

BERKELEY COMMUNITY MENTAL HEALTH CENTER



ANNUAL PERFORMANCE REPORT

JULY 1, 2023 - JUNE 30, 2024

**BERKELEY COMMUNITY MENTAL HEALTH CENTER
2023/2024 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 support: 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. 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 2023/2024 goals focused on the following:

1. Successfully grow the Center to meet the needs of the growing community.
2. Retain, recruit, and develop exceptional staff.
3. Nurture existing community partnerships, and secure additional partnerships to expand the Center's presence further into the Berkeley Community.

Some of the major accomplishments during 2023-2024 included:

- Center provided 44,933 behavioral health services to adults, children, adolescents and their families.
- State allocations and earned revenues were managed effectively to support the Center's mission.
- Hired a First Responder's Support Team clinician to provide clinical mental health services to first responders who work/reside in Berkeley County.
- Berkeley continues to offer evidence-based consultation monthly on DBT, EMDR, TF-CBT, CBT, and LGBTQ+ affirmative care.
- The BCMHC School Based program successfully completed the academic year serving 26 schools. The School District has requested that we expand our program by one additional school next academic year.
- The Detention Center clinical team continues to exceed planned goals for the year.
- The Highway-to-Hope RV program received a grant this year to begin operations and have set up sites at four rural community areas within the County and started delivering services and marketing Center functions to those communities.
- BCMHC started an Assertive Community Treatment program this year to serve adults with chronic, unstable psychosis.
- In order to deliver the highest quality services, BCMHC continues to provide licensure supervision to its associate-licensed staff. Four staff earned their associate's or independent license this year.
- Full-time embedded clinicians in Hanahan and Moncks Corner Police Department – increase from last year.
- Fully staffed embedded mental health team in Hill-Finklea Detention Center with renewed funding through State Legislative dollars; creating a model for sister Centers to duplicate.
- Mental Health Court Continues to operate successfully and have additional graduations and new applicants.
- Continued positive collaborations and relationships with all law enforcement agencies, courts, and legal entities.

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 accommodation for those patients with special needs. Internal accommodation 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	25%	69%	6%	49.8%	50.2%
Board of Directors	18%	82%	0%	18%	82%
Center Staff	41%	52%	7%	18%	82%

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 provide accommodation 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 ensure 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 enroll 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 for the patient or the patient's environment.

Mobile Crisis Intervention Community Response

Access/Mobile Crisis will respond 24/7 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.

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 people 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.

CLINICAL SERVICES PROGRAM

Clinical Services provides goal-oriented and individualized support, therapy, or skills building to persons with serious and persistent mental illness, those experiencing severe emotional disorders, and Children, Adolescents, and their Families. Foundational to the program is the belief that people can move toward recovery from the effects of living with of

mental illnesses. A plan of care is developed based on patient needs and goals to assist in this process.

Persons Served

Services are available to patients of any age. 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 treatment.

Services Offered

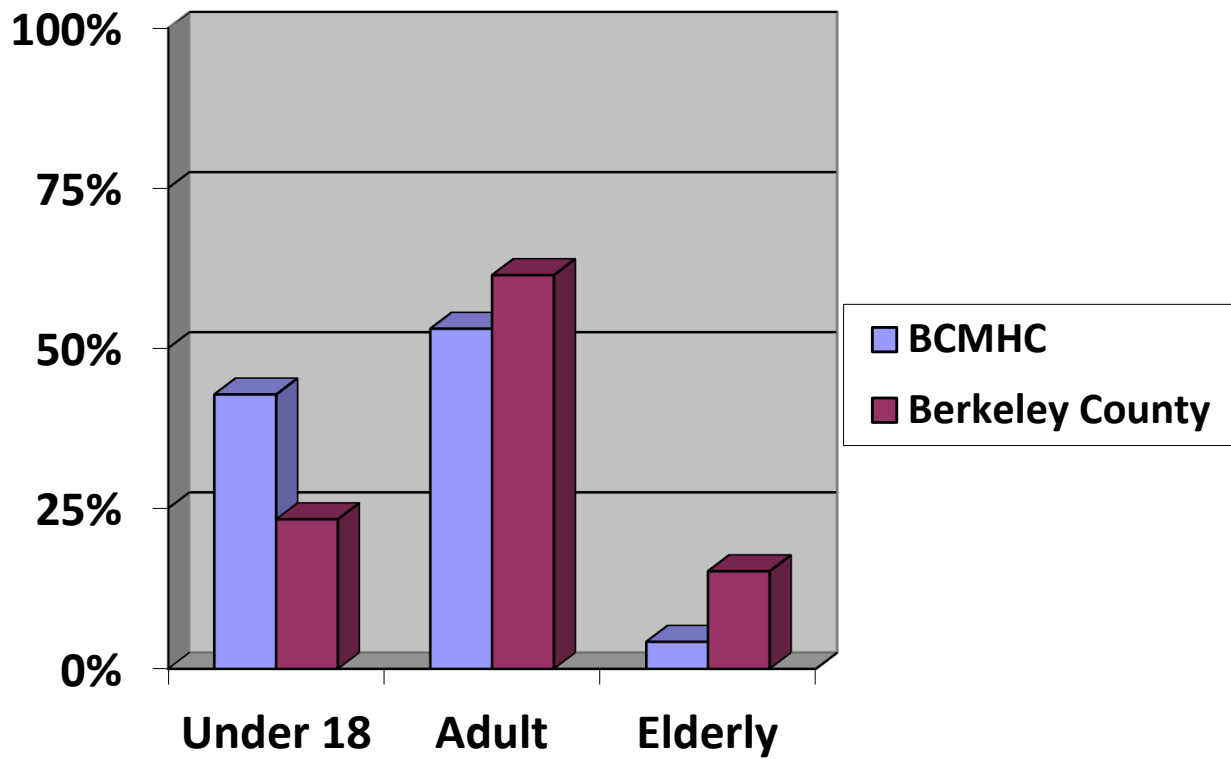
The level of intensity and duration of services is based on patient needs and treatment goals and are designed to meet individual and family needs. The program can offer services to address both short-term needs (e.g., brief therapy focused on situational issues) and to work with patients needing services over an extended period of time. The range of activities in clinical 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.

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, 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 2024 JULY 1, 2023- JUNE 30, 2024

AGE PERCENTAGE OF INDIVIDUALS SERVED

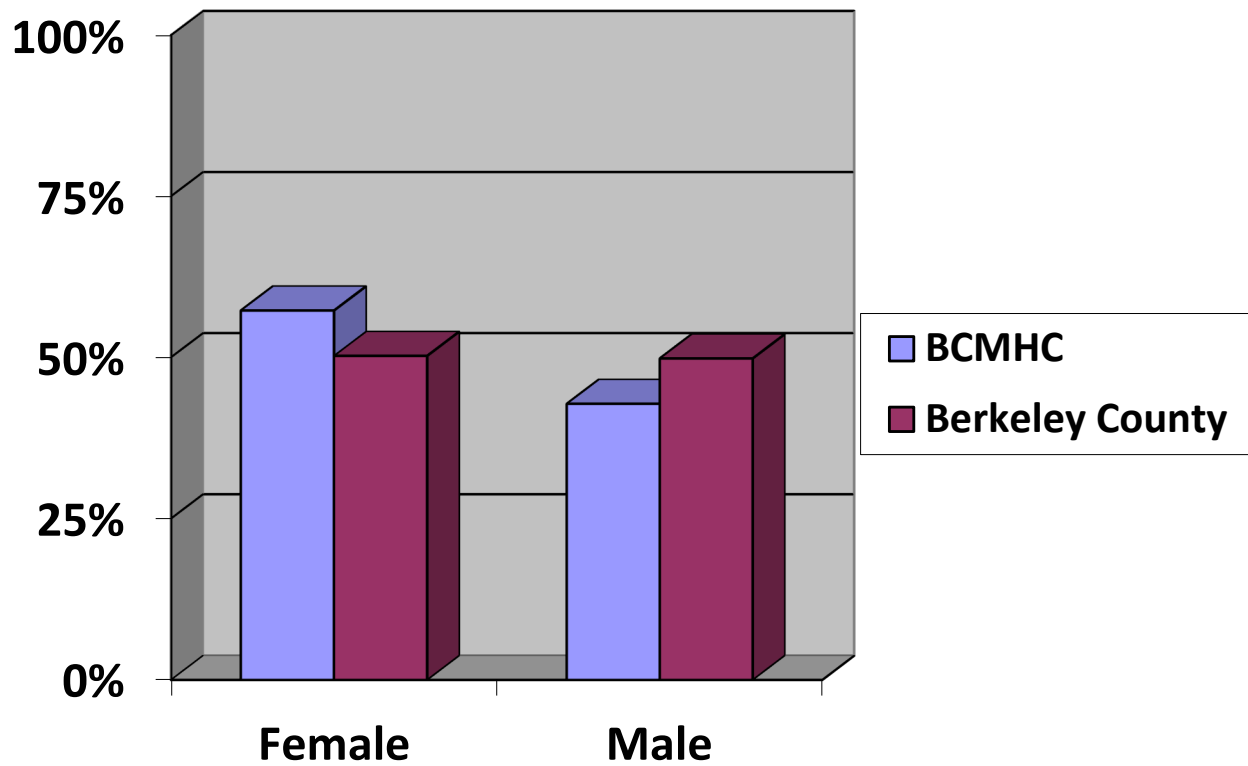


	FY 24 Total %
BCMHC Individuals Under Age 18 Served	40.05%
Berkeley County Residents Underage 18	23.3%
BCMHC Adult Individuals Served	52.56%
Berkeley County Adult Residents 18 to 64	61.4%
BCMHC Elderly Individuals Served	7.39%
Berkeley County Elderly Residents	15.2%

Elderly is defined as individuals aged 65 and older

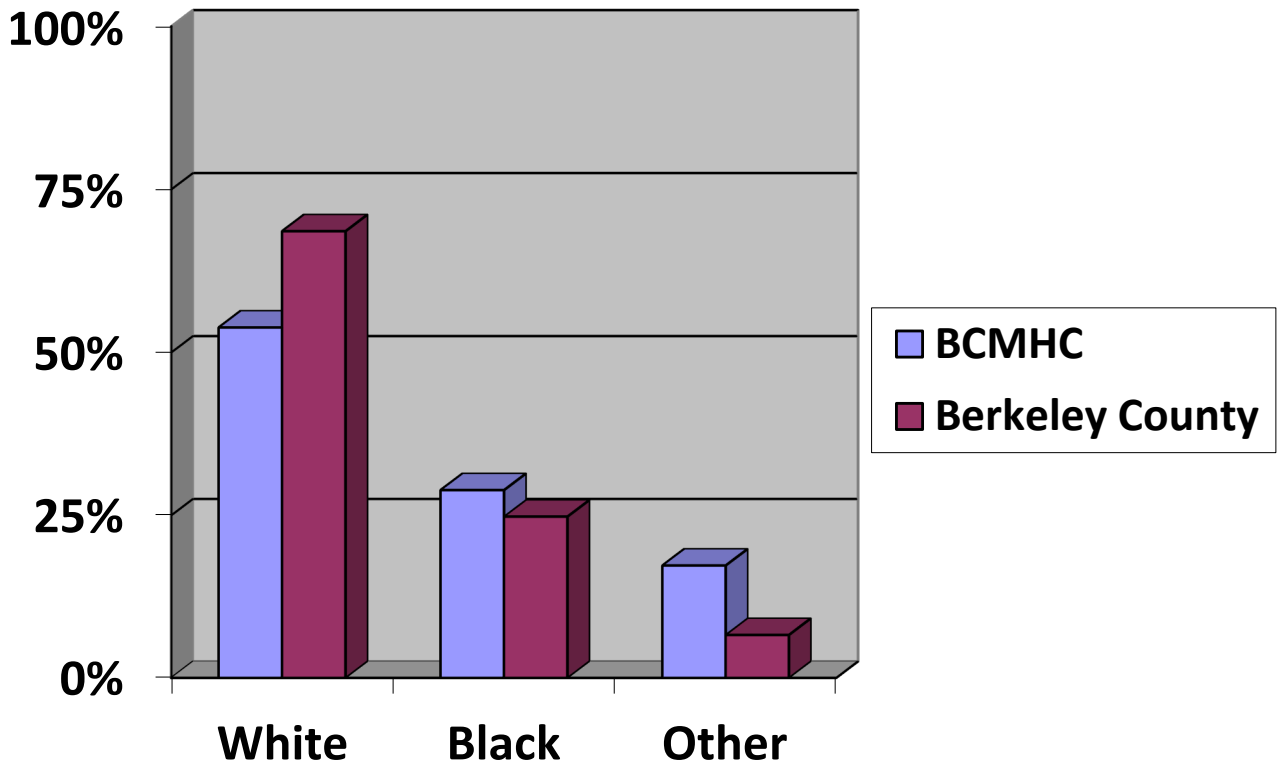
Berkeley County population= 255,217 based upon July 2023 US Census Information Estimates

GENDER PERCENTAGE OF INDIVIDUALS SERVED



	FY 24 Total %
BCMHC Female Individuals Served	55.56%
Berkeley County Female Residents	50.30%
BCMHC Male Individuals Served	44.44%
Berkeley County Male Residents	49.70%

ETHNICITY PERCENTAGE OF INDIVIDUALS SERVED



	FY 24 Total %
BCMHC White Ethnicity Individuals Served	50.42%
Berkeley County White Ethnicity Residents	68.6%
BCMHC Black Ethnicity Individuals Served	30.71%
Berkeley County Black Ethnicity Residents	24.8%
BCMHC Other Ethnicity Individuals Served	18.86%
Berkeley County Other Ethnicity Residents	6.6%

BERKELEY COMMUNITY MENTAL HEALTH FISCAL YEAR 2024 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 **22%** this fiscal year.

The largest areas of expense for the Center were personnel and contractual (psychiatrists). The center utilized more contractual personnel expenses– psychiatrists due to inability to fill vacancy of full-time staff psychiatrist.

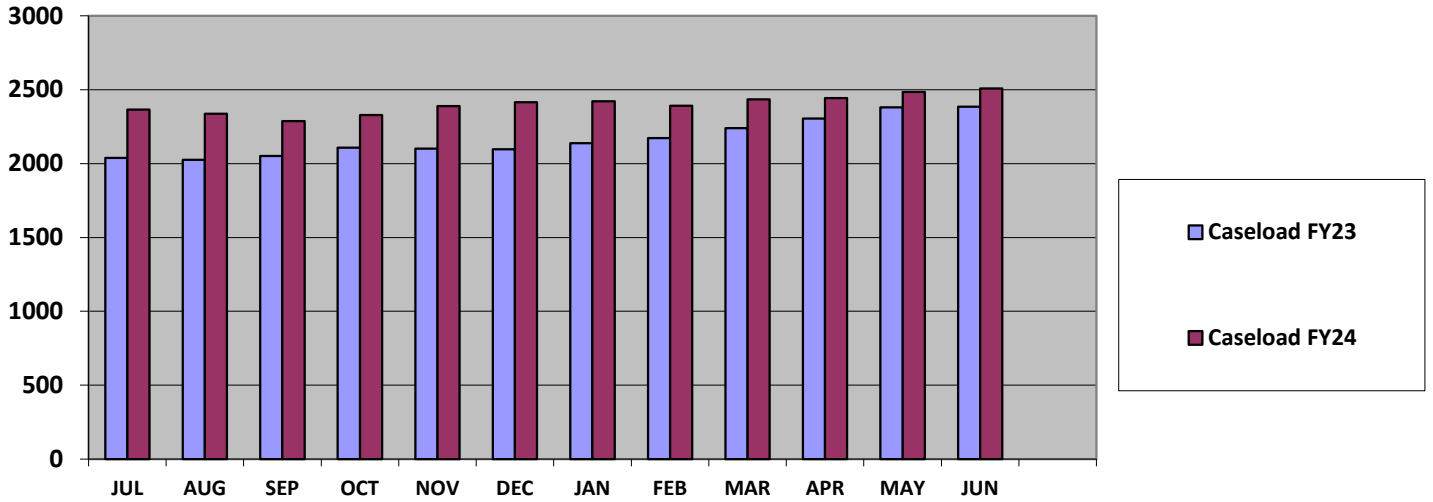
The operational budget included major technology purchases (laptops, local/network printers, wireless hotspots and other peripheral devices) which assisted children/adolescent clinicians to deliver services while on home visits and within schools. Facility/grounds maintenance vendor expenses remained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



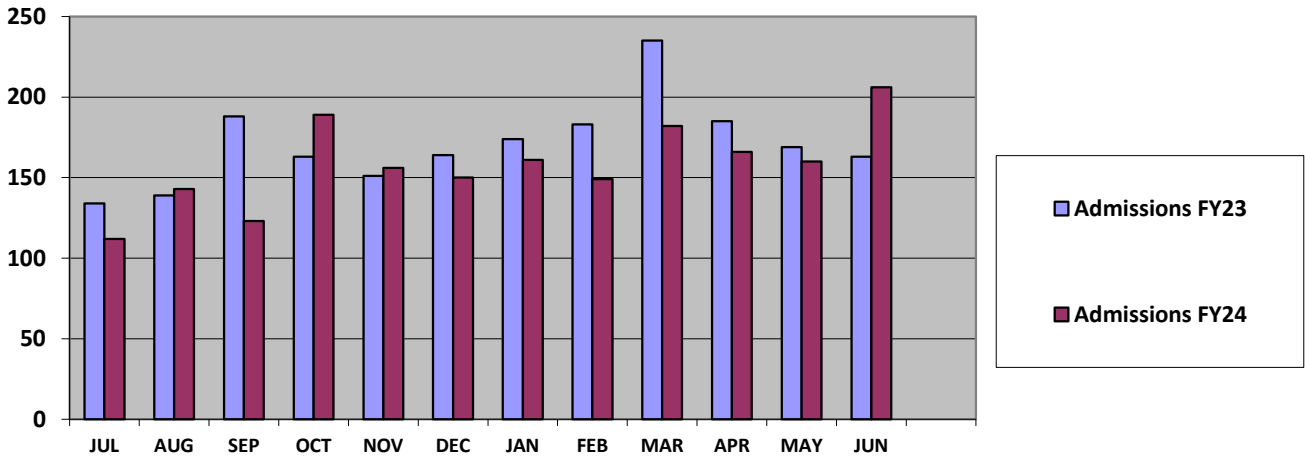
**Berkeley Community Health Center
FY 2024 Budget Year End Report**

	FY 23 ACTUAL	FY 24 ACTUAL	FY 24 BUDGET
ALLOCATIONS:			
DMH STATE ALLOCATION	3,295,058	4,058,389	3,217,092
DISPROPORTIONATE MEDICAID	-	-	-
PATIENT FEE ACCOUNT	-	-	-
REVENUES:			
MEDICAID REIMBURSEMENT	155,414	182,835	205,129
MCO OPERATIONS	2,318,607	2,573,865	3,104,437
MEDICAID / MCO ENHANCED RATE	191,287	38,289	35,068
OTHER FEES / INSTITUTIONAL REVENUE	1,147,022	1,071,228	1,134,889
VETERANS ADMINISTRATION	-	-	-
DRUG FINES	-	-	-
COUNTY APPROPRIATIONS	75,000	75,000	75,000
BLOCK GRANT	322,081	563,841	319,403
OTHER FEDERAL GRANTS	30,900	-	-
earmarked fund grants	60,550	49,441	7,759
OTHER REVENUES	83,081	-	-
MCO SCHIP PRIOR YEAR ADJUSTMENT	-	-	-
OTHER FUNDING:			
PRIOR YEAR CARRY FORWARD	173,649	747,990	-
NON-RECURRING SPECIAL PROGRAMS	227,784	183,263	5,700
TOTAL REVENUE	8,080,413	9,542,121	8,104,477
EXPENDITURES:			
PERMANENT POSITION SALARIES	4,027,618	4,877,432	4,167,154
TEMPORARY GRANT POSITIONS	-	-	-
TEMPORARY POSITION SALARIES	14,312	-	-
OTHER PERSONAL SERVICES	280,918	205,918	155,557
EMPLOYEE BENEFITS	1,788,958	2,200,785	1,834,077
CONTRACT PERSONNEL	830,739	1,243,526	1,187,442
TOTAL PERSONNEL COST	7,040,541	8,527,660	7,344,231
CONTRACTUAL SERVICES	207,311	140,672	165,931
SUPPLIES	135,124	176,595	126,833
FIXED CHARGES	85,116	90,395	75,535
TRAVEL / VEHICLE EXPENSES	21,258	20,927	18,451
EQUIPMENT	-	51,816	31,000
UTILITIES	42,772	37,686	44,475
OTHER EXPENSE	25,217	58,452	29,990
TOTAL OPERATING EXPENSE	518,798	576,542	492,215
CASE SERVICES	366,402	316,321	164,732
TOTAL EXPENDITURES	7,923,741	9,420,524	8,001,177
REVENUES OVER/(UNDER) EXPENDITURES	156,672	121,598	103,300
NON-RECURRING UTILIZED	-	-	-
COVID-19 CRISIS BED DAYS	-	-	-
TOTAL SUPPLEMENTAL FUNDING	-	-	-
OVER/(UNDER) INCLUDING ONE-TIME FUNDING	156,672	121,598	103,300

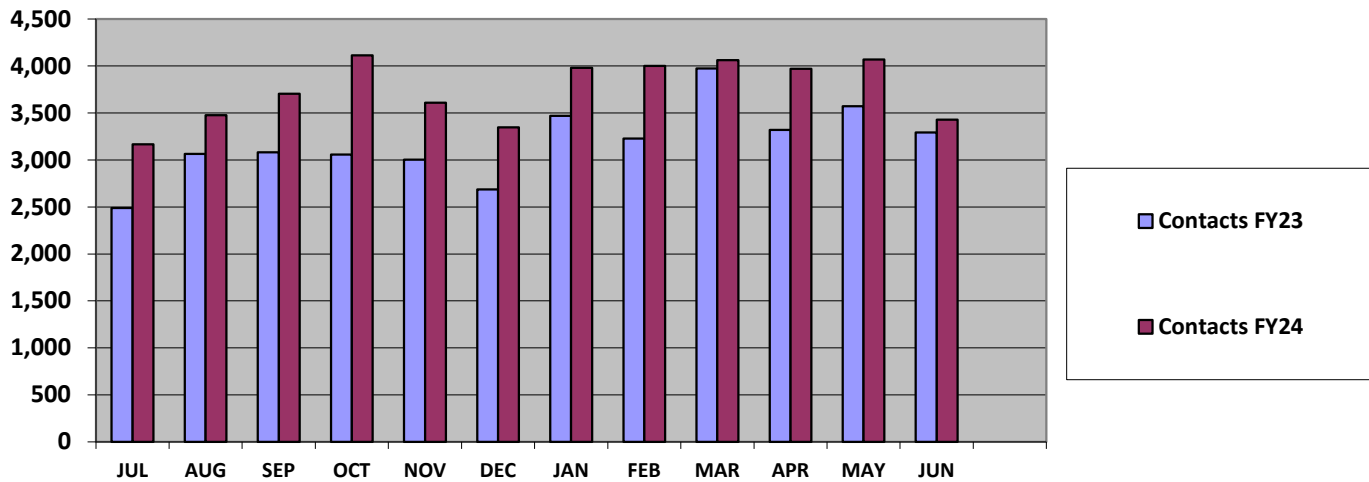
BCMHC CENTERWIDE DATA FY 24



	CASELOAD TOTALS											
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY23	2038	2026	2051	2107	2100	2096	2137	2173	2239	2305	2381	2384
FY24	2365	2337	2288	2329	2390	2415	2421	2391	2434	2444	2484	2508
	AVERAGE CASELOAD FOR FISCAL YEAR 2023 = 2,400											



	ADMISSIONS TOTALS											
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY23	174	164	218	231	187	166	157	171	197	152	118	146
FY24	134	139	188	163	151	164	174	183	235	185	169	163
	TOTAL ADMISSIONS FOR FISCAL YEAR 2023 = 1,897											

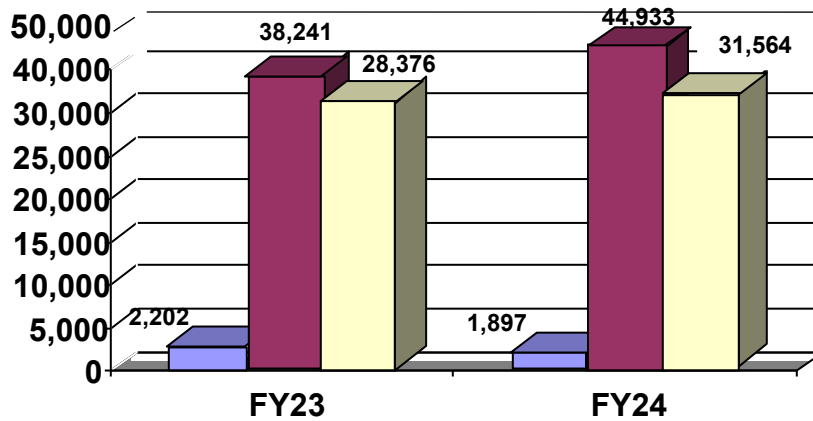


	DUPLICATED CONTACTS TOTALS											
	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>
FY23	2490	3065	3083	3059	3003	2687	3468	3229	3973	3320	3571	3293
FY24	3168	3477	3706	4112	3611	3348	3982	4001	4061	3969	4068	3430
	TOTAL CONTACTS FOR FISCAL YEAR 2023 = 44,933											

Definitions

Duplicated Contacts = Identified billable service event to identified patients.

BERKELEY COMMUNITY MENTAL HEALTH CENTER COMPARATIVE DATA

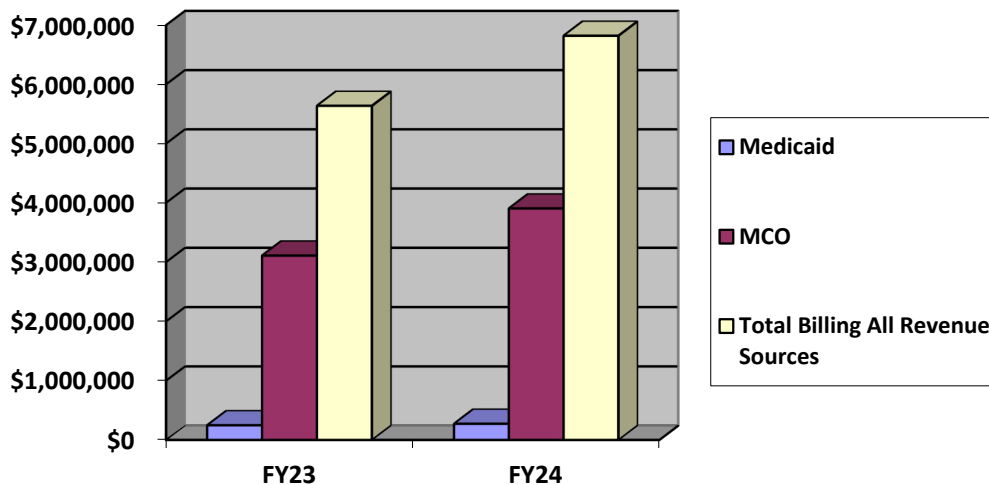


Contacts and Service Hours	FY23	FY24	VARIANCE
Admissions	2,202	1,897	16.78% Decrease
Total Contacts	38,241	44,933	17.50% Increase
Total Service Hrs.	28,376	31,564	11.23% Increase

Definitions

Contacts = Identified billable service event to identified patients.

Service Hours = Actual billable hours rendered to identified patients.



Revenue Collections	FY23	FY24	Variance
Medicaid	\$272,748	\$332,011	21.73% Increase
MCO	\$3,903,474	\$4,045,926	3.65% Increase
Total Billing All Revenue Sources	\$6,819,711	\$7,585,040	11.22% Increase

BERKELEY COMMUNITY MENTAL HEALTH OUTCOMES MANAGEMENT AND CONSULTATION

Data was collected throughout the year in the areas of effectiveness, efficiency, patient satisfaction, and access. Outcome data provided clinicians with concrete information on the patients' level of functioning and symptoms. This information was used to identify needs, goals, and treatment plans. The outcome data documented if patients were getting better and reaching their goals. This tool was utilized by Center staff to determine the patients' satisfaction with Center services. Post discharge follow-up was offered as part of our services. Patients received a telephone call within 90 days of discharge. Overall, patients were satisfied with most measures.

The outcome management highlights included:

- Collaborative documentation for the year was **88%**.
- QI quarterly audit resulted in an average score of **90%** for the year. The state audit for the 3rd quarter indicates **100%** of patients were showing progress, as well as DLA-20 scores averaging an increase of **5** points, showing patients are getting better.
- Of the 775 persons receiving crisis intervention services, **43%** of their dispositions were services in community-based settings.

BERKELEY COMMUNITY MENTAL HEALTH OUTCOMES MANAGEMENT

Corporate Compliance

Corporate Compliance reports were made during this Fiscal Year to the DMH Corporate Compliance office as per the Corporate Compliance plan. Most reports were related to external requests from federally or state contracted auditors to review Center records. Additional internal safeguards were implemented through the Billing Department to prevent inappropriate billing. Eighteen (18) New Hire Corporate Compliance trainings were provided to all Center new hires and Board Members this fiscal year. The State Compliance Audit yielded a score of **97%** as well.

Utilization Review

Multiple efforts were made throughout the year to improve patient access to care and efficiency of services. The Community Mental Health Services Division implemented a uniform policy regarding a Level of Care system which aims to ensure patients are properly matched to the correct frequency and intensity of services. The average for placing patients in an appropriate Level of Care (LOC) within sixty days was **91%**. Engagement processes continued to be implemented this year to engage patients who have dropped-out of services. The efficiency of patient movement through our system has been a primary focus of the Utilization Division as Center growth this year exceeded expectations, with added benefit of telehealth services. More patients had access to services from Berkeley Mental Health as our community continues unprecedented growth. Managed Care authorization processes this year were further refined with very few denials.

Credentialing

The DMH Office of Credentialing and Privileging (OCP) continues to coordinate with HR and QI staff at BCMHC to ensure all staff privileges are accurate and current. All newly hired employees were successfully credentialed this year and no staff member delivered services without sufficient privileges in place.

Safety and Risk Management

Fifty-eight (58) adverse incidents were reviewed by Risk Management and forty-two (42) 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 all staff following staff members' requests regarding response to the Center's established Safety Codes.

Patient Advocacy

A total of forty-two (42) 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 Patient Advocate facilitated enhanced communication between staff and patients which resolved all but three of the patient's concerns. No patient advocacy scenarios required escalation to the DMH Central office of patient advocacy.

Medical Staff Peer Review

The psychiatrists, APRNs and RNs met routinely to provide feedback to one another in addressing specific patient interventions and interventions associated with diagnostic categories. Peer Audits were conducted with an average score of **90%** overall. 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 resources. Telehealth prescribers are now included in the monthly medical team meetings for continuity of care, as well.