MISSISSIPPI
BOARD OF MENTAL HEALTH
and
MISSISSIPPI
DEPARTMENT OF MENTAL HEALTH

STRATEGIC PLAN

FY 2010 – 2020

A NEW DAY
FOR MISSISSIPPI'S
DEPARTMENT OF
MENTAL HEALTH

Message from the Chair

The Strategic Planning Subcommittee of the Board of Mental Health is proud to present the first Strategic Plan for the Department of Mental Health (DMH). The Strategic Plan provides a framework for the redesign of services provided by the Department of Mental Health through 2020. The plan is based on a five-pronged approach:

1. Emphasis on community-based services;
2. Preservation of necessary inpatient services;
3. Implementation of a performance-based system for evaluating effectiveness and efficiency of services;
4. Focus on staff recruitment and development in order to maintain a diverse, highly qualified cohort of employees necessary to meet the vision and goals of the agency; and
5. Development of a department-wide data management and communication system designed to enhance accurate and timely review of service delivery and budgetary data across the entire system.

The Strategic Plan identifies a series of broad-based departmental goals for the next decade and sets forth definitive objectives for the next five years with more general objectives for the following five years. A diverse group of staff drawn from the Board and all of the Department's major areas of service, including clinical and administrative functions, participated in the development of the plan. Recommendations were also solicited from a variety of stakeholders about their visions for the Department. This group included advocacy organizations, community service providers, the Department's planning councils, and Department staff. We appreciate their responses, which were extremely helpful in developing the Department's vision statement and Strategic Plan goals and objectives.

This Strategic Plan represents a great deal of extra work by many creative and thoughtful Department staff members. The Strategic Planning Subcommittee is tremendously indebted to them all.

Patricia Ainsworth, M.D., Chair
Strategic Planning Subcommittee

Strategic Planning Subcommittee

Dr. Patricia Ainsworth, Board of Mental Health
Mr. George Harrison, Board of Mental Health
Mr. Johnny Perkins, Board of Mental Health
Ms. Lisa Romine, Bureau of Interdisciplinary Programs
Mr. Michael Jordan, DMH Division of Professional Development
Ms. Katie Storr, Specialized Treatment Facility

Foreword

The Mississippi Department of Mental Health is committed to improving the lives of Mississippians with mental illness, intellectual/developmental disabilities, substance abuse problems, and Alzheimer's disease/other dementia. The Strategic Plan provides a framework, with specific activities, timelines and responsible parties, to shift the Department's priorities to a community-based service delivery system.

Working with the Board of Mental Health, the DMH intends to build on our past successes and ensure resources are utilized in an efficient manner to help meet the needs of people served by DMH. We are dedicated to providing the citizens of Mississippi with services and supports which allow them to receive DMH services in the least restrictive environment. The DMH system will build on the strengths of individuals and their families, while meeting their needs for special services and supports.

The DMH is also resolute in implementing procedures to increase accountability, both fiscally and programmatically. Fiscally, the Strategic Plan outlines modifications in resource allocation methods and a review and analysis of current fiscal and property resources. Programmatically, evidence-based and best practices will be more widely implemented, covering new services and populations. The method by which the DMH evaluates and monitors its programs will be revised to better measure program and individual outcomes.

Developing the Strategic Plan has been one of the main goals of the Board of Mental Health and the DMH for the past year. I believe the Strategic Plan is an essential tool in the DMH's transformation to a community-based, recovery and resiliency model of care. This plan will help us accomplish our mission of "supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual or developmental disabilities one person at a time."

Edwin C. LeGrand III
DMH Executive Director

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Executive Summary

The Board of Mental Health formally embarked upon the development of its first agency-wide Strategic Plan in April 2008. The Board established the Strategic Planning Subcommittee consisting of: Board members, Dr. Patricia Ainsworth, Mr. George Harrison, and Mr. Johnny Perkins; one Central Office staff member, Ms. Lisa Romine; and two Focus participants, Mr. Michael Jordan and Ms. Katie Storr.

The Strategic Planning Subcommittee's charge was to develop a 10-year Strategic Plan to serve as a map for guiding the evolution of the DMH service system. The Board and Executive Director are committed to evaluating and re-evaluating the nature and manner in which services and supports are delivered by reinforcing options that work and making changes or creating new ones when necessary. The purpose of the Strategic Plan is to drive the transformation of the system into one that is outcomes oriented and community-based.

The first major task in developing the Plan was to formalize the DMH's vision and core values. To accomplish this task, internal and external stakeholders were asked to submit their visions of what the DMH should look like in 2020. This information was analyzed, compiled, and incorporated into the DMH's vision and core values. The subcommittee also conducted a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the agency.

Some of the DMH's strengths, weaknesses, opportunities, and threats identified through the SWOT analysis are:

Strengths

Quality of the DMH workforce and their commitment and experience as well as their receptiveness to change;

Leadership that supports system transformation, prevention and early intervention; and implementation of evidence-based and best practices to improve services; and

Demonstrated ability and willingness to collaborate with partner agencies, community entities, and all branches of MS government to serve individuals and families.

Weaknesses

Service needs which exceed DMH's budgeted resources (human, material, and fiscal);

Budgetary constraints which hinder planning and programmatic development to implement the agency's vision of a community-based service delivery system;

Existing service capacity inadequate to serve the numbers of people who potentially need DMH services or to provide services equitably across the State; and

Data analysis needs exceed DMH's current technological capabilities.

Opportunities

Availability of technology, such as telemedicine, to increase access to community-based services throughout the State;

Accessibility to research conducted in the fields of mental health, intellectual/developmental disabilities and substance abuse treatment that support new clinical practices and strengthen existing practices (i.e., The National Registry of Evidence-based Practices and Best Practice Models);

Availability of National Core Indicators and National Outcome Measures to guide the development of performance accountability measures for DMH-certified and DMH operated Programs; and

Continuing expansion of partnerships throughout the State to achieve the DMH mission.

Threats

Lack of community services capacity (i.e., housing, transportation) needed to transition people from institutional settings to the community;

The delay in service development and expansion and the restrictions on existing operations due to the rising costs of services and competition for limited state (source) general fund dollars; and

The stigma surrounding mental illness inhibits the DMH's ability to raise mental health awareness and communicate effectively with the public about DMH and the services it provides.

Based on information gathered from the SWOT analysis and the DMH's Vision and Values, nine key themes emerged:

Accountability	Community	Partnerships
Person-centeredness	Outcomes	Workforce
Access	Prevention	Information Management

These themes were the basis for the Plan's goals and objectives, a summary of which follows.

Goal 1 calls for the DMH to clearly identify and set priorities for the populations to be served with its finite resources. With more in-depth evaluations of our services, system structure, processes, and available resources, the DMH will promote the provision of timely, equitable services across the state. DMH will enhance its accountability and management practices to ensure the most efficient use of its resources. Transforming to a community-based system will necessitate an increase in community capacity and require funding – both new funds and the reallocation of existing funds. With ongoing evaluation and continuation of the strategic planning process, DMH will continue to meet the changing and unmet needs of the people it serves.

Goal 2 sets forth DMH's desire of having individuals receiving services "drive" both the manner in which they receive services as well as how well the system meets and addresses individual needs. DMH believes individuals and their families must be allowed and encouraged to be proactive in developing their own service/treatment plans. The newly established Division of Consumer and Family Affairs, which is staffed largely by people who have utilized mental health services, will spearhead this effort by providing training to both service providers and individuals receiving services (community or facility-based).

Goal 3 addresses the methods by which DMH intends to increase individuals' access to care and services statewide. A major vehicle for improving access to care is the design and implementation of comprehensive crisis systems for all populations served by DMH. Accessing services through a statewide uniform commitment process is also key to the overall improvement of access to services. In order to move forward with DMH's transformation to a community-based service delivery system, individuals and their families must be able to access needed care and services in a timely manner.

Goal 4 highlights the emphasis on transformation to a community-based system. This goal provides a specific set of activities to address the DMH's mission of creating a community-based service system. This goal is both bold and challenging and addresses shifting funds from facilities to support community services.

Goal 5 establishes the use of evidence-based or best practice models and service outcomes. Since 2004, there has been a national emphasis on implementing evidence-based practices (EBP). DMH recognizes the gap that exists between what we know about effective treatments and the services currently offered. DMH embraces the importance of identifying and implementing EBPs within the system of care. By incorporating state-of-the-art research, clinical and administrative practices will consistently produce specific, intended results and meet scientific and stakeholder criteria for effectiveness.

Goal 6 emphasizes awareness, prevention, and early intervention. DMH will focus on increasing community awareness about mental health while also dispelling the stigma associated with mental illness. Improving the public's knowledge about mental health will promote better understanding about how to receive help and support. Combating stigma associated with mental illness and intellectual and developmental disabilities will promote community integration and acceptance. Strategies for early intervention, substance abuse prevention and youth suicide prevention are also included.

Goal 7 seeks to promote shared responsibility among communities, state and local governments, and service providers to build and strengthen the community-based system of care for individuals served by DMH. DMH recognizes that formal partnerships with traditional and nontraditional partners are critical to the overall success of the system of care.

Goal 8 addresses clear objectives for investing in employee development today and in the future to ensure DMH is well prepared to succeed in an ever-changing environment. Encouraging and supporting an expectation and appreciation for "out-of-the-box" thinking and reinforcing innovation and creativity are vital. The DMH must present the DMH's Strategic Plan to staff in ways that enable all employees to understand, embrace and contribute to its achievement. "Change agents" are needed throughout the organization to continually challenge the status quo, stimulate organizational thinking and build an organization-wide understanding of evidence-based and best practices, while meeting individual and community expectations.

Goal 9 focuses on using data and available technology in fiscal and programmatic decision-making. DMH will evaluate its current structure and ability to communicate effectively and share data and information. DMH will standardize data currently being collected and reported and conduct additional analysis on existing data. DMH will fully implement its central data repository project and begin activities to establish an Electronic Health Record and a Patient/Client tracking system. With better data and analysis, decision-making will be enhanced.

There is much work to do. Therefore, this Plan is not the end, but rather the beginning of an ongoing evaluation to check our progress in and successes toward achieving our vision. The Strategic Plan FY 2010 – 2020 serves as the "foundation" for future revisions. It is expected that with successful completion of the FY 2010 objectives, which require reporting and gathering of critically-needed information, subsequent revisions to the Strategic Plan will enable the DMH to continue moving toward its vision.

To that end, we view this document as foundational yet fluid, taking on different shapes as needed to fulfill its overall purpose of guiding the Department of Mental Health in shaping a future public mental health system that is sensitive to the resources of our state and responsive to the needs of our people.

A new day truly starts today.

Mission, Vision and Core Values

DMH Mission

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities, one person at a time.

Vision

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when…

- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared.
- Research, outcomes measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

Core Values & Guiding Principles

People We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence We believe services and supports must be provided in an ethical manner, meet established outcome measures, and be based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

Integrity We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

Core Competencies

The Department of Mental Health established Core Competencies to serve as indicators of success in realizing its mission and vision. The core competencies are:

- Allocating resources based on established priorities and agency vision
- Demonstrating a strong commitment to excellence in services/supports delivery to promote positive outcomes for people
- Practicing good stewardship with all resources
- Exhibiting commitment to continual evaluation and a shift in focus to a community-based service system
- Involving individuals, families, and self advocates in service planning, design, and delivery
- Valuing and supporting the workforce by providing opportunities for continued education, training, and advancement
- Possessing the cultural competencies necessary to work effectively with diverse people, families, communities, and workforces
- Embodying an organizational culture of innovation, creativity, resourcefulness, self-evaluation, and continuous quality improvement
- Collecting, interpreting, and applying information from a variety of sources when making decisions, preparing budget requests, and planning for and designing mental health policies, services, and supports
- Establishing partnerships with others to achieve common goals and outcomes
- Communicating effectively to promote awareness and prevention as well as to dispel the stigma of mental illness, intellectual/developmental disabilities, substance abuse, and dementia

Organizational Overview

The Mississippi Department of Mental Health's organizational structure consists of three separate but interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-operated Facilities and Community Services Programs.

Board of Mental Health

The Board of Mental Health, the Department's governing body, is comprised of nine members appointed by the Governor of Mississippi and confirmed by the State Senate. By statute, the nine-member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's five congressional districts (as existed in 1974). Members' terms are staggered to ensure continuity of quality care and professional oversight of services.

As specified in MISS CODE ANN Section 41-4-7 (1972), the Board of Mental Health is statutorily responsible for such primary duties as:

- Appointing an agency director,
- Establishing rules and regulations to carry out the agency's duties,
- Setting up state plans for major service areas,
- Certifying, coordinating and establishing minimum standards for programs and providers,
- Establishing minimum standards for operation of facilities,
- Assisting community programs through grants,
- Serving as the single state agency in receiving and administering funds for service, delivery, training, research and education,
- Certifying/licensing mental health professionals,
- Establishing and maintaining a toll-free grievance system,
- Establishing a peer review/quality assurance evaluation system, and other statutorily-prescribed duties.

DMH Central Office

As specified in MISS CODE ANN Section 41-4-1 (1972), the purpose of the Department of Mental Health is:

> to coordinate, develop, improve, plan for, and provide all services for the mentally ill, emotionally disturbed; alcoholic; drug dependent; and mentally retarded persons of this state; to promote, safeguard and protect human dignity, social well-being and general welfare of these persons under the cohesive control of one (1) coordinating and responsible agency so that mental health and mental retardation services and facilities may be uniformly provided more efficiently and economically to any resident of the state of Mississippi; and further to seek means for the prevention of these disabilities.

Furthermore, MISS CODE ANN Section 41-4-5 (1972) provides for the establishment of divisions within the Department of Mental Health.

The overall statewide administrative functions are the responsibility of the DMH Central Office. The Central Office is headed by an Executive Director and consists of seven bureaus and the executive division:

- Bureau of Administration
- Bureau of Mental Health
- Bureau of Alcohol and Drug Abuse
- Bureau of Intellectual and Developmental Disabilities
- Bureau of Community Services
- Bureau of Interdisciplinary Programs
- Bureau of Workforce Development and Training
- Executive Division

The DMH Central Office also has a Legal Division and a Clinical Services Liaison

DMH-Operated Facilities and Community Services Programs

The DMH directly operates five psychiatric facilities, five regional facilities for persons with intellectual and developmental disabilities, two specialized treatment facilities for adolescents, and seven crisis intervention centers. The facilities serve designated counties or service areas and offer residential and/or community services for people with mental illness, substance abuse issues, intellectual and developmental disabilities, Alzheimer's disease and other dementia.

Services/Supports Overview

The Mississippi Department of Mental Health (DMH) provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance abuse problems, and Alzheimer's disease and/or other dementia. It is our goal to improve the lives of Mississippians by supporting a better tomorrow…today.

The success of the current service delivery system is due to the strong, sustained advocacy of the Governor, State Legislature, Board of Mental Health, the Department's employees, consumers and their family members, and other supportive individuals. Their collective concerns have been invaluable in promoting appropriate residential and community service options.

Service Delivery System

The mental health service delivery system is comprised of three major components: state-operated facilities and community services programs, regional community mental health centers, and other nonprofit/profit service agencies/organizations.

State-operated facilities: The DMH administers and operates five state psychiatric facilities, five regional centers, two juvenile facilities, and seven crisis centers. These facilities serve specified populations in designated counties/service areas of the state.

The psychiatric hospitals provide inpatient services for people (adults and children) with SMI and substance abuse. These facilities include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, and Central Mississippi Residential Center. Nursing facility services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, the psychiatric hospitals also provide transitional, community-based care.

The Crisis Intervention Centers provide stabilization and treatment services to persons who are in psychiatric crisis and have been committed to a psychiatric hospital. The goal is to treat the person as close to their community as possible and as quickly as possible to abate the crisis and avoid hospitalization.

The Regional Centers provide residential services for persons with intellectual and developmental disabilities. These facilities include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center. The regional centers are also a primary vehicle for delivering community services throughout Mississippi.

The two juvenile facilities, Mississippi Adolescent Center and Specialized Treatment Facility, provide specialized treatment services for adolescents.

Regional community mental health centers (CMHCs): The CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 CMHCs make available a range of community-based mental health, substance abuse, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting the CMHCs. The CMHCs are the primary service providers with whom DMH contracts to provide community-based mental health and substance abuse services.

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They are certified by the DMH and may also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Services currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with intellectual/ developmental disabilities, and community services for children with mental illness or emotional problems.

Available Services and Supports

Both facility and community-based services and supports are available through the DMH. The type of services provided depends on the location and provider.

Facility Services

The types of services offered through the regional psychiatric facilities vary according to location but statewide include:

Acute Psychiatric Care
Intermediate Psychiatric Care
Continued Treatment Services
Adolescent Services
Nursing Home Services
Medical/Surgical Hospital Services
Forensic Services
Alcohol and Drug Services

The types of services offered through the facilities for individuals with intellectual/developmental disabilities vary according to location but statewide include:

ICF/MR Residential Services
Psychological Services
Social Services
Medical/Nursing Services
Diagnostic and Evaluation Services
Community Services Programs
Special Education
Recreation
Speech/Occupational/Physical Therapies
Vocational Training
Employment Services

Community Services

A variety of community services and supports is available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/ developmental disabilities, persons with substance abuse problems, and persons with Alzheimer's disease or dementia.

Services for Adults with Mental Illness

Crisis Intervention Centers
Psychosocial Rehabilitation
Consultation and Education Services
Emergency Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Case Management Services
Halfway House Services
Group Home Services
Acute Partial Hospitalization
Elderly Psychosocial Rehabilitation
Intensive Residential Treatment
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers
Day Support
Mental Illness Management Services
Individual and Family Education and Support

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Home
Therapeutic Foster Care
Prevention/Early Intervention
Emergency Services
Mobile Crisis Response Services
Intensive Crisis Intervention Services
Case Management Services
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
School-Based Services
Family Education and Support

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Community Living Programs
Work Activity Services
Supported Employment Services
Day Support
Diagnostic and Evaluation Services
HCBS Attendant Care
HCBS Community Respite
HCBS In-home Companion Respite
HCBS Behavioral Support/Intervention
Day Treatment
HCBS In-home Nursing Respite
HCBS ICF/MR Respite
HCBS Day Habilitation
HCBS Prevocational Services
HCBS Support Coordination
HCBS Occupational, Physical, and Speech/Language Therapies

Alcohol and Drug Abuse Services

Detoxification Services
Primary Residential Services
Transitional Residential
Outreach/Aftercare
Prevention Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment Services

Additional Information

Additional information concerning the location of the facilities, services, and supports and descriptions of the specific services can be found on the DMH website: *www.dmh.ms.gov* or through DMH's Toll-Free Help Line Number: 1-877-210-8513.

Goals and Objectives

Using the mission, vision, and values, the Board of Mental Health developed goals to address the transformation of the DMH service system. These goals address the key issues of accountability/ efficiency, a person-centered and driven system, access, community services, outcomes, prevention, partnerships, workforce, and information management.

The DMH addresses these key issues in the Strategic Plan's goals and objectives. The goals and objectives will guide the DMH's actions in moving toward a community-based system of service delivery.

The system-wide goals are as follows:

GOAL 1 *Maximize efficient and effective use of human, fiscal, and material resources*

GOAL 2 *Strengthen commitment to person-driven system of care*

GOAL 3 *Improve access to care*

GOAL 4 *Continue transformation to a community-based service system*

GOAL 5 *Emphasize use of evidence-based or best practice models and service outcomes*

GOAL 6 *Emphasize awareness/prevention/early intervention*

GOAL 7 *Share responsibility for service provision with communities, state and local governments, and service providers*

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

GOAL 9 *Utilize information/data management to enhance decision-making and service delivery*

The goals and objectives are presented in two sections: Years 1-5 and Years 6-10. The first section encompasses the goals and specific objectives for years one through five. Each objective includes action plans, performance measures, timelines, and responsible parties.

The second section contains broad-based objectives for years six though ten. DMH realizes that revisions will most definitely occur over time in order to address changes in the environment, system, and new and emerging issues/trends.

This is the DMH's inaugural Strategic Plan. Therefore, Year One will primarily involve data-gathering activities that will serve as a foundation for future revisions to the Strategic Plan. Successful completion and future revisions of these objectives will propel the DMH's transformational activities and ensure the Plan remains true to the vision, mission, and values established by the Board.

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	Target Year	Responsibility
a) Clearly define populations to be served	Document listing target populations with definitions and number served	1 2 3 4 5	Appointed representatives from the Bureau of Mental Health (BMH), Bureau of Intellectual and Developmental Disabilities (BIDD), Bureau of Community Services (BCS), Bureau of Alcohol and Drug Abuse (BADA), Clinical Services Liaison (CSL)
b) Identify unserved/underserved populations	Report on individuals requesting services with additional conditions (subpopulations)	1 2 3 4 5	Appointed representatives from BMH, BIDD, BCS, BADA, CSL
c) Prioritize target populations and revise eligibility criteria	Board policy	1 2 3 4 5	Board of Mental Health and Executive Director
d) Communicate the target populations to be served to the public, stakeholders, and community	Revised DMH materials including the *2010 Standards* and public awareness materials	1 2 3 4 5	DMH Division of Public Relations (PR), Bureau of Interdisciplinary Programs (BIP), Bureau of Administration (Admin), BCS, BIDD, BADA
e) Based on target population priorities, determine which services would be more effective if provided according to levels of care with corresponding reimbursement rates	Report on targeted services	1 2 3 4 5	Appointed representatives from BMH, BIDD, BADA, BCS, CSL
f) Choose standardized instrument(s) to use to determine appropriate level(s) of care for each individual	Instrument(s) chosen	1 2 3 4 5	Appointed representatives from BMH, BIDD, BCS, BADA, CSL
g) Develop reimbursement rates which are based on level-of-care needs with higher reimbursement rates for higher levels of care	Rate structure for new levels of care developed	1 2 3 4 5	BCS, BIDD, BADA

Action Plan	Performance Indicator	Target Year	Responsibility
h) Identify and secure funding sources to address levels of service	Funds are reallocated or new funds are appropriated by the Legislature and revised/ new rates approved	1 2 3 4 5	DMH Executive Team
i) Phase-in new level-of-care structure	Two services designed to be delivered based on levels of care begun; standardized instruments administered; status report on implementation	1 2 3 4 5	BCS, BIDD, BADA
j) Evaluate effectiveness of new levels-of-care system	Progress report showing increase in numbers of people who received services using this structure and increase in satisfaction	1 2 3 4 5	BCS, BIDD, BADA

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	Target Year	Responsibility
a) Define parameters for program evaluation/assessment	Criteria for evaluation determined and evaluation tools selected or developed	1 2 3 4 5	Executive Director, Board of Mental Health, Appointed team of staff from BCS, BIDD, BADA, BMH, Admin
b) Conduct uniform performance evaluations of community services	Assignments and time frames established, data collected, evaluations conducted and results documented	1 2 3 4 5	Appointed team of staff from BCS, BIDD, BADA, Admin
c) Conduct uniform performance evaluations of institutional/hospital services	Assignments and time frames established, data collected, evaluations conducted and results documented	1 2 3 4 5	Appointed team of staff from DMH facilities, BMH, BIDD
d) Conduct cost analysis of individual services	Assignments and time frames established, data collected, analysis conducted and results documented	1 2 3 4 5	Admin
e) Analyze existing service delivery structure and identify areas where increase in community capacity is needed	System Capacity Report	1 2 3 4 5	Executive Director, Representatives from BCS, BIDD, BMH, BIP, and Admin

Action Plan	Performance Indicator	Target Year					Responsibility
f) Implement changes in service delivery structure which support DMH vision of community services	Changes implemented based on gathered data	1	2	3	4	5	Executive Director, Representatives from BCS, BIDD, BMH, BIP, and Admin
g) Evaluate effectiveness of changes in service delivery structure	Ongoing evaluation of system performance	1	2	3	4	5	Executive Director, Representatives from BCS, BIDD, BMH, BIP, and Admin

Objective 1.3 Maximize funding opportunities and property utilization

Action Plan	Performance Indicator	Target Year					Responsibility
a) Perform comprehensive assessment of current fiscal resources	Report completed and submitted to Board of Mental Health	1	2	3	4	5	Executive Director, Representatives from BMH, BCS, BIP, BIDD, BADA, Admin
b) Perform comprehensive assessment of DMH property resources and utilization	Property report developed/revised	1	2	3	4	5	Board of Mental Health, Executive Director, Admin
c) Incorporate information from fiscal and property resources reports into Board actions/policies	Board policies and actions	1	2	3	4	5	Board of Mental Health, Executive Director
d) Designate full-time DMH Grants Writer to assist the DMH Bureaus in acquiring additional grant monies	Staff person appointed; increased number of grants awarded to the DMH	1	2	3	4	5	Executive Director, Bureau of Workforce Development and Training (BWDT)
e) Seek new/nontraditional funding streams for community services	Increase in available dollars for community services from nontraditional resources	1	2	3	4	5	Grants Writer, Bureau staff
f) Capitalize on home and community-based waiver options available for all populations	Report on available home and community-based waiver options and submit at least one new waiver application based on greatest need and priorities established by the Board	1	2	3	4	5	BCS, BIDD, Division of Alzheimer's
g) Investigate and pursue "blended funding" opportunities	Implementation and/or continuation of at least one blended funding option per year	1	2	3	4	5	BCS, BIDD, BADA, Admin

Action Plan	Performance Indicator	Target Year					Responsibility
h) Develop funding strategies which integrate public and private funding	Implementation of at least one integrated public and private venture per year	1	2	3	4	5	BCS, BIDD, BADA, Admin

Objective 1.4 Review and revise resource allocation methods

Action Plan	Performance Indicator	Target Year					Responsibility
a) Evaluate resource allocation methods to determine need for changes/modifications in funding for community services	Evaluation Report	1	2	3	4	5	Executive Director, BCS, BIDD, BADA, BMH, BIP, Admin
b) Determine priorities for funding allocation	Priorities established and policy developed	1	2	3	4	5	Executive Director, Board of Mental Health, BCS, BIDD, BADA, BIP, Admin
c) Analyze effectiveness of current community services grants review and approval process	Revised policies and procedures	1	2	3	4	5	BCS, BIDD, BADA, BIP, Admin
d) Develop reallocation options/strategies to support and expand community services	Plan developed	1	2	3	4	5	Executive Director, BCS, BIDD, BADA, and Admin
e) Evaluate efficiency of resource reallocation methods in supporting community services	Increase in amount and type of community services; increase in number of people supported in community services	1	2	3	4	5	BCS, BIDD, BADA, BIP, Admin
f) Diversify the provider pool	Increase in number of providers who have not traditionally been a part of the DMH service system	1	2	3	4	5	BCS, BIDD, BADA, BIP, Admin
g) Develop strategies as needed to compensate for loss of funding and respond to receipt of new funding in accordance with Board priorities	Strategies developed and approved	1	2	3	4	5	Board of Mental Health, Executive Director, BCS, BIDD, BADA, BMH, BIP, Admin

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Review current Board practices/duties to enable Board to establish and prioritize critical issues	Develop/revise Board policies	1	2	3	4	5	Board of Mental Health
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	1	2	3	4	5	Executive Director, BWDT
c) Evaluate DMH organizational structure and identify any needed restructuring of staff duties and responsibilities to maximize efficiency and effectiveness of human resources in accomplishing DMH vision	Identify and take actions to enhance use of human resources	1	2	3	4	5	Executive Director, Bureau Directors
d) Consolidate existing Mental Health and Intellectual/ Developmental Disabilities certification and licensure divisions to increase quality assurance, efficiency and consistency in program monitoring	Creation of joint Division of Certification and Quality Assurance	1	2	3	4	5	Executive Director, BWDT
e) Develop new standards, policies, and procedures to determine providers' effectiveness in meeting individuals' stated outcomes, protecting their health and safety, and meeting specified programmatic goals and objectives	*2010 Standards*	1	2	3	4	5	BIP, BCS, BIDD, BADA, and BMH
f) Automate program certification processes to ensure accuracy and reliability and to expedite the issuance of reports and certificates	Web-based program developed	1	2	3	4	5	BIP, BCS, BIDD, BADA, Information Systems (IS) Division
g) Establish transparency in survey report availability	Creation of web-based report	1	2	3	4	5	IS Division
h) Develop consistent forms, policies, and formularies across the system	Revised program manuals, bylaws	1	2	3	4	5	Executive Director, appointed Work Groups
i) Develop strategies for continuous program improvement	Development of "balanced scorecard approach"	1	2	3	4	5	BCS, BIDD, BADA, BMH, BIP

Action Plan	Performance Indicator	Target Year					Responsibility
j) Assess internal/external grievance and complaint policies and procedures to determine consistency and satisfaction with current processes	Usage Report, trend analysis, and satisfaction level	1	2	3	4	5	Executive Director, Executive Management Team, Office of Constituency Services (OCS)
k) Implement necessary changes to existing internal and external grievance and complaint policies and procedures	Revised and approved policies, procedures, and standards	1	2	3	4	5	OCS

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Increase communication between administrative and clinical staff to strengthen partnerships and identify key areas for collaborative input	Summary of recommendations	1	2	3	4	5	Executive Director, Executive Management Team, Clinical Director, CSL
b) Offer integrated educational opportunities for administrative and clinical staff	Documentation of educational opportunities	1	2	3	4	5	CSL, Facilities Staff, BMH, BCS, BIDD, BADA
c) Increase shared decision-making opportunities for administrative and clinical staff	Summary of new opportunities	1	2	3	4	5	Executive Director, Executive Management Team, Clinical Director, CSL

Objective 1.7 Maximize clinical staff time

Action Plan	Performance Indicator	Target Year					Responsibility
a) Collect research information on the use of physician extenders in psychiatry and the treatment of individuals with mental illness in Mississippi and other states	Survey Report	1	2	3	4	5	Clinical Director, CSL, BMH, BIDD
b) Evaluate the effectiveness of the current use of physician extenders across the mental health system	Assessment Report	1	2	3	4	5	Clinical Director, CSL, BMH, BIDD
c) Design a physician extender system to maximize physician time for patient care	System recommended, policies and procedures developed	1	2	3	4	5	Clinical Director, CSL, BMH, BIDD

Action Plan	Performance Indicator	Target Year	Responsibility
d) Conduct a physician extender pilot project (approximately six months in duration)	Implement plan in chosen pilot facility	1 2 3 4 5	Clinical Director, CSL, BMH, BIDD
e) Assess the pilot program, make adjustments, and design plans for implementation throughout DMH, as appropriate	Number of hours/month physician time freed up through use of physician extenders	1 2 3 4 5	Clinical Director, CSL, BMH, BIDD
f) Expand use of psychiatric residents by DMH facilities	Increase in number of psychiatric residents	1 2 3 4 5	Clinical Director, CSL, BMH, BIDD
g) Increase clinician access to web-based and other resources	Increase in number of computer access points and printing resources	1 2 3 4 5	Clinical Director, CSL, Hospital/Facility Administration, Facility IT Departments
h) Identify and reduce clinical "time robbers"	Increase the number of appropriate activities shifted from clinical to administrative/support staff	1 2 3 4 5	CSL, unit-level clinical management teams, Staff Development Departments

Objective 1.8 Continue Strategic Planning process

Action Plan	Performance Indicator	Target Year	Responsibility
a) Develop formal policies and procedures for monitoring and reporting progress toward goals in the DMH Strategic Plan	Board Policy developed, monitoring format created	1 2 3 4 5	Board of Mental Health, Executive Director, BIP, IS Division
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	1 2 3 4 5	Board of Mental Health, Executive Director, BIP, DMH Bureaus and Facilities
c) Review existing state plans in DMH Bureaus to ensure alignment with DMH Strategic Plan	Policy developed and State Plans reviewed/ revised	1 2 3 4 5	BIP, BCS, BIDD, BADA
d) Conduct annual review of DMH Strategic Plan	Annual Progress Report, summary of changes made; approval of revised DMH Strategic Plan	1 2 3 4 5	Board of Mental Health, Executive Director, BIP

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	Target Year	Responsibility
a) Determine what defines a transformed, recovery/ evidence-based, person-driven, community-based system	Written document	1 2 3 4 5	Division of Consumer and Family Affairs (DCFA)
b) Expand the purview of the Division of Consumer and Family Affairs (DCFA) to work with all DMH Bureaus	Purview expanded	1 2 3 4 5	Executive Director
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	1 2 3 4 5	DCFA
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	1 2 3 4 5	DCFA, All DMH advisory councils, committees, task forces, etc.
e) Provide training on the roles of self advocates and families in service design and delivery (both on a personal level as well as the system level) to self advocates, consumers, program participants, families, staff, and administration in every DMH licensed/certified program	Development and provision of ongoing training; satisfaction surveys	1 2 3 4 5	DCFA and other DMH staff as requested by DCFA
f) Encourage and provide opportunities for self advocates/family members to assume leadership roles on all DMH advisory councils	Meeting minutes	1 2 3 4 5	DCFA, All DMH advisory councils, committees, task forces, etc.
g) Expand parent/family partners across the state by supporting and funding training opportunities, especially on person-centered planning, a recovery-based system of care/Wellness Recovery Action Plan (WRAP), and Wraparound for children/youth with SED	Increase in number of trainings and participants	1 2 3 4 5	DCFA, BCS, BIDD, BADA
h) Create and implement activities which encourage family member participation in recovery program visitation opportunities	Technical assistance provided and increase in number of family visits	1 2 3 4 5	BADA
i) Develop BIDD Self Advocacy Committee (SAC) to work in conjunction with the BIDD Advisory Council and DCFA	BIDD Self Advocacy Committee is formed; all SAC members trained	1 2 3 4 5	BIDD

Action Plan	Performance Indicator	Target Year	Responsibility
j) Utilizing the "Consumer Family Interest Form," identify and coordinate new self advocates and family members to participate in the design and delivery of services	List of new people identified; form maintained by DCFA and utilized when assisting local councils in recruiting/including new members	1 2 3 4 5	DCFA
k) Create opportunities for trained self advocates and family members to participate at a variety of levels (i.e., local, state and national) on Advisory Councils; Planning Councils; CMHC Boards; DMH and other Boards; task forces; and, Making a Plan (MAP) Teams for children with serious emotional disturbance (SED), adults with serious mental illness (SMI), and people with intellectual/developmental disabilities (IDD)	Baseline data reported; increase in participation reported	1 2 3 4 5	DCFA in conjunction with local advisory councils
l) Identify relevant empowerment and leadership training topics, resources for training, and training materials	Training materials reflect updates	1 2 3 4 5	DCFA and other DMH Bureaus
m) Establish formal methods to enhance communication among existing CMHC Advisory Councils, consumer coalitions, planning councils, and peer reviewers	Policies and procedures developed; flowchart developed	1 2 3 4 5	DCFA
n) Review existing major conferences/workshops sponsored or supported by DMH to identify opportunities to include sessions on recovery concepts	Increase in participation of consumer and family members in trainings/ workshops	1 2 3 4 5	DCFA

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

Action Plan	Performance Indicator	Target Year	Responsibility
a) Continue to evaluate the effectiveness of the current Peer Review Process	Revisions to manual	1 2 3 4 5	DCFA
b) Expand the Peer Review Process to include self advocates representing all populations served by DMH, family members, mental health professionals, and interested stakeholders	Policies and procedures developed	1 2 3 4 5	DCFA BIDD, BADA
c) Provide consistent training for self advocates/family members who participate in the Peer Review Process	Training provided and documented	1 2 3 4 5	DCFA

Action Plan	Performance Indicator	Target Year					Responsibility
d) Establish a standardized Peer Review Process evaluation method	Policies and procedures developed	1	2	3	4	5	DCFA
e) Develop a tool kit for peer reviewer use in evaluating programs to determine the degree to which programs reflect recovery values and practices	Tool kit developed	1	2	3	4	5	DCFA
f) Train and support senior-level peers to develop an independent Peer Review program operated by self advocates and families	Training provided and documented; Peer Review Process stands alone	1	2	3	4	5	DCFA

Objective 2.3 Develop and/or expand meaningful interaction of self advocates and families in service delivery

Action Plan	Performance Indicator	Target Year					Responsibility
a) Develop an array of peer support services necessary for a culturally competent, recovery-based mental health system	Peer support services phased-in throughout DMH	1	2	3	4	5	DCFA
b) Continue working with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service	Service included in the Medicaid State Plan	1	2	3	4	5	DCFA
c) Develop and implement a Peer Specialist certification and testing process	Certification and testing process developed; Peer Specialists are certified	1	2	3	4	5	DCFA
d) Pilot the use of certified Peer Specialists in four CMHC regions	Process piloted and data gathered	1	2	3	4	5	DCFA
e) Evaluate effectiveness of Peer Specialists pilot project	Revisions made to process, as needed	1	2	3	4	5	DCFA
f) Have certified Peer Specialists in all 15 CMHC regions	100% of the CMHCs have at least one Peer Specialist	1	2	3	4	5	DCFA

Goal 3 Improve Access to Care

Objective 3.1 Establish equitable access to services statewide

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	BCS, BIDD, BADA
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	1	2	3	4	5	OCS
c) Develop plan for expansion of targeted services in unserved areas	New funding requests or reallocation of existing funds, certification of new services in unserved areas	1	2	3	4	5	Executive Director, BCS, BIDD, BADA
d) Develop plan for expansion of targeted services in underserved areas	New funding requests or reallocation of existing funds, certification of new services in underserved areas	1	2	3	4	5	Executive Director, BCS, BIDD, BADA
e) Research prevalence and demographic data prior to developing priorities for future service expansion	Trends report developed and submitted to Board of Mental Health	1	2	3	4	5	BCS, BIDD, BADA, BIP, CSL

Objective 3.2 Develop a comprehensive crisis response system

Action Plan	Performance Indicator	Target Year					Responsibility
a) Define criteria for "psychiatric crisis"	Criteria established	1	2	3	4	5	BCS, BMH, Crisis Task Force
b) Identify comprehensive psychiatric crisis system service options	Report identifying available and needed services	1	2	3	4	5	BCS, BMH, Crisis Task Force
c) Redefine catchment areas for the crisis centers, Assertive Community Treatment (ACT) Teams, and psychiatric hospitals	New catchment areas delineated	1	2	3	4	5	BCS, BMH
d) Pilot conversion of one crisis intervention center to CMHC operation	Operation of one crisis center by a CMHC, evaluation and report	1	2	3	4	5	BCS, BMH, Crisis Task Force

Action Plan	Performance Indicator	Target Year					Responsibility
e) Evaluate CMHC-operated crisis intervention center based on defined performance indicators	Number of diversions from state facilities	1	2	3	4	5	BCS, BMH, Crisis Task Force
f) Replicate CMHC crisis intervention center services in four other areas of the state for a total of five CMHC-operated crisis centers	Five CMHC-operated crisis centers	1	2	3	4	5	BCS, BMH, Crisis Task Force
g) Develop transition/step-down residential options for people leaving crisis intervention centers	At a minimum, seven step-down housing arrangements for each crisis center catchment area; number of people in transition/ step-down housing	1	2	3	4	5	BCS, BMH
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	1	2	3	4	5	BCS, BMH
i) Establish services to divert individuals with SMI from entering the criminal justice system	Increase in number of individuals diverted from criminal justice system	1	2	3	4	5	BCS
j) Require and support CMHCs' provision of assessment, triage, treatment and case management services to local county jails	Number of CMHCs in compliance, number of people served	1	2	3	4	5	BCS
k) Provide crisis detoxification services	Increase in number of crisis detoxification services	1	2	3	4	5	BADA
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	1	2	3	4	5	Division of Disaster Preparedness and Response (DDPR)
m) Contract with one or more private sector organizations to furnish crisis-oriented, specialized behavioral services on an as-needed basis for people with intellectual/developmental disabilities	Contracts approved	1	2	3	4	5	BIDD
n) Amend ID/DD Waiver to address development of crisis services for individuals with intellectual/ developmental disabilities	Waiver amended	1	2	3	4	5	BIDD
o) Examine feasibility of using ICF/MR group homes or cottages on the campuses of the Regional Centers to provide crisis and emergency respite services to people with intellectual/developmental disabilities	At least 2% of the available bed space is set aside for crisis and emergency respite services	1	2	3	4	5	BIDD

Objective 3.3 Advance the use of nontraditional service delivery options

Action Plan	Performance Indicator	Target Year					Responsibility
a) Increase the capacity of CMHCs, crisis centers, state hospitals, Regional Centers and rural health clinics to use telemedicine	Baseline report of current capacity; baseline report of equipment required for implementation and "start-up" costs	1	2	3	4	5	BCS, BIDD, BADA, DMH facilities
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	1	2	3	4	5	BCS, BIDD, BADA
c) Identify funding sources which include telemedicine as a covered/reimbursable service	Increased number of entities allowing tele-medicine as covered/ reimbursable service	1	2	3	4	5	BCS, BIDD, BADA
d) Increase availability of mobile services	Report on existing services; allocation of funding; number of providers trained/ certified	1	2	3	4	5	BCS, BIDD, BADA
e) Provide services outside traditional hours and days	Increase in availability of after-hour and weekend services	1	2	3	4	5	BCS, BIDD, BADA
f) Increase availability of in-home services	Increase in availability of in-home services, through new resources or reallocation of existing resources	1	2	3	4	5	BCS, BIDD, BADA
g) Increase the use of respite services to prevent out-of-home placement for children/youth with SED	Baseline report on number of children receiving respite services; increase in number of children receiving respite services; MAP Team monthly reports	1	2	3	4	5	BCS
h) Make mental health services available in transitional therapeutic group homes and supported living programs for children/youth with SED	Increase in mental health services provided to children and youth in these settings	1	2	3	4	5	BCS

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

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	DMH Division of PR, Facility PR Directors, BCS, BIDD, BADA, OCS
b) Ensure that all DMH websites provide relevant, consistent information about access to services and supports	Checklist developed, improved accuracy of information	1	2	3	4	5	DMH Division of PR, Facility PR Directors, Information Technology (IT) Divisions, OCS
c) Provide information about the DMH and its services through a web-based format	Implementation of web-based system, improved accuracy of information	1	2	3	4	5	OCS
d) Expand Helpline services to provide online referrals, triage, tracking, and follow-up to improve continuity of care	Development of new policies and procedures, number of OCS follow-up contacts	1	2	3	4	5	OCS
e) Capitalize on additional opportunities for information and referral partnerships (i.e., schools, physicians' offices, court systems, etc.)	Increased number of partnerships with community entities to provide education to assist with information and referral to DMH services	1	2	3	4	5	DMH Division of PR, Facility PR Directors, BCS, BIDD, BADA

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

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	All DMH providers and facilities, Central Office (CO)
b) Translate resources and client/patient-related materials into other languages as needed	Number of materials translated, availability checked during annual site visits	1	2	3	4	5	All DMH providers and facilities, CO
c) Identify distribution points for resource materials to non-English speaking populations	Number of distribution points identified and type and amount of information distributed	1	2	3	4	5	BCS
d) Ensure availability of translation services for individuals with limited English proficiency	Number of translators available; use of translator services	1	2	3	4	5	All DMH providers and facilities, CO

Action Plan	Performance Indicator	Target Year					Responsibility
e) Present the Draft DMH State Plan for Cultural Competency to the Executive Director for review, feed-back and approval	Approval of plan	1	2	3	4	5	BCS
f) Incorporate the cultural competency plan into DMH policies, procedures and practices	Number of policies, procedures and practices revised according to plan	1	2	3	4	5	All areas of the DMH

Objective 3.6 Address timeliness to services

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	BCS, BIDD, BADA
b) Evaluate current waiting times for all DMH community services	Baseline report of waiting times developed	1	2	3	4	5	BCS, BIDD, BADA
c) Evaluate current waiting times for all DMH facility-based services	Baseline report of waiting times developed	1	2	3	4	5	BMH, BIDD, BADA
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)	1	2	3	4	5	BCS, BIDD, BADA, BMH
e) Establish a length-of-wait goal for all DMH-certified community services	Goal established and communicated to community service providers	1	2	3	4	5	BCS, BIDD, BADA
f) Establish a length-of-wait goal from the time of completed commitment for all DMH facility-based services for all populations	Goal established and communicated to facilities	1	2	3	4	5	BCS, BIDD, BADA
g) Develop uniform reporting system for all entities to measure and track length of wait	Reporting elements defined; web-based submission process developed	1	2	3	4	5	BCS, BIDD, BADA, IS Division

Action Plan	Performance Indicator	Target Year					Responsibility
h) Educate Chancery, Youth, and Family Court judges, clerks and law enforcement regarding changes to law/ policies/procedures/fees	Number of workshops; number of information packets distributed; model court orders provided	1	2	3	4	5	Legal Division, BMH
i) Incorporate changes in the pre-evaluation screening training for service providers	Revised Pre-Evaluation Screening Notebook, letters sent to CMHCs	1	2	3	4	5	BCS, BMH
j) Develop educational materials for families regarding the commitment process	Materials developed and distributed	1	2	3	4	5	BMH

Goal 4

Continue transformation to a community-based service system

Objective 4.1 Expand service options for special populations

Action Plan	Performance Indicator	Target Year					Responsibility
a) Gather data to determine service and support needs for the special populations identified during the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis (aging, dementia, co-occurring disorders, fetal alcohol spectrum disorders)	Report developed and presented to Board	1	2	3	4	5	BCS, BADA, BIDD
b) Based on identified needs and cost analysis, secure funding for identified services for special populations either from reallocation/shifting of current funding or new funds from the Legislature	Funding reallocated or appropriated, new services certified	1	2	3	4	5	Executive Division, Legislative Team, BCS, BADA, BIDD
c) Require provision of elderly psychosocial programs based on demographic data	At least one elderly psychosocial program in all CMHC regions	1	2	3	4	5	BCS, BIDD
d) Expand and improve service options for co-occurring disorders in adults with SMI, children/youth with SED, people with substance abuse, and people with IDD	Increase in number of people with co-occurring disorders identified and provided appropriate treatment	1	2	3	4	5	BCS, BADA, BIDD
e) Expand and improve service options for people who have SMI and are homeless using the federal Project for Assistance in Transition from Homelessness (PATH) Grant	Increase in number of people receiving needed services	1	2	3	4	5	BCS
f) Develop in-home respite services for persons with Alzheimer's disease/dementia	Increase in in-home services	1	2	3	4	5	BCS
g) Develop Alzheimer's Day Programs statewide	At least one Alzheimer's Day Program in each CMHC region	1	2	3	4	5	BCS

Objective 4.2 Increase integration of mental and primary health care

Action Plan	Performance Indicator	Target Year					Responsibility
a) Develop comprehensive list of primary and rural health care providers	List available for review/ dissemination	1	2	3	4	5	OCS
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	1	2	3	4	5	BCS
c) Open dialogue with primary health care providers about how specific functions and services can be enhanced, blended, and streamlined between mental health service providers and primary and rural healthcare providers	Meeting minutes, signed Memorandums of Understanding (MOUs)	1	2	3	4	5	BIDD, BCS, BADA, CSL
d) Formalize collaborative activities with state-level medical organizations	Signed MOUs (or other documents)	1	2	3	4	5	CSL
e) Identify screening tools for use by primary health care providers to identify individuals who may benefit from DMH services	List of appropriate screening tools and a measurement system developed	1	2	3	4	5	BIDD, BCS, BADA, CSL

Objective 4.3 Increase system capacity for providing community living and community support options

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	Executive Director, BCS, BADA, BIDD, BMH
b) Develop, disseminate and compile a statewide housing needs assessment to identify the most serious area(s) of housing shortage/needs	Needs assessment information compiled, analyzed, and reported	1	2	3	4	5	BCS, BADA, BIDD, BMH
c) Conduct comprehensive analysis of available waiting list data regarding people who have specifically requested community living arrangements or who live in the community but desire improved living arrangements	Analysis of available waiting lists	1	2	3	4	5	BCS, BADA, BIDD, BMH

Action Plan	Performance Indicator	Target Year					Responsibility
d) Work with community support resources to facilitate the development of additional community housing for people in the DMH system	Gather information and disseminate to individuals requesting services and providers	1	2	3	4	5	BCS, BADA, BIDD, BMH
e) Identify and assist people in arranging natural supports	Increase in use of natural supports indicated on individual service plans	1	2	3	4	5	BCS, BADA, BIDD, BMH
f) Continue active involvement in the Mississippi Transportation Initiative	Activities documented	1	2	3	4	5	BCS, BIDD
g) Provide statewide training on Wellness Recovery Action Plans (WRAP) and WRAP Teams to develop and support community inclusion plans	Training plan developed; contract with national consultants; training dates scheduled	1	2	3	4	5	BCS
h) Increase participation in leisure and recreation activities for individuals receiving services in the community	Increase in number participating	1	2	3	4	5	BCS, BIDD
i) Establish a DMH position solely dedicated to improving employment opportunities	Employment Staff Position established and filled	1	2	3	4	5	BCS, BIDD, BWDT
j) Provide training and support for families and community staff regarding how to care for someone with dementia	Training/education provided	1	2	3	4	5	BCS
k) Provide and assist community service providers in educating staff and the public about how people with SMI and IDD are contributing, valued members of their communities	Number of trainings provided/requested	1	2	3	4	5	BCS, BIDD

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	Target Year					Responsibility
a) Conduct statewide utilization review of Intensive Case Management to determine how it can best be used to assist people in remaining at home and in the community	*Standards* revision	1	2	3	4	5	BCS, BIDD
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	1	2	3	4	5	BADA

Action Plan	Performance Indicator	Target Year					Responsibility
c) At the time of prescreening evaluation, offer case management services to assist with discharge planning and transition back to community	Policies/procedures revised; increase in number of individuals who choose to receive case management services	1		3	4	5	BCS, BMH
d) Formalize communication and aftercare planning process between DMH facilities and CMHCs	Number of individuals served who receive aftercare planning, decrease in recidivism	1	2	3	4	5	BCS, BADA, BMH, MH Facilities
e) Establish roles of census management and utilization review in discharge process	Roles defined, contact information available to CMHCs	1	2	3	4	5	BMH, MH Facilities

Objective 4.5 Expand interagency and multidisciplinary approaches to service delivery

Action Plan	Performance Indicator	Target Year					Responsibility
a) Establish a State Level Case Review Team for adults who have SMI and for people with intellectual/ developmental disabilities	State Level Case Review Teams Established	1	2	3	4	5	BCS, BIDD
b) Expand MAP Teams for children/youth with SED	Increase MAP Teams from 34 to 44 teams	1	2	3	4	5	BCS
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	1	2	3	4	5	BCS, MH Facilities
d) Develop MAP Teams to address both children and adults with intellectual/developmental disabilities	Two MAP Teams established	1	2	3	4	5	BIDD

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	Target Year					Responsibility
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	1	2	3	4	5	Executive Director, BCS, BIDD, BMH, Working Committee

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	Executive Director, BCS, BMH, Mississippi State Hospital and East Mississippi State Hospital
c) Submit legislation to allow Mississippi to implement "Money Follows the Person" to accommodate transition of residents in facilities to the community	Legislation introduced	1	2	3	4	5	Executive Director, DMH Legislative Team
d) Utilize Center for Medicaid/Medicare Services (CMS) rule to allow individuals transitioning from an institutional setting to receive Medicaid-reimbursed case management for up to 60 days before discharge to ensure continuity of care during the transition	Request made by Division of Medicaid to CMS to allow Mississippi to implement this option	1	2	3	4	5	BCS, BIDD, BMH, Working Committee
e) Gather information from the facilities indicating the number of individuals who have requested transition to community living, those who might be interested if given the option, and the types and amounts of services people require to support them at home and in the community	Data gathered and compiled to guide service development and build capacity	1	2	3	4	5	BCS, BIDD, BMH, Working Committee
f) Based on data gathered from operation of the first ACT Team, evaluate community resources needed to move people from an institutional to a community setting	Less than 15% recidivism for people discharged to ACT Teams	1	2	3	4	5	BCS, BMH, Working Committee
g) Define future role of comprehensive facilities	Discussion and documentation of possibilities	1	2	3	4	5	Executive Director, BMH, BCS, BIDD, Working Committee
h) Develop best practice guidelines and policies for transitioning individuals from facilities to the community which ensure a person's safety and well being	Research and study of national practices and beginning of a relocation planning guide	1	2	3	4	5	BCS, BIDD, BMH, Working Committee
i) Ensure person-centered planning/shared decision making/WRAP are the foundations of the transition/ relocation process	Number of staff and individuals/families who received training about these processes at every point during transition	1	2	3	4	5	BCS, BIDD, BMH, Working Committee
j) Research national data to develop a method to collect systemic information about individuals' service experiences and satisfaction	Methods researched and information compiled into a Mississippi-specific plan	1	2	3	4	5	BCS, BIDD, BMH, Working Committee
k) Adopt recognized personal outcome measures and collect systematic information about the extent to which individual outcomes are being realized	Adoption of set of individual outcome measures and process implemented	1	2	3	4	5	BCS, BIDD, BMH, Working Committee

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	Target Year	Responsibility
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	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
b) Conduct literature review of evidence-based and best practices which correspond to DMH's service areas	Literature Review report	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
c) Identify evidence-based and best practice models currently used in the Mississippi public mental health system	Develop inventory	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
d) Review current service outcomes data	Data Report	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
e) Evaluate "goodness of fit" (feasibility) of adopting recognized models for the DMH system of care, populations served and demographics	Report on findings	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
f) Recommend evidence-based and/or best practices models for inclusion in DMH system	Adoption of recommended models	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL
g) Set priorities and timelines for the implementation of evidence-based and/or best practices	Adoption of priorities	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL

Objective 5.2 Develop strategies for integration of evidence-based and best practices into system of care

Action Plan	Performance Indicator	Target Year	Responsibility
a) Evaluate factors that hinder implementation of evidence-based and best practices	Report on Barriers	1 2 3 4 5	EB/BP Work Group, Clinical Director, CSL

Action Plan	Performance Indicator	Target Year					Responsibility
b) Conduct pilot projects for selected models	Minimum of one pilot program per EBP model selected	1	2	3	4	5	BCS, BADA, BIDD, DMH Service Providers
c) Evaluate each pilot project on fidelity, outcomes, and recipient satisfaction	Evaluation Report	1	2	3	4	5	EB/BP Work Group, Clinical Director, BCS, BADA, BIDD, CSL
d) Require full implementation of successful models	100% of the required programs provide EB/BPs	1	2	3	4	5	BCS, BADA, BIDD, DMH Service Providers
e) Evaluate implementation, outcomes and recipient satisfaction on a regular basis	Annual Performance Report	1	2	3	4	5	EB/BP Work Group, Clinical Director, BCS, BADA, BIDD, CSL

Objective 5.3 Establish service outcomes for programs/services for which evidence-based or best practices have not been established

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	BCS, BIDD, BADA, BMH, CSL
b) Review literature and information regarding National Core Indicators or other national outcome measures	Literature Review Document	1	2	3	4	5	BIDD, BCS, BMH, BADA, CSL
c) Develop and/or strengthen the desirable outcomes for each applicable service area	List of required outcome measures	1	2	3	4	5	BCS, BIDD, BADA, BMH, CSL
d) Incorporate service outcomes into the DMH *Standards*	Revised DMH *Standards*	1	2	3	4	5	BIP, BCS, BIDD, BADA, BMH
e) Utilize phase-in approach for implementation by service providers	Established time frames for implementation of required service outcomes	1	2	3	4	5	BCS, BADA, BIDD, DMH Service Providers
f) Evaluate service outcomes reported for effectiveness in producing desired results	Performance Report	1	2	3	4	5	BCS, BIDD, BADA, BMH, CSL

Objective 5.4 Encourage consistent treatment across the system of care

Action Plan	Performance Indicator	Target Year					Responsibility
a) Identify and support opportunities for sharing information, resources and best practices among public mental health providers	Formalize process, increase in communications	1	2	3	4	5	EB/BP Work Group, Clinical Director, CSL

Action Plan	Performance Indicator	Target Year					Responsibility
b) Identify therapeutic strategies that are proven effective and make available in all areas of the state	Report, increase in utilization of identified strategies	1	2	3	4	5	EB/BP Work Group, Clinical Director, CSL
c) Implement consistent practices, behavioral interventions and treatment protocols across the system	Status Report	1	2	3	4	5	DMH Facilities, BCS, BIDD, BADA, BMH, CSL

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 Indicator	Target Year					Responsibility
a) Evaluate current statewide awareness efforts	Evaluation report with identified strengths and needs	1	2	3	4	5	Group members, DMH PR Director, Facility PR Directors
b) Develop a plan for increasing community awareness	Timeline, goals, and action plans developed	1	2	3	4	5	Group members, DMH PR Director, Facility PR Directors
c) Implement a campaign for increasing positive community awareness	At least 10 media activities; campaign update report; at least 10 presentations statewide; materials distributed in at least 50 locations	1	2	3	4	5	Group members, DMH PR Director, Facility PR Directors
d) Evaluate the campaign	Reach at least 100,000 people through media activities and presentations; increase individuals' knowledge of mental health by at least 25% as documented by a survey taken following presentation	1	2	3	4	5	Group members, DMH PR Director, Facility PR Directors
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	1	2	3	4	5	BCS
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	1	2	3	4	5	BCS, Law Enforcement Task Force
g) Increase information distributed regarding the populations DMH serves to libraries, medical facilities/ offices, Chambers of Commerce, health fairs, conferences, schools, etc.	Information distributed to at least 50 places across the state	1	2	3	4	5	All DMH staff
h) Develop and implement a public awareness campaign targeted to the prevention of Fetal Alcohol Spectrum Disorders (FASD)	Conference evaluations, training evaluations and post tests	1	2	3	4	5	BCS, BADA

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Review current DMH methods to educate the public and medical professionals about mental health risk factors, symptoms and treatment	Report on current methods	1	2	3	4	5	Group members, BCS, BIDD, BADA, BMH, DMH PR Director, Facility PR Directors
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	1	2	3	4	5	Group members, BCS, BIDD, BADA, BMH, DMH PR Director, Facility PR Directors
c) Screen and refer children/youth with FASD	Screening and diagnostic tools purchased; screening of at least 1,200 children/youth	1	2	3	4	5	BCS, BADA
d) Work with the Mississippi Department of Education and local school districts to utilize current funding for infants and toddlers to receive early intervention services from certified special education teachers	Report increase in the number of children receiving services	1	2	3	4	5	BIDD
e) Expand prevention/early intervention programs for children/youth with SED	One new program per each CMHC region	1	2	3	4	5	BCS
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	1	2	3	4	5	BCS
g) Establish a process to begin screening people with Down Syndrome at the age of 35 for dementia	Process developed and implemented	1	2	3	4	5	BIDD, BCS, CLS
h) Develop and provide educational programs about dementia to people with IDD and/or SMI and their families regarding how to detect, seek treatment and manage/mitigate the onset of dementia	Program developed and implemented	1	2	3	4	5	BIDD, BCS

Objective 6.3 Increase efforts to de-stigmatize mental health issues

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	Committee members, DMH PR Director, PR Directors at Psychiatric Facilities
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	1	2	3	4	5	Committee members, DMH PR Director, PR Directors at Psychiatric Facilities
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	1	2	3	4	5	Committee members, DMH PR Director, PR Directors at IDD Facilities
d) Begin implementation of "Ability Awareness" campaign in school districts statewide	Materials provided to at least 10 school districts	1	2	3	4	5	Committee members, DMH PR Director, PR Directors at IDD Facilities
e) Evaluate the success of the Anti-stigma and the "Abilities Awareness" campaigns	Number of surveys, survey results, reach at least 100,000 total	1	2	3	4	5	Committee Members, DMH PR Director, Facility PR Directors
f) Revise both campaigns based on survey results	Survey results, revisions to campaigns	1	2	3	4	5	Committee Members, DMH PR Director, Facility PR Directors

Objective 6.4 Increase substance abuse prevention activities

Action Plan	Performance Indicator	Target Year					Responsibility
a) Increase the capacity of the substance abuse prevention workforce to deliver services utilizing the latest technology	Use of SURE tool (data tracking system)	1	2	3	4	5	BADA
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	1	2	3	4	5	BADA
c) Increase the number of prevention professionals certified through the Mississippi Association of Addictions Professionals (MAAP)	Increase in number of certified prevention professionals by 50%	1	2	3	4	5	BADA

Action Plan	Performance Indicator	Target Year	Responsibility
d) Increase collaboration with other agencies that have an interest in substance abuse prevention to strengthen prevention activities	Increase in number of local coalition meetings with each prevention coordinator	1 2 3 4 5	BADA
e) Continue to collaborate with the MS Department of Education to fund SmartTrack, an online student survey, and the Snapshots substance abuse data website	Number of hits on website	1 2 3 4 5	BADA
f) Establish and implement state and community-level strategic plans to reduce underage drinking	Increase in number of community-level strategic plans developed	1 2 3 4 5	BADA
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	1 2 3 4 5	BADA
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%	1 2 3 4 5	BADA
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	1 2 3 4 5	BADA

Objective 6.5 Expand suicide prevention efforts statewide

Action Plan	Performance Indicator	Target Year	Responsibility
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	1 2 3 4 5	Division of Disaster Preparedness and Response (DDPR), OCS
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	1 2 3 4 5	Council Chair and DDPR

Action Plan	Performance Indicator	Target Year	Responsibility
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	1 2 3 4 5	DDPR, BCS
d) Continue and expand the "Shatter the Silence" Youth Suicide Prevention campaign	Reach at least 100,000 with media campaign; conduct at least 10 presentations; distribute at least 1,000 brochures and posters; place radio and newspaper advertisements; participate in at least 10 media activities	1 2 3 4 5	DMH PR Director, Facility PR Directors, DDPR
e) Develop "Shatter the Silence" awareness packets and distribute to school districts statewide	Number of packets distributed to school districts	1 2 3 4 5	DMH PR Director, Facility PR Directors, DDPR

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	Target Year	Responsibility
a) Further develop working relationships with CMHC Directors Association	Number of invitations to meetings; number of meetings attended	1 2 3 4 5	BMH, BCS, BIDD, BADA, Admin
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	1 2 3 4 5	BCS
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	1 2 3 4 5	BCS, Work Group Chair
d) Continue DMH participation on the Alcohol and Drug Directors State Association	Meeting Minutes	1 2 3 4 5	BADA
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	1 2 3 4 5	BIDD, BCS

Objective 7.2 Strengthen partnerships with other state and governmental entities to provide services

Action Plan	Performance Indicator	Target Year	Responsibility
a) Review existing interagency agreements and Memorandums of Understanding to identify all partners	Report on number of agreements and MOUs	1 2 3 4 5	All Bureaus
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	1 2 3 4 5	All Bureaus
c) Set goals for establishing new partnerships with state agencies	Increase in partnerships	1 2 3 4 5	All Bureaus

Action Plan	Performance Indicator	Target Year	Responsibility
d) Continue to serve on interagency task forces, work groups, councils, and committees	Number of staff involved in interagency activities	1 2 3 4 5	All Bureaus
e) Continue to invite other agencies to serve on DMH task forces, work groups, councils and committees	Number of meetings, lists of representatives	1 2 3 4 5	All Bureaus
f) Collaborate with other agencies that have an interest in substance abuse treatment and prevention	Participation levels/ attendance; results of funding requests; minutes	1 2 3 4 5	BADA
g) Partner with Mississippi State Department of Health (MSDH) to establish operational standards for personal care homes to assist with housing efforts	Joint work group established to review MSDH regulations and make recommendations for improvements	1 2 3 4 5	BCS, BMH
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	1 2 3 4 5	BCS
i) Continue to provide representation on the Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council as required by Legislation	Meeting minutes	1 2 3 4 5	BCS

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

Action Plan	Performance Indicator	Target Year	Responsibility
a) Develop a plan to increase community involvement in mental health service system	List of current community involvement and plan developed	1 2 3 4 5	DMH PR Division
b) Engage local business communities to increase support for mental health system and provide education regarding mutual benefits of their support	List of businesses; contact names; increase in community support/ collaboration; number of educational activities	1 2 3 4 5	DMH Task Force, DMH PR Division, All Bureaus
c) Partner with faith-based entities to increase support and provision of services	List of organizations; increased support/ collaboration (i.e., partner for grant opportunities), committee members	1 2 3 4 5	All Bureaus

Action Plan	Performance Indicator	Target Year	Responsibility
d) Assess support needs for individuals living in the community which could be addressed by community partners	Needs lists compiled	1 2 3 4 5	DMH Facilities, BCS, BIDD, BADA, BMH
e) Set facility/program goals for increasing community and business partners	Goal reached on number of new partners gained each year, results tracked	1 2 3 4 5	DMH Facilities, BCS, BIDD, BADA, BMH
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	1 2 3 4 5	BADA

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	Target Year	Responsibility
a) Develop strategies to provide competitive salaries for Direct Support Professionals	Legislation proposed	1 2 3 4 5	DMH Legislative Team
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	1 2 3 4 5	Facility Staff Development Departments, BWDT
c) Create regional Direct Support Professional Conferences for community and facility-based staff	At least one conference per year, employee satisfaction/relevance to work	1 2 3 4 5	Facility Staff Development and Human Resources Departments, BWDT
d) Identify new incentives and support options for Direct Support Professionals	Committee report	1 2 3 4 5	Facility Staff Development and Human Resources Departments, BWDT
e) Explore benchmark financing options for Direct Support Professionals	Committee report	1 2 3 4 5	Facility Staff Development and Human Resources Departments, BWDT

Objective 8.2 Develop a comprehensive Human Resources Plan

Action Plan	Performance Indicator	Target Year	Responsibility
a) Enhance recruitment activities	Feedback from applicants; decrease in vacancy rates	1 2 3 4 5	Facility Human Resources and PR Departments, BWDT
b) Examine the future personnel needs of the agency with respect to transformation of the service system	Committee Report	1 2 3 4 5	BWDT and representatives from BCS, BIDD, BADA
c) Increase employee retention rates	Feedback from employees; decrease in turnover rates	1 2 3 4 5	Facility Human Resources Departments, BWDT

Action Plan	Performance Indicator	Target Year					Responsibility
d) Develop a comprehensive plan for using technology to improve the system of training and certification for DMH employees	Plan developed and implemented	1	2	3	4	5	Facility Human Resources and Staff Development Departments, DMH IS Division, Facility IT Departments, BWDT
e) Incorporate information from the DMH Anti-stigma and Abilities Awareness campaigns into new employee orientation	Number of new employees receiving information	1	2	3	4	5	Anti-Stigma Committee, Abilities Awareness Committee members, DMH PR Division, Facility Staff Development Departments, BWDT
f) Partner with universities and colleges to incorporate into behavioral healthcare curricula information/coursework which addresses the needs of people seeking mental health-related services	Curricula revisions	1	2	3	4	5	BWDT, Facility Staff Development Departments

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

Action Plan	Performance Indicator	Target Year					Responsibility
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	1	2	3	4	5	Facility Staff Development and Human Resources Departments, BWDT
b) Research criteria to become an internship/practicum/ residency site for new and/or existing programs	Summary Report developed	1	2	3	4	5	Facility Staff Development and Human Resources Departments, BWDT
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	1	2	3	4	5	Facility Staff Development and Human Resources Departments, BWDT

Objective 8.4 Continue DMH educational enhancement and leadership development programs

Action Plan	Performance Indicator	Target Year	Responsibility
a) Continue Educational Leave and Enhancement programs	Report number of participants and percent who remain employed	1 2 3 4 5	Facility Staff Development Departments, BWDT
b) Continue Focus Program	Report number of participants, employee satisfaction/relevance to work	1 2 3 4 5	BWDT
c) Encourage participation in State Personnel Board (SPB) training courses	Report number of participants and number who remain employed	1 2 3 4 5	Facility Staff Development Departments, BWDT
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	1 2 3 4 5	Facility Staff Development Departments, BWDT
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	1 2 3 4 5	Facility Staff Development Departments, BWDT
f) Provide education to primary care physicians through web-based training and continuing medical education (CME)	Staff development training report	1 2 3 4 5	Facility Staff Development Departments, BWDT
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	1 2 3 4 5	BWDT, DMH Facility Community Services Departments
h) Provide skills enhancement training to meet clinical core competencies	Clinical core competencies skills training series offered at least annually	1 2 3 4 5	CSL, BWDT, Facility Staff Development Departments, Clinical Directors, Directors of Psychology, Social Work and Nursing
i) Educate Facility and Central Office staff about the DMH Strategic Plan and how it relates to their job duties	Staff development training report	1 2 3 4 5	Facility Staff Development Departments, BIP, BWDT

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	Target Year					Responsibility
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	1	2	3	4	5	Executive Director, IS Task Force
b) Recommend necessary and required system structure and components	Report summarizing recommendations	1	2	3	4	5	IS Task Force
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 all facilities, such as hardware, software, e-mail, etc.	Restructured IS Division	1	2	3	4	5	Executive Director
d) Increase communication about data projects across the DMH and mental health service system	Increase number of reports disseminated to appropriate staff	1	2	3	4	5	IS Task Force

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Implement the CDR (Central Data Repository) project for mental health services	100% compliance with submission of required data by all MH facilities and CMHCs with 5% error rate or less	1	2	3	4	5	IS Staff
b) Utilize CDR data to develop reports on outcomes, demographics and service utilization	Reports produced and disseminated	1	2	3	4	5	IS Staff, Department of Information and Technology Services (ITS) consultant
c) Integrate Bureau of Alcohol and Drug Abuse data into the CDR	Activity reports by consultants regarding progress on defined scope of work	1	2	3	4	5	ITS consultant, BADA consultant(s), BCS, BADA

Action Plan	Performance Indicator	Target Year					Responsibility
d) Continue development of browser-based data entry system for providers lacking automated systems for reporting to the CDR	Smaller, nonprofit MH/ Substance Abuse organizations will have technical capability to report required data to CDR	1	2	3	4	5	ITS consultant, BADA consultant, IS staff, other programmatic staff as needed to communicate with providers
e) Expand the CDR to integrate data from programs for individuals with intellectual/developmental disabilities	Activity reports by consultants regarding progress on defined scope of work	1	2	3	4	5	ITS consultant, IS staff, BIDD
f) Continue to provide technical assistance to improve providers' information management processes	Timeliness and accuracy of data submissions will be improved and maintained	1	2	3	4	5	IS staff, ITS consultant
g) Conduct ongoing evaluation of programs' success with CDR and Uniform Data Standards (UDS) implementation	Review compliance as part of annual site visit	1	2	3	4	5	BCS, IS staff
h) Review/revise Manual of Uniform Data Standards and/ or Consumer Record Guide/other provider instructions to accommodate changes in program standards/ reimbursement guidelines	Conduct at least annual review and produce reports	1	2	3	4	5	IS Task Force

Objective 9.3 Integrate and share existing DMH data

Action Plan	Performance Indicator	Target Year					Responsibility
a) Identify and analyze existing data within the DMH in terms of commonalities and differences among current systems, identifying areas of duplication in data capturing (both inter- and intra-division) and determining opportunities for sharing software and/or system/components	Report prepared summarizing current practices and recommendations	1	2	3	4	5	DMH Data Users Group (DUG), IS Staff
b) Determine additional information needs and/or identify unnecessary information being collected	Recommendations made	1	2	3	4	5	DMH DUG
c) Investigate the use of proprietary systems for data collection and analysis	Findings shared	1	2	3	4	5	IS Task Force, DMH DUG
d) Develop list of core processes and outcome measure reports and update over time as needed	Report summarizing recommendations	1	2	3	4	5	DMH DUG

Action Plan	Performance Indicator	Target Year					Responsibility
e) Develop common reports (including service utilization) across Bureaus	Listing of common reports	1	2	3	4	5	DMH DUG, IS Staff
f) Continue review of current state data collection and reporting requirements across DMH to develop more strategies for integration of data collection processes and reporting	Report of annual review	1	2	3	4	5	DMH staff, with assistance from BCS/ BMH/BADA/BIDD as needed; ITS consultants

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Determine DMH requirements for an Electronic Health Records (EHR) System	Report summarizing necessary requirements produced	1	2	3	4	5	EHR Work Group
b) Study software programs for EHR systems currently being used in DMH facilities	Report summarizing current software used	1	2	3	4	5	EHR Work Group, IS Task Force
c) Investigate proprietary EHR software products which meet DMH facilities' needs	Report summarizing findings produced	1	2	3	4	5	EHR Work Group
d) Recommend software	Report summarizing product review and recommendations produced	1	2	3	4	5	EHR Work Group
e) Secure funding to purchase software	New or reallocated funds designated	1	2	3	4	5	EHR Work Group
f) Implement an EHR system in all DMH programs (as per impending federal mandate)	100% compliance with implementation of EHR by all DMH facilities	1	2	3	4	5	EHR Work Group, DMH Facilities
g) Coordinate/integrate DMH EHR with public mental health system providers	Fully integrated EHR throughout DMH service system	1	2	3	4	5	EHR Work Group

Objective 9.5 Develop and implement DMH Patient/Client Tracking System

Action Plan	Performance Indicator	Target Year					Responsibility
a) Determine data elements and system outcomes and requirements for a patient/client tracking system	Report summarizing necessary requirements produced	1	2	3	4	5	Executive Director, IS staff, IS Task Force
b) Review systems used by other states as well as proprietary systems for data collection and analysis	Report summarizing systems reviews	1	2	3	4	5	IS Task Force

Action Plan	Performance Indicator	Target Year					Responsibility
c) Recommend system(s)	Report summarizing recommendations for DMH patient/client tracking system	1	2	3	4	5	IS Task Force
d) Develop strategies for securing funding	Funding secured through reallocation of existing funds or receipt of new funds	1	2	3	4	5	IS Task Force, Admin
e) Implement system	Fully integrated patient/ client tracking system throughout DMH service system	1	2	3	4	5	EHR Work Group, DMH Facilities, Consultants
f) Evaluate system implementation/effectiveness	Quarterly progress reports	1	2	3	4	5	IS Task Force

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

Action Plan	Performance Indicator	Target Year					Responsibility
a) Develop web-based formats for providers to submit routine required information	Functional web-based reporting system	1	2	3	4	5	IS Staff, DMH Bureaus, DMH DUG
b) Conduct in-service training with CMHC, nonprofit, BADA and IDD providers responsible for data entry	Training records	1	2	3	4	5	DMH DUG
c) Develop and implement a comprehensive Electronic Provider Management System to track trends, deficiencies, serious incident reports, waivers, grievances and complaints, and certifications for all DMH-certified programs	Functional system that meets all DMH requirements	1	2	3	4	5	IS staff, DMH Bureaus, DMH DUG
d) Develop agency intranet system	Functional DMH Intranet	1	2	3	4	5	IS staff, DMH Bureaus

Future Goals

Year Six and Beyond...

The goals and objectives for years one through five are the foundation of the Department of Mental Health's Strategic Plan. However, long-range planning is an essential component of any strategic plan. This section includes generalized objectives for years six and beyond. With the successful completion of short-term objectives, it is expected that these longer-range objectives will become more specific as the time to implement them moves closer.

Goal 1 Maximize efficient and effective use of human, fiscal, and material resources

Explore the use of fiscal intermediaries as a method of allowing individuals greater control over how and where they receive services

Increase tiered service options

Shift or obtain new funding for emerging services

Obtain all available home and community-based waivers

Increase needs assessments

Increase flexibility in use of funds to support new and innovative services

Goal 2 Strengthen commitment to person-driven system of care

Include a self advocate on the Board of Mental Health

Develop certification for Transition/Community Resource Peer Specialist (Bridger)

Determine need for certification of peer specialist in other specialized areas such as Disaster Relief, Housing, Dual Diagnosis, Forensics, Crisis Intervention

Utilize Consumer Satisfaction Survey data as a resource in measuring a program's overall performance

Promote the inclusion of information about the importance of consumer and family involvement into curricula for areas of study such as social work, psychology, counseling, etc.

Goal 3 Improve access to care

Provide crisis services statewide for IDD and A&D

Implement a "No Wrong Door" (single point of entry) approach to accessing information and referral services

Eliminate need for holding individuals in jails while awaiting commitment hearing/treatment

Develop online support options (i.e., online support groups)

Integrate treatment based on need rather than diagnostic category

Goal 4 Continue transformation to a community-based service system

Implement the "money follows the person" approach to service delivery

Create seamless system among service providers

Maintain growth in community service capacity

Shift or obtain new funding for emerging services

Expand the use of home and community-based waivers

Continue assessing the needs of the individuals we serve

Provide "cutting edge" service delivery and evaluation

Continue DMH budgetary shift from institutional to community-based services

Goal 5 Emphasize use of evidence-based or best practice models and service outcomes

Incorporate evidence-based or best practices in all services supported with funding from the DMH

Hire full-time Clinical Director in DMH Central Office

Goal 6 Emphasize awareness/prevention/early intervention

Conduct annual town hall meetings across the state

Expand anti-stigma efforts to include a campaign targeting men

Expand education initiatives with healthcare professionals

Expand suicide prevention efforts to include all ages

Increase number of schools participating in the "Ability Awareness" campaign

Utilize technology to develop a mental health awareness/anti-stigma program for businesses to use with employees

Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers

Increase availability of services at partner locations

Implement a true system of care to wrap all services around individuals and their families

Establish a census management system between facilities and community service providers

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

Provide training to workforce on best practices used

Establish cross training as standard practice

Increase utilization of data by workforce in making clinical and administrative decisions

Goal 9 Utilize information/data management to enhance decision-making and service delivery

Increase scope of data analyses by employing a full-time Data Analyst

Utilize electronic record keeping system-wide

Develop electronic identification card system

Implementation

With the Board of Mental Health's approval of the Strategic Plan, the DMH will immediately begin the journey toward transforming to a community-based system. Objectives for Year One will be assigned to the responsible parties to begin work. The monitoring of progress toward meeting objectives will be ongoing, and quarterly progress reports will be presented to the Board.

Funding will always be an issue. Learning how to think creatively by shifting existing resources and maximizing the use of any additional funding will be crucial. Thus, it is imperative for DMH to continue to work with the Mississippi Legislature to obtain more flexibility in managing the Department's budget. Budgetary flexibility is vital to implementing the Strategic Plan.

The DMH is fortunate to have staff and external stakeholders who want to participate meaningfully and positively in the transformation to a community-based system of care. With everyone's help, creating a system in which all Mississippians have equal access to quality mental health care, services and supports in their communities; people actively participate in designing services and supports that best meet their needs; the stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared; research, outcomes measures, and technology are routinely utilized to enhance prevention, care, services, and supports; and partnerships improve and support holistic service delivery in the community will become a reality.

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The Board of Mental Health's Strategic Planning Subcommittee established early on its desire to involve as many individuals as possible in the development of the Plan. Board members and DMH staff with varying levels of experience, training, and seniority were asked to participate and provide their individual perspective in developing a guide for our future.

The Board, Executive Director, and Strategic Planning Subcommittee sincerely thank all the individuals who gave time to provide ideas and suggestions during the Plan's development. Everyone's efforts are greatly appreciated.

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Acronyms

ACT Teams	Assertive Community Treatment Teams
Admin	Bureau of Administration
AMAP	Adult Making-a-Plan Teams
BAD	Bureau of Alcohol and Drug Abuse
BCS	Bureau of Community Services
BIDD	Bureau of Intellectual and Developmental Disabilities
BIP	Bureau of Interdisciplinary Programs
BMH	Bureau of Mental Health
Board	Board of Mental Health
BP	Best Practices
BWDT	Bureau of Workforce Development and Training
CDR	Central Data Repository
CIT	Crisis Intervention Training
CME	Continuing Medical Education
CMHC	Community Mental Health Centers
CMS	Center for Medicaid/Medicare Services
CO	Central Office
CSL	Clinical Services Liaison
C & Y	Children and Youth
DCFA	Division of Consumer and Family Affairs
DDPR	Division of Disaster Preparedness and Response
DMH	Department of Mental Health
EAP	Employee Assistance Program
EBP	Evidence-Based Practice
EHR	Electronic Health Records
FASD	Fetal Alcohol Spectrum Disorders
ICCCY	Interagency Coordinating Council for Children and Youth
IDD	Intellectual and Developmental Disabilities
IS	Information System
ISCC	Interagency System of Care Council
IT	Information Technology
MAAP	MS Association of Additions Professionals
MAP Teams	Making-a-Plan Teams
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
OCS	Office of Constituency Services
PACT	Program of Assertive Treatment
PATH	Projects for Assistance in Transition from Homelessness
PR	Public Relations
SED	Serious Emotional Disturbance
SLCR	State Level Interagency Case Review
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TF-CBT	Trauma Focused–Cognitive-Behavioral Therapy
UDS	Uniform Data Standards
WRAP	Wellness Recovery Action Plans