East Alabama Mental Health-Mental Retardation Center

STRATEGIC PLAN

Comprehensive 310 Board
M12 Catchment Area
Lee, Russell, Chambers, and Tallapoosa Counties
October 1, 2010 – September 30, 2012

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APR 13 2011
BY:

A. Introduction

The East Alabama Mental Health-Mental Retardation Board, Inc. (d.b.a. East Alabama Mental Health-Mental Retardation Center) is a public non-profit corporation established in 1967. The Center is a Comprehensive 310 Board that provides a continuum of services for persons with a serious emotional disturbance, mental illness, intellectual disability, and/or substance abuse problem. Prevention, consultation, and education are important aspects of the Center's service delivery system. Services are provided for persons living or working in Lee, Russell, Chambers, and Tallapoosa counties and are prioritized to serve the most severely disabled and those least able to afford services.

B. Department of Mental Health Statutory Authority: Act 881

The mission of the Alabama Department of Mental Health and Mental Retardation under the Code of Ala. 1975, Sections 22-50-1 through 91, Act 881, is to act in any prudent way to provide mental health services and mental retardation services for the people of Alabama. The Commissioner for the Department of Mental Health and Mental Retardation is authorized and directed to set up state plans for the purpose of controlling and treating any and all forms of mental and emotional illness and any and all forms of mental retardation, and shall divide the state into areas for the purpose of establishing priorities and programs, and for organizational and administrative purposes in accordance with these state plans. The Commissioner under Act 881 is also authorized to supervise, coordinate, and establish standards for all operations and activities of the state related to mental health and mental retardation and the providing of mental health services and mental retardation services.

C. 310 Board Statutory Authority: Act 310

Code of Ala.1967, Sections 22-51-1 through 14, Act 310, provides for the formation of public corporations to contract with the Department of Mental Health and Mental Retardation in constructing facilities and operating programs for mental health services. Such entities are commonly referred to as 310 Boards.

A Comprehensive 310 Board must have authority through its Articles of Incorporation to directly provide: planning, studies, and services for mental illness, intellectual disability, and substance abuse populations, for all counties for which they are incorporated. Given that authority, a Comprehensive 310 Board must then directly provide these services to all populations and counties for which they are incorporated to serve.

East Alabama Mental Health-Mental Retardation Center has submitted to the Department of Mental Health the following:

1. Articles of Incorporation, which state the services to be provided by the Board;
2. Bylaws, which are consistent with the Articles of Incorporation and the Code of Alabama;
3. Amendments to the Articles of Incorporation; and
4. Resolutions from Lee, Russell, Chambers, and Tallapoosa counties, indicating the geographical area for the operation of the Board.

D. Governing Ideas

1. Vision

To provide a continuum of comprehensive, outcome-oriented, and cost effective mental and behavioral health services to the residents of Lee, Russell, Chambers, and Tallapoosa counties. These services, driven by consumer and family needs, will be readily accessible, available, and subject to continuous performance improvement.

2. Primary Mission

To assist consumers who have a problem with, or a diagnosis of a serious emotional disturbance or developmental delay, a serious mental illness, intellectual disability, and/or substance abuse, and their families, in achieving their most desired mental and behavioral health outcomes within the limits of personal and Center resources. To provide prevention services to at-risk children and adults to enhance the development of healthy life management skills. Services will be provided with maximum consumer and family input, shall be outcome-oriented, shall be provided in the least restrictive treatment or habilitative setting, shall be sensitive to cultural diversity, and shall use consumer satisfaction as a primary indicator of quality services.

3. Secondary Mission

To advocate for and support community efforts to improve the mental and behavioral health of all citizens living in Lee, Russell, Chambers, and Tallapoosa counties. To provide, in collaboration with consumers, families, community representatives, and other agencies, primary prevention services, mental and behavioral health leadership, consultation, education, and research, within the financial limitations of the community and the Center. To pursue innovative and alternative funding sources, while promoting interagency agreements and jointly funded projects, to support the mental and behavioral health goals of the East

Alabama catchment area.

4. Values

The Center's values are the ideas that form the basis for the Center's Vision, Mission, and goals. These ideas govern the Center's policies, procedures, and practices with regard to interactions with consumers, customers, and the community.

a. Customer Satisfaction
Satisfying the needs and desires of external and internal customers is a high priority. Consumer and family grievances are addressed promptly.

b. Consumer/Family Involvement
The Center recognizes the important role of the consumer, family members, and/or significant others in the treatment or habilitation process. Center staff work diligently to maximize consumer and family involvement.

c. Empowerment
The Center assists consumers in maximizing their independent functioning and achieving their most desired results of treatment or habilitation.

d. Outcome-Oriented
The Center's delivery of services is driven by defined outcomes that, when possible, are measurable.

e. Accessibility
The Center provides services that are easy to schedule, convenient, affordable, and accommodating.

f. Cost Effectiveness
The Center uses its resources as efficiently as possible to provide the maximum number of services for the target populations and those most severely disabled, while maintaining quality.

g. Quality
The Center provides the most appropriate and effective services possible in an environment conducive to facilitating consumer recovery and/or habilitation.

h. Professionalism
Center staff deliver services within the scope of their credentials and training, while adhering to the highest ethical standards.

i. Respect and Dignity
Internal and external customers are treated with courtesy, fairness, and high

regard. The opinions and wishes of consumers and family members and/or their significant others are of paramount importance in reaching agreement on service delivery plans.

j. Cultural Diversity and Sensitivity
The Center's customers are treated equally regardless of age, race, creed, handicap, national origin, sex, social status, diagnostic category, length of residence in the service area, ethnicity, disability, religion, sexual orientation, political philosophy, financial circumstances, or any other personal characteristic. Cultural diversity among staff and consumers enhances the work of the Center, promotes mutual respect and the reduction of stigma, and is a consideration in the evaluation and assessment of mental and behavioral symptoms that occur in a cultural context or that are culture bound syndromes.

k. Recovery and Habilitation
A major focus of the Center is to promote consumer recovery and/or habilitation.

l. Prevention
The Center offers services that enhance the development of healthy life management skills, and reduce risk factors that can contribute to the development of mental illness, intellectual disabilities, and/or substance abuse.

m. Consumer and Family Education
The Center assists consumers and their families in learning about their illness or condition, including as appropriate, symptoms, medication management, and coping strategies designed to assist them in maximizing their independent life functioning.

n. Least Restrictive Environment
The Center provides services in settings that are the least restrictive and appropriate for consumers, while assisting consumers to achieve, maintain, or return to an optimal level of functioning, ensuring consumer rights and fostering independence.

o. Comprehensive and Integrated Services
The Center provides a continuum of services designed to meet a wide range of consumer needs. Services are coordinated to address the individual and diverse needs of consumers.

p. Stakeholder Collaboration
The Center works jointly with consumers, families, advocacy groups, and other community agencies to further the goals of the Center and to support

the broader mental and behavioral health goals in the catchment area and the state.

q. Community-Based
The Center works in collaboration with other agencies to ensure that services provided in the community are not duplicated and are responsive to the needs of individuals in the catchment area.

r. Staff Development and Training
Staff development and training are important in maintaining the competency of Center staff, while ensuring a service delivery system that is consistent with generally recognized best practices.

s. Interagency Collaboration
The Center works on a local and state level to ensure the most effective and efficient use of public resources.

t. Teamwork
The Center utilizes teams of staff, consumers, and family members as the major mechanism for achieving continuous performance improvement. Professional treatment team members are cross-disciplined to provide medical, clinical, and case management services.

u. Rights Protection and Advocacy. The Center works to ensure the human and legal rights of all its consumers and provides advocacy on their behalf. In addition, the Center works on a local, state, and national level to increase public awareness and reduce stigma associated with mental illnesses, intellectual disabilities, and substance abuse problems.

v. Performance Improvement. The Center is dedicated to improving its performance in all areas of service provision, satisfying its consumers, family members, staff, and other stakeholders, and to exceeding Department of Mental Health standards.

w. Safety and Security. The Center is committed to providing consumers and staff with a safe and secure service and/or work environment.

x. Honesty, Integrity, and the Highest Standards of Ethical Conduct. The Center is committed to honesty and integrity in all aspects of Center operations, service delivery, and business practices, while adhering to the highest standards of business and professional ethical conduct.

E. Historical Data

East Alabama Mental Health-Mental Retardation Center was established in 1967 as a result of Act 310. At that time, the state was divided into approximately twenty-two regions or catchment areas. Community mental health centers were established to provide services to persons residing in each of these areas. East Alabama Mental Health-Mental Retardation Center is referred to as the M-12 catchment area. An estimated 250,000 citizens live in the four county area that includes numerous rural communities (Lee, Russell, Chambers, and Tallapoosa counties).

The Center has experienced substantial growth since 1967. A staff of less than 10 has increased to a staff in excess of 420. A budget of less than $100,000 has increased to a budget of over $21million. Services have grown from one outpatient clinic to 43 different programs at 26 different program sites. The Center's fixed assets total approximately $3,500,000.

F. Organization Description

Between October 1, 2009 and September 30, 2010 the Center served 9456 consumers. 39% were from Lee County, 24% were from Russell County, 20% were from Chambers County, and 17% were from Tallapoosa County.

Approximately 23% were consumers under 18 years of age, and 5% were consumers over 65 years of age. There were approximately 2489 new and re-admissions. Approximately 4,000 additional children and adolescents were served through prevention and school contracts.

Approximately 88% of the consumers the Center served last year had annual incomes of below $10,000. 8% had incomes between $10,001 and $19,999. The remaining 4% had annual incomes above $20,000.

With regard to ethnicity, 55% of the consumers served were White and 42% were African American. The remaining 3% are Other.

The Center's staff is composed of approximately 52% degreed professional staff, 6% clerical/support staff, and 42% paraprofessional and other direct care staff.

The Center is under contract with and certified by the Department of Mental Health for services provided.

A comprehensive array of services is offered to persons living within the catchment area. The following is a listing of these services, in order of most to least intensive.

1. Residential Services

   a. Local hospitalization at East Alabama Medical Center (MI adults, SED children);
   b. Crisis stabilization and emergency respite (MI adults, ID adults);
   c. Group training homes (ID adults);
   d. Specialized residential care homes (MI adults),
   e. Supervised community living homes (ID adults);
   f. Supported housing (MI adults);
   g. Foster care (MI adults); and
   h. In-home and out-of-home respite (MI adults, ID adults, ID children, SED children).

2. Day Services

   a. Partial hospitalization (MI adults);
   b. Intensive outpatient programs (SA adults);
   c. Intensive day treatment (MI adults, SED children);
   d. Day habilitation (ID adults);
   e. Rehabilitative day programs (MI adults); and
   f. Transportation.

3. Outpatient Services

   a. Crisis intervention and resolution;
   b. Emergency services;
   c. Screening and assessment;
   d. Mental health consultation;
   e. Plan of care review;
   f. Psychiatric evaluation, assessment, diagnosis, and treatment;
   g. Behavioral programming and intervention;
   h. Nursing evaluation and assessment;
   i. Individual, group and family counseling (MI adults, SED children, SA adults and adolescents);
   j. Medication monitoring and administration;
   k. Case management, including linkage, support, advocacy, and service coordination (MI adults, SED children, ID adults and children, SA women with dependent children);
   l. Daily living skills training (MI adults, SED children);
   m. Family support and education (MI adults, SED children);
   n. In-home intervention (SED and ID children);
   o. Indigent drug program (MI adults, SED children);
   p. Information and referral; and
   q. Transportation.

4. Prevention, Consultation, and Education Services

   a. Substance abuse prevention programs;
   b. Mental illness and serious emotional disturbance early intervention and prevention programs;
   c. Child abuse prevention programs; and
   d. Consultation and education.

East Alabama Mental Health-Mental Retardation Center serves as the local single point of intake for the purpose of coordinating and planning Alabama Department of Mental Health services for the M12 catchment area.

East Alabama Mental Health-Mental Retardation Center maintains authority for the confirmation, enrollment, and establishment of eligibility for individuals for services under contract with the Alabama Department of Mental Health.

Ninety-one percent of the Center's funding is state and federal money (including Medicaid). Other sources of income include grants and contracts, local city and county allocations, United Way contributions, and fees for services. These funds are allocated annually, with the majority concurrent with a fiscal year beginning October 1st. The Center actively seeks additional funding sources and refers to other appropriate services without bias to any particular provider.

The Center is an active member of the Alabama Council of Community Mental Health Boards, a private, non-profit corporation that includes each of the Executive Directors of community mental health centers throughout the state. Other Center memberships include, but are not limited to the National Council for Community Behavioral Healthcare, the American Association on Intellectual and Developmental Disabilities (AAIDD), the National Association of Case Management, the American Association for Behavior Analysis, and the National Alliance on Mental Illness East Alabama.

G. Center Management and Organizational Structure

1. Board of Directors

   The Center's Board of Directors is the legally responsible entity and maintains overall fiduciary responsibility for the Center. The thirty-three member volunteer Board governs the Center. Members are appointed by the eleven city and county governments in the Center's designated catchment area. The Board is responsible for, in collaboration with the Executive Director, the fiscal management of the Center and the development and implementation of policies and procedures. The Center's Strategic Plan, which includes the organization's Vision, Mission, and Values, is developed in close collaboration with the Board and the Center's internal

and external customers. This Plan is approved and authorized by the Board, but implementation is the responsibility of the Executive Director and other leaders of the organization.

The Board has approved that the Center's Executive Director shall petition each of the original eleven city and county governmental entities responsible for the incorporation of the Center to approve a legally sanctioned corporate name change during FY '11. Upon the approval of these authorities, the Center's legal name shall be changed to The East Alabama Mental Health Center.

The Center's 310 Board includes consumers and/or family members of the population to be served by the Center (mental illness, intellectual disabilities, and substance abuse). The Center has an active Consumer and Family Council, which serves in an advisory capacity.

The Center's 310 Board ensures that written policies and procedures are developed to assure neither they nor their employees, agents, volunteers, or providers/owners, have any conflicts of interests in any business relationship they may have with a 310 Board.

East Alabama Mental Health-Mental Retardation Center submits an annual prior year audit to the Department of Mental Health, which includes contracted funds allocated to subcontractors. At this time a list of Board members is also provided.

The Center's 310 Board complies with the Alabama Bid Law, Alabama Code Section 41-16-50 et seq. (Supp. 1999). Within this context, members of the governing bodies and instrumentalities of local governmental authorities must comply with the conflict of interest statute, Alabama Code Section 41-16-60 (1991). There must be an arms length of transaction between the members of the Board of Directors of a 310 Board who also serves on the Board of Directors of a subcontractor.

The Center's 310 Board complies with the Alabama Open Meetings Act (Act 2005-40), under which all meetings of a governing board are open to the public. A closed session is permitted in special circumstances including but not limited to discussion of the good name and character of an individual, legal actions, and security issues.

The Center's 310 Board provides to the Alabama Department of Mental Health a two-year plan of services specifying the type, the quantity, and location of services provided for their designated population.

PI Report?

The Center's 310 Board will provide to the Department of Mental Health a comprehensive study of needs assessment and available resources for their designated population within their geographical location.

The Center's 310 Board when subcontracting shall provide to the Department of Mental Health a copy of the subcontract for approval prior to initiation. The Board will at no time contract with a subcontractor for more than 10% of its total Department of Mental Health funding without approval of the Department of Mental Health.

The Center's 310 Board will not use more than 20% of its Department of Mental Health contracted funds for administrative costs. Administrative costs include non-direct program costs and administrative costs to support, maintain, and administer the direct program services provided or contracted by the Board.

The Center's 310 Board shall not charge an administrative fee to subcontracts providing services funded through the Department of Mental Health.

The Center's 310 Board shall pay subcontractors within 15 working days of the receipt of contract funds from the Department of Mental Health.

The Center's 310 Board shall maintain a Performance Improvement system, which complies with the standards set forth by the Department of Mental Health, and shall encompass its subcontractors of Department of Mental Health services.

The Center's 310 Board will ensure compliance with Department of Mental Health certification standards for its programs and for those which it subcontracts.

The Center's Executive Director is employed by the Board and reports directly to the Board's Executive Committee on a monthly basis. The full Board meets semi-annually. The Executive Committee of the Board of Directors is comprised of one-third of the full Board.

2. Executive Director

The Board of Directors delegates the Center's overall operations and management to the Executive Director. The Executive Director is responsible for ensuring the implementation of the Center's Vision, Mission, and Values and fostering community, interagency and funding source relationships.

Responsibility for the overall operation and management of the Center includes ensuring financial stability, maximum use of Center resources, Centerwide compliance with Center policies and procedures, corporate compliance, and compliance with state/federal/local laws, State Department of Mental Health standards, and funding source regulations.

3. Leadership

Specific duties related to the Executive Director's responsibilities are delegated to designated members of Leadership. Members include:

Accounting Director
Adult Day Services Director/Substance Abuse Services Director
Behavioral Programming Director
Case Management Services Director
Clinical Director
Director of Nursing
Family and Children's Services Director
Human Resources Director
Performance Improvement Director
Residential Services Director/IDSD
Staff Training Director/Employee Advocate

4. The Executive Director relies upon Leadership for general oversight of the functions and operations of the Center, to include:

   a. Review of the Center's Vision, Mission, and Values;
   b. Strategic planning to include the development of annual goals and objectives;
   c. Establishment of guidelines for organizational planning, directing, implementing and coordinating services, and improving performance;
   d. Directing services, ensuring i) a continuum of quality services that are consumer centered; ii) consumer and family satisfaction with services; and iii) an integration of services Centerwide and within the community;
   e. Development and monitoring of budgets and allocation of resources, ensuring the Center's fiscal solvency;
   f. Implementation and compliance with Center policies and procedures, applicable standards, and laws;
   g. Recruiting and maintaining quality staff;
   h. Maintaining facilities and vehicles that are safe, user friendly and comfortable for the consumers served;
   i. Implementation of the Center's Corporate Compliance and HIPAA Policies and Procedures;
   j. Preparation for certification site review visits and other audits or surveys; and
   k. Review of organizational effectiveness, program and staff performance, standards compliance, and status of goals and objectives.

5. Performance Improvement Director

The PI Director is responsible for the daily implementation and monitoring of the Center's performance improvement efforts and activities, including implementation of Performance Improvement Policies and Procedures and oversight of the Center's Corporate Compliance Policies and procedures.

6. Committees/Councils

The Center also has standing and ad hoc Committees that have more specific management and oversight responsibilities. These Committees meet as needed and include the following:

a. Safety Committee

Responsible for the review, analysis, and prevention of Center incidents.

b. Staff Development Committee

Responsible for the management and oversight of the staff development, professional services and credentialing functions and operations of the Center;

c. Management of Information Committee

Responsible for the management and oversight of Center information, utilization of services and clinical records functions and operations of the Center;

d. Clinical Committee

Responsible for the management and clinical oversight of the clinical, therapeutic, habilitation, medical, prevention, and case management functions and operations of the Center;

e. Consumer and Family Council

Provides oversight regarding consumer and family satisfaction with Center services.

f. Human Rights Committee

Provides oversight and consultation regarding rights-related issues, rights-related policies and procedures, and rights-related education and training

programs; shall review rights restrictions and rights violations; may assist the PI Director on rights-related grievances/complaint issues; and assists in the review of restrictive behavior plans.

H. Strategic Planning

The Center's established planning cycle is an annual activity that involves both external and internal customers Centerwide. The Strategic Plan is developed for a two-year period and updated annually, as needed. The stakeholders and their roles are identified as follows:

1. Stakeholders

   a. Internal customers

      i. Direct Recipients of Care. Consumers, family members, and care givers;
      ii. Center staff, consultants, students, volunteers; and
      iii. Advisory Councils and Committees.

   b. External Customers

      i. Other behavioral and mental health providers;
      ii. Payers. Alabama Department of Mental Health, United Way agencies, local county and city governments, Medicaid, Medicare, Department of Youth Services, Department of Human Resources, PEEHIP, SEIB, AllKids, Champus, other commercial insurance carriers, and individual consumers and families.

   c. Community-Based Support Systems

      Courts, schools, hospitals, legislators, jails, local service agencies, foster homes, healthcare and nursing homes, local consumer and family support groups, local parks and recreation departments, churches, county Health Departments and the community-at-large.

2. Strategic Planning Process

   The Center's Board of Directors authorizes the implementation of the following processes by the Executive Director approximately every other year, or as needed (see the FY '10 PI Report to the Board for detailed discussion of various indicators).

   a. Assessment of Needs, and Input from Stakeholders.

      i. Consumer and Family Needs

The process for assessing consumer and family needs may include: consumer and family surveys, Consumer and Family Council input, focus groups, suggestion boxes located at each Center location, a review of consumer and family complaints and grievances, a review of Plan of Care data, and a review of Center incidents and trends.

ii. Community Needs

The process for assessing community needs includes: regular community collaboration through community meetings and joint staffings, Center leadership participation and involvement in the community and on various agency committees/councils/boards, community needs assessments, and health task force participation.

iii. Payer/Purchaser Needs

The process for assessing payer/purchaser needs includes: certification site visit reports, reimbursement requirements, audits, contract requirements, utilization management information, and participation on the Alabama Council of Community Mental Health Boards.

iv. Available Resources

Assessing available resources is accomplished by Center staff who complete a comprehensive survey of available resources within the Center's four county catchment area.

b. A review of last year's accomplishments as related to goals and objectives. A written report is prepared and presented to the Board of Directors, by the Executive Director, each October.

c. Review and revision, as needed, of the Center's Vision, Mission, and Values. Leadership is responsible for this activity. Following draft revisions by Leadership, the Vision, Mission, and Values are presented to the Board of Directors for approval.

d. Strategic planning by members of Leadership to develop a draft of the following new fiscal year's goals and objectives, with objectives defined in measurable terms when possible and identification of any accompanying activities.

e. Updates and revision of the Center's Strategic Plan by the Executive Director and Leadership.

f. Update and/or development of the following policies as needed: personnel, financial, management of information, quality assurance/performance improvement, clinical practices, behavioral programming, infection control, medical, safety, corporate compliance, consumer rights, indigent drug program, emergency services, and program descriptions.

I. Goals and Objectives - FY2011

The Center develops annual goals and objectives. Consumers, staff, and Board members participate in the development of these goals and objectives which specify activities for the Center to accomplish during the upcoming fiscal year. Goals and objectives are designed to improve and expand Center services, when funding is available.

Goals and objectives address the following targeted areas: Improve the business function of Center services, enhance technology to increase effectiveness and efficiency of Center services, enhance support for Human Resources, improve staff development opportunities, increase effectiveness of Center services, increase consumer and family satisfaction, improve compliance, and change the Center's legal name

In conjunction with the Department of Mental Health, steps will be taken which lead to comprehensive, state, and community action to combat mental illness, intellectual disabilities, and substance abuse.

J. East Alabama Mental Health-Mental Retardation Center Two-Year Plan

1. Current Center services will continue to be provided as outlined previously.

2. Goals and Objectives will be developed and implemented, as funding is available.

K. Resource Development and Allocation

The Center has a variety of funding sources. Leadership is currently monitoring each of the Center's program services to make a recommendation to the Board as to the ability of the Center to continue them without additional funding.

L. Review and Evaluation Process

The Center's Board of Directors is responsible for reviewing and approving the Center's Strategic Plan. Implementation of the Plan is the responsibility of the Center's Leadership. The Center's Consumer and Family Council also provides oversight regarding the Plan and

its implementation with regard to consumer and family input, participation, and satisfaction with services.

The Plan, including the Center's annual goals and objectives, is reviewed and monitored by Leadership. Progress toward goals and objectives is reviewed and approved by the Board semi-annually.

M. Communication

The Center's Strategic Plan is integral to the operation of the Center. The Executive Director and Leadership have the responsibility of communicating this Plan to staff Centerwide. It is essential that staff have an understanding of the Plan and its effect on the services provided throughout the Center.