $300,409    | $380,355    |
| Over (Under) Including One-Time Funding  | 0           | $380,355    |
ABMHC is committed to pursuing new and better ways of serving our stakeholders. ABMHC has identified key performance indicators to measure effectiveness and efficiency and to assist in the decision making process. Data is reviewed weekly and monthly to ensure the agency is meeting established benchmarks. A Monthly Report Card is provided to all managers as well as staff promoting transparency and engagement in the organization. In addition, ABMHC continues to research new evidenced based practices and best practices. Clinical staff was provided training on new evidenced based and best practices in FY 15 to include Solution Focused Therapy, Mindfulness, Motivational Interviewing and Integrated Treatment for Co-Occurring Disorders. ABMHC facilitated the weekly NAMI Support Group “Connections” for adults diagnosed with mental illness in Aiken and Barnwell counties.

**Community**

ABMHC is committed to enhancing partnerships with local and regional organizations to effectively meet the needs of the community and increase the public’s awareness of mental health issues, mental health treatment and access to treatment. In FY15, ABMHC participated in forty-four public relation events and opportunities. This included: presentations on ABMHC and mental health at various venues; appearances on radio show; back to school activities; and operating booths at various community events and health fairs such as Western Carolina State Fair, Jack O Lantern Jubilee, Ridge Spring Harvest Festival, Taste of Blackville, Relay for Life, Color Run, NAMI Suicide Walk, and many more. ABMHC provided a presentation to Alpha Kappa Alpha and Zeta Phi Beta Sororities to develop volunteer opportunities at agency. In addition, ABMHC routinely participated in monthly, quarterly and semi-annual community networking meetings and collaborative forums to discuss ways to enhance partnerships, educate about services, identify and remove barriers to services and to serve clients more effectively.

**Summary**

Since 1965, ABMHC has been represented by numerous dedicated professionals who helped to build this organization and develop it into the mental health leader it is today. During FY15 as evident by outcomes, ABMHC clearly demonstrated its commitment in helping persons access quality services and recover.