

# **BERKELEY COMMUNITY MENTAL HEALTH CENTER**



## **ANNUAL MANAGEMENT REPORT**

**JULY 1, 2010 - JUNE 30, 2011**

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
2010/2011 ANNUAL MANAGEMENT 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 clients, 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. It was based on an assessment of Center strengths and the challenges that lie ahead during fiscal years 2010 - 2013. Included among those strengths was the commitment of the Center's leadership staff in facilitating the planning process and guiding the Quality Improvement Team and staff in the development of the plan. This plan was developed from input solicited from the Board of Directors, Center staff, clients and the community. Reflective of the commitment to excellence and quality improvement, staff support this plan as a guide for quality improvement activity and projects for the upcoming years.

The 2010/2011 goals focused on the following:

**Goal #1: Improve, develop and sustain creative programming to meet client and community needs.**

**Goal #2: Recruit, develop and retain culturally diverse, professional staff.**

**Goal #3: Enhance community awareness of mental illness, stigma, and Center services.**

Some of the major accomplishments during 2010-2011 included:

- Ended the fiscal year with budget surplus
- Revenue collected from set off debt process
- Efficiently managed amount of expendable resources through increasing use of technology to support operations/processes
- Maintained clinical service array amid funding reduction
- Staff participation in DMH Mentoring and Executive Leadership programs
- Collaboration with MUSC School of Medicine for medical student education/rotations. Received fourth consecutive Golden Apple award from MUSC for excellence in teaching
- CAF staff involved in Contingency Management (CM) Study for youth abusing substances
- CAF Director and 1 CAF Staff completed and became "Rostered" clinicians in Collaborative Training for Trauma Focused Cognitive Behavioral Therapy Evidence Based Treatment.
- CAF clinician completed 40 hours of evidence based training in Parent-Child Interaction Therapy (PCIT).
- BCMHC provided space one day per week to the Dee Norton Lowcountry Childrens Center (DNLCC) for their satellite office in Berkeley County.
- CAF clinician completed training in Child Protection Forensic Interviewing to work with DNLCC satellite one day per week.

"Outcomes at a glance" within each program area reveals additional accomplishments as efficiency, effectiveness and client satisfaction measures were established, reported and reviewed for each program area.

## **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 client 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 clients 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.

## **GOVERNANCE AUTHORITY AND STAFF DIVERSITY**

The Board of Directors (Governance Authority) 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:

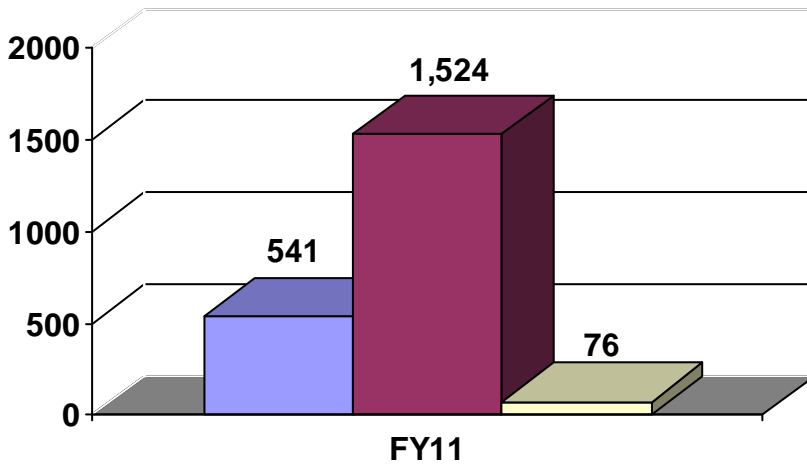
	Black	White	Other	Male	Female
County Population	27%	68%	5%	51%	49%
Governance Authority	50%	50%	0%	50%	50%
Center Staff	43%	56%	1%	22%	78%

The following graphs and figures reflect characteristics of persons served throughout 2010/2011:

- 1.1 Age of Individuals Served 2010/2011
- 1.2 Gender of Individuals Served 2010/2011
- 1.3 Ethnicity of Individuals Served 2010/2011
- 1.4 Berkeley County Demographics - Age of Population
- 1.5 Berkeley County Demographics - Gender of Population
- 1.6 Berkeley County Demographics - Ethnicity of Population
- 1.7 Centerwide Admissions
- 1.8 Centerwide Caseload
- 1.9 Centerwide Contacts
- 1.10 Centerwide Service Hours
- 1.11 Comparative Service Data: FY10/11
- 1.12 Centerwide Collections: FY10/11

**DEMOGRAPHICS OF INDIVIDUALS SERVED  
FISCAL YEAR 2011-2011  
JULY 1, 2010- JUNE 30, 2011**

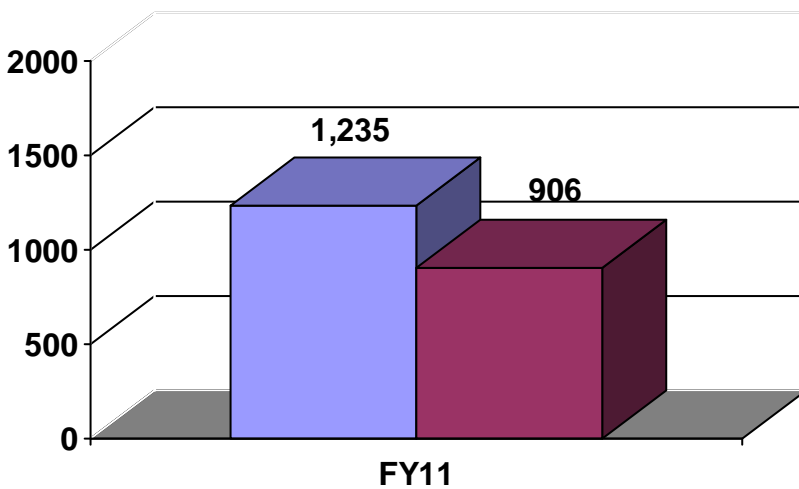
**AGE OF INDIVIDUALS SERVED**



<b>GRAPH 1.1</b>	FY11	Total %
Child	541	25%
Adult	1524	71%
Elderly	76	4%

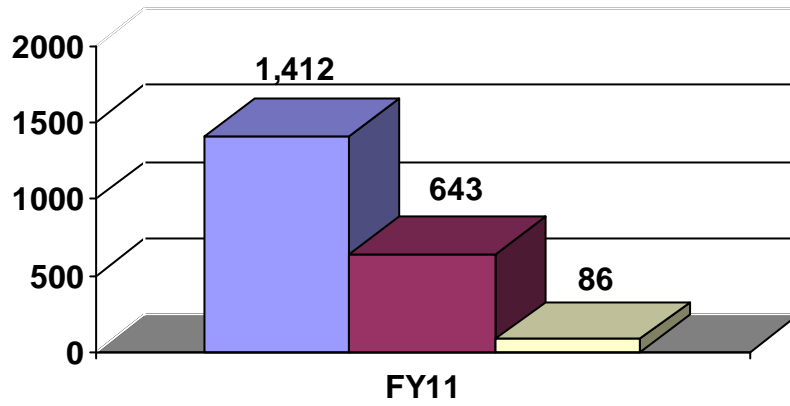
\*Elderly is defined as individuals age 65 and older

**GENDER OF INDIVIDUALS SERVED**



<b>GRAPH 1.2</b>	FY11	Total %
Female	1235	58%
Male	906	42%

## ETHNICITY OF INDIVIDUALS SERVED

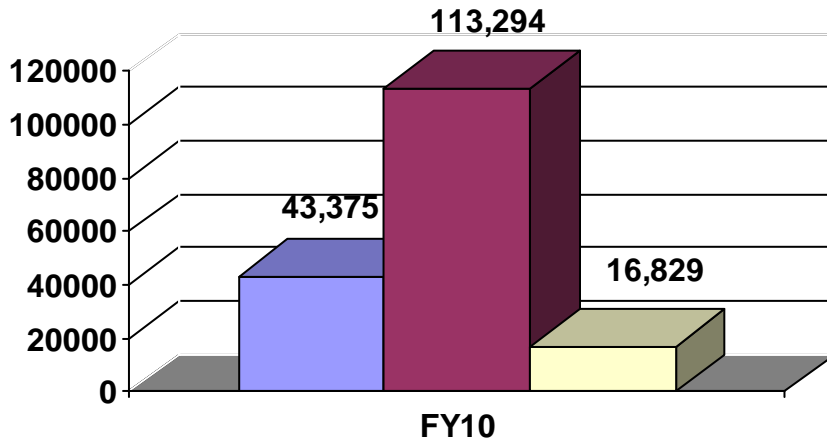


<b>GRAPH 1.3</b>	FY11	Total %
White	1412	66%
Black	643	30%
Other	86	4%

# BERKELEY COUNTY DEMOGRAPHICS<sup>1</sup>

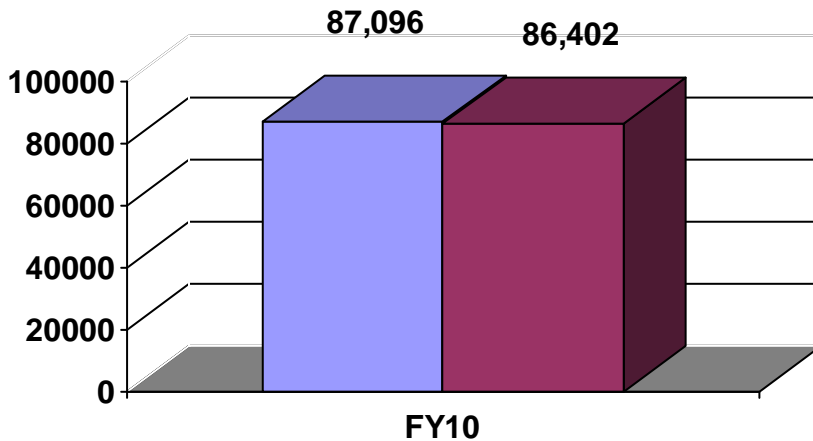
## TOTAL POPULATION = 173,498

### AGE OF COUNTY POPULATION



<b>GRAPH 1.4</b>	Total	Total %
Under Age 18	43,375	25%
Ages 18-64	113,294	65.3 %
Ages 65 & older	16,829	9.7%

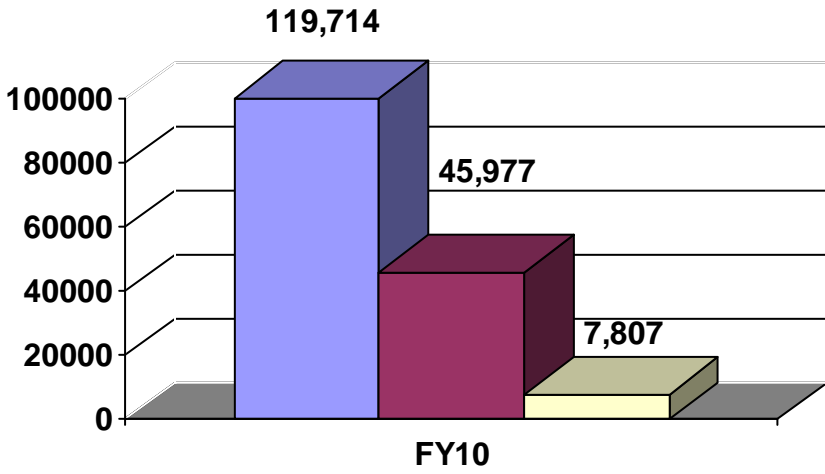
### GENDER OF COUNTY POPULATION



<b>GRAPH 1.5</b>	Total	Total %
Female	87,096	50.2%
Male	86,402	49.8%

<sup>1</sup>Based on 2009 estimate US Census Information

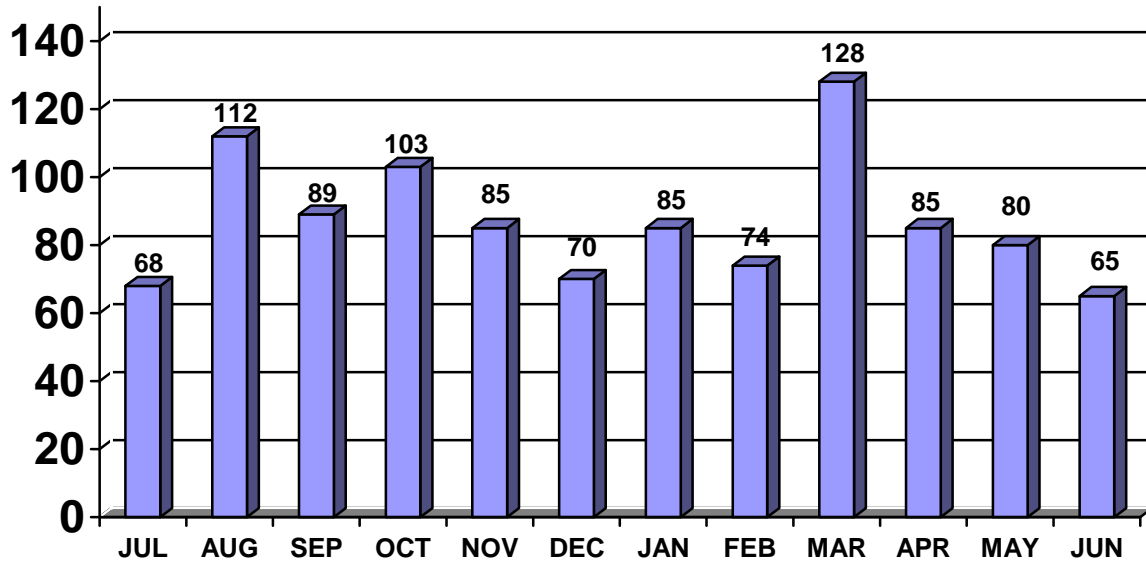
# ETHNICITY OF COUNTY POPULATION



<b>GRAPH 1.6</b>	Total	Total %
White	119,714	69%
Black	45,977	26.5%
Other	7,807	4.5%

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
CENTERWIDE ADMISSIONS  
FISCAL YEAR 2011  
GRAPH 1.7**

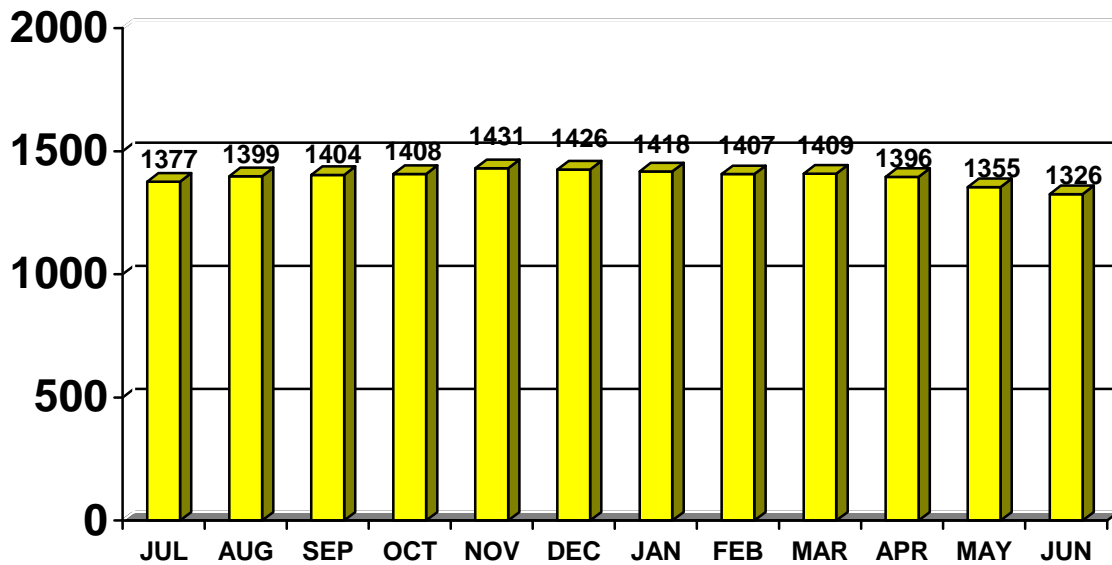
**ADMISSIONS**



<b>ADMISSIONS TOTALS</b>											
<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>
68	112	89	103	85	70	85	74	128	85	80	65
<b>TOTAL ADMISSIONS FOR FISCAL YEAR 2011 = 1044</b>											

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
CENTERWIDE CASELOAD  
FISCAL YEAR 2011  
GRAPH 1.8**

**CASELOAD**

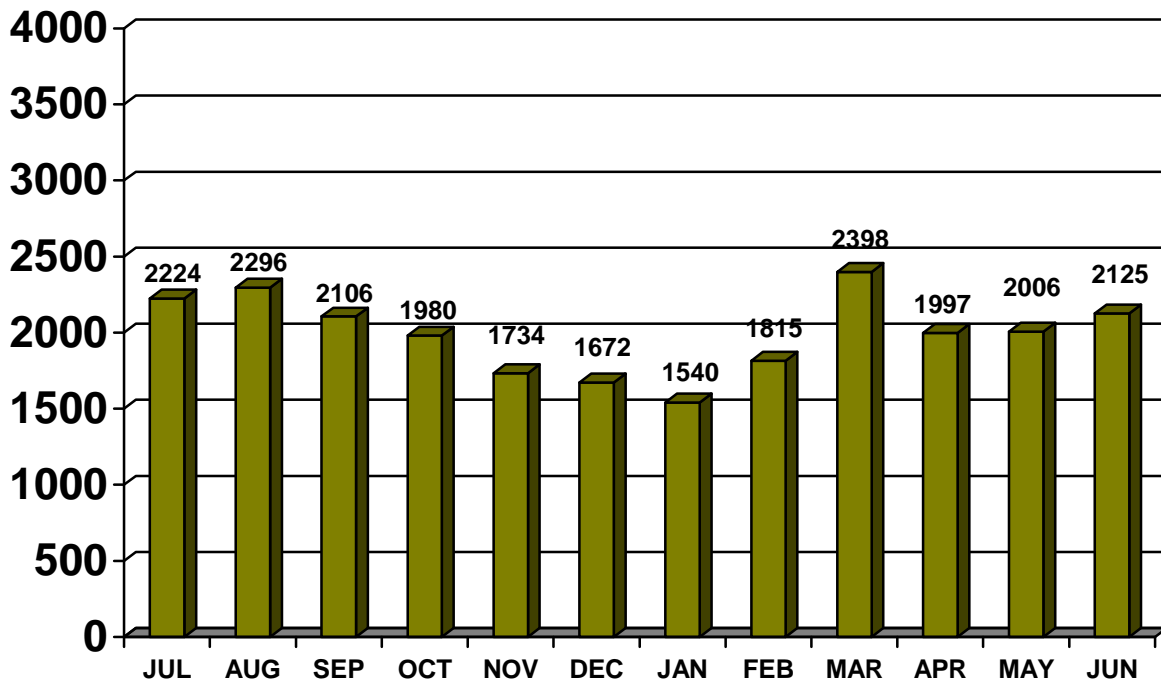


CASELOAD TOTALS											
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1377	1399	1404	1408	1431	1426	1418	1407	1409	1396	1355	1326
TOTAL AVERAGE CASELOAD FOR FISCAL YEAR 2011 = 1396											

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
CENTERWIDE CONTACTS  
FISCAL YEAR 2011**

GRAPH 1.9

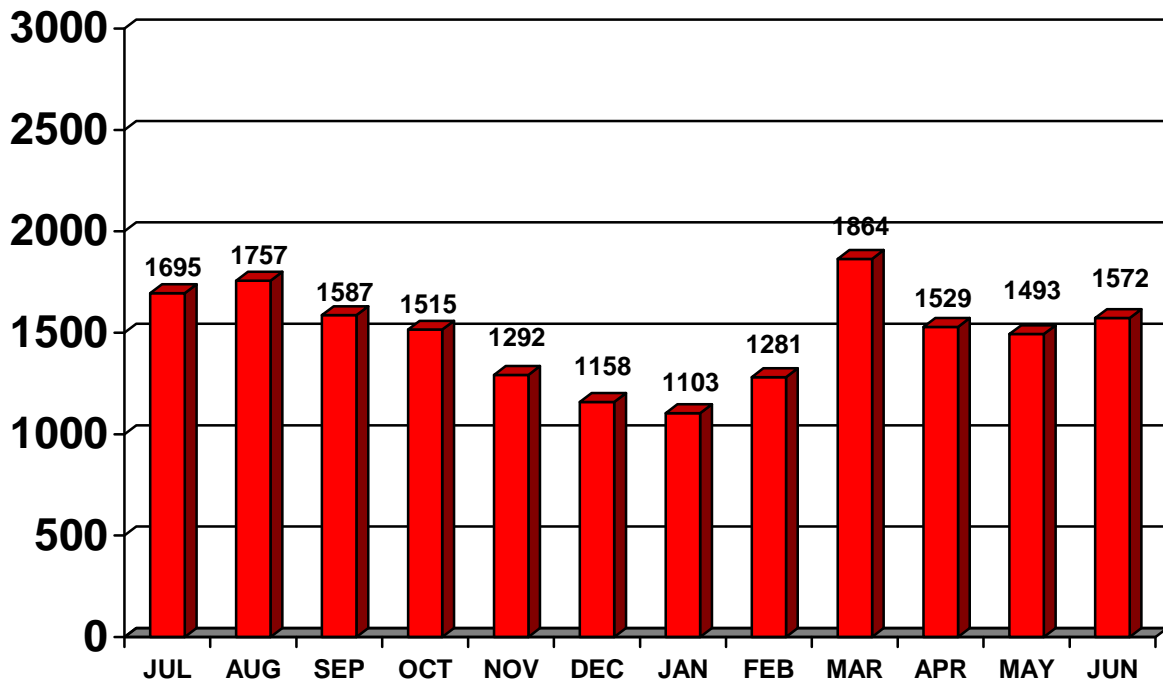
**CONTACTS**



CONTACTS TOTALS											
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
2224	2296	2106	1980	1734	1672	1540	1815	2398	1997	2006	2125
TOTAL CONTACTS FOR FISCAL YEAR 2011 = 23,893											

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
CENTERWIDE SERVICE HOURS  
FISCAL YEAR 2011  
GRAPH 1.10**

**SERVICE HOURS**



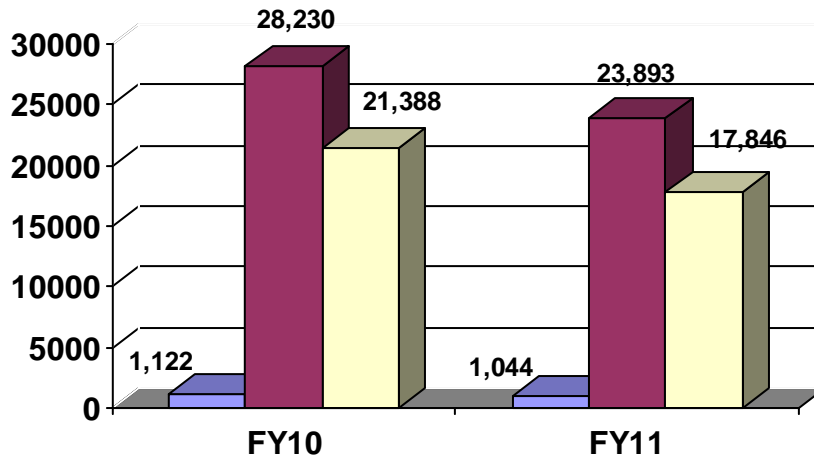
GRAPH 1.10

SERVICE HOURS TOTALS											
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1695	1757	1587	1515	1292	1158	1103	1281	1864	1529	1493	1572
<b>TOTAL SERVICE HOURS FOR FISCAL YEAR 2011 = 17,846</b>											

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
COMPARATIVE SERVICE DATA  
FISCAL YEAR 2009/2010 VS. 2010/2011**

GRAPH 1.11

**COMPARATIVE SERVICE DATA**



	FY10	FY11	VARIANCE
Admissions	1,122	1,044	7.0% Decrease
Total Contacts	28,230	23,893	15.4% Decrease
Total Service Hrs.	21,388	17,846	7.4% Decrease

**Definitions**

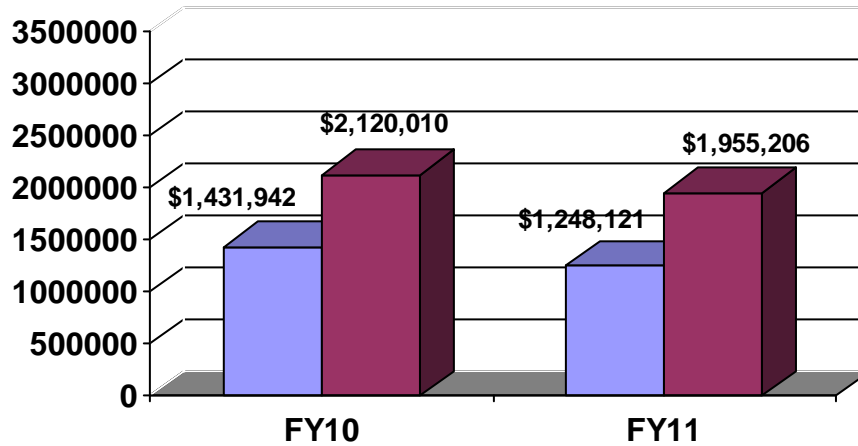
Contacts = Identified billable service event to identified clients.

Service Hours = Actual billable hours rendered to identified clients.

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
CENTERWIDE COLLECTIONS  
FISCAL YEAR 2009/2010 VS. 2010/2011**

GRAPH 1.12

**CENTERWIDE COLLECTIONS**



	FY 10	FY 11	Variance
Medicaid	\$1,431,942	\$1,248,121	12.9% Decrease
Total	\$2,120,010	\$1,955,206	7.8 % Decrease

**Definitions**

Figures represent total amounts "billable" for each given fiscal year

## **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 client, and family/support system, consider 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 client 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 Center's Quality Assurance credentialing and privileging procedure.

## **SERVICES OFFERED**

Berkeley Community Mental Health Center provides comprehensive 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** - Center staff are available 24 hours a day, every day, to evaluate psychiatric and substance abuse emergencies and to aid physicians in reaching an appropriate disposition.

**Children and Family Services** - Individual, group and family therapies are offered for children experiencing emotional and behavioral problems and mental illness. Emphasis is placed on family participation in treatment and collaboration with the school and community agencies when indicated.

**Adult Services** are available to address the complex needs of persons with severe, persistent mental illnesses, psychiatrically disabled people; including case management, individual, group and family therapies, medication therapies, programs for elderly, vocational readiness and community placement.

## QUALITY ASSESSMENT AND IMPROVEMENT

The staff at the Berkeley Community Mental Health Center is committed to creating an environment promoting quality improvement. Quality improvement activities during 2010/2011 focused on the following:

- **Improving coordination of care.** Our system of care is client focused and a primary case manager/clinician is responsible for the overseeing and coordinating of all care including case management, outpatient services, crisis intervention and psychiatric services. Coordination of care for families, especially those who have multiple family members in treatment programs, is of vital importance.
- **Improving clinical quality, effectiveness and efficiency.** Berkeley Community Mental Health Center is committed to delivering the most clinically effective treatment possible in the most cost effective manner. Staff are committed to the highest quality of care possible; however, we will not be blind to identify opportunities for improvement. Demonstrating both high quality outcomes and an effective process for ongoing improvement will allow the Center to be a more attractive provider to the community.
- **Improving information systems.** The staff recognizes the importance of information technology that will better connect all components of our service system to provide administrative support to clinical staff.

The following highlights Quality Assessment and Improvement Activity throughout 2010/2011:

- 145 (10.8 % of all open cases) medical records reviewed for completeness and quality of care - part of the Quality Assurance process is also medical records documentation. Medical records are reviewed to assure completeness and that “quality of care” standards have been met.
- 59 incidents reviewed by risk management. 28 incidents were reported to the SCDMH Risk Management Division.
- 4 professional staff members initially credentialed - part of the Quality Assessment and Improvement Program is assuring that services are performed by credentialed and well qualified professionals who have demonstrated proficiency in their field of practice. All staff credentials were reviewed this fiscal year.

## **OUTCOMES MANAGEMENT**

Data was collected throughout the year in the areas of effectiveness, efficiency, client satisfaction and access. Outcome data provided clinicians with concrete information on the clients' level of functioning and symptoms. This information was used to identify needs, goals and treatment plans. The outcome data documented if clients were getting better and reaching their goals. This tool was utilized by Center staff to determine the clients' satisfaction with Center services. Post discharge follow-up was offered as part of our services. Clients received a telephone call within 30 to 60 days from discharge (See chart on next page).

**BERKELEY COMMUNITY MENTAL HEALTH  
CENTERWIDE OUTCOMES  
FY 10-11**

GOALS	MEASUREMENT INTERVALS		OUTCOMES
	JUL-DEC 10	JAN-JUN 11	FY 10-11
1. BCMHC clinical staff with the goal of 75hrs/month will provide at least 4 hours of billable service per day to meet the needs of clients. (Efficiency) (Center established)	3.02 Goal not met	2.98 Goal not met.	<b>3.00 hrs/day</b> <b>Goal not met</b>
2. Satisfaction scores on adult and children (all programs) will be no less than 85%. (satisfaction and access) (Center history)	93% Goal met	94% Goal met.	<b>93.5%</b> <b>Goal met</b>
3. 50% of clients receiving Individual Placement Support services will be competitively employed. (Effectiveness) (Best Practice)	59% Goal met	64% Goal met.	<b>61.5%</b> <b>Goal met.</b>
4. Community tenure for those consumers treated as a crisis will be no less than 50%. (effectiveness, efficiency, and access) (Center History)	82% Goal met	74% Goal met.	<b>78%</b> <b>Goal met.</b>
5. Adult survey scores of symptoms and functioning will decrease by 5% from admission. (effectiveness) (Center established)	Goal met ↓25%	Goal met ↓25%	<b>Goal met</b> <b>↓25%</b>
6. CBCL scores for children and adolescents will decrease by 5% from admission scores. (effectiveness) (Center established) (Best Practice)	Goal met ↓25.8%	Goal met ↓29%	<b>Goal met</b> <b>↓27.5%</b>
7. Out of home placements for children will be no more than 2% of the open CAF population. (Effectiveness and efficiency) (Center established)	1.2% Goal met	.5% Goal met	<b>.85%</b> <b>Goal met</b>
8. 80% of clients will receive intake appointments within 7 days of request for service. (Access and Efficiency) (Center Established)	83% Goal met	88% Goal met.	<b>85.5%</b> <b>Goal met</b>
9. 85% of clients will express satisfaction with their medication protocol. (Satisfaction)	95% Goal met.	93% Goal met.	<b>94%</b> <b>Goal met.</b>

1. The average for the months of July 2010-Jun 2011 was 59.5 hrs per month. Center accomplished 80% of its goal. Staff and supervisors continue to strive for the 4 hrs per day of billable activity or average of 75 billable hours per month.

## **ACCESS CENTER AND CRISIS INTERVENTION SERVICES**

All requests for services are received and processed by the Access Center.

The Center's Access Center performs the assessment of all clients entering the organization. Based on the client's needs at the time of admission, Access Center clinicians use defined admission criteria to determine referral to the appropriate programs or other resources. At the time of assessment the client orientation is initiated by administrative and clinical staff.

Crisis Intervention Services consists of intensive time-limited crisis services following abrupt substantial changes in function and/or marked personal distress, which results in an emergency situation for the client or the client's environment.

### **Persons Served**

Crisis Intervention services are available to persons with all varieties of emotional problems, including psychiatric disabilities, severe emotional problems and persons needing emergency screening related to chemical dependency.

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. Admission for crisis intervention services is available to persons in acute distress. The Access Center receives and coordinates the referrals/admissions for crisis intervention services during office hours. 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.

### **Services Offered**

Services focus on assessment and stabilization of acute symptomatology. They may include: assessment, psychiatric nursing services, medication administration and monitoring, psychiatric medical assessment, and care coordination. These crisis intervention activities enable clients, 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 clients is available to support the goals of the program.

## ADULT SERVICES PROGRAM

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

### Persons Served

Adult services are available to persons eighteen and older. 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 client's needs and the client's and family's preferences. Services are adapted to the particular needs of the client and may be offered at the center, in offices, homes, communities and other designated locations. Clients 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 client 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 clients needing services over an extended period of time. The range of activities in adult services may include care coordination, assessment, individual, group and family therapy, treatment plan formulation, medication administration and monitoring, and client/family education.

Based on the client'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; client and advocate groups and educational services.

Services are, at times, offered in the context of the following specialty programs based on client need and/or desire:

- **IPS/Employment** – Clients who desire to be employed are referred and are assisted in finding a job. A job coach is provided to assist in learning the job as well as monitoring job performance.
- **Homeshare** – This program links clients with severe disabilities to provider families with whom the client lives. The family provides the needed support for the client to live in the community.
- **Outreach** – Clients are referred to this program because they require intensive case management in order to remain stable, remain in the community and in and out of the hospital. Clients may be high users of emergency rooms, have had frequent hospitalizations, have co-occurring substance abuse disorders and/or have problematic behaviors that interfere with stable housing, get them involved with law enforcement and/or interfere with their recovery.

## **CHILDREN, ADOLESCENTS & FAMILIES PROGRAM**

The Children, Adolescents and Families (CAF) Program offers a diverse range of services to address the needs of children, adolescents and their families in the outpatient treatment, case management and crisis intervention programs. Priority populations served include children and adolescents with serious emotional disorders.

### **Persons Served**

The program offers treatment and case management services to children, adolescents, and their families residing in Berkeley County. Persons requesting services and/or are referred to the program have diverse needs, strengths, abilities and preferences. Services are adapted to the particular need(s) of the client and the family and may be provided in the Center, homes, schools, communities, and designated locations.

### **Services Offered**

The Children, Adolescents and Families program offers services in outpatient treatment, case management, and crisis intervention. Services involve the participation of the child or adolescent identified as needing treatment as well as that child's or adolescent's family or guardian. The services for children, adolescents and their families are designed to be comprehensive, provided in the least restrictive environment, and integrated and linked with other child-caring agencies and community supports.

### **Components of the Children, Adolescents and Families Program include the following:**

- **Office Based Services** - Staff deliver a full array of mental health services from the central community office to address client and family treatment needs, health issues, and care coordination.
- **In Home Services** - Staff deliver a full array of mental health services within the home environment to increase accessibility and treatment involvement.
- **Intensive Community Services** - Funded via SCDMH block grant, this program allows for more intensive treatment and case management services to clients and families in their homes, schools and communities.
- **DSS Liaison Services** – Staff provide clinical assessments for children and adolescents who have been placed in protective custody of the Department of Social Services. Full array of treatment services offered in both mental health and DSS office locations in order to support continuity of care.

## **STRATEGIC PLANNING**

As part of our strategic planning process, leadership staff will review the Management Report as the foundation for the development of the new Strategic Plan. Participation and input will be encouraged and solicited from the community, clients, staff and Board of Directors.

Reflective of the commitment to ongoing organizational performance improvement, the triennial strategic plan will be the foundation and catalyst for quality improvement activity and projects as we strive to better meet the mental health needs of the citizens of Berkeley County.