

COASTAL EMPIRE COMMUNITY MENTAL HEALTH CENTER (CECMHC)

STRATEGIC VISION

JULY 2024—JUNE 2027

APPROVED BY THE BOARD OF DIRECTORS

DATE

Angie B. Salley

Angie B. Salley, MA
Board of Directors

7-1-2024
Date



Henry Hiott Executive Director

7/18/24
Date

Chairperson,

VISION

We are continually committed to diversity, equity, and inclusion of all that seek services, collaboration, or employment with Coastal Empire Mental Health Center. We are dedicated to providing comprehensive and personalized outpatient mental health treatment. In doing so we aim to prioritize the well-being and recovery of individuals, promote mental health awareness, reduce stigma, and empower individuals to lead productive and fulfilling lives. We will continue to inspire hope in our community of patients, families, stakeholders, and employees.

We value making our Center accessible, supporting our employees, and focusing our executive attention to ensure quality and customer services is always protected at Coast Empire Mental Health Center. We see ourselves as the leader of exceptional, effective, compassionate care for all of our community's citizens. We see ourselves as a Community Mental Health Center that is adaptive and nimble during a shifting Mental Health Care landscape.

We see this Strategic Vision to be an outline of our current needs and goals. Therefore, to be meaningful it must be responsive to the unforeseen challenges of the future and will be revised as needed in light of new information and knowledge and regular review by the Center's Administration Team.

Coastal Empire prides itself on maintaining a positive financial position and utilizing all available grant money to provide the below opportunities for our staff. If at any time there is an unforeseen emergency, we have \$1M+ in reserves set aside to continue our vision.

OUR MISSION

To support the recovery of people with mental illnesses.

OUR PRIORITIES

CECMHC gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders.

- A. ACCESS: Ensure wide-reaching accessibility to those seeking services, support, collaboration, or employment.

- B. WORKFORCE: Recruit and retain the highest quality of professionals.
- C. QUALITY: Provide the highest quality of care to our patients and families.
- D. COMMUNITY: Integration; Prevention, Outreach, Education and Partnerships.

OUR VALUES

RESPECT FOR THE INDIVIDUAL

Each person is treated with respect and dignity and is a partner in achieving recovery. We commit ourselves to services that:

- Honor the rights, wishes, and needs of each individual
- Promote each individual's quality of life
- Focus on each individual's strengths in the context of his/her own culture
- Foster independence and recovery
- Demonstrate the value of family inclusion and the benefits of strong family support

SUPPORT FOR LOCAL CARE

We believe that people are best served in or near their own homes or the community of their choice. We are committed to the availability of a full and flexible array of coordinated services in the Coastal Empire catchment area, and to services that are provided in a healthy environment. We believe in services that build upon critical local support: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

COMMITMENT TO QUALITY

CECMHC is and will continue to be an agency worthy of the highest level of public trust. We provide treatment environments that are safe and therapeutic, and work environments which inspire and promote innovation and creativity. We hire, train, support, and retain staff who are culturally and linguistically competent,

who are committed to the recovery philosophy, and who value continuous learning and research. We provide services efficiently and effectively and will strive always to provide interventions that are scientifically proven to support recovery.

DEDICATION TO IMPROVED PUBLIC AWARENESS AND KNOWLEDGE

We believe that people with mental illnesses, trauma victims, and others who experience severe emotional distress, are often the object of misunderstanding and stigmatizing attitudes. We work with employers, sister agencies, and public media to combat prejudice born of ignorance about mental illness. We expect our own staff to be leaders in the anti-stigma campaign.

STRENGTHS, CHALLENGES, & OPPORTUNITIES

STRENGTHS

- CECMHC employs a diverse, experienced, talented, and expert staff in a variety of disciplines
- The team of CECMHC demonstrates resilience and perseverance
- CECMHC has a robust Board of Directors made up of diverse backgrounds and experience
- Clinics that reach a wide and diverse population
- The CECMHC has renewed focus on School-Based Program poised to expand to an unprecedented capacity
- High achieving and highly productive staff
- Long history of financial stability
- Experienced Executive Leadership capable of meeting the evolving demands of the behavioral health industry
- Fidelity to our Patients' Rights and Confidentiality

CHALLENGES

- Recruiting and retaining qualified medical and clinical staff; cost-effective treatment requires effective and established staff.
- The Center's current hours of operation may not be flexible enough to meet the needs of the 21st Century Coastal Empire Catchment area.
- Meeting treatment and industry demands in the Coastal Empire Catchment area that is diverse.
- The area's patient base is changing in demographic and economic status: Millennials, IT/Hi-Tech Industry, and the Auto/Airline Industry.
- Meeting the patient's needs for varying treatment platforms.
- Meeting employee desires for varying workplace environments.
- The county lacks an efficient mass-transit system
- Academic year off-months during impact School-based program effectiveness
- The breadth of geography and often-insular culture of the rural Coastal Empire catchment area impedes efforts to reach all of our community.
- Center IT tools and processes are products of the DMH Office of Information Technology.
- Community partner awareness of their roles and opportunities for participation in and support of patient services.
- Integrating Embedding CECMHC deeper into our community (Healthcare, Law Enforcement, Social Services, Education System, etc.) as a knowledgeable, trusted, and respected ally and provider

OPPORTUNITIES

- Population growth in certain areas of the Coastal Empire catchment area particularly Beaufort and Jasper Counties.
- At the National level, greater funding for and citizen awareness of factors affecting Mental Health Care
- Local Healthcare providers seek reliable resources for their patients with mental illness
- Expansion of School-Based services to the remaining schools not presently served by CECMHC
- Development of Information Technology tools that assist the treatment of Mental Illness and improve access to various treatment platforms.

- Creating partnerships
- Expansion of Outreach via use of Mobile Mental Health Unit
- Creativity in programming through Grants opportunities provided by SCDMH for special populations
- A more Diversified Workforce

GOALS THAT SUPPORT THIS VISION AND ITS PRIORITIES

GOAL 1: ACCESS: ENSURE WIDE-REACHING ACCESSIBILITY TO THOSE SEEKING SERVICES, SUPPORT, COLLABORATION, OR EMPLOYMENT.

GOAL 2: WORKFORCE: RECRUIT AND RETAIN THE HIGHEST QUALITY OF PROFESSIONALS.

GOAL 3: COMMUNITY: PREVENTION, OUTREACH , EDUCATION AND PARTNERSHIPS WITH FOCUS ON INTEGRATION

STRATEGIC OBJECTIVES

GOAL 1: ACCESS: ENSURE WIDE-REACHING ACCESSIBILITY TO THOSE SEEKING SERVICES, SUPPORT, COLLABORATION OR EMPLOYMENT

1.1 *Have a hospital aftercare process for each clinic that meets the needs of patients.*

- A. Design and document processes for new patients and existing patients.*
- B. Documentation of policies continuity reviewed*
- C. Develop a process for shared communication.*

1.2 *Enhance access to suicide prevention.*

- A. Existing patients: 100% of monthly audits will yield completion of safety plans.*
- B. Incorporate a review of a safety plan and DLA-20 into the new aftercare process.*
- C. Create “go-books” for all Mobile Crisis Team / Clinic Directors & with state vehicles.*
- D. Provide access to suicide prevention training to 100% of all CECMHC staff.*
- E. Any person requesting crisis intervention services receives care on the same day at 100%.*

1.3 Create programming that reaches all areas of the catchment area by addressing embedded clinicians, integrated programming, and robust outreach programming.

1.4 *Increase collections to improve access and quality of care.* A. Increase self-pay to collections to 30%.

- B. 100% of quarterly audits reveal consent to bill forms.
- C. Adding signing of financial responsibility form in annual clinical review.

GOAL 2: WORKFORCE: RECRUIT AND RETAIN THE HIGHEST QUALITY OF PROFESSIONALS

2.1 Every employee shall be provided supervision consistent with policies and procedures.

- A. Review / Revise CECMHC's “clinical supervision” policy in an EMM meeting to best evaluate our true current performance.
- B. Documented training completed for 100% of CECMHC staff in a management role in the following areas:
 - a. Standard supervision forms
 - b. Logging techniques (OneNote, etc.)
 - c. EPMS
 - d. Progressive Disciplinary Training within 3 months of the new role and annually (YES / NO)
- C. Obtain more individual employee feedback regarding their specific supervision needs from their direct report supervisor.

- a. Each manager documents annual feedback from individual needs. (open-ended questionnaire)
- b. Send a supplemental survey to all CECMHC staff making more specific inquiries regarding supervision if the current survey score yields <90% strongly agree or agree.

- D. Executive leadership & employees shall hold themselves accountable for operational integrity. (Rotate Executive Management Members to participate in the Executive Council.)
- E. Develop an improvement plan based on survey (employee, patient, post-discharge, and stakeholder) feedback to improve satisfaction percentages.
- F. Executive management will attend Patient Advisory Board meetings to solicit feedback and implement plans for improvement in support of the CECMHC mission.
- G. To improve transparency, two members of the Executive Management team will attend. Executive Council meetings quarterly.
- H. Executive leadership will encourage Board members to participate in employee recognition. and development, and community outreach events, at least once a year.

2.2 Enriching and educating the staff to strengthen the workforce to reduce the risk of high employee turnover and succession planning for the inevitable vacancies. (i.e. training development & licensure supervision)

- A. Supervision – On EPMS – requires one evidence-based training course per year.
- B. Supervision – Keep staff informed of available training that will enrich or increase expertise in their field.
- C. Supervision – Mentoring new staff
 - a. Pair new staff members with new staff for mentoring.
 - b. Identify mentors and give them a leadership opportunity in this role.

2.3 Improve the recruiting process.

- A. CECMHC will maintain affiliation agreements with 3 academic institutions to aid in the recruitment of mental health professionals.
- B. HR and CECMHC staff to reach out to institutions with programs that have credentialed programs at which they are alumni.
- C. Job Fairs – HR & Clinical Staff
 - a. To attend one job fair per fiscal year D.

Job Postings

- a. Improve descriptions by adding course requirements for credentialed staff.

GOAL 3: QUALITY: PROVIDE THE HIGHEST QUALITY OF CARE TO OUR PATIENTS AND FAMILIES

3.1 Provide quality, effective care that leads to clinical improvement.

A. DLA-20

- a. 75 % of MHPs will update DLA-20 scores at 3 months review or next face-to-face appointment.
- b. Progress summaries will be individualized and justify the continued need for treatment.
- c. Each clinic will offer at least one (1) group therapy service per quarter.

3.2 Training (Quality Assurance)

- A. All MHPs will be trained on screeners/outcome measures at new hire and at least annually.
- B. DLA-20 refresher course required for all MHPs annually.
- C. Compliance training will be completed and documented by all staff at least annually.

3.3 Meeting benchmarks consistently. QA refreshers 2 times a month will offer topics (EBPs) to increase participation.

- A. QA will create a staff list of who will benefit from a one-on-one QA training or a specific topic QA refresher class to CDs, per audit results.
- B. QA Bootcamp is required for all MHPs at least annually.
- C. QAC will add a sample of correct documentation examples to the K: Drive for all staff to have access to review.

3.4 Integrated physical and behavioral health (BH). (CECMHC will work towards a model that provides comprehensive care that integrates behavioral, physical, and substance use care.)

A. Research

- a. Executive Council to review examples of CCBHC models, possibly to include starting a committee.
- b. Review the ACT model and implement what we can to our existing ICT model. B. Establish and expand partnerships.
- a. Establish MOUs with 3 county A&D partners and 2 additional medical providers.

- b. Embed at least 1 clinician in a medical partner's home or A&D partner.
- c. Increase training opportunities in substance use EBM treatments for CECMHC staff at least once a year.

3.5 Promote resilience of youth.

- A. Provide PRS group to youth in the Summer.
- B. Connect with school districts to provide groups at the schools offering summer school.
- C. Explore hiring family education therapists for in-home services. (I.e. – family preservation)
- D. Explore resources for social media and online safety for kids. (Technology training)

GOAL 4: COMMUNITY: INTEGRATION; PREVENTION, OUTREACH, EDUCATION AND PARTNERSHIPS

4.1 Prevention

- A. Provide printed culturally appropriate mental health toolkits to community partners. (Inquire with OES and NAMI about materials)
- B. Cultivate relationships and offer SAFE TALK and Mental Health First Aid to faith-based partners.
- C. Hire engagement specialists to lower the service dropout rate by 20% yearly.

4.2 Outreach

- A. Coordinate and fill a monthly calendar for Highway to Hope in areas of the greatest need.
- B. Utilize the Mobile Mental Health Unit to participate in at least 1 community event per quarter.
- C. Offer creative opportunities for staff and board members to participate in Mental Health Awareness every May to combat stigma.
- D. Create a committee to explore a partnership with civic organizations to fund a scholarship for a HS senior in our catchment area who has overcome a mental health challenge.

4.3 Education - provide MH education accessible to all people in our catchment area.

- A. Provide community presentations on average once a month to other professionals.

- B. Provide community presentations to the general public on average once a month.
- C. Develop a calendar accessible on the website for any CECMHC events where the public is welcome.
- D. Explore a way to further implement a psycho-education class schedule that is available for non-patients to attend.

4.4 Partnerships

- A. CDs to reach out to various community partners for transportation – free or reduced cost
- B. Expand LE partnership to cover more counties.
- C. Partner with the Housing Authority to housing needs of our patient population and to reduce stigma.

STRATEGIES

The Strategic Vision will be carried out by appointed personnel of the Center, determined chiefly by the Quality Improvement Team (QIT). Small performance improvement workgroups, composed of any appropriate members of the Center staff, may be established to identify, and implement time-limited tasks, as determined by the QIT. The QIT will work diligently in seeking input from persons served through our Patient Advocate, the Center's Patient Advisory Board, our Collaborative Partners and Workforce. We will utilize a variety of methods to collect input and feedback, to include, our annual Employee Satisfaction and Needs Assessments, Community Surveys, Outreach Events in the all of our communities served, etc..... The Executive Director as well as other Members of Management will attend portions of the Patient Advisory Board Meeting, All-Staff Meetings throughout the Center, and Outreach Events.

As new information and knowledge become available, objectives and/or goals that no longer serve the broader vision of the Center will be revised or discontinued and replaced by more meaningful objectives and/or goals. The intent of this Strategic Vision is to swiftly implement changes for the Center; identify objectives or efforts that are determined to be ineffective or too stymied in momentum will be considered for elimination from the Strategic Vision at any time by the QIT.