Berkeley Community Mental Health Accessibility Plan 2022-2025

# Accessibility Barriers Assessment

Annual strategies implemented by the Center to evaluate accessibility needs and progress on removing identified barriers

* Input from persons served: satisfaction surveys, suggestion boxes, survey monkey online.
* QIT quarterly discussions
* Strategic Vision planning processes, including SWOT analysis.
* Peer Advisory Board meetings and business

# Identified Barriers

## Attitudinal Barriers

Addressing the attitudes of staff towards individuals with disabilities, differing cultures, demographics, genders, sexual orientations, ages, etc.

* Current Peer Advisory Board and satisfaction surveys assist in identifying these barriers.
* Patient Advocate identifies concerns and complaints from the community; identifies trends in attitudes that may pose a barrier.

The Berkeley Community Mental Health Center is acutely aware of persons with disabilities. The client survey included both Adult and Children, Adolescents, and Family (CAF) patients. All written materials are appropriate for our patients and every effort is made to make letters and communication patient friendly.

A Peer Advisory Board, which is made up of patients of the Center and the Center’s Peer Support Specialist, meets on a monthly basis to review input from the suggestion box and any other concerns brought by the Board. To ensure information is communicated through the Center, the CPSS is a standing member of the Quality Improvement Team (QIT). During the 2020-21 Pandemic, the Board was unable to meet due to social distancing concerns and the vacancy created by the separation of our CPSS.

The Center’s Patient Affairs Coordinator interacts with any community member who presents concerns about the Center’s functions and operations. Any attitudinal or other accessibility concerns are brought to the QIT and Executive Director’s attention for remedy.

2022

In February, Cultural Diversity Committee and staff acknowledged World Day of Social Justice by decorating the bulletin board in the center lobby. Staff had access to two trainings sponsored by DMH Office of Diversity, Equity and Inclusion on April (Racial Justice and Youth Homelessness).

A new Certified Peer Support Specialist was hire in March, with plans to restart the Peer Advisory Board and participate in QIT and community outreach activities.

## Architectural & Environmental Barriers

Barriers to access and factors related to the physical environment of the work area, including all off-site locations. For example, safety, lighting, signage, size of parking spaces, availability of ramps, width of doorways, doorknobs vs. levers, privacy concerns, technology interface, etc.

* Use of Telehealth services versus in-office services. Appropriate platforms for telehealth service delivery.
* Barriers to quality Wi-Fi access
* Limitations of Office space within 403 Stony Landing Rd.
* Development of an exclusively Telehealth Division
* Center nearing office space capacity

2022

Completed construction of two offices to accommodate additional staffing. Evaluated opportunities for additional office space within the Center. Purchased new furniture that is lighter, more ergonomic, and supportive. Removed outdated furniture that was in disrepair. Quarterly PPS inspections identified need to replace parking lot asphalt. Developed strategy for this to be paid for next FY. Priority focus on replacing HVAC system.

## Financial Barriers

Impacts which revenue and budget place on community accessing Center services. For example, deficits, state allocation changes, payer mix changes.

* Must remain balanced in budget per regulations
* Medicaid penetration rate of Berkeley County is decreasing while private insurers are increasing.
* Limited availability of licensed clinicians impedes ability to serve populations with private insurances
* Cost of living in Berkeley county has increased significantly, particular in comparison to surrounding communities. Inflation and economic concerns throughout the country are a significant impact for our community’s rural and lower socio-economic status citizens.

2022

The intent of senior management is to continue providing quality services to patients and to limit any reductions in force of permanent employees. Through our SWOT analyses during the strategic planning process and Executive Council and QIT sessions, we identified difficulty recruiting and retaining employees. Previous analysis of this issue has identified salaries that are not competitive in our market as one of the leading factors. We will continue to address other barriers noted in both the strategic plan and Level of Care action plan to address these issues.

The Center consistently ends its fiscal year with a surplus. This has allowed the center to dedicate one-time funds towards the more complicated and expensive issues addressed above.  The center is expected to finish with a surplus at the end of this fiscal year and will be requesting to utilize portions of the carry forward to address bonuses, architectural upgrades and accessibility issues addressed in this plan.

## Employment Barriers

Human Resources factors and local community factors that impact the Center and impede the community’s access to care. For example, loss of staff to competing businesses and communities/states, pay equity issues, regional demographic factors.

* The Great Resignation has significantly impeded efforts to hire qualified staff
* Turnover rate for 2021 was 43%
* Salaries are low given the professional requirements.
* National economic outlook, inflation, and housing costs deter new hires from applying with the state
* National workforce trends and outlook indicate decreases in behavioral healthcare employees across the country over the next decade despite increasing demands for these services

2022

Management maintained its strong efforts to hire staff and after discussions with state office, able to hire four bachelor’s level counselors to assist school-based clinicians, beginning in April. Graduate internships continue to be offered as well, with agreements to extend paid internships, this summer.

Significant discussions have occurred at the state level to revise salary structure for MHPs. Awaiting decision. If enacted, potentially negative consequences to the Center budget forecasts and revenue may result.

## Communication Barriers

Factors related to language, for example, language interpretation, emergency communications, marketing to the community and feedback from the community, inter- and intra-team communication, strategies to keep patients informed, etc., that affect community access to care.

* The region is observing an increase in Spanish- and Portuguese-speaking populations.
* Center has been challenged to locate and hire bi- and multi-lingual staff
* Deaf Services division continues to successfully provide care to those of the Deaf and HoH communities.

2022

Efforts to attract multilingual applicants continue. Current contracts with interpreter services continue.

## Transportation Barriers

Factors related to the community’s capability to reach the Center and off-site locations in order to receive care.

* Berkeley County is vast and covers a significant land area divided by Lake Moultrie
* While Medicaid transportation exists as well as Tricounty Links buses, no system of mass transit exists in this region.
* The Center’s strategic vision include goals and objectives related to expanding the Center’s “footprint” in the community by operating out of satellite offices run by community partners.
* The Management of BCMHC are cognizant of the challenges that inadequate transportation present for our community’s citizens who are living with Mental Illness. Poverty levels are greatest in the more rural areas of the county, and these areas are the most likely to have transportation inadequacies. A transportation study has been initiated by the local government, but any solution will likely be years in development.

2022

While the barriers to transportation that have been present for many years continue to present barriers, the Center purchased an RV this year with the intention of creating a Mental Health Clinic “on-wheels” that will serve in a treatment, marketing, and “good-will” capacity throughout our community once commissioned.

# Process Improvement Plan

* The Quality Improvement Team (QIT), in conjunction with the Executive Council (EC), are chiefly responsible for managing the Center’s Accessibility plan
* This includes periodic assessment (no less than annually) of the Center’s Accessibility factors and barriers using input from persons-served, team members, and community stakeholders
* Development of strategies to address identified barriers, including priorities, estimated timelines, required team member input and responsible parties
* Quarterly review of progress shared with QIT and EC
* Efforts and activities are documented as part of Center Strategic Planning activities.