

# Berkeley Community Mental Health Accessibility Plan 2019-2022

## Accessibility Barriers Assessment

*Annual strategies implemented by the Center to evaluate accessibility needs and progress on removing identified barriers*

- Input from persons served: satisfaction surveys, suggestion boxes, survey monkey online.
- QIT quarterly discussions
- Strategic Vision planning processes, including SWOT analysis.
- Peer Advisory Board meetings and business

## Identified Barriers

### Attitudinal Barriers

*Addressing the attitudes of staff towards individuals with disabilities, differing cultures, demographics, genders, sexual orientations, ages, etc.*

- Current Peer Advisory Board and satisfaction surveys assist in identifying these barriers.
- Patient Advocate identifies concerns and complaints from the community; identifies trends in attitudes that may pose a barrier.

The Berkeley Community Mental Health Center is acutely aware of persons with disabilities. The client survey included both Adult and Children, Adolescence, and Family (CAF) patients. All written materials are appropriate for our patients and every effort is made to make letters and communication patient friendly.

A Patient Advisory Board, which is made up of patients of the Center and the Center's Peer Support Specialist, meets on a monthly basis to review input from the suggestion box and any other concerns brought by the Board. To ensure information is communicated through the Center, the CPSS is a standing member of the Quality Improvement Team (QIT). During the 2020 Pandemic, the Board was unable to meet due to social distancing concerns and the vacancy created by the separation of our CPSS.

The Center's Patient Affairs Coordinator interacts with any community member who presents concerns about the Center's functions and operations. Any attitudinal or other accessibility concerns are brought to the QIT and Executive Director's attention for remedy.

The Center developed a training/consultation team for clinicians related to serving the unique needs of the LGBTQ population in 2019. This team meets monthly to address the needs of both adults and adolescents who identify as part of this population.

## Architectural & Environmental Barriers

*Barriers to access and factors related to the physical environment of the work area, including all off-site locations. For example, safety, lighting, signage, size of parking spaces, availability of ramps, width of doorways, doorknobs vs. levers, privacy concerns, technology interface, etc.*

- Use of Telehealth services versus in-office services. Appropriate platforms for telehealth service delivery.
- Barriers to quality Wi-Fi access
- Limitations of Office space within 402 Stony Landing Rd.

2019

The Berkeley County community has and continues to experience significant population growth and correspondingly, the Center has grown to accommodate this population boom. In the preceding three years, the staff complement has doubled, leaving significant concerns for appropriate quantities of office space. The Executive Council Strategic Growth and Expansion workgroup assessed and devised strategies to modify existing Center spaces to accommodate more staff. These plans included splitting the School-Based team room into two separate offices; reducing the footprint of the Medical Records office in order to add an additional office; relocating the AMC team room to a larger space; clearing out a large space in the AR wing to create a multi-purpose space for staff; and exploring architectural strategies to enclose some screened porches to convert for storage.

2020

The COVID-19 Pandemic created the greatest source of challenge this year. Architectural changes begun in 2019 were abandoned temporarily as a shift toward social distancing and pandemic mitigation were implemented by law. The lobby of the Center was closed. Tents were erected outside in the staff parking lot to provide shelter for patients who would be screened outdoors prior to entry to the building. Most staff developed a telecommuting schedule in order to work from home and reduce the number of people in the Center on any given date.

## Financial Barriers

*Impacts which revenue and budget place on community accessing Center services. For example, deficits, state allocation changes, payer mix changes.*

- Must remain balanced in budget per regulations
- Medicaid penetration rate of Berkeley County is decreasing while private insurers are increasing.

2019

The intent of senior management is to continue providing quality services to patients and to limit any reductions in force of permanent employees. Through our SWOT analyses during the strategic planning process and Executive Council and QIT sessions, we identified difficulty recruiting and retaining employees. Previous analysis of this issue has identified salaries that are not competitive in our market as one of the leading factors. SCDMH recently implemented a 7.5% raise in recent years for mental

health professionals. We will continue to address other barriers noted in both the strategic plan and Level of Care action plan to address these issues.

The Center consistently ends its fiscal year with a surplus. This has allowed the center to dedicate one-time funds towards the more complicated and expensive issues addressed above. The center is expected to finish with a surplus at the end of this fiscal year and will be requesting to utilize portions of the carry forward to address bonuses, architectural upgrades and accessibility issues addressed in this plan.

2020

The COVID-19 pandemic required a comprehensive and system-wide augmentation of services. Converting to telehealth and telephonic modalities with new Department of Health and Human Services regulations regarding reimbursement structures combined with insecure Wi-Fi access throughout the county, meant that revenues could not be predicted in similar ways to previous years. Closed or restricted schools limited service delivery to this population of high revenue-generating clientele. Staff departures during this period, mostly related to the strains of the pandemic, offset most of the lost revenue, and it was expected that the Center would end the year in the black. However, the stressors of the pandemic on the staff created additional challenges for revenue planning for the following fiscal year.

## Employment Barriers

*Human Resources factors and local community factors that impact the Center and impede the community's access to care. For example, loss of staff to competing businesses and communities/states, pay equity issues, regional demographic factors.*

- 2020 pandemic hiring freeze with several vacancies unfilled.
- Turnover rate for 2020 was 17%

2019

Employment barriers exist at times in finding enough qualified applicants to fill vacancies. Recruitment and retention strategies have been identified as part of the Center's current Strategic Vision and this is the primary goal of the plan. We continue to pursue exceptional personnel to provide exceptional service to the patient, and we won't compromise our values in this area. The shifting financial landscape of the county identified above requires that staff increasingly are required to hold independent practice licenses. The availability of staff with licenses is significantly limited in this geographic area. The Center developed a team of professional supervisors to assist non-licensed clinicians in their pursuit of licensure. A lack of Prescriber time was also significant this year as essential staff separated and retired from the agency. Strategies to develop contracts with tele-psychiatry practices out of state and hire in-office nurse practitioners were implemented. Additionally, the Medical Director and Quality Improvement Director worked with local educational institutions to train Physician Assistants, and collaborated with the Central DMH office to add this discipline to our Department's approved list of providers.

2020

As with other barriers, the pandemic had deleterious effects on the Center's staff complement and by the end of the calendar year 22% of all staff had separated from the agency due to the strains of the protracted pandemic. Efforts to backfill vacancies was particularly daunting and slow. The Executive Council Strategic Growth workgroup determined, based in part on CARF recommendations, to address succession planning gaps by building the middle-management level of the Center's organizational structure. Five additional MHP Chief Positions were developed in order to address concerns about limited clinical and administrative supervision availability.

### Communication Barriers

*Factors related to language, for example, language interpretation, emergency communications, marketing to the community and feedback from the community, inter- and intra-team communication, strategies to keep patients informed, etc., that affect community access to care.*

- The region is observing an increase in Spanish- and Portuguese-speaking populations.

2019

The Berkeley Community Mental Health Center is sensitive to the cultural needs of patients, such as the Latino community, and provides communication assistance to Spanish speaking patients through the services of an interpreter. If the interpreter cannot be reached and for all other spoken languages, interpretive services may be provided through the Language Line Service which is available 24 hours per day. Every staff member has been trained and received a language card to wear on their lanyard. Training was completed in 2019.

The Berkeley Community Mental Health Center prides itself on the services to the Deaf/Hard of Hearing population. We provide clinic space for the SCDMH Deaf Services Division in our building. SCDMH Deaf Services staff rotate on-call after hours. Deaf persons may access this service by TTY or by e-mail. Additional information on a variety of subjects is available in print. Videos explaining HIPAA and depression are available on the SCDMH web site in American Sign Language.

After review of our no show rate for appointments, an automated system to remind patients of appointments was implemented. The system informs patient of all scheduled appointments three business days prior to an appointment. Another reminder is sent out one business day prior to doctor's appointments.

2020

The above 2019 strategies remained active through 2020.

In order to address the anxiety and concerns of staff during the pandemic, daily briefings related to policies, procedures, and new information were provided to staff from the Executive Director via email. Also, throughout the year, several voluntary all-staff meetings were delivered via Zoom to continue disseminating information through all levels of the Agency. Debriefings were conducted following every critical incident involving staff during business hours. The widespread Civil Unrest that occurred throughout the country during 2020 was also addressed through voluntary all-hands meetings conducted via electronic meeting spaces. Executive Council and Center staff discussed concerns, fears, needs, and supports that are available to all staff. This conversation overlapped with attitudinal barriers

as the Management level of the organization sought to identify and resolve barriers related to racial injustice.

## Transportation Barriers

*Factors related to the community's capability to reach the Center and off-site locations in order to receive care.*

- Berkeley County is vast and covers a significant land area divided by Lake Moultrie
- While Medicaid transportation exists as well as Tricounty Links buses, no system of mass transit exists in this region.
- The Center's strategic vision include goals and objectives related to expanding the Center's "footprint" in the community by operating out of satellite offices run by community partners.
- The Management of BCMHC are cognizant of the challenges that inadequate transportation present for our community's citizens who are living with Mental Illness. Poverty levels are greatest in the more rural areas of the county, and these areas are the most likely to have transportation inadequacies. A transportation study has been initiated by the local government, but any solution will likely be years in development.

2019

TO address transportation barriers this year, BCMHC expanded staff presence in five additional schools. The Center developed its ICT and IFS teams which are outreach programs intended to see patients in the community. BCMHC developed a MOA with Fetter Healthcare to provide on-site primary and dental care for our patients who can make it to the Center. The Executive Director worked with the Chamber of Commerce and DMH to strategize a Highway-to-Hope RV outreach program for the Center.

2020

If there was a benefit to the pandemic this year, perhaps it was the consequence of speeding the implementation and use of telehealth technologies to treat individuals with Mental Illness. Over a period of seven days, the Center converted from nearly 100% in-person face-to-face encounters to nearly 100% virtual telehealth encounters. The ability to reach patients and families anywhere in the community where a Wi-Fi signal was present effectively eliminated the need for public or private transportation to the clinic to receive necessary services, in most cases.

## Process Improvement Plan

- The Quality Improvement Team (QIT), in conjunction with the Executive Council (EC), are chiefly responsible for managing the Center's Accessibility plan
- This includes periodic assessment (no less than annually) of the Center's Accessibility factors and barriers using input from persons-served, team members, and community stakeholders
- Development of strategies to address identified barriers, including priorities, estimated timelines, required team member input and responsible parties
- Quarterly review of progress shared with QIT and EC

- Efforts and activities are documented as part of Center Strategic Planning activities.