

310 Board Plan
FY16 and FY17

Board Name: Mental Health Board of Bibb, Pickens and Tuscaloosa Counties, Inc, d/b/a Indian Rivers Mental Health Center (IRMHC)

County(ies) Served: Bibb, Pickens and Tuscaloosa

Description of Services/Supports Provided: IRMHC provides outpatient and in-home behavioral health services and residential housing to adults who have SMI, SA or DD diagnoses. Outpatient and in-home services are available to children ages 5-17 who have an SED diagnosis.

Populations: IRMHC serves adults and children of all ethnicities and financial classes.

Mission Statement: “To treat/support individuals in the community who have a serious mental illness, substance abuse/dependence, or an intellectual disability so that they may effectively learn to manage their disability and recognize the highest level of independence possible. These individuals will be treated with the greatest of respect/dignity and all efforts will be put forth to protect their rights as agency staff support them in meeting the unique goals that have been established.”

Vision Statement: “Indian Rivers will deliver a robust continuum of behavioral health services to the West Alabama community. Indian Rivers will offer inpatient, outpatient, and residential care as core services for individuals with mental illness, substance abuse, and developmental disabilities throughout Bibb, Pickens, and Tuscaloosa counties. Indian Rivers’ service offerings will be accessible, consumer driven, efficient, technically advanced, and show a clear and obvious benefit to the community.”

Description of Planning Cycle: The Governing Board meets annually to review goals and assess needed changes and current services. The Board reviews the previous year's accomplishments developed by the management team. Throughout the year the Board reviews financial and QI results, family and client survey results and key performance indicators. Information from State DMH planning initiatives and certification surveys are also considered.

Planning Cycle Timeframe: Strategic planning is a continuous process. However, the process of identifying priorities for the coming year (Oct-Sep) begins with earnest around May of each year. Subsequently, a preliminary list of goals/objectives/priorities for the coming year is identified and refined during the annual Governing Body planning session that occurs around July of each year.

Key Stakeholders & Roles: IRMHC partners with stakeholders to provide continual improvements in our service delivery system within our local community. Input from these key stakeholders assist in the development of IRMHC annual goals. Some of these key stakeholders are:

- Clients
- Families
- State and local government officials
- Law enforcement
- Judicial and correctional officials
- Public education administrators
- Health care providers
- Social service providers

Method of Needs Assessment: Needs are assessed from a myriad of sources that include stakeholder input, observed national and state trends as well as the acumen of management and Board of Director.

Greatest Area(s) of Unmet Needs: Current needs assessment suggest that the greatest needs among our clientele are: (1) Affordable housing; (2) Inadequate

transportation in underserved areas; and (3) Inadequate access to primary care due to limited health benefits. At the heart of the question of how to meet unmet needs, lie two questions: (1) Are our current resources properly deployed to meet priority needs? (2) Are available resources sufficient to meet all identified needs? The answer to the first question is that we must continually assess client needs and deploy limited resources accordingly, the latter of which leads to the next answer. There are never enough resources to meet all identified needs. This reality has become even more evident as State resources available to 310 Boards have either been reduced or frozen at existing levels for several years.

Needed Expansions: Affordable community housing, transportation and access to care (as noted in “Unmet” needs above).

Current Funding Resources: The vast majority of IRMHC funding is provided through service contracts with the Alabama Department of Mental Health and the Alabama Medicaid Agency.

Future Funding Resources: IRMHC expects to continue current funding arrangements with the Alabama Department of Mental Health and Medicaid. However, IRMHC will explore additional funding and service opportunities that exist with consumers, commercial insurers, other providers and governmental agencies (e.g. grants).

Three Goals and Objectives for the Reporting Period:

- Collaborate with local private and public agencies to assess and improve affordable housing options for low income clients.
- Collaborate with local private and public agencies to assess and expand transportation options for underserved areas. This effort should include the investigation and pursuit of grants where available.
- IRMHC will investigate how its internal operations can be reconfigured to assist clients with obtaining health benefits.

Plan Monitoring & Evaluation: IRMHC management will continuously review the status of each goal/objective/priority and adjust implementation strategies as may be appropriate at the time. Status reports will be provided throughout the year to the Governing Board. Annually, the Governing Board and management will conduct a year-end-review of goal accomplishments and will factor these outcomes into the development of the next year's goals.

Prepared by: jrp 10-26-15