South Central Alabama Mental Health Board, Inc.

FY2025-FY2026

Strategic Plan

& 310 Board Plan

The mission of South Central Alabama Mental Health Board, Inc. is to help people improve their lives, achieve stability and independence, and fulfill their dreams in a professional and caring manner.

**South Central
Alabama
Mental Health**

STRATEGIC PLAN

& 310 Board Plan

for

Fiscal Years 2025 and 2026

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:

William T. Wright
William T. Wright (Nov 13, 2024 14:29 CST)
_____
Tommy Wright, Executive Director

Nov 13, 2024
_____
Date Signed:

Sandy Flowers
Sandy Flowers (Nov 13, 2024 14:32 CST)
_____
Sandy Flowers, Chief Clinical Officer

Nov 13, 2024
_____
Date Signed

Approved by:

Will Tate
Will Tate (Nov 13, 2024 14:42 CST)
_____
Will Tate, Board President

Nov 13, 2024
_____
Date Signed:

CONTENTS

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.
3. To promote planning and ensure compliance with Act 310 and any Alabama Department of Mental Health planning requirements.
4. To utilize community needs assessments to identify gaps in care at the community level and inform our staffing plan.

BOARD NAME

South Central Alabama Mental Health Board, Inc.

MISSION STATEMENT

To help people improve their lives, achieve stability and independence, and fulfill their dreams 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.

1 Care Philosophy

The most effective care is accessible, individualized, and recovery oriented. We treat individuals with dignity, patience, and respect in a confidential and compassionate manner.

2 Expertise

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.

3 Community

We are partners and neighbors within the communities we serve and encourage cooperative efforts by eliminating barriers.

4 **Quality of Care**

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.

5 **Success**

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

6 **Access to Care**

We ensure access to high-quality behavioral health care in a timely manner for everyone, regardless of their ability to pay, place of residence, or age.

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**

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 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 <u>not</u> a state agency.

BOARD OF DIRECTORS

SCAMHB's board consists of 39 directors appointed by the local governmental bodies previously listed. Our directors 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 fourth Thursday at 12:00 PM, except in October. A public meeting is held on the third Thursday of October at 2:00 PM.

HISTORICAL INFORMATION

1968	• South Central Alabama Mental Health formed
1970	• Bill Ward-Executive Director • 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 • Alcoholism Program funded • Merle Wright-Executive Director • 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. • Jim Laney-Executive Director
1977	• Searcy patients at new low of 57 from 187 in 1972
1978	• Bay Branch Road site completed • Awarded National Institute of Mental Health Operations Grant-$663,833.00

	•	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
	•	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
	•	RUS grant awarded for Telemedicine equipment
	•	First Step Moves to Montezuma
2009	•	Revenues total $6,062,943-139 staff
	•	Diane Baugher-Executive Director
2010	•	Revenues total $6,140,207-150 staff
	•	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
	•	Revenues total $7,565,096-155 staff
2012	•	Participated in Region IV closure of Searcy Hospital
	•	Placed Intermediate Care Home and Specialized Behavioral Home in service; ceased operation of Therapeutic Group Home; opened 12 supportive housing apartments
	•	Revenues total $7,948,910-156 staff
2013	•	Revenues total $8,632,693 – 141 staff
	•	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

	• Bond Built Properties deeded to SCAMH by DMH
	• Implemented Geneva Financial Software (Quantum)
2015	• Revenues total $9,142,125 – 169 staff
	• Added MI/DD Rehab Day programs in Enterprise and Greenville
	• Accounting for Deferred Pension Plan was enacted; GASB No. 68
	• Implemented Net Smart (Avatar) Electronic Health Record
	• Camellia Health Management, LLC formed
2016	• Revenues total $9,057,200 – 182 Staff
	• Begin Using TeleMed Equipment for Psychiatric Services
	• Dixon Foundation grant to renovate bathrooms at the Main Center
	• Diane Baugher becomes Associate Commissioner for Mental Illness and Substance Abuse at the Department of Mental Health
2017	• Board votes not to merge
	• Tommy Wright – Executive Director
	• Sandy Flowers – Clinical Director
	• Dixon Foundation grant to replace air conditioners at Main Center
	• Lowes and Goolsby Electric and Plumbing renovate the Kitchen at Coffee Activity Center
	• Donna Beasley and Substance Abuse Program awarded CURES Grant (for opioid treatment) by DMH
2018	• Revenues $8,974,791
	• Prevention Certified by Department of Mental Health
	• 50 Year Anniversary of Organization
	• Open Children's After School Program
	• Implement Credible Electronic Health Record
2019	• Funding for Forensic Restoration Unit Approved
2020	• COVID-19 Pandemic significantly alters historical service delivery
	• Workforce becomes major issue for the country due to COVID-19 Pandemic
2021	• De-confliction of DD services completed (became Service Coordination Provider exclusively)
	• Transitioned DD facilities in Butler and Coffee counties to Children's Program facilities
	• Secure Forensic Facility (Norman-McClendon Secure Forensic Facility) opened in Butler County
	• Awarded several COVID-19 Response grants
2022	• Awarded Rural Crisis Services grant for psychiatric urgent care services
	• Commissioner Boswell awarded SCAMHB Crisis Diversion Center grant for 2023 project to be phased in

- Implemented new telehealth software due to pandemic, changing the way we deliver services forever
- Board voted to locate Crisis Facility in Brantley, AL
- Opened Stepping Stones children's services in Butler, Coffee and Covington
- Opened Psychiatric Urgent Care 9-6-22 in Andalusia
- Moved Administrative Office to 820 South Three Notch Street 9-12-22

2023
- FY 2023 Budget for FY 2023 is $12,879,338
- Crisis Facility start-up funds added to DMH contract
- Hired Denese Volet as Crisis Services Director

2024
- 2024 SAMHSA CCBHC Planning, Development, and Implementation Grant First Year
- 2024 USDA loan for Crisis Facility approved 6-14-24
- FY24-25 Budget $19,847,879 – 261 staff
- Implemented UKG software for Human Resources and Payroll
- First Legislative Briefing with Capitol Resources a Success
- Implementation of NetSuite financial software
- Megan Pina hired for Grants and Communication; Received nearly $1.3 million in grants
- MyCare/Hunter Health Care iPads purchase for Covington County Law enforcement

COUNTIES SERVED

South Central Alabama Mental Health Board, Inc. serves Butler, Covington, Crenshaw and Coffee counties, known as the M-18 Catchment Area. All counties in our service area are designated as Mental Health Professional Shortage Areas by the Health Resources and Services Administration (HRSA) for 2024.

POPULATION BY DEMOGRAPHIC IN ALABAMA					
	Butler	**Coffee**	**Covington**	**Crenshaw**	**Alabama**
Male	8,928 (47.0%)	26,626 (49.7%)	18,243 (48.6%)	6451 (48.9%)	2,471,801 (48.4%)
Female	10,053 (53.0%)	26,933 (50.3%)	19,299 (51.4%)	6751 (51.1%)	2,636,667 (51.6%)
Under 5	1,054 (5.6%)	3,168 (5.9%)	2,147 (5.7%)	708 (5.4%)	144,710 (2.8%)
Under 18	4,234 (22.3%)	12,670 (23.7%)	8,227 (21.9%)	3,020 (22.9%)	558,240 (10.9%)
65 and Older	4,021 (21.2%)	9,165 (17.1%)	8,165 (21.7%)	2,611 (19.8%)	519,429 (10.2%)
Veteran Status	1,034 (7.0%)	6,183 (15.7%)	2,514 (8.6%)	519 (5.1%)	299,495 (7.6%)

Populations by Ages: The proportion of children under 18 years old and older adults aged 65 and older across the service area is approximately double the state average.

Veteran Status: The veteran population data shows significant variation across the counties in South Central Alabama. Coffee County stands out with a veteran population percentage of 15.7%, the highest in the state, likely influenced by proximity to Fort Novosel.

POPULATION BY RACE IN ALABAMA					
	Butler	**Coffee**	**Covington**	**Crenshaw**	**Alabama**
Total	19,051	53,465	37,570	13,194	5,024,279
White	9,679 (50.8%)	35,759 (66.9%)	30,657 (81.6%)	9,333 (70.7%)	3,171,351 (63.1%)
Black	8,389 (44.0%)	8,643 (16.2%)	4,563 (12.1%)	3,085 (23.4%)	1,288,159 (25.6%)
Latino	260 (1.4%)	4,887 (9.1%)	654 (1.7%)	187 (1.4%)	264,047 (5.3%)
Other	217 (1.1%)	1,549 (2.9%)	451 (1.2%)	160 (1.2%)	116,104 (2.3%)

Populations by Race: Butler County has a significantly higher proportion of Black residents (44.0%) compared to the state average of 25.6%. Coffee County has a notably higher Latino population, with 9.1%, which is nearly double the state average of 5.3% and five times higher than the Latino population in the other counties within the catchment area. Covington County stands out with a much larger percentage of White residents (81.6%) compared to the state average of 63.1%.

MEDIAN HOUSEHOLD INCOME AND POVERTY LEVEL IN ALABAMA				
	Butler	**Coffee**	**Covington**	**Crenshaw**
Poverty Wage*	$31,200	$31,200	$31,200	$31,200
Median Household Income	$44,429	$62,199	$48,772	$48,557
Living Wage*	$92,602	$90,563	$90,189	$91,021
Income Below Poverty Level (Total)	3,430 (18.2%)	8,340 (15.9%)	6,641 (18.0%)	1,711 (13.1%)
Income Below Poverty Level (White)	933 (9.7%)	4,289 (11.1%)	5,218 (16.8%)	901 (9.8%)
Income Below Poverty Level (Black)	2,317 (27.1%)	2,796 (31.8%)	1,135 (25.9%)	670 (20.7%)

	Butler	Coffee	Covington	Crenshaw
Income Below Poverty Level (Latino)	-	1,495 (35.1%)	247 (35.6%)	-
Uninsured Rate, 19 to 64 years	1,838 (17.6%)	4,969 (17.0%)	3,180 (15.6%)	910 (12.4%)

*Wage calculation based on two working adults with two children in the household.

Sources: U.S. Census Bureau. (2021). POVERTY STATUS IN THE PAST 12 MONTHS BY SEX BY AGE. American Community Survey, ACS 5-Year Estimates Selected Population Detailed Tables, Table B17001. Retrieved November 6, 2024, from https://data.census.gov/table/ACSDT5YSPT2021.B17001?t=-00:Income and Poverty&g=050XX00US01013,01031,01039,01041.

U.S. Census Bureau. (2022). Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2701. Retrieved November 6, 2024, from https://data.census.gov/table/ACSST5Y2022.S2701?t=Health Insurance&g=050XX00US01013,01031,01039,01041.

Massachusetts Institute of Technology. (2024). Living Wage Calculator. Retrieved November 6, 2024, from https://livingwage.mit.edu/

Median Household Incomes: Butler County has the lowest median household income at $44,429, which is significantly below that of Coffee County ($62,199). Butler and Covington counties have a higher percentage of their population living below the poverty level at 18.2% and 18.0%, respectively. Coffee County has the highest median income at $62,199, but it still has 15.9% of its population living below the poverty line. Covington County has a notably high percentage of White residents (81.6%), and the poverty rate among the White population is 16.8%.

Poverty Levels: Significant economic challenges are faced by certain racial groups and counties in the service area, particularly among Black and Latino residents. Crenshaw County has the lowest percentage of its population (13.1%) living below the poverty level. However, the poverty rate among Black residents is still concerning at 20.7%, which is considerably higher than that of White residents at 9.8%. The data shows that Black residents across the counties face disproportionately high poverty rates. For example, in Butler County, 27.1% of Black residents live below the poverty line, which is much higher than 9.7% of White residents in the same county. In Coffee County, 31.8% of Black residents are living in poverty compared to 11.1% of White residents. Covington County shows a similar trend, with 25.9% of Black residents in poverty, while only 16.8% of White residents face the same hardship. Latino populations in Coffee County and Covington County shows a concerning trend, with 35.1% and 35.6% of Latino residents respectively living below the poverty level, though no data is available for Butler and Crenshaw counties.

Uninsured Rates: Butler and Coffee counties have an uninsured rate around 17% among adults aged 19-64, which is higher than other counties in the service area.

POPULATION SERVED

Populations served by South Central Alabama Mental Health include:
- Seriously Mentally Ill Adults (SMI)
- Severely Emotionally Disturbed Children and Adolescents (SED)
- Developmentally/Intellectually Disabled Adults (DD/ID)
- Adults with Substance Use Disorders (SU)
- Justice-Involved Individuals

In FY 2024, South Central Alabama Mental Health Board, Inc. served a total of 3,740 unique consumers across all its programs. The breakdown by program is listed below:
- **Mental Illness:** 2,266 consumers
- **Children's Services:** 811 consumers
- **Crisis Services:** 712 consumers
- **Substance Use:** 450 consumers
- **Residential:** 262 consumers
- **Developmental Disabilities:** 70 consumers

POPULATION SERVED BY DEMOGRAPHIC IN FY 2024					
	Butler	**Coffee**	**Covington**	**Crenshaw**	**Other**
Total	540 (14.4%)	1165 (31.1%)	1285 (34.4%)	396 (10.6%)	354 (9.5%)
Male	279 (51.7%)	538 (46.2%)	583 (45.4%)	198 (50.0%)	216 (61.0%)
Female	261 (48.3%)	627 (53.8%)	702 (54.6%)	198 (50.0%)	138 (39.8%)
Under 18	150 (27.8%)	231 (19.8%)	249 (19.4%)	98 (24.7%)	35 (9.9%)
65 and Older	42 (7.8%)	120 (10.3%)	91 (7.1%)	28 (7.1%)	12 (3.4%)
Veteran Status	12 (2.2%)	56 (4.8%)	49 (3.8%)	5 (1.3%)	15 (4.2%)

Source: SCAMHB Electronic Health Record

In FY 2024, SCAMHB served:

- SCAMHB served 1,814 male consumers, making up 48.5% of total consumers, and 1,926 female consumers, representing 51.5%.
- Among the total consumers, 763 were under the age of 18, accounting for 20.4%, while 293 were aged 65 and older, representing 7.8%.
- SCAMHB served 137 consumers who identified as veterans, which is 3.7% of the total consumer base.

POPULATION SERVED BY RACE IN FY 2024					
	Butler	**Coffee**	**Covington**	**Crenshaw**	**Other**
Total	540 (14.4%)	1165 (31.1%)	1285 (34.4%)	396 (10.6%)	354 (9.5%)
White	237 (43.9%)	748 (64.2%)	992 (77.2%)	262 (66.2%)	214 (60.5%)
Black	287 (53.1%)	303 (26.0%)	232 (18.1%)	111 (28.0%)	118 (33.3%)
Latino	8 (1.5%)	80 (6.9%)	27 (2.1%)	4 (1.0%)	15 (4.2%)
Other	16 (3.0%)	114 (9.8%)	61 (4.7%)	23 (5.8%)	22 (6.2%)

Source: SCAMHB Electronic Health Record

In FY 2024, SCAMHB served:

- 2,453 White consumers, making up 65.6% of the total.
- 1,051 Black consumers, representing 28.1%.
- 134 Latino consumers, accounting for 3.6%.
- 236 consumers from other races, comprising 6.3%.

POPULATION SERVED BY POVERTY LEVEL IN FY 2024					
	Butler	**Coffee**	**Covington**	**Crenshaw**	**Other**
Poverty Wage*	$31,200	$31,200	$31,200	$31,200	$31,200
Income Below Poverty Level (Total)	429 (79.4%)	851 (73.0%)	894 (69.6%)	287 (72.5%)	183 (51.7%)
Income Below Poverty Level (White)	176 (74.3%)	533 (71.3%)	675 (68.0%)	184 (70.2%)	111 (51.9%)
Income Below Poverty Level (Black)	241 (84.0%)	238 (78.5%)	174 (75.0%)	89 (80.2%)	62 (52.5%)
Income Below Poverty Level (Latino)	6 (75.0%)	59 (73.8%)	20 (74.1%)	3 (75.0%)	9 (60.0%)
Self-Pay Rate	331 (61.3%)	696 (59.7%)	700 (54.5%)	220 (55.6%)	139 (39.3%)

*Wage calculation based on two working adults with two children in the household. "Other" is based on the federal poverty levels.

Source: SCAMHB Electronic Health Record

In FY 2024, SCAMHB served consumers:

- 2,644 consumers with an income below the poverty level, representing 70.7% of the total population served.
- 1,679 White consumers with an income below the poverty level, or 68.4% of the White consumer population.
- 804 Black consumers with an income below the poverty level, accounting for 76.5% of the Black consumer population.

- 97 Latino consumers with an income below the poverty level, making up 72.4% of the Latino consumer population.
- 2,086 consumers who self-pay, representing 55.8%.

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:

- Adult In-home Team
- Case Management
- Children's Day Treatment
- Children's In-home Team
- Children's Summer Program
- Co-Location Services
- Community Outreach
- Contracted Inpatient Psychiatric Services
- Crisis Residential Home
- Emergency Services/HelpLine
- Geriatric Services
- Information and Referral
- Integrated Care
- Intensive Care Coordination
- Intensive Day Treatment
- Intensive Home-Based Services
- Juvenile Court Liaison
- Medication Management
- Mental Health Evaluations
- Nurse Delegation Program
- Open Access
- Outpatient Therapy
- Peer Support
- Probate Court Liaison
- Psychiatric Services
- Psychiatric Urgent Care
- Rehabilitative Day Program
- School-Based MI Therapy
- Secure Forensic Services
- Small Capacity Group Home
- Specialized Behavioral Home
- Stepping-Up Program Covington County
- Supportive Housing
- Telehealth Services

SCAMHB provides service coordination for individuals with Developmental Disabilities. Additionally, evaluations and assessments are provided. Services offered to the DD population include:
- Evaluation and Assessment for Adults
- Service Coordination for Adults
- Waiting List Placement

Programs offered by SCAMHB Substance Abuse Division include:
- Court Referral/Veterans Court Program

- Crisis Residential
- Institutional Assessment
- Outpatient
- Peer Support
- Prevention Services

DESCRIPTION OF SERVICES/SUPPORTS PROVIDED

Adult Case Management and Children's Care Coordination Services

South Central Alabama Mental Health Center (SCAMHC) provides Adult Case Management services and Children's Care Coordination services in Butler, Coffee, Covington, and Crenshaw counties to assist seriously mentally ill adults and seriously emotionally disturbed children in improving quality of life and meeting essential life needs, such as food, shelter, healthcare, and transportation. The program is home-based, with Case Managers and Care Coordinators conducting home visits and offering services like formal needs assessments, crisis intervention, and advocacy for needed services. Children's Care Coordination services are offered at both Low Intensity and High Intensity levels, depending on the child's needs. To qualify, individuals must be diagnosed with a Serious Mental Illness (Adult) or Serious Emotional Disturbance (Children) which impacts daily functioning.

Adult and Children's In-Home Intervention Services

SCAMHC provides In-Home Intervention services in Butler, Coffee, Covington, and Crenshaw counties. Our In-Home Intervention teams consist of a master's-level therapist and a bachelor's-level case manager/co-therapist. These teams work together to prevent psychiatric hospitalizations, help individuals transition from inpatient to outpatient care, and/or defuse an immediate crisis situation. They offer home-based visits, typically weekly, with the duration of treatment determined by the individual's needs. To qualify, individuals must be diagnosed with a Serious Mental Illness (Adult) or Serious Emotional Disturbance (Children) and experiencing increased symptoms or transitioning from a more intensive level of care.

Adult and Children's Outpatient Services

SCAMHC offers outpatient services in Butler, Coffee, Covington, and Crenshaw counties. This program utilizes group counseling and individual therapy to address client needs, with services including intake and treatment planning, skills training, medication monitoring, therapy, family support, crisis intervention, and referrals to more intensive levels of care.

Adult Small Capacity Three Bed Group Home

The Adult Small Capacity Group Home, located in McKenzie, AL, is a transitional facility for females aged 18 and older diagnosed with serious mental illnesses and intellectual disabilities. Designed to assist residents in managing their mental health and preparing for independent living, the group home typically

accommodates individuals for up to 24 months and operates on a voluntary basis. Residents benefit from 24-hour emergency nursing and psychiatrist services, trained staff supervision, and daily meals and snacks.

Adult Specialized Behavioral Group Home
The Adult Specialized Behavioral Home (SBH) is a 10-bed, community-based facility that operates 24/7 under the supervision of qualified staff, offering structured support to individuals aged 18 and older with psychiatric diagnoses who exhibit significant behavioral challenges. This program serves individuals who

have reached the maximum benefits of hospitalization or other care facilities but still require supervision to live in the community. Residents learn to manage their mental health and behavior, with an average stay of up to 24 months on a voluntary basis.

Children's Day Treatment/After School Program
Our Children's Day Treatment/After School Program is an intensive, structured mental health service designed for children and adolescents with emotional or behavioral challenges that interfere with their ability to function in school, home, or social settings. This program provides therapeutic interventions to help children develop the skills needed to manage their emotions, improve their behavior, and enhance their overall functioning at school, home, and in the community.

Children's Summer Program
Our summer program provides structured mental health support and engaging activities for children and adolescents throughout the summer, focusing on promoting personal growth, enhancing social interaction, and fostering mental well-being. It offers a safe, nurturing environment where children with emotional, behavioral, or social challenges can continue receiving treatment and support outside of the traditional school year. The program includes individual and group therapy, social skills development, behavioral interventions, recreational activities, and skills building components designed to strengthen emotional regulation, communication, and coping strategies. The program prevents regression over the summer through continuity of care.

Court Referral Education Program
The Court Referral Education Program (CREP) provides individuals referred by the court system with essential information and resources to empower them in

making informed decisions. The program aims to reduce recidivism and foster personal accountability by equipping participants with the tools necessary for positive life changes.

Crisis Residential Home

The Crisis Residential Home (CRH) is a 16-bed co-ed facility located in Andalusia, designed as a transitional living space for adults aged 18 and older diagnosed with serious mental illnesses. Residents receive support in managing their mental health and preparing for independent living, with an average stay of 6 to 12 months. The facility operates on a voluntary basis and requires residents to participate in day treatment classes. It offers 24-hour access to nursing and psychiatrist services, supervision by trained staff, and daily meals.

Developmental Disabilities Services

SCAMHC provides Development Support Coordination/Case Management Services to individuals in Butler, Coffee, Covington, and Crenshaw counties. Support Coordinators identify, coordinate, and oversee delivery of services and supports to enhance the health, safety, and general welfare of the individual being served.

Emergency and Crisis Services

SCAMHC offers 24/7 emergency and crisis services, staffed by qualified professionals, to assist individuals in emotional or psychiatric crises. When a call is received, a screening service gathers essential information, such as the caller's name, the individual needing help, a callback number, and the nature of the emergency to determine the appropriate mental health professional to contact. Emergency evaluations are also provided at local emergency rooms or police stations as needed. Services are available to anyone in Butler, Coffee, Covington, or Crenshaw County, regardless of age, financial status, or prior diagnosis, and individuals do not need to be current clients to seek help.

Forensic Services

SCAMHC operates the Norman-McClendon Secure Forensic Facility in Butler County, a 16-bed facility dedicated to providing specialized care and treatment for individuals within the legal system who have mental health disorders. The facility's primary goal is to stabilize and rehabilitate patients so they can competently participate in their legal proceedings, including attending court, standing trial, and actively engaging in their own defense. Through a combination

of psychiatric care and therapeutic interventions, the facility supports patients in navigating the intersection of mental health and the legal process.

Mobile Crisis Response

Our mobile crisis response delivers immediate support and intervention to individuals experiencing a mental health crisis, regardless of their location—whether at home, in public, or elsewhere. The mobile crisis response works to stabilize the situation, conduct a thorough assessment, and provide necessary support, all while connecting individuals to appropriate resources and ongoing care.

Peer Support Services
Led by individuals with lived experience, our Peer Support Services offer guidance, encouragement, and practical assistance to help others access resources and navigate mental health or substance use treatment systems. We offer a range of peer support services, including Certified Recovery Support, Youth Peer Support, Parent Peer Support, and Adult Mental Illness Peer Support. Through shared understanding, mutual respect, and a non-judgmental approach, this unique support enhances traditional therapeutic interventions, fostering a deeper sense of connection and empowerment.

Prevention Services
Our prevention program aims to foster a community environment that encourages emotional health and reduces the risks of mental illnesses, substance abuse, tobacco use, and suicide. Key initiatives include addressing domestic violence, providing Youth and Adult Mental Health First Aid, promoting parenting skills, offering anger management, implementing suicide prevention strategies, preventing illegal and prescription drug abuse, supporting smoking cessation, combating bullying, and encouraging healthy behavior choices.

Psychiatric Urgent Care
Our Urgent Care Center offers short-term, facility-based psychiatric crisis evaluation and brief intervention services to prevent the need for hospitalization or incarceration. Operating on a modified Outpatient clinic model, it provides access to care during late afternoons, evenings, and weekends, accepting all behavioral health crisis referrals regardless of age, financial ability, or clinical condition.

Rehabilitative Day Program Services
Our Rehabilitative Day Program (RDP) offers long-term recovery services for mentally ill adults, focusing on enhancing daily functioning, achieving personal goals, and fostering self-worth. The program employs structured rehabilitation interventions tailored to individual life goals, builds on personal strengths, improves skills, and promotes a positive quality of life and support networks. SCAMHC operates RDPs in Butler, Coffee, Covington, and Crenshaw counties.

To qualify, individuals must have a psychiatric diagnosis and experience mild to moderate symptoms affecting daily living.

School-Based Mental Health Services
SCAMHC works collaboratively with schools in our service area to deliver therapeutic and support programs to address the emotional, behavioral, and psychological needs of students within the school setting. These services promote students' emotional well-being, improve their ability to learn, and reduce barriers to academic success.

Substance Use Services
SCAMHC offers a range of substance use services for adults with alcohol and drug dependence, including the Court Referral Education Program, Substance Abuse Adult Outpatient Program (SA-OP), and First Step. Admission prioritizes individuals based on specific criteria, such as pregnancy and IV use, while recognizing the importance of addressing co-occurring disorders. The SA-OP focuses on a 12-step recovery approach and includes family involvement, meeting multiple times weekly. The First Step program, a high-intensity residential treatment option, serves adult males aged 19 and older for stabilization and recovery.

Supportive Housing Services
Our Supportive Housing Program provides evidence-based housing solutions for individuals with serious mental illness who lack viable housing options. This program ensures that housing is integrated into the community, allowing consumers to hold a standard lease while receiving supportive services. To qualify, individuals must have a serious mental illness and no other housing options.

DESCRIPTION OF PLANNING CYCLE

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. 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.

PLANNING CYCLE TIMEFRAME

Strategic Planning is conducted biannually. The plan is developed for a two-year period.

KEY STAKEHOLDERS AND ROLES

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.

SWOT ANALYSIS

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Innovative Work Culture • In-House Training • Specialized Medical Staff • Diversity Of Staff That Are Cross-Trained • Partnership With Other Agencies • Highly Qualified Staff • Cooperative/Supportive Board • Quality Of Services • Quality Facilities/ Equipment • Fair Treatment of Staff • Comprehensive Benefits Package • Financial Stability • Flexible Staff and Leadership • Vehicle Leasing Through Enterprise • Client-Center Care Philosophy • Flexible Service Delivery Models • Strong Engagement with Community Stakeholders • Long-standing Community Presence • Multidisciplinary Team Approach • Internal Grant Writing Experience	• Excessive Time Devoted to Annual In-House Training and Orientation • Primary Reliance on Medicaid and State Funding • Staff Turnover and Retention • Services Driven by Payers • Lack Of Significant Local Financial Support • Insufficient Financial Resources for Properly Mentor New Staff • Reliance On Virtual Machine and Terminal Server Environment • Insufficient Residential Beds • Cost Of Employee Family Health Insurance • Challenges in Offering Competitive Salaries • Recruitment Of Staff	• Certified Community Behavioral Health Center (CCBHC) • Testing • Marketing • Launch Client Portal • Continued Expansion of Children's Services and Facilities • Grants and Funding • Development Of Rural Crisis System of Care • Technological Infrastructure • Reduction Of Time Devoted to In-House Training • Improve Rural Broadband Connectivity • Optimize Business Intelligence (BI) Software • Trauma Informed Care Certification • Legislative Advocacy • 988 Crisis Helpline Certification • Veterans' Services Expansion • Mobile Crisis Services • Additional Group Homes • Children's SU Services	• Increased Competition • Ever-Changing Regulations • Uncompensated Care/ Medicaid Expansion • Lack Of Public Transportation • Inflation • Lack Of Healthcare Staff • Minimum Wage Increase Possibility • Cyber Security Threats • Inconsistent EHR and Internet Connectivity • Limited Data on Target Populations • Workforce Shortages • Insufficient Inpatient Beds • Changes in Exemption Status

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Partnerships with Educational Institutions • Strategic Collaborations with Expert Consultants • Psychiatric Urgent Care • Expanded Service Hours • Regulatory Relief through ADMH • Primary Care Integration • Telecommunication/Technology Uses • Prevention Services • Open Access to Substance Abuse Assessments	• Over Extension of Limited Staff Resources • Insufficient Staff Education on Cybersecurity • Some Aging Facilities	• Expanded remote consultations through MyCare tablets	

METHOD OF NEEDS ASSESSMENT

South Central Alabama Mental Health Board, Inc. conducted a Community Needs Assessment during the Spring of 2024 to identify and prioritize critical needs within our service region. A Needs Assessment committee was formed as part of SCAMHB's efforts as part of the Planning, Development and Implementation CCBHC grant from SAMHSA. The Community Needs Assessment was completed in March of 2024.

Guiding questions informed SCAMHB's approach on decisions about how the Needs Assessment would be conducted and how the information would be utilized. The development of this document was based on the following core set of guiding questions.

- To what extent is the agency serving residents of Covington County, who have SMI, SED, SUD, or COD diagnoses, including those who with lower incomes?
- How can SCAMHB address the needs of low-income populations, diverse populations, veterans, youth, and older adults?
- How can SCAMHB improve coordination of care within the community, to supplement the CCBHC grant, share resources, while supporting whole-person care?
- Is there a specific need within the community that SCAMHB is not meeting effectively? How can the organization intervene to improve outcomes around that need, and what data can demonstrate the outcomes?
- Are SCAMHB's screening tools and assessment process inclusive of all populations, ages, and circumstances?
- How can SCAMHB ensure meaningful inclusion of the patient voice, and input from patients and the community are represented in the Needs Assessment?

Throughout this document, SCAMHB's efforts to investigate these questions are evident, as is its commitment to explore the needs, gaps in care, and barriers to care within Covington County.

For the complete Needs Assessment methodology, areas of unmet needs, and needed service expansion see the attached Community Needs Assessment, March 2024.

GREATEST AREA(S) OF UNMET NEEDS

The Community Needs Assessment collected data from 510 respondents, including 106 individuals with lived experience. Among the top priorities identified were

free or low-cost dental services for adults, outpatient mental health counseling, and affordable housing options, all of which were consistently ranked highly across the respondent groups. While the Needs Assessment specifically targeted Covington County, we believe these findings reflect broader needs across our entire catchment area. The priorities identified in Covington County align with challenges faced by residents in other counties we serve.

NEEDED EXPANSIONS

1. Achieve agency-wide certification as a Certified Community Behavioral Health Center (CCBHC), enhancing access to high-quality, comprehensive care for mental health and substance use services.
2. Expand children's services to increase support for youth residing in our catchment area.
3. Increase the range of services for substance use (SU) treatment options, including the addition of Medication Assisted Treatment (MAT) and opioid-specific programs, to improve access for individuals facing addiction.
4. Develop more service locations for integrated care addressing co-occurring mental health and substance use disorders.
5. Extend crisis response services to operate 24/7/365 and offer 988 helpline access.
6. Enhance financial stability and reduce reliance on single funding streams through diversification of funding sources.
7. Invest in modernizing facilities and expanding resources to improve service delivery and meet growing needs.
8. Establish partnerships with local hospitals to increase access to inpatient care resources.
9. Reduce indigent care rates by advocating for Medicaid expansion and enhanced benefits.

CURRENT FUNDING RESOURCES

South Central Alabama Mental Health Board, Inc. FY 2025 budget reflects a strategic approach to diversify funding sources. Slightly less than 70% of SCAMHC's revenue is tied to the state contracts, a notable decrease from the previous 91% during the 23-24 Strategic Plan cycle. This reduction seems to be attributed to our proactive pursuit of local and federal funding. State funding remains critical, however, as it is required to match Medicaid allocations.

Client service revenue from various sources amounts to about 21% of Center revenues. Medicaid remains the primary source of client revenue; however, efforts to increase Medicare revenue have led to some diversification in the Center's funding. Please see the South Central Alabama FY 2025 Budget on next page for more details.

FISCAL YEAR BUDGET
SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.
2025

INCOME

SERVICE REVENUE		
	NET CLIENT SERVICE REVENUE	$4,161,551
	DMH CONTRACT REVENUE	$13,902,246
	TOTAL SERVICE REVENUE	$18,063,797
OTHER INCOME		
	COUNTY APPROPRIATIONS	$42,000
	MUNICIPAL APPROPRIATION	$52,700
	SAMHSA CCBHC GRANT	$1,000,000
	OTHER INCOME	$692,067
	TOTAL OTHER INCOME	$1,786,767

TOTAL INCOME $19,850,564

EXPENSES

OPERATING EXPENSES		
	SALARIES AND BENEFITS	$3,156,622
	LEASED EMPLOYEE SALARIES AND BENEFITS	$10,066,262
	PROFESSIONAL FEES	$2,308,540
	TECHNOLOGY EXPENSE	$541,406
	OFFICE AND PROGRAM EXPENSE	$860,394
	HOUSEHOLD EXPENSES	$81,541
	FACILITY AND EQUIPMENT EXPENSE	$493,788
	UTILITIES	$494,794
	CLIENT EXPENSES	$638,415
	TOTAL OPERATING EXPENSES	$18,641,762
OTHER EXPENSES		
	OTHER EXPENSES	$484,572
	CHM EXPENSES	$43,736
	INTEREST EXPENSE	$332,551
	DEPRECIATION AND AMORTIZATION EXPENSE	$345,258
	TOTAL OTHER EXPENSES	$1,206,117

TOTAL EXPENSES $19,847,879

NET INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS $2,685

EXTRAORDINARY ITEMS
     GAIN (LOSS) ON SALE OF ASSET $ -

NET INCOME (LOSS) AFTER EXTRAORDINARY ITEMS $2,685

GOALS AND OBJECTIVES

Goal 1: Strengthen Workforce Stability and Development
- **Objective 1.1:** Enhance employee retention through competitive salaries, cost-of-living adjustments, and improved benefits, focusing on options to mitigate gaps in family health insurance.
- **Objective 1.2:** Expand staff training to include streamlined onboarding, cybersecurity education, and structured peer mentorship.
- **Objective 1.3:** Innovate recruitment strategies by partnering with local universities, increasing social media outreach, and refining job descriptions to attract a wider range of candidates.

Goal 2: Enhance Consumer and Staff Satisfaction, Safety, and Service Quality
- **Objective 2.1:** Prioritize aesthetic upgrades to facilities, addressing feedback on physical space improvements to boost consumer satisfaction.
- **Objective 2.2:** Implement consumer satisfaction surveys annually to gather insights for continuous service improvement.
- **Objective 2.3:** Research and implement advanced tools for satisfaction surveys to improve response quality.
- **Objective 2.4:** Launch the Client Portal in the EHR, enhancing consumer accessibility and engagement.
- **Objective 2.5:** Update and replace outdated equipment to improve safety, reliability, and staff satisfaction.

Goal 3: Ensure Financial Stability and Adaptability to CCBHC Transition
- **Objective 3.1:** Develop and implement new productivity expectations to align with CCBHC requirements.
- **Objective 3.2:** Maintain financial health with an annual financial goal attainment of 105% and a minimum of 30 days of operational funds.
- **Objective 3.3:** Increase visibility and referrals through expanded social media marketing and partnerships.
- **Objective 3.4:** Expand insurance network participation to capture and retain more insurance revenue.
- **Objective 3.5:** Adapt to billing changes associated with the CCBHC model to ensure revenue consistency.

Goal 4: Develop and Expand Rural Crisis System of Care
- **Objective 4.1:** Build a Rural Crisis Diversion Center.

- **Objective 4.2:** Establish partnerships with FQHCs and other primary care providers to streamline referrals and provide integrated care.
- **Objective 4.3:** Collaborate with law enforcement to utilize MyCare tablets, enabling on-the-spot virtual consultations and reducing the need for mobile crisis deployment.
- **Objective 4.4:** Build a cohesive referral pathway with local law enforcement and community providers, ensuring coordinated crisis response in rural areas.

Goal 5: Achieve Full CCBHC Certification Across Service Areas
- **Objective 5.1:** Complete DMH certification for all counties, building on SAMHSA attestation already achieved in Covington County.
- **Objective 5.2:** Utilize the existing BI system effectively for reporting requirements and performance tracking, with an emphasis on supporting CCBHC data demands.
- **Objective 5.3:** Expand staff training to include trauma-informed care and evidence-based practices, ensuring a high standard of care across all programs.
- **Objective 5.4:** Develop and implement strategies tailored to the unique needs of a rural CCBHC, supporting success in areas with limited resources.

Goal 6: Expand and Stabilize Children's Services
- **Objective 6.1:** Capture new funding streams to expand and sustain children's services as needs and resources evolve.
- **Objective 6.2:** Collaborate with community partners to enhance service continuity for children across various levels of care.
- **Objective 6.3:** Provide the Parent Project curriculum to interested schools.
- **Objective 6.4:** Train staff in Parent-Child Interaction Therapy (PCIT) for children ages 2-7.

Goal 7: Enhance and Diversify Substance Use (SU) Services
- **Objective 7.1:** Increase caseload capacity for substance use services to meet rising community demand.
- **Objective 7.2:** Expand scope to include co-occurring services, supporting clients with both mental health and substance use needs.
- **Objective 7.3:** Develop children's substance use services to address the specific needs of younger populations in the service area.

Goal 8: Optimize Developmental Disability (DD) Service Coordination and Quality Assurance

- **Objective 8.1:** Standardize processes for peer review and quality assurance to improve consistency and service quality across DD services.
- **Objective 8.2:** Enhance EHR and ADIDIS documentation protocols, focusing on data accuracy and streamlined record-keeping.

Goal 9: Ensure comprehensive tracking and reporting of gender identity and sexual orientation to better serve the needs of disparate populations.

- **Objective 9.1:** Implement processes for ongoing data collection on gender identity and sexual orientation for all clients by January 31, 2025.
- **Objective 9.2:** Publish demographic information on the populations served by SCAMHB in future Community Needs Assessments, conducted at a minimum of once every three years.
- **Objective 9.3:** Formalize a partnership with at least one local LGBTQIA+ organization by November 15, 2026.

Community Needs Assessment Alignment:

There are no formal local data available reporting the percentage of the population who identify as cisgender or gender non-conforming in Covington County. SCAMHB recognizes that there are limited local data available on gender identity. In alignment with the CCBHC criteria, the program has begun tracking these data for individuals served. This will ensure the needs of this disparate population are represented and well-served by the program (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p. 4).

There are also no formal local data available reporting the percentage of the population who identify as LGBTQIA+ in Covington County. SCAMHB recognizes that there are limited local data available on LGBTQIA+ identity within the service area. With the CCBHC grant, the program has begun tracking these data, including sexual orientation, for individuals served. This will ensure the needs of disparate populations are represented and well-served by the grant (South Central Alabama Mental Health (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p. 5).

Goal 10: Address the most prioritized community needs, including affordable dental, primary care, mental health, housing, and employment services.

- **Objective 10.1:** Increase availability of behavioral health professionals by implementing recruitment strategies to fill open positions and reduce vacancy rates by 20% by September 30, 2026.

- **Objective 10.2:** Decrease turnover among behavioral health professionals and counselors by 20% through targeted retention initiatives by September 30, 2026.
- **Objective 10.3:** Formalize at least one partnership with a transportation provider by September 30, 2027.
- **Objective 10.4:** Formalize at least two partnerships with dental service providers by September 30, 2026, to facilitate referrals for free or low-cost outpatient dental care services, with a goal of serving at least 15 consumers annually.
- **Objective 10.5:** Formalize at least one formal partnership with a Federally Qualified Health Center (FQHC) or a similar organization by September 30, 2026, to facilitate referrals for free or low-cost outpatient primary care/medical care services, with a goal of serving at least 15 consumers annually.
- **Objective 10.6:** Formalize at least two partnerships with local housing agencies by September 30, 2026, to facilitate referrals for safe, affordable housing options, with a goal of serving at least 10 consumers annually.
- **Objective 10.7:** Formalize at least one partnership with a workforce development agency by September 30, 2026, to facilitate referrals for job preparation and employment support services, aiming to serve a minimum of 15 consumers annually.

Community Needs Assessment Alignment:
In a recent statewide poll conducted in December 2023 of 620 Alabama voters, 47.7% answered that mental health and substance use treatment is 'inaccessible.' Indeed, of those who experienced a mental health crisis (either personally or with 'someone close'), 44.5% reported not being able to get needed help in a timely manner. Close to three-quarters (74.3%) of respondents were not aware of 988, the Suicide and Crisis Lifeline.

A Community Health Needs Assessment (CHNA) conducted by Mizell Memorial Hospital in 2022 identified "mental health" and specifically the "availability of mental health professionals and counselors" as a "significant need" for Covington County (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p. 9).

Needed Service	Aggregate (N=510)	Aggregate Priority	Respondents w/ Lived Experience (*n*=106)	Lived Experience Priority
Free or low-cost dental services for adults	63.70%	1	63.20%	1

Free/low-cost outpatient primary care/medical care for adults	56.30%	3	58.50%	2
Safe, affordable housing options	54.50%	4	57.50%	3
Free or low-cost outpatient mental health counseling for adults	61.40%	2	55.70%	4
Free or low-cost dental services for children	51.60%	5	50.00%	5
Employment/job seeking or preparation services	48.80%	6	50.00%	6

Source: South Central Alabama Mental Health. (2024, March). Certified Community Behavioral Health Clinic (CCBHC) Needs Assessment. Pages 17-21.

Goal 11: Increase access to timely, affordable crisis services and post-crisis support in Butler, Coffee, Covington, and Crenshaw counties.

- **Objective 11.1:** Expand SCAMHB Urgent Care operating hours to 24/7 by September 30, 2025, as allowed by ADMH Rural Crisis Center funding.
- **Objective 11.2:** Attain certification and implement services for the 988 Suicide & Crisis Lifeline or formalize a partnership with by September 30, 2026.
- **Objective 11.3:** Increase awareness of the 988 Crisis Helpline through two targeted outreach and public communication activities by September 30, 2025.
- **Objective 11.4:** Enhance training for helpline staff to effectively manage crisis calls for veterans, first responders, and other specialized populations, aiming to train all crisis service staff by September 30, 2026.
- **Objective 11.5:** Establish a multi-disciplinary advisory group (e.g., working group or committee) including community stakeholders by January 31, 2025.
- **Objective 11.6:** Develop strategic planning initiatives to support police officers and mental health crisis workers responding together to mental health calls by June 30, 2025.
- **Objective 11.7:** Conduct specialized training on mental health, crisis topics, and/or crisis response model (e.g., crisis intervention, co-response, mobile crisis response) with least 40 community stakeholders by June 30, 2025.
- **Objective 11.8:** Provide veteran-specific cultural competency training for SCAMHB staff delivering direct services by September 30, 2025.

Community Needs Assessment Alignment:
In a recent statewide poll conducted in December 2023 of 620 Alabama voters, those who experienced a mental health crisis (either personally or with 'someone close'), 44.5% reported not being able to get needed help in a timely

manner. Close to three-quarters (74.3%) of respondents were not aware of 988, the Suicide and Crisis Lifeline (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p. 9).

SCAMHB's Emergency Response Program Helpline took 451 crisis calls last year, of which 237 (or 53%) required a face-to-face evaluation. SCAMHB has focused activities to screen for depression and suicide risk, to make and track referrals for mental health treatment, and to compare screening results at multiple points in time (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p.10).

Goal 12: Enhance mental health and substance use disorder (SUD) screening, treatment, and recovery support services.
- **Objective 12.1:** Expand access to substance use disorder (SUD) care by implementing Medication-Assisted Treatment (MAT) services in Butler, Coffee, Covington, and Crenshaw counties, with a goal of enrolling at least 10 clients in the MAT program by September 30, 2025.
- **Objective 12.2:** Increase community access to naloxone by distributing at least 50 overdose reversal kits by December 31, 2025.
- **Objective 12.3:** Expand peer support and group therapy options for SUD by adding one new group session per month by 2026, increasing participation by 25% by September 30, 2027.

Community Needs Assessment Alignment:
SCAMHB remains committed to increasing access to SUD care and reducing substance abuse in Covington County. To address this disparity, SCAMHB has focused activities to provide SUD treatment and tailor SUD support/peer group services (South Central Alabama Mental Health, 2024, March, *CCBHC Needs Assessment*, p. 11).

Goal 13: Foster a culture of continuous quality improvement to achieve measurable outcomes in service delivery and client satisfaction.
- **Objective 13.1:** Conduct and analyze a Community Needs Assessment, conducted at a minimum of once every three years.
- **Objective 13.2:** Report annually on progress toward goals, including demographic and service outcome data to demonstrate impact and address any ongoing gaps.

PLAN MONITORING AND EVALUATION

The Strategic Plan is available for review by each staff member of South Central Mental Health through our website at www.scamhc.org and the Alabama

Department of Mental Health website. The Strategic Plan will be place on the SCAMHB Management Team (Organizational Management Group) agenda for review at each meeting.

FY25-26 Strategic Plan and 310 Board Plan

Final Audit Report   2024-11-13

Created:	2024-11-13
By:	South Central Alabama Mental Health Center (adobe.acrobat@scamhc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvIkaX0d11oGHaaLpoIp8aXppcn6-9pll

"FY25-26 Strategic Plan and 310 Board Plan" History

📄 Document created by South Central Alabama Mental Health Center (adobe.acrobat@scamhc.org)
2024-11-13 - 8:17:42 PM GMT

✉ Document emailed to Tommy Wright (tommy.wright@scamhc.org) for signature
2024-11-13 - 8:20:36 PM GMT

📄 Email viewed by Tommy Wright (tommy.wright@scamhc.org)
2024-11-13 - 8:28:54 PM GMT

🖉 Signer Tommy Wright (tommy.wright@scamhc.org) entered name at signing as William T. Wright
2024-11-13 - 8:29:42 PM GMT

🖉 Document e-signed by William T. Wright (tommy.wright@scamhc.org)
Signature Date: 2024-11-13 - 8:29:44 PM GMT - Time Source: server

✉ Document emailed to Sandy Flowers (sandy.flowers@scamhc.org) for signature
2024-11-13 - 8:29:46 PM GMT

📄 Email viewed by Sandy Flowers (sandy.flowers@scamhc.org)
2024-11-13 - 8:32:25 PM GMT

🖉 Document e-signed by Sandy Flowers (sandy.flowers@scamhc.org)
Signature Date: 2024-11-13 - 8:32:56 PM GMT - Time Source: server

✉ Document emailed to Will Tate (willtate74@yahoo.com) for signature
2024-11-13 - 8:32:58 PM GMT

📄 Email viewed by Will Tate (willtate74@yahoo.com)
2024-11-13 - 8:42:19 PM GMT

🖉 Document e-signed by Will Tate (willtate74@yahoo.com)
Signature Date: 2024-11-13 - 8:42:55 PM GMT - Time Source: server

Agreement completed.
2024-11-13 - 8:42:55 PM GMT

Adobe Acrobat Sign