



# South Central Alabama Mental Health

*Serving Butler, Coffee, Covington & Crenshaw Counties*

**South Central Alabama Mental Health Board, Inc.**

## **Strategic Plan**

**For**

**Fiscal Years 2023-2024**

# STRATEGIC PLAN

for

## Fiscal Years 2023 and 2024

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

4-27-2023  
\_\_\_\_\_  
Date Signed:

  
\_\_\_\_\_  
Sandy Flowers, Chief Clinical Officer

4/27/2023  
\_\_\_\_\_  
Date Signed

Approved by:  
  
\_\_\_\_\_  
Will Tate, Board President  
*Lucie Grantham, Vice-President*

4/27/23  
\_\_\_\_\_  
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 public purpose, to serve a public 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 local organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are not a state agency.

The Board of Directors: 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 4<sup>th</sup> 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 In-home 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
- Intensive Day Treatment
- Crisis Residential Home
- Small Capacity Group Home
- Specialized Behavioral Home
- Supported Housing Apts.
- Adult In-home Team
- Probate Court Liaison
- Psychiatric Services
- Children's Day Treatment
- Secure Forensic Services
- Open Access
- Telehealth Services
- Community Outreach
- Co-Location Services
- Emergency Services/HelpLine
- Medication Management
- Psychiatric Urgent Care
- Contracted Inpatient Psychiatric Services
- Information and Referral
- Intensive Home Bases Services

SCAMHB provides service coordination for persons with Developmental Disabilities. Additionally, evaluation and assessment is provided. Services offered to the DD population include:

- Service Coordination for Adults
- Evaluation and Assessment for Adults
- Waiting List Placement

Programs offered by SCAMHB Substance Abuse Division include:

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

## 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

## **Historical Sketch**

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

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

## **Historical Sketch**

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

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

## **Historical Sketch**

- 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
- 2020 COVID-19 Pandemic significantly alters historical service delivery
- 2020 Workforce becomes major issue for the country due to COVID-19 Pandemic
- 2021 De-confliction of DD services completed (became Service Coordination Provider exclusively)
- 2021 Transitioned DD facilities in Butler and Coffee counties to Children's Program facilities
- 2021 Secure Forensic Facility (Norman-McClendon Secure Forensic Facility) opened in Butler County
- 2021 Awarded several COVID-19 Response grants
- 2022 Awarded Rural Crisis Services grant for psychiatric urgent care services
- 2022 Commissioner Boswell awards SCAMHB Crisis Diversion Center grant for 2023 project to be phased in
- 2022 Implemented new telehealth software due to pandemic, changing the way we deliver services forever
- 2022 Board voted to locate Crisis Facility in Brantley, AL
- 2022 Opened Stepping Stones children's services in Butler, Coffee and Covington
- 2022 Opened Psychiatric Urgent Care 9-6-22 in Andalusia
- 2022 Moved Administrative Office to 820 South Three Notch Street 9-12-22
- 2023 FY 2023 Budget for FY 2023 is \$12,879,338
- 2023 Crisis Facility start-up funds added to DMH contract
- 2023 Hired Denese Volet as Crisis Services Director



# Mission, Vision, and Value Statement

## 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
  - versatility and flexibility
  - high expectations
  - openness to new ideas
  - comprehensive, cost-effective, and cutting edge service delivery systems.

## **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.

<b>Strengths</b>	<b>Opportunities</b>
In-House Training	Certified Community Behavioral Health Center (CCBHC)
Range of services not offered elsewhere	Testing
Specialized Medical Staff	Primary Care Integration
Diversity of Staff that are cross-trained	Marketing
Partnership with other agencies	Open Access to Substance Abuse Assessments
Customer Satisfaction	Telecommunication/Technology Uses
Highly Qualified Staff	Prevention Services
Cooperative/Supportive Board	Launch Client Portal
Quality of Services	Expanding Children's Services and Facilities
Nice facilities/equipment	Look for Funding and Grants
Fair Treatment of Staff and Competitive Benefits Package	Development of Crisis Diversion System of Care
Teamwork	Technological Infrastructure
Financial Stability	Reduction of time devoted to in-house training
Public Image	Improve Rural Broadband Connectivity
Flexible Staff and Leadership	Optimize Business Intelligence (BI) Software
Vehicle leasing through Enterprise	Trauma Informed Care Certification
	Legislative Advocacy
<b>Weaknesses</b>	<b>Threats</b>
Time devoted to annual in-house training and orientation	Increased Competition
Primary Reliance on Medicaid and State Funding	Volume of Standards/Operational Manuals
Staff Turnover and Retention	Uncompensated Care
Services Driven by payers	Lack of public transportation
Lack of Significant Local Financial Support	Inflation
Insufficient Resources to Properly Mentor New Staff	Lack of Healthcare Staff

Reliance on Virtual Machine and Terminal Server Environment	Minimum Wage Increase Possibility
Insufficient Residential Beds	Cyber Security Threats
Cost of Employee Family Health Insurance	
Competitive Salaries	
Recruitment of Staff	
Over Extension of Limited Staff Resources	

**Population Served** This has been updated for 23-24.

**Demographics for Catchment Area:**

Population Percentages by Race and Total Population

	Butler	Coffee	Covington	Crenshaw	Alabama
Race	18,884	54,174	37,525	13,083	5,074,296
White %	50.6%	68.9%	82.6%	69.9%	64.9%
Black %	45.1%	17.3%	12.7%	23.8%	22.3%
Latino	1.7%	8.8%	2.1%	2.5%	4.8%
Other %	2.6%	5.0%	2.6%	3.8%	8.0%

Population Numbers by Race and Total Population

Race	Butler	Coffee	Covington	Crenshaw	Alabama
White	9,555.3	37,325.9	30,995.7	9,145.0	3,293,218.1
Black	8,516.7	9,372.1	4,765.7	3,113.8	1,131,568.0
Latino	321.0	4,767.3	788.0	327.1	243,566.2
Other	491.0	2,708.7	975.7	497.2	405,943.7
	18,884	54,174	37,525	13,083	5,074,296

Age & Sex Percentages by County

Age and Sex	Butler	Coffee	Covington	Crenshaw	Alabama
Male	46.6%	49.5%	48.5%	49.0%	49.6%
Female	53.4%	50.5%	51.5%	51.0%	51.4%
Under 5	5.7%	6.0%	5.6%	5.5%	5.0%
Under 18	22.6%	23.9%	22.1%	22.1%	22.3%
65 and Older	21.2%	17.1%	21.7%	19.7%	17.6%

Age & Sex Total Numbers by County

Age and Sex	Butler	Coffee	Covington	Crenshaw	Alabama
Male	8,799.9	26,816.1	18,199.6	6,410.7	2,516,850.8
Female	10,084.1	27,357.9	19,325.4	6,672.3	2,608,188.1
Under 5	1,076.4	3,250.4	2,101.4	719.6	253,714.8
Under 18	4,267.8	12,947.6	8,293.0	2,891.3	1,131,568.0
65 and Older	4,003.4	9,263.8	8,142.9	2,577.4	893,076.1

**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.

**Budget for Fiscal Year 2023**

See the budget for South Central Alabama for FY 2023. State dollars must be used to match Medicaid. The main source of 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. See FY 2023 Budget on next page.

FISCAL YEAR BUDGET  
SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.  
2023

<b>INCOME</b>		
	<b>SERVICE REVENUE</b>	
	NET CLIENT SERVICE REVENUE	\$3,243,513
	DMH CONTRACT REVENUE	\$9,210,661
	<b>TOTAL SERVICE REVENUE</b>	<b>\$12,454,174</b>
	<b>OTHER INCOME</b>	
	COUNTY APPROPRIATIONS	\$40,000
	MUNICIPAL APPROPRIATION	\$60,400
	OTHER INCOME	\$324,765
	<b>TOTAL OTHER INCOME</b>	<b>\$425,165</b>
	<b>TOTAL INCOME</b>	<b>\$12,879,338</b>
<b>EXPENSES</b>		
	<b>OPERATING EXPENSES</b>	
	SALARIES AND BENEFITS	\$2,042,347
	LEASED EMPLOYEE SALARIES AND BENEFITS	\$5,555,790
	PROFESSIONAL FEES	\$2,126,366
	TECHNOLOGY EXPENSE	\$483,992
	OFFICE AND PROGRAM EXPENSE	\$810,441
	HOUSEHOLD EXPENSES	\$54,305
	FACILITY AND EQUIPMENT EXPENSE	\$265,611
	UTILITIES	\$392,839
	CLIENT EXPENSES	\$351,452
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$12,083,144</b>
	<b>OTHER EXPENSES</b>	
	OTHER EXPENSES	\$352,928
	INTEREST EXPENSE	\$257,949
	DEPRECIATION EXPENSE	\$181,389
	<b>TOTAL OTHER EXPENSES</b>	<b>\$792,267</b>
	<b>TOTAL EXPENSES</b>	<b>\$12,875,411</b>
	<b>NET INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS</b>	<b>\$3,928</b>
	<b>EXTRAORDINARY ITEMS</b>	
	GAIN (LOSS) ON SALE OF ASSET	\$ -
	<b>NET INCOME (LOSS) AFTER EXTRAORDINARY ITEMS</b>	<b>\$3,928</b>

## **GOALS AND STRATEGIES**

### **GOAL 1 – Workforce Stability and Development**

#### **OBJECTIVES**

- Improve employee retention by providing cost of living raises and competitive salaries.
- Enhance staff training through improved new hire and annual training programs.
- Implement innovative recruitment strategies, including leveraging social media sites, local universities, and hiring websites.
- Review organizational chart and service delivery system for efficiency and effectiveness.

### **GOAL 2 – Enhance Consumer and Staff Satisfaction, Safety, and Service Quality**

#### **OBJECTIVES**

- Utilize Consumer Satisfaction surveys to strengthen service delivery and measure external customer satisfaction.
- Utilize survey to measure satisfaction amongst external customers.
- Launch the Client Portal in Agency's Electronic Health Record (EHR).
- Improve facility aesthetics and maintain safety to increase consumer satisfaction.
- Research and implement more effective satisfaction survey tools.
- Develop and Implement procedures for updating and replacing outdated equipment.

### **GOAL 3 – Ensure Financial Stability and Growth**

#### **OBJECTIVES**

- Establish and Implement a new set of productivity expectations.
- Achieve annual Financial Goal Attainment of 105% and maintain at least 30 days of operational funds.
- Expand marketing efforts through social media and other electronic media.
- Capture and retain insurance revenue by joining insurance provider networks
- Become a Certified Community Behavioral Health Center.
- Explore the addition of a Grant Writer for the agency.
- Investigate more effective options for advertising available positions.

### **GOAL 4 – Develop Rural Crisis System**

#### **OBJECTIVES**

- Develop a comprehensive budget and timeline for implementation in phases.
- Engage community stakeholders in system development.
- Identify necessary facilities and proceed with development or renovation.

### **GOAL 5 – Optimize and Stabilize Children's Services with intent to expand**

#### **OBJECTIVES**

- Grow School-Based Mental Health (SBMH) services to additional school systems in the catchment area.
- Capture additional funding for existing SBMH services.
- Effectively and efficiently provide services related to Intensive Home-Based Services.
- Expand Children’s Services as funding becomes available.

**GOAL 6 – Optimize and Stabilize Substance Use Services with intent to expand**

**OBJECTIVES**

- Increase SU caseloads and number of services provided.
- Explore options for Co-Occurring Services.
- Research funding and resources needed for Medication Assisted Treatment/Opioid Treatment.

**GOAL 6 – Optimize and Stabilize DD Service Coordination service delivery**

**OBJECTIVES**

- Develop procedures to meet expectations of ADMH for HCBS requirements.
- Retool/Repurpose EHR (Credible) to meet DD Service Coordination needs.
- Improve internal processes for review of DD Service Coordination records in EHR and ADIDIS.

**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](http://www.scamhc.org). The Strategic Plan is also posted on the Alabama Department of Mental Health Website.

