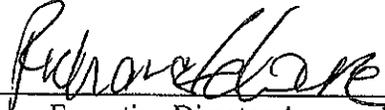


Date of Board Approval: 08-17-2018


Executive Director Approval

FY 18-19 and FY 19-20 310 Board 2-Year Plan:

Name of 310 Board: Mental Health Board of Chilton and Shelby Counties, Inc.

County(s) Served: Chilton and Shelby Counties

Population(s) served: Mental Illness, Intellectual Disabilities, and Substance Abuse

Vision Statement: We will provide the highest quality of service to individuals with mental illness, intellectual disabilities and substance abuse disorders and their families as resources are available and we will strive to be the premier mental health center in the state.

Mission Statement: The Mental Health Board of Chilton and Shelby Counties, Inc. (CSMHC) is committed to providing the highest quality of behavioral healthcare services to residents primarily but not limited to Chilton and Shelby Counties whose lives are impacted by mental illness, intellectual disabilities, substance abuse and/or emotional disturbance. Our mission is to assist these individuals in their recovery process. Program success of individuals with mental illness, intellectual disabilities, and substance abuse will be evidenced by improvements in social functioning, independent living functions and absence of or reduction in intensity and/or frequency of symptoms. We strive to provide easy access to services that are medically necessary, clinically appropriate, effective, efficient and safe, as resources are available. These services will be delivered in the least restrictive environment that maintains safety, produces optimal clinical outcomes, ensures that client rights are protected, results in high client satisfaction and increases the clinical proficiency of staff.

I. Plan Development:

A. Describe your established planning cycle.

The Board conducts an Annual Public Board Meeting to receive input from citizens of Chilton and Shelby Counties and surrounding areas. The input is targeted towards current and needed mental health services in our local areas as well as the State of Alabama. This information is necessary in order to facilitate a local needs assessment summary which is utilized in developing the Board's 2-Year Plan. The Board meets annually to review 2-year goals and assess needed changes and the sustainability of current services. The Board also reviews the Agency CQI Plan developed by the Leadership Team when applicable. Family and Client survey results are reviewed as well as other stakeholders' input that has been received and submitted. The Board reviews the fiscal operations and the policies and procedures of the agency. Information from the Needs Assessments conducted by the Chilton County and Shelby County Children's Policy Councils, that is relevant to the Board's mission, is also included in the Board's planning process.

B. What are the roles of the key stakeholders?

We partner with our stakeholders to provide improvements in our service delivery system within our local community. We strive for continual improvement of our continuum of care by developing these local partnerships. Our key stakeholders provide input into the development of agency goals.

Clients, families, state and community agencies, state and local government officials, justice involved services, school systems, community coalitions, advocacy groups, children’s policy councils, judicial and correctional systems, healthcare systems, education teams, Human Rights Committee and certification teams make up the stakeholders utilized by our Board during plan development.

C. How is the plan implementation monitored and evaluated?

Plan implementation is achieved through the utilization of the following resources, which also allow us to monitor, and implement needed changes:

- Monthly CQI meetings
- Quarterly CQI reports to the Board
- Monthly fiscal operations review with the Board
- Review of client and family grievances
- Yearly client and family surveys
- Center wide suggestion boxes located in each office and reviewed by Executive Director is used to receive input from clients/families/caregivers and staff
- Certification Site Visit Results
- Advocacy Monitoring Reports
- Regularly scheduled program staff meetings
- Feedback from attendees of Annual Board Meetings
- Monthly Corporate Compliance Audits
- Monthly Leadership Team Meetings
- Employee Satisfaction Survey
- Employee Exit Interviews
- Human Rights Committee
- Behavioral Program Review Committee

II. Plan Components: FY 2018 to 2020

A. Populations

1. Describe the population(s) served.

Children, adolescents, and adults of all ages affected by mental illness, intellectual disabilities, and substance abuse disorders.

2. Describe the demographics.

All Topics

**Chilton Shelby
County, County,
Alabama Alabama**

Population estimates, July 1, 2017, (V2017)

44,067 213,605

People		
Population		
Population estimates, July 1, 2017, (V2017)	44,067	213,605
Population estimates base, April 1, 2010, (V2017)	43,631	195,214
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	1.0%	9.4%
Population, Census, April 1, 2010	43,643	195,085
Age and Sex		
Persons under 5 years, percent	□□ 6.2%	□□ 5.9%
Persons under 18 years, percent	□□ 23.9%	□□ 23.8%
Persons 65 years and over, percent	□□ 16.4%	□□ 14.8%
Female persons, percent	□□ 50.8%	□□ 51.5%
Race and Hispanic Origin		
White alone, percent(a)	□□ 87.0%	□□ 83.3%
Black or African American alone, percent(a)	□□ 10.5%	□□ 12.7%
American Indian and Alaska Native alone, percent(a)	□□ 0.5%	□□ 0.4%
Asian alone, percent(a)	□□ 0.5%	□□ 2.2%
Native Hawaiian and Other Pacific Islander alone, percent(a)	□□ 0.2%	□□ 0.1%
Two or More Races, percent	□□ 1.3%	□□ 1.4%
Hispanic or Latino, percent(b)	□□ 7.8%	□□ 5.8%

White alone, not Hispanic or Latino, percent	□□ 80.2%	□□ 78.0%
Population Characteristics		
Veterans, 2012-2016	3,086	12,922
Foreign born persons, percent, 2012-2016	5.6%	5.5%
Housing		
Housing units, July 1, 2017, (V2017)	19,672	87,243
Owner-occupied housing unit rate, 2012-2016	76.0%	79.3%
Median value of owner-occupied housing units, 2012-2016	\$99,100	\$195,400
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,007	\$1,414
Median selected monthly owner costs -without a mortgage, 2012-2016	\$322	\$393
Median gross rent, 2012-2016	\$646	\$954
Building permits, 2017	45	1,023
Families & Living Arrangements		
Households, 2012-2016	16,619	75,942
Persons per household, 2012-2016	2.61	2.67
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	87.4%	86.9%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	8.0%	8.2%
Education		
High school graduate or higher, percent of persons age 25 years+, 2012-2016	80.1%	91.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	14.9%	41.4%
Health		
With a disability, under age 65 years, percent, 2012-2016	12.9%	7.9%
Persons without health insurance, under age 65 years, percent	□□ 14.2%	□□ 7.4%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2012-2016	55.5%	66.7%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	46.5%	60.2%
Total accommodation and food services sales, 2012 (\$1,000)(c)	35,354	334,421
Total health care and social assistance receipts/revenue, 2012	66,351	583,410

(\$1,000)(c)		
Total manufacturers' shipments, 2012 (\$1,000)(c)	287,155	1,700,041
Total merchant wholesaler sales, 2012 (\$1,000)(c)	260,520	4,651,335
Total retail sales, 2012 (\$1,000)(c)	442,751	2,567,384
Total retail sales per capita, 2012(c)	\$10,104	\$12,777
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	32.0	28.0
Income & Poverty		
Median household income (in 2016 dollars), 2012-2016	\$42,594	\$72,310
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$22,045	\$34,117
Persons in poverty, percent	□□ 18.3%	□□ 7.9%

Businesses

Businesses

Total employer establishments, 2016	738	5,132
Total employment, 2016	7,609	83,416
Total annual payroll, 2016 (\$1,000)	252,403	4,111,041
Total employment, percent change, 2015-2016	0.3%	3.2%
Total nonemployer establishments, 2016	2,955	17,166
All firms, 2012	3,130	18,665
Men-owned firms, 2012	1,961	10,504
Women-owned firms, 2012	930	5,937
Minority-owned firms, 2012	296	2,636
Nonminority-owned firms, 2012	2,750	15,391
Veteran-owned firms, 2012	231	2,036
Nonveteran-owned firms, 2012	2,817	15,653

Geography

Geography

Population per square mile, 2010	63.0	248.5
Land area in square miles, 2010	692.85	784.93
FIPS Code	01021	01117

Value Notes

Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). Different vintage years of estimates are not comparable.

Fact Notes

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories

(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

D Suppressed to avoid disclosure of confidential information

F Fewer than 25 firms

FN Footnote on this item in place of data

NA Not available

SSuppressed; does not meet publication standards

X Not applicable

Z Value greater than zero but less than half unit of measure shown

-Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution.

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

<https://www.census.gov/quickfacts/fact/table/chiltoncountyalabama,shelbycountyalabama/PST045217>

B. Community Needs/Services Priorities

1. How do you assess needs?

Please see information included in the planning cycle and key roles of stakeholders as earlier stated in the plan. Examples include: Input received from clients, families, legal representatives, staff, advocates and certification teams. Feedback from attendees of the Annual Board Meetings, requests and suggestions from community, legal and government agencies and community based assessments. Over the past year, the Board completed an in-depth facilities and IT assessment/survey to identify areas of need.

2. What are the greatest area(s) of unmet need(s)?

- Equitable state and local funding for CSMHC to hire adequate workforce and secure facilities to serve the expanding needs/expectations of clients and their families in the community.
- Adequate funding to CSMHC for the continuation of current services and supports from state and local government.
- Funding for Capital Improvements for CSMHC
- Funding for expansion of technology and Electronic Medical Records System for CSMHC
- IT Director
- Public Community Transportation
- Additional Acute Care Inpatient Beds – (specifically for Substance Use Disorders Detox beds)
- Additional Residential Treatment beds for Substance Use Disorders)
- Expansion of affordable and supportive housing for independent living for MI clients
- Residential treatment beds for children, adolescents, transitional youth and geriatric population, co-occurring and substance use disorders
- Expansion of Adult and Children Evidenced Based In-Home Treatment Teams
- Expansion of community client and family support groups
- Expansion of Supportive Employment for ID, MI, & SA
- Expansion of Justice Involved Services
- SA Prevention Services in both counties
- Improved coordination of care for MI/SA clients discharging from emergency rooms
- Expansion of Peer Support Services
- Peer led Drop-In Centers for both MI and SA clients

C. Services/Supports – Describe the services/supports provided and needed expansions.

Service/Supports Currently Provided by CSMHC:

- 24-Hour Emergency Services
- Adult and Child/Adolescent Outpatient Services
- Adult and Child/Adolescent Case Management Services
- Adult and Child/Adolescent Intensive Services
- Residential Services
- Nurse Delegation Services
- Substance Abuse Outpatient Treatment Services
- Outreach Services
- Intellectual Disabilities Services
- Consultation and Education Programs

Needed Expansions: The following list includes several of the needed expansions identified during the CSMHC 310 Board Annual Public Meetings/Community Needs Assessment Meetings and the entire planning cycle:

- Continue expansion of all Children Services -School based services in both counties and Child and Adolescent Day Treatment in Chilton County
- Public Transportation for all clients that qualify and funding to purchase additional contract transportation spaces from ClasTran and Chilton County Transit for identified clients attending the day program.
- Expansion of ability to provide medical supports (additional psychiatrists, CRNP, RN to handle prescription requests and patient assistance applications, Telemedicine)
- Expansion of Peer Support Services
- Continue Vocational Supports for MI and ID
- Expansion of Supportive Residential Services for MI (PSH and MOMS type housing)
- Expansion of Evidenced Based In-Home Supports for MI Adults, Adolescents and Children to include a Crisis Response Team
- Development of ID and MI Respite Services
- Expansion of MI, ID and SA Case Management Services
- Expansion of probate team to manage the increase in probate petitions in both counties
- Expansion of clinical services to county jails in both counties
- Equitable state and local funding for CSMHC to hire adequate workforce and secure facilities (additional office space/ locations) to serve the expanding needs/expectations of clients and their families in the community.
- Adequate funding to CSMHC for the continuation of current services and supports from state and local government.
- Funding for capital improvements for CSMHC
- Funding for the expansion of technology and Electronic Medical Records System for CSMHC
- IT Director

- Vocational Support for SA
- Community based SA services (schools)
- Integration of MI/SA services with staff cross-trained to provide assessments, treatment and referrals to appropriate levels of care.
- Improve/Increase relationships with community providers for detox beds
- MI/SA services focused on veterans

D. Resource Development & Allocation – Describe current funding resources and future funding resources for planned expanded capacity (i.e. budget documents), if applicable.

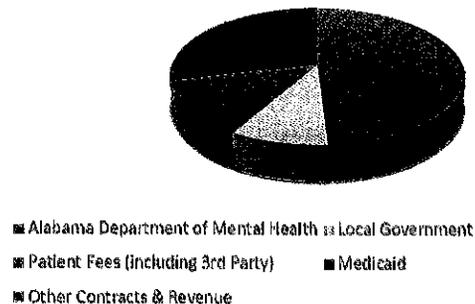
1. Current Sources of Funding for CSMHC:

- DMH/ID/SA
- Medicaid/Medicare
- Private Pay
- Third Party Insurers
- Chilton County Commission
- Chilton County United Way
- Shelby County Community Health Foundation
- Alabama Department of Youth Services
- Contributions and Fundraisers
- Shelby County Board of Education
- Region II Outplacement Project Funding
- Chilton & Shelby County Probate Courts
- Vocational Rehabilitation Services
- Alabaster City Schools
- Pelham City Schools
- Shelby County Board of Education
- IPS Grant

2. Future Sources of Funding:

Chilton Shelby Mental Health's funding is primarily driven by the contract with the Alabama Department of Mental Health and Medicaid revenue. During the fiscal year ended September 30, 2017, the Alabama Department of Mental Health contract was Medicaid, Local Government, patient fees (including third party insurance), and other contracts & revenue.

Chilton Shelby Mental Health Funding by Source



III. CSMHC 310 Board Goals/Objectives: FY 2018-2020

A. Increase Revenues

1. Participate in Medicaid Alabama Coordinated Care Network Initiative in order to maximize reimbursement income
2. Increase billing and accuracy
3. Continue to improve Business Office accounts receivable procedures
4. Expand MI/SA Programs (Justice Involved Services, Peer Support Services, Outreach, School-based Services)
5. Improve client satisfaction resulting in effective client engagement
6. Continue to make improvements in collections and procedures in the outpatient offices
7. Consistently monitor the attainment of productivity quotas for designated staff
8. Expand ID Case Management Services
9. Continue and improve partnerships with other community agencies to expand services and funding opportunities
10. Advocate for adequate state and local funding

B. Staff Retention

1. Increase Staff Training to include Manager Training on Recruitment and Retention and Customer Service Training for administrative employees

2. Investigate benefits package expansion: research cost of EAP, LTD and retiree benefits
3. Improve New Hire Orientation packet presentation
4. Implement Employee Satisfaction Surveys for current employees once per year and for new employees add Onboarding/Entrance Satisfaction Survey at 30 days
5. Continue to make improvements in the agency facilities, equipment and training materials to provide efficiencies and improvements in job performance
6. Improve intra-agency communication
7. Monitor size of caseloads to maintain productivity and job satisfaction
8. Continue to work on adjusting compensation ranges to market levels
9. Improve Internship program

C. Service Expansion

1. Expand the MI Peer Support Services and Community Support Programs
2. Expand the MI Supportive Housing Programs
3. Expand ID Case Management Services
4. Expand MI/SA Division Programs to include Peer Support Services
5. Expand Supportive Employment Programs (IPS and Milestones)
6. Expand school based services
7. Develop a comprehensive justice involved continuum of services

D. Improve and Promote Public Awareness of Agency

1. Improve Consultation and Education Program and Outreach services
2. Increase utilization of community publications to increase public awareness and to promote the reduction of the stigma of mental health substance use disorders stigma the community
3. Improve and update company web page
4. Implement quarterly employee newsletter