

# Berkeley Community Mental Health Accessibility Plan 2025-2028

## Accessibility Barriers Assessment

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

- Input from people served: satisfaction surveys, suggestion boxes, survey monkey online.
- QIT quarterly discussions
- Strategic Vision planning processes; including strength, challenges, and opportunities 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.*

- 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 Patient/Peer Advisory Board, which is made up of patients of the Center and the Center's Peer Support Specialist, meets monthly to review input from the suggestion box and any other concerns brought by the Board. To ensure information is communicated through the Center, the Certified Peer Support Specialist (CPSS) is a standing member of the Quality Improvement Team (QIT).

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.

### 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.*

- Barriers to quality Wi-Fi access in some rural areas and parts of the building.
- Limitations of Office space at 403 Stony Landing Rd.

- Office areas and building improvements are limited by budgets.

## 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 the ability to serve populations with private insurance.
- Cost of living in Berkeley County has increased significantly, particularly in comparison to surrounding communities. Inflation and economic concerns throughout the country have a significant impact on our community's rural and lower socio-economic status citizens.

## 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.*

- National workforce trends and outlook indicate decreases in behavioral healthcare employees across the country over the next decade despite increasing demands for these services.
- The turnover rate is higher than desired, particularly for school-based services which evidenced a 25% vacancy rate in June 2025.
- Salaries are low given the professional requirements and in comparison, to competitors.
- The national economic outlook, inflation, and rising housing costs affect our geographical area.
- Time it takes to complete the required hiring process results in lost applicants.

## 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.
- The center has been challenged to locate and hire bi- and multilingual staff
- The Deaf Services division continues to successfully provide care to those of the Deaf and Hard of Hearing communities.

## 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 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.

## 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.