



**ADMINISTRATIVE SERVICES**  
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**Marshall-Jackson Mental Health Board, Inc.**

**d/b/a/**

## **MOUNTAIN LAKES BEHAVIORAL HEALTHCARE**

Mountain Lakes Behavioral Healthcare is a public, non-profit organization primarily serving the citizens of Marshall County (estimated population 94,636) and Jackson County (estimated population 52,665) with mental illness and substance abuse issues.

### **FY16/FY17 Planning Process**

#### **GOAL PLANNING TIMELINE**

July, 2015	Begin planning process <ul style="list-style-type: none"><li>• Announce planning process and solicit staff input and feedback into upcoming goal development</li><li>• Distribute SWOT Analysis Worksheet to all staff members</li><li>• Review and evaluate FY15 Goals and Objectives</li><li>• Review results of various consumer survey instruments</li><li>• Review data/documentation of Consumer Satisfaction Committee reports</li><li>• Review feedback from Human Rights Committee reports</li><li>• Review data/results received from most recent MHSIP Surveys</li></ul>
August, 2015	Schedule and plan for work session with Leadership Committee <ul style="list-style-type: none"><li>• Work session with Leadership Committee members scheduled for August 26, 2015</li></ul>
August – September, 2015	Develop and finalize items for Board approval <ul style="list-style-type: none"><li>• FY16 Goals and Objectives</li><li>• Mission/Vision Statements and Guiding Values</li><li>• FY16 Strategic Action Plan</li></ul>

## **GOALS AND OBJECTIVES**

The Leadership Committee met on August 26, 2015, and engaged in the planning process consisting of reviewing the organization's current Mission Statement, Vision Statement and Guiding Values, as well as establishing Goals and Objectives for the coming fiscal year. The input provided to this process was representative of all divisions within the organization, as well as individual participants. Various programs of the organization met separately prior to the Leadership Committee Planning Meeting and conducted a similar evaluation and planning work session at each program level. Input was solicited and compiled from staff members regarding their evaluation of progress with efforts to accomplish FY15 Goals and Objectives. Staff were also asked to provide their suggestions and recommendations of organizational goals for the coming fiscal year by completing a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis Worksheet.

In addition to staff feedback, other methods of needs assessment included consumer input taken from results of various consumer satisfaction instruments; data and documentation provided by the Mountain Lakes Behavioral Healthcare Consumer Satisfaction Committee; data and results received from the most recent MHSIP Surveys; and reports from the on-going Human Rights Committee meetings. Staff members of Mountain Lakes Behavioral Healthcare continually interact with various community partners by serving as Committee/Board members of the Children's Policy Council, Child Advocacy Center, and the Department of Human Resources Quality Assurance Team. This type of group participation and discussion allows for the sharing of local service needs and is taken into consideration when establishing the organization's upcoming goals and objectives. Following review and discussion of input from all parties involved, the Leadership Committee developed the final draft of the FY16 Goals and Objectives, which was presented for approval by the Board of Directors at the September 15, 2015, monthly meeting. A copy of the FY16 Goals and Objectives is enclosed for review.

## **MISSION STATEMENT, VISION STATEMENT AND GUIDING VALUES**

As in previous years, the Mountain Lakes Behavioral Healthcare's Mission Statement, Vision Statement and Guiding Values were evaluated for current applicability and possible recommendations for updates or revisions. Following discussion and input from Leadership Committee members, recommendations were made to continue operation under the same statements. Along with the FY16 Goals and Objectives, these items were approved by the Board of Directors prior to the beginning of the new fiscal year. Copies of the organization's Mission Statement, Vision Statement and Guiding Values were distributed to all staff members and were posted on the network server for easy access by all employees. Staff members were encouraged to review these items on a routine basis as they strive to provide quality services to our consumers. The current MLBH Mission Statement, Vision Statement and Guiding Values are attached for review.

## **STRATEGIC ACTION PLAN**

Following establishment and approval of the FY16 Goals and Objectives, the Leadership Committee developed a Strategic Action Plan, by which duty assignments were made, measurable outcomes were identified, and sources of accountability defined for each objective. The Strategic Action Plan (SAP) is maintained by the Executive Office and monitored on a quarterly basis by the Leadership Committee and the Board of Directors to ensure compliance with the established timeframes. The SAP for FY16 is attached for review.

## **FUNDING RESOURCES**

As per the most current audit report, Medicaid revenue and the contract with the Alabama Department of Mental Health make up approximately 87% of the organization's funding resources. Further breakdown of current operating revenues are as follows: Medicaid - 41.78%; ADMH contract - 45.46%; Self-Pay - 1.69%; Rent Income - 3.62%; Miscellaneous Income - 2.93%; Medicare and Insurance - 3.93; and other contractual .59%

### **Services currently provided by MLBHC**

- Intake/Evaluation
- SA Intake
- Individual Therapy
- Crisis Intervention
- Family Therapy
- Group Therapy
- C/A Day Treatment
- Rehab Day Program
- Physician Assessment
- Medication Administration
- Medication Monitoring
- SA Individual Therapy
- SA Family Therapy
- Diagnostic Testing
- Treatment Plan Review
- Court Screening
- Pre-hospital Screening
- Mental Health Consult
- Assertive Community Treatment
- Basic Living Skills (individual)
- Basic Living Skills (group)
- Family Support (individual)
- Family Support (group)
- Case Management
- In-Home Intervention (adult)
- In-Home Intervention (child)
- SA Prevention Services
- SA Crisis Residential

Staff members of Mountain Lakes Behavioral Healthcare continually review various options to better meet designated needs of the community. One such need, to increase the provision of services to children within the local school systems, is being met by the on-going expansion of school based therapy programs.

Another designated need, to reduce commitments to the State Hospitals, is being addressed by partnering with the Alabama Department of Mental Health and other Region 1 Mental Health Centers in the continued use of community residential facilities. The facilities provide acute mental health treatment services within the community setting.

**Goals and Objectives for Performance Improvement**  
**FY 2016**

- I. To actively seek opportunities and initiate ideas to expand and secure the organization's growth and development (by actively continuing to become managed care ready).**
- A. Provide management training sessions and staff education each quarter with a special emphasis on Medicaid's transitioning from the current fee-for-service system to a managed care system.
  - B. Continue to reduce the wait time for client access to initial services and evaluation by MD/CRNP when indicated.
  - C. Continue positive public relations efforts to educate our referral sources, potential clients, and the community regarding the effectiveness, availability, and outstanding quality of our staff, services, & programs.
  - D. Improve tracking and reporting of data required by the RCO quality measures which relate to behavioral health and substance abuse.
  - E. Develop contracts with the RCOs that will allow us to meet our client's varying clinical needs and remain a financially viable and comprehensive organization.
- II. To be totally committed to excellence in all that we do.**
- A. Increase training for new employees by continuing to use peer mentors to educate and train them on practical ways to meet the day-to-day expectations of their job roles.
  - B. Increase the usage of teleconferencing equipment for organizational meetings and initiate its use for client service delivery.
  - C. Monitor and respond to error trends & corporate compliance issues to ensure continuous improvement in the quality and accurateness of service documentation and agency processes.
- III. To continuously improve our work performance and the effectiveness of the services provided (SA Services).**
- A. Improve the efficiency and consumer experience during the SA admission process.
  - B. Monitor program census to maintain the optimum clinical and financial effectiveness.
  - C. Improve the quality of treatment planning and documentation to increase individualized client-driven treatment rather than program oriented treatment.



### **Mission Statement**

To provide a consumer-sensitive, outcome-oriented, behavioral healthcare system, open to affiliate with other organizations to deliver quality services.

### **Vision Statement**

To provide a comprehensive, cost effective, multi-disciplinary array of quality behavioral healthcare services for the effective treatment and prevention of mental illness and substance abuse, and to be recognized as the best provider of behavioral healthcare in our market area.

### **Guiding Values**

- To treat our customers in a manner in which we would like to be treated.
- To be honest, forthright, and respectful with everyone.
- To be totally committed to excellence in all that we do.
- To continuously improve our work performance and the effectiveness of the services provided.
- To actively seek opportunities and initiate ideas to expand and secure the organization's growth and development.
- To work diligently and accurately so as to assure quality outcome and cost effectiveness.
- To create a work environment that encourages communication, participation, and creative thinking by all employees.
- To recognize the purpose of the organization as a whole as being more important than any given part or specific program.

**Strategic Action Plan  
Mountain Lakes Behavioral Healthcare  
Goals and Objectives  
FY 2016**

**Goal I. TO ACTIVELY SEEK OPPORTUNITIES AND INITIATE IDEAS TO EXPAND AND SECURE THE ORGANIZATION'S GROWTH AND DEVELOPMENT (BY ACTIVELY CONTINUING TO BECOME MANAGED CARE READY).**

<b>Objective</b>	<b>Evaluation Method</b>	<b>Person(s) Responsible</b>	<b>Due Dates</b>	<b>Reviewed By</b>	<b>Monitored</b>
A. Provide management training sessions and staff education each quarter with a special emphasis on Medicaid's transitioning from the current fee-for-service system to a managed care system.	-A minimum of four management training sessions will be focused on managed care topics.  -A minimum of four newsletter articles will focus on managed care topics.	-Executive Director -Clinical Director	12/31/15 3/31/16 6/30/16 9/30/16	-Leadership Committee	
B. Continue to reduce wait time for client access to initial services and evaluation by MD/CRNP when indicated.	-Initial service avg. wait time of 7 days or less.  -MD/CRNP avg. wait time of 14 days or less.	-Executive Director -Clinical Director -Program Directors	3/31/16 9/30/16	-Leadership Committee	
C. Continue positive public relations efforts to educate our referral sources, potential clients, and community re: the effectiveness, availability, and outstanding quality of our staff, services & programs.	-Newspaper articles/ads -C&E community presentations -May 2016- MH Month activities- newspaper/TV/radio -Career/Job Fairs -Prevention Activities	-Executive Director -Clinical Director -Program Directors	12/31/15 3/31/16 6/30/16 9/30/16	-Leadership Committee	

Objective	Evaluation Method	Person(s) Responsible	Due Dates	Reviewed By	Monitored
<p>D. Improve tracking and reporting of data required by the RCO quality measures which relate to behavioral health and substance abuse.</p>	<p>-Continue to review the RCO quality measures report each month during the PI meetings.            -Improve the tracking and reporting based on new information and new expectations provided by the RCOs during the fiscal year.</p>	<p>-Clinical Director            -Performance Improvement Committee</p>	<p>3/31/16            9/30/16</p>	<p>-Performance Improvement committee            -Leadership Committee</p>	
<p>E. Develop contracts with the RCOs that will allow us to meet our client's varying clinical needs and remain a financially viable and comprehensive organization.</p>	<p>-Finalize a contract with RCOs that meets client's clinical needs and keeps the organization financially viable and comprehensive.</p>	<p>-Executive Director            -Business Manager            -Leadership Committee</p>	<p>9/30/16</p>	<p>-Leadership Committee</p>	

**Goal II. TO BE TOTALLY COMMITTED TO EXCELLENCE IN ALL THAT WE DO.**

Objective	Evaluation Method	Person(s) Responsible	Due Dates	Reviewed By	Monitored
<p>A. Increase training for new employees by continuing to use peer mentors to educate and train them on practical ways to meet the day-to-day expectations of their job roles.</p>	<ul style="list-style-type: none"> <li>-Utilize the peer mentoring program for all new employees for which it is applicable.</li> <li>-Monitor the effectiveness of the program and make improvements and adjustments to it when indicated.</li> </ul>	<ul style="list-style-type: none"> <li>-HR Coordinator</li> <li>-Supervisors</li> <li>-Peer Mentors</li> </ul>	<p>3/31/16 9/30/16</p>	<p>-Leadership Committee</p>	
<p>B. Increase the usage of teleconferencing equipment for organizational meetings and initiate its use for client service delivery.</p>	<ul style="list-style-type: none"> <li>-Use the equipment for at least 50% of Leadership/PI meetings, and initiate its use for at least two other committees.</li> <li>-Complete enrollment of medical staff with MCD to allow telehealth services and begin provision of services via teleconferencing equipment.</li> </ul>	<ul style="list-style-type: none"> <li>-Executive Director</li> <li>-Clinical Director</li> <li>-Committee Chairs</li> </ul>	<p>3/31/16 9/30/16</p>	<p>-Leadership Committee</p>	
<p>C. Monitor and respond to error trends &amp; corporate compliance issues to ensure continuous improvement in the quality and accurateness of service documentation and agency processes.</p>	<p>Improvements documented based on the following:</p> <ul style="list-style-type: none"> <li>-Administrative Reviews &amp; Trends</li> <li>-TPR Reviews &amp; Trends</li> <li>-Clinical Reviews</li> <li>-Peer Reviews</li> <li>-Medicaid errors &amp; recoupments</li> <li>-NDP trend reports</li> <li>-UR Admissions Criteria report</li> <li>-Corporate Compliance Committee recommendations</li> </ul>	<ul style="list-style-type: none"> <li>-Records Librarians</li> <li>-TPR Coordinator</li> <li>-Clinical Director</li> <li>-Program Directors</li> <li>-Program Coordinators</li> <li>-Administrative Coordinators</li> <li>-MAS Nurse</li> <li>-QA Coordinator</li> </ul>	<p>12/31/15 3/31/16 6/30/16 9/30/16</p>	<ul style="list-style-type: none"> <li>-Performance Improvement Committee</li> <li>-Corporate Compliance Committee</li> </ul>	

**Goal III. TO CONTINUOUSLY IMPROVE OUR WORK PERFORMANCE AND THE EFFECTIVENESS OF THE SERVICES PROVIDED (SA SERVICES).**

Objective	Evaluation Method	Person(s) Responsible	Due Dates	Reviewed By	Monitored
<p>A. Improve the efficiency and consumer experience during the SA admission process.</p>	<ul style="list-style-type: none"> <li>-Training in customer service techniques for all SA staff with client contact.</li> <li>-Obtain input from consumers and their families regarding their perceptions of access to care and welcoming procedures.</li> <li>-Decrease the amount of time required the day of admission for the admission process.</li> </ul>	<ul style="list-style-type: none"> <li>-Clinical Director</li> <li>-SA Program Coordinator</li> </ul>	<p>3/31/16 9/30/16</p>	<p>-Clinical Director</p>	
<p>B. Monitor program census to maintain the optimum clinical and financial effectiveness.</p>	<ul style="list-style-type: none"> <li>-Maintain a consistent daily census of 20 throughout the fiscal year</li> </ul>	<ul style="list-style-type: none"> <li>-SA Program Coordinator</li> <li>-SA Office Manager</li> </ul>	<p>12/31/15 3/31/16 6/30/16 9/30/16</p>	<ul style="list-style-type: none"> <li>-Executive Director</li> <li>-Clinical Director</li> </ul>	
<p>C. Improve the quality of treatment planning and documentation to increase individualized client-driven treatment rather than program oriented treatment.</p>	<ul style="list-style-type: none"> <li>-Administrative Reviews &amp; Trends</li> <li>-TPR Reviews &amp; Trends</li> <li>-Clinical Reviews</li> <li>-Peer Reviews</li> <li>-Increase the use of groups that address individual treatment goals as opposed to more general topics.</li> <li>-Increase individual counseling services</li> <li>-Increase case management services.</li> </ul>	<ul style="list-style-type: none"> <li>-SA Program Coordinator</li> <li>-SA Clinical staff</li> <li>-SA Records Librarian</li> <li>-Clinical Director</li> </ul>	<p>3/31/16 9/30/16</p>	<ul style="list-style-type: none"> <li>-Performance Improvement Committee</li> <li>-Clinical Director</li> </ul>	