

# **BERKELEY COMMUNITY MENTAL HEALTH CENTER**



## **ANNUAL PERFORMANCE REPORT**

**JULY 1, 2021 - JUNE 30, 2022**

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
2021/2022 ANNUAL PERFORMANCE REPORT**

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# **BERKELEY COMMUNITY MENTAL HEALTH CENTER (BCMHC) MISSION STATEMENT**

## **OUR MISSION PHILOSOPHY**

The men and women of the Berkeley Community Mental Health Center, in partnership with patients, families and their diverse communities, will support the recovery of citizens with mental illness.

## **OUR PRIORITIES**

BCMHC will give priority to adults and children and their families affected by serious mental illnesses and significant emotional disorders. We are committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible.

## **OUR VALUES**

### **Respect for the Individual**

Each person who receives our services will be treated with respect and dignity, and will be a partner in achieving recovery. We commit ourselves to services that:

- Honor the rights, wishes and needs of each individual
- Promote each individual's quality of life
- Focus on each individual's strengths in the context of his/her own culture
- Foster independence and recovery
- Demonstrate the value of family inclusion and the benefits of strong family support

### **Support for Local Care**

We believe that people are best served in or near their own homes or the community of their choice. We commit to the availability of a full and flexible array of coordinated services in Berkeley County, and to services that are provided in a healthy environment. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

### **Commitment to Quality**

BCMHC will be an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic, and work environments which inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the recovery philosophy, and who value continuous learning and research. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

### **Dedication to improved public awareness and knowledge:**

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress, are often the object of misunderstanding and stigmatizing attitudes. We will work with employers, sister agencies, and public media to combat prejudice born of ignorance about mental illness. We will expect our own staff to be leaders in the anti-stigma campaign.

## PLANNING AND PROGRESS

The mission of this organization was the foundation for the creation of the triennial Strategic Plan. This plan was developed from input solicited from the Board of Directors, Center staff, patients and the community by the Quality Improvement Team and Leadership. Reflective of the commitment to excellence and quality improvement, the organization supported this plan as a guide for quality improvement activity and project. This Annual Performance Report summarized these activities.

The 2021/2022 goals focused on the following:

**Goal #1: Retain, recruit and develop and develop exceptional staff.**

**Goal #2: Improve access and efficiency of services to all clientele.**

**Goal #3: Expand BCMHC's presence in the Berkeley community.**

Some of the major accomplishments during 2021-2022 included:

- Center provided **28,351** hours of behavioral health services to adults, children, adolescents and their families.
- State allocations and earned revenues were managed effectively to support the Center's mission.
- Telehealth program continues to expand: Mobile Crisis has added telehealth adjunct support with two law enforcement agencies this year and a new telehealth-only clinical program is being piloted.
- Berkeley added monthly EMDR Consultations to our evidenced based consultations.
- The BCMHC School Based program serves 38 schools of the District and has expanded to include 22 clinicians and 3 Bachelor's level clinical case managers.
- The Mental Health Court program enrolled its first two patients this year and collaboration with community partners continues to be positive.
- Have maintained successful working relationships with all law enforcement agencies and currently have one clinician embedded at the Sheriff's Office delivering care to victims of crime. Also, coordinated with the Detention Center and Sheriff's Office to develop a comprehensive behavioral healthcare team which will serve the Detention Center in the coming fiscal year.
- The Center is developing a Mobile Mental Health Care clinic to serve rural communities and other community locations with the recent purchase of a converted RV.
- Expanded relationships with local institutions of higher learning to provide field placement site for Clinical Counseling students and MUSC Residents.

## **POPULATION SERVED**

BCMHC serves residents of Berkeley County. Transient persons in need of emergent services are also served by the Center. The program's services are rendered to the patient without limitation or discrimination based on race, color, age, religion, gender, disability, sexual orientation, national origin, prior treatment, criminal record or ability to pay for services.

Every effort is made to make accommodations for those patients with special needs. Internal accommodations or a referral to an external agency or organization are mechanisms to serve persons with special needs. The organization's policy and procedures define mechanisms to assure access to treatment for persons with special needs.

In addition to the above, services are sensitive and relevant to the diversity of the persons served. Fostering and maintaining cultural competency is a priority.

## **STAFFING AND CREDENTIALS**

Multi-disciplinary teams are generally comprised of master's level counselors, nurse(s) and psychiatrist(s). This treatment team, along with the patient and family/support system, considers an array of information to identify needs, formulate goals and specify interventions to address goals. The result is an individualized treatment/recovery plan which guides the nature, frequency, duration and content of services. The team discusses changes throughout the course of treatment and monitors progress toward goals and program discharge. This collaborative process enables the patient and family/support system to access the range of services in the Center and community.

Staff are credentialed and privileged to provide service to adults, children, adolescents and their families through the South Carolina Department of Mental Health's Office of Credentialing and Privileging.

The Board of Directors and Center staff are cognizant of the culturally diverse community they serve, and to the extent possible, the composition of both is consistent with that of the community. The following chart depicts diversity aspects of the community, governance authority and staff:

	Black	White	Other	Male	Female
County Population	25%	62%	13%	49.7%	50.3%
Board of Directors	18%	82%	0%	36%	64%
Center Staff	45%	52%	3%	22%	78%

### **SERVICES OFFERED**

Berkeley Community Mental Health Center provides an array of outpatient services to the citizens of Berkeley County. We offer community-based services to people of all ages who are experiencing serious emotional problems or severe, persistent mental illnesses. Services available at Berkeley Community Mental Health Center include Crisis Intervention/Emergency Services, Children, Adolescent and Family Services, and Adult Services.

The program's services are rendered to the patient without limitation or discrimination based on race, color, age, religion, gender, disability, sexual orientation, national origin, prior treatment, or criminal record.

Every effort is made to make accommodations for those patients with special needs. Internal accommodations or a referral to an external agency or organization are mechanisms to address persons with special needs. The organizational policy and procedures define mechanisms to insure access to services for persons with special needs.

In addition to the above, services will be sensitive and relevant to the diversity of the patient. Cultural Diversity training is a priority.

## **ACCESS/MOBILE CRISIS SERVICES**

### **Access**

Requests for services are made and processed through two points of entry. Most service requests are processed by the Access/Mobile Crisis clinical staff. For those seeking services with our School Based service delivery, requests are processed by the School Based clinical staff at the identified school.

The Center's clinicians, whether it is an Access/Mobile Crisis or a School Based service clinician, provide a comprehensive biopsychosocial assessment for those seeking services. For those meeting the diagnostic admission criteria and consent to enrolling in services, the clinician will refer the patient to the appropriate service delivery program within BCMHC.

### **Mobile Crisis Intervention**

The capacity to provide Crisis Intervention Services is made available to patients of BCMHC on a time-limited basis. Crisis Intervention services are typically provided for patients following abrupt substantial changes in function and/or marked personal distress, which results in an emergency situation for the patient or the patient's environment.

### **Mobile Crisis Intervention Community Response**

Access/Mobile Crisis will respond 24/7 to the community to intervene with and provide treatment/resources to individuals in crisis. Mobile Crisis clinicians may self-deploy or deploy at the request of Law Enforcement to provide and link those in acute psychiatric distress with appropriate community-based interventions and treatments tailored to specific strengths, needs and preferences.

### **Family Violence Treatment Program**

The overall program is a collaborative effort with Berkeley County Sheriff's Office to provide victims of domestic violence and other violent crime cases including rape, homicide, burglaries with an immediate mental health intervention/evaluation and to provide short term (usually 12 weeks) Trauma-Focused Cognitive Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT) and/or Motivational Interviewing and follow-up to the trauma incident.

### **Afterhours Intervention**

After hours, weekends, and holidays, the on-call staff will coordinate service provision with local emergency rooms, referral sources, persons served and their families. Based on information gathered, Access Center/on call staff may make referrals to other resources.

**Persons Served**

Services are available to persons meeting varieties of emotional problems, including psychiatric disabilities, and severe emotional problems.

Mechanisms for referral to the services include but are not limited to: self-referral, family, counselor/case manager, law enforcement, emergency rooms, community physicians, local agencies, schools, courts, private practice clinicians, and/or employers.

**Services Offered**

Services may include: assessment, psychiatric nursing services, medication administration and monitoring, psychiatric medical assessment, and care coordination. These crisis intervention activities enable patients, their families, and care providers to identify the most appropriate clinical disposition for immediate needs. In addition to face-to-face services, contact via telephone with families, referral sources, and patients is available to support the goals of the program.

## **CLINICAL SERVICES PROGRAM**

Clinical Services provides goal-oriented and individualized support, therapy, or skills building to persons with serious and persistent mental illness, those experiencing severe emotional disorders, and Children, Adolescents, and their Families. Foundational to the program is the belief that persons can move toward recovery from the effects living with of mental illnesses. A plan of care is developed based on patient needs and goals to assist in this process.

### **Persons Served**

Services are available to patients of any age. Designed to enhance independence, self-sufficiency and productivity, the program is available to persons with diverse needs, strengths, abilities and preferences. Persons with multiple, complex and/or persistent needs are served by the program. The length of participation is dependent on the scope of the patient's needs and the patient's and family's preferences. Services are adapted to the particular needs of the patient and may be offered at the center, in offices, homes, communities and other designated locations. Patients and families are encouraged to participate in treatment plan development and the evaluation of needs during the course of treatment.

### **Services Offered**

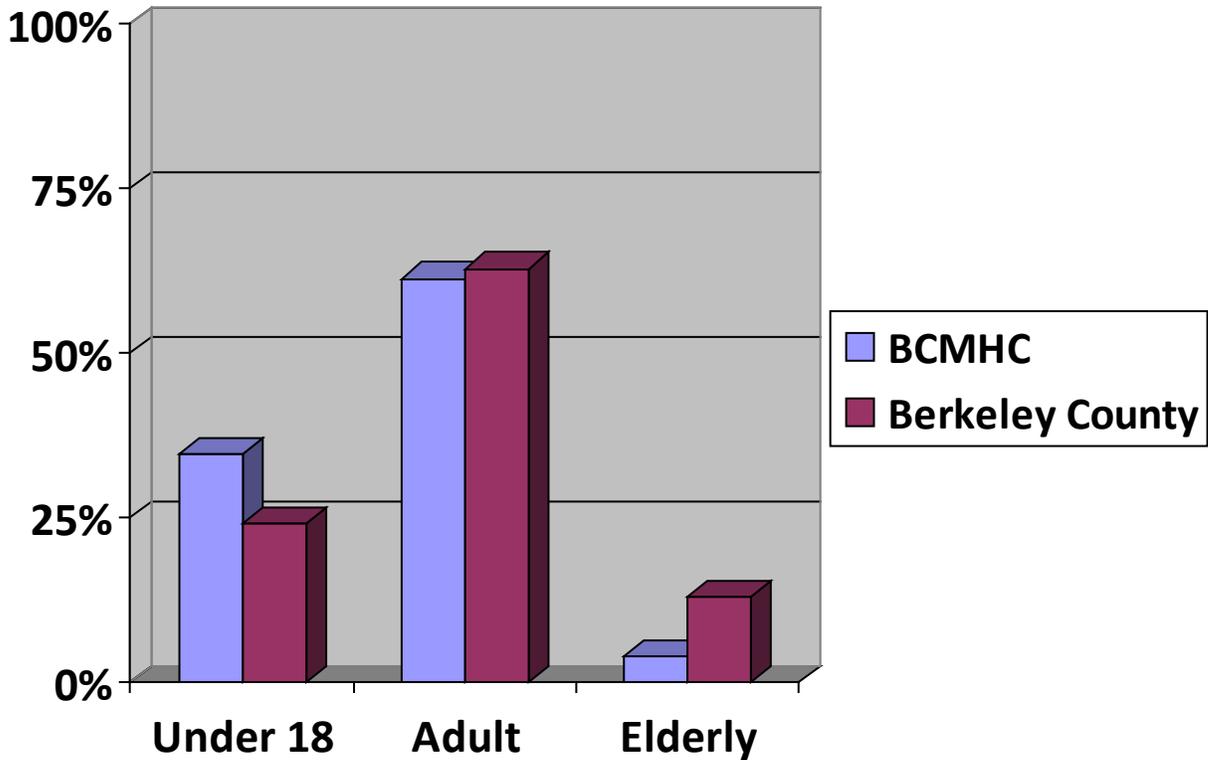
The level of intensity and duration of services is based on patient needs and treatment goals and are designed to meet individual and family needs. The program has the ability to offer services to address both short-term needs (e.g., brief therapy focused on situational issues) and to work with patients needing services over an extended period of time. The range of activities in clinical services may include care coordination, assessment, individual, group and family therapy, treatment plan formulation, medication administration and monitoring, and patient/family education. Based on the patient's needs, the following case management needs may be provided or accessed through community resources: alcohol and drug services; housing programs; inpatient services; medical services; recreation/leisure activities; vocational rehabilitation; psychosocial rehabilitation; patient and advocate groups and educational services.

### **School Based Services**

The SC Department of Mental Health is dedicated to the development of school-based mental health programs across South Carolina. In collaboration with the Berkeley County School District and United Way, BCMHC offers school-based services that are non-stigmatizing and easily accessible to children and their families in the local community. The school-based mission is to identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances.

**DEMOGRAPHICS OF INDIVIDUALS SERVED  
FISCAL YEAR 2021  
JULY 1, 2021- JUNE 30, 2022**

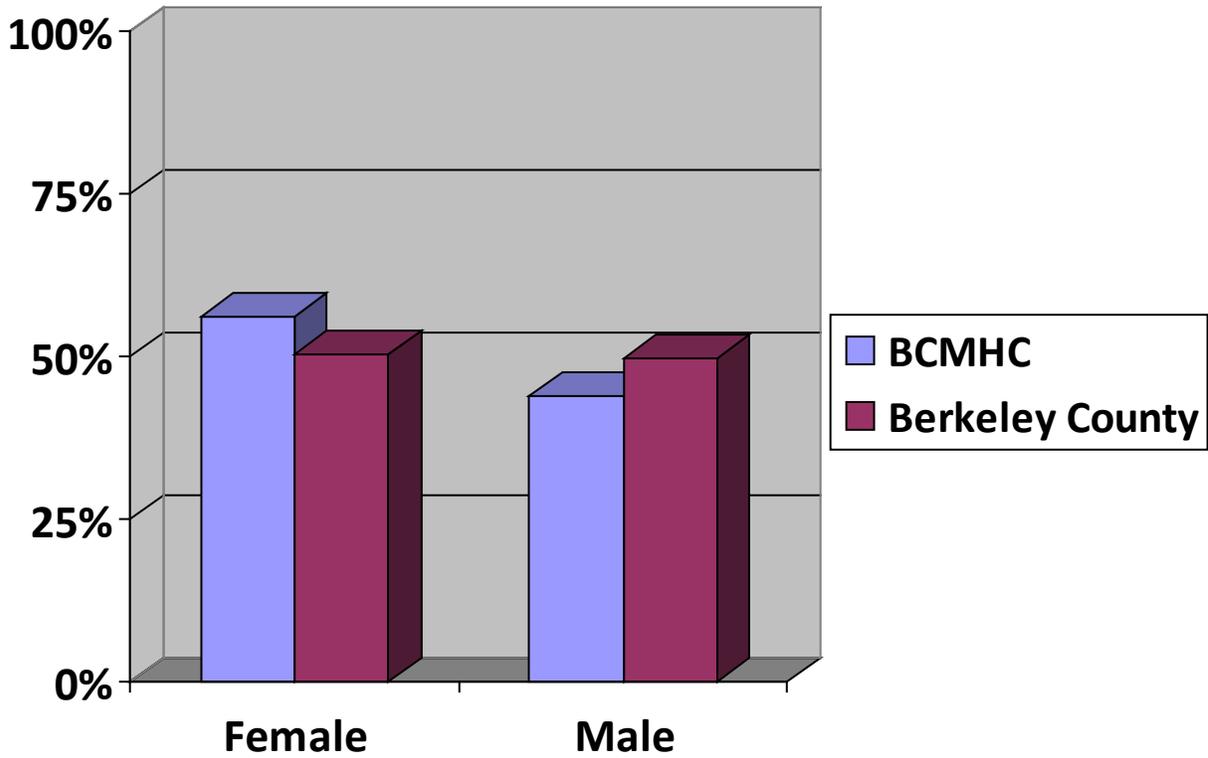
**AGE PERCENTAGE OF INDIVIDUALS SERVED**



	FY 22 Total %
<b>BCMHC Individuals Under Age 18 Served</b>	<b>33.56%</b>
Berkeley County Residents Under Age 18	23.80%
<b>BCMHC Adult Individuals Served</b>	<b>62.76%</b>
Berkeley County Adult Residents 18 to 64	61.40%
<b>BCMHC Elderly Individuals Served</b>	<b>3.68%</b>
Berkeley County Elderly Residents	14.80%

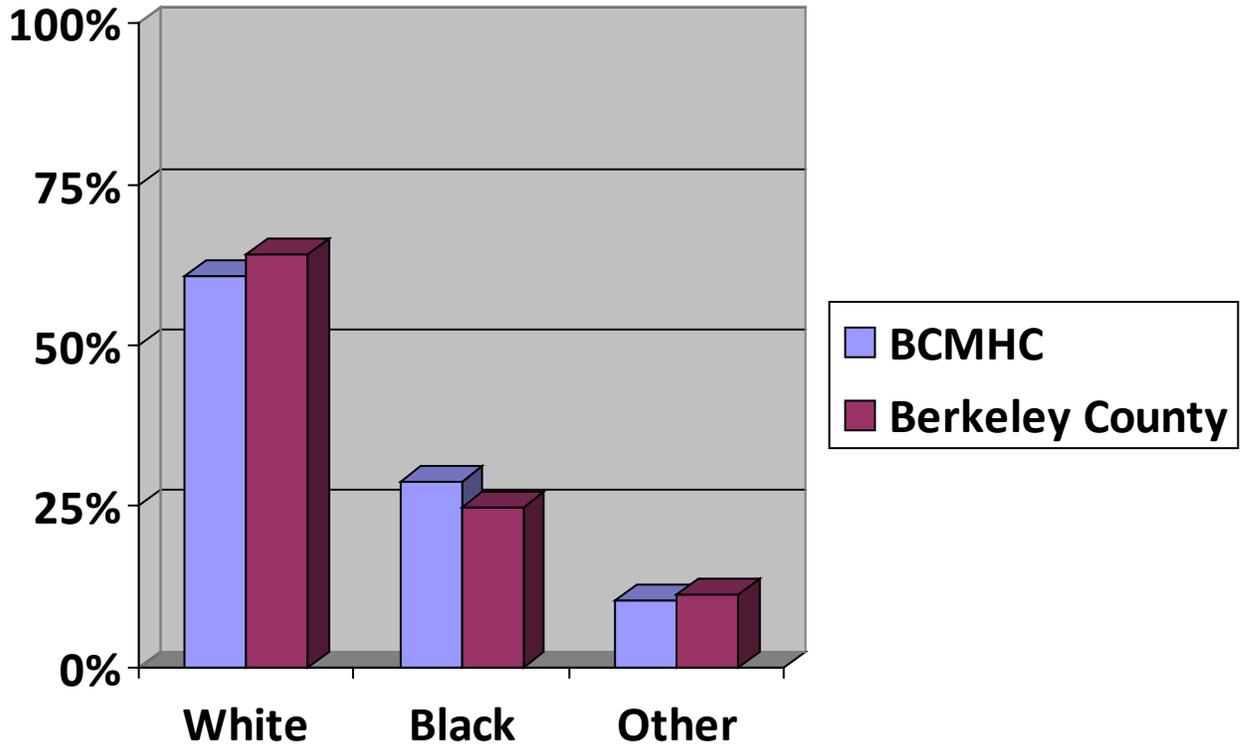
Elderly is defined as individuals age 65 and older  
Berkeley County population= 229,861 based upon April 2020 US Census Information Estimates

## GENDER PERCENTAGE OF INDIVIDUALS SERVED



	FY 22 Total %
<b>BCMHC Female Individuals Served</b>	<b>58.43%</b>
Berkeley County Female Residents	50.30%
<b>BCMHC Male Individuals Served</b>	<b>41.57%</b>
Berkeley County Male Residents	49.70%

## ETHNICITY PERCENTAGE OF INDIVIDUALS SERVED



	FY 22 Total %
<b>BCMHC White Ethnicity Individuals Served</b>	<b>53.89%</b>
Berkeley County White Ethnicity Residents	62.40%
<b>BCMHC Black Ethnicity Individuals Served</b>	<b>26.60%</b>
Berkeley County Black Ethnicity Residents	24.90%
<b>BCMHC Other Ethnicity Individuals Served</b>	<b>19.51%</b>
Berkeley County Other Ethnicity Residents	12.70%

## **BERKELEY COMMUNITY MENTAL HEALTH FISCAL YEAR 2022 BUDGET**

SCDMH approached the SC State Legislature with funding requests aimed at sustainability of its operations at existing levels. This included the allocation of State recurring dollars to replace nonrecurring Federal and State funds designated for community mental health centers.

The number of Center patients in the self-pay primary payment category averaged **23%** this fiscal year.

The largest areas of expense for the Center were personnel and contractual (psychiatrists). The center utilized more contractual personnel expenses– psychiatrists due to inability to fill vacancy of full-time staff psychiatrist.

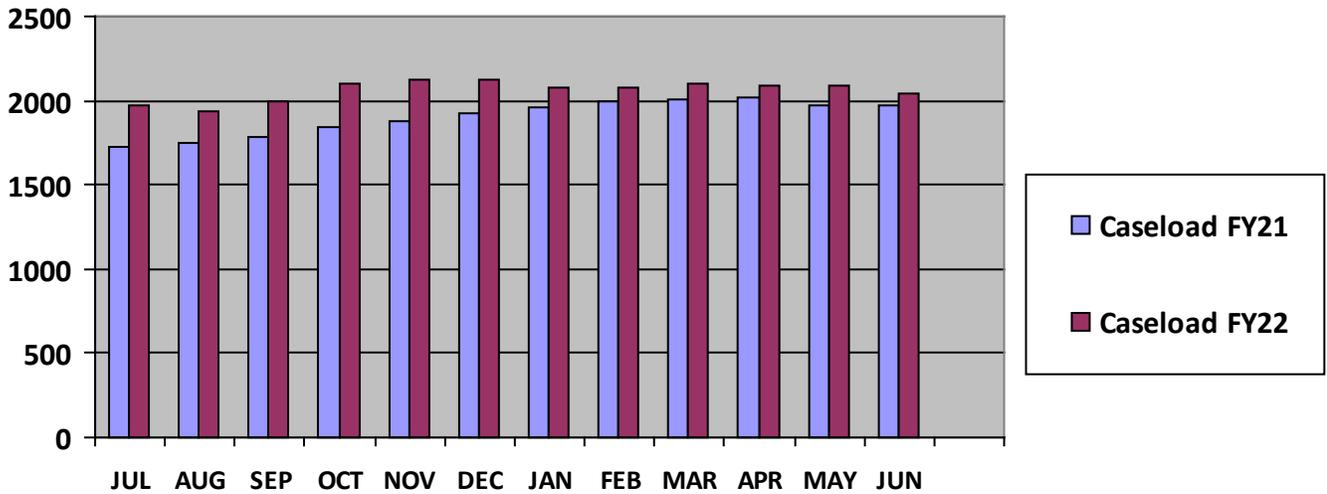
The operational budget included major technology purchases (laptops, local/network printers, wireless hotspots and other peripheral devices) which assisted children/adolescent clinicians to deliver services while on home visits and within schools. Facility/grounds maintenance vendor expenses remained within projections.



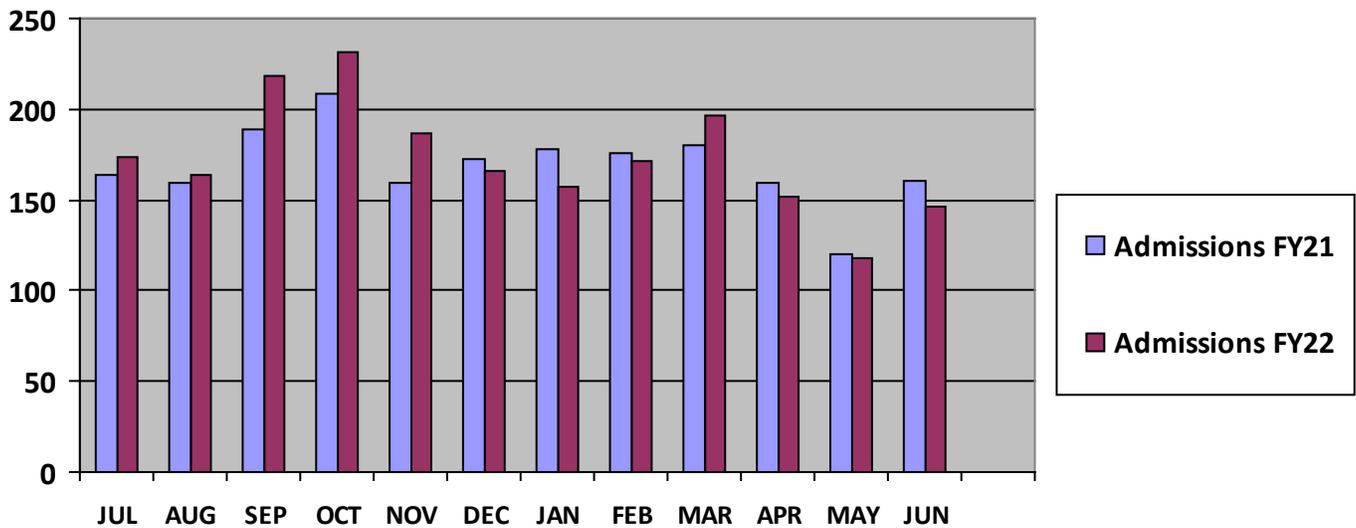
## Berkeley Community Health Center FY 2022 Budget Year End Report

	FY 21 ACTUAL	FY 22 BUDGET	FY 22 ACTUAL
<b>ALLOCATIONS:</b>			
DMH STATE ALLOCATION	3,494,924	3,442,260	3,778,430
<b>REVENUES:</b>			
MEDICAID REIMBURSEMENT	173,009	210,567	158,018
MCO OPERATIONS	1,697,636	1,992,433	1,859,405
MEDICAID / MCO ENHANCED RATE	-	-	188,664
OTHER FEES / INSTITUTIONAL REVENUE	747,151	724,735	877,482
COUNTY APPROPRIATIONS	40,000	40,000	60,000
BLOCK GRANT	131,863	195,242	263,384
OTHER FEDERAL GRANTS	54,851	0	2,681
EARMARKED FUND GRANTS	82,876	14,800	14,764
OTHER REVENUES	-	-	45,203
OTHER FUNDING:	-	-	-
PRIOR YEAR CARRY FORWARD	-	-	6,692
NON-RECURRING SPECIAL PROGRAMS	-	-	35,741
<b>TOTAL REVENUE</b>	<b>6,422,309</b>	<b>6,620,037</b>	<b>7,290,464</b>
<b>EXPENDITURES:</b>			
PERMANENT POSITION SALARIES	3,304,224	3,527,924	3,410,370
TEMPORARY POSITION SALARIES	-	-	23,827
OTHER PERSONAL SERVICES	161,172	119,782	161,412
EMPLOYEE BENEFITS	1,445,650	1,573,433	1,476,085
CONTRACT PERSONNEL	633,441	719,621	470,176
TOTAL PERSONNEL COST	5,544,486	5,940,760	5,541,869
CONTRACTUAL SERVICES	117,320	124,621	126,802
SUPPLIES	125,998	127,796	179,423
FIXED CHARGES	75,872	82,127	78,889
TRAVEL / VEHICLE EXPENSES	8,767	32,000	14,984
EQUIPMENT	-	-	-
UTILITIES	37,385	40,269	44,475
OTHER EXPENSE	11,803	11,994	16,449
TOTAL OPERATING EXPENSE	377,145	418,807	461,022
CASE SERVICES	322,107	153,700	547,745
<b>TOTAL EXPENDITURES</b>	<b>6,243,738</b>	<b>6,513,267</b>	<b>6,550,636</b>
<b>REVENUES OVER/(UNDER) EXPENDITURES</b>	<b>178,572</b>	<b>106,770</b>	<b>739,828</b>
NON-RECURRING UTILIZED	7,502	-	-
NON-RECURRING EARMARKED FUNDS	-	-	-
COVID-19 CRISIS BED DAYS	177,150	-	157,500
<b>TOTAL SUPPLEMENTAL FUNDING</b>	<b>184,652</b>	<b>-</b>	<b>157,500</b>
<b>OVER/(UNDER) INCLUDING ONE-TIME FUNDING</b>	<b>363,224</b>	<b>106,770</b>	<b>897,328</b>

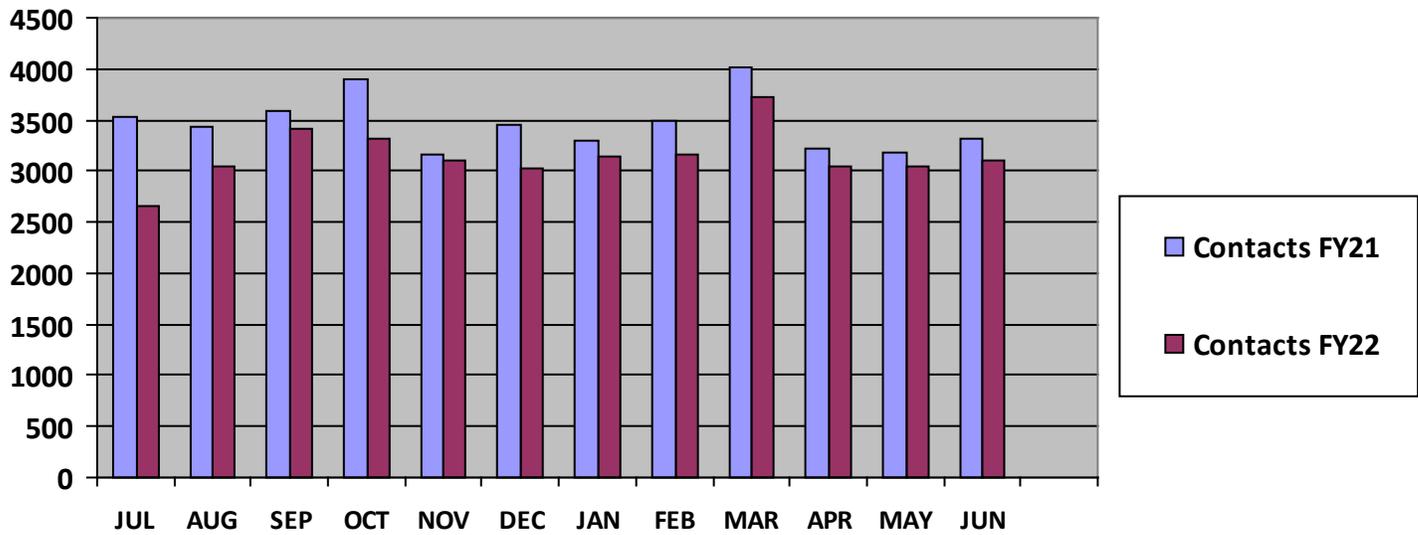
## BCMHC CENTERWIDE DATA FY 22



CASELOAD TOTALS												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY21	1730	1750	1784	1837	1875	1922	1956	1996	2007	2018	1973	1970
FY22	1973	1939	1994	2101	2123	2126	2079	2074	2096	2084	2086	2047
<b>AVERAGE CASELOAD FOR FISCAL YEAR 2022 = 2,068</b>												



ADMISSIONS TOTALS												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY21	164	159	189	208	159	172	178	176	180	159	120	160
FY22	174	164	218	231	187	166	157	171	197	152	118	146
<b>TOTAL ADMISSIONS FOR FISCAL YEAR 2022 = 2,081</b>												

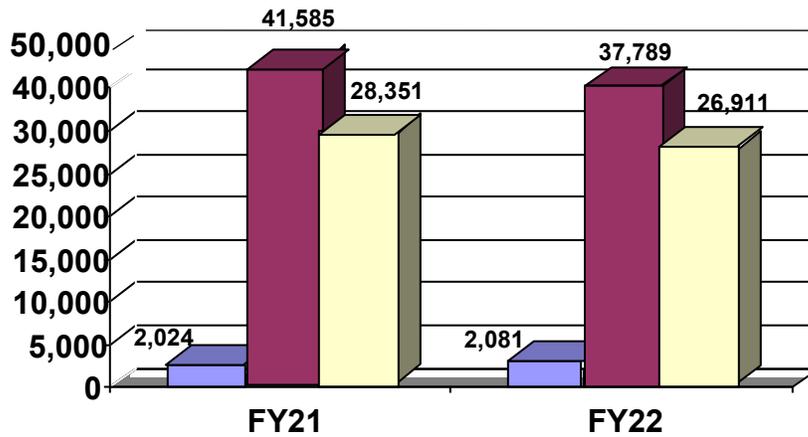


CONTACTS TOTALS												
	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>
FY21	3527	3424	3580	3891	3162	3454	3298	3496	4017	3229	3184	3323
FY22	2662	3041	3414	3320	3100	3026	3145	3157	3724	3040	3049	3111
<b>TOTAL CONTACTS FOR FISCAL YEAR 2022 = 37,789</b>												

**Definitions**

Contacts = Identified billable service event to identified patients.

## BERKELEY COMMUNITY MENTAL HEALTH CENTER COMPARATIVE DATA



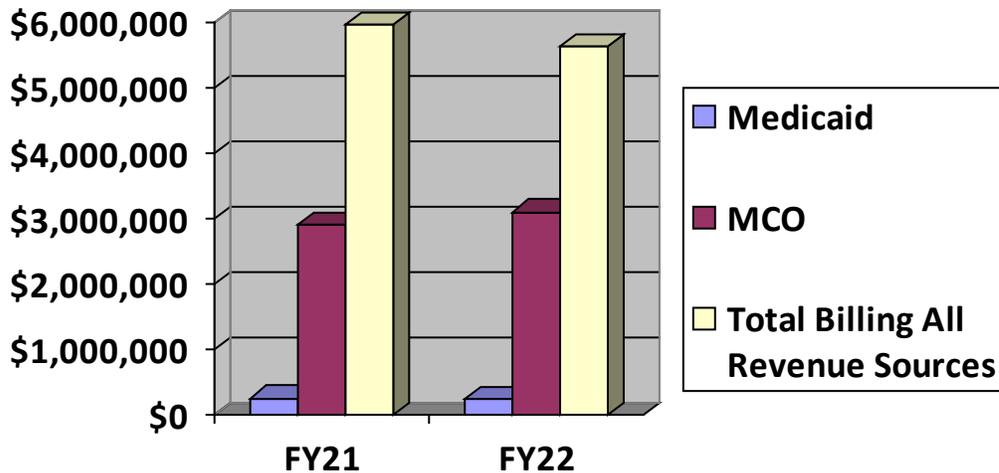
Contacts and Service Hours	FY21	FY22	VARIANCE
Admissions	2,024	2,081	2.81% Increase
Total Contacts	41,585	37,789	9.13% Decrease
Total Service Hrs.	28,351	26,911	5.08% Decrease

**Definitions**

Contacts = Identified billable service event to identified patients.

Service Hours = Actual billable hours rendered to identified patients.

FY22 Medicaid Fee for Service (FFS) billing decrease reflects patient account FFS entitlements decrease



Revenue Collections	FY21	FY22	Variance
Medicaid	\$263,357	\$246,916	6.24% Decrease
MCO	\$2,920,791	\$3,108,339	6.42% Increase
Total Billing All Revenue Sources	\$5,962,785	\$5,636,816	5.47% Decrease

## **BERKELEY COMMUNITY MENTAL HEALTH OUTCOMES MANAGEMENT AND CONSULTATION**

Data was collected throughout the year in the areas of effectiveness, efficiency, patient satisfaction and access. Outcome data provided clinicians with concrete information on the patients' level of functioning and symptoms. This information was used to identify needs, goals and treatment plans. The outcome data documented if patients were getting better and reaching their goals. This tool was utilized by Center staff to determine the patients' satisfaction with Center services. Post discharge follow-up was offered as part of our services. Patients received a telephone call within 90 days from discharge.

In FISCAL YEAR 2022, outcome management highlights included:

- Collaborative documentation for the year was 88%.
- QI quarterly audit resulted average score of 87% for the year.
- Of the 802 persons receiving crisis intervention services, 49% of their dispositions were services in community-based settings.
- The Individual Placement and Support employment program found competitive employment for 53% of the patients served.

## **BERKELEY COMMUNITY MENTAL HEALTH OUTCOMES MANAGEMENT**

### **Corporate Compliance**

Corporate Compliance reports were made during this Fiscal Year to the DMH Corporate Compliance office as per the Corporate Compliance plan. The majority of reports were related to external request from federally or state contracted auditors to review Center records. Additional internal safeguards were implemented through the Billing Department to prevent inappropriate billing. Eighteen New Hire Corporate Compliance trainings were provided to all of the Center's new hires and Board Members this fiscal year.

### **Utilization Review**

Multiple efforts were made throughout the year to improve patient access to care and efficiency of services. The Community Mental Health Services Division implemented a uniform policy regarding a Level of Care system which aims to ensure patients are properly matched to the correct frequency and intensity of services. Engagement processes continued to be implemented this year to engage patients who have dropped-out of services. The efficiency of patient movement through our system has been a primary focus of the Utilization Division as Center growth this year exceeded expectations, with added benefit of telehealth services. More patients had access to services from Berkeley Mental Health as our community continues unprecedented growth. Managed Care authorization processes this year were further refined this year and no authorization requests were denied for clinical reasons.

### **Credentialing**

The DMH Office of Credentialing and Privileging (OCP) continues to coordinate with HR and QI staff at BCMHC to ensure all staff privileging is accurate and current. All newly hire employees were successfully credentialed this year and no staff member delivered services without sufficient privileges in place.

### **Safety and Risk Management**

Ninety-four (94) incidents were reviewed by Risk Management and twenty-seven (27) of these were reported to SCDMH Risk Management. Any corrective action indicated was addressed at the time of the incidents. The ongoing and annual review of incidents did not indicate any trends or patterns needing organizational improvement. Efforts to continue staff-awareness of safety matters continue with quarterly safety drills, mandatory training, and quarterly and as-needed building inspections. Additional training was provided to all staff following staff members' requests regarding response to the Center's established Safety Codes.

### **Patient Advocacy**

A total of eighteen (18) issues were directed to the Patient Advocate for resolution. All complaints were individualized in nature. There were no concerns that warranted any programmatic or systemic changes. The Center's Patient Advocate facilitated enhanced communication between staff and patients which resolved all but three of the patient's concerns. No patient advocacy scenarios required escalation to the DMH Central office of patient advocacy. Three (3) patient complaints were unable to be resolved because attempts made by Patient Advocate to reach the complainant were unsuccessful.

### **Medical Staff Peer Review**

The psychiatrists, APRNs and RNs met routinely to provide feedback to one another in addressing specific patient interventions and interventions associated with diagnostic categories. Two Peer Audits were conducted with an average score of 90% overall, as well. The medical staff also addressed various Center processes/services to include: MMO option; collaboration and information sharing with primary care M.D.s; delivery of PMAs in conjunction with admission; targets for the Center; stabilization resource. The Center adopted a "doc-of-the-day" role to improve efficiency of medication orders and management of unexpected or urgent patient needs which arise daily. The coming year will additionally focus on improving efficiency and effectiveness of nursing program functions.