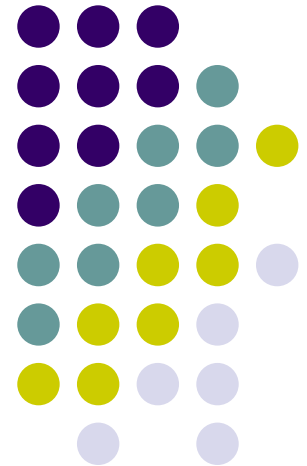
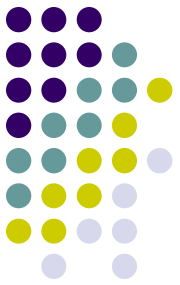


MHMR Strategic Planning Retreat

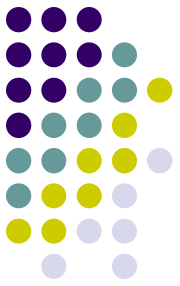
June 17, 2006





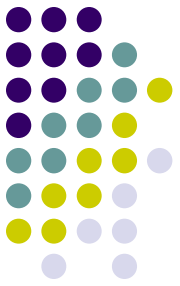
Welcome/Opening

- Get acquainted
- Set ground rules
- Develop a “Parking Lot”



Attendees

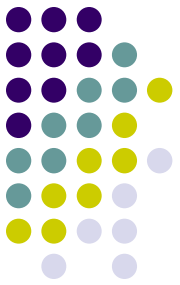
- Gary Larcenaire
- Rosemary Neill
- John Thompson
- Patrick Holland
- Aurelio Valdez
- Jim Herendeen
- Janice Harris
- Alfonso Chacon
- Dr. Crispin Juigoluin
- Debra Garcia
- Dr. Jean Joseph-Vanderpool
- Davin Magno
- Selene Quintana
- Richard Holt
- Leo DiValentino



Hopes for Retreat

- Enhanced alignment between board and staff on goals
- Strong strategic plan
- Understanding board's responsibilities vs. staff
- Better understanding of MHMR challenges
- Realistic results adopted by staff and board
- Clear set of goals and objectives
- Good idea of where we're going
- Implementation of vision we have
- Common vision for direction we're heading
- Always working on communication levels
- Goals for coming year and direction
- Strategic plan that is collectively supported
- Clear concise strategic plan with easy evaluation
- Set concrete goals
- Plan to build off what we've learned in the past to help face current and future challenges and make it easy on staff
- Resolution of issues

“let's just do it!”



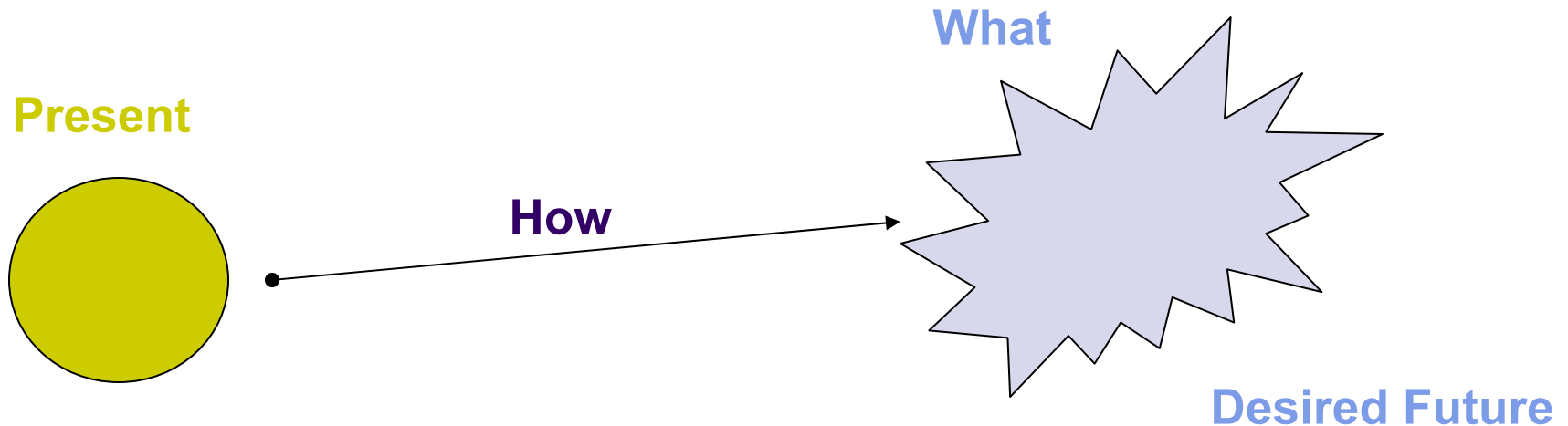
Ground Rules

- Focus on what is right
- Focus on future
- Disagreement isn't personal
- Everyone entitled to opinion
- Be respectful of time
- Enjoy the process
- Recognize fact versus opinion
- Trust
- Believe statements of others
- Silence cel phones
- Agree to disagree and focus on solutions
- Take care of your needs
- Ask questions
- Use parking lot to jot notes

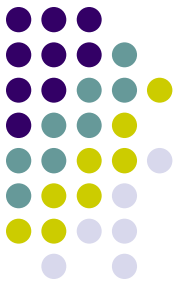


What is Strategic Planning?

Is the process of determining what your organization intends to accomplish and how you will direct the organization and its resources toward accomplishing these goals.



“let’s just do it!”



Make fundamental choices

- **Mission, goals and vision**
- **Who you serve**
- **Your role in the community**
- **Kinds of programs, services or clients**
- **Resources needed to succeed**
- **Combination of all these to accomplish mission**

Executive Staff Presentation



- **SWOT Analysis**
- **Current Strategic Plan Update**

Stakeholder Satisfaction

Janice Harris/Alfonso Chacon



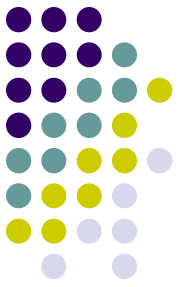
Achievements

- 93% of staff reported satisfied
- (e.g. Benefits, tuition reimbursement, opportunities for growth within agency). COO summits – confirms staff satisfaction with employment
- APS investigations have gone down from last fiscal year
- General customer service complaints are within target and spread across programs

Challenges

- Need to keep focused on training – getting employees on good career path (e.g. training on day-to-day work that MHMR does; working for organization is rewarding but emotionally draining)

Clinical – Children and adolescent services- Dr. Joseph-Vanderpool



Achievements

- Children and adolescent services – serving more
- Did well on performance contract
- Contracted with child psychiatrist

Challenges

- Serving more (stretched)
- Need
- Expand more into geographic areas

“let’s just do it!”



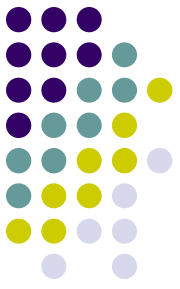
Clinical - Adults

Achievements

- Low recidivism (lower than threshold)
- Maintaining pharmacy formulary

Challenges

- Increased hospitalization
- Increased pharmacy costs



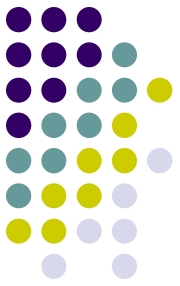
Clinical - Autistic Program

Achievements

- Child psychologist getting experience in autistic program
- Consultant evaluated program, good results

Concern

- Lack of outreach in program
- Not a funded program, makes it a risk for this population



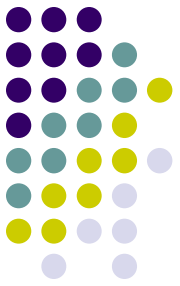
Clinical - ECI

Achievements

- Increasing referrals from medical community
- No staff turnover for past 12 months
- Projected revenue on target (5% above target)

Challenges

- Want to be better than state average
- In El Paso, not addressing rest of population
- Room to improve with referral system



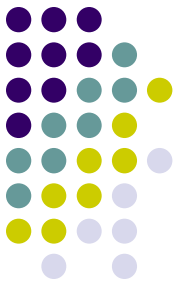
Clinical – Project Redirect

Achievements

- Increased outreach to local jails
- Percentage of mentally ill incarcerated below national average

Challenges

- Fewer mentally ill in jail
- Funding for jail diversion



Clinical – MR Services

Achievements

- Able to get psychiatrist services to MR program
- Able to get patients admitted to Psych Center (dual diagnosis)
- Patients without services can get HCS
- Working with state center to put clinics back in schools
- Bringing back clients from state schools

Challenges

- Lack of individualized programs in MR services
- Lack of outcome based services
- State oversight/regulatory compliance (audit)
- No continuum of services
- Let family dominate without consideration of individual

Sun City - Selene Quintana

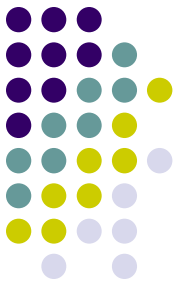


Achievements

- EAP growth (4,000)
- Maintain complicated contracts (e.g. El Paso First, Thomason, ECHC)
- Adding new lines of business as grow
- Netted \$26,000 last month

Challenges

- Few staff makes it hard to do more; limited staff resources



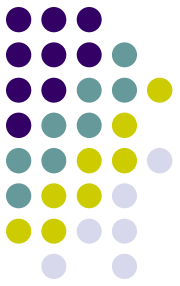
Regulatory Oversight

Achievements

- Developed plan to address regulatory oversight

Challenges

- Revise audit schedule – on regular basis and by program
- Revised audit tools to calibrate with state audit tools
- POI Audit
- Staff training from a regulatory perspective
- Center-wide policies and procedures by program

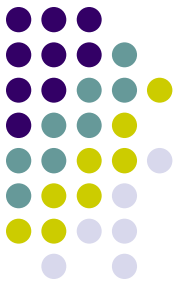


Board Self Assessment

Comments/Issues:

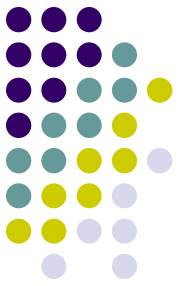
- There was a small typo

Stakeholder Survey



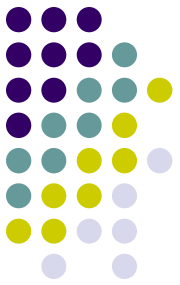
Comments:

- Give this to the PR committee



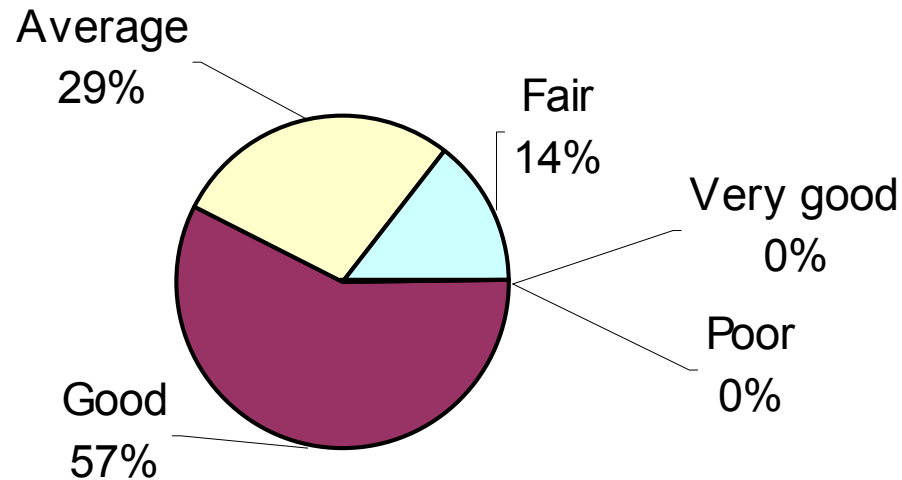
Taking Stock in MHMR

- **Board Assessment Results**
- **Board Homework**
- **Community Stakeholder Results**



Board Self Assessment

#4 Board has clear goals & action results from strategic planning

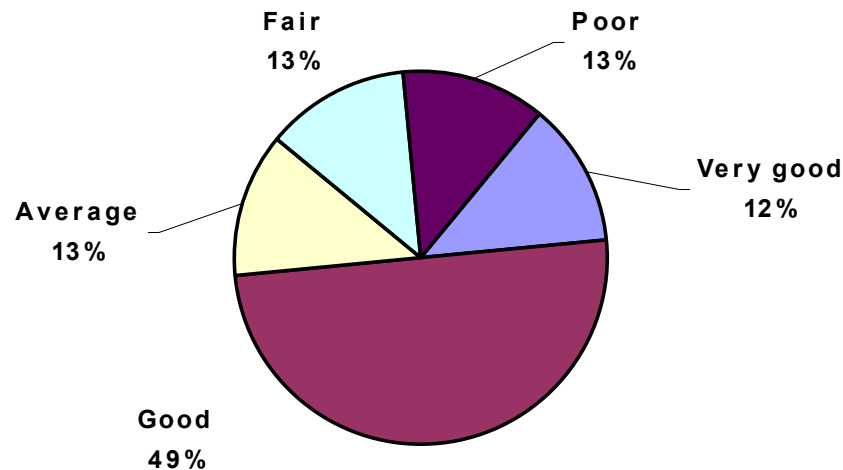


“let’s just do it!”

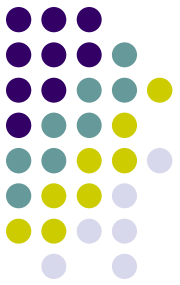


Board Self Assessment

#5 Boards attends to policy related decisions which guide staff

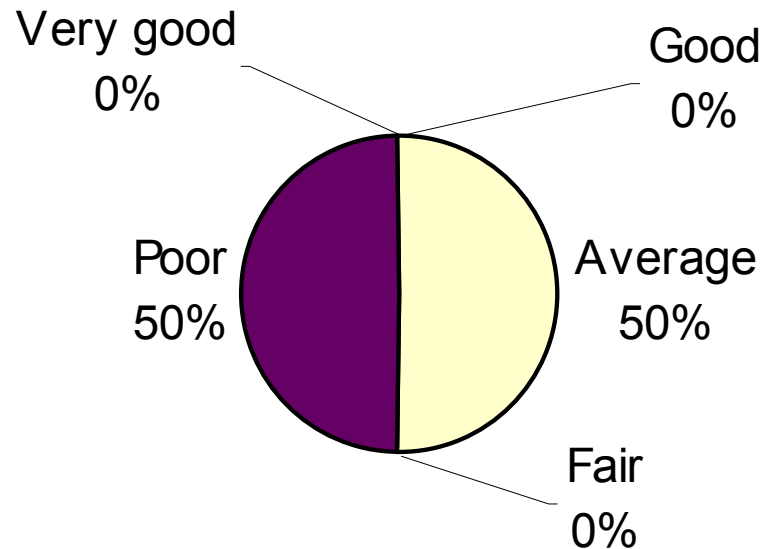


“let’s just do it!”

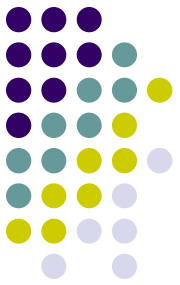


Board Self Assessment

#7 Board helps set fundraising goals & is involved

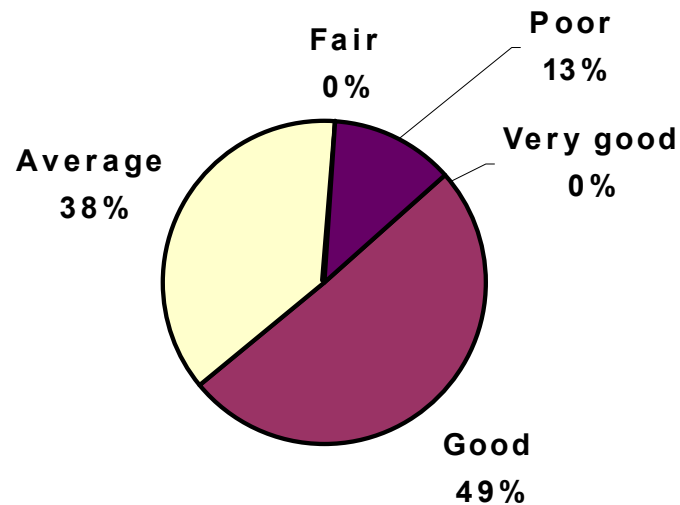


“let’s just do it!”

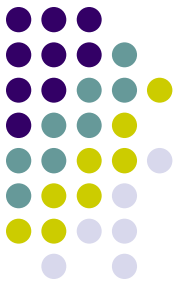


Board Self Assessment

#10 Board monitors & evaluates progress on important matters

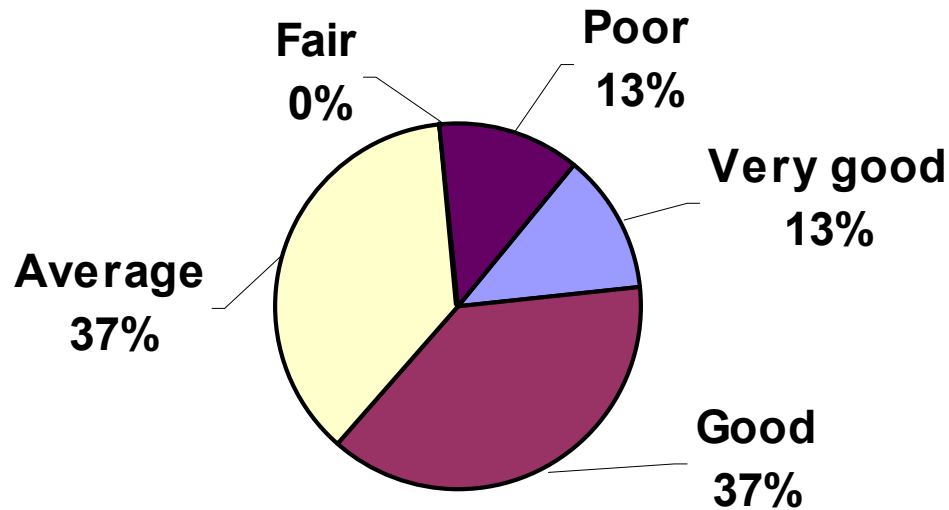


“let’s just do it!”

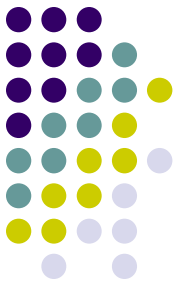


Board Self Assessment

#13 Board members feel involved & interested

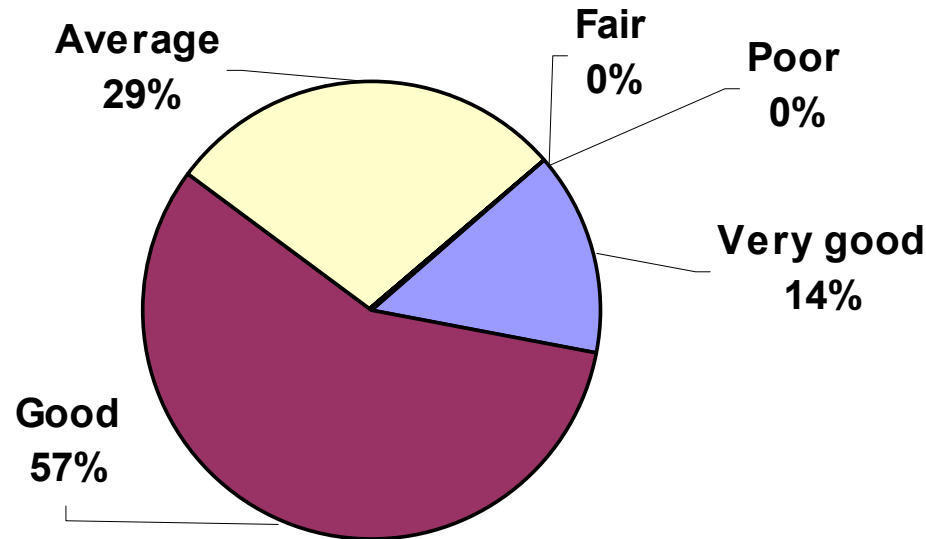


“let’s just do it!”

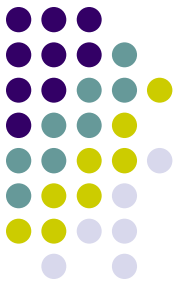


Individual Board Considerations

#18 Help board & committees steer clear of non-policy matters

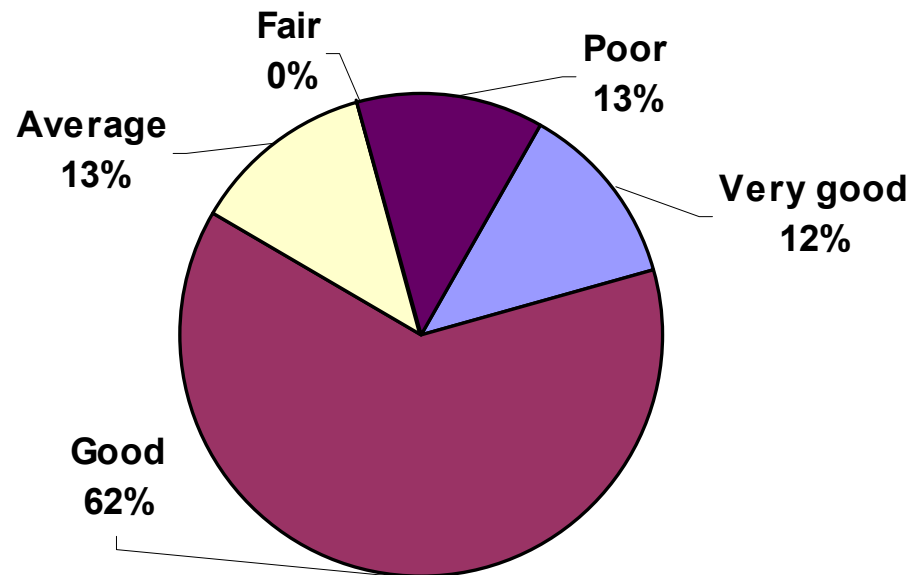


“let’s just do it!”



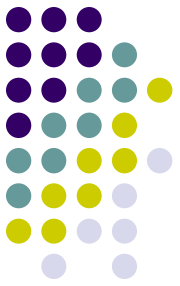
Individual Board Considerations

#19 Take advantage to say good things about MHMR to others

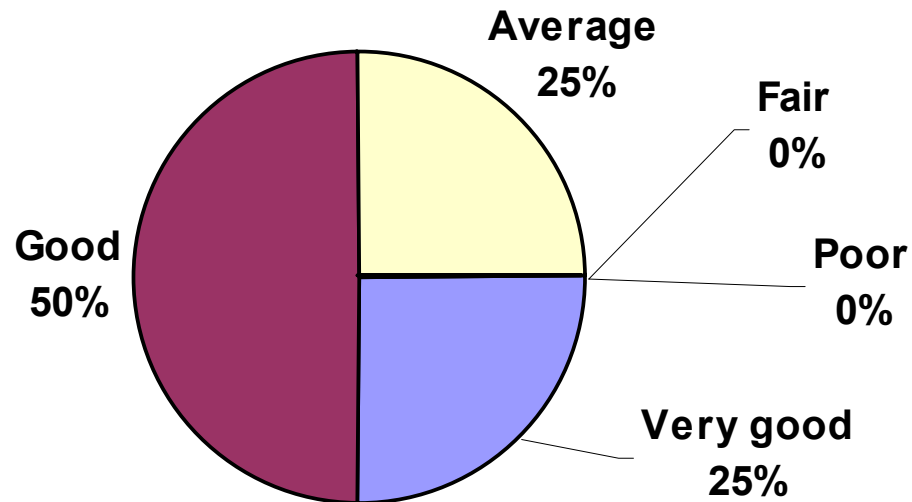


“let’s just do it!”

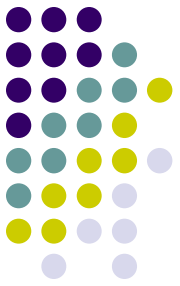
Individual Board Considerations



#20 Take advantage to inform others about MHMR

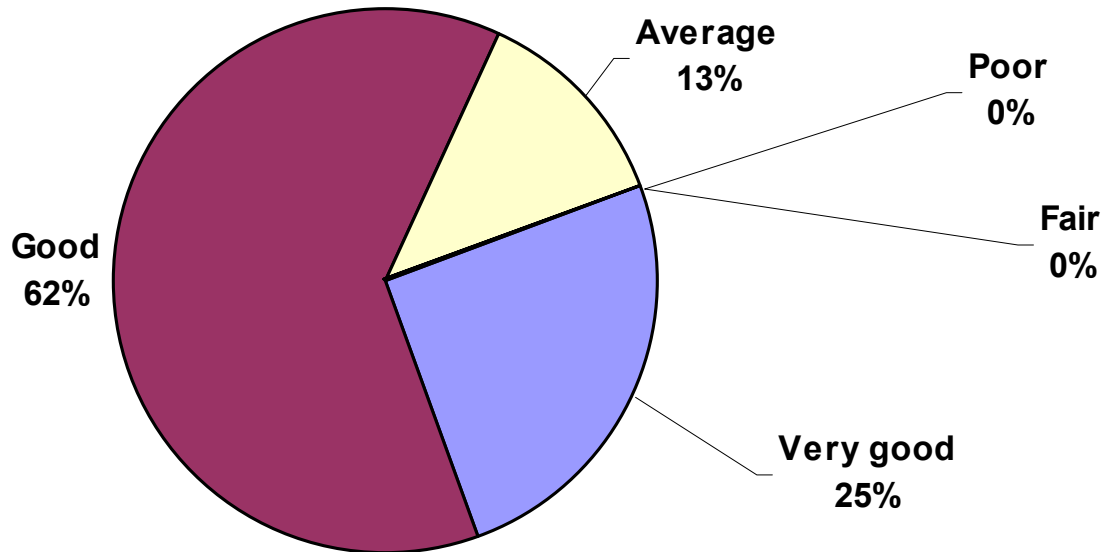


“let’s just do it!”



Individual Board Considerations

#21 Am mindful of MHMR's mission, plans, goals when I vote

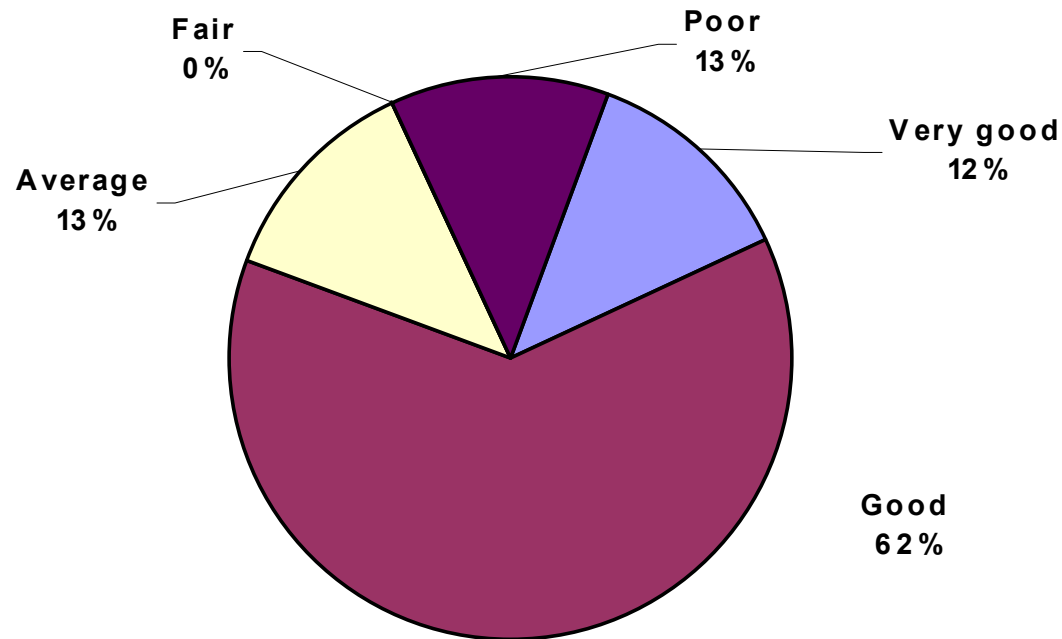


“let’s just do it!”

Individual Board Considerations

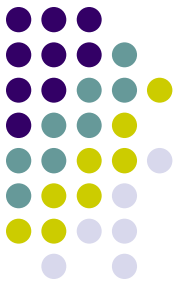


#25 Board membership is stimulating & rewarding



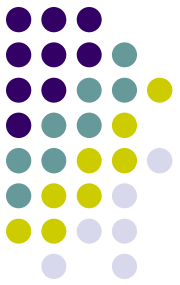
“let’s just do it!”

MHMR Strengths



- CEO develops interesting and challenging organizational concepts
- Dedicated staff
- Chief Executive
- Administration
- Department Heads
- Focus on greatest needs
- Organization's leadership well thought of by the city/county/state
- Plenty of work to do
- Leadership
- Innovation
- Communication
- Work well together to promote interests of organization
- Work well to advise the CEO
- House residences all areas possible in past 3-4 years
- HR and efforts to improve staffing areas have grown as part of satisfaction
- Committed staff
- Excellent medical director
- Excellent website
- A good CEO and talented staff
- More stable financial status
- Strategic planning process
- Better service delivering system
- Better facilities for consumers and staff
- Entrepreneurial
- Flexible
- Efficient
- Serve on committees to become directly involved in particular parts of the organization

"let's just do it!"



MHMR Weaknesses

- Lack of adequate funding
- Few providers of services to select from
- Need better coordination between board and chief executive
- Public relations between EPMHMR and community re: who we are and what we do
- Loss of personnel
- Better help and cooperation between governmental organizations who can appoint board members to the board. Importance of what we do.
- Reacts to audit problem findings instead of being proactive and anticipate problems
- Relies too much on “Lean of Correction” POC instead of using internal audit system to identify problem areas
- Knowledge ineffective programming limitation
- Passing the buck and taking responsibility
- Need better devises to improve presence
- Needs more community support from local elected officials
- Needs to retain and promote influential growth for our employees
- Realistic evaluation of programs
- Lack of money to serve our clients
- Lack of ability to ensure good housing for clients
- Not enough beds available at EPPC due to lack of state funding
- MR programs
- Communication with all board members
- Close executive staff – executive staff centered culture
- All board agenda items are to be action items
- Criticism is not welcome
- State underfunding
- Absence of strong support from sponsoring entities
- Stigma of former organization’s reputation in community
- Difficulty in deciding authority/provider role
- Developing a strong board focused on policy issues
- Funding
- Perception in community (better but still needs improvement)
- Stretched thin due to serving significantly more clients than contracted/funded

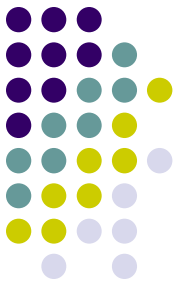
“let’s just do it!”



New Programs or Initiatives

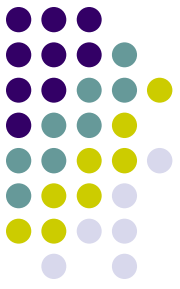
- **Employee relations program**
- **Increased hospital beds**
- **Increased housing options**
- **Build Sun City**
- **Build PR component**
- **More community collaborations**
- **Outsourcing (eg. MR and Autism services)**
- **Board training**
- **Concentrate and improve what we are now doing**

“let’s just do it!”



Growth and Risk

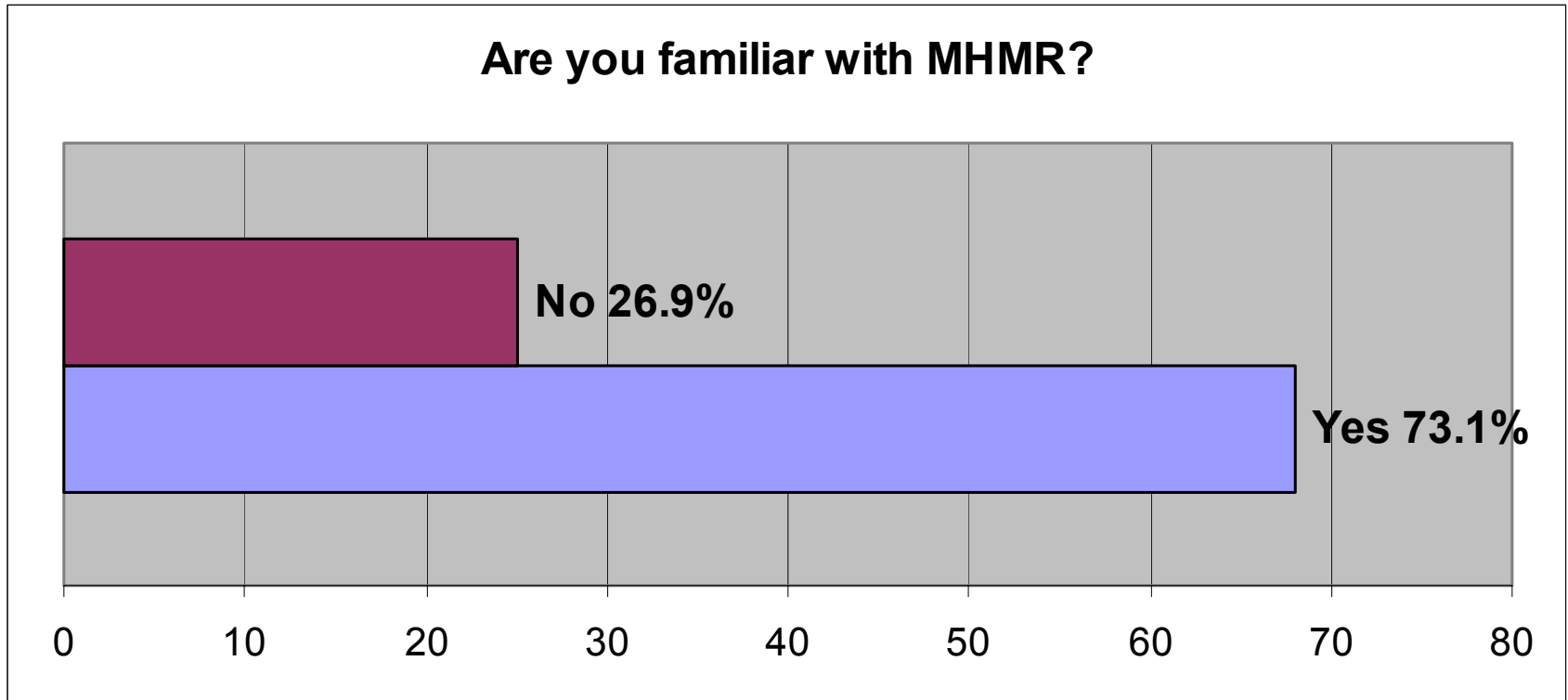
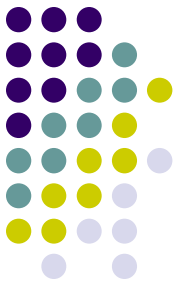
- Generally interested in growth
- Concerned about funding restraints
- Risk largely in funding areas
- Sun City has potential/risk
- We need to explore ways of raising money with the community
- Need to be flexible to adapt to a changing environment



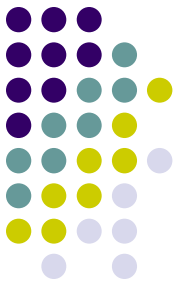
Financial Diversification

- MHMR should look for opportunities: eg. NCED
- Perhaps tying in with private employers – fundraisers
- Make our social enterprise venture, Sun City, a success
- Diversify into areas that will generate revenue
- Community will not fulfill any financial obligation it has to our center

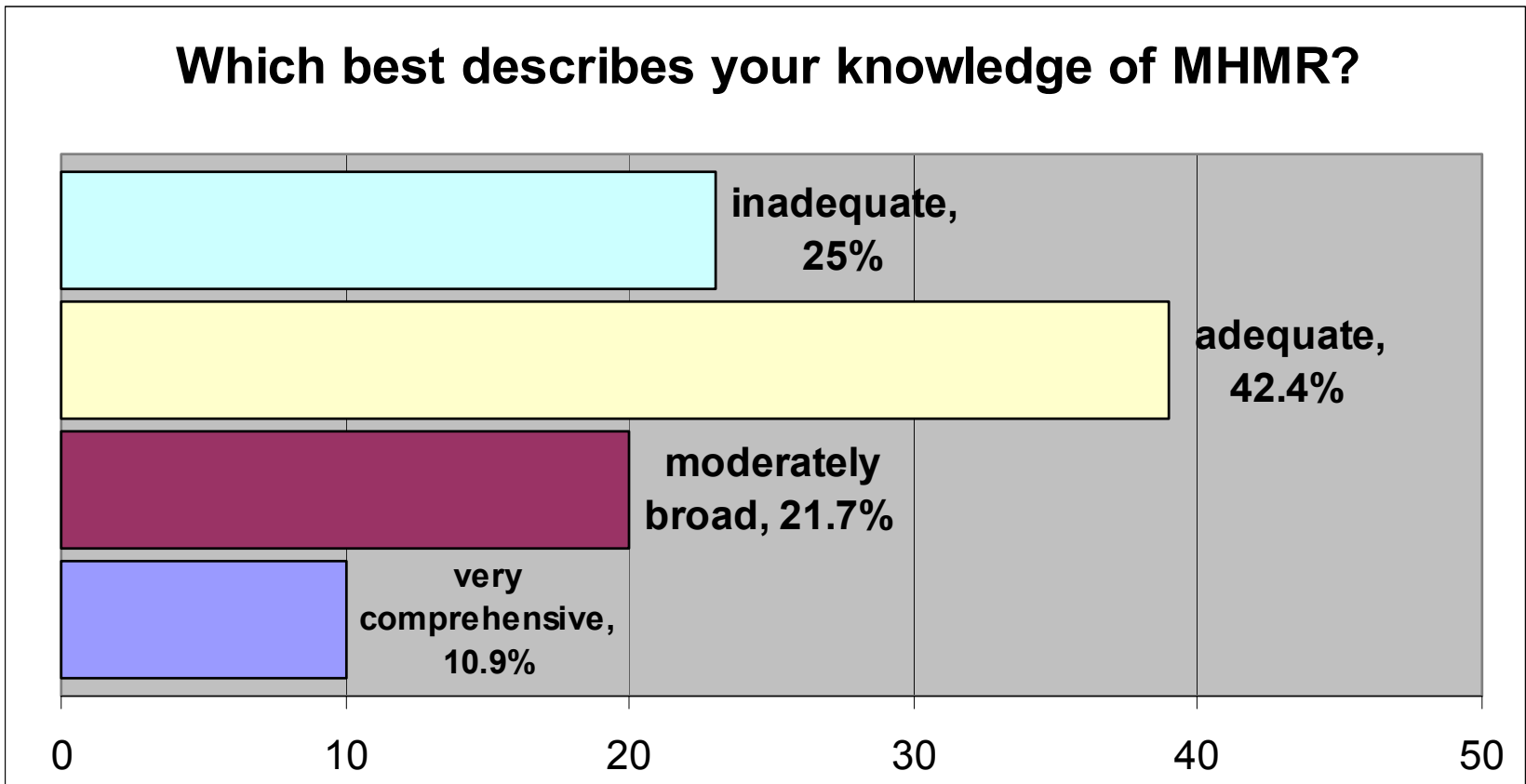
Stakeholder Survey



Stakeholder Survey

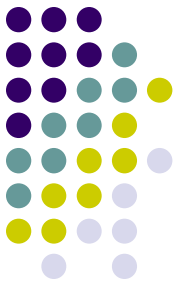


Which best describes your knowledge of MHMR?

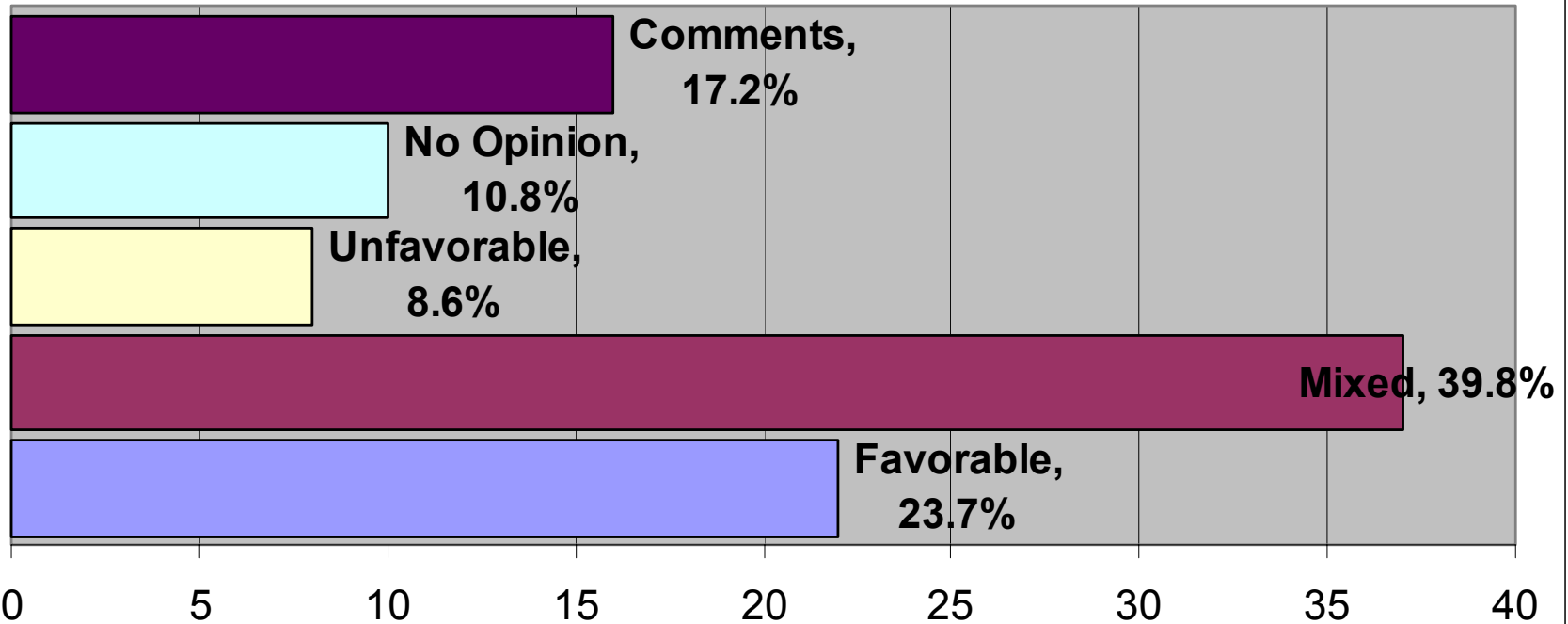


“let’s just do it!”

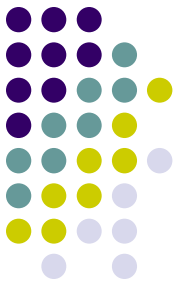
Stakeholder Survey



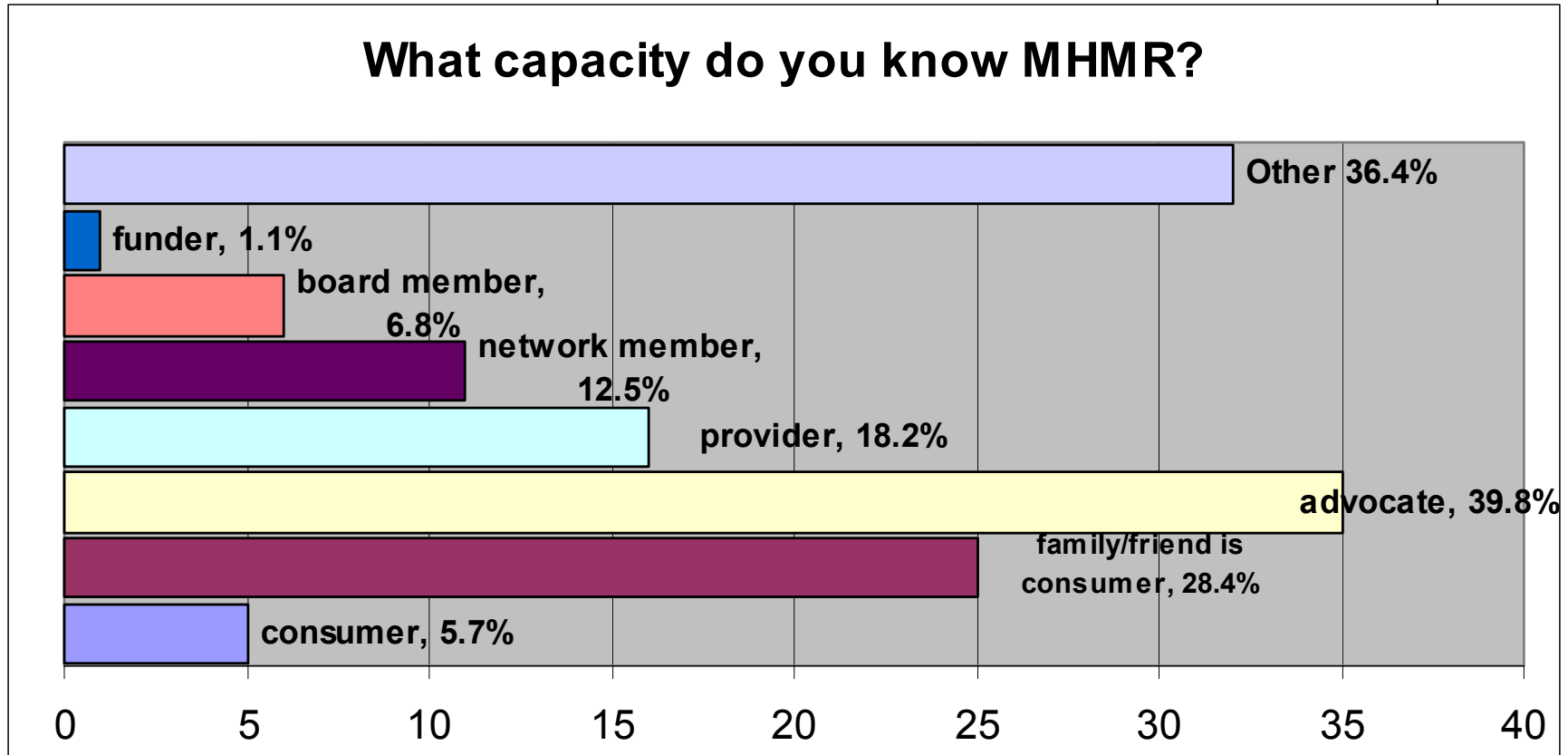
What are your 1st thoughts of MHMR?



16 additional responses, see handouts for comments



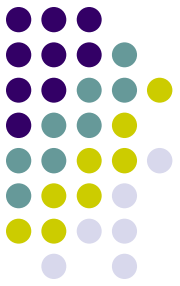
Stakeholder Survey



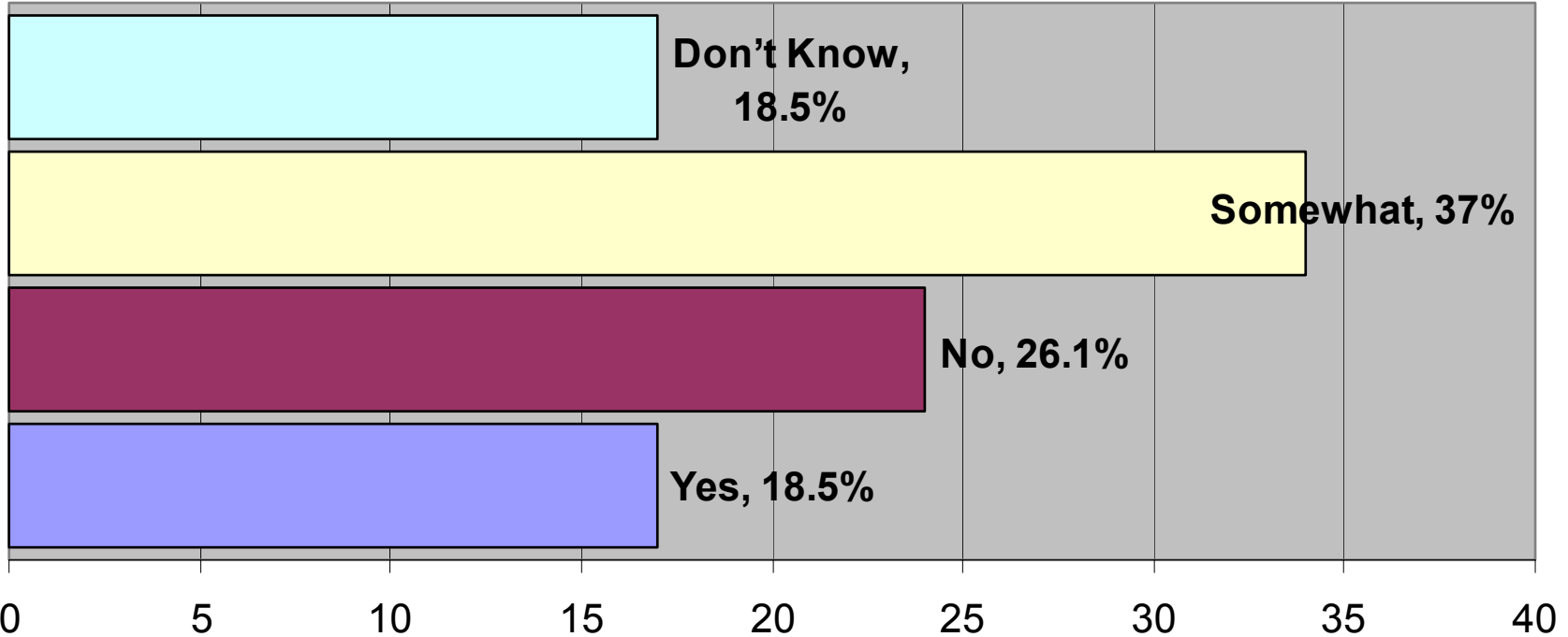
33 comments in “other” see handouts for individual responses

“let’s just do it!”

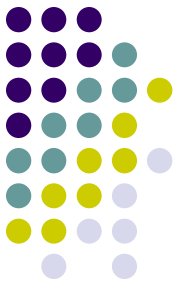
Stakeholder Survey



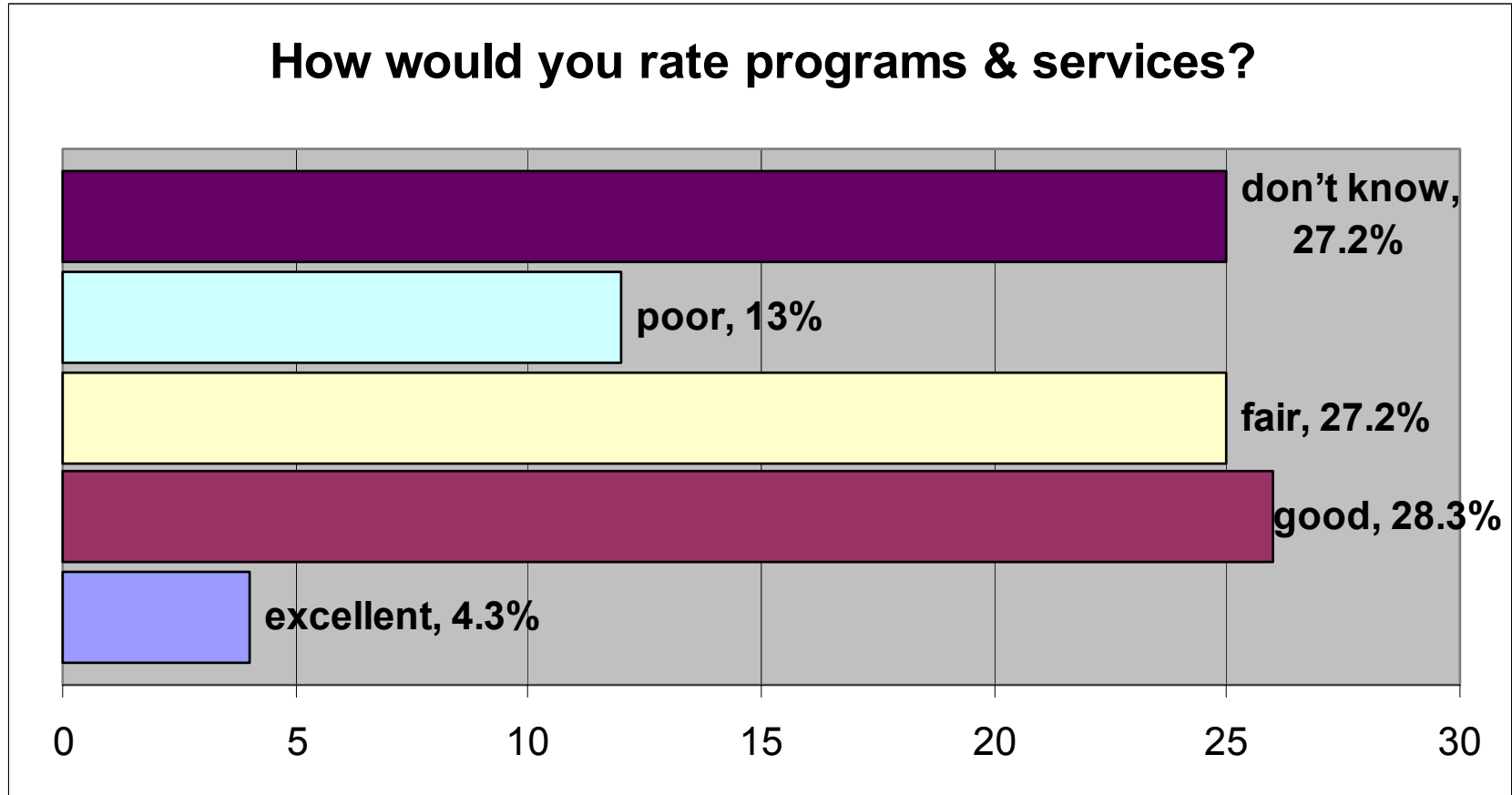
Do you think they meet community needs?



Stakeholder Survey

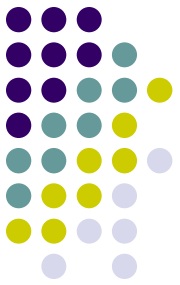


How would you rate programs & services?



“let's just do it!”

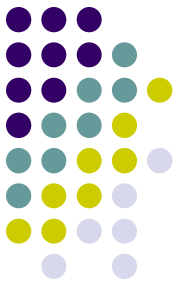
Stakeholder Survey



#7 What suggestions do you have about ways El Paso MHMR can improve the quality of its programs and services? How can El Paso MHMR better meet the community needs?

66 responses ranging from funding to operations. See handouts for specific responses. Very informative.

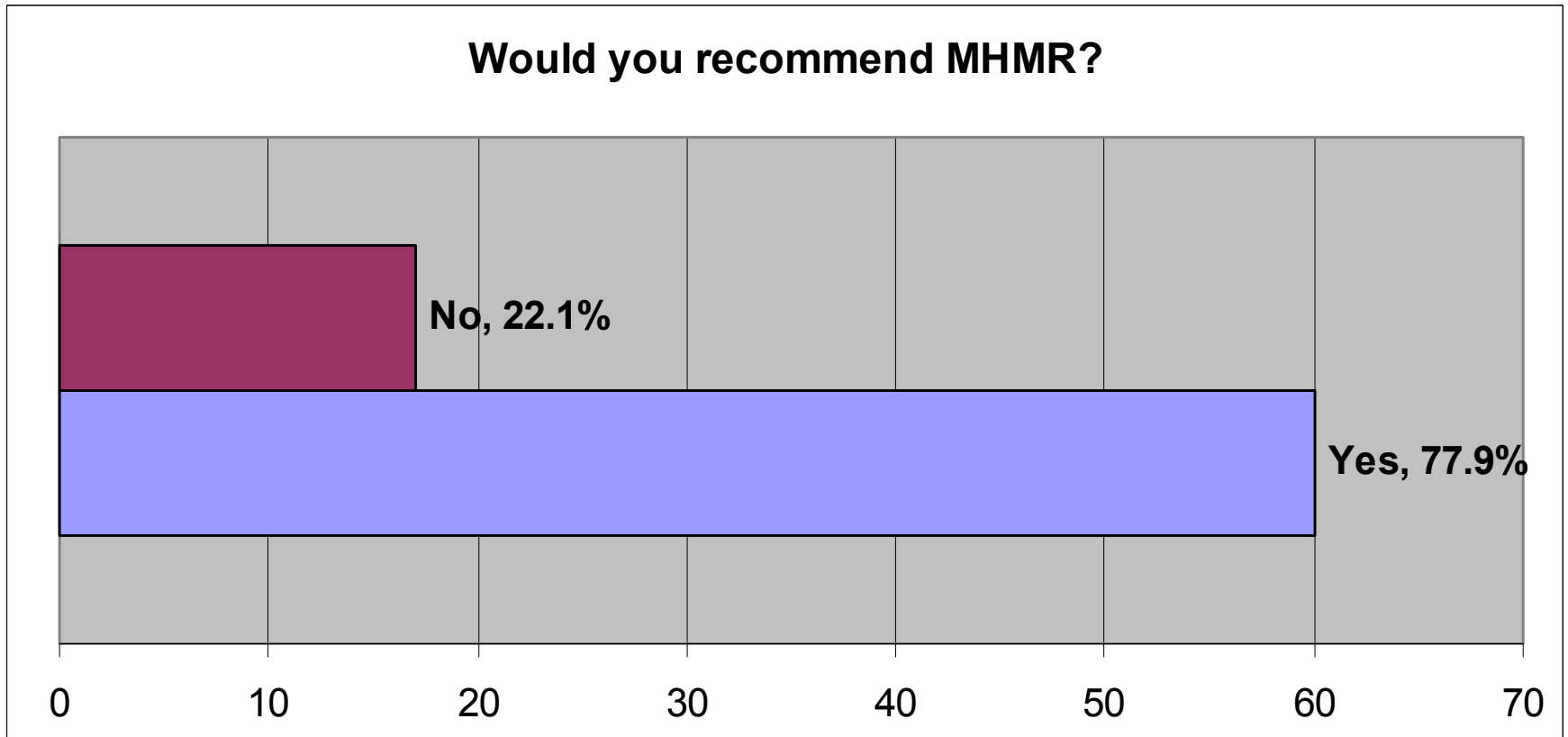
Stakeholder Survey



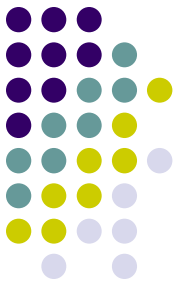
8 What specific programs/services would you like to see expanded or added to El Paso MHMR?

62 responses describing a various programs and services.
See handouts for individual responses.

Stakeholder Survey



MHMR Vision

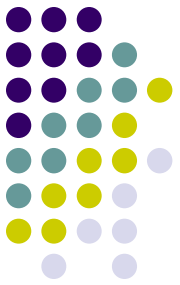


Mantra

Strength. Hope. Recovery

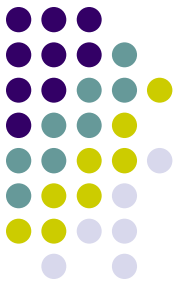
Vision

**EPMHMR promotes Strength, Hope, Recovery
for the El Paso community.**



MHMR Mission

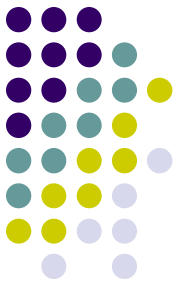
EPMHMR ensures superior recovery-based services for mental health, developmental disability, and related conditions for the people of El Paso County.



MHMR Philosophy & Goals

- We believe in the empowerment of people with disabilities.
- We respect an individual's right to privacy and the right to be treated with dignity.
- We value personal differences, preferences and aspirations.
- We are here to identify options - not to tell each other which option to chose.
- We emphasize possibilities rather than limitations in responding to the needs of the individual in a continual re-evaluation of current services and in the development of new programming.
- We are here to help one another learn about choices, without taking responsibility for the choices of others.
- Adults with a disability want to work, to have a home, and to be contributing members of the community. Such inclusion into the community not only affords individuals with a disability with a quality of life that individuals without disabilities are able to experience every day, but also have a positive economic impact.
- As working and contributing members of the community, adults with a disability become taxpayers and purchasers of goods and services, instead of remaining fully dependent upon government sponsored programs.
- IT is our responsibility to educate the community about the contribution our consumers can make as independent and contributing citizens.

“let’s just do it!”



MHMR Philosophy & Goals

EPMHMR Engagement Plan

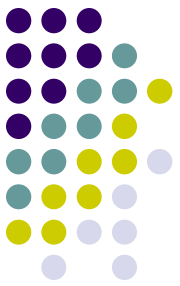
Engage our customers by communicating the benefits of services and recovery

Celebrate our customers' strengths when participating in services

Foster hope in every service delivered

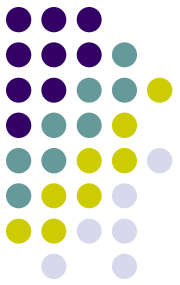
Demonstrate evidence of our customers' successes toward recovery

Recognize our customers and staff for all achievements made



Identification of Key Issues

- **Mandates**
- **Additional key issues**
- **Ground rules**
 1. All ideas are good ideas
 2. Do not criticize or evaluate ideas put forward
 3. Be open to “wild” and new ideas
 4. Quantity of ideas counts
 5. Build on ideas
 6. Everyone should participate



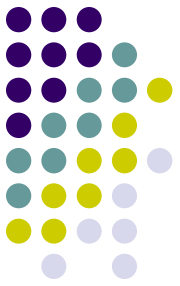
Identification of Key Issues

Responses from homework:

- Resolve the litigation issues with county attorney
- Be more proactive in bringing together all parties to deal in a positive way the issues of the crisis center operations, EPPC, ED of all the hospitals
- Informing community of who we are, what we do, and what we don't do
- Establishing what the board's responsible for and the responsibilities of the Chief Executive and the administration
- Increasing the size of the board
- Meeting the on-going challenged of increased need for services against monetary restraints.
- Before firing key staff, determine how to resolve issues
- Stabilize the staff especially in mid-management
- Attempting to educate state authorities of these increased challenges.
- Committee oversight
- Financial (detail) overview
- CEO should be encouraged to keep his eye on the ball by not traveling as much as he does
- Improve community efforts to deflect any negative areas that have resulted from the conflict

“let's just do it!”

Identification of Key Issues (contd.)



Responses from homework:

- Create real networks to build presence
- Devise “real lodge” situations for clients who are in the most horrible of situations
- County lawsuit
- Clarifying the role of Sun City to the community
- Speakers Bureau – PR for facility
- Open communication between staff and board
- Freedom of speech
- Financial stability as measured by an adequate reserve fund
- Recruitment and retention of key staff
- Decision about authority vs. provider role
- Creating community support for adequate MH/MR services with local funding
- Creating a successful social enterprise that can provide flexible center resources
- Increased funding at state level for both MH & MR services
- Crisis bed shortage during peak times
- Authority vs. provider role especially with regard to private providers
- Maximizing innovative revenue opportunities via Sun City
- Grant writing
- Supporting and empowering CEO

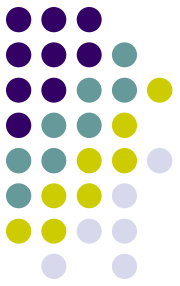
“let’s just do it!”

Operational vs. Policy Issues



Operations - issues that should be handled internally by staff

Policy - direction that should be established by the board and implemented by staff.



Key Issues

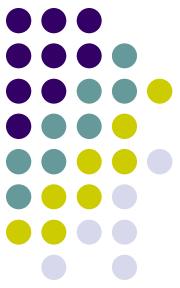
- Provider/Authority Functions – 7
- Funding – 6
- Technology – 5
- Sun City – 4
- Housing – 4
- Staff Training – 4
- Population Growth – 4
- Hospital Beds – 3
- Best Practices – 2
- Board Training – 2
- Regulatory Compliance – 2
- Intergovernmental Relations/Lawsuits – 1
- Public Relations – 2
- Condition-Related Services - 0



Breaking into Groups

- **Staff count off**
- **Board count off**

- **Get Lunch and sit in groups**



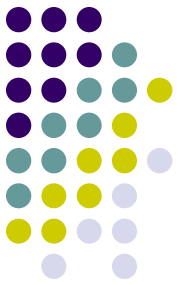
SMART Goal Setting

	Component	Description	Questions to Answer
S	Specific	Should explain exactly what is expected	Who? What? Where? What are the requirements?
M	Measurable	Establish concrete criteria for measuring progress	How much? How many? How will we know it is accomplished?
A	Attainable	Should be realistic and attainable in your environment	Can the objectives be carried out? In what manner?
R	Results based	Objective which you are willing and able to work for	What is the result you are trying to achieve (should relate to measurements)
T	Time bound	Should have starting and ending points with fixed durations. Clear targets	When will the goal be completed?

“let's just do it!”



MJD & ASSOCIATES *“let’s just do it!”*

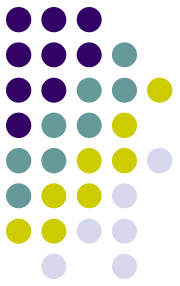


SMART Goal Worksheet

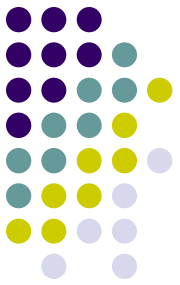
S-Specific Goal	M-Measurable	A-Attainable	R-Results Based	T-Time Bound
<i>Who? What? Where? What are the requirements?</i>	<i>How much? How many? How will we know it is accomplished?</i>	<i>Can the objectives be carried out? In what manner?</i>	<i>What is the result you are trying to achieve (should relate to measurements)</i>	<i>When will the goal be completed?</i>

“let’s just do it!”

Objective Setting & Next Steps



- **MJD will work with staff to refine goals, establish objectives and determine budget implications**
- **Provide draft to board for review/comment**
- **Submit draft for consideration at July 27 meeting**



Congratulations on a job well done!

Adjourn