South Central Alabama Mental Health

Serving Butler, Coffee, Covington & Crenshaw Counties

STRATEGIC PLAN

for

Fiscal Years 2019 and 2020

SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.

South Central Alabama Mental Health Board

Strategic Plan

The Strategic Plan is presented to the Center's Board of Directors for approval.

Presented by:

_____   _____

Tommy Wright, Executive Director   Date Signed:

 Approved by:

_____   _____

Steve Norman, Board President   Date Signed:

Purposes of the Strategic Plan

1. To provide direction and guidance for the leadership of SCAMHB.

2. To serve as a training manual for the employees of SCAMHB.

Organizational Description

South Central Alabama Mental Health Board (SCAMHB) is a public, non-profit corporation, incorporated under Act 310 of the Alabama Legislature.

1. We are a PUBLIC organization. SCAMHB is incorporated for a <u>public</u> purpose, to serve a <u>public</u> need. (Most non-profit organizations are privately incorporated, e.g. churches, advocacy organizations, fraternal organizations, etc.) We are considered quasi-governmental since we are established by local governmental entities: Butler County, Coffee County, Covington County, Crenshaw County, City of Greenville, City of Red Level, City of Andalusia, City of Opp, City of Florala, City of Brantley, City of Luverne, City of Enterprise, and City of Elba.

2. We are a NON-PROFIT organization. That is, the SCAMHB is incorporated for charitable and beneficial purposes without the intent of making profits to be distributed to its owners or shareholders.

3. We are a Corporation. While we are a public, beneficial agency, we are none-the-less a corporate entity. We have a corporate legal status and we operate as a business.

4. We are a <u>local</u> organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are <u>not</u> a state agency.

<u>The Board of Directors</u>: 39 directors are appointed by the local governmental bodies previously listed. They are volunteers who are charged with the legal responsibility to oversee SCAMHB. The Board employs an Executive Director who is responsible for the operations of SCAMHB. The Board meets every

4th Thursday at 11:30 AM except in October at the public meeting which is held the third Thursday of October at 2:00 PM.

Programs and Services

SCAMHC provides an array of services for people who have mental illness and for those persons who experience difficulty in coping with life events. Services are offered to children through the geriatric years and include:

- Rehabilitative Day Program
- Supportive Housing
- Case Management
- Children's InHome Team
- Juvenile Court Liaison
- School-Based MI Therapy
- Outpatient Therapy
- Geriatric Services
- Mental Health Evaluations
- Intensive Care Coordination
- Nurse Delegation Program
- Peer Support
- Integrated Care
- Children's Summer Program
- Emergency Services
- Medication Management

- Intensive Day Treatment
- Crisis Residential Home
- Small Capacity Group Home
- Specialized Behavioral Home
- Supported Housing Apts.
- Adult InHome Team
- Probate Court Liaison
- Psychiatric Services
- Children's Day Treatment
- Forensic Restoration Unit
- Open Access
- Telehealth Services
- Community Outreach
- Co-Location
- Contracted Inpatient Psychiatric Services
- Information and Referral

SCAMHB operates three Adult Training Centers for persons with Developmental Disabilities. Additionally, evaluation and assessment is provided. Services offered to the DD population include:

- ➢ Adult Training
- ➢ Case Management for Adults
- ➢ Evaluation and Assessment for Adults
- ➢ Waiting List Placement
- ➢ MI/DD Dual Diagnosis Program

Programs offered by SCAMHB Substance Abuse Division include:

- ➢ Crisis Residential
- ➢ Outpatient
- ➢ Court Referral/Veterans Court Program
- ➢ Institutional Assessment
- ➢ Peer Support

Historical Sketch

1968	South Central Alabama Mental Health formed
1970	Bill Ward-Executive Director
1970	SCAMHB moved from Health Dept. to 301 S. Three Notch St. Staff consists of administrator, MH nurse, part-time pharmacist; secretary-bookkeeper and a pharmacist (one day per month).
1971	Legislature appropriated $250,000 for construction of facility
1972	Coffee County office opened
1973	Joe Bates-Executive Director
1973	Alcoholism Program funded
1973	Merle Wright-Executive Director
1973	Detoxification Unit Opens in Florala
1975	Lillian Dixon-MR Services Director
1976	Staff has increased from 15 in April 1973 to 40. Budget has increased from $157,000 to approximately $450,000.
1976	Jim Laney-Executive Director
1977	Searcy patients at new low of 57 from 187 in 1972
1978	Bay Branch Road site completed
1978	Awarded National Institute of Mental Health Operations Grant-$663,833.00
1978	Budget 1.4 million
1979	Moved Greenville MR services to building donated by Casey Foundation
1981	Jim Stivers-Executive Director
1984	Rehab Option for Medicaid services began
1991	Bond Issue Enterprise and Greenville OP sites completed
1993	Richard Craig-Executive Director
1995	Staff Respond to damage from Hurricane Opal
1995	Case Management Services Start at DD
1996	Cindy Hataway-Executive Director
1997	Bond Issue Luverne OP site completed
2001	Revenues total $5,357,185-135 staff
2002	First Step Substance Abuse Residential Program Moves to Luverne

Historical Sketch

2004	Hurricane Ivan strikes and severely damages Montezuma Center
2005	First Step Moves to the Pines in Evergreen
2007	Montezuma renovations completed
2008	Closing for USDA Loan for Montezuma Repairs
2008	RUS grant awarded for Telemedicine equipment
2008	First Step Moves to Montezuma
2009	Revenues total $6,062,943-139 staff
2009	Diane Baugher-Executive Director
2010	Revenues total $6,140,207-150 staff
2010	Three-Bed home and twelve Supportive Housing Units added to Continuum of Care
2011	Achieved Region IV Census Reduction Project Goal of 96 clients placed in community
2011	Revenues total $7,565,096-155 staff
2012	Participated in Region IV closure of Searcy Hospital
2012	Placed Intermediate Care Home and Specialized Behavioral Home in service; ceased operation of Therapeutic Group Home; opened 12 supportive housing apartments
2012	Revenues total $7,948,910-156 staff
2013	Revenues total $8,632,693 – 141 staff
2013	Moved 3-bed home to Grace to home purchased with bond money; purchased two additional 3-bed rental homes in Garland with bond money
2014	Revenues total $9,203,738-172 staff
2014	Bond Built Properties deeded to SCAMH by DMH
2014	Implemented Geneva Financial Software (Quantum)
2015	Revenues total $9,142,125 – 169 staff
2015	Added MI/DD Rehab Day programs in Enterprise and Greenville
2015	Accounting for Deferred Pension Plan was enacted; GASB No. 68
2015	Implemented Net Smart (Avatar) Electronic Health Record
2015	Camellia Health Management, LLC formed
2016	Revenues total $9,057,200 – 182 Staff
2016	Begin Using TeleMed Equipment for Psychiatric Services

Historical Sketch

2016	Dixon Foundation grant to renovate bathrooms at the Main Center
2016	Diane Baugher becomes Associate Commissioner for Mental Illness and Substance Abuse at the Department of Mental Health
2017	Board votes not to merge
2017	Tommy Wright – Executive Director Sandy Flowers – Clinical Director
2017	Dixon Foundation grant to replace air conditioners at Main Center
2017	Lowes and Goolsby Electric and Plumbing renovate the Kitchen at Coffee Activity Center
2017	Donna Beasley and Substance Abuse Program awarded CURES Grant (for opioid treatment) by DMH
2018	Revenues $8,974,791 – Staff
2018	Prevention Certified by Department of Mental Health
2018	50 Year Anniversary of Organization
2018	Open Children's After School Program
2018	Implement Credible Electronic Health Record
2019	Funding for Forensic Restoration Unit Approved

MISSION STATEMENT

To improve lives in a professional and caring manner

VISION STATEMENT

To be the premier provider of community behavioral health services through effective leadership, financial integrity, innovative use of technology and creative problem solving.

VALUES STATEMENT

A system of care is based on values and beliefs, whether written or implied. The following statements reflect the values and philosophy of our organization. It is important that every employee understands and embodies these values if the organization is to fulfill its mission. The centerpiece of our values is quality.

- The most effective care is accessible, individualized, and recovery-oriented.
- Each Staff member is an integral part of our organization and will be highly skilled while demonstrating the highest level of ethical and professional standards.
- We are partners and neighbors within the communities we serve and encourage cooperative efforts by eliminating barriers.
- Customer satisfaction is the hallmark of quality. The best way to ensure quality is to continually improve our processes.
- Prevention of errors rather than correction is the best way to achieve quality outcomes.
- We treat individuals with dignity, patience and respect in a confidential and compassionate manner.
- Our success is based on:
  - shared goals and commitment

- o versatility and flexibility
- o high expectations
- o openness to new ideas
- o comprehensive, cost-effective service delivery system.

Plan Development

Strategic planning is an integral and on-going function of the center's organization. During this process the mission and purpose of the organization is clearly defined and goals are set to achieve the best results possible with the resources available. Our planning process helps achieve the most efficient and effective use of the center's resources. Strategic Planning is conducted annually. The plan is developed for a two-year period. Key stakeholders and roles consulted during the strategic planning process include the Board of Directors, employees, clients and families, local government, and local partnering agencies and organizations. Methods used in needs assessment include written survey and face-to-face discussions. During planning a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) is completed.

Strengths	**Opportunities**
In-House Training	Expand School Based Services
Range of services not offered elsewhere	Geriatric Services
Specialized Medical Staff	Testing
Diversity of Staff that are cross-trained	Primary Care Integration
Partnership with other agencies	Marketing
Customer Satisfaction	Open Access to Substance Abuse Assessments
Highly Qualified Staff	Telecommunication/Technology Uses
Cooperative/Supportive Board	Prevention Services
Quality of Services	Participation in evaluating standards
Nice facilities/equipment	Develop Client Portal
Fair Treatment of Staff and Good Benefits	Develop Forensic Restoration Unit
Teamwork	EPSDT and Forensic Lawsuits
Financial Stability	Contracting with Correctional Facilities for Services
Public Image	Look for Funding and Grants
Flexible Staff and Leadership	Expansion Of Rehab Option Services
Weaknesses	**Threats**
Technological Infrastructure	De-conflicting of DD Services
Length of Time for in-house training	Block Grant Prevention Funding
Primary Reliance on Medicaid and State Funding	Increased Competition
Staff turnover and Retention	Volume of Standards

Services Driven by payers	Indigent Care
Lack of Significant Local Financial Support	Lack of public transportation
Length of Orientation Training	DOL-increase exempt status
On the job training	Inflation
Insufficient Residential Beds	Lack of Healthcare Staff
Electronic Health Record Transition	
Cost of Employee Family Health Insurance	
Competitive Salaries	
Recruitment of Staff	

Population Served

Demographics for Catchment Area:

County	Population	White	Black	Other	% Below Poverty
Butler	19,680	10,235	8,856	589	4,192
		52%	45%	3%	21.3%
Coffee	51,909	39,347	9,188	3,374	8,046
		76%	18%	6.5%	15.5%
Covington	36,986	31,253	4,660	1,073	6,547
		84.5%	12.5%	2.9%	17.7%
Crenshaw	13,913	10,064	3,249	511	2751
		72.8%	23.5%	3.7%	19.9%
Total	122,399	90,899	25,953	5,547	21,536
	2.5%	74.3%	22.2%	4.5%	17.6%
State Population Demographics					
	4,887,871	3,377,519	1,309,949	200,403	826,050
		69.1%	26.8%	4.1%	16.9

County	Male	Female	Adult	Child
Butler	9,171	10,509	15,311	4,369
	46.6%	53.4%	77.8%	22.2%
Coffee	25,539	26,370	39,607	12,302
	49.2%	50.8%	76.3%	23.7%
Covington	17,901	19,085	28,886	8,100
	48.4%	51.6%	78.1%	21.9%
Crenshaw	6,677	7,147	10,658	3,166
	48.3%	51.7%	77.1%	22.9%
Total	59,288	63,111	94,462	27,937
	48.4%	51.6%	77.2%	22.8%
State Population Demographics				
State	2,360,890	2,516,981	3,790,219	1,087,652
	48.4%	51.6%	77.7%	22.3%

Description of type of populations served:

Seriously Mentally Ill Adults (SMI)
Severely Emotionally Disturbed Children and Adolescents (SED)
Developmentally/Intellectually Disabled Adults (DD/ID)
Substance Abuse Treatment (SA)

South Central Mental Health delivers mental illness services to approximately 4,500 citizens of the four-county catchment area. This is made up of 68.5% adults and 31.5% children. Our DD/ID population treated totals approximately 150 individuals. Adults receiving substance abuse treatment is approximately 400 annually.

Current Funding Sources – 2018

State Grants and Contracts	$4,403,591.00	47%
Medicaid	$3,351,412.00	36%
Medicare	$ 126,935.00	1%
Federal Grants and Contracts	$ 667,451.00	7%
Other Net Service Revenue	$ 382,645.00	4%
Local Appropriations	$ 57,318.00	1%
Other Revenues	$ 183,492.00	2%
ALDOT Grant	$ 170,614.00	2%
Contributions	$ 80,262.00	1%
Totals	$9,423,720.00	100%

State dollars must be used to match Medicaid. The main source of Net Client Revenues is composed of Medicaid. Slightly less than 91% of revenue is tied to the state contracts making South Central heavily dependent on state contract dollars

Communication of Plan

The Strategic Plan is available for review by each staff member of South Central Mental Health through posting to the web site www.scamhc.org. The Strategic Plan is also posted on the Alabama Department of Mental Health Website.

GOALS AND STRATEGIES

GOAL 1- Improve our client's experience in treatment through attention to Customer Satisfaction, Safety and Quality Services.						
STRATEGY	**OBJECTIVE**	**RESPONSIBLE PARTY**	**MEASURE**	**TARGET**	**Target Date**	**Date Achieved/ Withdrawn**
Provide access to MI services M-F through Open Access	Open Access to new customers 1 day per week at each county office	MI Services Director	Open Access in Place in each county	Open Access 4 days per week	12/31/2016	7/11/2019
Deliver quality services by reducing staff turnover	Instruction Manual by clinical job type	MI Services and Clinical Directors	Manuals in place	Manual for each MI service type	9/30/2017	7/11/2019
Market SA service continuum to increase service delivery	Co-locate in Primary Care Offices	SA Services and Marketing Director	Location identified	Services in place	9/30/2017	7/11/2019
	Market to industry and other community resources	SA Services and Marketing Director	Organizations identified	Meeting with 12 local organizations	9/30/2017	7/11/2019
SA services delivered in correctional setting	Attain MOU to provide treatment in correctional facility	SA Director	MOU	MOU signed	9/30/2017	7/11/2019
Develop Scholarship Fund for DD Waiver individuals	Look for grant money	DD/ID and Marketing Director	Grant/Grants written	Grant written for a minimum of $10,000	3/31/2017	7/11/2019
	Develop a fund raiser with proceeds to go to fund a scholarship	DD/ID and Marketing Director	Fund Raiser Identified	Fund Raiser conducted	3/31/2017	7/11/2019
Utilize Consumer Satisfaction surveys to strengthen service delivery.	Maintain 80% satisfaction on annual consumer satisfaction surveys.	Performance Improvement Team	Percentage of positive responses from surveys returned.	80% Satisfaction	Ongoing	
Utilize survey to measure satisfaction amongst external customers.	Achieve 80% satisfaction from biannual survey.	Performance Improvement Team	Percentage of positive responses from surveys returned.	80% Satisfaction	Ongoing	
Identify community needs through a needs assessment.	Develop and conduct a community needs assessment.	Management Team	Needs assessment is compiled and analyzed.	Completed Needs Assessment	9/30/2020	
Utilize electronic health record to improve consumer satisfaction.	Implement Client Portal in agency's electronic health record.	Technology Team	Develop and implement Client Portal by identifying appropriate information for Client Portal access.	2% adoption rates consistent with national average of 4% by industry leaders	9/30/2020	
	Initiate appointment reminders to improve appointment attendance.	Performance Improvement Team, Secretaries, Technology Team	Percentage of appointments attended.	Improve appointment attendance from 67% to 72%	9/30/2021	
Complete a center-wide safety assessment.	Complete a comprehensive assessment of tangible assets.	Human Resources Director, Maintenance Director, and Coordinators	Develop a safety assessment tool and complete assessment of all tangible assets biannually.	Maintain score of at least 90% on safety assessment tool for all tangible assets.	9/30/2021	
Improve Substance Abuse Services.	Reduce wait time for Substance Abuse Assessments.	Substance Abuse Director and Staff	Institute Open Access for Substance Abuse assessments.	Increase the number of open access days for SA services from 0 to 2 days per week.	9/30/2020	
	Develop a more structured Substance Abuse Program.	Substance Abuse Director and Staff	Substance Abuse staff provided a training manual.	Standardize curriculum and training manual developed for OP and 1st step.	9/30/2020	

GOAL 2-Improve Sustainability of Organization

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	Target Date	Date Achieved/ Withdrawn
Primary Care Integration	Expand service base	MI Services and Marketing Director	Integration into primary care in Coffee and Covington County	Integration achieved	12/31/2016	7/11/2019
Lower costs by reducing no shows	Provide weekly access to doctor	MI Services Director and Clinical Director	Open Access time identified for doctors	4% decrease in doctor no show rate	12/31/2017	7/11/2019
Maximize revenue.	Maintain or exceed productivity expectations	All Staff	Percentage of expectation	100% of expectation	10/1/2017 and 10/1/2018	7/11/2019
	Increase attendance in RDP, OP Group, and Day Hab	MI and ID Division Heads	Increase in baseline	10% increase over baseline	10/1/2017	7/11/2019
	Increase collections of DUI classes	SA Staff	Collect 95% of fees	95% collection rate	9/30/2014 and 9/30/2015	7/11/2019
	Expand Adult Case Management	MI Division Director, HR, ED	Case Manager in every county	1 new case manager	9/30/2014	7/11/2019
	The Business Office will calculate cost of operation per county.	Finance Director	Cost of service obtained for each county in SCAMHC's catchment area.	Publish cost of service information for each county annually.	ongoing	
	Develop a new productivity expectation.	Technology Team	Develop new productivity expectations per county based on cost of operations.	Finalized productivity expectations approved by Clinical and Executive Director.	9/30/2020	
	Educate staff on productivity expectations.	Division Directors	All employees trained on productivity expectations.	All employees trained on productivity expectations.	9/30/2020	
	Exceed cost of operation in each county.	Division Directors & Employees	A Productivity Report will be developed, posted, and accessible to Supervisors. Accolades for achieving and surpassing productivity expectations will be published in SCAMHC's monthly newsletter to all staff.	Achieve at least 100% of productivity expectations in each county.	9/30/2020	
	Achieve Financial Goal Attainment (FGA).	Finance Director and Employees	Achieve Financial Goal Attainment (FGA).	To achieve a 105% FGA annually.	8/1/2020	
Market services continuum to increase service delivery.	SCAMHC will fully participate in BHAA & DMH Marketing Campaigns.	Executive Director	Endorse and provide financial support to the Behavioral Healthcare Alliance of Alabama's (BHAA) marketing & Alabama Department of Mental Health's Anti-Stigma campaigns.	Completed BHAA marketing & DMH Anti-Stigma campaign.	8/1/2021	
	Update SCAMHC website.	Division Directors & Marketing Director	Up-to-date website.	SCAMHC's Website Updated Annually and as needed.	Ongoing	
	Expand social media marketing.	Division Directors & Marketing Director	Division Directors will develop social media posts for the Marketing Director to post.	At least 1 social media post advertising available services monthly.	Ongoing	
	Seek affordable advertising opportunities.	Marketing Director	Identify new advertising sources.	Identify 3 new advertising sources.	9/30/2021	

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	Target Date	Date Achieved/ Withdrawn
Capture and retain insurance revenue.	Use auditors to limit recoupment risk.	Business Office Staff	Identify and train auditors.	Identify, train, and utilize at least 2 auditors.	8/1/2020	
Expand service delivery.	Train staff on new billable services.	Division Directors, Business Office, Employees and Alabama Department of Mental Health	Identify new services that SCAMHC must provide or will be beneficial to our consumers. Implement and deliver services once trained.	Deliver services as identified in the new contract manual.	8/1/2020	

GOAL 3 - Become Managed Care Ready

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	Target Date	Date Achieved/ Withdrawn
Assess organizational changes needed in service delivery	Know our costs of service delivery	Executive Director and Accountant	Cost of service delivery identified by location and type of service	Unit cost identified	4/30/2017	7/11/2019
	Know our clients that will remain on Rehab Option	Executive Director and Billing Data Management Director	Identify of clients that in residential treatment, receive case management, in-home or day services and those that are dually eligible with Medicare and Medicaid	Clients paid through Rehab Option identified	4/30/2017	7/11/2019
	Know our clients will be on Medicaid Managed Care	Executive Director and Billing Data Management Director	Identify clients to be paid by Medicaid Managed Care	Clients paid through RCO identified	4/30/2017	7/11/2019
	Identify software changes needed to bill Medicaid for both Medicaid Managed Care and Rehab Medicaid	Executive Director and Billing Data Management Director	Identify setup changes needed in software to bill RCO and Rehab Option	Changes identified and solutions outlined	6/30/2017	7/11/2019
Create innovative clinical programs and services that enhance our market position as a preferred provider for public and private payers in the state including the Medicaid Managed Behavioral health payer and the emerging care models such as health homes	Identify through research programs we can put in place to become the go to provide of mental health services	Management Staff	New services/programs identified	First new service/program in place.	9/30/2017	7/11/2019
				Second new service/program in place.	9/30/2018	7/11/2019

GOAL 4 - Stabilize Workforce

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	Target Date	Date Achieved/ Withdrawn
Improve employee retention.	Train supervisors in effective leadership skills.	Management Team	All supervisors will complete effective leadership training.	All supervisors will complete effective leadership training.	9/30/2020	
	Educate employees about agency incentives/benefits.	Human Resources Director	Employees will be given a list of agency incentive/benefits.	Employees will be notified of agency incentives/benefits annually via company newsletter. New employees will be notified of agency incentives/benefits at orientation.	Ongoing	
	Identify and implement in-house or 3rd party survey of employee satisfaction.	Management Team	Employee satisfaction survey will be completed.	Complete employee satisfaction survey biannually.	Ongoing	
	Reduce staff turn-over in key positions.	Human Resources Director	The turn-over rate for therapist was 25%, BS/CM was 19%, HS/GED was 18% in 2018.	Reduce turn-over rate by 2% for each key positions.	9/30/2020	
Provide effective new hire training to staff.	Standardize Employee Orientation/Training.	Human Resources Director	Develop a checklist of trainings each new employee must receive.	100% of employees to complete new hire checklist within 3 weeks of hire.	1/1/2020	
	Improve employee satisfaction with new hire training.	Human Resources Director and Division Directors	Employees will rate their On-The-Job and Orientation Training as satisfactory.	80% of employees will rate their On-The-Job and Orientation Training as satisfactory at the conclusion of their probationary period.	Ongoing	
Boost recruitment of employees.	Identify innovative recruitment opportunities.	Marketing Director, Human Resources Director, and Division Directors	Identify new advertising sources.	Identify 3 new advertising sources for employee recruitment.	8/1/2020	
Provide employees with needed equipment to perform their job functions.	Identify minimum equipment required to perform job functions for each role.	Information Technology Support Specialist and Division Directors	Identify equipment needed based on job duties.	Report equipment needed based on job duties annually to Technology Team.	Ongoing	
	Inventory current Information Technology assets and reconcile with agency needs.	Information Technology Support Specialist and Technology Team	All staff will have equipment necessary to complete their required job duties.	Report IT inventory annually to the Technology Team.	Ongoing	
	To obtain funds through various outlets for needed equipment.	Grant Writing Team and Finance Director	Determine additional funding sources for needed equipment.	Apply for 2 grants for needed IT equipment.	9/30/2020	