Strategic Plan

FY 2015 - FY 2017

Mississippi Board of Mental Health

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Message from the Chair

The DMH Strategic Plan is a dynamic, living document depicting the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. The Plan is continually streamlined, thus putting needed changes into sharper focus and progress more impactful. The software program now used to track and document progress provides a much more workable and transparent mechanism to manage and motivate those involved in the process.

While not all activities are complete, we are moving towards completion of objectives that will help fully develop a community-based system. It will help us be innovative and responsive to changes associated with this transformation.

Progress could not happen without the continuing commitment and efforts of all the Goal Leaders, Team Members, consumers, advocates, and our community partners. The Board Strategic Planning Subcommittee could not be more pleased, as well as appreciative, of the increased enthusiasm and foresight those working on the plan contribute.

We look forward to your continuing involvement as we strive to reach our mission and vision.

James Herzog, Ph.D., Chair
Board Strategic Planning Subcommittee

Executive Summary

The purpose of the Strategic Plan is to drive the transformation of the mental health system into one that is outcomes-oriented and community-based. The Board's Strategic Planning Subcommittee is charged to review annually and revise as necessary the Strategic Plan, which serves as a map for guiding the continuing transformation of the DMH service system. The Board of Mental Health intends for the Strategic Plan to be a flexible, living document which meets the needs of the people we support and enables us to face the challenges of an ever-changing environment. The Strategic Plan is an essential tool for system transformation.

Work on the annual review began with the goals' objectives and performance measures. Goal Leaders were asked to solicit the help of their goal team members and others to make recommendations on which objectives/performance measures to include, keeping in mind the need to show observable and measurable outcomes and taking into account current activities and the changing environment. During the review of each goal, objectives and performance measures were removed from the Plan if these measures had been completed, were duplicated in another goal, or are now part of ongoing DMH activities. In response to emerging issues, new objectives and performance measures were added as well. The Goal Leaders then presented their proposed revisions to the Board's Strategic Planning Subcommittee. The Subcommittee discussed each goal and made suggestions for revisions. A draft Strategic Plan was then reviewed by the Subcommittee and Board prior to approval. A summary of the finalized goals follows.

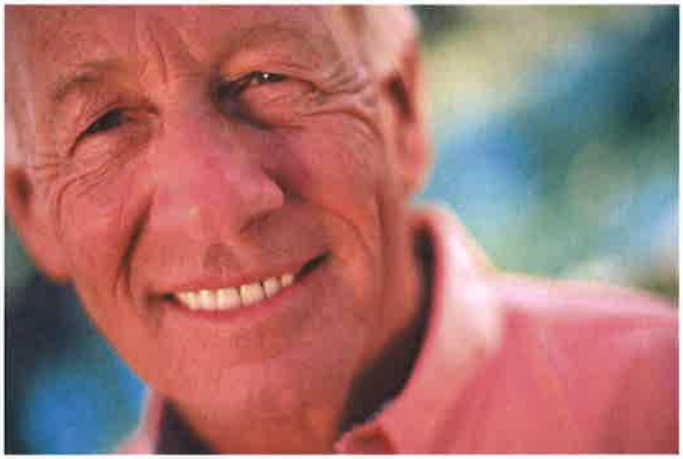
Goal 1 sets forth DMH's vision of individuals receiving services having a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. Goal 1 also highlights the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports and other specialized services to help individuals transition from institutions to the community.

Goal 2 focuses on using data and available technology in decision making. DMH will enhance its ability to communicate effectively and share data and information across the agency. DMH will fully implement and utilize its Central Data Repository project and continue activities to establish Electronic Health Records and a Health Information Exchange. With better data and analysis, decision making will be enhanced.

Goal 3 calls for DMH to continue to execute cost reduction measures and enhance its accountability and management practices to ensure the most efficient use of its resources. The goal also emphasizes the need to maximize funding through grants and available Medicaid waiver programs and services. 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. Goal 3 also highlights the continued use of evidence-based practices and analyzes the current use of DMH's inpatient programs to ensure sufficient capacity exists.

Philosophy

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. The Department supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.



Mission, Vision, and Core Values

DMH Mission

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders 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 use disorders and dementia has disappeared.
- Research, outcome 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.

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 use disorders, 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, community organizations, 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: 1) state-operated programs and community services programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

State-operated programs: DMH administers and operates four state behavioral health programs, one mental health community living program, a specialized behavioral health program for youth, five regional programs for persons with intellectual and developmental disabilities, and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services.

The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI) and substance use disorder. These programs include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, and Specialized Treatment Facility. Nursing home services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, the behavioral health programs also provide transitional, community-based care. The Specialized Treatment Facility is a specialized behavioral health program for adolescents with mental illness and a secondary need of substance use prevention/treatment. Central Mississippi Residential Center is a community living program for persons with mental illness.

The programs for persons with intellectual and developmental disabilities provide residential services. These programs include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center. The programs are also a primary vehicle for delivering community services throughout Mississippi. Mississippi Adolescent Center is a specialized program for adolescents with intellectual and developmental disabilities.

Regional community mental health centers (CMHCs): 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 CMHCs. 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. These programs are certified by 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 state-operated program and community-based services and supports are available through DMH. The type of services provided depends on the location and provider.

State-Operated Program Services

The types of services offered through the behavioral health programs 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 programs for individuals with intellectual and developmental disabilities vary according to location but statewide include:

ICF/IID 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 Stabilization Programs
Psychosocial Rehabilitation
Consultation and Education Services
Emergency Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Case Management Services
Targeted Case Management
Group Home Services
Acute Partial Hospitalization
Elderly Psychosocial Rehabilitation
Peer Support Services
Community Support Services
Assertive Community Treatment
Medication Management
Crisis Services
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers
Day Support
Individual and Family Education and Support

Services for Children and Youth

Therapeutic Group Home
Treatment Foster Care
Prevention/Early Intervention
Crisis Services
Crisis Residential
Targeted Case Management
Peer Support (Family & Youth)
Community Support Services
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
Family Education and Support
Wraparound Facilitation
Intensive Outpatient Psychiatric Services

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Work Activity Services
Supported Employment Services
Day Support
Transition Services
Diagnostic and Evaluation Services
ID/DD Waiver Home and Community Supports
ID/DD Waiver Community Respite
ID/DD Waiver Job Discovery
ID/DD Host Homes
ID/DD Transition Assistance
ID/DD Targeted Case Management
ID/DD Waiver Behavioral Support
ID/DD Waiver In-Home Nursing Respite
ID/DD Waiver Crisis Support
ID/DD Waiver Day Services - Adult
ID/DD Waiver Prevocational Services
ID/DD Waiver Support Coordination
ID/DD Waiver Supervised Living
ID/DD Supported Living
ID/DD Crisis Intervention
ID/DD Waiver Occupational, Physical, and Speech/Language Therapies

Alcohol and Drug Services

Withdraw Management Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment Services
Specialized Residential for Pregnant/Parenting Women
Prevention Services
Primary Residential Services
Transitional Residential
Recovery Support Services

FY15 - FY17 Goals and Objectives

Using the mission, vision, and values, the Board of Mental Health developed three-year goals to address the transformation of the DMH service system. The goals and objectives will guide DMH's actions in moving toward a community-based service system. Each goal's objectives include performance measures and timelines. Furthermore, unless specified, these goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations.

The system-wide goals are as follows:

GOAL 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

- **Objective 1.1** Expand meaningful interaction/participation of self-advocates and families
- **Objective 1.2** Implement and increase availability of specialized services and supports
- **Objective 1.3** Provide a comprehensive, recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements
- **Objective 1.4** Improve equitable and timely access to services statewide
- **Objective 1.5** Promote interagency and multidisciplinary collaboration and partnerships

GOAL 2 To utilize information/data management to enhance decision making and service delivery

- **Objective 2.1** Maximize the efficiency of collecting and accessing the Central Data Repository (CDR) and Uniform Reporting System (URS)
- **Objective 2.2** Establish Electronic Health Record (EHR) systems at all DMH Programs
- **Objective 2.3** Continue the Health Information Technology (HIT) strategy for DMH

GOAL 3 To maximize efficient and effective use of human, fiscal, and material resources

- **Objective 3.1** Increase efficiency within DMH and maximize funding opportunities
- **Objective 3.2** Revise system-wide management and oversight practices to improve accountability and performance
- **Objective 3.3** Increase the use of evidence-based or best practices among DMH Certified Providers for core services
- **Objective 3.4** Analyze the current utilization for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services

Goal 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

Objective 1.1 Expand meaningful interaction/participation of self-advocates and families

Performance Measures	Timelines
1.1.1 Evaluate the effectiveness of the Certified Peer Support Specialist Provider and Consumer Toolkits	• FY15 - FY16
1.1.2 Expand Think,Recovery efforts to help individuals and family members capture and develop their recovery stories by utilizing the stories in at least 20 presentations, staff trainings, newsletters, etc. each year	• FY15 - FY17
1.1.3 Develop a baseline for determining access to services and satisfaction of community-based services through the use of consumer surveys	• FY15

Objective 1.2 Implement and increase availability of specialized services and supports

Performance Measures	Timelines
1.2.1 Develop two learning sites in Mississippi for evidence-based treatment for adolescents to strengthen the State's system to serve adolescents, ages 12 – 18, with co-occurring substance use and mental health disorders	• FY15 - FY17
1.2.2 Develop an additional NFusion project site to expand work with youth, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services	• FY16

Goal 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

Objective 1.3 Provide a comprehensive, recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements

Performance Measures	Timelines
1.3.1 Implement person-centered planning discharge practices at all state-operated behavior health programs	• FY16
1.3.2 Increase supported employment for 75 individuals with IDD through a partnership with MS Department of Vocational Rehabilitation	• FY15
1.3.3 Increase supported employment for 75 individuals with SMI by developing three pilot sites	• FY15
1.3.4 Develop two additional Programs of Assertive Community Treatment (PACT) Teams to enable individuals to remain in the community and avoid placement in a more restrictive environment	• FY15
1.3.5 Identify services to allow people to access appropriate and affordable housing for adults with SMI and IDD by actively engaging with a minimum of 10 non-state service providers	• FY17
1.3.6 Transition a minimum of 12 people to supervised settings in the community with all necessary supports and services at the ICF/IDD level of support and reimbursement though a pilot project	• FY16
1.3.7 Educate at least 300 healthcare providers about DETECT to provide clinical support and educational opportunities to medical providers to improve the health of individuals with disabilities by providing increased access to quality medical and dental care	• FY15
1.3.8 Transition at least 15 individuals with SMI from nursing homes and behavioral health programs to the community utilizing the B2I and B2R model and BIPP funding	• FY16

Goal 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

Objective 1.4 Improve equitable and timely access to services statewide

Performance Measures	Timelines
1.4.1 Develop baseline measures to determine the utilization of Mobile Crisis Response Teams	• FY15
1.4.2 Develop a web-based acute psychiatric and crisis stabilization bed registry to track data daily to maximize the availability of DMH operated and funded program beds	• FY16
1.4.3 Decrease the waiting lists for state hospital chemical dependency services by diverting individuals to community-based programs by requiring funded programs to educate the community and market available services to individuals conducting pre-screening evaluations	• FY15 - FY17
1.4.4 Establish reimbursement rates for the ID/DD Waiver that are reflective of provider cost and individual need to ensure equitable access to services	• FY16

Objective 1.5 Promote interagency and multidisciplinary collaboration and partnerships

Performance Measures	Timelines
1.5.1 Increase the number of programs which provide integrated primary and behavioral health and IDD care by 10%	• FY16
1.5.2 Create a statewide awareness campaign about Crisis Intervention Training (CIT) and partner with the Department of Public Safety to create a recognized joint certificate for CIT officer training	• FY16

Goal 2

To utilize information/data management to enhance decision making and service delivery

Objective 2.1 Maximize the efficiency of collecting and accessing the CDR/URS tables/data

Performance Measures	Timelines
2.1.1 Increase DMH Central Office IT staff to five	• FY15
2.1.2 Provide specialized reports to DMH Executive staff	• FY15
2.1.3 Expand CDR support to include onsite visits with four DMH Programs/Certified Providers	• FY15
2.1.4 Develop data driven website of CDR and URS tables	• FY16

Objective 2.2 Establish Electronic Health Record (EHR) systems at all DMH Programs

Performance Measures	Timelines
2.2.1 Implement an EHR system at five DMH Behavioral Health Programs and six IDD Programs	• FY16
2.2.2 Register all DMH Programs for an Electronic Health Record (EHR) Incentive Program	• FY16
2.2.3 Four registered DMH Programs will attest to the Meaningful Use (MU) Incentive Program	• FY15

Goal 2

To utilize information/data management to enhance decision making and service delivery

Objective 2.3 Continue the Health Information Technology (HIT) strategy for DMH

Performance Measures	Timelines
2.3.1 Increase DMH Program participation by 50% by developing an IT-focused Business Continuity Plan	• FY16
2.3.2 Determine two future information technology needs each year for DMH Programs	• FY15 - FY17
2.3.3 Complete one EHR security and privacy audit at DMH Programs	• FY15

Goal 3

To maximize efficient and effective use of human, fiscal, and material resources

Objective 3.1 Increase efficiency within DMH and maximize funding opportunities

Performance Measures	Timelines
3.1.1 Determine areas of need within non-professional and professional shortage areas by developing a report to the Board of Mental Health describing gaps/ shortages within the workforce and proposed actions to remedy the problem	• FY15
3.1.2 Develop and implement three expenditure reduction projects, along with relative projections and actual cost reductions being reported at the DMH Programs	• FY16
3.1.3 Submit a total of five new or continuation grants/ contracts each fiscal year inclusive of all populations	• FY15 - FY17

Objective 3.2 Revise system-wide management and oversight practices to improve accountability and performance

Performance Measures	Timelines
3.2.1 Gather and report trend data to the Quality Management Council from at least 85% of DMH Certified Providers reviewed during the year to assist DMH with identification of trends and patterns among all DMH Certified Providers	• FY 15 - FY17
3.2.2 Develop and implement at least two system improvement projects based on the aggregated data reports collected through the National Core Indicators project for IDD population	• FY16
3.2.3 Develop and implement at least two system improvement projects based on the aggregated URS Tables data reports collected through the SAMHSA Uniform Reporting System (URS) Tables	• FY16

Goal 3

To maximize efficient and effective use of human, fiscal, and material resources

Objective 3.3 Increase the use of evidence-based or best practices among DMH Certified Providers for core services

Performance Measures	Timelines
3.3.1 Increase the number of evidence-based and emerging best practices trainings by 5% each year by promoting six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts	• FY15 - FY17
3.3.2 Gather and verify information on all evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers	• FY15 baseline data; FY16 - FY17 show increase

Objective 3.4 Analyze the current utilization rate for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services

Performance Measures	Timelines
3.4.1 Develop a method of analyzing DMH Programs' capacity and utilization of services	• FY15
3.4.2 Propose the reduction or addition of respective services based on the results of analysis of the capacity and utilization of the DMH Programs	• FY16

Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY15 Performance Measures on July 1, 2014. As in the previous years, implementation of the Plan is goal-based. Goal Leaders and Team Members are assigned to each of the three goals. These dedicated individuals will work on the FY15 Performance Measures.

While progress is ongoing, two reports will be developed and presented to the Board - a mid-year progress report and an annual report. Reports will also be posted on DMH's Web site for the public. These reports provide a tracking mechanism to show progress and areas which need to be addressed.

Funding continues to be a roadblock to full implementation of a more community-based and recovery-focused system. Research, partnerships and creative thinking are necessary to overcoming this and other challenges. By working with partners statewide, we can reach our ultimate goal of supporting a better tomorrow for individuals who have mental illness, intellectual and developmental disabilities, substance use disorders, and Alzheimer's disease and other dementia.

Acronyms

A&D	Alcohol and Drug
BADS	Bureau of Alcohol and Drug Services
BCS	Bureau of Community Services
BIDD	Bureau of Intellectual and Developmental Disabilities
BIPP	Balancing Incentive Payment Program
BMH	Bureau of Mental Health
Board	Board of Mental Health
BP	Best Practices
BQMOS	Bureau of Quality Management, Operations and Standards
B2I	Bridge to Independence
B2R	Bridge to Recovery
BWDT	Bureau of Workforce Development and Training
C&Y	Children and Youth
CDR	Central Data Repository
CIT	Crisis Intervention Training
CMHC	Community Mental Health Centers
CO	Central Office
CSU	Crisis Stabilization Units
CQL	Council on Quality and Leadership
DETECT	Developmental Evaluation, Training and Educational Consultative Team of Mississippi
DMH	Department of Mental Health
EBP	Evidence-Based Practice
EHR	Electronic Health Records
HIE	Health Information Exchange
ICF/IDD	Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities
IDD	Intellectual/Developmental Disabilities
IS	Information System
IT	Information Technology
ITS	Information Technology Service
LPC	Licensed Professional Counselor
MAP Teams	Making-a-Plan Teams
MSHIN	Mississippi Health Information Network
MOU	Memorandum of Understanding
MTOP	Mississippi Transitional Outreach Program
OCS	Office of Consumer Support
PACT	Program of Assertive Treatment
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SOP	Standard Operating Procedures
URS	Uniform Reporting System