

LOCAL 310 PLAN FOR FY 2016-18

FOR

Highland Health Systems
(Formerly Calhoun-Cleburne Mental Health Boards, Inc)

TWO YEAR PLAN FOR FY 2016-18

Highland Health Systems

A comprehensive 310 Board serving Calhoun and Cleburne counties.

Populations served include persons with mental illness, developmental disabilities and substance abuse.

Vision Statement

To be a model community service system known for its integrity, professionalism, and uncompromising commitment to our clients. To be the service provider of choice in the delivery of valued community services and adapting to the changing needs of our clients through input from community, consumers and prospective service users.

Mission Statement

The Board of Directors of Highland Health Systems in response to needs presented by clients, families, advisory boards, prospective users, other agencies and governmental institutions, have committed the Center, its staff and resources, to the mission of providing a comprehensive, effective continuum of care. This continuum of care would address the needs of individuals, groups, families and prospective users and actively seek to assist in improving their lives. Our commitment to this mission is spelled out as follows:

1. To provide accessible, cost effective, high quality and goal-oriented outcome based mental health services to the people of Calhoun and Cleburne Counties.
2. To provide accessible and appropriate services to persons and/or families with problems that relate to psychiatric, habilitation, rehabilitation, or counseling needs and interventions.
3. To prioritize services to those who suffer from severe mental illnesses, children who experience severe emotional disturbances, individuals who are developmentally disabled, individuals who seek recovery or are recovering from addictions to alcohol/drugs. These mental health services would assist in clients bettering the quality of their lives, and to the general population as resources allow.
4. To base services on attaining the highest level of independent living and functioning in the least restrictive environment.
5. To guarantee quality through utilization of a program of continuous improvement.
6. To assist all staff in functioning as professionally capable and responsive care givers to insure effective response to client needs for as long as requested.
7. To work and grow in a caring partnership with the community and to be recognized as the leader in providing the highest quality of mental health services.
8. To conduct all activities in the highest ethical and professional manner; by attracting and retaining honest, qualified, courteous, dependable and productive employees; by offering opportunities for personal and professional growth; and by creating a safe, clean,

therapeutic, cheerful environment with a caring atmosphere of mutual trust and respect.

9. To ensure client's rights are monitored and protected. Violations will be investigated according to state standards, and Board policies and procedures. Violations are reported to Board of Directors.
10. Periodically, solicit input from active and non-active service users concerning HHS services and programs. Information is collected from prospective users through public events, training and educational opportunities, and collateral contacts with other agencies, advocates, and family members. The data gathered is assembled from information collected and forwarded to the Executive Director. Aggregate data is then forwarded to the Board of Directors and is used in the planning process for HHS.

VALUES / BELIEF STATEMENTS

We value and believe in:

- Being compassionate, understanding and responsive to the opinions and needs of our clients and prospective clients.
- Exceeding the expectations of our clients and communities.
- Being creative and innovative in providing excellent services.
- Providing an environment in which all employees can excel and achieve personal growth.
- Promote teamwork and a cooperative working relationship.
- Managing resources to ensure financial security and integrity.
- Empowerment of people by recognizing their worth, dignity, strengths and ability to make informed decisions.
- Delivering services at the earliest possible time to prevent or reduce traumatic interventions in the person's future.
- Promoting the participation of all people in the life of the community and this should not be diminished by the presence of any kind or level of mental illness, developmentally disabled, or alcohol and any other drug dependence.

- Enhancing partnership with Alabama Council of Community Mental Health Boards and the Alabama Department of Mental Health and Mental Retardation and other agencies with complementary goals.
- Seriously mentally ill, substance abuse, emotionally disturbed and developmentally disabled clients will be provided levels of care which meet their needs and are based on nationally established medically necessary criteria.

Services – to the extent allowed by financial resources – are available to all residents of Calhoun and Cleburne Counties regardless of age, sex, race, creed, national origin, diagnostic category, voluntary or involuntary status, ability to pay, handicap, social status, or length of residence in the catchment area.

“To Those Who Need – By Those Who Care”

I. Plan Development

- A. **Planning Cycle** – Planning is an ongoing process with formal plans developed at the end of every even numbered fiscal year. This allows for the development of two-year plans as set forth in the Alabama Administrative Code, Standard for 310 Boards. However, the Board of Directors is presented with strategic plans on an ongoing basis by the CEO.
- B. **Role of Key Stakeholders** – Key stakeholders include the Board of Directors, CEO, staff, certification teams, advocates, family members and related parties such as other social service agencies and funding source representatives. It is the role of all of these parties to provide input to determine community needs. This input can be in a formal or informal manner such as reports, reviews, surveys, complaints, grievances, and/or general observations. The data gathered is assembled by the stakeholders and reported to the CEO. Once the CEO approves the data it is reported to the Board of Directors as a planning document.
- C. **Plan Monitoring and Evaluation** – The plan will be reviewed by the Board of Directors to evaluate the process and determine if additions, deletions or modifications need to be made to the plan's goals and objectives.

II. Plan Components

- A. **Population**
 - a. **Type** – Highland Health Systems services address the needs of persons of all age groups with mental illness, developmental disabilities, and substance abuse.
 - b. **Catchment Area** – Calhoun and Cleburne Counties
 - c. **Demographics** – See attachments.
- B. **Community Needs and Service Priorities**
 - a. **Needs Assessment** – needs are determined by gathering data from consumers and family members through satisfaction surveys, local planning meetings, administrative team meetings, community meetings with local agencies, Mental Health Officer meetings, site visit results, community liaison officer, employment surveys, regional meetings, National reports, Medicaid audits and other instruments. Board members, staff, local officials, the medical community, clergy and local agencies are useful sources in determining needs in the catchment area.
 - b. **Greatest Area of Unmet Needs**
 1. Local and State Funding
 2. Crisis Intervention Teams
 3. Expansion of Children services in Cleburne County
 4. Expansion of Mental Health and Substance Abuse services in Cleburne County Courts.
 5. Telemedicine in local schools.
 6. Strengthen HHS's ability to recruit and retain skilled employees

7. Expand Substance Abuse services to provide more intensive level of care
8. Increase the number of certified Mental Health Officers to serve in Calhoun and Cleburne Counties
9. Funding for a more advanced EMR system
10. Increase funding and resources to assist with homeless housing
11. Public Transportation from the rural areas of Calhoun and Cleburne Counties.
12. Establish residential services for children
13. Develop psychiatric inpatient services for individuals under the age of eighteen (18).

C. Services

- a. **Current Services** – See attached list of Highland Health Systems services.
- b. **Services Needed** – Funding is needed for a crisis team, expand children services in Cleburne County, repair and upgrade facilities, assistance with cost of medication for indigent consumers, ability to employ a therapist for drug/mental health court, connect our therapist with students via telemedicine, mental health officers and provide primary care to each clinic operated by HHS.

D. Resource Development

- a. **Current Budget and Resource Allocation** – See attached budget.
- b. **Funding Resources to Address Unmet Needs** -
 1. Increase in DMH Contract (MI/SA/DD)
 2. Increase in Medicaid rates
 3. Increase local funding
 4. Increase in match money

III. Goals and Objectives

Goal 1

Continue to increase efficiency and effectiveness of programs and services offered by Highland Health Systems.

Objectives:

1. Develop tools and processes to measure and report progress in a timely/efficient manner through the use of Essentia software.
2. Thoroughly assess unmet needs through local and internal meetings
3. Increased funding from existing resources
4. Funding from local municipalities that have not previously contributed
5. Explore possibility of new services
6. Ensure stability and quality of current services

Goal 2

Ensure Community Mental Health Program Standards (MI/SA/DD) are met.

Objectives

1. Weekly quality assurance meetings
2. Monthly quality improvement/enhancement meetings

3. Monthly Supervisor's meetings
4. Random audits by clinical director
5. Random reviews by supervisors
6. Administrative team meeting
7. Monitor high-risk employees and discipline as necessary

Goal 3

Meet Regional Care Organization requirements and standards

Objectives

1. Implement requirements based on RCO guidelines.

Goal 4

Reduce number of State Hospital Admissions to Bryce Hospital

Objectives

1. Identify consumers who are decompensating
2. Utilize 16-Bed DMHF (Alexandria, AL)
3. Utilize residential group home beds (Leighton Ave, Anniston, AL)
3. Utilize Mental Health Officer to stabilize consumers
4. Utilize local hospital (RMC)
5. Utilize IHI team in Anniston and Jacksonville
6. Collaboration with Mental Health Court (Judge Howell)
7. Recommending Outpatient Commitment when appropriate
8. Collaboration with other CMHC's in Region 1
9. Develop a crisis intervention team

Goal 5

Expand Primary Care Services for consumers of Highland Health Systems.

Objectives

1. To create a medical practice that will exceed patients' expectations
2. To provide high-quality health care to residents of the area
3. To create a medical practice that helps serve the community's needs
4. To form a health care practice that is able to survive off its own cash flow in 10 months or less
5. To increase the number of patients by 20% per year through superior performance and word-of-mouth referrals
6. To develop a comprehensive website that includes online booking capability, as well as additional information about the practice, hours, demographic information, health information and much more
7. Collections of 95% or more and missed appointments under 5%
8. Average visits per month of 300 to 350 patients within the first 10 months and 400+ patients by the beginning of the second year

Goal 6

Expansion of Mental Health and Substance Abuse services in Cleburne County Courts

Objectives

2. Seek local funding through Cleburne County
3. Seek funding through office of drug courts
4. Establish a MOU with Cleburne County Judge Melody Walker

Goal 7

Develop or expand needed and/or unmet services

Objectives

1. Development or expansion of needed and/or unmet services will be determined by revenue from local and state funding sources. Needed services include (Greatest Area of Unmet Needs - Section II, B).
 - a. Local and State Funding
 - b. Crisis Intervention Team
 - c. Expansion of Children services in Cleburne County
 - d. Increase local funding from the City of Piedmont and Cleburne County
 - e. Assistance with cost of medication for indigent consumers
 - f. Fill vacancies in Developmentally Disabled group homes
 - g. Employment for DD consumers
 - h. Expansion of Mental Health and Substance Abuse services in Calhoun and Cleburne County Courts.
 - i. Telemedicine in local schools.
 - j. Strengthen HHS's ability to recruit and retain skilled employees

Unmet needs will be addressed on continuous bases through Administrative Team Meetings, MI Supervisor Meetings, Quality Improvement, Quality Assurance and Quality Enhancement. Directors, supervisors, and the Executive Director will review each unmet need for implementation. The economic crisis continues to cause a strain on developing and/or expanding services. Until funding is available to develop/expand services, the Highland Health Systems will continue to offer and maintain current services.

2. Seek grants (local, state and federal) for assistance with unmet services

DEMOGRAPHICS





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U.S. Census Quick Facts

QuickFacts

Calhoun County, Alabama

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*

ALL TOPICS	▼	CALHOUN COUNTY, ALABAMA	UNITED STATES
People			
Population			
Population estimates, July 1, 2015, (V2015)		115,620	321,418,820
Population estimates base, April 1, 2010, (V2015)		118,566	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)		-2.5%	4.1%
Population, Census, April 1, 2010		118,572	308,745,536
Age and Sex			
Persons under 5 years, percent, July 1, 2015, (V2015)		5.8%	6.2%
Persons under 5 years, percent, April 1, 2010		6.1%	6.5%
Persons under 18 years, percent, July 1, 2015, (V2015)		22.1%	22.9%
Persons under 18 years, percent, April 1, 2010		22.9%	24.0%
Persons 65 years and over, percent, July 1, 2015, (V2015)		16.3%	14.9%
Persons 65 years and over, percent, April 1, 2010		14.3%	13.0%
Female persons, percent, July 1, 2015, (V2015)		51.8%	50.8%
Female persons, percent, April 1, 2010		51.8%	50.8%
Race and Hispanic Origin			
White alone, percent, July 1, 2015, (V2015) (a)		75.6%	77.1%
White alone, percent, April 1, 2010 (a)		74.9%	72.4%
Black or African American alone, percent, July 1, 2015, (V2015) (a)		21.2%	13.3%
Black or African American alone, percent, April 1, 2010 (a)		20.6%	12.6%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)		0.5%	1.2%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)		0.5%	0.9%
Asian alone, percent, July 1, 2015, (V2015) (a)		0.9%	5.6%
Asian alone, percent, April 1, 2010 (a)		0.7%	4.8%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)		0.1%	0.2%
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)		0.1%	0.2%
Two or More Races, percent, July 1, 2015, (V2015)		1.7%	2.6%
Two or More Races, percent, April 1, 2010		1.7%	2.9%
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)		3.6%	17.6%
Hispanic or Latino, percent, April 1, 2010 (b)		3.3%	16.3%
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)		72.6%	61.6%
White alone, not Hispanic or Latino, percent, April 1, 2010		73.6%	63.7%
Population Characteristics			
Veterans, 2010-2014		11,025	20,760,711
Foreign born persons, percent, 2010-2014		2.4%	13.1%
Housing			
Housing units, July 1, 2015, (V2015)		53,326	134,789,944
Housing units, April 1, 2010		53,289	131,704,730
Owner-occupied housing unit rate, 2010-2014		68.5%	64.4%
Median value of owner-occupied housing units, 2010-2014		\$103,300	\$175,700
Median selected monthly owner costs -with a mortgage, 2010-2014		\$1,052	\$1,522
Median selected monthly owner costs -without a mortgage, 2010-2014		\$325	\$457
Median gross rent, 2010-2014		\$634	\$920
Building permits, 2015		61	1,182,582
Families and Living Arrangements			
Households, 2010-2014		45,348	116,211,092
Persons per household, 2010-2014		2.52	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014		83.4%	85.0%
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014		4.3%	20.9%
Education			
		80.1%	86.3%

High school graduate or higher, percent of persons age 25 years+, 2010-2014		
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	16.9%	29.3%
Health		
With a disability, under age 65 years, percent, 2010-2014	13.8%	8.5%
Persons without health insurance, under age 65 years, percent	14.2%	10.5%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2010-2014	57.2%	63.5%
In civilian labor force, female, percent of population age 16 years+, 2010-2014	51.6%	58.7%
Total accommodation and food services sales, 2012 (\$1,000) (c)	199,072	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	573,528	2,040,441,203
Total manufacturers shipments, 2012 (\$1,000) (c)	2,713,200	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000) (c)	1,808,828	5,208,023,478
Total retail sales, 2012 (\$1,000) (c)	1,463,477	4,219,821,871
Total retail sales per capita, 2012 (c)	\$12,477	\$13,443
Transportation		
Mean travel time to work (minutes) workers age 16 years+, 2010-2014	22.9	25.7
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	\$40,919	\$53,482
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$21,306	\$28,555
Persons in poverty, percent	20.5%	13.5%
Businesses		
Total employer establishments, 2014	2,309	7,563,085
Total employment, 2014	35,096	121,079,879
Total annual payroll, 2014	1,137,129	5,940,442,637
Total employment percent change, 2013-2014	0.6%	2.4%
Total nonemployer establishments, 2014	6,546	23,636,937
All firms, 2012	7,513	27,626,360
Men-owned firms, 2012	4,113	14,844,587
Women-owned firms, 2012	2,570	9,878,397
Minority-owned firms, 2012	1,041	7,952,386
Nonminority-owned firms, 2012	6,103	18,987,918
Veteran-owned firms, 2012	938	2,521,682
Nonveteran-owned firms, 2012	6,084	24,070,685
Geography		
Population per square mile, 2010	195.7	87.4
Land area in square miles, 2010	605.87	3,531,905.43
FIPS Code	01015	00

 This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TABLE view to learn about sampling error.

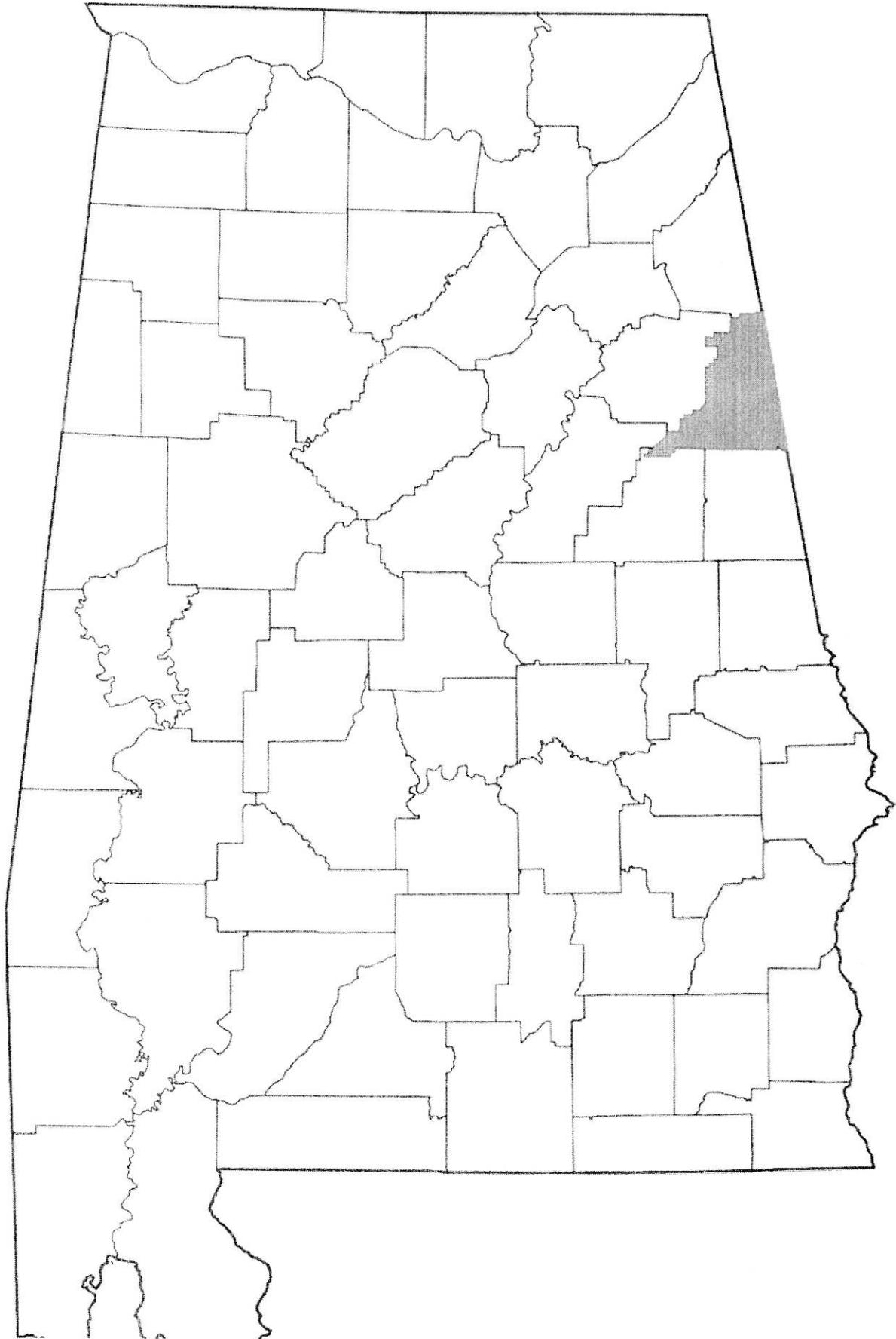
The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

- (a) Includes persons reporting only one race.
- (b) Hispanics may be of any race, so also are included in applicable race categories.
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data.

D Suppressed to avoid disclosure of confidential information
F Fewer than 25 firms
FN Footnote on this item in place of data
NA Not available
S Suppressed, does not meet publication standards
X Not applicable
Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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U.S. Census Quick Facts

QuickFacts
Cleburne County, Alabama

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

ALL TOPICS	<input checked="" type="checkbox"/>	CLEBURNE COUNTY, ALABAMA	UNITED STATES
People			
Population			
Population estimates, July 1, 2015 (V2015)		15,018	321,418,820
Population estimates base, April 1, 2010 (V2015)		14,972	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015 (V2015)		0.3%	4.1%
Population, Census, April 1, 2010		14,972	308,745,538
Age and Sex			
Persons under 6 years, percent, July 1, 2015, (V2015)		5.7%	6.2%
Persons under 5 years, percent, April 1, 2010		6.3%	6.6%
Persons under 18 years, percent, July 1, 2015, (V2015)		23.1%	22.9%
Persons under 18 years, percent, April 1, 2010		23.7%	24.0%
Persons 65 years and over, percent, July 1, 2015, (V2015)		18.8%	14.9%
Persons 65 years and over, percent, April 1, 2010		15.8%	13.0%
Female persons, percent, July 1, 2015, (V2015)		50.6%	50.8%
Female persons, percent, April 1, 2010		50.2%	50.8%
Race and Hispanic Origin			
White alone, percent, July 1, 2015, (V2015) (a)		94.4%	77.1%
White alone, percent, April 1, 2010 (a)		94.0%	72.4%
Black or African American alone, percent, July 1, 2015, (V2015) (a)		3.6%	13.3%
Black or African American alone, percent, April 1, 2010 (a)		3.3%	12.6%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)		0.4%	1.2%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)		0.3%	0.9%
Asian alone, percent, July 1, 2015, (V2015) (a)		0.2%	5.6%
Asian alone, percent, April 1, 2010 (a)		0.2%	4.6%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)		0.1%	0.2%
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)		0.1%	0.2%
Two or More Races, percent, July 1, 2015, (V2015)		1.2%	2.6%
Two or More Races, percent, April 1, 2010		1.1%	2.9%
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)		2.5%	17.6%
Hispanic or Latino, percent, April 1, 2010 (b)		2.1%	16.3%
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)		92.2%	61.6%
White alone, not Hispanic or Latino, percent, April 1, 2010		93.2%	63.7%
Population Characteristics			
Veterans, 2010-2014		899	20,700,711
Foreign born persons, percent, 2010-2014		1.0%	13.1%
Housing			
Housing units, July 1, 2015, (V2015)		6,684	134,789,944
Housing units, April 1, 2010		6,718	131,704,730
Owner-occupied housing unit rate, 2010-2014		77.6%	64.4%
Median value of owner-occupied housing units, 2010-2014		\$101,000	\$175,700
Median selected monthly owner costs -with a mortgage, 2010-2014		\$987	\$1,522
Median selected monthly owner costs -without a mortgage, 2010-2014		\$325	\$457
Median gross rent, 2010-2014		\$604	\$920
Building permits, 2015		1	1,182,582
Families and Living Arrangements			
Households, 2010-2014		5,639	116,211,092
Persons per household, 2010-2014		2.63	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014		90.4%	85.0%
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014		2.2%	20.9%
Education			
		75.3%	86.3%

High school graduate or higher, percent of persons age 25 years+, 2010-2014		
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	10.6%	29.3%
Health		
With a disability, under age 65 years, percent, 2010-2014	14.3%	8.5%
Persons without health insurance, under age 65 years, percent, 2010-2014	14.3%	10.5%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2010-2014	54.3%	63.5%
In civilian labor force, female, percent of population age 16 years+, 2010-2014	45.2%	58.7%
Total accommodation and food services sales, 2012 (\$1,000) (c)	D	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	D	2,040,441,203
Total manufacturers shipments, 2012 (\$1,000) (c)	269,201	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000) (c)	6,575	5,208,023,478
Total retail sales, 2012 (\$1,000) (c)	63,984	4,219,521,871
Total retail sales per capita, 2012 (c)	\$4,314	\$13,443
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	33.0	25.7
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	\$37,008	\$53,482
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$19,736	\$28,555
Persons in poverty, percent	17.0%	13.5%
Businesses		
Total employer establishments, 2014	161	7,563,085
Total employment, 2014	1,750	121,079,879
Total annual payroll, 2014	72,714	5,940,442,637
Total employment, percent change, 2013-2014	13.0%	2.4%
Total nonemployer establishments, 2014	918	23,836,937
All firms, 2012	1,185	27,626,360
Men-owned firms, 2012	784	14,844,597
Women-owned firms, 2012	317	9,878,397
Minority-owned firms, 2012	64	7,952,386
Nonminority-owned firms, 2012	1,107	18,987,918
Veteran-owned firms, 2012	91	2,521,682
Nonveteran-owned firms, 2012	1,073	24,070,685
Geography		
Population per square mile, 2010	26.7	87.4
Land area in square miles, 2010	560.10	3,531,905.43
FIPS Code	01029	00

 This geographic level of poverty and health estimates are not comparable to other geographic levels of those estimates.

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- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- NA Not available
- S Suppressed - does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits

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HIGHLAND HEALTH SYSTEMS
VISION & MISSION STATEMENTS
VALUES & BELIEF STATEMENTS

VISION

To be a model community service system known for its integrity, professionalism, and uncompromising commitment to our clients. To be the service provider of choice in the delivery of valued community services and adapting to the changing needs of our clients through input from community, consumers and prospective service users.

MISSION STATEMENT

The Board of Directors of Highland Health Systems in response to needs presented by clients, families, advisory boards, prospective users, other agencies and governmental institutions, have committed the Center, its staff and resources, to the mission of providing a comprehensive, effective continuum of care. This continuum of care would address the needs of individuals, groups, families and prospective users and actively seek to assist in improving their lives. Our commitment to this mission is spelled out as follows:

1. To provide accessible, cost effective, high quality and goal-oriented outcome based mental health services to the people of Calhoun and Cleburne Counties.
2. To provide accessible and appropriate services to persons and/or families with problems that relate to psychiatric, habilitation, rehabilitation, or counseling needs and interventions.
3. To prioritize services to those who suffer from severe mental illnesses, children who experience severe emotional disturbances, individuals who are developmentally disabled, individuals who seek recovery or are recovering from addictions to alcohol/drugs. These mental health services would assist in clients bettering the quality of their lives, and to the general population as resources allow.
4. To base services on attaining the highest level of independent living and functioning in the least restrictive environment.
5. To guarantee quality through utilization of a program of continuous improvement.
6. To assist all staff in functioning as professionally capable and responsive care givers to insure effective response to client needs for as long as requested.
7. To work and grow in a caring partnership with the community and to be recognized as the leader in providing the highest quality of mental health services.
8. To conduct all activities in the highest ethical and professional manner; by attracting and retaining honest, qualified, courteous,

dependable and productive employees; by offering opportunities for personal and professional growth; and by creating a safe, clean, therapeutic, cheerful environment with a caring atmosphere of mutual trust and respect.

9. To ensure client's rights are monitored and protected. Violations will be investigated according to state standards, and Board policies and procedures. Violations are reported to Board of Directors.
10. Periodically, solicit input from active and non-active service users concerning HHS services and programs. Information is collected from prospective users through public events, training and educational opportunities, and collateral contacts with other agencies, advocates, and family members. The data gathered is assembled from information collected and forwarded to the Executive Director. Aggregate data is then forwarded to the Board of Directors and is used in the planning process for HHS.

VALUES / BELIEF STATEMENTS

We value and believe in:

- Being compassionate, understanding and responsive to the opinions and needs of our clients and prospective clients.
- Exceeding the expectations of our clients and communities.
- Being creative and innovative in providing excellent services.
- Providing an environment in which all employees can excel and achieve personal growth.
- Promote teamwork and a cooperative working relationship.
- Managing resources to ensure financial security and integrity.
- Empowerment of people by recognizing their worth, dignity, strengths' and ability to make informed decisions.
- Delivering services at the earliest possible time to prevent or reduce traumatic interventions in the person's future.
- Promoting the participation of all people in the life of the community and this should not be diminished by the presence of any kind or level of mental illness, developmentally disabled, or alcohol and any other drug dependence.
- Enhancing partnership with Alabama Council of Community Mental Health Boards and the Alabama Department of Mental Health and Developmental Disabilities and other agencies with complementary goals.
- Seriously mentally ill, substance abuse, emotionally disturbed and developmentally disabled clients will be provided levels of care which meet their needs and are based on nationally established medically necessary criteria.

Services – to the extent allowed by financial resources – are available to all residents of Calhoun and Cleburne Counties regardless of age, sex, race, creed, national origin, diagnostic category, voluntary or involuntary status, ability to pay, handicap, social status, or length of residence in the catchment area.