

BERKELEY COMMUNITY MENTAL HEALTH CENTER



ANNUAL PERFORMANCE REPORT

JULY 1, 2024 - JUNE 30, 2025

**BERKELEY COMMUNITY MENTAL HEALTH CENTER
2024/2025 ANNUAL PERFORMANCE REPORT**

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BERKELEY COMMUNITY MENTAL HEALTH CENTER (BCMHC) MISSION STATEMENT

OUR MISSION PHILOSOPHY

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 summarizes these activities.

The 2024/2025 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 2024-2025 included:

- The Center provided a total of 48,597 behavioral health services to adults, children, adolescents and their families.
- BCMH increased the number of unduplicated cases by approximately 10%.
- State allocations and earned revenues were managed effectively to support the Center's mission.
- 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.
- The School Based program successfully completed the academic year serving 27 schools. The School District has requested that we expand our program by one additional school next academic year to reach 28.
- Highway-to-Hope RV was able to start delivering services at three rural community clinics, with additional partnerships in the works.
- The Assertive Community Treatment program has grown to over 30 participants.
- In order to deliver the highest quality services, BCMHC continues to provide licensure supervision to its associate-licensed staff with five new staff completing licensure.
- Two new staff have been trained in the Eye Movement Desensitization and Reprocessing evidence-based model.
- Mental Health Court Continues to operate successfully with increased participant numbers and zero graduates being re-arrested.
- The mobile crisis team has expanded its delivery service model to include telehealth.
- The number of Adverse Incident Reports and Patient advocacy complaints has significantly decreased.
- Transitioned several new Executive Council positions including Executive Director, Human Resources Coordinator, and School Based Services Director.

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 Office 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 | 30% | 70% | 0% | 20% | 80% |
| Center Staff | 42% | 53% | 5% | 12% | 88% |

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 people with special needs. The organizational policy and procedures define mechanisms to ensure access to services for people 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 people 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 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

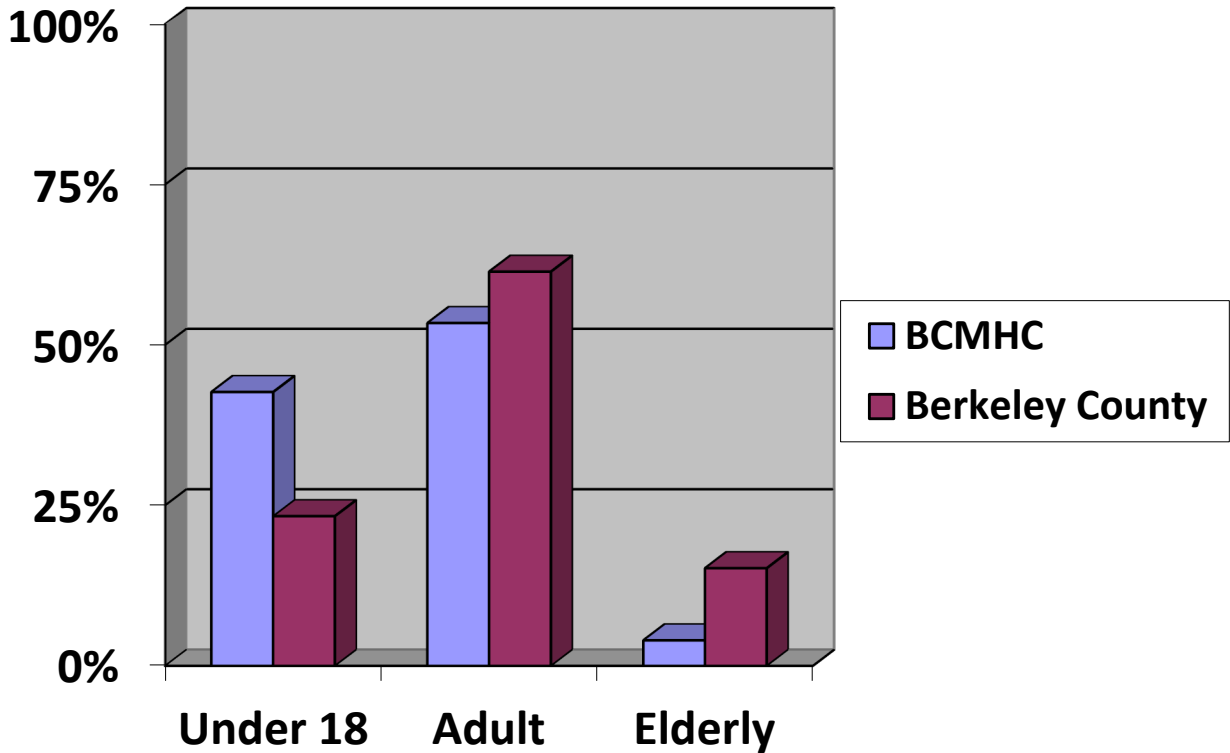
provided or accessed through community resources: alcohol and drug services; housing programs; inpatient services; medical services; recreation/leisure activities; vocational rehabilitation; psychosocial rehabilitation; patient and advocate groups and educational services.

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

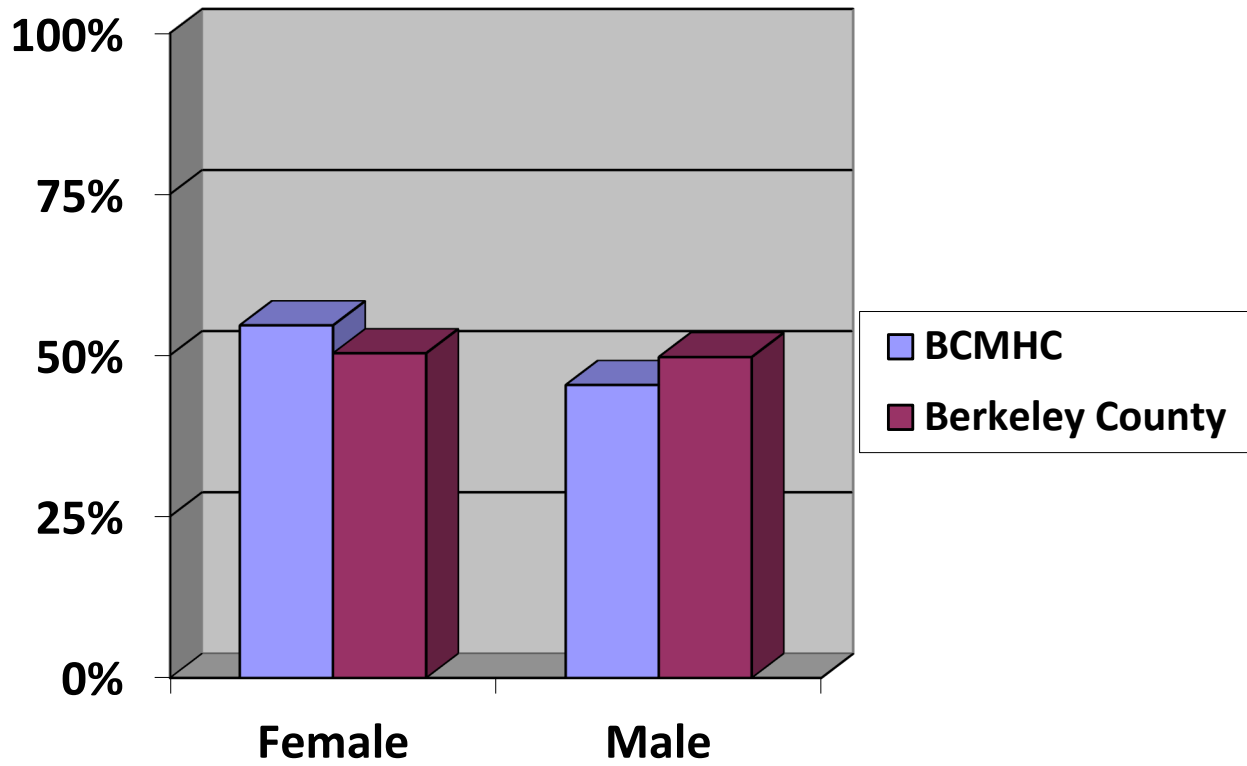


| | FY 25 Total % |
|--|---------------|
| BCMHC Individuals Under Age 18 Served | 42.64% |
| Berkeley County Residents Underage 18 | 23.3% |
| BCMHC Adult Individuals Served | 53.39% |
| Berkeley County Adult Residents 18 to 64 | 61.4% |
| BCMHC Elderly Individuals Served | 3.97% |
| Berkeley County Elderly Residents | 15.2% |

Elderly is defined as individuals aged 65 and older

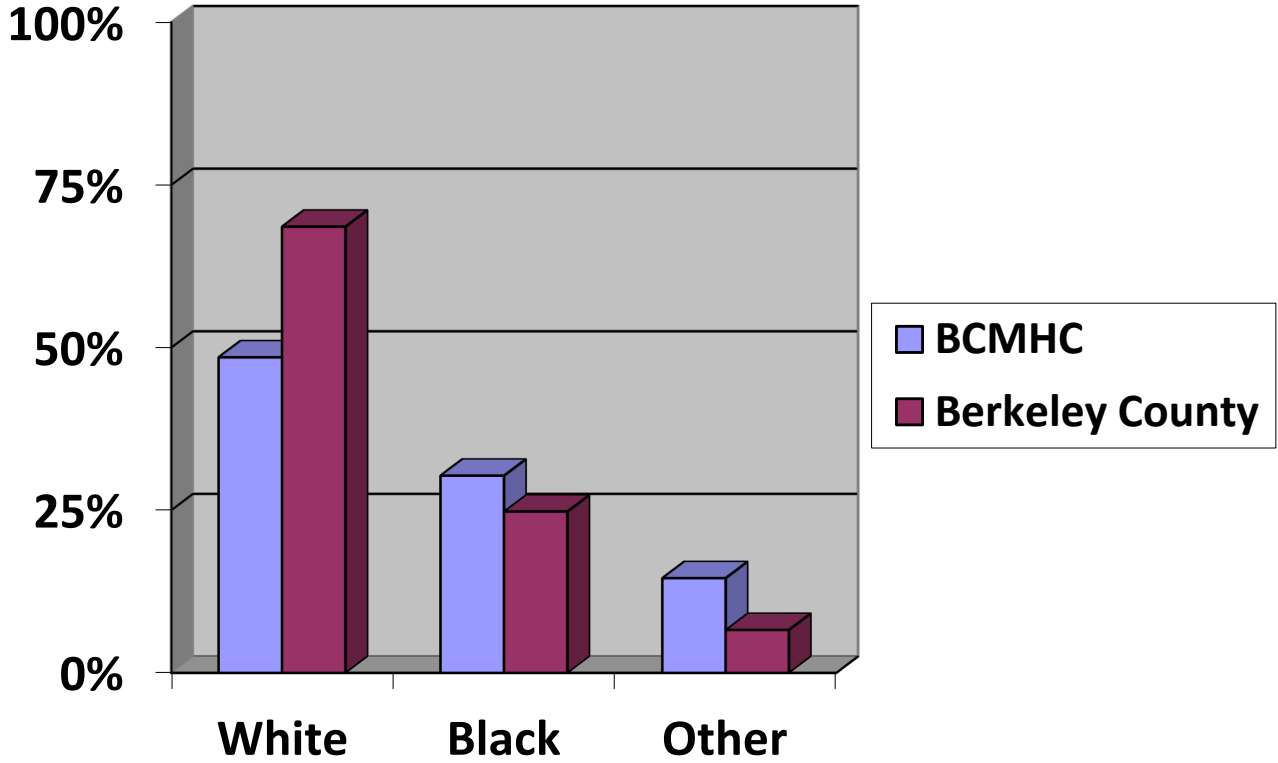
Berkeley County population= 264,276 based upon July 2024 US Census Information Estimates

GENDER PERCENTAGE OF INDIVIDUALS SERVED



| | FY 25 Total % |
|--|---------------|
| BCMHC Female Individuals Served | 54.63% |
| Berkeley County Female Residents | 50.30% |
| BCMHC Male Individuals Served | 45.37% |
| Berkeley County Male Residents | 49.70% |

ETHNICITY PERCENTAGE OF INDIVIDUALS SERVED



| | FY 25 Total % |
|---|---------------|
| BCMHC White Ethnicity Individuals Served | 48.51% |
| Berkeley County White Ethnicity Residents | 68.6% |
| BCMHC Black Ethnicity Individuals Served | 30.32% |
| Berkeley County Black Ethnicity Residents | 24.8% |
| BCMHC Other Ethnicity Individuals Served | 14.56% |
| Berkeley County Other Ethnicity Residents | 6.6% |

Note: 6.61% were listed as “Unknown Race”

BERKELEY COMMUNITY MENTAL HEALTH FISCAL YEAR 2025 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 **21%** 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 2025 Budget Year End Report

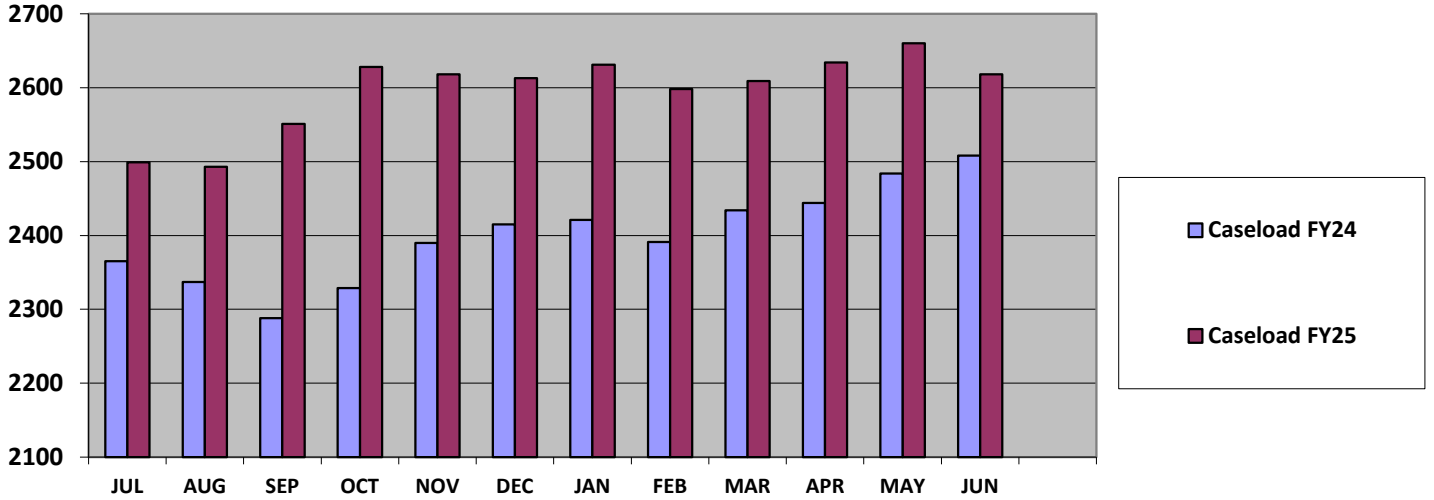


BERKELEY COMMUNITY MENTAL HEALTH CENTER

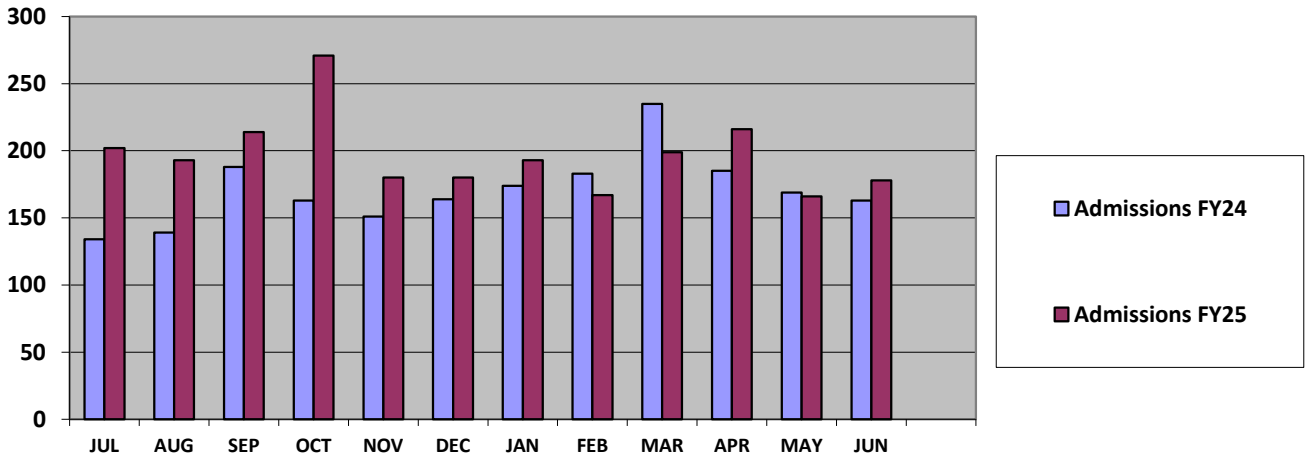
FY 25 FINANCIAL REPORT
AS OF JUNE 30, 2025

| | FY 24 ACTUAL | FY 25 ACTUAL | FY 25 FORECAST | FY 25 BUDGET |
|---|------------------|------------------|-------------------|------------------|
| ALLOCATIONS: | | | | |
| DMH STATE ALLOCATION | 4,056,369 | 4,658,507 | 4,658,507 | 3,688,925 |
| REVENUES: | | | | |
| MEDICAID REIMBURSEMENT | 182,835 | 218,741 | 197,814 | 219,177 |
| MCO OPERATIONS | 2,573,865 | 2,358,962 | 2,358,397 | 3,307,704 |
| MEDICAID / MCO ENHANCED RATE | 38,289 | - | - | - |
| OTHER FEES / INSTITUTIONAL REVENUE | 1,071,228 | 1,150,913 | 1,129,294 | 1,394,232 |
| VETERANS ADMINISTRATION | - | - | - | - |
| DRUG FINES | - | - | - | - |
| COUNTY APPROPRIATIONS | 75,000 | 80,000 | 80,000 | 75,000 |
| BLOCK GRANT | 563,841 | 744,112 | 744,112 | 512,257 |
| OTHER FEDERAL GRANTS | - | - | - | - |
| EARMARKED FUND GRANTS | 49,441 | 35,070 | 35,070 | 35,070 |
| OTHER REVENUES | - | 1,923 | 1,923 | - |
| OTHER FUNDING: | | | | |
| PRIOR YEAR CARRY FORWARD | 747,990 | 674,811 | 674,811 | - |
| NON-RECURRING SPECIAL PROGRAMS | 183,263 | 5,000 | 5,000 | 5,000 |
| TOTAL REVENUE | 9,542,121 | 9,928,038 | 9,884,927 | 9,237,365 |
| EXPENDITURES: | | | | |
| PERMANENT POSITION SALARIES | 4,877,432 | 5,282,002 | 5,282,002 | 5,267,688 |
| OTHER PERSONAL SERVICES | 205,918 | 228,134 | 228,134 | 244,447 |
| EMPLOYEE BENEFITS | 2,200,785 | 2,470,718 | 2,470,705 | 2,408,326 |
| CONTRACT PERSONNEL | 1,243,526 | 539,275 | 556,888 | 472,387 |
| TOTAL PERSONNEL COST | 8,527,660 | 8,520,130 | 8,537,729 | 8,392,848 |
| CONTRACTUAL SERVICES | 140,672 | 144,543 | 136,295 | 136,743 |
| SUPPLIES | 176,595 | 162,512 | 146,654 | 157,461 |
| FIXED CHARGES | 90,395 | 101,994 | 108,809 | 88,503 |
| TRAVEL / VEHICLE EXPENSES | 20,927 | 42,013 | 34,612 | 22,416 |
| EQUIPMENT | 51,816 | - | - | - |
| UTILITIES | 37,686 | 41,754 | 43,985 | 43,319 |
| OTHER EXPENSE | 58,452 | 71,395 | 71,395 | 57,470 |
| TOTAL OPERATING EXPENSE | 576,542 | 564,211 | 541,750 | 505,912 |
| CASE SERVICES | 316,321 | 533,418 | 669,603 | 172,755 |
| TOTAL EXPENDITURES | 9,420,524 | 9,617,760 | 9,749,083 | 9,071,515 |
| REVENUES OVER/(UNDER) EXPENDITURES | 121,598 | 310,279 | 135,845 | 165,850 |
| OVER/(UNDER) INCLUDING ONE-TIME FUNDING SUBTOTAL | 121,598 | 310,279 | 135,845 | 165,850 |
| TEMPORARY TRANSFER FOR YEAR END PROCESSING | (6,999) | (88,728) | | |
| State Appropriations Adjustments | | - | | |
| General Fund Adjustment | | (83,600) | | |
| Community Housing | | (5,128) | | |
| OVER/(UNDER) INCLUDING ONE-TIME FUNDING | | 221,251 | | |

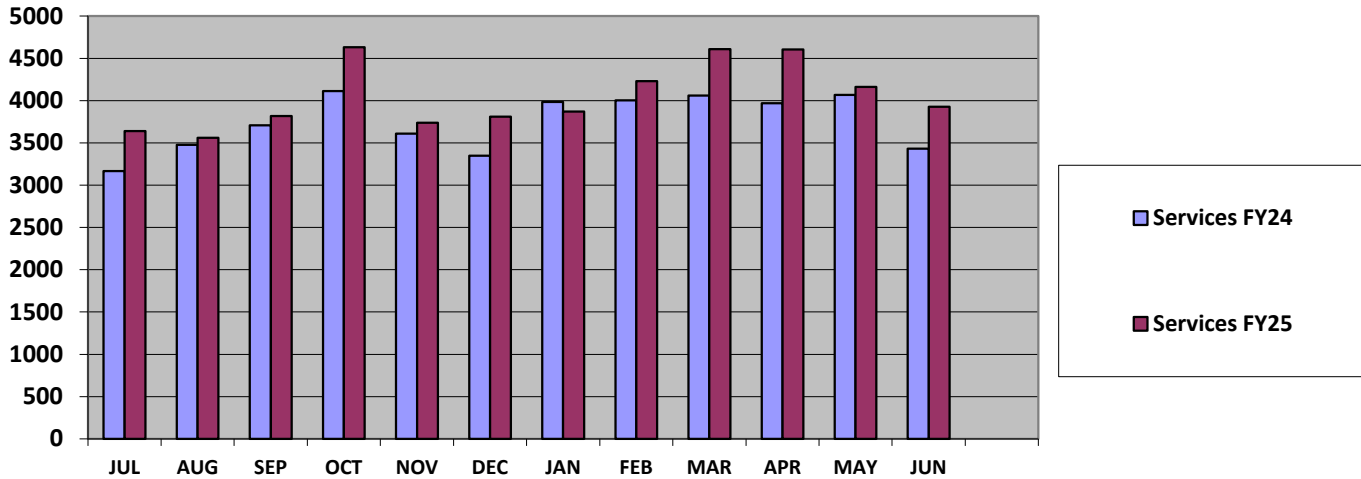
BCMHC CENTERWIDE DATA FY 25



| CASELOAD TOTALS | | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| FY24 | 2365 | 2337 | 2288 | 2329 | 2390 | 2415 | 2421 | 2391 | 2434 | 2444 | 2484 | 2508 |
| FY25 | 2499 | 2493 | 2551 | 2628 | 2618 | 2613 | 2631 | 2598 | 2609 | 2634 | 2660 | 2618 |
| AVERAGE CASELOAD FOR FISCAL YEAR 2025 = 2,596 | | | | | | | | | | | | |



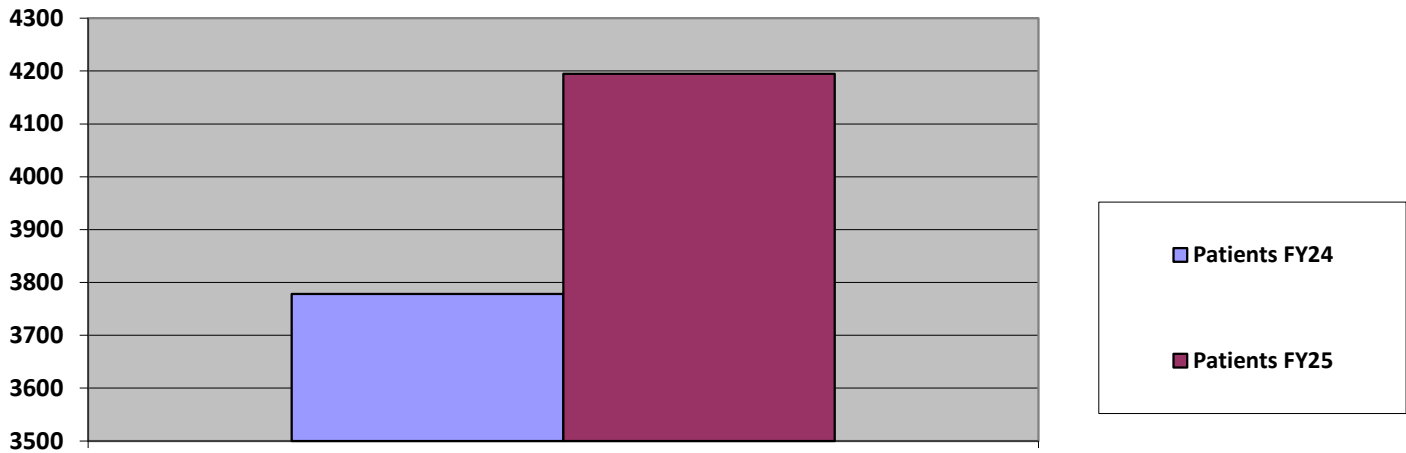
| ADMISSIONS TOTALS | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| FY24 | 134 | 139 | 188 | 163 | 151 | 164 | 174 | 183 | 235 | 185 | 169 | 163 |
| FY25 | 202 | 193 | 214 | 271 | 180 | 180 | 193 | 167 | 199 | 216 | 166 | 178 |
| TOTAL ADMISSIONS FOR FISCAL YEAR 2025 = 2,359 | | | | | | | | | | | | |



| TOTAL PATIENT SERVICES | | | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | <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> |
| FY24 | 3168 | 3477 | 3706 | 4112 | 3611 | 3348 | 3982 | 4001 | 4061 | 3969 | 4068 | 3430 |
| FY25 | 3639 | 3561 | 3818 | 4631 | 3738 | 3809 | 3870 | 4228 | 4609 | 4603 | 4163 | 3928 |
| TOTAL SERVICES FOR FISCAL YEAR 2025 = 48,597 | | | | | | | | | | | | |

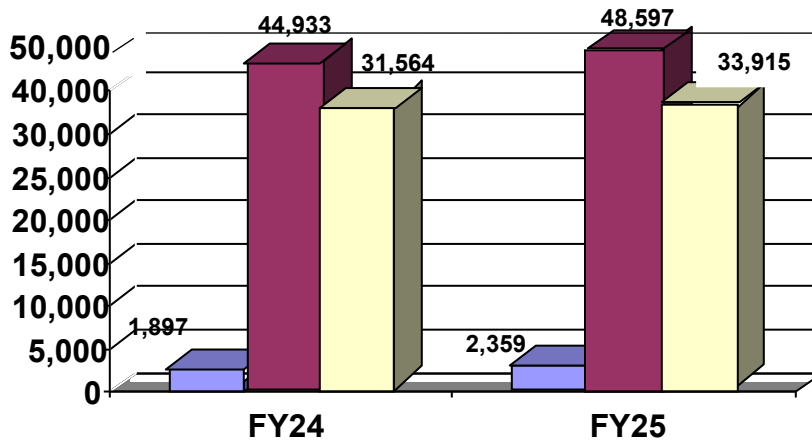
Definitions

Total Patient Services = Services to patients which can be duplicated



| TOTAL PATIENTS SERVED | | | | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| | <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> | <u>Total</u> |
| FY24 | 1515 | 527 | 255 | 223 | 172 | 149 | 152 | 144 | 160 | 154 | 146 | 181 | 3778 |
| FY25 | 148 | 1693 | 536 | 351 | 294 | 165 | 166 | 176 | 143 | 178 | 195 | 150 | 4195 |
| TOTAL INDIVIDUAL PATIENTS FOR FISCAL YEAR 2025 = 4,195 | | | | | | | | | | | | | |

BERKELEY COMMUNITY MENTAL HEALTH CENTER COMPARATIVE DATA

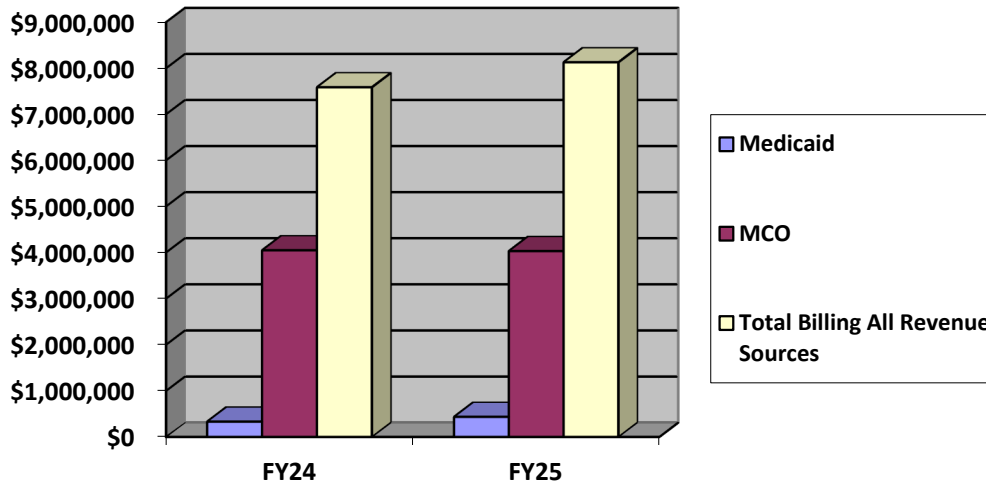


| Contacts and Service Hours | FY24 | FY25 | VARIANCE |
|----------------------------|--------|--------|-----------------|
| Admissions | 1,897 | 2,359 | 24.35% Increase |
| Total Contacts | 44,933 | 48,597 | 8.15% Increase |
| Total Service Hrs. | 31,564 | 33,915 | 7.45% Increase |

Definitions

Contacts = Identified billable service event to identified patients.

Service Hours = Actual billable hours rendered to identified patients.



| Revenue Collections | FY24 | FY25 | Variance |
|-----------------------------------|-------------|-------------|-----------------------|
| Medicaid | \$332,011 | \$435,320 | 31.12% Increase |
| MCO | \$4,045,926 | \$4,029,165 | Less than 1% Decrease |
| Total Billing All Revenue Sources | \$7,585,040 | \$8,126,975 | 7.14% 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 telephone calls within 90 days of discharge. Overall, patients were satisfied with most measures.

The outcome management highlights included:

- Collaborative documentation for the year was **89%**.
- QI quarterly audit resulted in an average score of **92%** for the year.
- Of the 640 people receiving crisis intervention services, **50%** 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. Fourteen (14) New Hire Corporate Compliance trainings were provided to all Center new hires and Board Members this fiscal year.

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 at an appropriate Level of Care (LOC) within sixty days was **92%**. 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 benefits 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

Forty-six (46) adverse incidents were reviewed by Risk Management and thirty-six (36) of these were reported to SCDMH Risk Management. This is a twenty-five (25%) decrease in incidents from last year. 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 twenty-six (26) issues were directed to the Patient Advocate for resolution. This is a forty (40%) decrease since last year. 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 96% overall (a six (6%) increase). 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.