BOARD OF MENTAL HEALTH
AND DEPARTMENT OF MENTAL HEALTH
STRATEGIC PLAN

ANNUAL REPORT – FY 2010

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

July 2010

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The very first Board of Mental Health and Department of Mental Health Strategic Plan was implemented July 1, 2009. The Strategic Plan incorporates into a single document the anticipated supports and services needed by all populations the DMH supports - persons with mental illness, intellectual/developmental disabilities, alcohol and substance abuse problems, and Alzheimer's disease.   The Strategic Plan was developed to serve as a map for guiding the evolution of the services and supports for the populations DMH is charged to support and serve over the next decade. Through development of an agency wide Strategic Plan, the Board and Executive Director wanted to demonstrate their commitment to re-evaluating the nature and manner of services/supports delivered by DMH, by reinforcing those that work and making changes or creating new ones where needs are not being met.

Over 200 dedicated individuals worked diligently to accomplish the ambitious goals of the FY 2010 Strategic Plan. Team members represented a broad spectrum of stakeholders including advocacy groups, consumer groups, DMH professional staff, paraprofessionals, non-profit providers, and family members. The Strategic Plan Coordinator was Lisa Romine, and the Goal Team Leaders were:

Goal 1   Kelly Breland, MSH
Goal 2 Aurora Baugh, DMH
Goal 3 Thaddeus Williams, DMH
Goal 4 Debbie Ferguson, CMRC

Goal 6   Wendy Bailey, DMH
Goal 7   Kris Jones, DMH
Goal 8   Michael Jordan, DMH
Goal 9   Sabrina Young, SMSH

This first year DMH faced the challenges of seeking the commitment of team members, launching new ideas, and working together to rally support around transforming our Mississippi Mental Health System of Care. Many hours of meetings, correspondences, research, surveying constituents, and data analysis resulted in tremendous progress, even in financially difficult times.   The Annual Report provides a summary of the completion status of all Year One Action Plans.

The Strategic Plan Goal Teams are to be commended for their hard work! We look forward to experiencing the synergy and motivation as the Plan's activities continue for years to come. DMH's progress in moving mental health forward is dependent on dedicated individuals such as we had this year. We appreciate the excellent job they did and hope they will continue to help us move forward.

Listed below you will find the names of the individuals who contributed to the successes of each Goal.

[Goal 1](#)	[Goal 2](#)	[Goal 3](#)	[Goal 4](#)	
Dr. Mardi Allen	Dr. Mardi Allen	Dr. Mardi Allen	Gloria Adams	Tessie Smith
Matt Armstrong	Matt Armstrong	Joyce Adair	Matt Armstrong	Mark Stovall
Tammy Avant	Belinda Arrington	Clint Ashley	Tammy Avant	Nikki Tapp
Jerri Avery	Ed Butler	Cindy Bagwell	Aurora Baugh	Linda Townes
Jackie Bailey	Mark Chaney	Aurora Baugh	Chris Barnes	Kathy VanCleave
Wendy Bailey	Ellen Crawford	Spenser Blalock	Kelly Breland	Veronica Vaughn
Dr. Paul Callens	Glenda Crump	Kim Brown	Sandra Caron	Larry Waller
Bo Chastain	Mary Nell Dorris	Linda Brown	Ellen Crawford	Royal Walker
Ellen Crawford	Myrna Douglas	Cassandra Butler	Cindy Dittus	Marilyn Winborne
Andrew Day	Annette Geissner	Phaedra Cole	Kay Daneault	
Jody Donaldson	Dr. Suzanne Jourdan	Glenda Crump	Tressa Eide	
Stephanie Foster	Joe Kinnan	Kathy Denton	Debbie Ferguson	
Sherry Hegwood	Joe Maury	Donna Emmidy	Randy Foster	
Albertstein Johnson-Pickett	Dr. Don Myers	Patty Fultz	Jackie Fleming	
Dr. Suzanne Jourdan	Chuck Oliphant	Jake Hutchins	Annette Geissner	
Glynn Kegley	Kristen Owen	Albertstein Johnson-Pickett	Natasha Griffin	
Ashley Lacoste	Elizabeth Powers	Kris Jones	Leigh Horton	
Kenneth Leggett	Linda Raff	Kathy Key	Jake Hutchins	
Ed LeGrand	Kimela Smith	Ashley Lacoste	Heather Ivery	
Marc Lewis	Penny Stokes	Ed LeGrand	Dr. Cynthia Johnson	
Herbert Loving	Mark Stovall	Herb Loving	Kris Jones	
Diana Mikula		Genice Morton	Ashley Lacoste	
Shirley Miller		Kristen Owen	Herb Loving	
Dr. Melinda Mullins		Sandra Parks	Joe Maury	
Kerry Nichols		Lisa Phelps	Diana Mikula	
Linda Raff		Lisa Romine	Shirley Miller	
Lisa Romine		Gene Rowzee	Darlene Murphy	
Shannon Rushton		Shannon Rushton	Dr. Don Myers	
Rachael Scarbrough		Signe Shackelford	Matt Nalker	
Leslie Smith		Molly Sprayberry	Dwayne Nelson	
Ginger Steadman		Ginger Steadman	Dr. Gray Norquist	
Lynda Stewart		Scott Sumrall	Dr. Kenneth O'Neal	
Ann Thames		Kathy VanCleave	Kristen Owen	
Kathy VanCleave		Ellen Waites	Sandra Parks	
Dr. Lydia Weisser		Larry Waller	Greg Patin	
Chandra White-Thomas		Thad Williams	Kristi Plotner	
Monica Wilmoth			Linda Raff	
			Shannon Rushton	

Goal 5	Goal 6	Goal 7	Goal 8	Goal 9
Dr. Mardi Allen	Wendy Bailey	Aurora Baugh	Dr. Mardi Allen	Margie Morgan
Dr. Wanda Armstrong	Suzie Broadhead	Laverne Bass	Jerri Avery	Alexander
Jerri Avery	Jennifer Boswell	Col. Debra Coleman	Wendy Bailey	Cindy Bagwell
Aurora Baugh	Leigh Cook	Dr. Eileen Ewing	Doug Buglewicz	Sherra Bailey
Jackie Breland	Kathy Denton	Fred Guenther	Courtney Chappell	Browning
Lisa Burck	Pace Emmons	Edie Hayles	Dr. Judy Cooper	Chris Bozek
Danny Cowart	Bel Ferguson	Lisa Henick	Frank Dodds	Angela Chatman
Ellen Crawford	Debbie Hall	Cassandra Holley	Sonia Eldrige	Kristi Dearing
Andrew Day	Trisha Hinson	Kris Jones	Kristi Fineout	James Dunaway
Shelley Foreman	Tom Hoar	Millicent Ledbetter	Chris Fox	Dr. Eileen Ewing
Randy Foster	Debbie Holt	Wendy Mahoney	Sherri Franklin	Lee Foley
Fred Guenther	Brent Hurley	Shirley Miller	Allen Hawkins	Randy Foster
Nick Hartley	Frankie Johnson	Matt Nalker	Allison Johnson	Latoya Hood
Debbie Holt	Kris Jones	Gene Rowzee	Michael Jordan	Leigh Horton
Kris Jones	Kathy Lee	Sandra Parks	Jerone Lacking	Linda Hudson
Dr. Suzanne Jourdan	Joe Maury	Regina Smith Lacking	Marc Lewis	Herb Loving
Dr. Linda McDowell	Donna Simmons	Charlene Toten	Beth Luper	Joe Maury
Stacy Miller	Signe Shackelford	Kathy VanCleave	Shircell Massey	Lee Middleton
David Mullins	Kathy VanCleave	Melody Winston	Kelly Mitchell	Diana Mikula
Dr. Rita Porter	Karen West	Dr. Jessie Wright	Janie Prine	Minh Nguyen
Dr. Kim Sallis	Melody Winston		Katie Storr	Lisa Romine
Dr. Steve Smith			Scott Sumrall	Rachael Scarbrough
Lynda Stewart			Ann Thames	Jan Smith
Mark Stovall			Cary Walt	Velma Spalding
Karen Warner			Nena Williams	Tessie Smith
Dr. Lydia Weisser				Bobby Sterling
Kelly Wilson				Lori Thames
Melody Winston				Renee Triplett
				Eze Uzodinma
				Sabrina Young

Goal 1 Maximize efficient and effective use of human, fiscal, and material resources					
Objective 1.1 *Specify target populations and levels of care with corresponding fiscal support*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Clearly define populations to be served	Document listing target population with definitions and number served		X	YES	Chart of populations needs to be finalized, after which a report will be sent to Executive Director for review.
b) Identify unserved/underserved populations	Report on individuals requesting services with additional conditions (subpopulations)		X	YES	Receipt of survey information regarding unserved/underserved populations has been slow. Once received, it will be summarized and distributed to the workgroup for review. A report will follow their review.
c) Prioritize target populations and revise eligibility criteria	Board policy		X	YES	This action plan will be addressed after finalization of the target populations list.
d) Communicate target population served to public, stakeholders, community, etc.	Revised DMH materials including *Standards* and public awareness materials		X	YES	This action plan will be addressed after finalization of the target populations list.
Objective 1.2 *Evaluate DMH-operated and DMH-certified programs to assess utilization, cost effectiveness, and continued relevance to current and future service system*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Define parameters for program evaluation/ assessment	Criterion for evaluation determined and evaluation tools selected or developed		X	YES	Based upon information gathered by this work group regarding essential evaluation measures that are applicable across similar services such as the revised 2010 DMH Standards, existing State Plan parameters, and DMH facility budget report data, recommendations for program evaluation will be forwarded to the 2011 work group that will enact 1.3.d to establish core

					performance indicators and data base to be used as a means of benchmarking between like programs.
b) Conduct uniform performance evaluations of community services	Assignments and time frames established, data collected, evaluations conducted and results documented		X	YES	Revisions to the DMH standards for community services are expected to be finalized in August 2010; with uniform standards evaluations to follow by January 2011. Therefore, this action was incorporated into the revised Strategic Plan and will be enacted by the FY 2011 work group focused on 1.3.a.
c) Conduct uniform performance evaluations of institutional/hospital services	Assignments and time frames established, data collected, evaluations conducted and results documented		X	YES	It was determined that there are existing performance indicators for efficiency and effectiveness for institutions/hospitals, in conjunction with routine reports to the Board regarding outcomes of existing surveys (Joint Commission, the Department of Health, and the Department of Mental Health). Presenting the data in a way in which facilities may be compared will be taken up by the 2011 Strategic Plan work group that will enact 1.3.d to establish core performance indicators and data base to be used as a means of benchmarking between like programs.
d) Conduct cost analysis of individual services	Assignments and time frames established, data collected, analysis conducted and results documented		X	YES	The facilities' cost analysis will be captured to a degree in their performance indicators related to efficiency. These costs can be finalized during the first quarter of FY 2011 when all performance indicator actual information is entered by facilities. Costs for community services will require more information that should be obtained in the 1.3.d section of the FY 2011 Strategic Plan.
e) Analyze existing service delivery structure	System Capacity Report		X	YES	This action plan has been revised and included in Goal 3 of the FY 2011 DMH

					Strategic Plan.
and identify areas where increase in community capacity is needed					

Objective 1.3 *Maximize funding opportunities and property utilization*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Perform comprehensive assessment of current fiscal resources	Report completed and submitted to Board of Mental Health	X			
b) Perform comprehensive assessment of all DMH property resources and utilization	Property report developed/ revised		X	YES	The property listing has yet to be pared down and grouped into useful categories, but should be by September 2010. A report to the Bureau Director of Administration will follow the refined property listing.
c) Incorporate information from fiscal and property resources reports into Board actions/policies	Board policies and actions		X	YES	Will be addressed after completion of action plan 1.3.b.

Objective 1.4 *Review and revise resource allocation methods*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Evaluate resource allocation methods to determine need for changes/modifications in funding for community services	Evaluation Report		X		In the current fiscal situation, there have been significant reductions in the funds allocated through DMH grants. With the current budget, many of the programs were funded based on the continuing needs of the individuals being served.
b) Determine priorities for funding allocation	Priorities established and policy developed		X		In the current fiscal situation, there have been significant reductions in the funds allocated through DMH grants. With the

Action Plan	Performance Indicator	Yes	No	In Progress	Status of action plans not completed
					current budget, many of the programs were funded based on the continuing needs of the individuals being served.
c) Analyze effectiveness of current community services grants review and approval process	Revised policies and procedures		X		A list of RFP core components was developed during the third quarter that will be used by all service areas. No additional progress was made, but the action plan will be readdresses when the grants review and approval process resumes so that approval is given for services that are compatible with the DMH vision.
d) Develop reallocation options/strategies to support and expand community services	Methods devised to support reallocation of funding for community services and plan developed		X		Will be developed once action plans 1.4.a, 1.4.b, and 1.4.c are nearer to completion.

Objective 1.5 *Review and revise system-wide management and oversight practices*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Review current Board practices/duties and identify those that enable Board to establish and prioritize critical issues	Develop/revise Board policies	X			
b) Review current Executive Management Team practices to include both administrative and clinical staff and revise key functions as needed	Identify members and key functions	X			
c) Evaluate DMH organizational structure and identify any needed restructuring of staff duties and responsibilities to maximize efficiency	Identify and take actions to enhance use of human resources	X			

Action Plan	Performance Indicator	Completed Yes	Completed No	Completed In Progress	Status of action plans not completed
and effectiveness of human resources in accomplishing DMH vision					
d) Consolidate existing Mental Health and Intellectual/ Developmental Disabilities certification and licensure divisions to Increase quality assurance, efficiency, and consistency in monitoring	Creation of joint Division of Certification and Quality Assurance	X			
e) Develop new standards, policies, and procedures to determine providers' effectiveness in meeting individuals' stated outcomes, protecting their health and safety, and meeting specified goals and objectives of the program	2010 Operating Standards for Community Mental Health/ IDD/SA Services		X	YES	Revised standards for all divisions under review and are expected to go to the Board of Mental Health for approval August 2010. Policy revisions, survey/monitoring process changes, and surveyor training to be completed December 2010. Surveys utilizing new standards and procedures to be initiated January 2011.
f) Automate program certification to ensure accuracy and reliability and to expedite the issuance of reports and certificates	Web-based program for *Standards* utilized		X		DMH does not yet have the IT capability established to automate this process. Infrastructure development and reporting capabilities to be developed 2011-2012 depending on funding.

Objective 1.6 *Strengthen the partnership between clinical and administrative staff for planning and decision making*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Increase communication between	Summary of Recommendations	X			

administrative and clinical staff to strengthen partnerships and identify key areas for collaborative input					
b) Offer integrated educational opportunities for administrative and clinical staff	Documentation of educational opportunities	X			
c) Increase shared decision- making opportunities for administrative and clinical staff	Summary of new opportunities	X			

Objective 1.7 *Maximize clinical staff time*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Collect research information on the use of extenders in psychiatry and the treatment of individuals with mental illness in Mississippi and other states	Survey reports	X			
b) Evaluate the effectiveness of the current use of physician extenders across the mental health system	Assessment Report	X			
f) Expand use of psychiatric residents by DMH facilities	Increase in number of psychiatric residents	X			

Objective 1.8 *Continue Strategic Planning process*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Develop formal policies and procedures for monitoring and reporting on progress toward goals in the DMH Strategic Plan	Board Policy Developed, Monitoring format created	X			
b) Improve strategic planning process to increase internal and external stakeholder input and collaboration in future revisions of the DMH Strategic Plan	Feedback survey and increased input from advocacy groups, CMHCs, and other providers	X			
c) Review existing state plans in DMH Bureaus to ensure alignment with DMH Strategic Plan	Policy developed and State Plans Reviewed	X			
d) Conduct annual review of DMH Strategic Plan	Annual Progress Report, summary of changes made; approval of revised DMH Strategic Plan	X			

Goal 2 Strengthen commitment to a person-driven system of care					
Objective 2.1 *Develop and/or expand meaningful interaction of self-advocates and families in designing and planning at the system level*					
Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Determine what defines a transformed, recovery/evidence-based, person-driven, community-based system	Written document	X			Written document has been provided to Bureau Directors and DMH Executive Director for review.
b) Expand the purview of the Division of Consumer and Family Affairs (DCFA) to work with all DMH Bureaus	Purview expanded	X			
c) Increase internal and external communication about the importance of self advocate and family participation in service design and planning	Increase number of brochures and materials disseminated and number of recipients	X			
d) Review current task forces, advisory councils, work groups, and coalitions associated with the DMH and formalize avenues by which self advocates and family members provide input into policy development and service design and planning	Polices and procedures developed specifying the amount of self advocate and family representation required	X			Document awaiting review and approval from Bureau Directors and DMH Executive Director

| f) Encourage and provide opportunities for self advocates/family members to assume leadership roles on all DMH advisory councils | Meeting minutes | X | | | Document awaiting review and approval from Bureau Directors and DMH Executive Director |

Objective 2.2 *Develop and/or expand meaningful interaction of self advocates and families in monitoring services*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Continue to evaluate the effectiveness of the current Peer Review Process	Revisions to manual	X			

Goal 3 Improve Access to Care					

Objective 3.1 *Establish equitable access to services statewide*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Analyze existing service locations by availability of and accessibility to required core services	Baseline data gathered, report developed and presented to Board of Mental Health	X			
b) Assess OCS data concerning calls by region and county to identify major areas of need	Baseline data gathered, trend analysis conducted, report developed and presented to Board of Mental Health		X	YES	The workgroup continues to analyze the gaps in services data to determine where services are needed. This work is expected to be completed, and report generated and submitted to DMH Executive Director by the end of the first quarter of FY 2011.

Objective 3.2 *Develop a comprehensive crisis response system*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Define criteria for "psychiatric crisis"	Criteria established	X			
b) Identify comprehensive psychiatric crisis system service options	Report identifying available and needed services	X			
h) Identify funding sources, new or reallocated, for services offered through the comprehensive psychiatric crisis system	Increase in amount of funding dedicated to these services	X			

Action Plan	Performance Indicator	Completed Yes	No	In Progress	Status of action plans not completed
l) Develop mental health capacity for disaster response	Number of certified providers coordinating with MEMA; number of mental health volunteers; number of people trained in Psychological First Aid	X			

Objective 3.3 *Advance the use of nontraditional service delivery options*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
b) Identify funding sources to assist with purchasing needed equipment for telemedicine	Increase in equipment purchases to support telemedicine through new resources or reallocation of existing resources	X			
c) Identify funding sources which include telemedicine as a covered/reimbursable service	Increased number of entities allowing telemedicine as covered/reimbursable service		X	YES	The Division of Medicaid was suppose to introduce legislation during the 2010 legislative session that would allow telemedicine to become a reimbursable services through a state plan amendment. This did not take place, but discussion continues about it being introduced during the 2011 legislative session.

Objective 3.4 *Increase methods by which people can access information and referrals to DMH services/supports*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Identify current means and methods of receiving/making referrals and distribution of information	Baseline number and report of means and methods of providing information and referral	X			
b) Ensure that all DMH websites provide relevant, consistent information about	Checklist developed, improved accuracy of information	X			

| access to services and supports | | | | | |
| | | | | | |

Objective 3.5 *Incorporate cultural competencies into DMH policies, procedures and practices*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Identify methods to provide DMH services in a culturally competent manner to individuals/families who are non-English speaking	Methods chosen, collect data to determine amount of usage		X	YES	Further consultation with other state's mental health directors continue. Data collected on how other states have accomplished this, but no method selected as of yet. Work towards determining a specific approach to ensure services are delivered in a culturally competent manner to all non-English speaking individuals will continue into FY 2011.
b) Translate resources and client/patient related materials into other languages as needed	Number of materials translated, availability checked during annual site visits		X		The types of materials and vendors who can provide the translations have been identified, but no materials were translated during the 2010 strategic plan year, and no certification visits were conducted during FY2010.
c) Identify distribution points for resource materials to non-English speaking populations	Number of distribution points identified and type and amount of information distributed	X			
d) Ensure availability of translation services for individuals with limited English proficiency	Number of translators available, use of translator services		X		The types of materials and vendors who can provide the translations have been identified (a list was compiled), but no materials were translated during FY 2010. This Performance indicator was partially met.
e) Present the Draft DMH State Plan for Cultural Competency to the Executive Director for review, feedback and approval	Approval of plan		X	YES	Awaiting approval by the Executive Director.

Action Plan	Performance Indicator				Status of action plans not completed
f) Incorporate the cultural competency plan into DMH policies, procedures and practices	Number of policies, procedures and practices revised according to plan		X	YES	No policies, procedures and practices have yet to be revised to include a cultural competency mandate due to plan yet to be approved and the DMH standards revision still underway.

Objective 3.6 *Address timeliness to services*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Utilize input from consumers, families and service providers to identify barriers to accessing DMH services	Surveys developed, distributed and received; number of barriers identified; report developed and presented to Board of Mental Health	X			
b) Evaluate current waiting times for all DMH community services	Baseline report of waiting times developed		X	YES	Survey did not go out to community service providers, thus performance indicator information was not captured. Goal team will develop and disseminate questionnaire during first quarter of Fiscal Year 2011.
c) Evaluate current waiting times for all DMH facility-based services	Baseline report of waiting times developed	X			Note: although not documented in the progress report , a baseline report of waiting times was developed
d) Determine if a person receives support while awaiting DMH services and what type	Report number of individuals/ type(s) of supports provided while awaiting service(s)		X	YES	Questionnaire developed, submitted to DMH facilities, responses received and evaluated; but questionnaires did not go to local CMHC providers, thus performance indicator information was not captured. This will be completed during the first quarter of FY 2011.

Goal 4 Continue transformation to a community-based service system					
Objective 4.2 *Increase integration of mental and primary health care*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Develop comprehensive list of primary and rural health care providers	List available for review/ dissemination	X			
b) Continue collaborating with the MS Chapter of the American Association of Pediatrics to develop a website for children's mental health resources and a standard referral process for pediatricians to use when referring children to the DMH system	Operational website and referral process disseminated to pediatricians	X			
Objective 4.3 *Increase system capacity for providing community living and community support options*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Establish a Housing Task Force comprised of DMH staff and representatives from local housing authorities, "Home of Your Own", peers, and other needed partners	Task Force established by Executive Director and chairperson selected	X			
d) Work with community support resources to	Gather information and disseminate to individuals		X	YES	Coalition has been built with representation from all agencies and groups affected, a

facilitate the development of additional community housing for people in the DMH system	requesting services and providers				contract has been signed to assess current gaps in housing, a list of all housing available and a Housing Strategic Plan is under development.
f) Continue active involvement in Mississippi Transportation Initiative	Activities documented	X			

Objective 4.4 *Establish and mandate procedures to ensure collaboration and coordination between facility and community programs when a person is discharged*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Conduct statewide review of Intensive Case Management Services to determine how it can best be used to assist people in remaining at home and in the community	*Standards* revision	X			
b) Conduct a needs assessment, including the exploration of barriers, regarding the transfer of persons treated for substance abuse disorders to aftercare programs post-discharge.	Report developed; policies developed and implemented		X	YES	Two barriers identified to addressing this issue: accurate assessment, diagnosis and treatment of individuals with COD (co-occurring disorder) and lack of a system of detecting what happens to people when discharged from treatment. To address the issues of assessment, diagnosis and treatment training has been provided in 7 of 15 CMHC regions. This grant was cut and training was not able to be completed. Training has been scheduled for Region 4,

					SMSH, and MSH. Request submitted to extend the grant and provide additional funding through March 2011 in order to provide training for EMSH, NMSH, CMRC and the remainder of the CMHC regions (1, 2, 7, 8, 10, 11, and 14). In relation to the second barrier, there is not currently a data system to detect and follow what happens to individuals when they leave treatment. The development of such a dataset is currently under development, but in early stages. No timeframe for completion is yet available as the development and implementation of this dataset is contingent on staffing and budgetary issues.
d) Establish roles of census management and utilization review in discharge process	Number of individuals served who receive aftercare planning, decrease in recidivism	X			

Objective 4.5 *Expand interagency and multidisciplinary approaches to service delivery*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
b) Expand MAP Teams for children/youth with SED	Increase MAP Teams from 34 to 44 teams		X	YES	Two of the three planned MAP teams for FY 2010 were added. The third is in process but will not be initiated until the first quarter of FY 2011.
c) Review effectiveness of and revise Adult MAP (AMAP) pilot projects currently funded through the BCS	Develop standards and work with Medicaid to establish reimbursement rates and replicate statewide		X	YES	Standards have been adopted, but no fund source through Medicaid is available at this time. Three teams are operating in Regions 6, 7 and 8.

Objective 4.6 *Develop a five-year plan to redistribute portions of DMH's budget from institutional to community based services*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Convene a working committee with representation from advocacy and self advocacy organizations, Advisory Councils, CMHCs, DMH facilities, and provider agencies to develop a detailed plan for shifting of funds	Committee appointed, chairperson selected, and plan developed and presented to the Board of Mental Health		X	YES	Committee selected and work done on several projects in this area: CICs, Home and Community-based Waiver, review of potential plans for shifting additional resources to the community reviewed. Funding issues became central. A five year plan has not been developed at this time. Group will continue to work on this next year.
b) Evaluate resources which could be shifted from psychiatric hospital budgets to community services each year to create a crisis service continuum	Funds shifted from hospital to community services for the crisis service continuum		X	YES	Resources were shifted from the psychiatric hospitals to the CMHCs for the operation of the CICs. A plan for further shifting of resources has not been made at this time due to budgetary restraints.
c) Submit legislation to allow Mississippi to implement "Money Follows the Person" to accommodate transition of residents in facilities to the community	Legislation introduced		X	YES	It was determined at this time DMH had the ability to move spending authority from institutions to community programs without the legislation. Therefore, this legislation will be delayed and implemented at a later point in time, if needed.

Goal 5 Emphasize use of evidence-based or best practice models and service outcomes					
Objective 5.1 *Identify best practice and evidence-based models applicable to DMH system of care, populations served, and demographics*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Utilize clinical and programmatic staff in establishing Evidence Based/Best Practice (EB/BP) Work Group to identify evidence-based, best practices for implementation by DMH programs	Members List and Minutes	X			
b) Conduct literature review of evidence-based, best practices which correspond to DMH's service areas	Literature Review Report	X			
c) Identify evidence-based, best practice models currently used in the Mississippi public mental health system	Develop Inventory	X			
Objective 5.2 *Develop strategies for integration of evidence-based and best practices into system of care*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Evaluate factors that hinder implementation of evidence-based and best practices	Report on Barriers	X			

Objective 5.3 *Establish service outcomes for programs/services for which evidence-based or best practices have not been established*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Identify DMH-operated and/or DMH-certified programs/ services for which evidence-based or best practices have not yet been established	List of Services		X	YES	A list of services is in the DMH Standards. We found that EBPs and the services are not interchangeable in terminology or focus. During the next year, we will use survey data completed in the fourth quarter of FY 2010 to try to match services with practices if possible in order to emphasize the use of EBPs.
b) Review literature and information regarding National Core Indicators or other national outcome measures	Literature Review Documentation	X			
c) Develop and/or strengthen the desirable outcomes for each applicable service area	List of Required Outcome Measures		X	YES	The revision of the DMH Standards was part of this year's plan. As that process is being completed, staff will work together to strengthen outcome requirements to accomplish what DMH expects from applicable standards.
d) Incorporate service outcomes into the DMH Standards	Revised *DMH Standards*		X		Prematurely included in year 1. Several preliminary tasks are necessary prior to this action plan.
Objective 5.4 *Encourage consistent treatment across the system of care*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Identify and support opportunities for sharing information, resources and best practices among public mental health providers	Formalize process, increase in communications	X			

b) Identify therapeutic strategies that are proven effective and make available in all areas of the State	Report increase in utilization of identified strategies	X			

Goal 6 Emphasize awareness/prevention/early intervention					
Objective 6.1 *Increase community awareness activities that focus on mental health issues and DMH*					
Action Plan	**Performance Indicators**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Evaluate current statewide awareness efforts	Evaluation report with identified strengths and needs	X			
e) Develop a survey to send to courts/law enforcement to assess their knowledge of local mental health providers and identify areas needing improvement	Surveys and Results	X			
f) Based on survey results, provide information to courts and law enforcement regarding mental health issues and available services	Presentations given or displays set up at two workshops, presentations or conferences	X			
h) Develop and implement a public awareness campaign targeted for prevention to the Fetal Alcohol Spectrum Disorders (FASD)	Conference evaluations, Training evaluations and post-tests	X			

Objective 6.2 *Develop overall strategies for early intervention to prevent and/or mitigate symptoms associated with mental health issues*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Review current DMH methods to educate the public and medical professionals about mental health risk factors, symptoms and treatment	Report on Current Methods	X			
b) Expand public education about mental health (IDD, mental illness, alcohol and drug abuse, Alzheimer's and dementia) risk factors, symptoms and treatment	At least 10 media activities statewide conducted; participated in at least 10 speaking engagements statewide; participated in at least 10 health fairs, workshops, conferences, etc.; reached at least 50,000 people through media activities	X			
f) Increase education and services/supports for early onset and newly-diagnosed persons with dementia	Number of support groups established, written materials produced and distributed	X			

Objective 6.3 *Increase efforts to de-stigmatize mental health issues*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Revise and expand anti-stigma efforts regarding people who have mental illness by developing a campaign specific for Mississippi	Brochures and posters for new campaign, meeting minutes, at least 10 media activities, number of brochures/posters distributed	X			

Action Plan	Performance Indicator	Completed Yes	No	In Progress	Status of action plans not completed
b) Continue anti-stigma presentations at schools statewide and provide teacher education and informational packets to all school districts	Increase in number of presentations, materials for teacher packets, number of packets distributed, number of brochures/posters distributed	X			
c) Develop a statewide "Ability Awareness" campaign to educate Mississippians about intellectual and developmental disabilities, by focusing on the abilities of the individuals	Meeting minutes, committee timeline and goals, campaign materials developed and disseminated	X			

Objective 6.4 *Increase substance abuse prevention activities*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Increase the capacity of the substance abuse prevention workforce to deliver services utilizing the latest technology	Use of SURE tool (data tracking system)	X			
b) Monitor compliance with requirement that all funded substance abuse prevention agencies have an assigned prevention coordinator	Assignment of at least one prevention coordinator for all funded agencies	X			
d) Increase collaboration with other agencies that have an interest in substance abuse prevention to strengthen prevention	Increase in number of local coalition meetings with each prevention coordinator	X			

activities					
e) Continue to collaborate with the MS Department of Education to fund *Smart Track,* an online student survey and the *Snapshots* substance abuse data Web site	Number of hits on Web site	X			
f) Establish and implement state and community-level strategic plans to reduce underage drinking	Increase in number of community-level strategic plans developed	X			
g) Maintain a network of prevention services providers utilizing evidence-based substance abuse prevention in communities around the state	Number of evidence-based programs implemented	X			
h) Maintain compliance with the federal Synar Regulation established to reduce youth access to tobacco	Ensure MS tobacco sales to minors do not exceed 20%	X			
i) Reduce/prevent marijuana use by youth through implementation of evidence-based programs and practices targeting marijuana use prevention	Compare student state survey results with national survey results, number of programs using evidence-based practices	X			

Objective 6.5 *Expand suicide prevention efforts statewide*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Identify funding sources, using new and/or existing resources, to support suicide prevention efforts	Number of grant proposals submitted and funded, increase percentage of funding allocated to suicide prevention efforts	X			
b) Expand members of Mississippi Youth Suicide Prevention Council	Increase membership to include Bureau of Coordinated School Health at the Department of Education and faith- based community agencies	X			
c) Increase number of agencies/entities participating in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) learning collaborative	At a minimum, increase participation by three agencies/ entities	X			
d) Continue and expand the "Shatter the Silence" Youth Suicide Prevention campaign	Reach at least 100,000 with media campaign, give at least 10 presentations, distribute at least 1,000 brochures and posters, place radio and newspaper advertisements, participate in at least 10 media activities	X			

Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers					
Objective 7.1 *Develop mutual goals and strategies among DMH, CMHCs and other public mental health system providers to maximize the availability, affordability, and provision of community-based services*					
Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Further develop working relationships with CMHC Directors' Association	Number of invitations to meeting; number of meetings attended	X			
b) Re-establish the Long Range Planning Committee by combining it with Continuity of Care Committee – Public Mental Health Work Group	Quarterly meetings established and scheduled	X			
c) Establish a DMH work group (inclusive of a Board member), to develop strategies for coordinating service systems and structures with CMHCs and other public mental health providers	Establishment of work group; meeting minutes; progress report to Board of Mental Health	X			
d) Continue DMH participation on the	Meeting Minutes	X			

Alcohol and Drug Directors State Association					
e) Expand roles and relationships with NAMI, MHA, Arc of Ms, LIFE and other advocacy organizations to provide services in which costs are shared	Increased number of initiatives using funding from DMH and advocacy organizations		X		Due to current budgetary constraints, the number of initiatives utilizing funding from DMH has not increased. An increase is not foreseeable in the upcoming fiscal year. Relationships are in place to support new initiatives, should funding permit.

Objective 7.2 *Strengthen partnerships with other state and governmental entities to provide services*					
Action Plan	**Performance Indicator**	**Completed**			**Status of action plans not completed**
		Yes	**No**	**In Progress**	
a) Review existing interagency agreements and Memorandums of Understanding to identify all partners	Report on number of agreements and MOUs	X			
b) Retool existing interagency agreements and MOUs to reflect all grants, contracts, and monitoring agreements so there is one agreement that is reviewed and/or revised annually	Development of one agreement, revisions to existing agreements		X		The MOU workgroup reviewed existing interagency agreements. The workgroup agreed that one standard format for the agency is not needed at this time. Additionally, Grants Management has streamed the contracting process utilized with grant recipients.
c) Set goals for establishing new partnerships with state agencies	Increase in partnerships	X			
d) Continue to serve on interagency task forces, work groups, councils,	Number of staff involved in interagency activities	X			

and committees					
e) Continue to invite other agencies to serve on DMH task forces, work groups, councils and committees	Number of meetings, list of representatives	X			
f) Collaborate with other agencies that have an interest in substance abuse treatment and prevention	Participation levels/ attendance; results of funding requests; minutes	X			
h) Continue to lead and support the State Level Interagency Case Review Team (SLCR)	Funds directed to SLCR Team activities; number of SLCR intervention plans	X			
i) Continue to provide representation on Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council as required by legislation	Meeting Minutes	X			

Objective 7.3 *Engage nontraditional community partners to secure funds, donations, and/or volunteers*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
f) Maintain partnership with the Mississippi National Guard in order to offer training through the Community Anti-Drug Coalitions of America	Attendance roster; minutes of Mississippi School Planning Committee	X			

Goal 8 Empower workforce to face the challenges of an evolving system of care					

Objective 8.1 *Increase opportunities for direct support professionals*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Develop strategies to provide competitive salaries for Direct Support Professionals	Legislation proposed		X		Due to the current economic downturn, salary increases are not feasible at this time.
b) Provide increased educational opportunities for Direct Support Professionals (College of Direct Support, life skills training, leadership/ supervisory training, GED programs, Basic Supervisory Course)	Reports of participation from each facility/program presented at quarterly Staff Development Directors' meetings, employee satisfaction/relevance to work		X	YES	In progress and continuing in FY 2011 – 2021 DMH Strategic Plan

Objective 8.2 *Develop a comprehensive Human Resources plan*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Enhance recruitment activities	Feedback from applicants, decrease in vacancy rates		X		Due to the current economic downturn, recruitment activities have been reduced by each facility.
b) Examine the future personnel needs of the agency with respect to transformation of the service system	Committee Report	X			
c) Increase employee retention rates	Feedback from employees, decrease in turnover rates		X	YES	A report has been compiled of current employee retention rates from each facility to serve as the baseline.

Action Plan	Performance Indicator	Completed			Status of action plans not completed
e) Incorporate information from the DMH Anti-stigma and Abilities Awareness campaigns into new employee orientation	Number of new employees receiving information	X			

Objective 8.3 *Increase the number of student interns, externs, and residents utilized by the DMH*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Expand partnerships with colleges and universities for recruitment from psychology residency programs, psychiatric nurse practitioners, licensed professional counselors, special education, social work, nursing and psychiatry rotations (MD and DO)	Increase in number of interns	X			
b) Research criteria to become an internship/ practicum/residency site for new and/or existing programs	Summary Report developed	X			
c) Continue to make internship and field placement opportunities available throughout the agency	Increase in number of internships and field placements, increase in number of interns subsequently employed by DMH	X			

Objective 8.4 *Continue DMH educational enhancement and leadership development programs*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Continue Educational Leave and Enhancement programs	Report number of participants and percent who remain employed		X		Due to the current economic downturn, new participants are not being added to the educational leave and enhancement programs at this time.
b) Continue Focus Program	Report number of participants, employee satisfaction/relevance to work	X			
c) Encourage participation in State Personnel Board (SPB) training courses	Report number of participants and number who remain employed		X		Due to the current economic downturn, new participants are not being added to the SPB programs at this time.
d) Offer diverse methods of providing employee education to ensure staff receive training on the most up-to-date information and practices	Staff development training report, employee satisfaction/relevance to work		X	YES	Continuing in FY 2011 – 2021 Strategic Plan and will be addressed in 8.2b. Survey results reflect that 63% of respondents have an interest in increasing on-line training/certification programs. The task force is currently studying the feasibility of pursuing on-line training.
e) Increase cross-training initiatives among DMH staff (both facility and community based) to allow them to function in either setting	Develop training, report numbers cross trained, employee satisfaction/relevance to work		X	YES	Continuing in FY 2011 – 2021 Strategic Plan The Department of Mental Health through it's Staff Development Departments taught 60 Community Integration; Community Inclusion; Active Treatment/Normalization classes during FY 2010.
f) Provide education to primary care physicians through web-based training and continuing medical education (CME)	Staff development training report	X			

g) Coordinate and provide training specifically targeted to staff who work in community based settings	Develop training, report numbers trained, employee satisfaction/relevance to work	X		
h) Provide skills enhancement training to meet clinical core competencies	Clinical core competencies skills training series offered at least annually	X		
i) Educate Facility and Central Office staff about the DMH Strategic Plan and how it relates to their job duties	Staff Development Training Report	X		

Goal 9 Utilize information/data management to enhance decision-making and service delivery					
Objective 9.1 *Establish centralized IT management structure for DMH*					
Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	No	In Progress	
a) Establish Information System (IS) Task Force to analyze the existing DMH Division of Information Services' duties, responsibilities, activities, available workforce, capacity to coordinate IT projects across the DMH, and ability to address hardware support, application support, and information management support	Hold at least quarterly Task Force Meetings		X	YES	Analysis was completed - additional funding and/or staff are needed to restructure the division. Adequate funding is not available at this time. Approval received from the Executive Director at the June 2010 DMH Executive Staff meeting to establish Data User's Groups for MH, IDD, and Central Office. Information gathered at the meetings will help the DMH Information Systems division facilitate, centralize, and share IT plans, projects, data collection, etc.
b) Recommend necessary and required system structure and components	Report summarizing recommendations	X			
c) Restructure DMH Division of Information Services to serve as the central point of contact for information on IT projects, IT plans and future directions, integration of data collection and reporting across bureaus, and shared services across	Restructured IS Division	X		YES	Approval received from the Executive Director at the June 2010 DMH Executive Staff meeting to establish Data User's Groups for MH, IDD, and Central Office. The DMH Division of Information Services will maintain a central database of IT projects, plans, etc. and share information agency-wide. Quarterly Data User's Group meetings will begin in FY2011.

all facilities, such as hardware, software, e-mail, etc.					

Objective 9.2 *Continue to develop a comprehensive, web-based data management system*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Implement the CDR (Central Data Repository) project for mental health service	100% Compliance with submission of required data by all MH facilities and CMHCs with 5% error rate or less	X			
b) Utilize CDR data to develop reports on outcomes, demographics and service utilization	Produce and disseminate reports	X			
c) Integrate Bureau of Alcohol and Drug Abuse (BADA) data into CDR	Activity reports by consultants re: progress on defined scope of work	X			
d) Continue development of browser-based data entry system for providers lacking automated systems for reporting to CDR	Smaller, nonprofit MH/Substance Abuse organizations will have technical capability to report required data to CDR		X	YES	The DMH Information Services division continues work with ITS to develop the browser-based data entry system for the non-profit/free standing treatment providers.

Objective 9.3 *Integrate and share existing DMH data*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Identify and analyze existing data within the DMH in terms of commonalities and differences among current systems,	Report prepared summarizing current practices and recommendations	X			

Action Plan	Performance Indicator	Completed			Status of action plans not completed
identifying areas of duplication in data capturing (both inter- and intra-division) and determining opportunities for sharing software and/or system/components					
b) Determine additional information needs to be captured and what information is not necessary	Recommendations made	X			
c) Investigate the use of proprietary systems for data collection and analysis	Findings shared	X			
d) Develop list of core processes and outcome measure reports and update over time as needed	Report summarizing recommendations	X			

Objective 9.4 *Establish and standardize an Electronic Health Records (EHR) System for all DMH facilities*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Determine DMH requirements for an Electronic Health Records (EHR) System	Report summarizing necessary requirements	X			
b) Study software programs for EHRs currently being used in DMH facilities	Report summarizing current software used	X			

Objective 9.5 *Develop and implement DMH Patient/Client Tracking System*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Determine data elements and system outcomes and requirements for a patient/client tracking system	Report summarizing necessary requirements		X	YES	Central Office staff currently has the ability to track patient activity. Discussions will continue to determine if the CDR can be expanded and what legal and technical issues need to be addressed.
b) Review systems used by other states as well as proprietary systems for data collection and analysis	Report summarizing systems reviews	X			

Objective 9.6 *Develop capacity for electronic sharing of information among public mental health system providers*

Action Plan	Performance Indicator	Completed			Status of action plans not completed
		Yes	**No**	**In Progress**	
a) Develop web-based formats for providers to submit routine required information	Functional web-based reporting system		X	YES	Surveys were completed, but work will continue in FY 2011 to gather data, determine associated cost, and functionality via the DMH Data User's Group.
d) Develop agency intranet system	Functional DMH Intranet		X	YES	Work will continue in FY 2011 to gather data, determine associated cost, and functionality via the DMH Data User's Group.