

January 27TH, 2022

**Beckman Center for Mental Health
Services
2022 Strategic Plan**



Introduction

The Beckman Center for Mental Health Services (BCMHS) opened on January 7, 1963. The Center was first known as the Area Five Mental Health Center. It was first established to serve Abbeville, Edgefield, Greenwood, Laurens, and McCormick Counties. Saluda County was added in 1964 and Newberry County was added in 1965. In 1966, The Center officially changed its name to the Beckman Center for Mental Health Services in memory of W.P. Beckman, M.D. a pioneer in the state community health movement of the 1930’s through the 1950’s. The Center is the only community mental health center in South Carolina that is named for an individual rather than a geographic territory.

Service Overview

BCMHS is one of the sixteen (16) community mental health centers governed by the South Carolina Department of Mental Health (SCDMH). South Carolina counties served include Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda. BCMHS includes the largest number of counties, covering the largest land mass, 3708 square miles, and 12% of the state’s 20,060 square miles. In 2011, BCMHS closed the Saluda County Mental Health Clinic due to being able to better fiscally serve the Saluda population via the Newberry and Edgefield offices, along with several co-locations within Saluda County. In 2020, BCMHS purchased a 2018 Thor Vegas RV to assist in the delivery of services in rural settings, as well as disaster response and community outreach activities. In 2021, BCMHS began to examine the operational costs associated with maintaining six (6) facilities, as opportunities to provide telehealth services expanded which allowed more patients to be served by medical and mental health professionals in other locations. In addition, in 2021, BCMHS’s Executive Management Team’s composition experienced some significant changes. New directors were named for the Director of Quality Management and the Greenwood Clinic Director/CAF Director, leaving three (3) vacant management positions in the Laurens County Mental Health Clinic, Abbeville County Mental Health Clinic, and the McCormick County Mental Health Clinic

According to the latest U.S. census data, the population of the seven (7) county area is 252,949 individuals. In FY’21, the Center provided 59,066 services (5% of the total services provided by SCDMH Community Mental Health Clinics) to 5,393 individuals via telehealth, telephonic, community telepsychiatry, and in-person service platforms.

<u>Platform</u>	Number of Services Provided in FY’21	Percentage % of Services Provided in FY’21
Telehealth	6,969	12%
Telephonic	14,547	25%

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Community Telepsychiatry	3,261	6%
In-Person	34,289	58%

The Mission of The Beckman Center is *“to create and maintain quality mental health programs and services that support the recovery of persons with mental illness”*.

The Vision of The Beckman Center is *“to empower people to live healthy and fulfilled lives”*.

Priority is given as follows:

1. Adults experiencing serious mental illness (es) and to children, adolescents and families experiencing serious emotional disturbance(s);
2. Persons in need of screening and, when applicable, crisis intervention services; and
3. The general population as resources allow.

Patient Demographics FY'21

<u>Patient Demographics</u>	Female*	Male*	Percentage %
African American	684	576	34%
American Indian	7	2	0%
Asian American	4	3	0%
More than 1 Race	13	7	1%
Other	114	68	5%
Spanish American	3	0	0%
Unknown	18	12	1%
White	1306	799	58%
Not Entered	4	5	0%
Patient Gender* Analysis		59% Female	41% Male

**As assigned at birth*

<u>Patient Age Groups</u>	Percentage % of Patients Served in FY'21
0-17 years old	35%
18-64 years old	60%
65+ years old	5%






Staff Demographics FY'21

Staff Demographics	Female*	Male*	Percentage %
African American	23	1	27%
White	56	10	72%
Other Minorities	2	0	1%
Staff Gender* Analysis	88% Female	12% Male	

*As assigned at birth

Industry and Market Trends

Social Determinants of Health for the BCMHS Catchment Area

Five Domain Model of the Social Determinants of Health								
								
Economic Stability	Education	Health and Health Care	Neighborhood and Built Environment	Social and Community Context				
Economic Stability : Connection between financial resources and health								
2021 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Median Income	\$53,199	\$38,741	\$49,127	\$42,336	\$43,304	\$43,633	\$44,226	\$45,714
Poverty %	13.8	15.3	16.8	16.4	18.4	17.0	16.4	17.4
Education: Connection between education, health, and well-being								
2021 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
High School Graduate %	87.5	81.7	82.9	85.2	80.9	83.4	82.0	78.2
Bachelor's degree or higher %	28.1	15.6	16.7	24.6	16.2	20.5	17.9	16.8
Health and Health Care: Connection between access and understanding								
2019 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda

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Persons >65 with a disability %	10.2	13.8	10.2	10.0	14.2	16.7	9.0	9.2
Persons >65 without health insurance %	13.2	13.7	13.7	14.3	14.2	12.0	14.9	17.6
Households with a computer %	88.3	81.3	79.6	84.1	83.5	79.9	79.5	79.9
Households w/ internet sub. %	78.2	68.8	68.3	73.4	73.1	71.4	67.4	69.0
Public Trans.		No	No	No	No	No	No	No

Neighborhood and Built Environment: connection between where a person lives and health and well-being

2021 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Persons per household	2.54	2.46	2.64	2.46	2.52	2.11	2.50	2.81
Home Value	\$162,300	\$90,800	\$129,300	\$122,800	\$101,200	\$116,500	\$116,300	\$108,600
Monthly Rent	\$894	\$681	\$637	\$733	\$734	\$720	\$765	\$661
Employer Establishments	111,926	326	311	1,302	920	88	767	232

Social and Community Context: Connection between aspects of the social environment and health and well-being

2021 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Population	5,190,705	24,295	25,657	69,351	67,539	9,526	37,719	18,862
Population Per Square Mile	153.9	51.8	53.9	153.2	93.2	28.5	59.5	43.9
% of persons >18	21.6	19.8	17.8	22.6	21.9	11.4	21.3	21.3
% of persons 65<	18.2	22.4	19.4	18.9	18.8	35.6	20.3	20.3
% of Female Persons	51.6	51.6	46.4	53.4	51.7	46.1	51.2	49.7
White Race %	68.6	70.2	62.3	64.3	72.0	53.6	66.3	69.8
Black or African American %	27.0	27.6	35.1	32.3	25.2	44.5	30.3	26.0
American Indian %	0.5	0.3	0.5	0.5	0.4	0.1	0.8	1.4
Asian %	1.8	0.4	0.6	1.3	0.6	0.6	0.7	0.4
Native	0.1	0	0.1	0.1	0.1	0.1	0.3	1.0

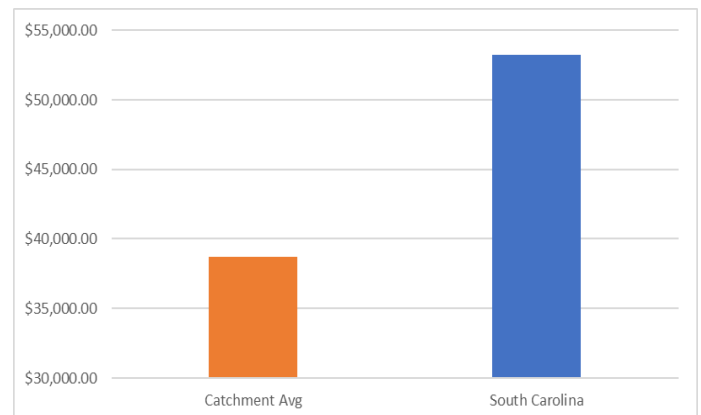
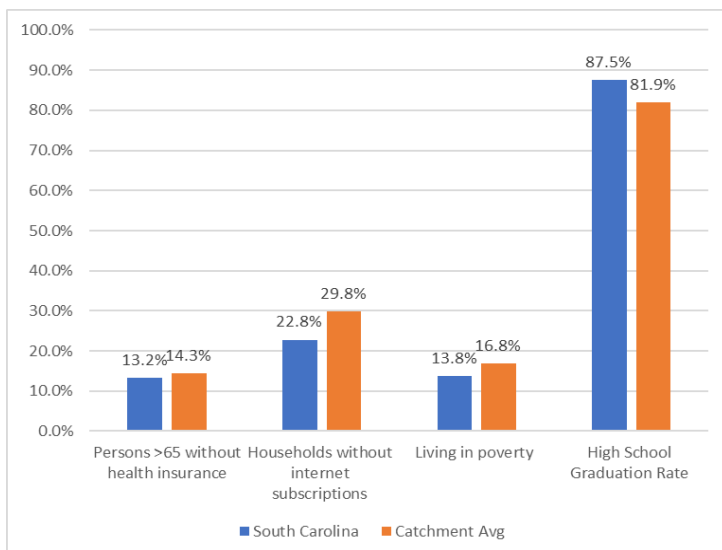
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Hawaiian %								
2 or more races %	2.0	1.4	1.5	1.5	1.6	1.0	1.6	1.4
Hispanic or Latino %	6.0	1.6	6.2	6.2	5.3	1.4	7.8	15.9
Veterans	365,139	1,559	1,986	4,162	4,226	1,066	2,087	1,161

In summary, U.S. 2021 Census revealed that BCMHS’s catchment area falls below the state average in the majority of the five (5) social determinants of health. This is largely due to being a predominately rural area.

Location	Persons >65 without health insurance	Households without internet subscriptions	Living in poverty	High School Graduation Rate	Income	Public Transportation
South Carolina	13.2%	22.8%	13.8%	87.5%	\$ 53,199.00	Y
Catchment Avg	14.3%	29.8%	16.8%	81.9%	\$ 38,741.00	N
Abbeville	13.7%	31.2%	15.3%	81.7%	\$ 49,127.00	N
Edgefield	13.7%	31.7%	16.8%	82.9%	\$ 42,336.00	N
Greenwood	14.3%	26.6%	16.4%	85.2%	\$ 43,304.00	N
Laurens	14.2%	26.9%	18.4%	80.9%	\$ 43,633.00	N
McCormick	12.0%	28.6%	17.0%	83.4%	\$ 44,226.00	N
Newberry	14.9%	32.6%	16.4%	81.0%	\$ 45,714.00	N
Saluda	17.6%	31.0%	17.4%	78.2%	\$ 43,868.71	N

Note: 14% of BCMHC patients, under the age of 65, do not have health insurance.



BCMHS's Economic Health

BCMHS's annual budget operates on a fiscal year cycle, July to June. Revenue is generated through state allocations, billing for services provided, county appropriations, and contractual business arrangements. On a monthly basis, the projected budget is analyzed and revised, as appropriate based on operational needs and reimbursement trends, to ensure financial solvency and fiscal responsibility.

Revenue	FY'19	FY'20	FY'21	Projected FY'22
State Allocations	\$3,565,200	\$3,821,747	\$3,880,420	\$3,850,692
Medicaid Revenue	\$496,246	\$553,320	\$440,303	\$628,154
MCO Revenue	\$2,275,385	\$2,657,021	\$2,421,639	\$2,734,782
Other Fees	\$1,187,415	\$1,133,225	\$1,548,712	\$1,985,364
County Appropriations	\$16,448	\$18,748	\$21,145	\$19,635
COVID-19 crisis Bed Days	NA	NA	\$121,200	\$85,413
Total Budget	\$7,642,775	\$9,211,563	\$9,253,039	\$10,561,206
Year End Surplus	\$532,402	\$362,722	\$529,347	NA

Global Political and Social Climate

In 2021, the U.S. experienced a change in political leadership as the country continued to mourn the lives of those it lost to the COVID-19 pandemic, while adjusting to what many coined as the “new normal”. National media coverage of violence and civil unrest continued as pharmaceutical companies rushed to find effective vaccines to help citizens battle the ever-changing variants of the Coronavirus. As States unveiled and implemented their vaccination plans, many States of Emergency were lifted as overall percentages of positive cases declined.

Many of the SCDMH staff returned to their offices fulltime and the vast majority of telecommuting positions were viewed as a temporary solution to addresses periodic spikes in confirmed positive cases. Many COVID-related assistance programs began to expire in 2021, including additional unemployment benefits in SC, returning many businesses to pre-COVID operational hours. Throughout 2021, BCMHS remained diligent in ensuring that all staff, patients, and visitors had appropriate access to Personal Protective Equipment (PPE) and that mitigation measures were routinely enforced in all locations, making health and safety its top priority.

The Coronavirus and other highly transmittable infectious diseases impact the delivery of services with respect to having healthy staff to deliver services, accessibility for patients, and the method

in which business is conducted and services are delivered. School mental health services experienced the most unpredictable continuity of care, as school districts implemented individualized quarantine and containment measures to reduce the virus as most students across South Carolina returned to in-person educational settings.

Returning to the traditional classroom setting has had a variety of educational and social benefits for South Carolina youth and the availability of mental health services. With the increase in students returning to the traditional classroom setting, there has also been a heighten since of awareness regarding the increasing amounts of school threats of violence, both real and hearsay. Gang violence and dangerous social media challenges, even in rural communities, made a prominent presence in public school settings in 2021.

BCMHS’s Political and Social Climate

BCMHS has experienced an unprecedented rate of staff turnover, which has been a common theme across SCDMH, the State of South Carolina, and United States as a whole in 2021. Often coined as “The Great Resignation”, employers are finding that the COVID Pandemic has caused staff to re-evaluate their personal and professional values, and subsequently leave the job market or change careers all together. At its peak, the Center reported 39 vacant positions, 33 of which were clinical, direct-care positions (including 3 medical positions).

	Beckman MHC	SCDMH
FY21 Turnover Rate	21.30	28.27
FY22 1 st Quarter Turnover Rate	5.36	9.17
FY21 Patient No Show Rate	14.7	12.4
FY22 1 st Quarter No Show Rate	16.6	13.9

For BCMHS this has meant higher caseloads in some areas, which has created the opportunity for BCMHS, and SCDMH Community Mental Health Centers as a whole, to explore providing telehealth services across county lines. With a reduced physical presence in some schools and primary healthcare facilities due to COVID and staff turnover, BCMHS has also been impacted financially. BCMHS has twenty-seven (27) school mental health positions that are each associated with \$14-\$15,000 in annual revenue that is prorated based on having mental health professionals hired for those specific positions. At its peak, BCMHS reported only having thirteen (13) of the twenty-seven (27) available positions filled. Carolina Health Centers is another contractual partnership in the community that contracts with BCMHS for three (3) Mental Health

Professionals (MHP) to cover some of their office locations. Currently, there are two (2) MHP vacancies within the Carolina Health Centers partnership.

While senior leaders within SCDMH and BCMHS explore creative ways to recruit and retain quality staff, the staffing shortage has created a unique opportunity for BCMHS to enhance its succession planning for all positions to include effective cross training and technological improvements to ensure mobility among all positions.

Despite the unforeseen barriers created by COVID and the subsequent changes to how services are delivered, patients have continued to report positive experiences with BCMHS. In the 2021 SCDMH Community Mental Health Services Patient Satisfaction Survey, BCMHS’s patients highly rated their experience in receiving services.

2021 Patient Survey	Beckman MHC	SCDMH-Community MHC’s
It was easy for me to get my appointment.	97.3%	96.4%
For today’s appointment, I did not have to wait long.	97.3%	94.6%
I would recommend this Center’s services to someone who needed help.	97.7%	96.2%
After coming here today, I believe I will get better	94.4%	94.3%
I felt listened to and respected by my provider today.	98.3%	96.8%
I received helpful services today.	98.2%	96.5%

In the 2021 BCMHS Staff Satisfaction Survey, 81% of the respondents reported positive experiences with their employment. The Center noted improvements over the 2020 survey in the following areas:

- Satisfaction with employment benefits
- Job satisfaction
- Daily enjoyment
- Pride over the workplace
- Clear job requirements and responsibilities
- Fair and positive interactions with immediate supervisors
- Feeling valued by immediate supervisors
- Feeling informed about the issues affecting job performance
- Positive feelings regarding the direction BCMHS is headed in
- BCMHS has strong values and ethics
- Understanding of the Management Team of the operations of BCMHS

- New ideas are encouraged and utilized

BCMHS noted declines in rated performance in the following areas:

- Personal Motivation to see BCMHS succeed in its Mission and Vision
- Personal growth and development are encouraged
- Time spent being productive, meeting target goals, accomplishing target goals, and going above and beyond what is expected.
- Responding quickly and courteously to fulfill client or customers needs
- Being proud of the services delivered at BCMHS
- Having the tools to effectively do the job
- Quality of services provided
- Having clear goals
- Cooperation among work group

BCMHS also assessed what the training needs were for the agency as reported by staff. Of those who responded to the survey, the top five (5) clinical and administrative training needs were identified as:

Rank	Clinical	Administrative
1.	Self-Care: Work/Life Balance	CIS
2.	Fentanyl and the Opioid Epidemic	SCEIS
3.	Gangs and Violence in Rural Communities	Emedix
4.	Human Trafficking	Crystal Reporting (Business Intelligence Platform)
5.	COVID Implications for Grief and Suicide	3 rd Party Insurance Authorizations

SWOT Analysis

BCMHS chose a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis approach to develop a clear understanding of its position within the healthcare market, with respect the outpatient mental health services. With input from internal and external stakeholders, including the BCMHS Board of Directors, the management team was able to gain valuable insight to evaluate data trends and the future of mental health services offered in the catchment area.

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SWOT Risk Analysis of The Beckman Center for Mental Health Services

Purpose:
Increase awareness of the internal and external factors that impact business continuity for The Beckman Center

S	INTERNAL STRENGTHS	W	INTERNAL WEAKNESSES
1	Long standing history financial stability and fiscal accountability. Ability to maintain the environmental, technological, and structural needs of the Center.	1	Difficulty recruiting and retaining quality staff resulting in staffing shortages
2	A large variety of evidenced-based and specialty programs offered (incl. evidenced-based trainings for staff)	2	Limited training for staff on treatment for co-occurring disorders
3	Mobile Crisis Team (24/7/365)	3	Limitations due to state agency regulations
4	Housing Programs and Rental Assistance available for patients who qualify	4	Coverage of 7 counties, with 6 clinics and limited staff reduces flexibility in work hour schedules and work-from-home options
5	High quality technology that allows for staff mobility	5	Rural, low-income communities with limited community resources: public transportation, employment opportunities, positive recreational activities for youth, and alternative treatment options
6	Positive, long-standing community partnerships	6	Difficulty providing comprehensive care for patients due to limited community resources to refer out to
7	Internal and external environments of facilities are clean, welcoming, and appealing.	7	Communication among and navigation of SCDMH systems (EMR, SCEIS, CIS, etc.)
8	Support available for staff desiring to obtain and maintain clinical licensure		
9	Enhanced collaboration with law enforcement agencies and area hospitals		
10	Strong teamwork and collaboration among Executive Management Team		
11	CARF accredited		
12	Highly trained and qualified medical staff, including adult and child psychiatrists.		
O	OPPORTUNITIES	T	THREATS
1	Serve more of the 0-5 years old population and their families through ABC and PCIT trainings and certification of staff	1	COVID and other Emerging Infectious diseases: Preparation and mitigation efforts to limit exposure and lessen the impact business continuity
2	Group therapy models of care and related trainings	2	Lack of a "No-Compete Clause" for staff leaving the agency who have gained licensure or evidenced based treatment certifications through the agency
3	Educating the community in Suicide Prevention	3	Private and for-profit agencies utilizing SCDMH Mobile Crisis for afterhours care.
4	Life skills training thru Peer Support	4	School and youth violence
5	Alcohol and Drug recovery assistance thru Peer Support	6	Vaccine mandates and global climate of uncertainty
6	Utilizing Choices in Recovery as a tool for Clinicians	7	Virtual Education K5-12
7	Funding opportunities to reduce and/or eliminate barriers for the community to access comprehensive physical, mental, and spiritual care	8	Retirement of Key Positions
8	Serve more patients in the community with community-based teams	9	Rural communities with limited internet access
		10	Loss of community partnerships due to inability to fulfill contractual obligations
		11	"Burn-out" of staff (including management team)

Implications SWOT data for The Beckman Center

	Opportunities	Threats
Internal Strengths	How can Beckman leverage its STRENGTHS to benefit from OPPORTUNITIES ?	How can Beckman use its STRENGTHS to minimize the impact of THREATS ?
Internal Weaknesses	How can Beckman ensure its WEAKNESSES will not stop it from capitalizing on OPPORTUNITIES ?	How can Beckman fix WEAKNESSES that can make THREATS have a real impact?

The information in The BCMHS SWOT Table above guided Beckman's Executive Management Team in creating the 2022 BCMHS Goals. Five (5) priority are identified. They are as follows:

1. Review the CAF and Adult Admission Criteria. Define our role in the community.
2. Quality Care Review Board for Adverse Incidents
3. Apply for SAMHSA Grant to become a Certified Community Behavioral Health Center
4. Clinical Training Needs
5. Expand ICT and Intensive Services

The 2022 BCMHS Goals were endorsed by the BCMHS Board of Directors. The action items are reviewed monthly at the Executive Management Team Meetings and reports on progress are made. In July, the Executive Management Team will meet exclusively to review progress on the 2022 Goals and Objectives and to modify the working document, as needed.