

Cullman Area Mental Health Authority, Inc.

5 year Strategic Plan - 10/2014 – 10/2018

Catchment Area Demographics

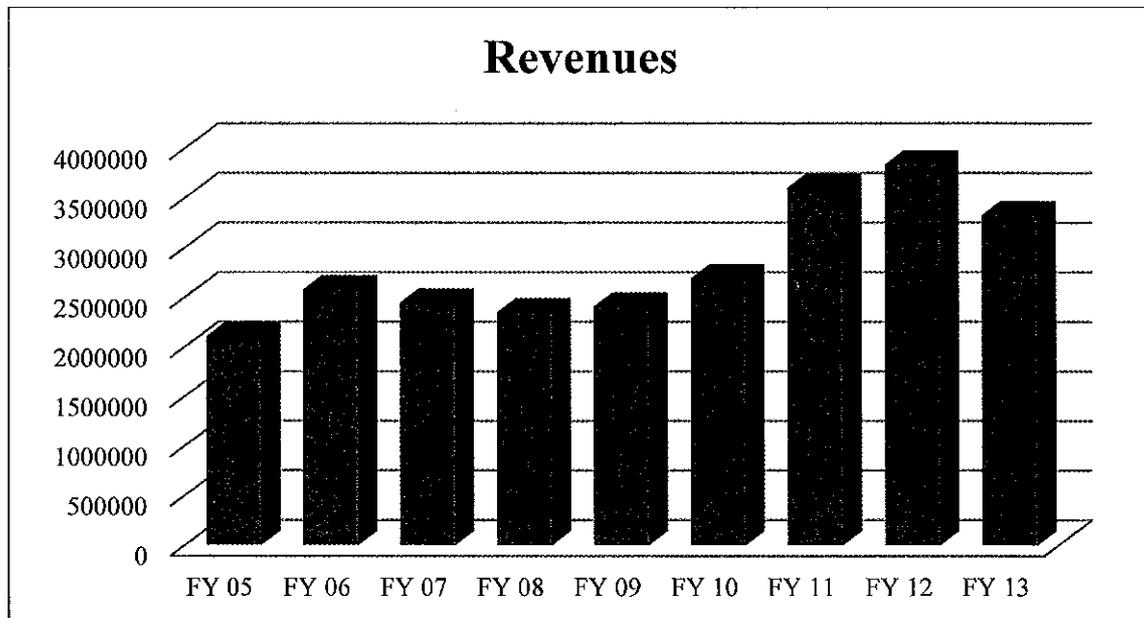
	<u>Cullman County</u>	<u>Alabama</u>
Population, 2013 estimate	80,811	4,833,722
Population, percent change, April 1, 2010 to July 1, 2013	0.5%	1.1%
Persons under 5 years, percent, 2013	5.9%	6.1%
Persons under 18 years, percent, 2013	22.5%	23.0%
Persons 65 years and over, percent, 2013	17.2%	14.9%
Female persons, percent, 2013	50.4%	51.5%
White alone, percent, 2013 (a)	96.2%	69.8%
Black or African American alone, percent, 2013 (a)	1.4%	26.6%
American Indian and Alaska Native alone, percent, 2013 (a)	0.6%	0.7%
Asian alone, percent, 2013 (a)	0.5%	1.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	0.1%
Two or More Races, percent, 2013	1.2%	1.5%
Hispanic or Latino, percent, 2013 (b)	4.4%	4.1%
White alone, not Hispanic or Latino, percent, 2013	92.2%	66.4%
Living in same house 1 year & over, percent, 2008-2012	85.2%	84.9%
Foreign born persons, percent, 2008-2012	2.8%	3.5%
Language other than English spoken at home, pct age 5+, 2008-2012	4.2%	5.2%
High school graduate or higher, percent of persons age 25+, 2008-2012	78.8%	82.6%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	14.2%	22.3%
Veterans, 2008-2012	6,561	398,343
Persons below poverty level, percent, 2008-2012	18.6%	18.1%
Land area in square miles, 2010	734.84	50,645.33
Persons per square mile, 2010	109.4	94.4

Source: US Census Bureau State & County QuickFacts

Current Funding Resources and Financial Highlights

The Authority has continued to experience stable revenues over the past five year period. Revenues during the fiscal year ended September 30, 2013 were 7.1% lower (a decrease of \$ 538,358) than fiscal year ended September 30, 2012. The change was due to the end of Project Rebound, a federally funded recovery counseling program

assisting people affected by the April 2011 tornadoes, a cut to the Substance Abuse Treatment funding, and staff turnover.



The assets of the Authority exceeded its liabilities as of September 30, 2013, resulting in a net position of \$755,446. Net Position includes Capital Assets, Net of Related Debt and Unrestricted. The amount Invested in Capital Assets is computed by taking Capital Assets in the amount of \$1,682,171 less accumulated depreciation of \$767,585 minus the related debt on the assets of \$323,804 for a total of \$590,782. The amount of unrestricted net position was \$444,957.

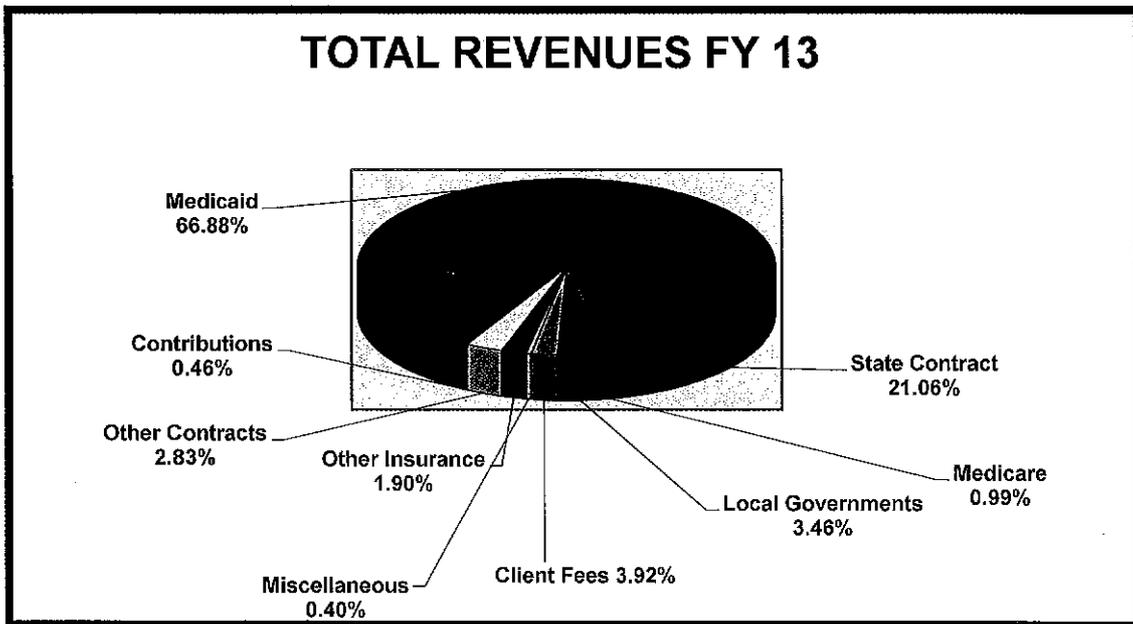
For a more detailed understanding of the Authority's net position, the reader should review the statement of net position and notes to financial statements found in the FY2013 audit.

Some important notes for Board operations in FY 2013 are as follows:

- **In June 2013 land was purchased for the construction of a 16 bed Crisis Residential Unit.**
- **Staff turnover was high in FY2013, especially in the Geriatric Program. This impacted service provision and net revenue.**
- **The Substance Abuse Treatment and the Prevention contracts with the Department of Mental Health received cuts totaling \$32,957.**
- **The Avatar Medical Record System was upgraded to improve efficiency.**

- A medical suite was constructed in the rear of Building 1. This will allow the provision of primary care services on this campus. Cullman Internal Medicine is providing primary care to clients in that space.
- Clinical records that remained in paper form were transferred to an off-site medical record storage facility, freeing up space for the creation of the medical suite.
- The New Start program to address homelessness in Cullman was piloted. The program was a partnership between Cullman Area Mental Health Authority, The Link of Cullman County, and Unsheltered International. The program was funded by the City of Cullman and the Authority acted as fiscal agent. By the conclusion of the fiscal year the program had shown some success in assisting over 80 people reporting homelessness and placing 15 Cullman homeless residents in affordable apartments and encouraging them to become self-sufficient. The program was not funded in FY2014.

Medicaid revenue and the contract with the Alabama Department of Mental Health make up 88% of the agency's revenue. 31.38% of recorded Medicaid revenue is a required match from State Contract funding. The following chart provides a graphical presentation of the Authority's revenue by category for the fiscal year.



ECONOMIC FACTORS THAT WILL AFFECT THE FUTURE

The economic outlook for the Authority is closely tied to that of the State Department of Mental Health. The Authority must be able to provide the required match from a state or local government dollar to bill Medicaid. With Medicaid revenues dependent on match funds, the Authority's reliance on state and state controlled federal contract dollars creates an economic dependence on state contracts. Revenues tied to the Department of Mental Health account for 88% of total income. The Department of Mental Health is primarily funded by the General

Fund of Alabama. Due to the continuing effects of the recession that began in 2008 and the tax structure of the state, General Fund revenues continue to be in short supply. However due to the importance of the community mental health system to the long-term health of the General Fund, no further cuts are expected for FY 2014.

The potential impact of healthcare reform, especially to Alabama Medicaid will continue to be a primary focus over the next 2 to 3 years. Alabama is beginning the development of Regional Care Organizations (RCOs) which will manage Medicaid services. Mental Health Centers can be valuable to the overall system because Medicaid consumers with mental illness and substance abuse utilize a disproportionate amount of all healthcare services. The treatment and care coordination available through the Mental Health Centers can significantly lower overall healthcare expenditures. The Authority must be prepared to adjust to changes required for success in the new RCO system.

Secondly, the Department of Mental Health is planning to move care of committed patients to the community in FY2014. This change will bring new funding and changes in service patterns to the Authority as a new 16 bed secure residential facility was opened in August 2014.

Description of the Planning Cycle

1. Information is compiled internally from:

- **The PI QA committee**
- **Input from management, and board members.**

2. Feedback from external sources is collected from:

- **The Advisory Committee**
- **Cullman County Health Coalition Needs Assessment**

The management team meets for strategic planning in August to compile information, evaluating the current environment, strengths, weaknesses, opportunities, and threats. A strategic plan is developed. The strategic plan is then reviewed with and approved by the Advisory Committee and the Board of Directors.

5 Year Strategic Goals

1. Complete Transition to Managed Care

- a. As the Region A RCO develops, progress will be monitored closely and planning will change appropriately.
- b. Improve Customer Responsiveness
 - i. Improve the phone system (Goal to provide one call satisfaction of reason for call.)
 - ii. Staff training on both immediate and long term consumer satisfaction
 - iii. Increase staff time dedicated to IT in order to improve efficiency
- c. Access to care expansion
 - i. Add a Master's level position to the Access staff to handle crisis and urgent needs, as well as adding capacity to the normal Access to Care process which has been strained due to volume of people seeking services.

2. Improve and Expand Facilities

- a. Remodel and/or expand office space to meet the growing needs for service and improve the facility environment for staff and clients at the main campus.

3. Pursue Integration with Primary Care

- a. Administrative staff will complete an Open Minds training program on integrated care.
- b. Explore options for development of primary care capacity and offsite integration with local practices.

4. Continue the Innovative Use of Technology

- a. Genetic and Compliance Testing
- b. Data analytics
- c. Service delivery expansion through tele-connectivity

5. Improve family member support

- a. Continue to expand family educational materials on our website.
- b. Plan and implement new efforts to support family members of clients in all programs.

6. Create a suicide prevention program

- a. Emphasize the impact of suicide on families, through training and community education.
- b. Explore incorporation into Prevention Program Plan

7. Develop and Implement More Outcome Measurement

8. Marketing Development

- a. Create marketing capacity either in current staff or new staff
- b. Continue to Expand Community Collaboration/Partnerships
- c. Develop branding strategy

9. Explore the transition, expansion of SA services to include detox and adolescents