

**East Alabama Mental Health-Mental Retardation Board, Inc.**  
**d.b.a. East Alabama Mental Health Center**  
**STRATEGIC PLAN**

Comprehensive 310 Board  
M12 Catchment Area  
Lee, Russell, Chambers, and Tallapoosa Counties  
October 1, 2022 – September 30, 2024

**A. Introduction**

The East Alabama Mental Health - Mental Retardation Board, Inc. (d.b.a. East Alabama Mental Health Center) is a public non-profit corporation established in 1967. The Center is a Comprehensive 310 Board that provides a continuum of services for persons with a serious emotional disturbance, serious mental illness, intellectual disability, and/or substance abuse problem. Prevention, consultation, and education are important aspects of the Center's service delivery system. Services are provided for persons living or working in Lee, Russell, Chambers, and Tallapoosa counties and are prioritized to serve the most severely disabled and those least able to afford services.

**B. Department of Mental Health Statutory Authority: Act 881**

The mission of the Alabama Department of Mental Health (DMH) under the Code of Ala. 1975, Sections 22-50-1 through 91, Act 881, is to act in any prudent way to provide mental health services and intellectual disabilities services for the people of Alabama. The Commissioner for the Alabama Department of Mental is authorized and directed to set up state plans for the purpose of controlling and treating any and all forms of mental and emotional illness and any and all forms of intellectual disability, and shall divide the state into areas for the purpose of establishing priorities and programs, and for organizational and administrative purposes in accordance with these state plans. The Commissioner under Act 881 is also authorized to supervise, coordinate, and establish standards for all operations and activities of the state related to mental health and intellectual disabilities and the providing of mental health services and intellectual disability services.

**C. 310 Board Statutory Authority: Act 310**

Code of Ala.1967, Sections 22-51-1 through 14, Act 310, provides for the formation of public corporations to contract with the Alabama Department of Mental Health in constructing facilities and operating programs for mental health services. Such entities are commonly referred to as 310 Boards.

A Comprehensive 310 Board must have authority through its Articles of Incorporation to directly provide: planning, studies, and services for mental illness, intellectual disability, and substance abuse populations, for all counties for which they are incorporated. Given that authority, a Comprehensive 310 Board must then directly provide these services to all

populations and counties for which they are incorporated to serve.

East Alabama Mental Health Center has submitted to the Alabama Department of Mental Health the following:

1. Articles of Incorporation, which state the services to be provided by the Board;
2. Bylaws, which are consistent with the Articles of Incorporation and the Code of Alabama;
3. Amendments to the Articles of Incorporation; and
4. Resolutions from Lee, Russell, Chambers, and Tallapoosa counties, indicating the geographical area for the operation of the Board.

#### **D. Governing Ideas**

##### **1. Vision**

To provide a continuum of quality, comprehensive, outcome-oriented, and cost-effective mental and behavioral health services to the residents of Lee, Russell, Chambers, and Tallapoosa Counties.

##### **2. Mission**

To assist individuals with a serious emotional disturbance or developmental delay, serious mental illness, intellectual disability, and/or a substance abuse problem in achieving their unique personal outcomes. Center services are primarily designed to support people with the most serious needs and the least available resources to meet those needs.

These services, driven by individual and family needs, will be (i) accessible, available, welcoming, positive approaches that are dignified, respectful; (ii) committed to protecting people's rights; and (iii) demonstrate the achievement of outcomes unique to each person served. Services will be provided with input from current and prospective service users and their families, shall be provided in the least restrictive setting, shall be sensitive to cultural differences, and shall use feedback to improve Center services. Services will be provided within the limits of personal and Center resources. Prevention services will be provided for at-risk children and adults to enhance the development of healthy life management skills.

##### **3. Values**

The Center's values are the ideas that form the basis for the Center's Vision, Mission, and goals. These ideas govern the Center's policies, procedures, and practices with regard to interactions with consumers, customers, and the community.

- a. **Customer Satisfaction**  
Satisfying the needs and desires of external and internal customers is a high priority. Consumer and family grievances are addressed promptly.
- b. **Consumer/Family Involvement**  
The Center recognizes the important role of the consumer, family members, and/or significant others in the treatment or habilitation process. Center staff work diligently to maximize consumer and family involvement.
- c. **Empowerment**  
The Center assists consumers in maximizing their independent functioning and achieving their most desired results of treatment or habilitation.
- d. **Outcome-Oriented**  
The Center's delivery of services is driven by defined outcomes that, when possible, are measurable.
- e. **Accessibility**  
The Center provides services that are easy to schedule, convenient, affordable, and accommodating.
- f. **Cost Effectiveness**  
The Center uses its resources as efficiently as possible to provide the maximum number of services for the target populations and those most severely disabled, while maintaining quality.
- g. **Quality**  
The Center provides the most appropriate and effective services possible in an environment conducive to facilitating consumer recovery and/or habilitation.
- h. **Professionalism**  
Center staff deliver services within the scope of their credentials and training, while adhering to the highest ethical standards.
- i. **Respect and Dignity**  
Internal and external customers are treated with courtesy, fairness, and high regard. The opinions and wishes of consumers and family members and/or their significant others are of paramount importance in reaching agreement on service delivery plans.
- j. **Cultural Diversity and Sensitivity**  
The Center's customers are treated equally regardless of age, race, creed, handicap, national origin, sex, social status, diagnostic category, length of

residence in the service area, ethnicity, disability, religion, sexual orientation, political philosophy, financial circumstances, or any other personal characteristic. Cultural diversity among staff and consumers enhances the work of the Center, promotes mutual respect and the reduction of stigma, and is a consideration in the evaluation and assessment of mental and behavioral symptoms that occur in a cultural context or that are culture bound syndromes.

- k. **Recovery and Habilitation**  
A major focus of the Center is to promote consumer recovery and/or habilitation.
  
- l. **Prevention**  
The Center offers services that enhance the development of healthy life management skills, and reduce risk factors that can contribute to the development of mental illness, intellectual disabilities, and/or substance abuse.
  
- m. **Consumer and Family Education**  
The Center assists consumers and their families in learning about their illness or condition, including as appropriate, symptoms, medication management, and coping strategies designed to assist them in maximizing their independent life functioning.
  
- n. **Least Restrictive Environment**  
The Center provides services in settings that are the least restrictive and appropriate for consumers, while assisting consumers to achieve, maintain, or return to an optimal level of functioning, ensuring consumer rights and fostering independence.
  
- o. **Comprehensive and Integrated Services**  
The Center provides a continuum of services designed to meet a wide range of consumer needs. Services are coordinated to address the individual and diverse needs of consumers.
  
- p. **Stakeholder Collaboration**  
The Center works jointly with consumers, families, advocacy groups, and other community agencies to further the goals of the Center and to support the broader mental and behavioral health goals in the catchment area and the state.
  
- q. **Community-Based**  
The Center works in collaboration with other agencies to ensure that services provided in the community are not duplicated and are responsive to the needs of individuals in the catchment area.

- r. **Staff Development and Training**  
Staff development and training are important in maintaining the competency of Center staff, while ensuring a service delivery system that is consistent with generally recognized best practices.
- s. **Interagency Collaboration**  
The Center works on a local and state level to ensure the most effective and efficient use of public resources.
- t. **Teamwork**  
The Center utilizes teams of staff, consumers, and family members as the major mechanism for achieving continuous performance improvement. Professional treatment team members are cross-disciplined to provide medical, clinical, and case management services.
- u. **Rights Protection and Advocacy**  
The Center works to ensure the human and legal rights of all its consumers and provides advocacy on their behalf. In addition, the Center works on a local, state, and national level to increase public awareness and reduce stigma associated with mental illnesses, intellectual disabilities, and substance abuse problems.
- v. **Performance Improvement**  
The Center is dedicated to improving its performance in all areas of service provision, satisfying its consumers, family members, staff, and other stakeholders, and to exceeding Department of Mental Health standards.
- w. **Safety and Security**  
The Center is committed to providing consumers and staff with a safe and secure service and/or work environment.
- x. **Honesty, Integrity, and the Highest Standards of Ethical Conduct**  
The Center is committed to honesty and integrity in all aspects of Center operations, service delivery, and business practices, while adhering to the highest standards of business and professional ethical conduct.
- y. **Evidenced-Based Treatment**  
The Center utilizes evidenced-based treatment to ensure that desired outcomes are achieved and are consistent with best practices.

## **E. Historical Data**

East Alabama Mental Health-Center was established in 1967 as a result of Act 310. At that time, the state was divided into approximately twenty-two regions or catchment areas. Community mental health centers were established to provide services to persons residing in each of these areas. East Alabama Mental Health Center is referred to as the M-12 catchment area. An estimated 285,000 citizens live in the four county area that includes numerous rural communities (Lee, Russell, Chambers, and Tallapoosa counties).

The Center has experienced substantial growth since 1967. A staff of less than 10 has increased to a staff in excess of 300. A budget of less than \$100,000 has increased to a budget of over \$29 million. Services have grown from one outpatient clinic to 59 different programs across the four county catchment area. The Center's fixed assets total approximately \$ 1,900,000.

## **F. Organization Description**

Between October 1, 2021 and September 30, 2022, the Center served 8139 consumers. 50% were from Lee County, 21% were from Russell County, 12% were from Chambers County, and 17% were from Tallapoosa County.

Approximately 66% were consumers between 18 – 64 years of age; 29% were consumers under 18 years of age, and 1% were consumers over 65 years of age. There were approximately 3254 new and re-admissions.

Approximately 49% of the consumers the Center served last year had annual incomes of below \$10,000. 26% had incomes between \$10,001 and \$19,999. The remaining 25% had annual incomes above \$20,000.

With regard to race, 54% of the consumers served were Caucasian, 38% were African American, 2% were more than one race, .5% were American Indian, .5% were Asian, 5% were reported as “Other”. Fifty-seven percent of the Center’s consumers were female and 43% were male.

The Center's staff is composed of approximately 58% degreed professional staff, 7% clerical/support staff, and 35% paraprofessional and other direct care staff.

The Center is under contract with and certified by the Alabama Department of Mental Health for services provided.

A comprehensive array of services is offered to persons living within the catchment area. The following is a listing of these services, in order of most to least intensive.

### **1. Residential Services**

- a. Local hospitalization at East Alabama Medical Center (MI adults, SED

- children);
  - b. Crisis residential, acute and intermediate care, designated mental health facility (MI adults)
  - c. Crisis stabilization and emergency respite (MI adults, ID adults);
  - d. Residential habilitation homes (ID adults);
  - e. Specialized residential care homes (MI adults),
  - f. Supported housing (MI adults);
  - g. Foster care (MI adults); and
2. Day Services
- a. Partial hospitalization (MI adults);
  - b. Outpatient and Intensive outpatient programs (SA adults, adolescents);
  - c. Intensive day treatment (MI adults, SED children);
  - d. Day habilitation (ID adults); and
  - e. Rehabilitative day programs (MI adults).
3. Outpatient Services
- a. Crisis intervention and resolution;
  - b. Emergency services;
  - c. Screening and assessment;
  - d. Mental health consultation;
  - e. Plan of care review;
  - f. Psychiatric evaluation, assessment, diagnosis, and treatment;
  - g. Behavioral programming and intervention;
  - h. Nursing evaluation and assessment;
  - i. Individual, group and family counseling (MI adults, SED children, SA adults and adolescents);
  - j. Medication monitoring and administration;
  - k. Case management, including linkage, support, advocacy, and service coordination (MI adults, SED children, ID adults and children and SA adults and adolescents);
  - l. Daily living skills training (MI adults, SED children);
  - m. Family support and education (MI adults, SED children);
  - n. In-home intervention (SED children);
  - o. Pharmacy Services - Patient Assistance and Crisis Residential (MI adults, ID Crisis Stabilization); and
  - p. Information and referral.
4. Prevention, Consultation, and Education Services
- a. Substance abuse prevention programs;
  - b. Mental illness and serious emotional disturbance early intervention and prevention programs;

- c. Child abuse prevention programs; and
- d. Consultation and education.

East Alabama Mental Health Center serves as the local single point of intake for the purpose of coordinating and planning Alabama Department of Mental Health services for the M12 catchment area.

East Alabama Mental Health Center maintains authority for the confirmation, enrollment, and establishment of eligibility for individuals for services under contract with the Alabama Department of Mental Health.

Ninety-three percent (93%) of the Center's funding is state and federal money (including Medicaid). Other sources of income include grants and contracts, local city and county allocations, United Way contributions, and fees for services. These funds are allocated annually, with the majority concurrent with a fiscal year beginning October 1st. The Center actively seeks additional funding sources and refers to other appropriate services without bias to any particular provider.

The Center is an active member of the Alabama Council for Behavioral Healthcare, a private, non-profit corporation that includes Executive Directors of community mental health centers throughout the state. Other Center memberships include, but are not limited to the National Council for Community Behavioral Healthcare, the American Association on Intellectual and Developmental Disabilities (AAIDD), the National Association of Case Management, the American Association for Behavior Analysis, and the National Alliance on Mental Illness East Alabama.

## **G. Center Management and Organizational Structure**

### **1. Board of Directors**

The Center's Board of Directors is the legally responsible entity and maintains overall fiduciary responsibility for the Center. The thirty-three member volunteer Board governs the Center. Members are appointed by the eleven city and county governments in the Center's designated catchment area. The Board is responsible for, in collaboration with the Executive Director, the fiscal management of the Center and the development and implementation of policies and procedures. The Center's Strategic Plan, which includes the organization's Vision, Mission, and Values, is developed in close collaboration with the Board and the Center's internal and external customers. This Plan is approved and authorized by the Board, but implementation is the responsibility of the Executive Director and other leaders of the organization.

The Center's 310 Board includes consumers and/or family members of the  
Strategic Plan Oct '22 – Sept'24

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population to be served by the Center (mental illness, intellectual disabilities, and substance abuse). The Center has an active Consumer and Family Council, which serves in an advisory capacity.

The Center's 310 Board ensures that written policies and procedures are developed to assure neither they nor their employees, agents, volunteers, or providers/owners, have any conflicts of interests in any business relationship they may have with a 310 Board.

East Alabama Mental Health Center submits an annual prior year audit to the Department of Mental Health, which includes contracted funds allocated to subcontractors. At this time a list of Board members is also provided.

The Center's 310 Board complies with the Alabama Bid Law, Alabama Code Section 41-16-50 et seq. (Supp. 1999). Within this context, members of the governing bodies and instrumentalities of local governmental authorities must comply with the conflict of interest statute, Alabama Code Section 41-16-60 (1991). There must be an arms length of transaction between the members of the Board of Directors of a 310 Board who also serves on the Board of Directors of a subcontractor.

The Center's 310 Board complies with the Alabama Open Meetings Act (Act 2005-40), under which all meetings of a governing board are open to the public. A closed session is permitted in special circumstances including but not limited to discussion of the good name and character of an individual, legal actions, and security issues.

The Center's 310 Board provides to the Alabama Department of Mental Health a two-year plan of services specifying the type, the quantity, and location of services provided for their designated population.

The Center's 310 Board when subcontracting shall provide to the Department of Mental Health a copy of the subcontract for approval prior to initiation. The Board will at no time contract with a subcontractor for more than 10% of its total Department of Mental Health funding without approval of the Department of Mental Health.

The Center's 310 Board will not use more than 20% of its Department of Mental Health contracted funds for administrative costs. Administrative costs include non-direct program costs and administrative costs to support, maintain, and administer the direct program services provided or contracted by the Board.

The Center's 310 Board shall not charge an administrative fee to subcontracts providing services funded through the Department of Mental Health.

The Center's 310 Board shall pay subcontractors within 15 working days of the

receipt of contract funds from the Department of Mental Health.

The Center's 310 Board shall maintain a Performance Improvement system, which complies with the standards set forth by the Department of Mental Health, and shall encompass its subcontractors of Department of Mental Health services.

The Center's 310 Board will ensure compliance with Department of Mental Health certification standards for its programs and for those which it subcontracts.

The Center's Executive Director is employed by the Board and reports directly to the Board's Executive Committee on a monthly basis. The full Board meets semi-annually. The Executive Committee of the Board of Directors is comprised of one-third of the full Board.

2. Executive Director

The Board of Directors delegates the Center's overall operations and management to the Executive Director. The Executive Director is responsible for ensuring the implementation of the Center's Vision, Mission, and Values and fostering community, interagency and funding source relationships.

Responsibility for the overall operation and management of the Center includes ensuring financial stability, maximum use of Center resources, Centerwide compliance with Center policies and procedures, corporate compliance, and compliance with state/federal/local laws, State Department of Mental Health standards, and funding source regulations.

3. Leadership

Specific duties related to the Executive Director's responsibilities are delegated to designated members of Leadership. Members include:

- Behavioral Programming Director
- Case Management Services Director
- Clinical Director
- Family and Children's Services Director
- Financial Director
- Human Resources Director
- Intellectual Disabilities/Residential Services Director
- Mental Illness/Residential Services Director
- Nursing Director
- Quality Improvement Director
- Staff Training Director/Employee Advocate

4. The Executive Director relies upon Leadership for general oversight of the functions

and operations of the Center, to include:

- a. Review of the Center's Vision, Mission, and Values;
- b. Strategic planning to include the development of annual goals and objectives;
- c. Establishment of guidelines for organizational planning, directing, implementing and coordinating services, and improving performance;
- d. Directing services, ensuring i) a continuum of quality services that are consumer centered; ii) consumer and family satisfaction with services; and iii) an integration of services Centerwide and within the community;
- e. Development and monitoring of budgets and allocation of resources, ensuring the Center's fiscal solvency;
- f. Implementation and compliance with Center policies and procedures, applicable standards, and laws;
- g. Recruiting and maintaining quality staff;
- h. Maintaining facilities and vehicles that are safe, user friendly and comfortable for the consumers served;
- i. Implementation of the Center's Corporate Compliance and HIPAA Policies and Procedures;
- j. Preparation for certification site review visits and other audits or surveys; and
- k. Review of organizational effectiveness, program and staff performance, standards compliance, and status of goals and objectives.

5. Performance Improvement

The Executive Director is responsible for the implementation and monitoring of the Center's performance improvement efforts and activities, including implementation of Performance Improvement Policies and Procedures and oversight of the Center's Corporate Compliance Policies and procedures.

6. Committees/Councils

The Center also has standing and ad hoc Committees that have more specific management and oversight responsibilities. These Committees meet as needed and include but are not limited to the following:

a. Performance Improvement Committees

Responsible for the review, analysis, and prevention of Center significant incidents, and selected outcomes.

b. Electronic Medical Records Support Committee

Responsible for the management and oversight of Center information,

utilization of services and clinical records functions and operations of the Center. Provides technical support to EMR users.

c. Utilization Management Committee

Responsible for monitoring and evaluating the clinical necessity, appropriateness and efficiency of services, procedures, or level of care within the constraints of available financial resources.

d. Consumer and Family Council

Provides oversight regarding consumer and family satisfaction with Center services.

e. Human Rights Committee

Provides oversight and consultation regarding rights-related issues, rights-related policies and procedures, and rights-related education and training programs; shall review rights restrictions and rights violations; may assist the PI Director on rights-related grievances/complaint issues; and assists in the review of restrictive behavior plans.

f. Behavior Peer Review Committee

Provides oversight and consultation regarding behavior plans to ensure that all restrictive behavior plans are within the limits of acceptable guidelines and established behavioral principles.

## H. Strategic Planning

The Center's established planning cycle is an annual activity that involves both external and internal customers Centerwide. The Strategic Plan is developed for a two-year period and updated annually, as needed. The stakeholders and their roles are identified as follows:

1. Stakeholders

a. Internal customers

- i. Direct recipients of care. Consumers, family members, and care givers;
- ii. Center staff, consultants, students, volunteers; and
- iii. Advisory Councils and Committees.

b. External Customers

- i. Other behavioral and mental health providers;
- ii. Payers. Alabama Department of Mental Health, United Way agencies, local county and city governments, Medicaid, Medicare, Department of Human Resources, PEEHIP, SEIB, AllKids, other commercial insurance carriers, and individual consumers and families.

c. Community-Based Support Systems

Courts, schools, hospitals, legislators, jails, local service agencies, foster homes, healthcare and nursing homes, local consumer and family support groups, local parks and recreation departments, churches, county Health Departments and the community-at-large.

2. Strategic Planning Process

The Center’s Board of Directors authorizes the implementation of the following processes by the Executive Director approximately every other year, or as needed.

a. Assessment of Needs, and Input from Stakeholders.

i. Consumer and Family Needs

The process for assessing consumer and family needs may include: consumer and family surveys, Consumer and Family Council input, focus groups, suggestion boxes located at each Center location, a review of consumer and family complaints and grievances, a review of Plan of Care data, and a review of Center incidents and trends.

ii. Community Needs

The process for assessing community needs includes: regular community collaboration through community meetings and joint staffings, Center leadership participation and involvement in the community and on various agency committees/councils/boards, community needs assessments, and health task force participation.

iii. Payer/Purchaser Needs

The process for assessing payer/purchaser needs includes: certification site visit reports, reimbursement requirements, audits, contract requirements, utilization management information, and participation on the Alabama Council for Behavioral Healthcare.

iv. Available Resources

Assessing available resources is accomplished by Center staff who complete a comprehensive survey of available resources within the Center's four county catchment area.

- b. A review of last year's accomplishments as related to goals and objectives. A written report is prepared and presented to the Board of Directors, by the Executive Director, each October.
- c. Review and revision, as needed, of the Center's Vision, Mission, and Values. Leadership is responsible for this activity. Following draft revisions by Leadership, the Vision, Mission, and Values are presented to the Board of Directors for approval.
- d. Strategic planning by members of Leadership to develop a draft of the following new fiscal year's goals and objectives, with objectives defined in measurable terms when possible and identification of any accompanying activities.
- e. Updates and revision of the Center's Strategic Plan by the Executive Director and Leadership.
- f. Update and/or development of the following policies as needed: personnel, financial, management of information, performance improvement, clinical practices, behavioral programming, infection control, medical, safety, corporate compliance, consumer rights, emergency services, and program descriptions.

**I. Goals and Objectives**

The Center develops annual goals and objectives. Consumers, staff, and Board members participate in the development of these goals and objectives which specify activities for the Center to accomplish during the upcoming fiscal year. Goals and objectives are designed to improve and expand Center services, when funding is available.

In conjunction with the Alabama Department of Mental Health, steps will be taken which lead to comprehensive, state, and community action to combat mental illness, intellectual disabilities, and substance abuse.

**J. Review of FY22 Goals, Objectives and Accomplishments**

**I. GOAL: Maximize Center's Operational Effectiveness and Efficiency**

A. Objective: Reduce Center Employment Vacancies

Activities:

1. Engage Human Resources Director to adequately staff and support HR functions. **COMPLETE**
2. Unify processes and decrease time from identified vacancies to position posting. **IN PROGRESS**
3. Increase frequency of available new hire training. **PARTIALLY COMPLETED, IN PROGRESS**
4. Develop key performance indicators regarding hiring and retention to be reviewed monthly with Human Resource Director. **PARTIALLY COMPLETED, IN PROGRESS**

B. Objective: Improve Center Financial Stability

Activities:

1. Work with Center's Executive Consultant to assess the need for adding a senior-level financial leadership position. **COMPLETED**
2. Add an additional staff person at the Center's Outreach program to ensure accurate assessment of consumer reimbursement options as well as appropriately align consumers with credentialed providers. **DEFERRED**
3. Identify and engage specific leadership staff committees to continually review programmatic and operational data that drive responsible financial stewardship without compromise to clinical quality. **PARTIALLY COMPLETED, IN PROGRESS**
4. Work with the Department of Mental Health to pursue Phase 4 funding allocated through the American Rescue Plan. **COMPLETED**

**II. GOAL: Maximize Center's Clinical Quality and Effectiveness**

A. Objective: Improve Consumer Access to Care

Activities:

1. Engage Clinical Directors to measure average wait times from request for services to intake appointment in order to accurately assess demand for services. **DEFERRED**

2. Assess options for recruitment of a child and adolescent psychiatrist or CRNP. **IN PROGRESS**
3. Implement identified recommendations for residential programs in order to comply with Home and Community Based Services settings rule. **PARTIALLY COMPLETED, IN PROGRESS**

**K. FY23 Goals and Objectives**

**I. GOAL: Expand Community Stakeholder Engagement/Education**

A. Objective: Engage and Educate Professional Stakeholders

Activities:

1. Increase communication and develop opportunities for engagement and education with Probate and Circuit Court Judges across the Center’s catchment area.
2. Increase communication and develop opportunities for engagement and education with local school officials on both a macro (school board administration) and a micro (individual schools) level.
3. Increase communication and develop opportunities for engagement and education with local Sheriff’s offices and Police departments across the Center’s catchment area.

B. Objective: Educate Community Members Regarding Services Provided By EAMHC

Activities:

1. Identify opportunities for ease of access as well as accessibility and clarity of desired information through the Center’s website.
2. Implement targeted educational campaigns through the use of social and print media in order to both improve the Center’s name recognition and educate the general public regarding services available and how they are accessed across the community.

**II. GOAL: Improve Staff Recruitment and Retention**

A. Objective: Expand the Center’s Staff Recruiting Efforts



Activities:

1. Increase presence at job fairs across the catchment area.
2. Ensure positions are marketed appropriately to desired target audiences.
3. Evaluate competitiveness of pay scales.

B. Objective: Improve the Center's Employee Retention

Activities:

1. Reinstate the Center's annual employee appreciation and recognition event.
2. Identify/develop supervisory and management development training curriculums and opportunities.
3. Develop regular "town hall" opportunities for staff to engage with and connect to management and leadership staff.

**III. GOAL: Expand Center's Technological Capabilities**

A. Objective: Transition to Cloud Based Platforms

Activities:

1. Migrate the center email to Office 365.
2. Select and implement a new accounting platform.
3. Select and implement a new payroll platform.
4. Complete the upgrade from of our thin client computers with mini PCs in all locations.

**IV. GOAL: Improve Access to Care/Quality of Services**

A. Objective: Continue Development and Expansion of Our Crisis Care Continuum

Activities:

1. Transition daily crisis care from the Center's outpatient clinics to a crisis team located at Outreach.
2. Develop additional crisis teams to adequately respond to the expanding needs of the community.
3. Educate the community and community partners regarding utilization of emergency services and usage of 988 line.

**V. GOAL: Develop Practices for Center Compliance with Regulatory Standards**

- A. Objective: Practice due diligence and maintain active participation regarding advocacy, development, and implementation of new/updated regulatory policies and procedures.

Activities:

1. Begin comprehensive evaluation of the Center's Personnel and Clinical Practices policies and procedures to ensure current alignment with current standards. Consult Center's risk management program consultants as necessary.
2. Develop and implement policies, procedures, and practices for DD programs that comply with the Home and Community Based Settings (HCBS) rule.
3. Continue engagement with EPSDT workgroups in order to develop official operational guidelines that advocate for appropriate, high-quality, accessible services to children and their families.

**VI. GOAL: Improve the Center's Financial Position**

- A. Objective: Identify and implement routine monitoring and processes regarding the Center's revenue and expenses.

Activities:

1. Conduct comprehensive evaluation on the Center's revenue cycle to identify opportunities for improvement.
2. Develop comprehensive strategy for addressing necessary facility improvements and capital expenditures.

3. Develop, implement, and monitor key operational performance indicators that drive effective stewardship of resources as well as high quality services to the community.

**L. East Alabama Mental Health Center Two-Year Plan**

1. Center services will continue to be provided as outlined previously.
2. Goals and Objectives will be developed annually.
3. The Center's Vision and Mission will be reviewed and approved by the Board of Directors on an annual basis.

**M. Resource Development and Allocation**

The Center has a variety of funding sources. Leadership staff continually monitors each of the Center's program services to recommend to the Board the ability of the Center to sustain them without additional funding.

**N. Review and Evaluation Process**

The Center's Board of Directors is responsible for reviewing and approving the Center's Strategic Plan. Implementation of the Plan is the responsibility of the Center's Leadership. The Center's Consumer and Family Council also serves in an advisory role regarding the Plan and its implementation with regard to consumer and family input, participation, and satisfaction with services.

The Plan, including the Center's annual goals and objectives, is reviewed and monitored by Leadership. Progress toward goals and objectives is reviewed and approved by the Board semi-annually.

**O. Communication**

The Center's Strategic Plan is integral to the operation of the Center. The Executive Director and Leadership have the responsibility of communicating this Plan to staff Centerwide. It is essential that staff have an understanding of the Plan and its effect on the services provided throughout the Center.