

BERKELEY COMMUNITY MENTAL HEALTH CENTER STRATEGIC VISION

JULY 2016—JUNE 2019



APPROVED BY THE BOARD OF DIRECTORS

MAY 12, 2016

Debbie Calcote

Debbie Calcote, MA
Executive Director

May 12, 2016

Date

VISION

We see ourselves as the leader of exceptional, effective, compassionate care for all of our community's citizens.

We see ourselves as a Community Mental Health Center that is adaptive and nimble in the midst of a shifting Mental Health Care landscape.

We see ourselves as a Mental Health Center without walls that functions as a partner with all local community resources to serve our clientele.

We see ourselves as a Community Mental Health Center that responds wisely and proactively as our community changes in the early 21st century.

We see this Strategic Vision to be an outline of our current needs and goals. Therefore, to be meaningful it must be responsive to the unforeseen challenges of the future and will be revised as needed in light of new information and knowledge.

OUR MISSION

The staff 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 gives 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 and evidence-based services possible.

OUR VALUES

RESPECT FOR THE INDIVIDUAL

Each person is treated with respect and dignity, and is 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 are committed 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 is and will continue to be an agency worthy of the highest level of public trust. We provide treatment environments that are safe and therapeutic, and work environments which inspire and promote innovation and creativity. We 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 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 work with employers, sister agencies, and public media to combat prejudice born of ignorance about mental illness. We expect our own staff to be leaders in the anti-stigma campaign.

STRENGTHS, CHALLENGES, & OPPORTUNITIES

STRENGTHS

- BCMHC employs a diverse, experienced, talented, and expert staff in a variety of disciplines
- The team of BCMHC demonstrates grit and perseverance
- Recovery-based philosophy of care
- Integrated teams support each other
- The BCMHC School-Based Program is stronger and further-reaching than ever
- Highest-rated Individual Placement Services team in the state
- Expanding Emergency Mobile Crisis Program
- Comprehensive access to care facilitated by our partnerships with Clinical Care Coordinators
- Same day access allows near-immediate access to care for any member of the community
- Fidelity to our Clients' Rights and Confidentiality
- Consistently fiscally responsible

CHALLENGES

- The shift to a Managed Care environment affects infrastructure at every level of the Department of Mental Health
- Cross training of personnel to expand clinical capacity for newly admitted and established clients.
- Creative solutions to balancing efficiency with opportunities to foster skill/knowledge/ability development and team structure.
- Expanding strategies to continue staff development and use of Evidence-Based Practices
- Recruiting and retaining qualified medical and clinical staff; Cost effective treatment requires effective and established staff
- The Center's current hours of operation may not be flexible enough to meet the needs of 21st Century Berkeley County.
- The area's client-base is changing in demographic and economic status: Millennials, IT/Hi-Tech Industry, Auto/Airline Industry
- The breadth of geography and often-insular culture of rural Berkeley county impedes efforts to reach all of our community
- Center IT tools and processes are products of DMH Office of Information Technology
- Community partner awareness of their roles and opportunities for participation in and support of client services.
- Integrating BCMHC deeper into our community (Healthcare, Law Enforcement, Social Services, Education System, etc.) as a knowledgeable, trusted, and respected ally and provider

OPPORTUNITIES

- Rapid growth of the population of Berkeley county
- Support and grant-funded opportunities for Behavioral Health Homes at the State and Federal levels
- Rapid diversification of the Berkeley county economy into Information Technology, Automotive and Airline Manufacturing industries
- At the National level, greater funding for and citizen awareness of factors affecting Mental Health Care
- Local Healthcare providers seek reliable resources for their patients with mental illness
- Expansion of School-Based services to the 36 schools not presently served by BCMHC
- Greater collaboration with Law Enforcement for Mobile Crisis program expansion
- Shifts in Center functions resulting from Managed Care carve-in open possibilities for improving efficiency of human resources
- Governor's Office advocacy for treatment and initiatives to reduce the rate of Criminal Domestic Violence in South Carolina
- Collaboration with Charleston/Dorchester Mental Health Center on the development of their North Charleston outpatient clinic and Crisis Stabilization Program
- Development of Information Technology tools that assist the treatment of Mental Illness and improve access to care for those affected by it

GOALS THAT SUPPORT THIS VISION

GOAL 1: RETAIN, RECRUIT AND DEVELOP EXCEPTIONAL STAFF.

GOAL 2: IMPROVE ACCESS AND EFFICIENCY OF SERVICES TO ALL CLIENTELE.

GOAL 3: EXPAND BCMHC'S PRESENCE IN THE BERKELEY COMMUNITY.

STRATEGIC OBJECTIVES

GOAL 1: RETAIN, RECRUIT AND DEVELOP EXCEPTIONAL STAFF.

- 1.1 Expand the Collaborative Training Committee efforts to provide at least four evidence-based practice trainings that offer CEU/CMEs annually.
- 1.2 Recruit and hire a supervisor for the Child/Adolescent Clinic-Based program who has the credentials to supervise provisionally licensed clinical staff.
- 1.3 Develop at least one current supervisor to earn a supervisor's license and begin providing clinical supervision to at least 2 provisionally licensed staff.
- 1.4 Coordinate a meeting between the regional Community Mental Health Center training staff and DMH Office of Quality Assurance to begin development of a regional training curriculum between Centers.
- 1.5 Based on changing practice environment, formalize the training of Clinical Support Staff to address position specific duties and changes that affect the organization as a whole.
- 1.6 Strengthen relationships with higher learning institutions from which we draw applicants by developing a dedicated liaison to these schools.
- 1.7 Expand efforts for cross-training employees within their disciplines to increase Center efficiency.
- 1.8 Expand the Peer Support Program, to include: determining what factors indicate the need for an additional Certified Peer Support Specialist, and strategies to ensure every client, Adult or Child & Adolescent can have access to a Certified Peer Support Specialist.

GOAL 2: IMPROVE ACCESS AND EFFICIENCY OF SERVICES TO ALL CLIENTELE.

- 2.1 Develop the Center's website to be more informative, modern, and useful for the Berkeley Community and our clients.
- 2.2 Develop a Utilization Review/Management team to respond to the needs of our clients and staff in the new mental health landscape.
- 2.3 Develop a process for effectively integrating and utilizing the Level of Care system with the Center's clientele, to include staff education on its use.
- 2.4 Develop a continuity of care procedure that incorporates the Level of Care system which is consistently applied to disengaged clientele.

- 2.5 Identify and evaluate the benefits of implementing brief therapy models at the Center for clients with mild to moderate symptoms.
- 2.6 Increase client utilization of evidence-based group therapy by 20%, through development of a standing group schedule.
- 2.7 Expand Center hours of operation to increase access to services.
- 2.8 Pilot the use of at least one curriculum-based educational group to non-Seriously and Persistently Mentally Ill/Seriously Emotionally Disturbed populations as an adjunct treatment for citizens of the community.

GOAL 3: EXPAND BCMHC'S PRESENCE IN THE BERKELEY COMMUNITY.

- 3.1 Identify at least one community partner to establish an Employee Assistance Program contract.
- 3.2 Identify at least two alternate sites in which to embed existing clinicians to increase access to services.
- 3.3 Identify relevant community partners and nurture these relationships to increase client referrals by 10%
- 3.4 Develop a BCMHC/Community Partners liaison to increase communication and expand our partnerships within the Berkeley Community
- 3.5 Define the parameters of and funding sources for the hiring of an Engagement Specialist Position.
- 3.6 Remain fiscally solvent by ensuring expenditures do not exceed revenues during the timeframe of this plan.

STRATEGIES

The Center's Strategic Vision will be carried out by appointed personnel of the Center, determined chiefly by the Quality Improvement Team (QIT). Small performance improvement workgroups, composed of any appropriate members of the Center staff, will be established to identify and implement time-limited tasks, as determined by the workgroup, which are necessary to accomplish each objective and goal. Workgroups will be chaired by a member of the QIT who will be responsible for providing regular updates to the QIT concerning the status of the workgroup's progress towards achieving its objectives.

As new information and knowledge becomes available, objectives and/or goals that no longer serve the broader vision of the Center will be revised or discontinued and replaced by more meaningful objectives and/or goals. The intent of this Strategic Vision is to swiftly effect beneficial changes for the Center; objectives or efforts which are determined to be too ineffective to create meaningful progress for the Center or too stymied in momentum will be considered for elimination from the Strategic Vision at any time by the QIT.

BCMHC Strategic Vision Performance Matrix

Goal 1 Retain, recruit and develop exceptional staff

Goal 2 Improve Access and efficiency of services to all Clientele

Goal 3 Expand BCMHC's presence in the Berkeley community

SV Goal	OBJ ID	Priority	Workgroup	Objective	Purpose	Estimated Target Date	Required Staff Members' Input
1	1.1	Low	Training	Expand the Collaborative Training Committee efforts to provide at least four evidence-based practice trainings that offer CEU/CMEs annually.	Effectiveness	1/1/2017	Professional Development Director
1	1.2	High	Recruitment	Recruit and hire a supervisor for the Child/Adolescent Clinic-Based program who has the credentials to supervise provisionally licensed clinical staff.	Efficiency, Satisfaction	10/1/2016	Executive Director, Clinic Manager
1	1.3	High	Staff Development	Develop at least one current supervisor to earn a supervisor's license and begin providing clinical supervision to at least 2 provisionally licensed staff.	Efficiency	3/1/2017	Professional Development Director
1	1.4	Low	Training	Coordinate a meeting between the regional Community Mental Health Center training staff and DMH Office of Quality Assurance to begin development of a regional training curriculum between Centers.	Effectiveness, Access	4/1/2017	Professional Development Director
1	1.5	Low	Staff Development	Based on changing practice environment, formalize the training of Clinical Support Staff to address position specific duties and changes that affect the organization as a whole.	Effectiveness, Satisfaction	10/1/2016	CSS Manager, Professional Development Director
1	1.6	Low	Recruitment	Strengthen relationships with higher learning institutions from which we draw applicants by developing a dedicated liaison to these schools.	Access, Satisfaction	3/1/2017	Clinic Manager, Professional Development Director

1	1.7	High	Training	Expand efforts for cross-training employees within their disciplines to increase Center efficiency.	Efficiency, Effectiveness	12/1/2016	QI Director, Professional Development Director
1	1.8	High	Staff Development	Expand the Peer Support Program, to include: determining what factors indicate the need for an additional Certified Peer Support Specialist, and strategies to ensure every client, Adult or Child & Adolescent, can have access to a Certified Peer Support Specialist.	Effectiveness, Access	2/1/2017	Special Ops Director, Peer Support Specialist
2	2.1	Low	Information Technology	Develop the Center's website to be more informative, modern, and useful for the Berkeley Community and our clients.	Efficiency	10/1/2016	IT Manager, Peer Support Specialist
2	2.2	High	Center Expansion	Develop a Utilization Review/Management team to respond to the needs of our clients and staff in the new mental health landscape.	Effectiveness, Efficiency	8/1/2016	Executive Director, Clinic Manager, QI Director, Billing Director
2	2.3	High	Client Care	Develop a process for effectively integrating and utilizing the Level of Care system with the Center's clientele, to include staff education on its use.	Effectiveness	9/1/2016	QI Director, Professional Development Director
2	2.4	High	Client Care	Develop a continuity of care procedure that incorporates the Level of Care system which is consistently applied to disengaged clientele.	Efficiency	9/1/2016	QI Director, Professional Development Director
2	2.5	Low	Client Care	Identify and evaluate the benefits of implementing brief therapy models at the Center for clients with mild to moderate symptoms.	Effectiveness	6/1/2017	Professional Development Director
2	2.6	High	Client Care	Increase client utilization of evidence-based group therapy by 20%, through development of a standing group schedule.	Effectiveness, Access	1/1/2017	Clinic Manager, Professional Development Director
2	2.7	Low	Center Expansion	Expand Center hours of operation to increase access to services.	Access, Satisfaction	4/1/2017	Clinic Manager, CSS Manager

2	2.8	Low	Center Expansion	Pilot the use of at least one curriculum-based educational group to non-Seriously and Persistently Mentally Ill/Seriously Emotionally Disturbed populations as an adjunct treatment for citizens of the community.	Access	5/1/2017	Professional Development Director
3	3.1	Low	Center Expansion	Identify at least one community partner to establish an Employee Assistance Program contract.	Access	8/1/2017	Clinic Manager, QI Director
3	3.2	High	Center Expansion	Identify at least two alternate sites in which to embed existing clinicians to increase access to services.	Access	10/1/2017	Executive Director, Clinic Manager, QI Director
3	3.3	Low	Marketing	Identify relevant community partners and nurture these relationships to increase client referrals by 10%	Access, Effectiveness	12/1/2017	Outpatient Program Supervisors
3	3.4	Low	Center Expansion	Develop a BCMHC/Community Partners liaison to increase communication and expand our partnerships within the Berkeley Community	Effectiveness, Satisfaction	12/1/2017	Outpatient Program Supervisors
3	3.5	High	Staff Development	Define the parameters of and funding sources for the hiring of an Engagement Specialist Position.	Access, Effectiveness	9/1/2016	QI Director, Clinic Manager
3	3.6	High	Center Expansion	Remain fiscally solvent by ensuring expenditures do not exceed revenues during the timeframe of this plan.	Efficiency	7/1/2017	Executive Director, CSS and Clinic Managers

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

TRAINING WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN YEAR: 2016 2017 2018

CHAIR: STACY ALBARRAN

MEMBERS:

*Obj 1.1: Expand the Collaborative Training Committee efforts to provide at least four evidence-based practice trainings that offer CEU/CMEs annually. **Target Date: 1/1/17.***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj 1.4 Coordinate a meeting between the regional Community Mental Health Center training staff and DMH Office of Quality Assurance to begin development of a regional training curriculum between Centers. **Target Date: 4/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj 1.7 Expand efforts for cross-training employees within their disciplines to increase Center efficiency. **Target Date: 12/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

WORKGROUP CHAIR TO COMPLETE QUARTERLY AND RETURN TO QI DIRECTOR FOR REVIEW IN QIT

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

RECRUITMENT WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN YEAR: 2016 2017 2018

CHAIR: MATT DORMAN

MEMBERS:

*Obj. 1.2 Recruit and hire a supervisor for the Child/Adolescent Clinic-Based program who has the credentials to supervise provisionally licensed clinical staff. **Target Date: 10/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 1.6 Strengthen relationships with higher learning institutions from which we draw applicants by developing a dedicated liaison to these schools. **Target Date: 3/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

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QUARTERLY WORKGROUP PROGRESS NOTES

STAFF DEVELOPMENT WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN YEAR: 2016 2017 2018

CHAIR: MATT DUGAN

MEMBERS:

*Obj. 1.3 Develop at least one current supervisor to earn a supervisor's license and begin providing clinical supervision to at least 2 provisionally licensed staff. **Target Date: 3/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj.1.5 Based on changing practice environment, formalize the training of Clinical Support Staff to address position specific duties and changes that affect the organization as a whole. **Target Date: 10/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 1.8 Expand the Peer Support Program, to include: determining what factors indicate the need for an additional Certified Peer Support Specialist, and strategies to ensure every client, Adult or Child & Adolescent, can have access to a Certified Peer Support Specialist. **Target Date: 2/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 3.5 Define the parameters of and funding sources for the hiring of an Engagement Specialist Position. **Target Date: 9/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

WORKGROUP CHAIR TO COMPLETE QUARTERLY AND RETURN TO QI DIRECTOR FOR REVIEW IN QIT

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

INFORMATION TECHNOLOGY WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN **YEAR:** 2016 2017 2018

CHAIR: LAMAR BUTLER

MEMBERS:

*Obj. 2.1 Develop the Center's website to be more informative, modern, and useful for the Berkeley Community and our clients. **Target Date: 10/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

CENTER EXPANSION WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN YEAR: 2016 2017 2018

CHAIR: MATT DUGAN

MEMBERS:

*Obj 2.2 Develop a Utilization Review/Management team to respond to the needs of our clients and staff in the new mental health landscape. **Target Date: 8/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj 2.7 Expand Center hours of operation to increase access to services. **Target Date: 4/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj 2.8 Pilot the use of at least one curriculum-based educational group to non-Seriously and Persistently Mentally Ill/Seriously Emotionally Disturbed populations as an adjunct treatment for citizens of the community. **Target Date: 5/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj 3.1 Identify at least one community partner to establish an Employee Assistance Program contract. **Target Date: 8/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

WORKGROUP CHAIR TO COMPLETE QUARTERLY AND RETURN TO QI DIRECTOR FOR REVIEW IN QIT

Obj. 3.2 Identify at least two alternate sites in which to embed existing clinicians to increase access to services.

Target Date: 10/1/17

SUMMARY OF PROGRESS THIS QUARTER:

Obj. 3.4 Develop a BCMHC/Community Partners liaison to increase communication and expand our partnerships within the Berkeley Community **Target Date: 12/1/17**

SUMMARY OF PROGRESS THIS QUARTER:

Obj. 3.6 Remain fiscally solvent by ensuring expenditures do not exceed revenues during the timeframe of this plan.

Target Date: 7/1/17

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

CLIENT CARE WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN YEAR: 2016 2017 2018

CHAIR: SCOTT LAWRENCE

MEMBERS:

*Obj. 2.3 Develop a process for effectively integrating and utilizing the Level of Care system with the Center's clientele, to include staff education on its use. **Target Date: 9/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 2.4 Develop a continuity of care procedure that incorporates the Level of Care system which is consistently applied to disengaged clientele. **Target Date: 9/1/16***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 2.5 Identify and evaluate the benefits of implementing brief therapy models at the Center for clients with mild to moderate symptoms. **Target Date: 6/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

*Obj. 2.6 Increase client utilization of evidence-based group therapy by 20%, through development of a standing group schedule. **Target Date: 1/1/17***

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):

WORKGROUP CHAIR TO COMPLETE QUARTERLY AND RETURN TO QI DIRECTOR FOR REVIEW IN QIT

BCMHC STRATEGIC VISION 2016-2019

QUARTERLY WORKGROUP PROGRESS NOTES

MARKETING WORKGROUP

QUARTER: JUL-SEP OCT-DEC JAN-MAR APR-JUN **YEAR:** 2016 2017 2018

CHAIR: YVETTE MCCRAY

MEMBERS:

*Obj 3.3: Identify relevant community partners and nurture these relationships to increase client referrals by 10%.
Target Date: 12/1/17.*

SUMMARY OF PROGRESS THIS QUARTER:

RECOMMENDATIONS TO QIT (AS APPLICABLE):