Pine Belt Mental

Healthcare Resources

STRATEGIC PLAN

FY 2026-2028

Continue To Strive For Excellence

Updated December, 2025

PINE BELT

Mental Healthcare Resources

FOREWORD

The staff at Pine Belt Mental Healthcare Resources remains dedicated to our mission of delivering *excellent* care in an *efficient* manner in order to *empower* the individuals we serve. The past five years have presented our agency with unprecedented challenges and opportunities that helped to solidify the foundation of our agency and shape the future of PBMHR as the region's community-based behavioral healthcare provider of choice.

In developing the FY 2026-2028 Strategic Plan, our Team continued to consider feedback from our community stakeholders including, but not limited to, individuals enrolled in services and families and caretakers of those individuals; PBMHR staff; our Board of Commissioners; schools; local law enforcement; child protective services; juvenile justice; state and federal stakeholders; chancery court officials; programmatic and agency outcome data; etc. We also took into consideration information gathered from our active participation in national and regional trade organizations as well as current events including a local, state and national workforce shortage, an increase in competition for the existing workforce and the challenging economy in which our employees and the individuals we serve must endure. We have continued our commitment to providing services in a manner that is person centered, recovery-oriented, and community based.

The FY 2026-2028 Strategic Plan represents an acknowledgement of current challenges a renewed commitment to embracing and conquering these challenges and opportunities in order to better shape our future. Our history of working with underserved individuals has taught us to continually evolve, adapt, and expand to best meet these challenges and the needs of the communities we serve. I continue to be excited to work alongside my fellow PBMHR employees as we strive to carry out our steadfast mission, vision and values.

Mona Gauthier, LPC-S, MBA,
Executive Director
Pine Belt Mental Healthcare Resources

MISSION, VISION, AND VALUES

Our Mission

To *excel* in providing quality community-based behavioral healthcare services in such an *effective* manner that individuals will be *empowered* to pursue an optimal quality of life.

Our Vision

We are the region's community-based behavioral healthcare *provider of choice.*

We value . . .

- Being compassionate and responsive to the opinions and needs of the individuals we serve
- Exceeding the expectations of individuals served and our communities
- Being creative and innovative in providing superior services
- Providing an environment in which all employees can achieve personal excellence and growth.
- Providing programs that are financially sound, cost effective, and evidence-based.
- Advocating for positive systemic change in the MS Behavioral Health/CMHC System in order to enhance the capability of meeting the demand for community-based services.

ORGANIZATIONAL OVERVIEW

Updated
December, 2025

Pine Belt Mental Healthcare Resources (PBMHR) is guided by a Board of Commissioners that represents each of the eighteen counties in the service area. These counties include Amite, Covington, Forrest, Franklin, Greene, Hancock, Harrison, Jones, Jefferson Davis, Lamar, Lawrence, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wayne Counties. An experienced, dedicated management team provides direction towards the achievement of strategic plans and objectives. This team consists of the Executive Director, Executive Assistant, Director of Adult Services, Director of Child and Adolescent Services, Director of Chemical Dependency Services, Director of Developmental Disabilities Services, three Directors of County Operations, a Director of Coastal Operations, a Chief Financial Officer, a Director of Human Resources, a Quality Improvement/Corporate Compliance Officer and a Public Relations Manager.

Pine Belt Mental Healthcare Resources is certified by the Mississippi Department of Mental Health. We also hold accreditation from the Commission on Accreditation for Rehabilitation Facilities (CARF). Pine Belt Mental Healthcare Resources is also a member of the National Council for Mental Wellbeing and Mental Health Corporations of America, Inc. (MHCA).

Pine Belt Mental Healthcare Resources provides psychological and psychiatric services within our service area. In addition to these outpatient facilities, PBMHR operates two residential psychiatric crisis centers, two residential chemical dependency treatment centers and a transitional chemical dependency treatment center. Services are provided at numerous remote locations such as juvenile detention centers, county jails and schools. Specialized mobile services targeting adults with a serious mental illness diagnosis include PACT (Program for Assertive Community Treatment), MCeRT (Mobile Crisis Emergency Response Team), ICORT (Intensive Community Outreach Team), ICSS (Intensive Community Support Services), and Psychosocial Rehabilitation Services. In addition, PBMHR provides MYPAC services for children and youth ages 3 through 21 who are at high risk for out of home/psychiatric residential placement, Day Treatment services in the school and office settings, MAP Teams and Peer Support services for individuals of all ages. PBMHR also supports individuals living with Intellectual and Developmental disabilities through Supervised Living, Shared Supported Living, Individual Supported Living, Adult Day Services, Supported Employment, Home and Community Supports, Community Respite, and In-Home Respite.

STRATEGIC PLAN
SWOT ANALYSIS

Strengths	Weaknesses
• Experienced Senior Leadership with longevity • Local, State, & National recognition • Operating systems are established and being refined with addition of new EMR system • Ability to expand Pine Belt infrastructure and operating systems to eighteen Counties recognizing and integrating the individual counties' cultures • Experienced knowledge base re: CMHC/Behavioral health operation of programs • Extensive experience in development/ implementation of new programs externally funded by local, State, and Federal entities • Heavily invested in providing training to all staff • Staff expertise and service dedication • Strategic partnerships/community integration with medical, nursing, behavioral health, law enforcement, court systems and schools • Extensive continuum of services • IT/Technology – agency is equipped for provision of HIPAA compliant telehealth and in-person capabilities • Data Driven and Capable of accessing data and sharing with staff to identify and address patterns/trends. • Pharmacy-Continuity of Care & Financial Stability for Agency • Extensive use of EBPs • Nationally Recognized CIT Program and Lead Trainer in CIT throughout the State	• Continued high staff vacancy rates • Burdensome Staff Evaluation Process--Not a solid measure of performance • Frequent loss of staff to competitors • CMHC salaries increased but remain below average compared to private practice salaries and market competition • Fiscally reliant upon Medicaid/Grants without increase in reimbursement rates for service provisions • Service provision hindered by bureaucracy (internal and external) • Middle manager onboarding and experience • Stigma associated with CMHCs • Staff recruitment and retention • Inadequate staff succession capabilities • Lack of system wide unit cost analysis process • Inadequate agency wide behavioral response team for interventions with high risk/residential populations • Gaps in trained (CISM) staff to respond to community needs • Identifying/Assessing Co-occurring Disorders, SUD, and IDD on outpatient basis • Shortage of agency wide Licensed Independent Practitioners • Agency wide communication • Gaps in infrastructure to meet agency growth and societal shifts • Intra-agency programmatic silos • Lack of awareness of IDD programs in community/intra-agency • High No Show rate

• Leadership staff are “Go to Experts” • SAMHSA CCBHC site • Interpreter Software throughout agency • Collaborator with 988 System	• Service Delivery performance in multiple services/programs • Aging transportation fleet with limited capacity to replace • Unfunded mandates. • Aging facilities with increased maintenance needs.
Opportunities • Person centered agency culture • Whole Person Care • Improvement of internal communication, data collection, and reporting requirements on multiple levels • Expansion of Pharmacy utilization • I.T./telehealth expansion • Expansion of diversion programs including Lamar & Harrison – Diversion Centers • Continuation of CIT Training • Marketing expansion (internal and external) • Transitions with new middle and upper management • Increase MYPAC, Day Treatment, and PSR programs’ enrollment and attendance • Increase identification of and service provision to IDD population • Increase IOP, MAT • Use of AMAP Teams, etc. to build better relationships with community resources • Expand Chemical Dependency residential services with expanded locations, new website, application process, private payers at Clearview Recovery Center and CRC • Increase in Assisted Living Waiver Services • Temporary increase in IDD reimbursement rates	**Threats** • Staff shortages and inadequate available work force • External influences on Medicaid availability and service coverage • Shortage of psychiatrists, PNPs, LIPs, RNs and direct service staff • Large, rural geography-difficult to obtain/sustain cohesiveness in implementation of Pine Belt policies and procedures • Risk structures that provide no operating margin • Increase in private/for profit/FQHC/Online Provider competition for reimbursable services and staff • “Indigent” service expectations of others • Structure inhibits consistent communication, service monitoring, training, and action stepping • WITS/Data Warehouse interruption to cash flow process and requirement of multiple times for data entry • Interruptions to financial processes with Gainwell and EMR system • Inconsistent staff entering data reporting causing lag in financial and service credit for PAs, ISPs/ISPRs, and services provided • Inconsistent data entry in WITS, AVATAR and Data Warehouse • ARPA grants ending in October, 2026. • Stagnate reimbursement rate for DMH legacy grants with significant

• CCBHC Grant Implementation (2023-2027) • Implementing new EMR system that is ONC certified. Addition of KPI component for data use throughout the agency & finalize necessary EMR components to increase financial sustainability • Increase in service to FDOC • Decrease involuntary commitment/State Hospital rates • Increase connection between institutional and outpatient care for individuals receiving those levels of care throughout our communities • Accessibility in schools to better engage and educate stakeholders of our service • Continue to expand showcasing staff, programs, and outcomes internally utilizing multiple mediums • Continue to provide clinical training to assess, connect, engage and support those we serve • Review ability to utilize interns in multiple areas • System-wide accountability for service delivery expectations • Implementation of new Coordinator of all front office staff to improve efficiency and effectiveness of clinical care and financial stability across 18 counties • Contracting activities with MTM to decrease no-show rate, improve engagement with individuals served, increase efficiencies in billing and collections, increase just in time service delivery • Work with MDOT leadership to increase purchase of service grant for transportation through public transportation providers.	increase in expenses (i.e., personnel, food, transportation) • Limited practicum and Evidence Based experience/knowledge of new Masters Level graduates • Inflation costs and its effect on work force and business operations • DMH Certification of Private Providers as CMHC/P and P/CMHT staff resulting in diluting of available workforce and non-indigent service population • Difficult to provide services in school due to time and access restrictions • Discontinuation of CIT training grants

• Continue work to inform legislature on need to increase rates for all our services and establish yearly alterations based on COLA. If rates don't adjust annually, they will continue to be a hindrance to future growth and stability. • Clarify the true cost of mandated services in order to better advocate for improved reimbursement rates • Identify and manage true cost of guarantors to insure maximization of reimbursement for services provided. Insure compliance of staff with policies/procedures addressing out of network insurances.	

AREA OF OPPORTUNITY: HUMAN RESOURCES-INFRASTRUCTURE

GOAL A: IMPROVE RETENTION OF EMPLOYEES.

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
IMPROVE UPON SYSTEM OF EMPLOYEE EVALUATION	Review/revise current job descriptions.	Director of Human Resources/QIC	September 2026
	Adjust evaluation system to directly reflect job descriptions.	Director of Human Resources/ QIC	September 2026
	Reestablish system for probationary/ annual evaluations to be completed per established policy/procedure	Director of Human Resources/ Sr. Management	March 2026
IMPROVE STAFF RETENTION	Analyze retention rates, satisfaction reports, and exit interviews.	Director of Human Resources	September 2025 Annual
	Review management positions and	Director of Human Resources/Management Council	September 2026

	develop contingency succession plans.		
	Improve recruitment, orientation, onboarding, and training for all staff.	Director of Human Resources/Training Committee/Training Coordinator	September 2025, Completed 2026
	Establish goal of recruitment time to less than 2 weeks from receipt of applicant to extension of job offer.	Director of Human Resources	June, 2026
	Provide ongoing management training to all supervisors.	Director of Human Resources/Training Committee	Completed November 2025
INCREASE AGENCY WIDE USE OF EVIDENCE BASED PRACTICES (EBP)	Train/Coach staff in EBPs across all service areas.	Director of Human Resources/Training Committee	Annual/September 2024, 2025,2026
INCREASE LICENSED TREATMENT PROVIDERS	Develop compensation package for internal licensed clinical supervisors.	Executive Director/ Director of Human Resources	Completed
	Explore contractual package for external licensed clinical supervisors.	Executive Director/ Director of Human Resources	Partial September 2023 – September 2025 Completed/Annual
IMPROVE COMMUNICATION TO ENGAGE ALL STAFF	Continue brief monthly survey with closed feedback loop in electronic format.	Public Relations Manager, Corporate Compliance Officer/Director of Human Resources	Completed/Paused due to EMR implementation; resume by April, 2026
	Reinstate Communications Committee post COVID-19.	Public Relations Manager	April 2023 Completed, Annual
	Member of management council visit orientation.	Management Council	Partial April 2023 – 2026
EXPAND INTERNAL/ EXTERNAL	Develop “Intro to Pine Belt” video to show at new staff	Director of Human Resources/ Public Relations Manager	April 2026

MARKETING CAMPAIGN	orientation and events.		
	Develop and present "Pine Belt Business Model" at new staff orientation.	Director of Human Resources/Public Relations Manager/CFO	April 2026
	Develop internal/ external interpersonal marketing campaign to recognize agency/staff accomplishments, etc. on frequent basis.	Public Relations Manager/Director of Human Resources, Sr. Management	Partial September 2023 – September 2024 Complete/Ongoing
	Collect, monitor, report clinical and program outcome data results to all staff	Corporate Compliance Officer/Public Relations Manager/I.T. Director/Director of Adult Services	September 2025, Partial/April 2026
	Develop Multimedia Campaign.	Public Relations Manager	April 2024, Partial/ April 2026
	Update and distribute Organizational Chart to all staff.	Executive Director	Completed with annual review

GOAL B: IMPROVE UPON RECRUITMENT OF STAFF POSITIONS

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
IMPROVE UPON THE RECRUITMENT PROCESS FOR STAFF.	Expand relationships with community stakeholders.	Director of Human Resources	September 2026
	Evaluate hiring process to increase efficiency and reduce gaps in filling vacant positions.	Executive Director/Director of Human Resources	Ongoing/ 2026
	Maintain Contracts with search organizations.	Director of Human Resources	Completed & Expanded October 2024

	Develop & implement new applicant tracking software.	Director of Human Resources	September 2026 – On hold due to budgetary constraints
	Revisit Internships across all programs.	Director of Human Resources	April 2026
	Establish & maintain HIPAA compliant social marketing campaign.	Director of Human Resources, Public Relations Manager	April 2026
ENHANCE SUPERVISORY SKILLS OF MANAGERS	Continue quarterly supervisory human resources training.	Director of Human Resources	September 2025, Ongoing quarterly, Feb, May, August, November, each year 2026
	Expand use of webinars/tele-meeting capabilities to provide continuous training/supervision.	Executive Director/Director of Human Resources/I.T. Director	Completed and Annual, April 2026

AREA OF OPPORTUNITY: CLINICAL-WHOLE PERSON CARE

GOAL A: IMPROVE ACCESS TO SERVICES WHILE INSURING FINANCIAL VIABILITY

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
INCREASE INDIVIDUALS SERVED IN DAILY OPERATIONS	Consistently monitor & manage staff service delivery performance to insure meeting clinical and budgetary requirements.	Management Council/QIC, Executive Director, CFO, Senior Managers, County Admins	September 2023 Partial completion; September, 2025 April 2026
	Continue to evaluate methods for individuals served to have a voice in daily operations.	Management Council/QIC	Partial/ CCHBC – 2024, 2025, 2026 Ongoing
EXPAND SERVICES FOR INDIVIDUALS WITH DIAGNOSIS OF IDD	Hire additional staff according to growth of program.	Director of Human Resources/Director of Developmental Disabilities Services	September 2025, Ongoing, April 2026

	Expand supervised and supported living services.	Director of Developmental Disabilities Services	September 2026
	Expand Day treatment programs.	Director of Child and Adolescent Services	January 2026
EXPAND CHILD AND ADOLESCENT SERVICES	Expand MYPAC program.	Director of Child and Adolescent Services	April 2026
	Develop/Implement Programs to collaborate with Juvenile Justice System.	Director of Child and Adolescent Services	Partial/ Ongoing January 2026
	Develop CRC website and electronic application process.	Director of Chemical Dependency Services/Public Relations Manager	September 2026 Partial
ENHANCE MARKETING CAMPAIGN FOR RESIDENTIAL A&D SERVICES	Develop and implement a system to measure return on investment for all marketing strategies.	Director of Chemical Dependency Services/Public Relations Manager	April, 2026
	Develop networking meetings to present services and referral process.	Director of Chemical Dependency Services/Public Relations Manager	April, 2026
	Utilize CIT officers to identify individuals in need of MH services.	Director of Adult Services	Partial/Ongoing September 2026
INCREASE ACCESS TO FORENSIC MENTAL HEALTH SERVICES FOR ADULTS WITH MENTAL HEALTH ISSUES INVOLVED WITH THE CRIMINAL	Implement community diversion centers with single point of entry in Lamar and Harrison Counties.	Executive Director/ Chief Financial Officer/ Director of Adult Services/Director of Coastal Operations	September 2026

JUSTICE SYSTEM			
	Coordinate access to services through problem-solving courts.	Director of Adult Services/Director of Chemical Dependency Services	September 2026
	Plan and develop CIT programs in all PBMHR counties/South MS.	Director of Adult Services/CIT Coordinator	September 2024 10/2024 – (14/18 counties completed) Completed - September 2025
	Establish full funding to continue CIT training programs	Director of Adult Services/CIT Coordinator	January 1, 2026
	Identify potential housing options to implement the Housing First Model for Veterans.	Director of Chemical Dependency Services/Director of Adult Services	September 2026
IMPROVE ACCESS TO SERVICES FOR HOMELESS PEOPLE	Increase the use of telehealth medicine encounters by MDs/PNPs/RNs/Therapists.	Medical Director/ Program Directors	Completed and Ongoing September 2026
INCREASE ACCESS TO THERAPEUTIC SERVICES	Collaborate with State and local entities to increase funding for programs addressing high-risk populations-fully implement MCeRT, ICORT, ICCE, PACT, ICSS.	Executive Director/ Program Directors	March, 2026
DECREASE STATE COMMITMENT RATE BY ANNUAL GOAL OF 10%	Monitor and establish accurate data with local chancery, DMH, DOJ, and State Hospital.	Corporate Compliance Officer/ Program Directors	April, 2026/Ongoing
	Monitor outcome and occupancy data daily and use data to inform service delivery.	Executive Director/ Corporate Compliance Officer/ Program Directors/	Completed & Annual September 2026

		County Administrators	
	Participate in legislative sessions to provide data re: community-based services needs and availability.	Executive Director	Completed and Annual/Ongoing December 2026
Increase number served with active payer source	Assist individuals dependent upon indigent care/grants to apply for Medicaid by 10%	Program Directors/County Administrators/CFO	September, 2026

GOAL B: EXPAND ARRAY OF COMMUNITY-BASED SERVICES REFLECTIVE OF SOCIAL DETERMINATES OF HEALTH & FINANCIAL VIABILITY

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
ENHANCE SERVICES TARGETING INDIVIDUALS WITH DIAGNOSIS OF AUTISM.	Provide specialized training to all staff in order to identify and treat individuals diagnosed with Autism.	Training Committee	September 2024 Partial Instituted UMC ECCO Monthly Supervision
IMPROVE AND EXPAND THE DELIVERY OF INTERGRATED TREATMENT FOR CO-OCCURRRING DISORDERS	Use specialized trainers to develop clinical competencies across the catchment area.	Program Directors/ Training Committee	September 2024 Partial September 2025; September 2026
	Establish Agency Wide Trauma Informed service delivery.	Program Directors/ Training Committee	September 2023 Completed & Annual/Ongoing
	Enhance family inclusion services at Clearview Recovery Center and CRC that transition into outpatient follow up care.	Director of Chemical Dependency Services	September 2024 Partial September 2025 September 2026
REVIEW CCBHC MODEL OF OPERATIONS	Review regulations for CCBHC for States.	Executive Director	Completed 4 Year federal SAMHSA grant awarded to PBMHR

			September 2023. Continued discussions with MS DMH/DOM/Legislators re: State application as designated CCBHC state.

GOAL C: UTILIZE A STRATEGY OF CONTINUOUS QUALITY IMPROVEMENT IN ORDER TO IMPROVE CARE AND HEALTH OF INDIVIDUALS ENROLLED IN SERVICES WHILE REDUCING PER CAPITA COSTS.

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
UTILIZE FEEDBACK FROM INDIVIDUALS ENROLLED IN SERVICES, COMMUNITY STAKEHOLDERS, AGENCY STAKEHOLDERS, ETC. TO DRIVE CQI	Expand satisfaction survey/feedback activities to collect information that informs agency decision making.	Corporate Compliance Officer/ Management Council/QIC	September 2024-2025-2026
	Engage MS MH Coordinator Office to respond to State Level findings and requirements for service implementation.	Corporate Compliance Officer/ Management Council/QIC	September 2023 Completed & Ongoing Annual
UPGRADE EHR SYSTEM TO NEWER VERSION/TECHNOLOGY MEANINGFUL USE AND INTEROPERABILITY	Evaluate new software purchase options.	Chief Financial Officer/I.T. Director/Management Council	Completed
	Complete RFP for new system.	Chief Financial Officer/I.T. Director	Completed
	Implement new system considering State requirements.	Chief Financial Officer/I.T. Director	September 2025/ Go live date 2/1/25
	Create Personal Health Record.	Chief Financial Officer/I.T. Director	September 2025; April, 2026
IMPROVE CLINICAL CARE, IMPROVE	Establish standards and specifications for data collection	Management Council/ I.T. Director	September 2024

POPULATION HEALTH, AND REDUCE COSTS	and reporting through EHR.		New EMR System Go live 2/1/25; quarterly updates to Data Warehouse/ January, 2026
	Develop/Implement Reporting Department.	Chief Financial Officer/ Corporate Compliance Officer	Completed
	Expand overall agency outcomes to target with advanced use of EHR to achieve measurable improvements in care, efficiency, and health.	Management Council/ QIC	September 2024 Partial Go live EMR 2/1/25 September 2026
	Establish unit cost and agency outcome process with EHR.	Chief Financial Officer/I.T. Director/ Management Council	September 2024 Completed & update with new EMR by April, 2026
	Implement Value Based Contracts with MCO.	Executive Director /Chief Financial Officer	September 2024 Partial & Ongoing September 2026
	Analyze the results of all stakeholder satisfaction surveys to make quality improvements.	Management Council/QIC	Completed and Annual September 2026
ENHANCE CLINICAL TRAINING	Provide annual training with relevant presenters.	Director of Human Resources/ Training Committee	Completed & Annual
	Provide intensive training and coaching to direct service staff.	Director of Human Resources/ Training Committee	Completed & Ongoing September 2026

EXPAND LEADERSHIP TRAINING TO ENHANCE SUPERVISORY SKILLS OF MANAGERS ON ALL LEVELS	Provide supervisory skills training to middle managers, supervisors, etc on a quarterly basis.	Director of Human Resources/Management Council, Executive Director	Partial Completion September 2023, 2024, 2025 Maintain quarterly supervisor training beginning Nov 2025
PARTICIPATE IN OUTCOME MONITORING PER STATE MENTAL HEALTH COORDINATOR, DMH AND DOJ	Collect and provide qualifying financial and programmatic outcome data.	Executive Director/ Chief Financial Officer/ I.T. Director	Completed & Quarterly September 2026
	Fully implement WITS and DataWarehouse Systems/ Processes.	Executive Director/ Chief Financial Officer/ I.T. Director	Completed under Tier; Reestablish via AVATAR by January, 2026
RESEARCH & DISSEMINATION	Explore/Develop Research Unit.	Director of Adult Services	September 2026

AREA OF OPPORTUNITY: INFRASTRUCTURE-FACILITY MANAGEMENT

GOAL A: MAINTAIN CAPITAL INVESTMENTS/PHYSICAL PLANTS/PROPERTIES

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
MAINTAIN/UPGRADE FACILITIES	Review need for/obtain homes for IDD living programs.	Executive Director/ Chief Financial Officer/ Director of Developmental Disabilities Services	September 2025 Completed & Annual
	Enhance Monthly Inspections across all facilities to include more effective maintenance work order system.	Executive Director/ Chief Financial Officer	September 2024 Improved/Ongoing September 2026

	Assess and repair Bentley Brooke Facilities and Road.	Executive Director/ Chief Financial Officer	Completed and September 2024, 2025, 2026
UPGRADE COMMUNICATION SYSTEM	Complete upgrade of telephone system.	Chief Financial Officer/ I.T. Director	September 2025 Completed
	Continue expansion options for use of telemedicine and tele-meeting.	Chief Financial Officer/ I.T. Director	September 2024 Partial & Ongoing with new EMR system September 2025 Completed
ADJUST TRANSPORTATION FLEET TO MEET TRANSPORT NEEDS	Compare cost-benefits of fleet maintenance vs. subcontracting. Determine utilization of buses vs. vans vs. leasing.	Executive Director/Chief Financial Officer/ Transportation Manager	September 2023 Partial; September 2025; September, 2026
OBTAIN EXTERNAL FUNDING	Apply for Federal, State, and Private grants. Increase Medicaid Revenues	Executive Director/ Management Council/ Grant Writer TBH	September 2024 Ongoing & September 2025; September 2026

GOAL B: ESTABLISH CROSS-SECTOR AND INTERAGENCY INNOVATION AND INTEGRATION THROUGH TECHNOLOGY IN ORDER TO FOSTER COLLABORATIVE CARE

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
REVIEW/REVISE ELECTRONIC STAFF EVALUATION SYSTEM TO ENSURE TIMELINESS & ACCURACY	Revise EHR to increase effectiveness in tracking evaluation completion.	Management Council	Partial New EMR system Go live 2/1/25 April, 2026
ESTABLISH ONGOING COLLECTION/UTILIZATION OF CLINICAL AND PROGRAMMATIC OUTCOME DATA IN HANDS OF ALL SERVICE	Expand access to/use of Power BI.	Management Council	September 2024 Completed & Ongoing with new EMR system; June, 2026

PROVIDER STAFF/SUPERVISORS	Increase number of Power BI user licenses.	I.T. Director	Completed in Tier, July, 2026 for AVATAR
	Increase hardware/ software to allow HIPAA compliant telehealth by all clinical providers, admins, etc.	I.T. Director	Completed & expand with new EMR system Go live 2/1/25

AREA OF OPPORTUNITY: CONTINUED FINANCIAL VIABILITY

OBJECTIVES	ACTION STEPS	PRIMARY RESPONSIBLE PARTY	TARGET DATE
HAVE SUFFICIENT SOURCES OF INCOME TO COVER EXPENSES	Assess fee schedule and update as needed to match expenses and remain competitive and affordable.	Chief Financial Officer/Controller/Program Directors	Completed & Annual September 2026
	Submit funding requests to funding agencies.	Executive Director/ Program Directors	Completed and Ongoing Annually March -September 2026
	Ensure timely and accurate reporting of financial and service data.	Chief Financial Officer; Controller; Sr. Management; County Admins, Service Delivery Staff	Completed and ongoing Monthly & Quarterly March, 2026
	Expand and maintain maximum capacity of all day programs.	Senior Managers/County Administrators	Partial; April 2025; April, 2026
PRACTICE GOOD STEWARDSHIP AND EFFICIENCY IN OPERATIONS	Evaluate cost of overhead (indirect expense, F & A, etc.)	Chief Financial Officer	Completed & ongoing Monthly September 2026
	Utilize technology to link employment with productivity.	HR Director/Program Directors/ County Administrators	Partial and ongoing; Expand with new EMR system

			Go live 2/1/25. March, 2026
	Minimize lapses and missed third party reimbursements.	Chief Financial Officer	January 2025 Partial; Expand with new EMR system Go live 2/1/25; finalize March, 2026
	Manage reimbursement of services to individuals with Medicare advantage & out-of-network payers.	Executive Director/Chief Financial Officer/Program Directors/Middle Managers	Implementation of out-of-network processes 12/1/25.
	Review agency services, programs & operational functions for inefficiencies and determine/implement steps to be taken based on findings	Executive Director/Chief Financial Officer/Program Directors/Middle Managers	1/1/2026
EXPAND PROGRAM OPERATIONS	Expand pharmacy use by staff and individuals receiving services across our eighteen counties.	Management Council/Middle Management/ Pharmacy Staff	Completed and ongoing September 2026
	30% Increase in number of completed prescriptions/injections on monthly basis	Senior Managers; County Administrators/Supervisors; Front desk staff/supervisor	March 2026
REVIEW OF CCBHC MODEL OF OPERATIONS	Review Regulations for CCBHC (State Level vs. SAMHSA Grant).	Executive Director/ Management Council	Completed
	Apply for grant funding.	Executive Director/ Management Council	Completed
	Review need & implement steps for infrastructure to support model.	Executive Director/ Management Council	Completed; implementation of new EMR – Go live 2/1/2025; finalization of EMR component implementation by March, 2026