



**Carastar**  
Health

**Strategic Plan**  
**FY 26-27**

Jean Davis, Vice-President  
Board of Directors

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Approved by the Board of Directors  
Carastar Health  
February 2, 2026

**Montgomery Area Mental Health Authority, Inc.  
d.b.a. Carastar Health  
310 Board  
FY26-FY27 Strategic Plan**

**Mission Statement**

*The mission of Carastar Health is to provide quality mental health services within our service area, to the extent that resources will allow, with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery and enhances consumer, family and provider input.*

**Vision Statement**

*Carastar Health seeks to be an innovative leader in the delivery of high quality, cost effective, consumer-focused treatment and rehabilitative services for those with serious mental illnesses or serious emotional disturbance.*

**I. Overview and Brief History**

Montgomery Area Mental Health Authority, doing business as Carastar Health, is a public, non-profit corporation created in conformity to Act 310 of the Alabama Legislature. The purpose of Carastar Health is to provide behavioral health services to adults with Serious Mental Illness and children and adolescents with Severe Emotional Disturbance in Autauga, Elmore, Lowndes and Montgomery Counties. Carastar Health is directed by a twenty-four-member Board whose members are appointed by the governing bodies in all four counties.

Carastar Health provides comprehensive services to support evolving mental health needs. Knowing wellness is a collaborative effort, Carastar is integrated into a community network of medical healthcare providers, civic leadership, lawmakers, like agencies, businesses, and schools.

Carastar's goal is to ensure the best possible daily functioning of people within their community by providing access to timely, individualized services. The continuum of care is designed to provide improved independence, encouragement, and hope. Carastar Health helps individuals create a plan for treatment with control over their own choices.

*History*

In 1966, the Mental Health Association in Montgomery requested, through the United Appeal, the assistance of the Community Council in preparing a survey of mental health needs in Montgomery County. The purpose of the survey was to list the existing mental health resources and needs to determine whether the formation of a comprehensive community mental health center could be justified and feasible at that time. The immediate need for such a study was brought about by the establishment of the Alabama Department of Mental Health (ADMH) in 1965. Prior to that time, the Mental Hygiene Clinic was a division of the Alabama Department of Public Health.

The Montgomery Area Mental Health Authority, Inc. was incorporated in June of 1968. The Mental Hygiene Clinic became the nucleus for the center at the time. It moved out of the Health Department to its own quarters on South Ripley Street in 1969. Needing more space for operations, it was necessary to move again in 1970 to 750 Washington Ave. In January 1974, a building was purchased at 1616 Mt. Meigs Road, and the Authority was moved there.

The Montgomery Area Mental Health Authority received a Federal Initial Operations Grant in August of 1979 which enabled the Authority to lease a three-story building located at 101 Coliseum Boulevard. The two-story building next door was eventually purchased. Due to the continued growth and development of the Authority, Greil Hospital was purchased in 2013. Additionally, the Authority has satellite offices in Autauga, Elmore and Lowndes Counties as well as several residential sites.

In 2020, the Authority received one of the first three awards for a Crisis Diversion Center. The center serves the eleven counties of Region 3. In 2021, the Agency became certified to provide substance abuse services. In 2022, the Montgomery Area Mental Health Authority underwent a rebranding process, after careful examination of the growth and scope of services, the organization's mission, values, and the evolving needs of its consumers and community. At the 2022 Annual Meeting, MAMHA announced it was now doing business as Carastar Health. While its name and image had changed, the mission and values remained the same: Providing quality care for consumers, affording them dignity and respect in the achievement of their goals.

### **Services Provided**

Carastar Health provides services funded from a variety of sources that are defined by one or more regulatory authorities. Any child, adolescent or adult within the catchment area is eligible to receive crisis, screening, and follow-up services. Intake assessments must be conducted to determine need for mental health services and help the individual develop a care plan. Additional services must be approved and provided according to that care plan. All services must be provided in adherence with local, state, and federal guidelines.

### **Child, Adolescent and Adult Outpatient Mental Health Services**

Outpatient Services are monitored by a multidisciplinary team of therapists, medical assistants, LPNs, RNs, CRNPs, and psychiatrists who collaborate on providing quality, accessible care to

consumers with serious mental illness (SMI) and severe emotional disturbance (SED), or who are contract eligible.

All consumers enrolled in outpatient services are assigned to a primary therapist, who is responsible for developing the individualized treatment plan with the consumer. The treatment plan is developed with the consumer and wherever possible, their family and/or natural supports. The plan indicates long- and short-term goals and is based on needs identified in the structured assessment and diagnosis. The treatment plan authorizes services, outlines interventions to help meet objectives and goals, and assigns responsibility to the treatment team members. The primary therapist makes referrals and recommendations for services as appropriate, based on the assessment of needs. The treatment plan is updated as goals are achieved, removed or added, or when services and/or programs are added or removed. The intake and plan are always updated annually, and services must be reauthorized at least once a year. Treatment plans must be approved by the clinician's supervisor, and the plan must also be reviewed for appropriateness and medical necessity by a second clinician outside of the treatment team.

#### Peer Support Services

Peers are certified by the Alabama Department of Mental Health. They are trained to share their story of recovery with mental illness or substance use disorder, so that a consumer can be encouraged that recovery is possible. Peers help consumers develop their own individualized recovery plan, and can guide the individual through their treatment while serving as an advocate and support.

Peer services are available in a variety of settings across the continuum of care, to include outpatient, adult in-home, crisis residential, residential, child and adolescent services (to include youth and parent peers).

Juvenile Court Liaison –Services to children and adolescents with mental illness/serious emotional disturbances (SMI/SED) within the juvenile justice system. Services include referrals and acute care services to prevent commitment proceedings.

Child and Adolescent In-Home Intervention: The child and adolescent in-home intervention team provides structured, strength-based therapeutic services to a child or youth with a serious emotional disturbance (SED) and their family in the home and in the community. Services are time-limited and home based and are designed to provide effective support to the child or youth's functioning in the home and community.

Intensive Home-Based Services (IHBS): Services intended to augment the process of recovery of children and adolescents, referred to and monitored through care coordination.

- *Therapeutic Mentoring*: Structured one-on-one intervention to a child or a youth and their families that is designed to ameliorate behavioral health-related conditions that prevent age-appropriate functioning.
- *Peer Support Youth and Parent*: Peer services to promote recovery, self-advocacy and socialization.
- *High and Low Intensity Care Coordination: (HICC & LICC)* Care coordination services to a target population, serving as a hub for more intensive services. Care coordinators work with the individuals in developing and implementing a multidisciplinary, coordinated care plan.

School-Based Mental Health Services: Services provided through a formal collaboration between the Department of Education, the Department of Mental Health, and Carastar Health. Consumers and their families have access to other rehabilitative services such as in-home, care coordination, therapeutic mentoring, and peers. Carastar provides services in Montgomery, Elmore, Autauga, Lowndes, Pike Road City, and Tallassee Public Schools.

#### Adult Case Management Services

Adult Case Management services are available in all counties within the catchment area, and may be specialized, to include:

- *PATH*: Homeless case management and outreach.
- *Forensic*: Case management for the judicially involved.
- *Custody to Community & Stepping Up*: Case management for individuals coming out of jail to assist with re-entry into the community. Services are designed to help develop necessary support and services so that the consumer may avoid returning to jail. Services may be provided in the court as liaison and advocate, or in the community through outreach.
- Supportive, intensive case management for Evidenced-Based, Transitional, and HUD supported housing.

#### Adult Day Treatment Services

Carastar Health operates two types of day treatment programs: Intensive Day Treatment and Rehabilitative Day Programs.

*Intensive Day Treatment Services (IDTX)* provide groups and individual services for four hours per day. These are highly structured services designed to bridge acute treatment and less intensive services such as rehabilitation and outpatient with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration. IDTX is provided in Elmore and Montgomery counties for individuals who reside in the community or in a Carastar Residential facility. IDTX is also offered in the Crisis Residential Units in Montgomery County.

*Rehabilitative Day Treatment Program (RDP):* Groups are offered daily, with services designed to provide long-term recovery services with goals of improving functioning, facilitating recovery, achieving personal life goals, regaining self-worth, optimizing illness management, and helping consumers to become productive participants in community life. One RDP program is offered in Lowndes and one in Montgomery.

### Residential Services

Carastar currently operates 105 supervised residential beds in Montgomery, Elmore and Lowndes County.

- *Hull Street:* 10 beds, male, Adult Foster Care group home in Montgomery County.
- *Ryan Street:* 11 beds, co-ed, Residential Care Home in Montgomery County.
- *Gardner Place:* 11 beds, co-ed Specialized Behavioral group home in Lowndes County.
- *Hillside:* 10 bed, male, Specialized Behavioral Forensic Group Home in Elmore County.
- *3-bed Homes:* Three Small Capacity homes with 3 beds each, in Montgomery County.
  - 3-bed Care Home (male)
  - Carastar at the Reserve (male)
  - Carastar at the Boardwalk (female)
- *Meals, Observation, Medications (MOM):* Two Semi-independent programs in Montgomery.
  - MOMs at McGehee (12 bed)
  - Carastar at the Park (30 bed)
- *Friendship Lodge:* 12 beds, co-ed, semi-independent program in Montgomery.

### Supported Housing

Carastar Health operates 68 beds that are either permanent supportive housing or transitional housing. Consumers must have a Serious Mental Illness and must meet the specific eligibility criteria of the program.

- *HUD Supported Housing:* 46 single, scattered-site apartments leased by Carastar Health, which includes one 3-bed Residential Care Home, funded and monitored by HUD. The program provides a subsidy for rent and other approved costs and supportive services. To be eligible, the individual must be documented to meet the criteria for chronic homelessness as defined by HUD.
- *Evidenced-Based Supported Housing (EBSHP):* Carastar leases two-and three-bed apartments totaling 12 beds, and subleases to adults with Serious Mental Illness who are at risk of or are currently homeless. They do not need to be considered chronically homeless to be eligible. The program provides a subsidy for rent and other approved costs and supportive services. Services are designed for individuals who need an intensive level of case management to reduce the risk of hospitalization. The program is

funded through the ADMH state contract, with evidenced-based practices monitored by the Office of Adult MI Services through an audit of a fidelity scale.

- *CEST Transitional Housing*: These are two-and three-bed apartments totaling 10 beds leased by Carastar Health for homeless adults with Serious Mental Illness who need brief, transitional housing. Consumers receive intensive case management services with the primary goal of establishing permanent housing with a plan for independent support and increased functioning.

#### Substance Abuse Services

Carastar Health provides substance abuse services to eligible children, adolescents and adults who are diagnosed with substance use disorders. ADMH certifies Carastar's three outpatient programs:

- Level I Adult Outpatient
- Level I Adolescent Outpatient
- Level I Co-Occurring Enhanced Outpatient

#### Individualized Placement and Support (IPS)

The Individual Placement and Support (IPS) program is an evidenced-based approach to help people with serious mental illness find and retain competitive employment. Carastar partners with the Alabama Department of Rehabilitative Services (ADRS) and ADMH to provide individualized services for individuals with Serious Mental Illness who want to work. The team works to provide job development, job retention, benefits counseling, and peer support services thorough all stages of employment. IPS operates under the premise that a consumer should not "wait to be well enough to work," because working helps promote and sustain recovery.

#### Crisis Outreach Services

Carastar Health provides swift response and immediate support to individuals who are experiencing a behavioral health crisis, or to individuals considered high-risk for hospitalization. The Crisis Outreach team works with the individual and their friends and family to connect them to the least restrictive level of care. Crisis Outreach staff remain involved through the resolution of the crisis and assist in follow-up. Follow-up support and services are designed to meet identified needs and prevent further crisis.

- *Crisis Evaluation and Support Team (CEST)*: A three-person team consisting of a Therapist, Case Manager, and Placement Coordinator. The CEST team provides assessment, crisis intervention, and linkage to services such as inpatient treatment in behavioral health crisis. The CEST team works with the individual and their families to recommend and seek the least restrictive level of care. If a petition for civil commitment is needed, the CEST team will liaison with the probate court and ADMH to ensure the

appropriate steps are taken and that a CRU or hospital bed is identified. Carastar has access to funds for contract hospital beds and state inpatient beds as needed.

- *Assertive Community Treatment (ACT)* - A multi-disciplinary team that provides intensive community-based services. Services are provided on a 1:12 consumer to staff ratio as defined by standards, and are both home, community, and clinic-based services to consumers identified as high risk for hospitalization.
  - *Assisted Outpatient Treatment (AOT) ACT team*: ACT team specifically for individuals monitored through an outpatient commitment order. Funded through grant with SAMHSA.
- *Adult In-Home Team*: The Adult In-Home teams provide intensive services that prevent hospitalization and facilitate post hospitalization services to aid in the transition between levels of care. This program evaluates individuals in psychiatric crises, makes recommendations, provides direct services and/or referrals to appropriate resources, and maintains a caseload that is small enough to allow for intensive, individualized care.
- *Mobile Crisis Team*: The purpose of the team is to provide immediate, focused services in the community on an as-needed basis, in order to prevent hospitalization, assist with de-escalating crisis situations, and to prevent unnecessary admissions to jails and emergency rooms.

Carastar Crisis Center: The Carastar Crisis Center (CCC) is available 24/7 to evaluate and treat individuals who are experiencing a behavioral health crisis. This voluntary crisis care program is highly individualized to assist the individual with resolving an immediate behavioral health crisis and developing a plan for discharge and follow-up. The treatment team consists of a psychiatrist and CRNP, RN, LPN's, therapists, peer specialist, case manager/discharge planner, and are supported by mental health techs. Individuals may be observed in an outpatient Temporary Observation setting, or they may be admitted to the 15-bed Extended Observation Unit for up to seven days. If longer inpatient treatment is needed, the consumer may be referred to one of Carastar's Crisis Residential Units or to an acute care hospital. The Crisis Center adopts a 'no wrong door' approach and seeks to screen consumers in rather than screen them out. Carastar works closely with stakeholders, hospitals, law enforcement and community partners to ensure smooth transitions of care and coordination.

#### Crisis Residential Units

Carastar Health operates three Designated Mental Health Facilities (DMHF) that are certified to provide crisis residential and assessment services for individuals in need of crisis stabilization. Facilities serve individuals with SMI or who are Contract Eligible who are voluntary or who are ordered by a court for assessment and/or treatment. A DMHF may treat and discharge an individual who is under a commitment. There are 44 beds in total serving the four-county catchment area.

- *Infinite Horizons CRU*: 16 beds

- *Beth Manor CRU*: 16 beds
- *PAC at Carmichael (PAC)*: 12 beds

### **Initiatives and Partnerships**

The success of Carastar's mission depends on strong partnerships and an understanding of the needs of the individuals and community served. Carastar draws on strong community partnerships to meet local needs. Programs are developed, expanded, and adapted according to need, to include:

- Carastar opened one of the first crisis diversion centers in Alabama, and over the past two years has consistently admitted an average of 140 consumers a month.
- Carastar partners with Integrea Mental Health and East Central Mental Health to extend mobile crisis services across the eleven counties of Region 3. In addition to the mobile crisis team funded to the Region by ADMH, Carastar has two locally funded mobile crisis teams: one, covering Autauga and Elmore Counties, and the other an ADECA-funded crisis team through a partnership with Montgomery County Commission, Montgomery Sheriff Department and Montgomery Police Department.
- In the past two years, Carastar expanded its school-based services by entering new partnerships with Pike Road City and Tallassee City. Elmore Public Schools funds a third position in their district, and ADMH set aside additional funds for the second position in Autauga County schools for the upcoming fiscal year. Carastar now has a total of eleven therapist positions across six public school districts.
- In 2024, Carastar was awarded a four-year SAMHSA grant for an Assisted Outpatient Treatment program in partnership with Mental Health America, Hands on River Region, and Montgomery Probate. This program seeks to reduce the number of recurrent inpatient commitments and provide additional support and increases engagement for individuals ordered to outpatient commitment.

### ***Funding***

The majority of Carastar's funding comes from ADMH, approximately 66%. Approximately 12% of revenue is Medicaid funds, passed through ADMH. 5% of funds come from grants (HUD, SAMHSA), and 3% from local funding. 2% of revenue comes from fees for service. Carastar will continue to advocate for additional funds from the cities and counties served. Carastar will also continue to seek other sources of revenue, such as grants and potential managed care contracts.

### **Assessment Process**

Carastar's planning cycle encompasses a two-year period. In the last quarter of the two-year period, the Senior Leadership Team (Executive Director, Chief Operations Officer, Clinical Director, Human Resources Director, and Chief Financial Officer), review the assessment of

needs and Carastar's progress on prior goals and objectives. The plan for the following period is developed, and goals are prioritized based on identified needs. The assessment of needs identifies gaps in services, prioritizes services to improve and expand, and identifies ways in which the organization can operate more effectively and efficiently. The assessment is informed by input from a diverse array of internal and external stakeholders.

The needs assessment includes the gathering of information about the population served.

Montgomery County has an estimated population of 225,894 as of 2024, 61% Black, 33% White. The County is a mix of rural and urban areas. Autauga County has an estimated population of 61,464, 21.7% Black, 74.1% White, and is considered rural. Elmore County has an estimated population of 91,042, 22% Black, 75.7% White, and is considered rural. Lowndes County has an estimated population of 9,485; 71.7% Black, 26.3% White, and is considered rural. Montgomery County has over 15,000 residents who are veterans. There is considerable disparity in median household income across the catchment area: \$75,553 in Elmore and \$69,841 in Autauga, compared to \$58,153 in Montgomery and \$35,160 in Lowndes. Transportation is a barrier, particularly in Elmore and Lowndes Counties

In FY23 and FY24, Carastar served a total of 9,332 unduplicated consumers: 54.34% female, 46.15% male. 62.77% Black, 31.60% White. 63.75% were from Montgomery, 15.97% from Elmore, 13.39% from Autauga and 3.05% from Lowndes. A negligible percentage was from other counties but received services in our catchment area (mostly crisis services).

#### *Assessment of Needs / Monitoring of Strategic Plan Goals and Objectives*

The Executive Director, along with the Executive Leadership Team, represents Carastar Health at local civil meetings such as County Commission and City Council meetings, Advocacy Day with the Alabama Council for Behavioral Health, NAMI meetings, and annual Board meetings for other non-profit and behavioral health organizations. In FY25, the Executive Director served as the President for the Council for Behavioral Health and took part in planning and collaboration with other mental health centers, the Department of Mental Health, Sherriff's Association, the Hospital Association, and others. She also served as the Vice-President of the Wellness Coalition in FY25 and serves on the Board of the Mid Alabama Coalition for the Homeless. Carastar's Clinical Director serves on the Board for Mental Health America, Montgomery.

The Human Rights committee meets monthly and is facilitated by a member of Carastar's Board. It is an open forum meeting with membership consisting of Board members, members of the community, family of consumers, consumers, peers, and Carastar employees. The goal of the meeting is to ensure quality of care and protection of human rights. The chairperson reports monthly to the Board on any concerns raised and progress on resolution.

Carastar hosts a monthly Collaborative Meeting for mental health services, with stakeholders including Jackson Hospital, Baptist Hospital, Montgomery Police Department, Montgomery Sheriff Department, Friendship Mission, Family Sunshine Center, MACH, Mental Health America, and Montgomery Office of Probate.

Carastar took part in Elmore Counties' Mental Health collaboration meeting, a group of stakeholders and policy makers, which led to the establishment of Stepping Up in Elmore County in FY25 and the jointly funded mobile crisis team in Autauga and Elmore counties.

Carastar meets routinely and gathers input and data from partners and stakeholders: monthly with all of its school-based partners, weekly with the hospitals providing contract inpatient services, monthly with the Continuum of Care for HUD, monthly with ADRS for the Supported Employment program, and as required for the grants with Steering and Management committees and planning with probate, hospitals and law enforcement in all four counties.

Local needs are assessed as part of community outreach. Carastar provides continuous engagement and outreach. A diverse array of Carastar staff and subject matter experts provide consultation and education several times a month to schools, faith-based organizations, health-care organizations, local media, and other non-profits. Senior leadership serves on several Boards, including Mental Health America, MACH, and Wellness Coalition. Carastar's Event Planning team hosted engagement events such as First Responder's Appreciation Day, Judge's Appreciation Day, and Legislative Breakfast and Information Sessions.

Carastar Health's administration is structured so as to continuously assess needs and monitor the implementation of the goals and objectives of Carastar's Strategic Plan. Needs and progress on goals are assessed within the organization as follows:

The Executive Leadership Team (CEO, COO, Clinical Director) meets each morning for a brief huddle to ensure any high priority items are being tracked and communicated.

The Senior Leadership and Department Directors have a short weekly "Tuesday Team meeting." The purpose is to review updates and next steps for short term objectives, current initiatives, and collaborate on projects that cross multiple programs.

The Management Forum is a monthly meeting of all Directors and Coordinators. Program managers report on progress with programmatic goals, identify any needs or areas of improvement, and provide information to their peers and Senior Leadership. Managers are encouraged to bring challenges and concerns to the table and collaborate on clinical issues. Management forum is where updates on policy and procedure and initiatives are communicated.

Program Directors and Coordinators are expected to conduct staff meetings monthly and share information to and from Management Forum. Individual supervision is provided as required and appropriate.

The Performance Improvement (PI) Committee develops a Performance Improvement Plan every year designed to align with the Strategic Plan. The purpose of the committee is to ensure the agency operates according to standards and regulations. This committee meets monthly and reports to the Senior Leadership Team. The PI Director reports quarterly and annually to the Board of Directors. The PI team is continuously involved with ensuring Carastar complies with the various governing agencies. The department monitors Carelogic documentation and implements corrective action plans and training to enhance the sustainability of various clinical departments. The department is responsible for mitigating the risk of consumers, working closely with Safety and Security to ensure the consumer's safety and continuity of care.

The Billing Committee meets weekly and consists of representatives from Clinical, PI, Billing, Human Resources and Fiscal Affairs. This committee is led by the Director of Health Information Management and is responsible for developing tracking billing metrics based on productivity targets. This committee identifies any necessary reports for tracking this information and makes recommendations for corrective action to the PI and Clinical Director for addressing deficiencies and areas for improvement.

The Accounting Committee meets weekly and consists of Senior Leadership and representatives from Fiscal Affairs and Billing. This committee is led by the CFO and is responsible for tracking any variances in expected cash flow, revenue or expenses, and making recommendations for intervention. This committee also identifies opportunities for increasing revenue, cutting expenses and developing strategies for implementation.

The Safety Committee meets quarterly and includes all Directors and Coordinators. This committee reviews safety-related occurrences, identifies areas of potential or current safety concern, and ensures alignment with regulatory requirements.

The Human Resources Department facilitates a Town Hall with all staff and Senior Leadership. This is an open forum encouraging communication on issues related to policy, consumer care, employee engagement, and the overall strategic direction of the agency.

The consumer's needs are assessed in a variety of settings according to the program structure: monthly Residential staffing, weekly CRU discharge staffing meetings, clinical supervision. Review of community resources and local trends that impact consumers inform the overall needs assessment of the agency.

All clinical staff gather input and information about consumer's needs and priorities. This information is shared in individual and group supervision, staff meetings, and in Town Hall meetings. Consumers are part of the planning process through advisory meetings, surveys, Human Rights meetings, and Steering Committees for various projects. Carastar partners with NAMI to ensure that consumer voices are heard and attend local meetings, participates in the annual NAMI walk, and serve as speakers to provide information and consultation.

Carastar participates in the administration of consumer and family surveys each year. Data is incorporated into the planning process and is reported to the Board of Directors.

Interdisciplinary staffing is conducted weekly to provide input on clinical care and encourage collaborative team approaches. Consumer needs and concerns are tracked and shared with the Management team.

Consumers are always a part of the assessment of needs process. Staff and consumers are engaged in fun ways. During the holidays, the Leadership team hosts luncheons and cookouts for the consumers. Carastar partners with Mental Health America in "Operation Santa Claus," where Santa delivers presents to the residential consumers via fire truck and confetti. Carastar's Day Treatment program hosts fun events such as Talent Shows where consumers show off talents such as singing, dancing, fashion walks, and beatboxing. Carastar's clinical leadership makes sure that they get to know their consumers, so that consumers feel comfortable coming to them with issues or concerns that they have.

### **Priority Needs, Goals, and Objectives**

For the FY26-27 planning process, the following areas are identified as priority needs for improvement, implementation and/or expansion:

- I. Financial Stability and Sustainability
- II. Adherence to Regulations and Standards of Care
- III. Workforce engagement, retention and development
- IV. Provision of Quality, Evidenced-Based, Individualized, Trauma Informed services based on assessment of needs
  - a. Services to Expand, assuming adequate funding exists:
    - i. Supportive /Transitional Housing
    - ii. Substance Abuse Services
    - iii. Outreach and Care Coordination
    - iv. Crisis Care and the Assisted Outpatient Program
  - b. Services to Improve or Develop/Modify:
    - i. Child and Adolescent Intensive Home-based Services
    - ii. Outpatient services
    - iii. Residential Services
    - iv. Access to Care
    - v. Crisis Services
- V. Facilities Improvements
- VI. Efficiency and Effectiveness of Operations
  - a. Technology Improvements
  - b. Communication
  - c. Policy and Procedure
  - d. Clearly defined process for change and follow-through

With this information considered, the following goals and objectives are outlined for the FY26-27 Strategic Plan:

**FY26/27 Goal #1: Improve the overall financial stability of the organization.**

***Objectives:***

- a. Increase funding sources through grants, local funding, commercial and private insurances, and other sources as available so that cashflow is consistent, and there are adequate cash reserves.
- b. Develop and maintain a Board-approved budget that is viable, balanced, and reportable at a programmatic level with clear productivity targets.
- c. Conduct a comprehensive, continuous evaluation of the revenue and expense cycle to track variances and identify opportunities for improvement.
- d. Collect all expected revenues, including compliance with documentation, contractual, and billing expectations, calculation and collection of fee-for-service, copays, local funding, and ADMH funding.
- e. Monitor all expenses and adjust operations as needed to meet budget expectations.

**FY26/27 Goal #2: Maintain compliance with regulatory standards.**

***Objectives:***

- a. Review all policies and procedures annually and as needed.
- b. Ensure policies and procedures adhere to all governing authorities, to include ADMH, Medicaid, state and local law, financial and accounting standards, professional Boards, and other such entities.
- c. Ensure there is a process for documenting the training and monitoring of staff adherence to policy and procedure.
- d. Document audits of all operational and clinical practices that are governed by the regulatory authority.

**FY 26/27 Goal #3: Improve workforce engagement, retention, and competency.**

***Objectives:***

- a. Increase efficiency of hiring and onboarding process.
- b. Reduce turnover rate.
- c. Develop and monitor training programs to increase competency in de-escalation, documentation, and other areas of need.
- d. Increase staff engagement and morale through training, development opportunities, collaboration, and incentives.
- e. Increase the competencies of managers and supervisors in leadership and staff development.

- f. Continue to improve collaboration and teamwork between and within departments, encouraging effective communication and accountability.
- g. Determine if there is a more cost-effective insurance plan.

**FY 26/27 Goal #4: Provide Quality, Evidenced-Based Services that are Trauma-informed, and individualized.**

***Objectives***

- a. Target specific programs with initiatives for program development to ensure they are quality, evidenced-based, trauma-informed, and highly individualized:
  - 1. Adult and Child/Adolescent Outpatient Services
  - 2. Child and Adolescent Intensive Home-based Services
  - 3. Residential Services
  - 4. Access to Care
  - 5. Crisis Services
- b. Seek funding to expand services that have been identified as a community need:
  - 1. Supportive /Transitional Housing
  - 2. Substance Abuse Services
  - 3. Outreach and Care Coordination
  - 4. Crisis Care and the Assisted Outpatient Program

**FY 26/27 Goal #5: Improve the repair and functionality of Carastar's Facilities**

- a. ***Objectives***Secure funding a new HVAC system for the main complex.
- b. Identify and secure use for the unused portion of the Prattville location.
- c. Paint interior/exterior of Lowndes satellite.
- d. "Beautify" facilities so that they are reflective of trauma-informed care, attractive, functional, durable, and cost-effective.
- e. Seek alternatives to leases for housing programs and MOMs programs.
- f. Sell the Coliseum locations.
- g. Pave the parking lot at the main complex.

**FY 26/27 Goal #6: Improve the Efficiency and Effectiveness of Carastar's Operations.**

***Objectives***

- a. Transit the payroll system from ADP to Chronos.
- b. Transform the manual processes of Human Resources to a digital process, including performance evaluation, onboarding, payroll, and other personnel workflows.
- c. Update the evaluation form.
- d. Develop and implement a process for the workflow of staff evaluations so that there is a clear, manageable system of tracking and accountability.

- e. Complete upgrade of IT network to Cisco.
- f. Evaluate accounting system – Abila to determine if most cost-effective and appropriate functionality.
- g. Widespread use and competency in technology: Carelogic, Sharepoint, Outlook, Printers, Faxes, Scanners, work order systems, occurrence reports.
- h. Follow a clearly defined continuous quality improvement change process as part of working through the Strategic plan.

The Strategic Plan will be monitored by the Executive Director and the Senior Leadership team. Goals from the PI Plan, Management team, and other committees are aligned with contributing to the success of the Strategic plan. Progress on objectives and goals shall be documented in quarterly and annual reports, with updates approved by the Board and submitted to the Alabama Department of Mental Health every two years. The Plan is a living document, subject to revision based on the needs of the organization, community, and the consumers we serve.

The Executive Director and the Leadership team are responsible for ensuring the goals and vision of this Strategic Plan are communicated to the staff across the organization. It is essential that Carastar's operations and clinical team are aligned with the same shared goals. Carastar must always remember its mission: to provide the highest level of care possible so that consumers can achieve their goals and be treated with dignity and respect.

