

Beckman Center for Mental Health Services

2023 Strategic Plan Analysis



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. As a result, between 2021 and 2022, new directors were named for the Director of Quality Management, Greenwood Clinic Director/CAF Director, Laurens Clinic Director, Abbeville Clinic Director, and Director of Community Support Services.

In 2022, BCMHS began working towards a Certified Community Behavioral Health Clinic (CCBHC) model of care. There are nine core services in this model of care as follows: Crisis Services; Screening, Assessment, and Diagnosis; Person-Centered and Family Centered Treatment Planning; Outpatient Mental Health and Substance Abuse Services; Primary Care; Targeted Case Management; Psychiatric Rehabilitation Services; Peer Support and Family/Caregiver Support; and Intensive, Community-Based Services for Members of the Armed Forces and Veterans. Beckman already provides many of these core services. However, for the services that the Center does not provide, partnerships will be formed with other community agencies for these services. The Center will partner with the local alcohol and drug agencies, Cornerstone, Gateways, and Westview for Outpatient Substance Abuse Services and with Carolina Health Centers for primary health care. Beckman continues to expand services to meet the needs of the citizens of the seven (7) county area.

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According to the latest U.S. census data, the population of the seven (7) county area is 254,073 individuals. In FY'22, the Center provided 50,930 services to 5,286 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	2,711	5%
Telephonic	3,269	6%
Community Telepsychiatry	3,385	7%
In-Person	41,565	82%

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'22

<u>Patient Demographics</u>	Female*	Male*	Percentage %
African American	655	528	32
American Indian	4	2	0
Asian American	3	0	0
More than 1 Race	15	18	1
Other	75	65	4
Spanish American	2	1	0
Unknown	12	6	0
White	1202	729	53
Not Entered	25	9	1
Patient Gender* Analysis	59% Female	41% Male	5,286 Patients served FY'22

**As assigned at birth. Data generated 8/1/22*

Patient Age Groups	Percentage % of Patients Served in FY'22
0-17 years old	33%
18-64 years old	62%
65+ years old	5%

Staff Demographics FY'22

Staff Demographics	Female*	Male*	Percentage %
African American	33	2	39.3%
White	46	7	59.6%
Other Minorities	1	0	.01%
Staff Gender* Analysis		90% Female	10% 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 : Connection between financial resources and health

2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Median Income	\$58,234	\$45,710	\$55,183	\$44,513	\$46,574	\$53,193	\$50,950	\$46,451
Poverty %	14.6	14.8	16.8	15.9	18.5	19.5	14.9	16.5

Education: Connection between education, health, and well-being

2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
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High School Graduate %	88.8	83.7	82.1	86.0	82.1	83.5	86.2	81.3
Bachelor's degree or higher %	29.8	18.2	19.4	24.2	17.2	20.7	21.0	19.3
Health and Health Care: Connection between access and understanding								
2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Persons >65 with a disability %	10.	9.4	10.5	8.6	12.3	13.3	10.0	9.7
Persons >65 without health insurance %	12.2	15.5	13.4	14.1	14.7	12.3	15.9	21.4
2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Households with a computer %	91.7	85.8	86.8	86.9	86.8	83.7	85.8	86.9
Households w/ internet sub. %	83.2	79.8	72.3	78.2	79.8	77.4	76.8	74.6

Neighborhood and Built Environment: connection between where a person lives and health and well-being								
2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Persons per household	2.51	2.50	2.58	2.44	2.58	2.27	2.43	2.59
Home Value	\$181,800	\$104,100	\$149,000	\$127,900	117,800	\$114,800	\$119,300	\$112,700
Monthly Rent	\$970	\$733	\$697	\$777	\$790	\$793	\$848	\$698

Social and Community Context: Connection between aspects of the social environment and health and well-being								
2022 Census Information*	SC	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Newberry	Saluda
Population	5,193,266	24,299	26,153	69,241	67,803	9,760	37,996	18,821
% of persons >18	21.5	19.8	17.3	22.7	22.0	10.9	21.5	21.6
% of persons 65<	18.6	22.9	20.0	19.2	18.7	35.7	20.6	21.3
% of Female Persons	51.4	51.4	46.5	53.0	51.4	45.8	50.8	49.4
White Race %	68.6	70.9	63.1	64.2	71.9	55.4	66.6	70.2
Black or African American %	26.7	26.6	33.8	32.1	25.0	42.5	29.7	25.0
American Indian %	0.6	0.4	0.6	0.6	0.5	0.2	0.9	1.7
Asian %	1.9	0.4	0.6	1.3	0.7	0.6	0.7	0.5
Native Hawaiian %	0.1	Na	0.1	0.1	0.2	0.1	0.3	1.0
2 or more races %	2.1	1.6	1.9	1.6	1.8	1.2	1.8	1.6
Hispanic or	6.4	1.9	6.7	6.7	5.7	1.6	8.4	16.0

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Latino %								
Veterans	350,822	1566	1735	4064	3757	889	2100	971

**Data source: U.S. Census Bureau Quick Facts*

<https://www.census.gov/quickfacts/fact/table/mccormickcountysouthcarolina,saludacountysouthcarolina,edgfieldcountysouthcarolina,laurenscountysouthcarolina,abbevillecountysouthcarolina,greenwoodcountysouthcarolina/PST045222>

In summary, the 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.

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

Location	% of Persons >65 without health insurance	% of Households with internet subscriptions	% Living in poverty	High School Graduation Rate (%)	% of Persons with a Bachelor’s Degree or higher	Median Household Incomes
South Carolina	12.2	83.2	14.6	88.8	29.8	\$58,234.00
Catchment Avg	15.3	77.0	16.7	83.6	20.0	\$48,939.14
Abbeville	15.5	79.8	14.8	83.7	18.2	\$45,710.00
Edgefield	13.4	72.3	16.8	82.1	19.4	\$55,183.00
Greenwood	14.1	78.2	15.9	86	24.2	\$44,513.00
Laurens	14.7	79.8	18.5	82.1	17.2	\$46,574.00
McCormick	12.3	77.4	19.5	83.5	20.7	\$53,193.00
Newberry	15.9	76.8	14.9	86.2	21.0	\$50,950.00
Saluda	21.4	74.6	16.5	81.3	19.3	\$46,451.00

Among the top health indicators of a community, the BCMHS catchment shows the following areas of concern:

Access to healthcare services/Rising cost of healthcare: The catchment area has higher rates of individuals with no insurance that the state average, with Saluda County almost doubling the state’s average. U.S. healthcare costs were estimated to be \$3.8 trillion in 2019. The cost of health care is rising much faster than median incomes, with chronic illnesses accounting for 85% of healthcare costs and nearly half of all citizens having a chronic illness. Many healthcare facilities, including BCMHS, do not refuse services based on inability to pay; however, accessing these services continues to be problematic for residents. Transportation is often another barrier to healthcare services, as the catchment area is rural and public transportation is minimal, if existent at all in some counties.

Injuries and Violence: The CDC indicates that injuries are the leading cause of death to individuals between the ages of 1 and 44. Injuries are also a leading cause of disabilities for all ages. The impact of injuries and violence

impact not only the individuals involved but has an over influence on the sense of community well-being. The rate of violence in the catchment area exceeds those of the state and national rates, according to the Self Regional Healthcare Community Needs Assessment 2022. Greenwood and Laurens counties have the highest rates of violence in the catchment area. The violent crime rate in Greenwood County doubles the national rate, with crimes of homicide, rape, robbery, and aggravated assault.

Mental Health services: While mental health services are more accessible in community settings than in previous years, it is believed that over half of individuals experiencing a mental illness do not receive treatment. The 988 Crisis Lifeline and 24/7 Mobile Crisis programs have taken huge initiatives in making mental health services available to anyone in need; however, community barriers continue to exist. According to the Self Regional Healthcare Community Needs Assessment 2022, barriers to accessing available mental health services are: shame, embarrassment, and the associated stigma.

Substance Abuse: Excessive alcohol consumption, tobacco use, and illicit drug use are linked to chronic health conditions, mental illness, crime, and premature death. Greenwood and Laurens Counties have the highest rate of drug overdose deaths in the catchment area, with prescription drugs, opioids, and fentanyl being the primary culprits. Narcan education and access has made gains in the catchment area is saving lives, but the other impacts of substance abuse continue to have negative impacts on families and communities.

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'20	FY'21	FY'22	Projected FY'23
State Allocations	\$3,821,747	\$3,880,420	\$3,866,209	\$3,881,060
Medicaid Revenue	\$553,320	\$440,303	\$449,740	\$468,954
MCO Revenue	\$2,657,021	\$2,421,639	\$2,276,930	\$2,897,224
Other Fees	\$1,133,225	\$1,548,712	\$1,327,050	\$1,577,739
County Appropriations	\$18,748	\$21,145	\$18,448	\$19,635
COVID-19 crisis Bed Days	NA	\$121,200	\$85,413	\$90,000
Total Budget	\$9,211,563	\$9,253,039	\$9,315,331	\$10,393,391
Year End Surplus	\$362,722	\$529,347	\$700,796*	\$687,333*

**Includes Medicaid Enhanced rates not included*

BCMHS's Political and Social Climate

In 2021, BCMHS has experienced an unprecedented rate of staff turnover, which was a common theme across SCDMH, the State of South Carolina, and the Nation. The S.C. Department of Administration conducted a study of the salaries of Mental Health Professionals (MHP's) across SCDMH Community Mental Health Centers. This resulted in salary increases for MHP's. In addition, Centers continue to award performance-based increases and bonuses as well as other increases based on Human Resources policy.

	Beckman MHC	SCDMH
FY22 Turnover Rate	29.02	32.12
FY23 1 st and 2 nd Quarter Turnover Rate	12.15	13.13
FY22 Patient No Show Rate	135	13.6
FY23 1 st and 2 nd Quarter No Show Rate	14.0	14.1

The Center does continue to experience staff shortages in some areas; however, recruitment and retention rates are improving significantly. Senior leadership within SCDMH and BCMHS continue to explore creative ways to recruit and retain quality staff while simultaneously focusing on program development and enhancing community relationships.

Despite challenges, patients have continued to report positive experiences with BCMHS. In the 2022 SCDMH Community Mental Health Services Patient Satisfaction Survey, BCMHS's patients highly rated their experience in receiving services.

2022 Patient Survey	Beckman MHC	SCDMH-Community MHC's
It was easy for me to get my appointment.	95.9%	96.4%
For today's appointment, I did not have to wait long.	93.6%	94.1%
I would recommend this Center's services to someone who needed help.	97.4%	95.7%
After coming here today, I believe I will get better	94.1%	94.0%
I felt listened to and respected by my provider today.	97.0%	96.5%
I received helpful services today.	96.3%	96.5%

In the 2022 BCMHS Staff Satisfaction Survey, 83% of the respondents reported positive experiences with their employment, with the highest satisfaction rates being with:

- Support from supervisor and Management Team
- Job fulfillment

- Culturally sensitive work environment
- Access to technology

BCMHS also assessed what the training needs were for the agency as reported by staff. Of those who responded to the survey, the training needs were identified as:

<u>Rank</u>	<u>Training Needs</u>
1.	Microsoft Products/Software
2.	Safety
3.	Evidenced-Based Treatments and Programs
4.	Administrative Functions

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 expired in 2022, returning many businesses to pre-COVID operational hours and processes. Throughout 2022, 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.

In 2022, SCDMH experienced a changed in Executive Leadership, with the resignation of Dr. Kenneth Rogers and the interim assignment of Dr. Robert Bank. State and local political elections were held and many changes in leadership occurred throughout the state.

Conclusion

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 to the outpatient mental health services. With input from internal and external stakeholders, including the BCMHS Board of Directors, patients, staff, community partners, and local needs assessments, the management team was able to gain valuable insight to evaluate data trends and the future of mental health services. Areas of focus were accessibility,

administrative/financial Needs, community/customer service, quality clinical skills, and recruitment and retention of staff. As a result, the 2023 BCMHS Goals were developed.

1. Enhance Service Delivery
2. Enhance Retention and Recruitment Efforts
3. Enhance Administrative and Financial Processes
4. Enhance Community Outreach Efforts
5. Enhance Community Outcomes

The 2023 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 2023 Center Goals, making modifications to the working document as needed.