

Etowah Dekalb Cherokee Mental Health Board, Inc.

d/b/a CED Mental Health Center

310 Board Plan for Services

Two Year Plan Guiding Service Development

for the Period 2014-2016

Board Name: Etowah Dekalb Cherokee Mental Health Board, Inc. d/b/a CED Mental Health Center.

Counties Served: The State of Alabama Department of Mental Health divides the State into four geographical regions for mental health and substance abuse service delivery. The CED Mental Health Center serves individuals in Cherokee, Etowah and Dekalb Counties as a part of Region 1.

Description of Services/Supports Provided: Currently CED Mental Health Center provides the following services in all three above listed counties of our catchment area: 24-Hour Emergency Services, General Adult and Child/Adolescent Outpatient Services, Adult and Child/Adolescent Case Management Services, Intensive Services, Residential Services, Nurse Delegation Services, Substance Abuse and Prevention and Consultation and Education Programs.

Populations Served: The consumer (service recipient) population includes those adults who are diagnosed with severe and persistent mental illness or who suffer from substance abuse disorders residing within the tri-county 1,866 square mile catchment area. This planning also includes a review of services for children/adolescents who have serious emotional disorders.

Mission Statement: The mission of CED Mental Health Center is to provide publicly and privately funded mental health and substance abuse treatment and prevention services with dignity and respect.

Vision Statement: The vision of CED Mental Health Center is to promote awareness of the diseases of mental illness and substance abuse, to maintain highly trained and motivated staff who will enable consumers to reach and sustain a productive lifestyle within the community, and to be recognized as the premier mental health center in the region.

Description of Planning Cycle: CED Mental Health Center initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow CED's catchment area to provide meaningful input to the Department of Mental Health's statewide planning process. The process includes focused meetings with each stakeholder group to obtain input to service needs in the area. Monthly and/or quarterly service coordination and review meetings that include key stakeholders provide an ongoing review and planning process that allows CED to constantly update its service plan and revise the area's continuum

of care to meet service needs as they arise. In addition to the face-to-face meetings, CED also conducts annual

DMH surveys of family and consumer satisfaction to evaluate the perception held in these groups regarding CED's services. These regular planning/coordination meetings and completed surveys provide a basis from which CED can enhance the quality of services provided in our catchment area.

Planning Cycle Timeframe: See above

Key Stakeholders and Roles: CED has various stakeholders such as the Rights Committee, NAMI, Adult Services Multiple Disciplinary Team of Etowah County, Substance Abuse Coalition, Tobacco Coalition, local hospitals, Probate Courts, Quality of Life (federally qualified healthcare provider), family and consumer representatives, and the Children's Policy Council that participate in the planning process.

The role of the stakeholders is to review current service delivery and plan for improvements when necessary on the delivery of services. Meetings are held on a regular basis with stakeholders and are scheduled depending on the level of stakeholder involvement. Stakeholders participate in regularly scheduled surveys and evaluations to determine service strengths and needs. Stakeholders provide staff/board development as well as an avenue to provide training by CED staff in the community.

Greatest Area(s) of Unmet Needs: When meeting with stakeholders and when reviewing changing State and Federal guidelines and requirements, needs that are currently underserved or unmet become apparent. Many times the areas that have the greatest need impact the delivery of services throughout the catchment area as a whole. During the current evaluation period, we noted the need for the implementation of electronic medical records to ensure compliance with Federal guidelines, improved integrated behavioral and primary healthcare, telemedicine and physician access for remote locations, and the need to increase utilization of evidence based practices in all clinical services.

Needed Expansions: Currently, CED provides the following services in all three counties of its catchment area: (See Description of Services above). Additionally, Etowah County provides Adult Intensive Day Treatment, Children's Project FIND (In-Home Intervention), Assertive Community Treatment (ACT) Services, Headstart Early Intervention Services, and a Children's Summer Day Treatment Program. Intensive Outpatient Substance Abuse Services are provided in Etowah and Cherokee Counties. We are currently attempting to expand these services in Dekalb County.

The need for expansion is great. The areas of need have been broken down by area of services –

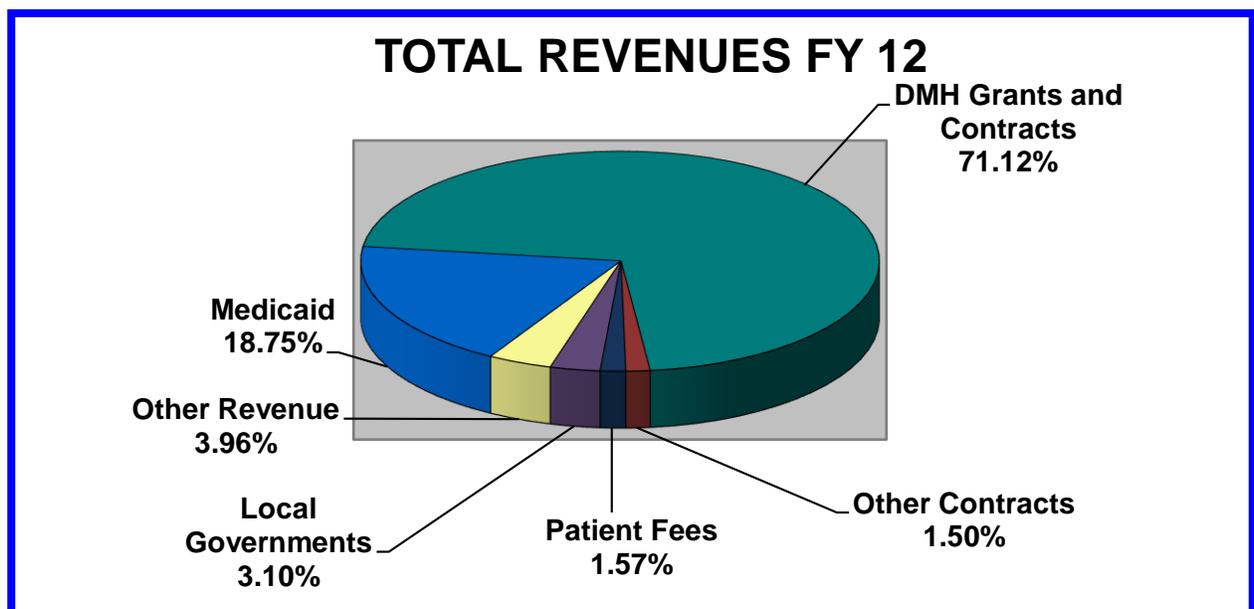
Adult Services needs an Adult Day Treatment in Cherokee and Dekalb Counties, and expansion of day treatment by offering an afternoon session in Etowah County; expand collaborative relationships with primary healthcare facilities, expand Assertive Community Treatment (ACT) Teams, and increase training in and implementation of more Evidenced-Based Practices.

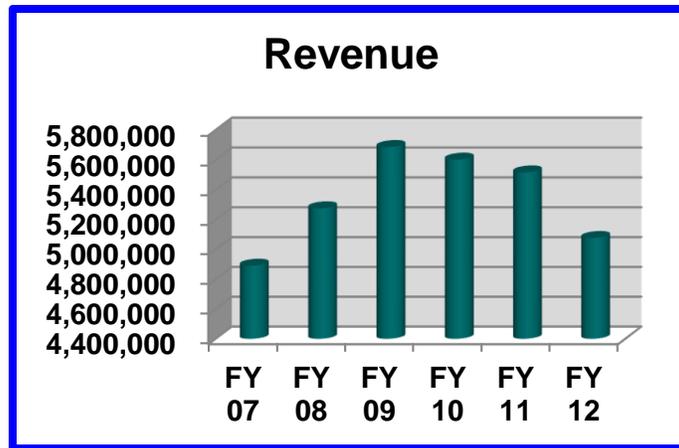
Children/Adolescent Services needs to be able to expand service delivery to at-risk youth as identified by co-occurring seriously emotionally disturbed criteria and delinquent acts, increase in-home services, and increase community outreach programs to youth and child caring agencies.

Crisis Stabilization Services needs to be increased for adults transitioning from inpatient care to community living or to minimize the need for hospitalization of current consumers. Upgrade of residential continuum of care has occurred by assessing utilization of all foster home residential services. This includes a Therapeutic Residential Treatment facility to downsize State commitments. Networking/partnering with local, designated hospitals has helped divert and transition care. We are implementing a Diversion Team which will cover all 3 counties to divert inappropriate hospitalizations to state institutions and engage individuals in their local area in order to prevent hospitalization. CED works with local probate courts, the Department of Mental Health (DMH) and state facilities to minimize commitments to local and state hospitals and treat court ordered consumers for treatment locally unless absolutely necessary to refer to a state facility.

Substance Abuse Services needs to improve integration of mental illness and substance abuse service delivery to consumers with co-occurring disorders and obtain certification to provide various levels of care in substance abuse.

Current Funding Resources: Medicaid revenue and the contract with the Alabama Department of Mental Health and Mental Retardation make up approximately 93% of CED's revenue. It is vital for CED to continue in cooperative planning efforts with the Department of Mental Health.





Future Funding Resources: CED is currently researching and pursuing several avenues of grant opportunities to assist with the conversion to electronic medical records and to assist in funding the addition of telemedicine practices. In light of the current State budgetary constraints, it is unlikely that additional state and local funds will be obtained in the next couple of years. The current level of Department of Mental Health (DMH) funding is expected to remain the same. There is a need to be more efficient providing wrap around services in order to prevent additional care needs and costs.

Four Goals and Objectives: Based upon the results of meetings held over the last year with stakeholders, the following Goals and Objectives have been development for our 2-Year Plan –

- **Goal 1:** Improve Access to Care (Crisis Evaluation, Intake, Physician Access, Medications, Case Management and Outpatient Services) for children, adolescents, Adult MI and SA.

 - Objective 1:** Decrease consumer wait time by monitoring contact logs, Triage and Intake Assessment data, consult data and address service gaps.
 - Objective 2:** Decrease community stakeholder wait time by monitoring after-hour contact logs and establish a direct response rate time to consumer needs.
 - Objective 3:** Decrease consumer wait time to psychiatric care by exploring alternatives to direct physician access (i.e., ER/Telemedicine/coordination with community clinics).
 - Objective 4:** Develop and implement a central scheduling system for the agency for rapid response.
 - Objective 5:** Increase Psychiatric access by implementation of telemedicine. Rural areas will have more access to a psychiatrist to address needs with less travel.
 - Objective 6:** Financial support for the system will be handled by funds from county development, county commissions, and grants for telehealth connectivity.

- **Goal 2:** Increase awareness of services provided, access to services and appropriateness of services to the community and stakeholders.

 - Objective 1:** Update CED’s promotional brochures, website and display information to highlight services provided, steps to accessing services, and admission criteria for each of the service areas within CED’s scope of care.

Objective 2: Participate in community and area trainings by providing informational workshops and display information on all services provided through CED at area schools, colleges, universities, hospitals, community meetings, and other community outreach opportunities as measured by training logs.

Objective 3: Mental Health First Aid training to be provided for mental health agencies, law enforcement schools, other local agencies and the community at large.

Objective 4: Participate in regularly scheduled meetings with adult and child care agencies to identify developing community needs as measured by meeting minutes and logs.

- **Goal 3:** Improve Staff and Board Development to increase consumer and stakeholder satisfaction.

Objective 1: Enhance staff development by providing training on current trends in diagnosis and treatment of MI and SA by providing in-house workshops and other training opportunities (i.e., community workshops, online learning, webinars, regional and state trainings) as measured through continuing education attendance records and certificates of training.

Objective 2: Provide regularly scheduled training to the Board of Directors on corporate compliance issues, Federal and State Rules and Regulations, Quality Assurance outcomes and initiatives, independent audit results, licensing/certification inspection requirements and results, and Risk Management training (i.e., CED Conduct, Staff Conduct, and Board Member Conduct) as measured by training logs and Board minutes.

- **Goal 4:** Downsizing the state hospitals – North Alabama Regional Hospital (NARH).

Objective 1: Plan with Region 1 partners for services to reduce the number of beds operated by North Alabama Regional Hospital (NARH).

Objective 2: Implement the downsizing plan in partnership with Region 2 providers. Financial implementation of services to achieve the downsizing is being made available by the Department of Mental Health (DMH) for these efforts, and transitioning consumers to a sustainable, community living by use of residential continuum of care.