

**BERKELEY COMMUNITY MENTAL HEALTH CENTER  
ACCESSIBILITY PLAN  
JULY 2016 – JUNE 2019**

Berkeley Community Mental Health Center strives to promote accessibility and remove barriers for patients, families, stakeholders and community as it supports the recovery of persons with mental illnesses. The organization adopts an on-going evaluation of needs, accessibility and removal of barriers which includes input from a variety of stakeholders and community. The following areas are addressed in this process.

**I. Architectural and Environmental Barriers**

The Center facility at Stony Landing Road was located and designed as a safe, confidential and therapeutic setting for clients, visitors and employees. A system of preventive maintenance ensures the facility, built in 1992, continues to be supportive to the delivery of outpatient services. Needs for maintenance and/or enhancements to the building and grounds are identified through on-going inspections and input from patients, families, community stakeholders, and employees.

**II. Financial Barriers**

The financial barriers with the greatest potential to diminish access to services are:

**a. Center funding and revenue generation**

The leadership establishes the annual budget based on clinical and business performance targets to fulfill its mission in the relevant healthcare environment. The leadership and Board of Directors continuously monitor variations in funding and revenue generation throughout the fiscal year, adjusting operations based on new data.

**b. Patient incomes and entitlements**

As a publicly funded facility, Center does not deny services because of client financial hardship. Its processes for considering client account balances based on hardship are sensitive to the diverse and fluid economic circumstances of clients and families. The Center provides support for clients to apply for and renew entitlements to support their access to all types of health care providers. The annual allocation of Case Services funds in the Center budget assists clients with laboratory and medication expenses in support of mental health treatments. Support to access pharmaceutical patient assistance programs is provided to patients and their families.

**III. Employment Barriers**

Clients are encouraged to explore goals related to employment as one element in their recovery. The Center's IPS (Individual Placement and Support employment service) is an evidenced based best practice fostering employment goals and establishing individualized employment opportunities. The Quality Improvement Team and Board of Directors monitor IPS program activities and goals quarterly.

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 Leadership and Board monitor the retention of the Center's diverse workforce.

#### IV. 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 Quality Improvement Team, Patient Advisory Board, Patient Advocate, Satisfaction Surveys, and focus groups promote mechanisms for endorsing the input of patients and their families into the performance management and quality improvement processes. The Quality Improvement Team monitors the stream of patient input and directs such to the Board of Directors via its monthly minutes. Patients 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 patient and family input, encouraged to solicit and receive this input, and trained in the value of patient 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 QIT, in conjunction with the Cultural Diversity Committee, promotes training and education to support this value.

#### V. Communication Barriers

At all levels of the organization and through all processes associated with accessing and participating in Center services, communication will reflect the language and format preferred and understood by clients and their families. The Center maintains capacity for communication with hearing impaired individuals and persons with limited English proficiency/language preference other than English. Leadership and Quality Improvement Team have interactions with patients, families, stakeholders, community and employees to facilitate identification and remediation of barriers.

#### VI. Transportation

The Center promotes patient 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 patient, the Center may provide transportation while targeted services to address acute/stabilization needs are provided.

The Center maintains a vehicle fleet that offers safe, reliable transportation for employees and patients. Preventive maintenance and repairs as needed are performed to keep its fleet in working order. The vehicle fleet is assessed each fiscal year to adopt plan for updating.

VII. Community Integration

The diversity of Berkeley County's rural and suburban communities affords its citizens choice in housing, education, work, social, recreational and faith activities. Center-based care coordination services for patients and families encompasses the identification of and linkage to an array of community resources. Persons with mental illnesses may have challenges accessing the array of desired activities that contribute to recovery. The Center representatives, as providers and advocates, participate in community meetings and organizations where they can be effective in networking, resource development and stigma reduction.

VIII. Other Barriers

Barriers which do not readily fit into the areas delineated above are addressed in this more general category as they are identified.

## ACCESSIBILITY PLAN PROGRESS REPORT 2016 TO 2019

BARRIER/ACTION NEEDED	PERSON(S) RESPONSIBLE	TARGET FOR COMPLETION	UPDATES/COMMENTS
<b>ARCHITECTURAL AND ENVIRONMENTAL</b>			
Facility's HVAC systems have exceeded length of functional life and need replacement. Ensure DMH CPIP includes HVAC replacements.	Lamar Butler	November 2016 and ongoing until HVAC System upgraded	
Updating of facility flooring and furnishings to be accomplished in systematic manner as revenue permits.	Lamar Butler Ben Woodlief	December 2016 Assessment and priority list developed	
Assess need for additional seating for patients and visitors on Center grounds and facility. Develop and implement plan based on assessment.	Lamar Butler Ben Woodlief	December 2016	
<b>FINANCIAL</b>			
Monitor, sustain and enhance as needed Center sensitivity to patient financial circumstances and system to address hardship and balances.	Lamar Butler Cathy Parker	July 2016 and ongoing	
Implement processes to adhere to authorizations for service requirements with managed behavioral health care effective July 1, 2016 for patients with Medicaid Insurance.	Matt Dugan, Lamar Butler, Cathy Parker	July 2016 and ongoing	
<b>EMPLOYMENT</b>			

<b>BARRIER/ACTION NEEDED</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>TARGET FOR COMPLETION</b>	<b>UPDATES/COMMENTS</b>
As one mechanism to emphasize employment opportunities/goals for patients, IPS outcome data will be presented to and reviewed by QIT and Board of Directors quarterly.	Bernette Robinson QIT Matt Dorman	Quarterly for duration of Accessibility Plan	
<b>ATTITUDINAL</b>			
Provide training to diverse law enforcement agencies in responding to persons in communities with mental illnesses.	Matt Dorman Richard Albarran	October 2016 and ongoing	
<b>TRANSPORTATION</b>			
Implement flexible appointment options to offer patients.	QIT Leadership Council	March 2017	
<b>OTHER</b>			
Enhance Center Medical/Prescriber resources.	Medical Director Center Director	October 2016	