

# BERKELEY COMMUNITY MENTAL HEALTH CENTER



## ACCESSIBILITY PLAN JULY 2010 - JUNE 2013

APPROVED BY BOARD OF DIRECTORS  
May 20, 2010

*Debbie Calcote*  
Debbie Calcote, MA  
Executive Director

*May 20, 2010*  
Date

*Vicki J. Ellis*  
Vicki J. Ellis  
Chairman, Board of Directors

*May 20, 2010*  
Date

Berkeley Community Mental Health Center strives to ensure accessibility in its programs and services for clients, families, stakeholders, and community. To this end, an on-going scanning of accessibility and removal of barriers are addressed in the following areas.

**I. Architectural and Environmental Barriers**

The user focused design of the Stony Landing facility has promoted continued satisfaction among clients, families, visitors and employees. The Center's system of preventative maintenance ensures the facility is accessible, safe, and supportive to the delivery of outpatient services. The Center will rely on its preventive maintenance, safety inspections and input from clients, families, community and stakeholders for the identification of architectural and/or environmental barriers.

**II. Financial Barriers**

Financial risks are identified and monitored by the leadership and Board, as well as strategies to adjust to variations in funding and revenue generation. The potential financial barriers for clients which may interfere with service access are as diverse as the client population. The Center is sensitive to changes in income and entitlements which may appear as barriers to clients. No client will be denied services because of financial barriers/hardship.

The Quality Improvement Team, management and Board of Directors will monitor the following issues.

1. Trends in funding streams to include State allocations and earned revenues.
2. Mechanisms to review client income and entitlements to offer support as needed to clients and families so lack of income is not a barrier to services.

**III. 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.

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

**IV. 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.

Processes and mechanisms are in place for accessibility for persons with hearing impairments and for persons with limited English proficiency.

**V. 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 Tri-County Link System. Based on the clinical needs of a client, the Center may provide transportation while targeted services to address acute/stabilization needs are provided. The Center will maintain a vehicle fleet that offers safe, reliable transportation for employees and clients.

The Center will perform a preventive maintenance routine and repairs as needed to keep its fleet in working order. The Center will keep a vehicle fleet update plan and implement steps in this plan as resources permit.

**VI. Attitudinal Barriers**

The Center is acutely sensitive to attitudinal barriers and their impact on persons accessing services. The organization strives to convey and promote value, respect, and empowerment for the persons it serves at every opportunity. In doing so, 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.

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 a diverse array of activities and roles to support education and awareness. The Quality Improvement Team continuously monitors and evaluates these efforts.

The organization values diversity in its community, clients, stakeholders and personnel and strives for an environment that continually enhances and supports such diversity. The Quality Improvement Team, in conjunction with the Cultural Diversity Committee, promotes training and education to support this value.

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

1. Input from clients and families and use of such in quality improvement and planning.
2. Collaboration with SCDMH and Mental Health America regarding community attitudes that may create barriers to the development of housing for persons with mental illness.
3. Assess client, family and staff attitudes about and knowledge of elements of a recovery based system of care. Explore strategy to address survey findings.
4. Monitor Center activities to address stigma associated with mental illness and treatment. Explore resources of Mentors and Star Mentors.

#### **VII. Community Integration**

Berkeley County's diverse rural and suburban communities afford its citizens choices and challenges in housing, education, work, social, recreational and faith activities. As the County experiences growth in population and industry, the scope and location of resources and amenities is transforming. Persons with mental illnesses have experienced these challenges magnified by the perceptions and understanding of their strengths and needs. The Center, as a provider and advocate, is vigilant in identifying challenges and opportunities for specific clients and families and for all persons with mental illnesses in the community.

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

1. Given community served, its resources and amenities, identify mechanisms to support community integration and most effective means to disseminate such.
2. Identify community meetings, organizations, committees where Center staff can be most effective in networking and resource development.

#### **VIII. Other Barriers**

The Center's diverse processes for quality improvement afford input and information from a variety of sources which may include surveys, funding sources, and training events. Barriers which do not readily fit into the areas delineated above are addressed in this more general category.

The Quality Improvement Team, management and Board of Directors will monitor the following issue.

1. Use of extended service hours to meet client and family needs.

**ACCESSIBILITY PLAN PROGRESS REPORT 2010-2013**

<b>BARRIER/ACTION NEEDED</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>TARGET FOR COMPLETION</b>	<b>UPDATES/COMMENTS</b>
<b>ATTITUDINAL BARRIERS</b>			
Monitor the input of clients and families and the integration of such in to planning and quality improvement activities/processes.	Client Advocate QI Coordinator Quality Improvement Team	On-going	
Monitor Center activities to address stigma associated with mental illness and treatment. Explore resources of Mentors and Star Mentors.	CEP Coordinator Quality Improvement Team PSS/CAC	On-going	
Collaboration with SCDMH and Mental Health America regarding community attitudes that may create barriers to the development of housing for persons with mental illness.	Adult Program Director Supervisors Quality Improvement Team	On-going	
Assess client, family and staff attitudes about and knowledge of elements of a recovery based system of care. Explore strategy to address survey findings.	Adult Program Director CAF Director	July 2011	
<b>FINANCIAL BARRIERS</b>			
Monitor trends in funding streams to include State allocations and earned revenues	Director of Administration Quality Improvement Team	On-going	

BARRIER/ACTION NEEDED	PERSON(S) RESPONSIBLE	TARGET FOR COMPLETION	UPDATES/COMMENTS
Monitor mechanisms and processes to review client income and entitlements to offer support as needed to clients and families so income is not a barrier to services.	Director of Administration Quality Improvement Team Supervisors Team	On-going	
<b>EMPLOYMENT BARRIERS</b>			
IPS program activities, goals and revenue will be reported to Quality Improvement Team quarterly.	IPS Supervisor Adult Program Director	On-going	
Monitor cultural diversity of Center's workforce	Supervisors Executive Director Cultural Diversity Committee	On-going	
<b>COMMUNITY INTEGRATION BARRIERS</b>			
Given community served, its resources and amenities, identify mechanisms to support community integration and most effective means to disseminate such.	Supervisors Team	July 2011	
Identify community meetings, organizations, committees where center staff can be most effective in networking and resource development.	CEP Coordinator Supervisors Team Quality Improvement Team	July 2011 and on-going	

<b>BARRIER/ACTION NEEDED</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>TARGET FOR COMPLETION</b>	<b>UPDATES/COMMENTS</b>
<b>OTHER BARRIERS</b>			
Monitor need for extended service hours to meet client and family needs and response to such need.	CAF Program Director Adult Program Director Medical Director	On-going	

(Annual Reviews Due: July 2011, July 2012, July 2013 with new plan)