



Mississippi Department of Mental Health  
FY14 – FY16 Strategic Plan  
Mid-Year Progress Report



## DMH Strategic Plan FY 2014-2016

Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
<b>1. To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care</b>					6/30/2016			
<b>1.1. Expand meaningful interaction/participation of self-advocates and families in designing, planning, and implementing at all levels throughout the system</b>					6/30/2016			
1.1.1. By FY16, increase the number of employed Certified Peer Support Specialists by 25%	25.00 %	4.18 %	22.00 %	526.56	6/30/2016	Veronica Vaughn		In FY13, there were 66 Certified Peer Support Specialists. By December 2013, there were a total of 80 Certified Peer Support Specialists. This is an increase of 14.
1.1.2. Each year track the number of Think Again and Think Recovery presentations, materials distributed, and media interviews.	25.00	4.18	13.00	311.15	6/30/2016	Wendy Bailey		<p>A total of 14 personal stories of recovery were filmed in August at Mississippi State Hospital. Starting in October, each month a video is featured on DMH's Web site and e-mail listserve to educate providers, family members and the general public.</p> <p>A total of 13 Think Recovery and Think Again presentations were conducted. The MH/IDD Conference in October focused on recovery, mental health awareness and community integration. A press release highlighting recovery and mental health awareness was sent in September for National Recovery Month. A letter to the editor was also published in October related to recovery and mental health awareness.</p>


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1.1.3. Expand Think Again to journalism students and journalists.	100.00 %	16.71 %	20.00 %	119.67	6/30/2016	Wendy Bailey		A workgroup met on September 11 to begin developing a guide which will be given to journalism students and journalists. The guide will focus on reporting on mental illness, suicide prevention and substance abuse. The goal is to have the guide developed by May in conjunction with Mental Health Awareness Month.
1.1.4. By FY16, have a minimum of two opportunities per year for individuals/families to provide feedback in program development, service planning and recovery training.	2.00	0.33	3.00	897.54	6/30/2016	Veronica Vaughn		There have been at least three opportunities for individuals/families to provide feedback since July 1, 2013, including input on the Peer Network website and the two Policy Academies.
1.1.5. In FY14, develop a plan to target health care providers with the Think Recovery campaign.	100.00 %	16.71 %	0.00 %	0.00	6/30/2016	Veronica Vaughn		This activity will not begin until July 2014.
<b>1.2. Provide a comprehensive, recovery-oriented system of community supports to prevent out-of-home placements</b>					6/30/2014			
1.2.1. By the end of FY16, all 82 counties have access to mobile crisis teams	82.00	13.70	82.00	598.36	6/30/2016	Sandra Parks		In an effort to expand crisis services in the community, DMH provided grants to the local Community Mental Health Centers to establish Mobile Crisis Response Teams (M-CeRTs). A total of 14 CMHCs applied and were awarded grants. M-CeRTs services will be available in all of the counties within the CMHCs catchment areas. The M-CeRTs will target individuals experiencing a situation where the individual's behavioral health needs exceed the individual's resources to effectively handle the circumstances. In addition, DMH developed customized marketing tools and a marketing plan for the CMHCs to help educate the public, Chancery Courts, Chancery Clerks, ERs, and law enforcement about the M-CeRTs. Marketing efforts are a mandatory part of the grant.



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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.2. By the end of FY14, require DMH Certified Providers to develop Crisis Support Plans for individuals transitioning from inpatient care into the community	100.00 %	50.27 %	50.00 %	99.45	6/30/2014	Sandra Parks		This requirement will be included in the Record Guide for all DMH Certified Providers. DMH will monitor for compliance. The CSU Directors report that Crisis Support Plans are being developed for all individuals receiving services at the CSUs. This will continue to be reviewed during CHMC/CSU site visits and record reviews by DMH. The Mobile Crisis Response Grant Requirements necessitate each individual served through crisis services will develop a crisis support plan when the crisis abates. This will be verified during record review by DMH.
1.2.3. By the end of FY14, establish three regionally located crisis beds for individuals with intellectual and developmental disabilities	3.00	1.51	5.00	331.51	6/30/2014	Sandra Parks		Currently, there is a minimum of one crisis bed available at each of the five regional IDD programs. This allows a bed to always be available for an emergency crisis or respite situation for people living in the community. A total number served in these beds will be available in the End Year Report. Boswell Regional Center and Region 8 CMHC are in the process of establishing homes/beds in the community for emergency crisis services and emergency transitional services. For example: an individual leaving jail, death of a primary caregiver, ER and DMH situations, etc. These homes/beds should be operable by the end of FY14.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.4. By the end of FY16, implement at least three new supportive services in local communities to help sustain individuals in permanent housing	3.00	0.50	3.00	598.36	6/30/2016	Sandra Parks		<p>The Medicaid 1915i State Plan Amendment (iSPA) that was submitted by Division of Medicaid to CMS was approved effective November 1, 2013. Included in the iSPA are three additional support services (Day Support, Prevocational Services and Supportive Employment) that will help an estimated 2,000 individuals with IDD live successfully in the community. Adjustments to the DMH service delivery system are being coordinated with the Division of Medicaid in order for these services to be implemented beginning in FY14 Q3.</p> <p>During the first half of FY14, four new Oxford Houses were opened in Biloxi, Ocean Springs and two in Jackson. One female home in Biloxi was converted to a male home. Outreach workers and residents presented at multiple organizations and/or treatment facilities from mental health organizations to Department of Corrections. An Oxford House is a self-run, self-supported recovery house to provide an opportunity for every recovering individual to learn a clean and sober way to live in the community.</p>




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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.5. By the end of FY16, expand Adult MAP Teams into three additional CMHC areas	3.00	0.50	0.00	0.00	6/30/2016	Sandra Parks		DMH released an RFP and received proposals to fund Mobile Crisis Response Teams in each CMHC area. Part of the requirement is that each Team be connected to an Adult MAP Team in their region. When DMH meets with the newly established Crisis Team Coordinators, we will determine which CMHCs are prepared to start their Adult MAP Teams in 2014. DMH is allowing CMHCs to use part of the Mobile Crisis Response Team funding to establish or expand the MAP Teams in their region.
1.2.6. By the end of FY16, fully operationalize existing PACT Teams	100.00 %	16.71 %	50.00 %	299.18	6/30/2016	Sandra Parks		The two PACT teams are fully staffed based on the number of individuals being served. DMH will meet with Region 6 and 15 to determine what barriers are preventing maximum admissions (five per month) into the PACT teams.
1.2.7. By the end of FY14, a comprehensive educational/support plan developed to increase community employment opportunities for all populations served	100.00 %	50.27 %	20.00 %	39.78	6/30/2014	Sandra Parks		DMH has a draft MOU with the Department of Rehabilitation Services to develop methods of finding employment for 75 individuals with IDD. Efforts are also underway for developing methods of finding employment for 75 individuals with SMI.

## DMH Strategic Plan FY 2014-2016




Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
<b>1.3. Implement and increase availability of specialized services and supports</b>					6/30/2014			
1.3.1. By the end of FY14, three specialized community-based programs developed to improve integrated treatment service options for people with co-morbidity	3.00	1.56	2.00	128.40	6/30/2014	Sandra Parks		Two Community Mental Health Centers (Regions 2 & 12) received a sub-grant from the Bureau of A&D Services to provide assessments and treatment to youth with alcohol use and co-occurring disorders. Mobile Crisis Emergency Teams and Services were funded through state funds and awarded to the Community Mental Health Centers across the state. The mobile crisis response teams will serve adults and children with SMI or SED and/or Alcohol & Drug use.
1.3.2. By the end of FY14, increase the number of grant opportunities for individuals with co-morbidity	100.00 %	50.27 %	25.00 %	49.73	6/30/2014	Sandra Parks		One grant opportunity was available for specialized services for youth with alcohol use or co-occurring disorders. The Bureau of Alcohol and Drug Abuse awarded two grants to CMHC regions 2 & 12.
1.3.3. By the end of FY14, explore combining professional credentials	100.00 %	50.27 %	100.00 %	198.91	6/30/2014	Sandra Parks		Steps are being made to combine the DMH Mental Health Therapist and DMH Addictions Therapist professional credentialing program into one DMH professional credentialing program entitled "DMH Behavioral Health Therapist". Educational and degree requirements have been outlined; the experience requirement has been revised; and the required number of continuing education units for the new credential is set.
1.3.4. By the end of FY14, a standardized early childhood assessment tool is identified and implemented	100.00 %	50.27 %	50.00 %	99.45	6/30/2014	Sandra Parks		A standardized early childhood assessment tool has been identified (Preschool and Early Childhood Functional Assessment Scale). Training and implementation will begin in December 2013 and will continue through FY 14.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.3.5. By the end of FY 14, statewide guidelines will be developed to assess individuals with ID/DD for dementia to determine appropriate care approaches	100.00 %	51.92 %	0.00 %	0.00	6/30/2014	Sandra Parks		This will be reviewed at the Alzheimer's Planning Council January 2014.
<b>1.4. Provide community supports for persons transitioning to the community</b>					6/30/2014			
1.4.1. By the end of FY14, and additional 200 people enrolled in the ID/DD Waiver	200.00	105.49	163.00	154.51	6/30/2014	Monica Wilmoth		As of December 31, 2013, 163 individuals were enrolled in the waiver.
1.4.2. By the end of FY 15, transition 15 individuals with SMI from nursing homes and Behavioral Health Programs to the community utilizing the B2I model and BIPP funding	15.00	3.77	1.00	26.56	6/30/2015	Monica Wilmoth		Jaquith Nursing Home has had two individuals referred to the B2I program. One resident transitioned into the community. Mississippi State Hospital is the only program currently participating in the Bridge To Recovery (B2R) program. MSH had 18 referrals; nine were accepted; four of the nine opted out of the program; one was determined not appropriate for the program at the time; and four are currently in the B2R program awaiting transition into the community. Zero have transitioned at this point.










## DMH Strategic Plan FY 2014-2016

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1.4.3. By the end of FY16, a minimum of one state-operated behavioral health program will implement person-centered planning discharge practices	1.00	0.17	0.00	0.00	6/30/2016	Thad Williams		Ongoing training is being provided at Region 2 and Region 4 CMHCs. A pilot project is being conducted at North Mississippi State Hospital (NMSH). NMSH has been meeting with staff from Regions 2, 3 and 4 CMHCs for six months to work on developing a Recovery Oriented System of Care for persons served. Work is being done to incorporate Personal Outcome Measures into the recovery and treatment plan for each person served. All four groups are planning to develop a team to develop community mapping for the three regions to assist those served in developing natural support systems upon discharge. All of the work is designed to implement person-center discharge planning.
<b>1.5. Improve equitable and timely access to services statewide</b>					6/30/2014			
1.5.1. By the end of FY14, strategies developed based on the survey results to identify barriers to timely access to services	100.00 %	50.27 %	0.00 %	0.00	6/30/2014	Thad Williams		The workgroup has survey results and will begin developing strategies in January 2014.
1.5.2. By the end of FY14, develop strategies to implement telemedicine in targeted areas	100.00 %	50.27 %	50.00 %	99.45	6/30/2014	Thad Williams		Mobile Crisis Grants were issued to the Community Mental Health Centers. One of the requirements of this grant is to have the ability to tele-communicate from the field to the psychiatrist or psychiatric nurse practitioner during a crisis response event. The Mobile Crisis Response teams should be fully functional during the next quarter.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.5.3. By the end of FY15, a uniform assessment will be implemented to inform individual budget allocations for the ID/DD Waiver	100.00 %	25.10 %	20.00 %	79.67	6/30/2015	Thad Williams		Uniform assessments have been completed on all Waiver enrollees. However, the individual budget allocations are on hold until the rate study is completed which is expected in August/September 2014 with implementation of the new rates around January 2015. However, that doesn't mean DMH will be ready to do the resource allocation given the fact the rates would not have been in effect to determine how much each person with specific ICAP scores uses. This could be pushed back to 2016 in order to gather enough data on utilization to inform the individual budgets.
<b>1.6. Promote interagency and multidisciplinary collaboration and partnerships</b>					6/30/2014			
1.6.1. By the end of FY16, increase the number of programs which provide integrated primary and behavioral health and IDD care by 10%	10.00 %	1.67 %	0.00 %	0.00	6/30/2016	Thad Williams		Responses are being compiled from the DMH annual survey which measures progress concerning the expansion of integrated care.
1.6.2. By the end of FY14, utilize 25% of CPSS training slots per training for veterans	25.00 %	12.57 %	29.00 %	230.73	6/30/2014	Veronica Vaughn		A total of six veterans participated in the August 28 - 30, 2013 Certified Peer Support Specialist training. This number is a total of 29% of the total participants.
1.6.3. By the end of FY14, incorporate veterans into at least two trainings per year	2.00	1.01	3.00	298.36	6/30/2014	Veronica Vaughn		Six of the 21 individuals who attended the August 28 - 30, 2013, Certified Peer Support Specialist Training were Veterans. Three of the 15 individuals who attended the WRAP training were Veterans and one of the 25 individuals who attended the Whole Health training was a Veteran.


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1.6.4. By FY16, apply for at least two grant funding opportunities for transportation	2.00	1.01	0.00	0.00	6/30/2014	Thad Williams		Research of current funding opportunities does not reveal the availability of funds for transportation services. As of November 1, 2013, the Greenwood Transportation Project service provider has expanded service delivery to include individuals served by the Department of Rehabilitation Services increasing the usage and sustainability of the service. As of November 8, 2013, a total of 23 of the 56 individuals eligible to use the transportation provided by the Project were actually using the service. This is a 2% increase since the last report.
<b>2. Utilize information/data management to enhance decision making and service delivery</b>					6/30/2014			
<b>2.1. Maximize the efficiency of collecting and accessing the CDR/URS tables/data</b>					6/30/2014			
2.1.1. IT Staff increased from three to five employees	5.00	3.34	4.00	119.74	6/30/2014	James Dunaway		Systems Analyst recruited and started
2.1.2. Report Activity	4.00	1.36	2.00	146.79	2/15/2014	James Dunaway		As of 9/17/13, Central Office IT staff has developed a report to be used by DMH PEER review. Central Office IT staff developed a report for use by EMSH.
2.1.3. Program interaction	4.00	1.00	2.00	200.00	6/30/2014	James Dunaway		Support established with two providers
2.1.4. Website development activity	2.00	0.43	1.00	233.33	6/30/2014	James Dunaway		USM developed and submitted graphic representation from Table 2 (demographics data of age and race) of the URS tables. Central Office IT staff is finalizing the report and will post the results on the DMH website.
<b>2.2. Actively participate with the MS Health Information Network (MS-HIN)</b>					6/30/2014			
2.2.1. Program training activity	12.00	3.00	6.00	200.00	6/30/2014	James Dunaway		View-only access training was completed at MSH, SMSH, NMRC, STF, HRC, and ESS
2.2.2. Program connectivity count	12.00	3.00	2.00	66.67	6/30/2014	James Dunaway		Testing was completed at two (2) DMH programs - NMSH and MSH.

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2.2.3. Test results submission	1.00	0.12	1.00	801.10	6/30/2015	Cyndi Nail		HL-7 connectivity has been established and completed between MS-HIN and MSH. The HL-7 was switched to syndromic surveillance. The syndromic surveillance message was sent via Direct to Medcity and was accepted, meeting meaningful use.
<b>2.3. Establish electronic health record (EHR) systems at DMH Programs</b>					6/30/2014			
2.3.1. Implementation activities completed with timeframe	12.00	6.03	0.00	0.00	6/30/2014	James Dunaway		DMH is in the process of finalizing contracts with CoCentrix. All DMH programs received a copy of the contract for review/feedback/approval.
2.3.2. Implementation of activities completed within the defined timeframe	3.00	1.51	0.00	0.00	6/30/2014	Cyndi Nail		Thad Dickson from Xpio visited several DMH programs to outline Adoption/Implementation/Updates incentives.
2.3.4. Submission of WMSH MU data to CMS by September 30, 2013	1.00	1.00	1.00	100.00	12/2/2013	Cyndi Nail		Completed with 100% compliance.
<b>2.4. Continue the Health Information Technology (HIT) strategy for DMH</b>					6/30/2014			
2.4.1. DMH Program participation	6.00	1.51	0.00	0.00	6/30/2015	James Dunaway		MSH is preparing a status report on obtaining a 3rd party vendor for MSH. Bart will present report at the next Goal 2 teleconference.
2.4.2. Technology need identification	100.00 %	8.31 %	0.00 %	0.00	6/30/2016	James Dunaway		No activity
2.4.3. Audit completion	1.00	0.08	0.00	0.00	6/30/2016	James Dunaway		No activity
<b>3. Maximize efficient and effective use of human, fiscal, and material resources</b>					6/30/2014			
<b>3.1. Increase efficiency within DMH</b>					6/30/2014			
3.1.1. Each year, costs reduced by at least .2% across DMH programs/services as a result of expenditure reduction projects	1,181,901.00	594,197.48	0.00	0.00	6/30/2014	Kelly Breland		Change in method of reporting. The target is .2% of the total spending authority within DMH as of July 1, 2013 (\$590,950,604).



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3.1.2. By FY16, three expenditure reduction projects developed and implemented with projected cost reductions reported	3.00	0.50	0.00	0.00	6/30/2016	Kelly Breland		Once the list of actual or proposed expenditure reduction projects is compiled, they will be evaluated to look at applicability across DMH programs. The results would be quicker and easier implementation since there will already be at least one program experienced in it.
<b>3.2. Maximize funding opportunities</b>					6/30/2014			
3.2.1. At least 2 new grants in targeted areas of infrastructure and capacity building applied for each fiscal year to increase in the amount of grant dollars obtained	2.00	1.01	1.00	99.45	6/30/2014	Trisha Hinson		On July 1, 2013, DMH applied for SAMHSA's Safe Schools/Healthy Students State Planning, Local Education Agency, and Local Community Cooperative Agreements grant (mSAFE: MS Schools Allied for Excellence).
3.2.2. By the end of FY14, at least 60% of individuals served in Garden Park and other Adult Day Center programs are referred to the Elderly and Disabled Waiver funds	60.00 %	30.16 %	72.00 %	238.69	6/30/2014	Trisha Hinson		The monthly percentages for Q1 and Q2 are: July 66%, August 66%, September 73%, October 85%, November 71% - for an average of 72%. December data is not available yet.
<b>3.3. Revise system-wide management and oversight practices to improve accountability and performance</b>					6/30/2014			
3.3.1. Each year, trend data will be generated and reported to the Quality Management Council from at least 85% of DMH certified providers reviewed during the year.	85.00 %	42.73 %	48.00 %	112.32	6/30/2014	Trisha Hinson		Based on a total of 99 DMH Certified Providers, trend data on 48 of the certified providers for FY14 Q1 and Q2 was reported to the Quality Management Workgroup for review.
3.3.2. CQL Personal Outcome Measures will be incorporated in 10 DMH Monitoring visits annually	10.00	5.03	3.00	59.67	6/30/2014	Trisha Hinson		BQMOS staff responsible for both monitoring and follow up related to serious incidents have been trained as Personal Outcome Measures interviewers. CQL Personal Outcome Measures were incorporated in at least three DMH Monitoring visits during the first half of FY14.

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3.3.3. By FY16, aggregated data reports will be used to develop and implement at least 2 system improvement efforts	2.00	0.33	0.00	0.00	6/30/2016	Trisha Hinson		Data collection for the first year for the national Core Indicators was completed July 1, 2013. Data has been submitted to the Human Services Research Institute (HSRI) for compilation and analysis. State reports are expected to be returned to DMH from HSRI in early 2014.
3.3.4. By FY16, aggregated URS Tables data reports will be used to develop and implement at least 2 system improvement efforts	2.00	0.00	0.00	0.00	6/30/2016	Trisha Hinson		Data elements have been identified for collection and analysis of trend data by the Quality Management workgroup to help identify and track system improvement efforts.
<b>3.4. Increase the use of evidence-based or best practices among DMH Certified Providers for core services</b>					6/30/2014			
3.4.1. By the end of FY15, increase the use of the DMH learning management system by 10%	10.00 %	2.51 %	4.00 %	159.34	6/30/2015	Trisha Hinson		We currently have 25% out of 96 DMH Certified Providers utilizing the LMS-Relias Learning System. This is an increase of 4% since the beginning of the current fiscal year. We will continue to provide this opportunity to all DMH Certified Providers in Mississippi.
3.4.2. At least four trainings each year on selected evidence-based or best practices will be provided to staff at DMH certified providers	4.00	2.01	10.00	497.27	6/30/2014	Trisha Hinson		5 training sessions on Person-Centered Planning and 5 training sessions on Plans of Services and Supports have been provided for DMH Certified Providers.

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<b>3.5. Analyze the current utilization rate for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services</b>					6/30/2014			
3.5.1. By FY15, method developed to analyze DMH Programs" capacity and utilization of services	100.00 %	25.10 %	15.00 %	59.75	6/30/2015	Kelly Breland		A preliminary format for reporting program capacities and census, with formulas for occupancy trends, has been developed. The system will be tested during the second half of fiscal year 2014 with actual information from programs. The process for evaluating program utilization will be developed concurrently with the testing of census and capacity reporting. A workgroup for the IDD Programs and the Behavioral Health Programs will be established by the end of FY14 which will analyze the capacity and utilization of services.
3.5.2. By FY16, proposal developed for the reduction or addition of respective services based on the results of analysis of the capacity and utilization of the DMH Programs	100.00 %	16.71 %	0.00 %	0.00	6/30/2016	Kelly Breland		Substantial work on this performance measure will probably not begin until July of 2014.