

BERKELEY COMMUNITY MENTAL HEALTH CENTER



ANNUAL PERFORMANCE REPORT

JULY 1, 2016 - JUNE 30, 2017

**BERKELEY COMMUNITY MENTAL HEALTH CENTER
2016/2017 ANNUAL PERFORMANCE 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 patients, 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 performance, strengths, and the challenges during fiscal years 2013 - 2017. This plan was developed from input solicited from the Board of Directors, Center staff, patients and the community by the Quality Improvement Team and Leadership. Reflective of the commitment to excellence and quality improvement, the organization supported this plan as a guide for quality improvement activity and project. This Annual Performance Report summarized these activities.

The 2016/2017 goals focused on the following:

- Goal #1: Improve, develop and sustain creative programming to meet patient 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 2016-2017 included:

- Center provided 22,896 hours of behavioral health services to adults, children, adolescents and their families.
- State allocations and earned revenues were managed effectively to support the Center's mission.
- Technology infrastructure was strengthened by addition of Endpoint data, network and advanced threat security software.
- Implemented a comprehensive Level of Care system of care for all patients.
- Established a treatment provider to treat and support those affected by the Mother Emanuel AME church shooting.
- Expanded the EBP consultation teams to include Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT).
- Expanded clinician participation in professional licensure processes by making available three additional supervisors.
- In collaboration with Berkeley County Sheriff's Office, created an Family Violence Treatment Program offering treatment for victims of domestic violence and abuse.

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 patient 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 patients 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.

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 patient and family/support system, considers 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 patient 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 South Carolina Department of Mental Health's Office of Credentialing and Privileging.

The Board of Directors 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	24%	67%	9%	49.7%	50.3%
Board of Directors	18%	82%	0%	27%	73%
Center Staff	28%	67%	5%	23%	77%

SERVICES OFFERED

Berkeley Community Mental Health Center provides an array of outpatient 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, Children, Adolescent and Family Services, and Adult Services.

The program's services are rendered to the patient without limitation or discrimination based on race, color, age, religion, gender, disability, sexual orientation, national origin, prior treatment, or criminal record.

Every effort is made to make accommodations for those patients with special needs. Internal accommodations or a referral to an external agency or organization are mechanisms to address persons with special needs. The organizational policy and procedures define mechanisms to insure access to services for persons with special needs.

In addition to the above, services will be sensitive and relevant to the diversity of the patient. Cultural Diversity training is a priority.

ACCESS/MOBILE CRISIS SERVICES

Access

Requests for services are made and processed through two points of entry. Most service requests are processed by the Access/Mobile Crisis clinical staff. For those seeking services with our School Based service delivery, requests are processed by the School Based clinical staff at the identified school.

The Center's clinicians, whether it is an Access/Mobile Crisis or a School Based service clinician, provide a comprehensive biopsychosocial assessment for those seeking services. For those meeting the diagnostic admission criteria and consent to enrolling in services, the clinician will refer the patient to the appropriate service delivery program within BCMHC.

Mobile Crisis Intervention

The capacity to provide Crisis Intervention Services is made available to patients of BCMHC on a time-limited basis. Crisis Intervention services are typically provided for patients following abrupt substantial changes in function and/or marked personal distress, which results in an emergency situation for the patient or the patient's environment.

Mobile Crisis Intervention Community Response

During business hours Access/Mobile Crisis will respond to the community to intervene with and provide treatment/resources to individuals in crisis. Mobile Crisis clinicians may self-deploy or deploy at the request of Law Enforcement to provide and link those in acute psychiatric distress with appropriate community based interventions and treatments tailored to specific strengths, needs and preferences.

Family Violence Treatment Program

The overall program is a collaborative effort with Berkeley County Sheriff's Office to provide victims of domestic violence and other violent crime cases including rape, homicide, burglaries with an immediate mental health intervention/evaluation and to provide short term (usually 12 weeks) Trauma-Focused Cognitive Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT) and/or Motivational Interviewing and follow-up to the trauma incident.

Mother Emanuel AME Clinical Support Program

The program, in Collaboration with Mother Emanuel AME, Charleston Dorchester Mental Health Center, and the Medical University of South Carolina's Crime Victims Center provides clinical support, mental health treatment, guidance and education to those impacted by the tragic June 17, 2015 Mother Emanuel AME church shooting.

Afterhours Intervention

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.

Persons Served

Services are available to persons meeting varieties of emotional problems, including psychiatric disabilities, and severe emotional problems.

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.

Services Offered

Services may include: assessment, psychiatric nursing services, medication administration and monitoring, psychiatric medical assessment, and care coordination. These crisis intervention activities enable patients, 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 patients 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 living with of mental illnesses. A plan of care is developed based on patient 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 patient's needs and the patient's and family's preferences. Services are adapted to the particular needs of the patient and may be offered at the center, in offices, homes, communities and other designated locations. Patients 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 patient 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 patients 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 patient/family education. Based on the patient'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; patient and advocate groups and educational services.

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. 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 patient and the family and may be provided in the Center, homes, schools, communities, and designated locations.

Services Offered

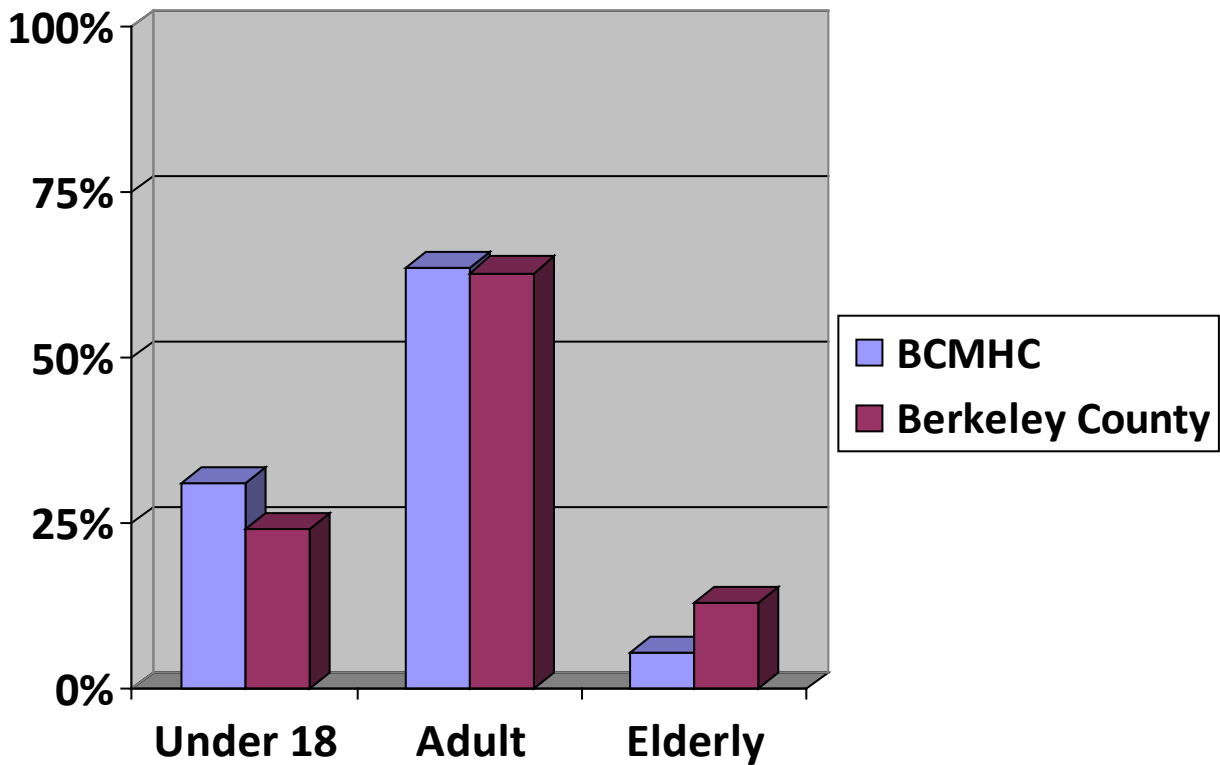
The level of intensity and duration of services is based on the child and family's needs and treatment goals. Services involve the participation of the child identified as needing treatment as well as that child's family or guardian. The program has the ability to offer services to address both short term needs (e.g., brief therapy focused on situational issues) and to work with children and families needing services over an extended period of time. The range of activities in CAF services may include assessment, individual, group and family therapy, treatment plan formulation, medication administration and monitoring, and patient/family education.

School Based Services

The SC Department of Mental Health is dedicated to the development of school-based mental health programs across South Carolina. In collaboration with the Berkeley County School District and United Way, BCMHC offers school based services that are non-stigmatizing and easily accessible to children and their families in the local community. The school based mission is to identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances.

**DEMOGRAPHICS OF INDIVIDUALS SERVED
FISCAL YEAR 2017
JULY 1, 2016- JUNE 30, 2017**

AGE PERCENTAGE OF INDIVIDUALS SERVED

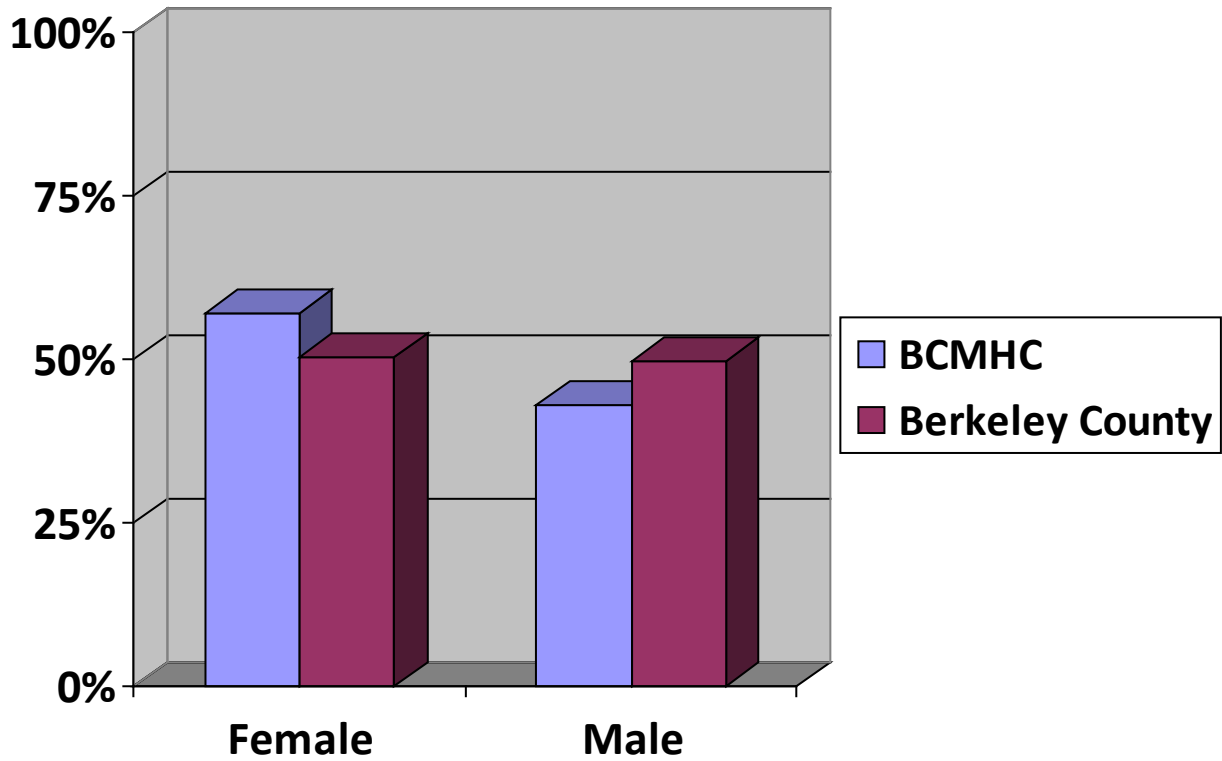


	FY 17 Total %
BCMHC Individuals Under Age 18 Served	31.00%
Berkeley County Residents Under Age 18	24.20%
BCMHC Adult Individuals Served	63.53%
Berkeley County Adult Residents 18 to 64	62.80%
BCMHC Elderly Individuals Served	5.47%
Berkeley County Elderly Residents	13.00%

Elderly is defined as individuals age 65 and older

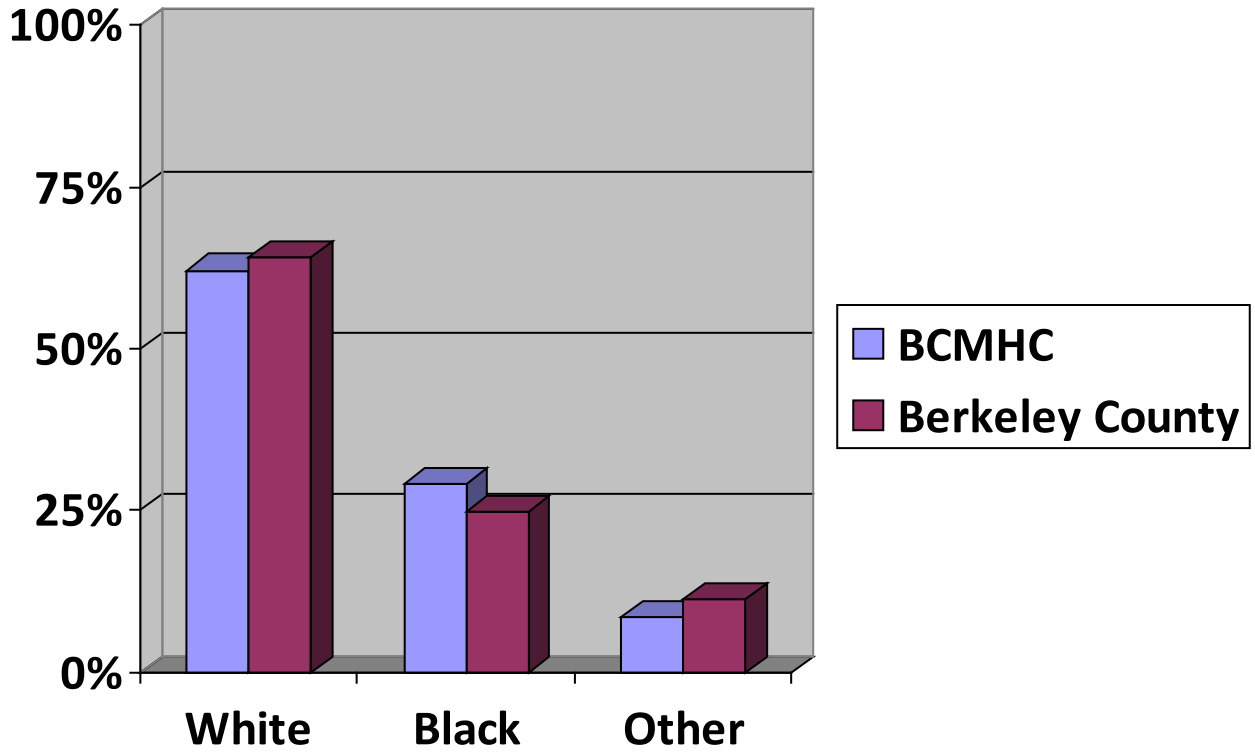
Berkeley County population= 210,898 based upon 2016 US Census Information Estimates

GENDER PERCENTAGE OF INDIVIDUALS SERVED



	FY 17 Total %
BCMHC Female Individuals Served	56.98%
Berkeley County Female Residents	50.30%
BCMHC Male Individuals Served	43.02%
Berkeley County Male Residents	49.70%

ETHNICITY PERCENTAGE OF INDIVIDUALS SERVED



	FY 17 Total %
BCMHC White Ethnicity Individuals Served	62.14%
Berkeley County White Ethnicity Residents	64.10%
BCMHC Black Ethnicity Individuals Served	29.22%
Berkeley County Black Ethnicity Residents	24.70%
BCMHC Other Ethnicity Individuals Served	8.64%
Berkeley County Other Ethnicity Residents	11.20%


BERKELEY COMMUNITY MENTAL HEALTH FISCAL YEAR 2017 BUDGET

SCDMH approached the SC State Legislature with funding requests aimed at sustainability of its operations at existing levels. This included the allocation of State recurring dollars to replace nonrecurring Federal and State funds designated for community mental health centers.

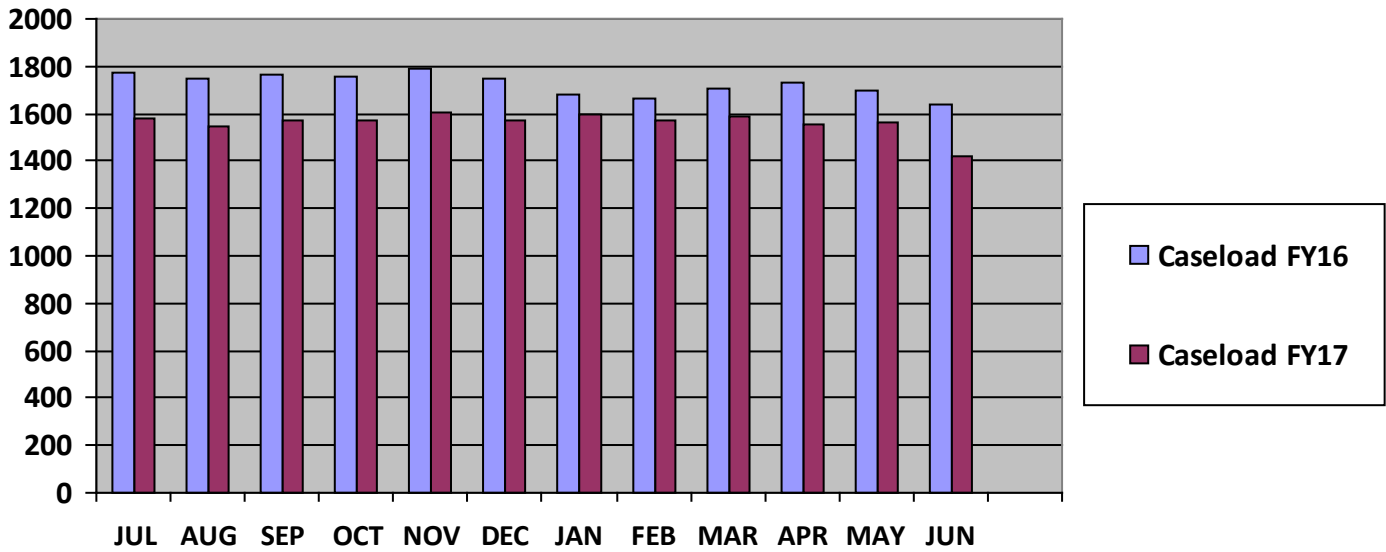
The number of Center patients in the self-pay primary payment category averaged 27% this fiscal year.

The largest areas of expense for the Center were personnel and contractual (psychiatrists). The organization added two additional full time and two part time positions in clinical program areas. The center utilized more contractual personnel expenses– psychiatrists due to inability to fill vacancy of full time staff psychiatrist.

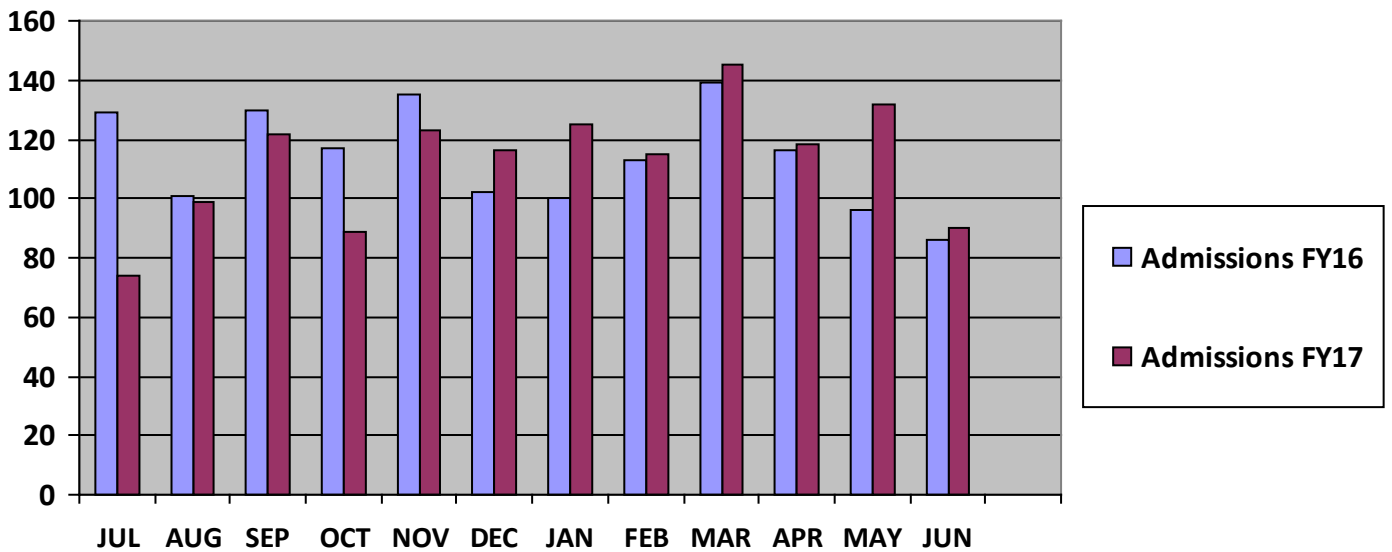
The operational budget included major technology purchases (laptops, local/network printers, wireless hotspots and other peripheral devices) which assisted children/adolescent clinicians to deliver services while on home visits and within schools. Transportation expenses provided for two vehicle upgrades and maintenance needs. Facility/grounds maintenance vendor expenses remained within projections.

		
Berkeley Mental Health - FY 2017 Financial Report	ORIGINAL FORECAST	FY 2017 ACTUAL
REVENUES:		
STATE	2,700,072	2,705,835
MEDICAID FFS	677,348	764,699
MCO MEDICAID	1,580,479	1,207,004
COUNTY	40,000	40,000
LOCAL FEES	341,843	323,620
SPECIAL PROGRAMS	5,000	5,019
NON-RECURRING FUNDING	0	11,414
FEDERAL	\$188,750	\$153,457
TOTAL REVENUE	\$5,533,492	\$5,211,048
EXPENDITURES:		
TOTAL PERSONNEL COST	\$4,360,699	\$3,921,157
TOTAL OPERATING EXPENSE	\$1,021,364	\$720,678
CASE SERVICES (Incl. Homeshare/HER, Labs/Ind. Meds, TLC)	\$151,429	\$127,143
ALLOCATIONS OVER/(UNDER) EXPENDITURES	-	442,070

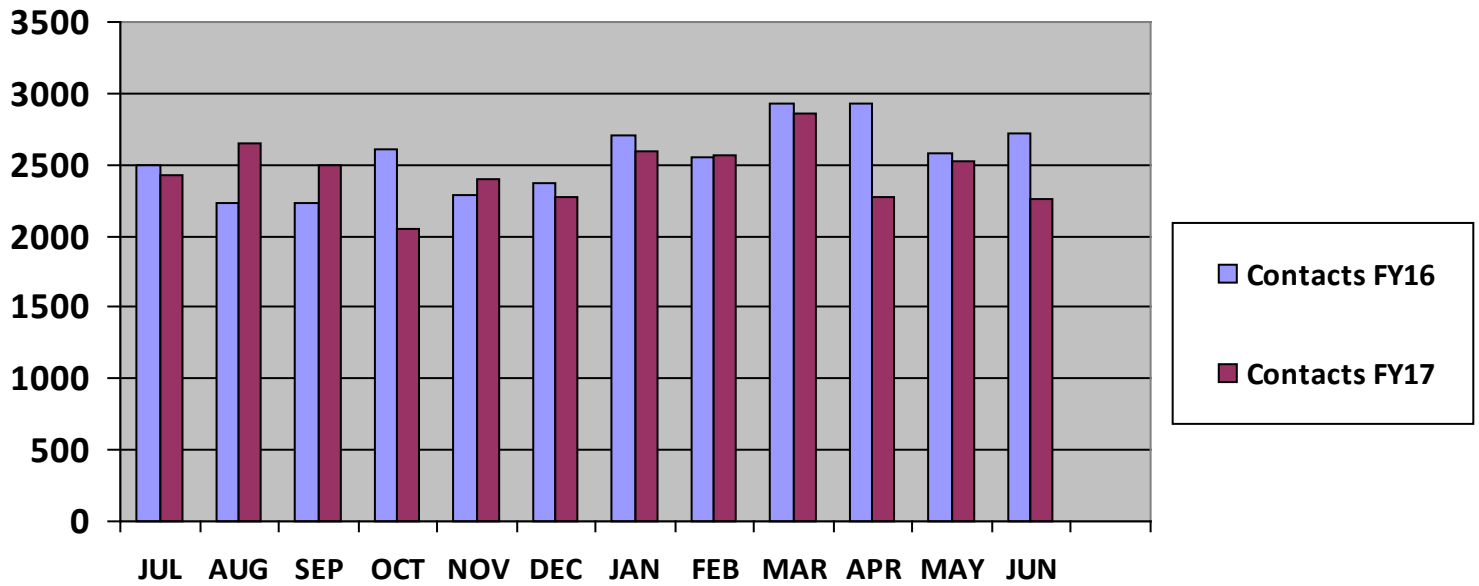
BCMHC CENTERWIDE DATA FY 17



CASELOAD TOTALS												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY16	1773	1745	1762	1753	1786	1750	1684	1666	1710	1728	1694	1640
FY17	1576	1549	1572	1573	1602	1569	1599	1573	1585	1556	1565	1420
AVERAGE CASELOAD FOR FISCAL YEAR 2017 = 1562												



ADMISSIONS TOTALS												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY16	129	101	130	117	135	102	100	113	139	116	96	86
FY17	74	99	122	89	123	116	125	115	145	118	132	90
TOTAL ADMISSIONS FOR FISCAL YEAR 2017 = 1348												

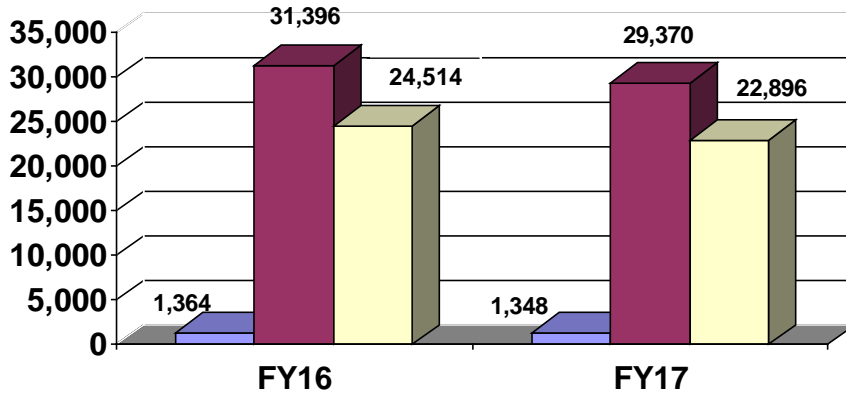


CONTACTS TOTALS												
	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>
FY16	2584	2615	2711	2690	2458	2441	2566	2525	2860	2682	2564	2700
FY17	2429	2652	2495	2048	2403	2271	2595	2560	2859	2275	2520	2263
TOTAL CONTACTS FOR FISCAL YEAR 2017 = 26,941												

Definitions

Contacts = Identified billable service event to identified patients.

BERKELEY COMMUNITY MENTAL HEALTH CENTER COMPARATIVE DATA



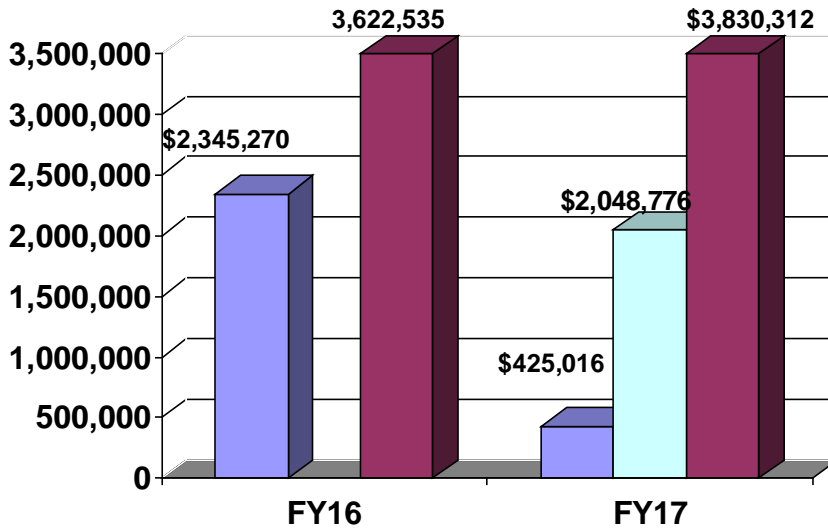
Contacts and Service Hours	FY16	FY17	VARIANCE
Admissions	1,364	1,348	1.17% Decrease
Total Contacts	31,396	29,370	6.45% Decrease
Total Service Hrs.	24,514	22,896	6.67% Decrease

Definitions

Contacts = Identified billable service event to identified patients.

Service Hours = Actual billable hours rendered to identified patients.

FY17 reflects vacancies in clinical/medical staff (contacts and service hours)



Revenue Collections	FY16	FY17	Variance
Medicaid	\$2,345,270	\$425,016	Variance N/A
MCO	N/A	\$2,048,776	Variance N/A
Total	\$3,622,535	\$3,830,312	5.73% Increase

Note: SC Department of Health and Human Services announced the “carve in” of all behavioral health providers into the managed care Medicaid system effective July 1, 2016.

BERKELEY COMMUNITY MENTAL HEALTH OUTCOMES MANAGEMENT AND CONSULTATION

Data was collected throughout the year in the areas of effectiveness, efficiency, patient satisfaction and access to care. Outcome data was provided on the individual patient level as well on the organizational level to identify quality improvement needs and evaluate progress toward performance enhancement. As a facility of the South Carolina Department of Mental Health, a number of outcome measures and benchmarks were standardized for all of its community mental health center settings.

In Fiscal Year 2017, outcome management highlights included:

- Center exceeded SCDMH service hour goal for the year.
- Collaborative documentation for the year was 87%.
- QI quarterly audit resulted average score of 93.5 for the year.
- Of the 445 persons receiving crisis intervention services, 65% of their dispositions was services in community based settings.
- The Individual Placement and Support employment program found competitive employment for 61% of the patients served.
- Patient and family satisfaction data indicated need to address frequency of services provided and structure of Center office hours.

Corporate Compliance

Two Corporate Compliance reports were made during this Fiscal Year. Both were external requests from federally contracted auditors to review Center records. Results of audits identified fewer services and medical records this year that were out of compliance and therefore required reimbursement to DHHS. Internal procedures and safeguards implemented in previous years to prevent out-of-compliance services from being billed to third party payers remain helpful to remain in compliance with the Center's, DMH's and CMS's Corporate Compliance requirements. A new audit tool which focuses on qualitative compliance will begin being used for quarterly audits beginning with the first quarter 2018 audit.

Utilization Review

Multiple efforts were made throughout the year to improve patient access to care and efficiency of services. The implementation of a comprehensive Levels of Care system has facilitated treatment planning that focuses on matching service intensity with patient symptom and functioning intensity. The DHHS MCO carve in further encouraged closer examination of patient service utilization and care plan evaluation. The processes put in place to manage new requirements of managed care organizations have so far been effective and patients are receiving appropriate care approved by the MCOs. Additionally, an engagement specialist position was created and developed this year to reduce the number of patients who drop out of services prematurely. This position proactively connects with patients who meet certain disengagement criteria, schedules new appointments as appropriate or begins the discharge process when needed. As a result, this position has reduced the number of patients who have experienced a 90-day gap in services from over 300, to less than 100 patients who have experienced a > 45-day gap.

Credentialing

The entire clinical, nursing and medical staff members of the Center have been recredentialed throughout the fiscal year. The DMH Office of Credentialing and Privileging (OCP) continues to coordinate with HR and QI staff at BCMHC to ensure all staff privileging is accurate and current. OCP successfully earned its NCQA national accreditation in the area of Credentialing.

Safety and Risk Management

Eighty-three (83) incidents were reviewed by Risk Management. Fifteen (15) of these were reported to SCDMH Risk Management. Any corrective action indicated was addressed at the time of the incidents. The on-going and annual review of incidents did not indicate any trends or patterns needing organizational improvement. Efforts to continue staff-awareness of safety matters continue with quarterly safety drills, mandatory training, and quarterly and as-needed building inspections. Additional training was provided to supervisors regarding response to critical incidents, such as Drs. Winchesters and Sharps. The Fire Marshall conducted an inspection of the building this year and his recommendations were implemented.

Patient Advocacy

A total of eighteen (18) issues were directed to the Patient Advocate for resolution. All complaints were individualized in nature. There were no concerns that warranted any programmatic or systemic changes. The Center's Client Advocate facilitated enhanced communication between staff and clients which resolved all of the concerns. One patient advocacy scenario required escalation to the DMH Central office of patient advocacy which assisted in investigating the matter and resolving the concerns. All other incidents were resolved to the complainant's satisfaction without going to the State level.

Medical Staff Peer Review

The psychiatrists, APRNs and RNs met routinely to provide feedback to one another in addressing specific client interventions and interventions associated with diagnostic categories. The medical staff also addressed various Center processes/services to include: MMO option; collaboration and information sharing with primary care M.D.s; delivery of PMAs in conjunction with admission; targets for the Center; stabilization resource. In coordination with the Quality Improvement Director, Peer Review functions expanded this year to include a more robust evaluation of medical records. Data from these reviews have been incorporated into the Center's Quarterly audits findings.