

**Mental Illness Recovery Center, Inc.
Strategic Plan**

*Approved by Board of Directors on February 14, 2007
Organization-Wide Plan – Three to Five Year Perspective*

LETTER FROM BOARD CHAIR

Dear Friends and Supporters,

The MIRCI Board of Directors and management worked together, with the assistance of a independent facilitator, to develop MIRCI's strategic plan. The Board supports the plan in its entirety and has approved the plan for implementation. Please see the attached complete listing of current board members that have approved this plan.

During the strategic planning process, MIRCI's strengths and weaknesses were identified and discussed. In addition, both internal and external environmental factors were identified and assessed. Through this process, the strategic issues facing MIRCI over the next three to five years were identified. Strategies were developed to address these issues, and an action plan was developed to guide and monitor implementation. The Board was involved in each of these phases and has unanimously voted to approve this plan and to authorize the plan for implementation.

The Board is excited about the many future opportunities for MIRCI to grow and expand the services it provides. We are committed to this strategic plan and leading MIRCI during the next several years.

Sincerely,

Tim Langfitt
Board Chair

MIRCI 2007 BOARD
Revised 2/14/07

Bradshaw, Zealy W. (Treasurer)-2004-2007
Regions Bank

Britt, Joyce L. (Emeritus)

Coster- Schulz, Marcy 2005-2008
Palmetto Health Baptist

Crocker-Billingsly, Judith - 2006-2009

Dunham Wilson, DyAnne -2006-2009

Fosmire, Eric (Immediate Past President) - 2005-2008
Collins & Lacy, PC

Fowler, Lorraine Ph.D.-2004-2007
Adjunct faculty, Midlands Technical College

Giugliano, Andy -2005-2008
Mastercraft Renovation Systems, LLC.

Jackson, Lisa 2006-2009

Langfitt, Tim - 2005-2008 (President)
First Community Bank

Teaster, Mary Winter (Vice President)-2005-2008
CB Richard Ellis

Tyler, Kathy (Secretary)-2004-2007

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Wells, David -2006-2009
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Hamm, Jeff (DMH Liaison)
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Haynes, Lawrence (CAMHC Liaison)
Independence House

Hopkins, Robert (Member Liaison)
MIRCI (FCE)

EXECUTIVE SUMMARY

Purpose of the Plan:

MIRCI has not previously developed a strategic plan for the organization. In the past, the organization has generated a long range plan, but it has been a number of years since that plan was prepared. MIRCI is currently growing at a rapid rate, and the current environment for nonprofits is also changing at a fast rate. This is especially true of funding sources. There is also much discussion in regulatory circles about additional policing of nonprofits in the future. Finally, MIRCI is well positioned with leadership and resources to move forward and reach the next level in its evolution. Therefore, the enclosed strategic plan was developed to assist MIRCI in positioning the organization to address these circumstances.

Plan Timeline:

MIRCI's strategic plan was approved by the board of directors on February 14, 2007. Implementation of the plan started concurrently with board approval. There are several target dates over the course of the next three years that are critical to implementation. The expectation is that implementation of those items would be complete by the end of 2008. This does not include the on-going action items that will continually be performed and evaluated.

Mission Statement:

MIRCI is a nonprofit organization whose mission is to provide community based services to individuals recovering from mental illness or emotional disorders in the Midlands of South Carolina through counseling, housing and financial management initiatives.

Most Important Strategic Goals and Strategies:

Listed below are the top four most important strategic goals and strategies:

- Research alternative recruitment practices to include other educational facilities, alternative work arrangements (e.g. job sharing and flex schedules), and other types of professional disciplines. From this research, develop innovative recruitment and retention practices. Develop plan within six months.
- Fund operating reserve with current funds to ensure costs of operating Homeless Recovery Center ("HRC") will be covered when SAHMSA grant expires.
- Set goal to have permanent funding secured for HRC by mid-2008.
- Do feasibility study of CARF accreditation and identify other possible alternatives to CARF.

Monitoring:

The implementation of the strategic plan will be monitored by the Executive Assistant. Progress will be reported to the executive management.

DESCRIPTION OF MIRCI

History:

In 1960, a social club for former mental health patients held its first meeting in the offices of the South Carolina Mental Health Association. A social worker from the State Hospital was hired to lead the group, and shortly thereafter, a board of directors was formed to oversee the club's development. Two years after it was established, the club moved into a new facility on Green Street and began calling itself the Friendship Center.

Friendship Center remained at this location for over a decade, but in 1974, the board reached an agreement with the Department of Mental Health to rent a portion of its new facility on Carter Street. It was from this facility that Friendship Center was able to extend its reach to serve more and more folks recovering from mental illness.

The '90s were a time of unprecedented growth for Friendship Center. In short order, the program expanded to offer a second Friendship Center in Lexington County, a housing program established by grants from the U.S. Department of Housing and Urban Development, a representative payee program to help manage clients' benefits, and a specialized program called HomeBase, which offered housing and intensive supportive services for homeless folks with co-occurring substance abuse and mental illness.

By 2000, the name Friendship Center no longer reflected the growing diversity of the agency's programs. As a result, the board voted to change the name from Friendship Center to the Mental Illness Recovery Center, Inc. or MIRCI.

The name change coincided with another period of intense growth for the agency. Both the Assisted Housing program and HomeBase expanded to provide housing and services for even more clients. And in 2005, MIRCI, along with the Friendship Center East, moved into its own, standalone building on Rosewood Drive. The latter half of 2005 also included the opening of MIRCI's Homeless Recovery Center on Gregg Street, which combines intensive clinical services and social rehabilitation programs to help homeless individuals with mental illness and substance abuse issues.

As time goes by, MIRCI continues to grow and change. In 2007, the agency will open yet another new program, the Group Homes, offering housing and 24-hour clinical support for mentally ill individuals who would otherwise need hospitalization. This is an exciting time for MIRCI, whose focus remains – as it has since that first group meeting on October 12, 1960 – to provide community-based services for folks recovering from mental illness.

Major Programs and Services:

- **Social Rehabilitation Program** – MIRCI offers *social rehabilitation* programs at Friendship Center East and West. These programs are designed to provide fellowship and personal improvement experiences to individuals in recovery with mental illness, and enable the recovering person to live independently in the community. Friendship Center East (Columbia) and Friendship Center West (Lexington) provide professionally-planned programs of therapeutic activities and employment opportunities to participating individuals, or *members*. Participation

- is highest on evenings, weekends and holidays, as many members do not have family involvement. Friendship Center East is open 365 days a year. Friendship Center West operates a weekly program and participates in special activities with Friendship Center East. In 2006, MIRCI served more than 800 members through this program.

For clients in need of intensive services, Comprehensive Community Support (CCS) provides additional assistance during daily activities at Friendship Center East. CCS provides more intensive counseling services with a therapeutic focus and requires a higher level of professional expertise. This is a Medicaid reimbursable service.

- **Supportive Housing** - In 1995, through grants from the US Department of Housing and Urban Development (HUD), MIRCI established a long-term housing program to provide safe, decent, and affordable housing for individuals recovering from mental illness. Over the past 10 years, MIRCI has developed four “supported” apartment communities, providing 74 housing units in Richland and Lexington counties. Professional staff manage/operate the properties and provide on-site supportive counseling services to residents 365 days per year. Rent, including utilities, is based on income and does not exceed 30% of the residents’ monthly income.
- **Representative Payee** - MIRCI’s Representative Payee program provides money management assistance to clients and assures benefit payments are used for basic needs (rent, food, medication and utilities). Clients receiving disability benefits and/or social security income receive an average of \$623 per month (\$7476 per year). Careful money management helps prevent homelessness and insures basic needs are covered. An average of 55% of the participants now maintain a minimum balance of \$500 in savings. In 2006, MIRCI served 364 individuals through this program.
- **HomeBase** - Through HomeBase, MIRCI secures housing and provides intensive community-based services to homeless individuals who have a mental illness or dual diagnosis (mental illness and substance abuse). The goal of HomeBase is to provide individuals and families with the stability and supportive services needed to assist them in making the transition from homelessness to permanent, safe housing. Currently, HomeBase houses 44 adults and 16 children in conventional housing. Five individuals with serious mental illness and co-occurring substance abuse reside in a recovery-model home for men.

Because of the growing number of children in this program, MIRCI staff provides family counseling and facilitates parenting skills groups for residents. Currently, more than 83% of the children entering this program are receiving counseling and/or exhibiting emotional problems as a result of being homeless.

It costs an average of \$33 per day to provide housing and intensive services in the HomeBase program, while hospitalization costs approximately \$600 per day in a private facility and \$377 per day in a DMH facility.

- **Homeless Recovery Center** - On November 22, 2005, MIRCI opened a drop-in center in downtown Columbia for homeless individuals with mental illness and substance abuse. An Assertive Community Treatment Team (ACT Team) is onsite to provide comprehensive, individualized treatment and supportive services. This innovative program combines the intensive services of an ACT Team with the social rehabilitation therapy of a drop in center to enable individuals to recover and regain meaningful lives while making the transition from homelessness to supported or independent living. The center is open every day, year-round, to maximize access to services and provide a safe alternative to the streets. Having recently received a Shelter Plus grant to target the chronically homeless, the Homeless Recovery Center is making great strides in helping folks achieve the stability needed to retain permanent housing. In 2006, this program served 236 individuals.
- **Group Homes** - In 2007, MIRCI will open two group homes in Richland County for 12 individuals who would otherwise need hospitalization. Each home will have 24-hour staffing where clients will receive mental health support services, as well as opportunities to participate in educational and recreational activities. This program will enable clients with the most serious illnesses to successfully reside in a community setting.

DESCRIPTION OF STRATEGIC PLAN DEVELOPMENT PROCESS

Summary of Approach to Strategic Plan:

An “issues based” approach was used to develop an organization-wide strategic plan. Using this approach, the first step was to perform a situational analysis and then identify the critical issues facing the organization. Once the critical issues were identified, the mission statement was reevaluated and strategies were identified to address the critical or strategic issues. Finally, an action plan was developed to guide and monitor implementation.

Situational Analysis:

The situational analysis was conducted to identify critical issues, both internal and external to the organization. The situational analysis consisted of the following steps:

- Examined external environment and ultimately identified opportunities and threats facing the organization. This examination included analyses of clients, collaborators, competitors and other stakeholders. An environmental scan was also performed to determine the environmental factors impacting the organization. The output from this process was the listing of the major opportunities and threats facing the organization. This listing was integrated and ranked into the top three to five opportunities and threats.
- Examined internal environment and ultimately identified the major strengths and weaknesses of the organization. This listing was integrated and ranked into the major strengths and weakness of the organization.

Identification of Critical Issues:

Using what was learned in the situation analysis, the critical or strategic issues facing the organization were identified. The strategic issues are considered the issues most important to be addressed during the term of the strategic plan, especially within the first twelve months. Several criteria were established for benchmarking these issues as strategic. Following discussions and brainstorming, the final issues were determined and documented and evaluated against the benchmarks.

Establish Mission Statement:

The existing mission statement was discussed and reworded to reflect the organization’s current overall purpose. The final mission statement was also evaluated to determine whether it meets the established criteria for an effective mission statement.

Develop Strategies and Goals:

For each strategic issue identified, strategies and goals were developed. Each strategy and goal was evaluated to determine whether it was clear and effective. In addition, the strategies and goals were assessed to determine whether they were consistent with all of the previous information identified in the situational analysis, identification of critical issues and mission statement and whether they were realistic within the framework of resources available to the organization.

Action Plan:

Finally, an action plan was developed to guide and monitor implementation and ensure the strategies become individual responsibilities on a temporary or on-going basis.

KEY STRATEGIC ISSUES AND GOALS/STRATEGIES

- **Strategic Issue #1** - How do we improve recruitment and retention of all staff? Do we consider salary adjustments, continuing education opportunities, licensure, hiring practices to include hiring more experienced staff? Reducing turnover and improving the quality of staff is critical to the strategic plan and the future of the organization.

Strategies for Strategic Issue #1:

- **Strategy 1.1** - Adopt 2007 budget which includes salary increases and funding for licensure and continuing education. This was done at the November 8, 2006 board meeting.
 - **Strategy 1.2** - Do annual industry salary comparisons and include input from staff. To start process no later than September of each year.
 - **Strategy 1.3** - Research alternative recruitment practices to include other educational facilities, alternative work arrangements (e.g. job sharing and flex schedules), and other types of professional disciplines. From this research, develop innovative recruitment and retention practices. Develop plan within six months.
 - **Strategy 1.4** - Explore employment incentives including training, benefits and continuing education to evaluate whether any changes/additions could enhance retention.
- **Strategic Issue # 2** – How do we increase the awareness of MIRCI and mental health? Increase awareness through educating the public about mental health & treatment, thereby reducing the stigma. Need to develop a structured plan to carryout this approach and efforts should be on-going. This is a really critical part of the future sustainability of the agency.

Strategies for Strategic Issue # 2:

- **Strategy 2.1** - Continue and strengthen collaborative efforts to educate and inform
 - **Strategy 2.2** - Continue and increase public relations efforts
 - **Strategy 2.3** - Initiate communications and education with the local faith community
- **Strategic Issue #3** – How do we continue efforts to address homelessness and address future funding/sustainability of Homeless Recovery Center (HRC)? Continue efforts to collaborate, not only with other mental health providers, but also with homeless providers, government, etc. to assist in developing solutions for homelessness in the Columbia region. This is critical to sustaining and expanding the HRC and HomeBase. This process is aimed also at securing future funding to continue the HRC.

Strategies for Strategic Issue #3:

- **Strategy 3.1** - Continue involvement of MIRCI staff in relevant homeless efforts

KEY STRATEGIC ISSUES AND GOALS/STRATEGIES

Strategies for Strategic Issue #3 (continued):

- **Strategy 3.2** - Fund operating reserve with current funds to ensure costs of operating HRC will be covered when SAHMSA grant expires. (Costs approximately \$450,000 per year of which \$400,000 is from federal grant.)
 - **Strategy 3.3** - Set goal to have permanent funding secured for HRC by mid-2008 (take funding request to the legislature by early 2009.)
- **Strategic Issue #4** – How do we ensure the quality of services continues in a period of rapid expansion, political changes (e.g. Medicaid), privatization, etc.? (long-term issue)
Consider agency accreditation to compliment counselor licensure. We need to evaluate options, resources needed, risks and benefits of accreditation. This is an important issue the agency will face over the next few years.

Strategies for Strategic Issue #4:

- **Strategy 4.1** - Do feasibility study of CARF accreditation and identify other possible alternatives to CARF.
- **Strategy 4.2** - Continue efforts to ensure Medicaid quality standards are met.

ACTION PLAN

A detailed action plan was developed by staff and approved by the board. This plan includes detailed descriptions of action items, staffing assignments, target dates and performance targets and is included in a separate document. The action plan will be used to monitor implementation of the strategic plan.