

BERKELEY COMMUNITY MENTAL HEALTH CENTER



ACCESSIBILITY PLAN JULY 2007 - JUNE 2010

APPROVED BY BOARD OF DIRECTORS
May 17, 2007

Debbie Calcote

Debbie Calcote, MA
Executive Director

Vicki J. Ellis

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Chairman, Board of Directors

5/17/07

Date

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I. ATTITUDINAL BARRIERS

A. Client Input

Client input into the organization is sought at many levels. The perspective of clients and families are represented among the governance, management and personnel. The Center has a Client Affairs Coordinator who promotes client and family involvement in Client Advisory Boards, center committees, and workgroups. The Quality Improvement Program continually surveys clients, provides ready access to a Client Advocate, and compiles input from suggestion boxes, all of which are incorporated into quality improvement processes. The Quality Improvement Team and Client Advisory Board have collaborated to ensure mechanisms to process and act on client suggestions. Workgroups convened by the Quality Improvement Team solicit client participants. Quarterly reports by clients about client activities and needs are processed by the Quality Improvement Team and Board of Directors. Clients and families learn of the essential role they have in directing their treatment team from admission and continuously throughout the course of services. All employees are educated to the value of client and family input, encouraged to solicit and receive this input, and trained in the value of client input into the organization. The Quality Improvement Team and Board of Directors will remain committed to ensuring diverse mechanisms are available to elicit client input and that such input will be used in the evaluation, planning and development of the organization.

B. Cultural Diversity

The diversity among the Center's client population, community, employees and Board is documented below. The diverse communities across the county are represented by the Board of Directors, who come from the county council districts. The organization values the contributions made by a diverse community, clients, and personnel and strives for an environment that continually enhances and supports such diversity. The Quality Improvement Team acknowledges the unique characteristics of Berkeley County, its communities and citizens (see Berkeley County: Caseload Distribution by Community). Knowledge of and sensitivity to these characteristics is a goal the Quality Improvement Team will address with the assistance of the Cultural Competency Committee.

| | Black | White | Other | Male | Female |
|-------------------|-------|-------|-------|------|--------|
| County Population | 28% | 68% | 4% | 50% | 50% |
| Center Population | 36% | 61% | 3% | 55% | 45% |
| Center Staff | 31% | 66% | 2% | 19% | 81% |

C. Reduction of Stigma

The reduction of stigma associated with mental illnesses and mental health services is key to the accessibility of mental health services. The Center participates in community education and awareness activities aimed at reducing stigma. The Board of Directors incorporates such activities into their responsibilities. These activities are documented and reviewed for flexibility, scope and audience. The Quality Improvement Team, in coordination with the Quality Improvement Program, will continuously monitor and evaluate these efforts.

The following attitudinal barriers will be address by the Quality Improvement Team, management and Board of Directors:

1. Plan to augment client input mechanisms with client focus groups.
2. Collaboration with SCDMH and Mental Health America regarding community attitudes about housing for persons with mental illness.
3. Plan to support, promote groups that advocate for persons with mental illnesses.
4. Activities and plans to follow-up with cultural competency survey results.
5. Client and family attitudes about service continuum to support recovery.
6. Client, family and staff attitudes about and knowledge of elements of a recovery based system of care.

II. ARCHITECTURAL AND ENVIRONMENTAL BARRIERS

The user focused design and system of preventative maintenance of the Stony Landing facility has promoted continued satisfaction among clients, families, visitors and employees. The leased South Berkeley location provides appropriate clinical and administrative spaces for the outpatient program.

The following architectural/environmental issues will be addressed by the Quality Improvement Team, management and Board of Directors:

1. Develop a facilities management and development plan to ensure continued accessibility and operational efficiency of both locations.
2. Utilization of evening hours for discrete services.

III. FINANCIAL BARRIERS

Financial risks are identified and monitored by the management and Board, as well as strategies to adjust to variations in funding and revenue generations.

The following items will be monitored by the Quality Improvement Team, management and Board of Directors as potential financial barriers:

1. Medicaid service definitions and rate structure.
2. Expansion of private mental health providers in local area serving same population.
3. Recruitment and retention of clinical staff.
4. Center expenditures for out-of-home placements for children and adolescents.
5. Sustainability and expansion of school based mental health services.

IV. EMPLOYMENT BARRIERS

Integral to a recovery based philosophy, goals related to employment are promoted and supported. Clients are encouraged to explore goals related to employment as one element in recovery. The Center's IPS (Individual Placement and Support employment service) is an evidenced based best practice. It assertively fosters employment goals and establishes employment opportunities tailored to the client.

The Center is committed to employing and retaining professional and skilled employees. The Board of Directors and Management support staff training, recognition, and growth.

Annual review of human resources policies ensures Center policies and practices are nondiscriminatory, meet legal requirements and promote a culturally diverse environment.

The Quality Improvement Team, management, and Board of Directors will monitor the following issues related to employment:

1. IPS program activities, goals and revenue will be reported to Quality Improvement Team quarterly.
2. Cultural diversity of Center's workforce.

V. COMMUNICATION BARRIERS

To support the Center's continuous performance/quality improvement, mechanisms to communicate with clients, families, staff, and stakeholders need to be varied, reviewed and updated as needed. Quality Improvement Team members, supervisors, Board of Directors, Program Directors and Executive Director have frequent interaction with clients, families, stakeholders, and employees.

The Quality Improvement Team, management, and Board of Directors will monitor the following issues related to communication needs:

1. Transportation systems available to clients and client awareness of such.
2. Patterns of difficulty with any transportation system.
3. Effectiveness of Center transportation and vehicle fleet.
4. Annually, QIT review effectiveness, efficiency and satisfaction of communication mechanisms.

VI. TRANSPORTATION

The Center promotes client access to a variety of transportation sources in their communities. These include Medicaid transportation, family/friends/neighbor/natural supports, personal transportation, and Rural Transportation System. Based on the clinical needs of a client, the Center may provide transportation while targeted services to address acute/stabilization needs are provided. With expanding emphasis on community based services, clinicians will be providing more services outside the office setting. In addition to routine vehicle maintenance, the Center will keep a vehicle fleet upgrade plan current and implement steps in this plan as resources allow.