



South Carolina Department of Mental Health

Aiken-Barnwell Mental Health Center Annual Report

Fiscal Year 2018 (July 1, 2017-June 30, 2018)



**1135 Gregg Highway
Aiken, South Carolina 29801
803.641.7700**

<http://www.state.sc.us/dmh/ab/>

Prepared by: Tamara L Smith, LISW-CP, MAC

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 2018: 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 patients. 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 patients 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 patients are getting great care and the patients 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 shows how an organization, by focusing on employee satisfaction, can improve patient 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 18

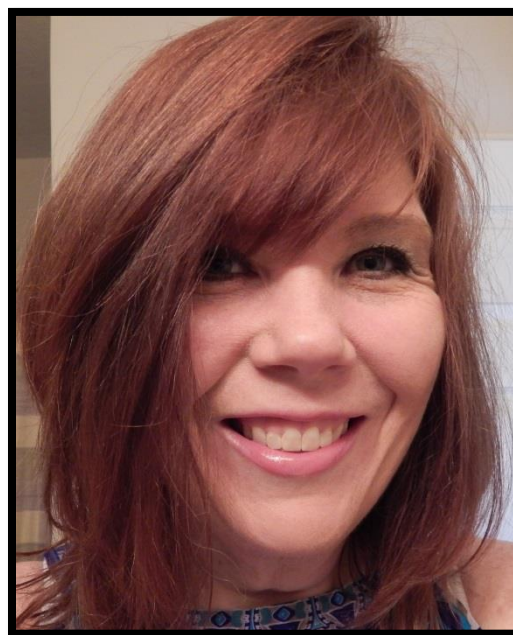
- Provided Just in Time Care- offered same day mental health assessments to persons needing treatment. Persons needing care can walk in same day for mental health services (no appointment required).
- Provided mental health services to 3807 patients with a total of 36,576 contacts to such patients.
- Provided School Mental Health Services in Aiken and Barnwell Counties serving a total of 8 schools and 267 children/adolescents.
- Provided transportation to Mental Health Appointments for 91 indigent patients through Aiken County Council Members discretionary funding and Barnwell County Council.
- Provided for 36 housing placements via Housing First Program (rent and utility assistance).
- Public Relations and Community Outreach- Participated in and/or facilitated 79 community and public Relations events in Aiken and Barnwell counties (health fairs, festivals, presentations, back to school events, walks and depression screenings).
- Care-Coordination Services offered at agency to include 2 full-time care-coordinators to assess all needs of patients served (medical, legal, housing, food, clothing, etc.) Served a total of 941 patients and provided 2318 care-coordination contacts to those patients.
- Facilitated free support groups for persons with mental illness and for care-givers of persons with mental illness.
- Licensure- 92% of staff is licensed and/or licensed interns.
- Offered free, anonymous on-line mental health screenings serving a total of 337 people.
- Provided 12,209 contacts to non-opened stakeholders (Anonymous Screenings, Consultations with Community Partners, Consultations for Housing, Crisis Response at Schools, Probate and Primary Care Consultations, Consultations with Detention Center, and Contacts at PR Events)
- Wrote a Mental Health Column for Aiken Standard to increase awareness of Mental Health and how to access treatment.
- Assisted with Hurricane Irma emergency preparations with Aiken and Barnwell Counties.

ABMHC Executive Leadership Team

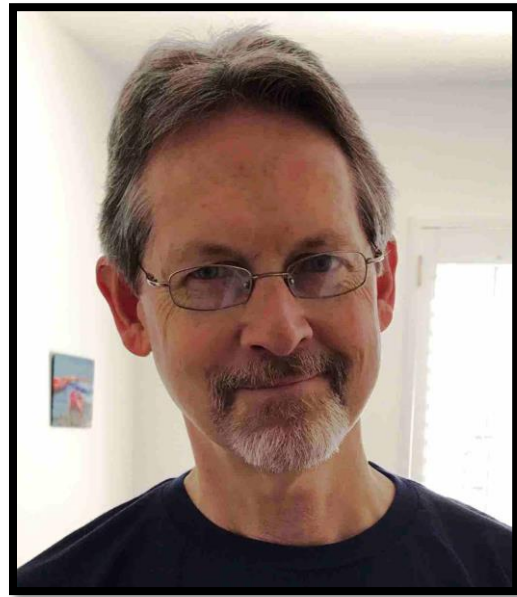
Richard L Acton served as the Executive Director at Aiken Barnwell Mental Health Center and Lexington Community Mental Health Center during FY18. Rick has thirty plus year's executive and operational experience in private/non-profit and public community based family service and behavioral health. He 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, MAC served as the Assistant Executive Director at Aiken Barnwell Mental Health Center FY 18. Tamara holds a Master of Social Work Degree from the University of South Carolina, 1999 and a Master of Addiction Certification. She has worked with Aiken Barnwell Mental Health Center since 1992. From February 2006-March 2009, she coordinated the Mental Health Treatment Study at ABMHC. As Assistant Director, she assists with day to day clinical and administrative operations of the agency, strategic planning, and performance improvement. She chairs the following committees: Public Relations, Grants, Integration, and Strategic Planning/Performance Improvement. Tamara has twenty-six+ years of experience in the field of behavioral and mental health.



Gregory E. Smith MD served as Chief of Psychiatric Services at ABMHC in FY18. He also sees patients at the community mental health. He continues to do tele-psychiatry half time as well with SCDMH. He has been practicing psychiatry for thirty 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, MAC served as the Program Manager for Child, Adolescent and Family Services at ABMHC for FY18. 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 three certifications, one as a National Certified Counselor by the National Board for Certified Counselors one as a Certified Addictions Counselor II and one as Master of Addictions. She is also certified in Equine Assisted Psychotherapy by the O.K. Corral Series.



Jeff Waddell, MS, LPC, MAC served as the Program Manager for Adult Services FY18. 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. Jeff is also the liaison with Aurora Pavilion and Designated Exams via Aiken County Probate Court.



April Kitchens, MS, LPC-S, MAC served as the Program Director for Hartzog Center in North Augusta (ABMHC) for FY18. She is responsible for overseeing daily clinical 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, MAC served as Program Director for Polly Best Center in FY 18. She is responsible for overseeing daily clinical 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. Lacinda has a Master of Addiction Certification.



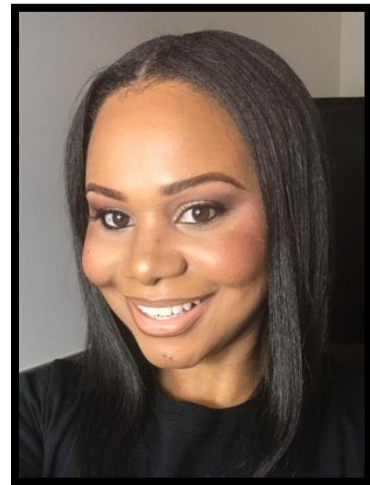
Lisa M. Hall, LPC-I served as the Quality Assurance Director at Aiken Barnwell Mental Health Center during FY18. Lisa graduated with a Master of Art in Clinical Psychology from University of Central Florida in 2014 and is currently working towards her Licensed Professional Counseling licensure in the State of South Carolina. She brings with her a strong Quality Assurance and Clinical background along with extensive managerial experience from the State of Florida where she worked for seven years with the Department of Children and Families Central Region serving children and their families in her community prior to joining ABMHC in 2016.



Shamika Anderson, MBA

Shamika Anderson served as the Center Administrator for Aiken Barnwell Mental Health Center during FY18. She has 15 years of experience in financial management. Shamika has extensive knowledge and experience in the clinical, health care policy and operational management. As a NIH Intramural Research Training Award Fellow, her clinical research contribution led to an article publication in the

Particle and Fibre Toxicology journal. Shamika obtained a Bachelor of Arts in Accounting from Wofford College and received a MBA with emphasis in Health Care Management from Gardner-Webb University. She has also completed her PhD in Health Service Policy and Management from the University of South Carolina.



Deborah Nieri, MS

Deborah Nieri served as the Utilization Management and Review Director at Aiken Barnwell Community Mental Health Center and Lexington County Community Mental Health Center in FY18. Deborah has twenty-five plus years' experience in the behavioral healthcare field including direct provision of therapeutic services; clinical supervision; program development and implementation; qualitative and fidelity program evaluation; and, business process re-engineering in public sector community service settings. Deborah has a Master of Science degree in Clinical Psychology from the University of Central Florida.



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

Member Name	County Served	Appointed	Expiration Date	Seat Number
John Young-Board	Barnwell	2/10	2/20	1
Robin Gable	Barnwell	09/16	9/20	2
Vacant				3
Dr. Rosa Ishmal (Chair)	Aiken	1/17	1/21	4
Cheryl Azouri-Long	Barnwell	5/17	5/21	5
Vacant				6
Sarah Elwell	Aiken	09/16	09/20	7
Vacant	Aiken	11/15	9/19	8
Vacant	Aiken			9
	Aiken			10
Rachel Ryan (Co-Chair)	Aiken	1/15	1/19	11
Harry Douglas	Aiken	2/15	9/19	12
Vacant				13
Marion Gary	Aiken	1/18	1/22	14
Janie Key	Aiken	8/18	1/22	15

County Data

Aiken County has a total of 1,073 square miles. It is the fourth largest county in land area. It is located near the mid-point of SC's 250 mile border with Georgia. Since 2010, Aiken County has experienced a 5% increase in population. North Augusta is the second largest city in Aiken County. It has experienced a 7.5% increase in population since 2010. Barnwell County has a total area of 548 square miles and is located along US route 278. Barnwell County experienced a 5.6% decrease in population since 2010. Population data for Aiken and Barnwell counties is outlined in Table 2.

Table 2: Population Data for Aiken and Barnwell Counties

	Aiken County	Barnwell County
Population (2017 estimate)	168,179	21,345
% Persons under 18 years (2017)	22	24
% Persons 65 years and over (2017)	18.9	17.8
% Female persons (2017)	51.7	52.1
% Minority persons (2017)	29	47
Median household income (2016)	\$46,454	\$34,787
% Persons in poverty	17	22.6

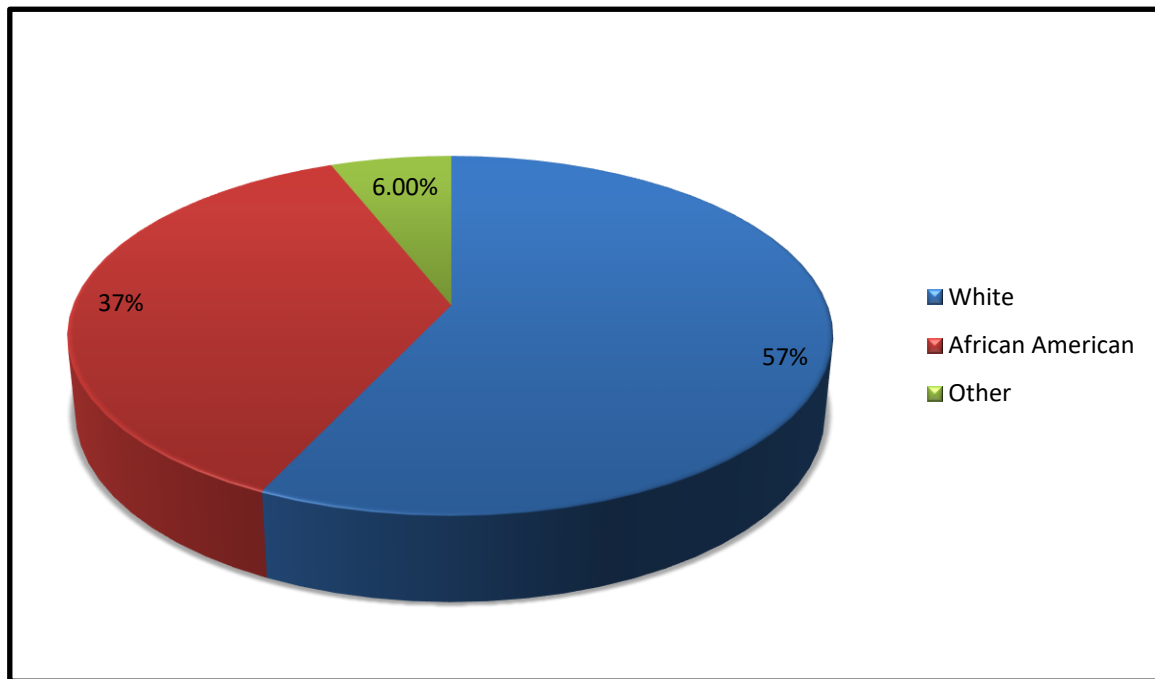
ABMHC Patient Data

From July 1, 2017-June 30, 2018 (Fiscal Year 18), Aiken Barnwell MHC served a total of 3807 patients. A total of 36,576 clinical patient 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 Medication Monitoring Services.

Table 3: Summary of Patient Data

Total Persons Served	3807
Total Number of Admissions	2608
Total Number of Clinical Contacts	36,576
Male	43%
Female	57%
Ages 0-17	32%
Ages 18+	68%
Total Contacts provided to Non-opened Stakeholders (Meetings, PR Events)	12,209

Figure 1: Client Data by Ethnicity



Summary of Organizational Priorities, Goals and Objectives & Services

QUALITY

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), Cognitive Processing Therapy (CPT), 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 Mental Health Services, Motivational Interviewing (MI), Solution Focused Brief Therapy, Person Centered Treatment, Collaborative Documentation, Dialectical Behavior Therapy (DBT) and Integrated Treatment for Co-Occurring Disorders. In addition to direct clinical supervision, a total of 13.25 hours of clinical training was provided to the clinicians at ABMHC in FY18. Ninety-two percent of therapists are fully licensed or seeking licensure in South Carolina. Eight clinicians have a Master of Addiction Certification and two are Certified Addictions Counselors in the State of SC. One Clinician is a Certified Addiction Counselor Supervisor.

As part of our commitment to person centered care and increasing family and caregiver involvement in the treatment planning process a total of 1711 family therapy contacts were provided. ABMHC offered an on-going monthly NAMI Family Support group for care-givers and family members. ABMHC utilized an Engagement Specialist to help patients quickly schedule and reschedule appointments as well as to identify barriers to treatment. Patients are contacted twenty-four hours in advance to be reminded of scheduled appointments.

ABMHC offered same day assessment services also known as "Just in Time Care". As part of the intake process persons seeking services met with a Master Level Clinician same day for a clinical assessment to help determine the best way to meet needs. If the case was opened at ABMHC, the patient was scheduled follow-up appointments with the assigned therapist, psychiatrist and care-coordinator. If it was determined that someone would be best served by another agency or co-served by another agency a referral was made to the appropriate resource. A total of 2608 persons were screened for services (admission and re-admission) at ABMHC during FY 18.

Adult Services

The Adult program offered individual, family and group therapy by appointment. All adult programs served patients 18 years of age and older. ABMHC served a total of 2584 adults during FY18. A total of 26,790 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 provided services during regular office hours and after hours. This program serviced adults, adolescents and children who were experiencing a psychiatric emergency or in need of evaluation for involuntary emergency chemical / psychiatric treatment. Services were provided in the Center as well as other locations in the community. During FY18, ABMHC provided a total of 382 crisis contacts during business hours to current patients. In addition, 433 crisis contacts were provided afterhours and 51 crisis contacts were provided in consultation with other agencies on behalf of non-opened persons.

Community Rehabilitative Services (CRS)

The overall goal of the CRS programs is to provide opportunities for recovery for patients 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 and Community Housing).

Psychosocial Rehabilitation Services (PRS) were offered in the clinic and in the community utilizing direct skills teaching and social skills training. Patients 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 benefited from this service. In FY18, a total of 568 contacts were provided via the Psychosocial Rehabilitation Services Program.

Peer Support Services (PSS) were offered in the clinics and community utilizing a person centered approach. The purpose of this service is to allow patients the opportunity to direct their own recovery and learn effective ways to cope and manage symptoms. ABMHC employed four peer support specialists who self-identified as having a mental illness thus providing hope and encouragement for recovery. Patients diagnosed with severe mental illness and/or substance abuse disorders benefited from this service. During FY18, a total of 2324 contacts were provided via the Peer Support Services Program.

Peer Support Services operated a Peer Support Drop-in center at the Main Center and Polly Best Center. Patients had the option to participate in structured groups as relevant to their treatment plan or choose activities that support their personal recovery in a safe environment. Peer Support Services offered Dimensions Well Body and Tobacco Free Groups with a total of sixty-six patients participating in these groups. Peer Support Services facilitated the monthly NAMI support groups for patients and families and caregivers.

In FY18, Peer Support Services embedded a Peer Support Specialist in the initial intake process at the Main Center. The Peer Support Specialist met with patients seeking services to answer questions about the intake process, mental health treatment and alleviate the stigma surrounding mental health treatment. A total of 482 patients were seen in FY18 with fifty-seven percent returning for the fifth appointment with mental health providers.

Peer Support Services has received the following awards: 2014 Champions in Mental Health Outstanding Program of the Year Award and "Creative Program of the Year" Award/Heroes in the Fight 2007.

During FY18, the Community Housing program guaranteed rent and paid a utility allowance for thirty-six patients. Patients are housed throughout the community in safe and affordable housing. The Homeshare Program served three patients

CARE-COORDINATION SERVICES

Care-Coordination Services continues to be encompassed into South Carolina Department of Mental Health's supervision. During FY18, Care Coordination served a total of 941 patients providing 2318 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 two Care-Coordinators assigned to provide services at ABMHC.

Child, Adolescent and Family Services (CAF)

CAF provided a multi-faceted approach to children 0-18. The parents/guardians along with the child, clinician and psychiatrist formed an important team to set goals for treatment. Services included: Group Therapy, Individual Therapy, Family Therapy, Multiple Family Group Therapy, Multi-systemic Therapy (MST) and School Mental Health Services (SMH). 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. CAF served a total of 1223 patients aged 0-18 at ABMHC during FY18. A total of 9,786 clinical contacts were provided. ABMHC provided school mental health services at eight schools and served a total of 267 students.

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 offered same day service to persons needing crisis intervention or an assessment. ABMHC's accessibility rate is 100%. ABMHC made tele-psychiatry available at all locations to ensure patients had access to emergency psychiatric assessments. ABMHC provided transportation to and from mental health appointments for ninety-one indigent patients in order to increase access to treatment. Caseloads were reviewed weekly to ensure caseload sizes and frequency of treatment was appropriate based on patient's level of functioning and needs.

In FY18, 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 patients. ABMHC served a total of 231 patients as part of its partnership with Aiken Regional Hospital and Southern Palmetto Hospital Healthy Outcomes program (HOP). In addition, ABMHC facilitated multiple presentations for care-givers, stakeholders and family members.

Eight clinicians have the Master of Addiction Certification. On-going clinical training and supervision was provided monthly in reference to Co-occurring Disorders and Trauma Focused Treatment. Screeners continued to be used at intake to help determine patient's needs. A number of outcome measures including but not limited to the PHQ9, GAD7, PCL5, and DLA-20 continued to be used to track the progress of patients and current functioning level.

ABMHC collected outcome data designed to measure the access to, effectiveness and satisfaction of services provided.

Patient Satisfaction Survey

Patients at each site (Main Center, Hartzog and Polly Best) were offered the opportunity to complete a Patient Satisfaction Survey after each service provided. A Likert scale was utilized to obtain information regarding the following areas: accessibility, effectiveness of and satisfaction with services offered. 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 patient satisfaction rate for FY18 was 98%.

Patient Discharge Survey

Upon discharge patients were offered the opportunity to complete a post discharge survey via mail or in-person. A 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. Patients were asked to provide suggestions on how to improve services. The overall client discharge satisfaction rate for FY18 was 86%.

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 FY18, the retention rate was 76%. New employees were provided a five day orientation to the agency and surveyed regarding their experience. One-hundred percent of new employees were satisfied with the orientation process. Ninety-two 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. ABMHC provided clinical supervision and training to assist therapists with obtaining their Master of Addiction Certification. ABMHC provided 13.25 hours of continuing education to staff in FY18.

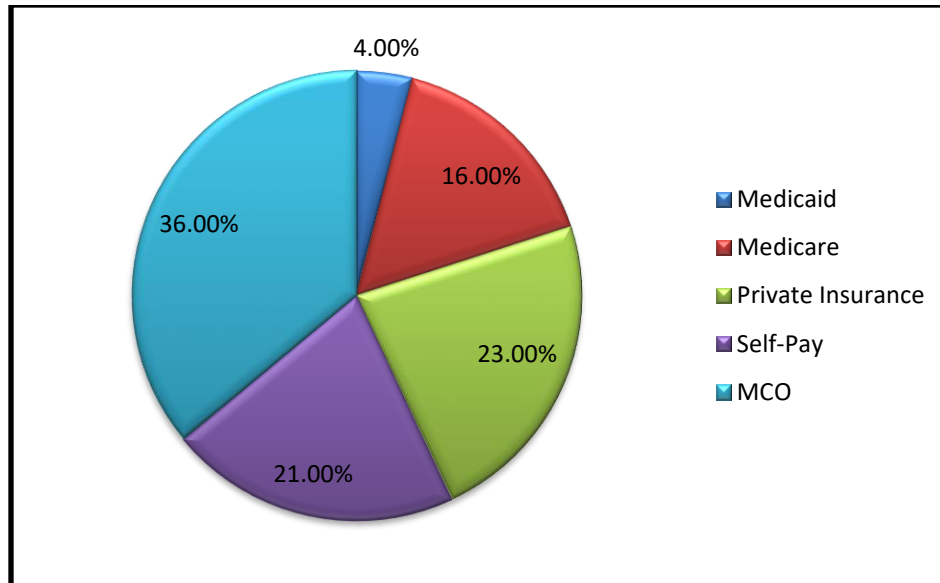
In order to recruit staff, ABMHC participated in several job fairs with local colleges including University of South Carolina-Aiken and University of South Carolina Columbia School of Social Work. ABMHC provided one internship with the University of South Carolina-Columbia School of Social Work- Master's 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 were invited to participate in a Career Expo to learn more about employment with ABMHC. ABMHC also participated in the annual town-hall forum with graduate students enrolled in the Master of Clinical Psychology Program at the University of South Carolina-Aiken.

A quarterly all-agency Employee Forum was held to promote transparency and to provide information to staff regarding agency's performance as well as to recognize and reward employee's achievements. A Wall of Fame was created at each site to recognize employee's achievements. The Employee Rewards and Recognition Committee hosted several activities throughout the year to recognize staff's teamwork, hard-work and commitment to the agency's mission.

ABMHC FY18 Financial Report as of 6/30/18

Allocations	FY18 Original Forecast	FY18 Year End Budget
State Appropriations	\$3,096,696.00	\$3,096,696.00
Disproportionate Medicaid	\$0	\$0
Patient Fee Account	\$0	\$0
Revenues		
Medicaid Reimbursement	\$467,359	\$366,537
MCO Operations	\$1,685,739	\$1,459,625
Other Fees/Institutional Revenue	\$384,177	\$514,914
Veterans Administration	\$0	\$0
Drug Fines	\$0	\$0
County Appropriations	\$1000	\$1500
Block Grant	\$138,215	\$207,283
Other Federal Grants	\$0	\$0
Earmarked Fund Grants	\$0	\$0
Other Revenues	\$30,000	\$38,180
MCO SCHIP Prior Year Adjustment	\$0	\$18,678
Prior Year Carry Forward		
Total Revenue	\$5,804,186	\$5,704,413
Expenditures		
Permanent Position Salaries	\$2,988,466	\$3,120,785
Temporary Grant Positions	\$0	\$0
Temporary Position Salaries	\$0	\$0
Other Personnel Services	\$85,000	\$73,037
Employee Benefits	\$1,209,914	\$1,232,350
Contract Personnel	\$444,984	\$480,126
Total Personnel Cost	\$4,860,683	\$4,773,979
Contractual Services	\$100,873	\$115,237
Supplies	\$140,215	\$136,627
Fixed Charges	\$109,000	\$107,329
Travel/Vehicle Expenses	\$42,900	\$41,300
Equipment	\$0	\$0
Utilities	\$168,844	\$85,729
Other Expense	\$0	\$0
Total Operating Expense	\$561,832	\$486,223
Case Services	\$356,072	\$284,227
Total Expenditures	\$5,778,585	\$5,544,428
Revenues Over (Under) Expenditures	\$25,600	\$159,985

Figure 2: Payor Sources at ABMHC



Growth

ABMHC continued to track key performance indicators to measure effectiveness and efficiency and to assist in the decision making process. Data was reviewed weekly and monthly to ensure the agency was meeting established benchmarks. A Monthly Report Card was provided to all managers as well as staff promoting transparency and engagement in the organization. In addition, ABMHC continued to research new evidence based practices and best practices. Clinical staff was provided on-going supervision for the treatment of Co-Occurring Disorders and Trauma. Three staff members participated in Dialectical Behavior Therapy training and on-going consultation and supervision. ABMHC facilitated two monthly support groups- NAMI Support Group "Connections" for adults diagnosed with mental illness in Aiken and Barnwell counties and NAMI Family Support Group for family members, caregivers and loved ones of individuals living with mental illness. Both support groups were open to the public.

Community

In FY18, ABMHC participated in seventy-nine public relation events and opportunities. This included: presentations on ABMHC and mental health topics in general as well as how to access treatment; depression screenings; 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, Fit4 School, North Augusta Healthy Fair, NAMI Suicide Walk, and many more. ABMHC partnered with Mental Health America of Aiken County and Alpha Kappa Alpha and Zeta Phi Beta Sororities. 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. ABMHC are members of the Aiken County Coalition to Prevent Suicide and the Aiken County Homelessness Coalition.

Summary

Since 1965, ABMHC has been built by numerous dedicated professionals who are passionate about changing the community and the world for the better. During FY18 ABMHC clearly demonstrated its passion and commitment as evident by its outcomes.