



# South Central Alabama Mental Health

*Serving Butler, Coffee, Covington & Crenshaw Counties*

## **STRATEGIC PLAN**

### **Fiscal Years 2014 and 2016**

**SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.**

## **Purposes of the Strategic Plan**

1. To provide direction and guidance for the leadership of SCAMHB.
2. To serve as a training manual for the employees of SCAMHB.

## Organizational Description

South Central Alabama Mental Health Board (SCAMHB) is a public, non-profit corporation, incorporated under Act 310 of the Alabama Legislature.

1. We are a PUBLIC organization. SCAMHB is incorporated for a public purpose, to serve a public need. (Most non-profit organizations are privately incorporated, e.g. churches, advocacy organizations, fraternal organizations, etc.) We are considered quasi-governmental since we are established by local governmental entities: Butler County, Coffee County, Covington County, Crenshaw County, City of Greenville, City of Red Level, City of Andalusia, City of Opp, City of Florala, City of Brantley, City of Luverne, City of Enterprise, and City of Elba.
2. We are a NON-PROFIT organization. That is, the SCAMHB is incorporated for charitable and beneficial purposes without the intent of making profits to be distributed to its owners or shareholders.
3. We are a Corporation. While we are a public, beneficial agency, we are none-the-less a corporate entity. We have a corporate legal status and we operate as a business.
4. We are a local organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are not a state agency.

The Board of Directors: 39 directors are appointed by the local governmental bodies previously listed. They are volunteers who are charged with the legal responsibility to oversee SCAMHB. The Board employs an Executive Director who is responsible for the operations of SCAMHB. The Board meets every 4<sup>th</sup> Thursday at 11:30 AM except in October at the public meeting which is held the third Thursday of October at 2:00 PM.

## Programs and Services

SCAMHC provides an array of services for people who have mental illness and for those persons who experience difficulty in coping with life events. Services are offered to children through the geriatric years and include:

- Rehabilitative Day Program
- Supportive Housing
- Case Management
- Children's InHome Team
- Juvenile Court Liaison
- School-Based MI Therapy
- Outpatient Therapy
- Geriatric Services
- Hospital Evaluations
- Crisis Intervention
- Medication Monitoring
- Intensive Day Treatment
- Intermediate Care Home
- Small Capacity Group Home
- Specialized Behavioral Home
- Supported Housing Apts.
- Adult InHome Team
- Probate Court Liaison
- Psychiatric Services
- Testing
- Information and Referral

SCAMHB operates three Adult Training Centers for persons with Developmental Disabilities. Additionally, evaluation and assessment is provided. Services offered to the DD population include:

- Adult Training
- Case Management for Adults
- Evaluation and Assessment for Adults

Programs offered by SCAMHB Substance Abuse Division include:

- Crisis Residential
- Outpatient
- Court Referral

**Historical Summary**

- 1968 South Central Alabama Mental Health formed
- 1970 Bill Ward-Executive Director
- 1970 SCAMHB moved from Health Dept. to 301 S. Three Notch St. Staff consists of administrator, MH nurse, part-time pharmacist; secretary-bookkeeper and a pharmacist (one day per month).
- 1971 Legislature appropriated \$250,000 for construction of facility
- 1972 Coffee County office opened
- 1973 Joe Bates-Executive Director
- 1973 Alcoholism Program funded
- 1973 Merle Wright-Executive Director
- 1975 Lillian Dixon-MR Services Director
- 1976 Staff has increased from 15 in April 1973 to 40. Budget has increased from \$157,000 to approximately \$450,000.
- 1976 Jim Laney-Executive Director
- 1977 Searcy patients at new low of 57 from 187 in 1972
- 1978 Bay Branch Road site completed
- 1978 Awarded National Institute of Mental Health Operations Grant-\$663,833.00 for the first.
- 1978 Budget 1.4 million
- 1979 Moved Greenville MR services to building donated by Casey Foundation
- 1981 Jim Stivers-Executive Director
- 1984 Rehab Option for Medicaid services began
- 1991 Bond Issue Enterprise and Greenville OP sites completed
- 1993 Richard Craig-Executive Director
- 1996 Cindy Hataway-Executive Director
- 1997 Bond Issue Luverne OP site completed
- 2001 Revenues total \$5,357,185-135 staff
- 2004 Hurricane Ivan strikes and severely damages Montezuma Center
- 2007 Montezuma renovations completed
- 2008 RUS grant awarded for Telemedicine equipment

2009-2013

- 2009 Revenues total \$6,062,943-139 staff
- 2009 Diane Baugher-Executive Director
- 2010 Revenues total \$6,140,207-150 staff
- 2010 Three-Bed home and twelve Supportive Housing Units added to Continuum of Care
- 2011 Achieved Region IV Census Reduction Project Goal of 96 clients placed in community
- 2011 Revenues total \$7,565,096-155 staff
- 2012 Participated in Region IV closure of Searcy Hospital
- 2012 Placed Crisis Residential Home and Specialized Behavioral Home in service; ceased operation of Therapeutic Group Home; opened 12 supportive housing apartments
- 2012 Revenues total \$7,948,910-156 staff
- 2013 Moved 3-bed home to Garland in home purchased with bond money; purchased two additional 3-bed rental homes in Garland with bond money

## MISSION STATEMENT

We are dedicated to improving lives in a professional and caring manner

## VISION STATEMENT

To be the premier provider of community behavioral health services through effective leadership, financial integrity, innovative use of technology and creative problem solving.

## VALUES STATEMENT

A system of care is based on values and beliefs, whether written or implied. The following statements reflect the values and philosophy of our organization. It is important that every employee understands and embodies these values if the organization is to fulfill its mission. The centerpiece of our values is quality to the customer.

- The most effective care is accessible, individualized, and recovery-oriented.
- Each Staff member is an integral part of our organization and will be highly skilled while demonstrating the highest level of ethical standards and professional behavior.
- We are partners and neighbors within the communities we serve and encourage cooperative efforts by eliminating barriers.
- Customer satisfaction is the hallmark of quality. The best way to ensure quality is to continually improve our processes.
- Prevention of errors rather than correction is the best way to achieve quality outcomes.
- We treat individuals with dignity, patience and respect in a confidential and compassionate manner.
- Our success is based on:
  - shared goals and commitment
  - versatility and flexibility
  - high expectations
  - openness to new ideas
  - comprehensive, cost-effective service system

## GOALS AND STRATEGIES

GOAL 1-CUSTOMER PERSPECTIVE-Ensure customer satisfaction by continuously improving quality of services						
STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE	
Utilize Customer Satisfaction surveys to strengthen service delivery	Maintain 80% satisfaction on center customer satisfaction surveys	Performance Improvement Team	Percentage of positive responses from surveys returned	80% Satisfaction	09-30-2014 And 09-30-2015	
Utilize survey to measure satisfaction amongst internal customers (Organizational Climate Survey)	Achieve or exceed group (national) mean satisfaction from survey.	Executive Director	Percentage of positive responses from surveys	Achieve or exceed group (national) mean	09-30-2015	
Utilize survey to measure satisfaction amongst external customers	Achieve 80% satisfaction from survey.	Performance Improvement Team	Percentage of positive responses from surveys returned	Achieve or exceed group (national) mean if available, or 80% if not	09-30-2015	
Identify community needs through a needs assessment	Develop and conduct community needs assessment.	Management Team	Needs assessment compiled and analyzed	Completed Needs Assessment	09-30-2014	

**GOAL 2-FINANCIAL PERSPECTIVE-Achieve financial goal attainment (FGA) at 105% to fairly compensate staff, improve facilities, and upgrade equipment.**

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE
Maximize billing	Maintain or exceed productivity expectations	All Staff	Percentage of expectation	100% of expectation	10/1/2014 and 10/1/2015
	Increase attendance in RDP, OP Group, and Day Hab	MI and ID Division Heads	Increase in baseline	10% increase over baseline	10/1/2014
	Expand Children MI services	MI Children staff	Increased caseload from 9-30-2013	Active cases increase by 200	10/1/2014
	Increase collections of DUI classes	SA Staff	Collect 95% of fees	95% collection rate	9/30/2014 and 9/30/2015
	Continue Implementation of School Based Collaboration Project	MI Children staff	School Systems Contracted	Contracts with two school systems	5/31/2014
	Expand Adult Case Management	MI Division Director, HR, ED	Case Manager in every county	1 new case manager	9/30/2014
	Continue development of Peer Support Services and BLS billing component	MI Division Director, HR, ED	Identify billable services and establish productivity standard	Productivity Standard established	9/30/2014
Decrease Administrative Overhead	Cut Administrative Expense	Executive Director	Administrative Expense as a % of Total Expense	2% decrease from 9-30-2013; 2% decrease from 9-30-14	09/30/2014 9/30/2015

GOAL 3-INTERNAL PERSPECTIVE-Efficiently manage resources						
STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE	
Re-establish Efficiency Team	Identify and recommend changes to eliminate inefficiencies	Efficiency Team	Efficiencies identified and reported	Report delivered to Executive Director	03-31-2014	
Reduce Overtime	Research effective utilization of outsourcing PRN pool	HR	Report identifying potential savings in OT with outsource contract	Reduced OT pay of 10%	12-31-2013	
	Evaluate shift variations to reduce part-time positions by combining to make full-time position	Directors; HR; Accountant	Evaluation presented for consideration	Reduced pay by 10%	3-31-2013	
	Evaluate shift differential to attract/retain employees	Directors; HR; Accountant	Evaluation presented for consideration	Reduced pay by 10%	3-31-2013	

GOAL 4-LEARNING AND GROWTH PERSPECTIVE-Improve staff morale.						
STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE	
Recognize contributions of our staff	Increase in Organizational Climate Survey section Recognition and Growth with monthly recognition awards for staff that excel	Program Directors and ED	% increase	5% increase in baseline of 61.4; 10% increase in baseline of 61.4	09/30/2014  09/30/2015	
Provide incentives and acknowledgement of contributions for employees that address quality, service delivery, and operational efficiencies.	Develop, implement, and monitor for effectiveness a system of employee incentives.	Leadership Team	Incentives in place and being measured for effectiveness	Incentive earned at year end	9/30/2014 and 9/30/2015	
Develop and implement Performance Based Pay System	Increase in Organizational Climate Survey "I am satisfied with my pay."	HR and ED	% increase	5% increase in baseline of 34.1; 10% increase in baseline of 34.1	10/01/2014	

**GOAL 5-LEARNING AND GROWTH PERSPECTIVE-Strive to attain the cutting edge of technology.**

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE
Successfully convert to MyAvatar	Develop/convert Paperless record; Financial statements	Leadership Team	Fully Functional electronic record	Paperless chart	10/1/2014
Successfully convert to Geneva	Conversion from CMHC to Geneva financial package	ED and Accountant	Operational financial package	Operational financial package	10/1/2014
Network Downtime Reduction	Reduce Network and Internet downtime to no more 2%	ED and IT staff	2% or less of down time;	2% or less of downtime	9/30/2014
Develop and implement electronic record	Paperless record	Clinical Director and IT Team	Develop electronic record	Paperless chart	1/1/2014
Improve on the job training	Increase staff satisfaction with on the job training	HR & Directors	Survey of staff to assess improvement in on the job training	90% satisfied with on the job training	09/30/2014