

**MISSISSIPPI
DEPARTMENT OF
MENTAL HEALTH
COMMUNITY MENTAL
HEALTH SERVICES
FY 2012 - 2013
BEHAVIORAL HEALTH
REPORT**

Supporting a Better Tomorrow...Today



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Priority Area 1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 1: To continue availability of funding for two prevention/specialized early intervention programs

Strategy: The DMH will continue to provide funding for two prevention/specialized early intervention programs for children/youth with SED identified by this program. These children/youth receive prompt evaluation and referrals, and appropriate therapeutic intervention to address the abuse; parents receive effective parenting skills training and family interventions, as well as other interventions designed to reunify and/or improve family relationships where possible.

Performance Indicator: The number of programs to which DMH makes available funding to help support prevention/early intervention (two)

Description of Collecting and Measuring Changes in Performance Indicator:

The DMH RFPs/grant applications/grants

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved

Not Achieved

***Footnote:** Prevention services supported through state funds from DMH and provided to these families include home visits, prenatal education, parenting education classes, preschool classes, sibling intervention groups, and specialized multidisciplinary sexual abuse prevention programs. The DMH also has a representative on the State Board for the Children's Trust Fund, which support projects across the state and provides financial assistance for direct services to prevent child abuse and neglect and to promote a system of services, laws, practices and attitudes that enable families to provide a safe and healthy environment for their children.

Goal 2: To continue to provide technical assistance through the Division of Children and Youth Services to encourage providers to make children's mental health services available to serve children with SED under the age of six years with emphasis on those children who screen positive for prenatal exposure to alcohol

Strategy: Technical assistance will be provided by the Division of Children and Youth Services staff, upon request, including on-site visits, to providers interested in developing children's mental health services to serve children with SED under the age of six years.

Performance Indicator: The DMH Division of Children and Youth Services staff will provide technical assistance to service providers on developing mental health services for children under six years of age

Description of Collecting and Measuring Changes in Performance Indicator:

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 3: To continue availability of school-based general outpatient mental health services (other than day treatment)

Strategy: Continued availability of school-based general outpatient services to children with serious emotional disturbance and their families. Current DMH Operational Standards require all CMHCs to offer and if accepted, maintain interagency agreements with each local school district in their region, which outline the provision of school-based services to be provided by the CMHCs.

Performance Indicator: Number of regional community mental health centers through which general outpatient services for children with serious emotional disturbance are made available (offered) to schools (offered by 15 CMHC regions)

Description of Collecting and Measuring Changes in Performance Indicator:

The DMH Division of Children and Youth Services records/reporting; Annual State Plan Survey

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 4: To continue to make available funding for respite service capabilities

Strategy: The DMH will continue to fund two providers to support the implementation of respite services, which are planned temporary services provided for a period of time ranging from a few hours within a 24-hour period, to an overnight or weekend stay. Respite is a service identified by families and representatives of state child service agencies, as well as other stakeholders, as a high need service for families and children with SED to support keeping youth in the home and community.

Performance Indicator: The number of respite providers available during the year (200)

Description of Collecting and Measuring Changes in Performance Indicator:

Annual State Plan Survey

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 5: To continue to provide DMH funding to assist in providing therapeutic foster care homes to serve children/youth with SED to further develop community-based residential mental health treatment services for children with SED

Strategy: The DMH will continue to provide funding to the evidence-based therapeutic foster care program operated by Catholic Charities, Inc. The DMH Division of Children/Youth services also plans to continue to make available technical assistance to providers of therapeutic foster care services, including providers certified, but not funded by the DMH.

Performance Indicator: The number of children receiving therapeutic foster care services, based on evidence-based practice, provided with DMH funding support (i.e., through Catholic Charities, Inc.)

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Services Program grant reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** Therapeutic Foster Care (TFC) Services continue to be an important community-based component, particularly for children with serious emotional disturbance in the custody of the Department of Human Services. The model utilized in Mississippi employs trained therapeutic foster parents with only one child or youth with SED placed in each home. DMH continues to make funding available to Catholic Charities, Inc. to help support 24 therapeutic foster care homes. Additional youth are served in therapeutic foster care funded by other agencies, including the Department of Human Services.

Goal 6: The DMH funding will continue to be made available for nine therapeutic group homes for children and youth with serious emotional disturbance.

Strategy: The DMH will continue to provide funding to support therapeutic group homes. Therapeutic group homes typically include an array of therapeutic interventions, such as individual, group and/or family therapy and individualized behavior management programs.

Performance Indicator: The number of therapeutic group homes for which the DMH provides funding/support (nine)

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Services Residential Monthly Summary Forms/Grant Proposals from the existing DMH-funded therapeutic group home providers

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 7: To continue support and funding for existing programs serving children who are homeless/potentially homeless due to domestic violence or abuse /neglect

Strategy: The DMH will continue to provide funding and support for two specialized programs serving homeless children/youth with SED who are homeless/potentially homeless due to domestic violence or abuse /neglect.

Performance Indicator: Availability of DMH funding for two specialized programs serving homeless children/youth with SED who are homeless/potentially homeless due to domestic violence or abuse /neglect

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Services Program grant reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 8: To evaluate children with serious emotional disturbance who receive substantial public assistance for the need for case management services and to offer case management services for such families who accept case management services

Strategy: Evaluation services will be provided to determine the need for case management, as documented in the record, for children with serious emotional disturbance who are receiving Medicaid and are served through the public community mental health system. School Based Services (Consultation and Crisis Intervention), Mental Illness Management Services (MIMS) and Individual Therapeutic Support are case management services that are available for children with serious emotional disturbances.

Performance Indicator: Number of children with serious emotional disturbances who receive case management services (26,250)

Description of Collecting and Measuring Changes in Performance Indicator:

Compliance will be monitored through the established on-site review/monitoring process

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 9: To continue to make funding available for five comprehensive crisis response programs for youth with serious emotional disturbance or behavioral disorder who are in crisis, and who otherwise are imminently at-risk of out-of-home/community placement.

Strategy: The DMH will continue funding to implement comprehensive intensive crisis response programs for youth with serious emotional disturbance or behavioral disorders that are in crisis, and who otherwise are imminently at-risk of out-of-home/community placement.

Performance Indicator: Number of comprehensive crisis response programs for which the DMH provides funding (five)

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Service Crisis Intervention Program Monthly Summary Forms and Grant Proposals for four comprehensive crisis response programs

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** All five non-profit providers of comprehensive crisis intervention programs are affiliated with their local Making a Plan (MAP) teams.

Goal 10: To continue specialized outpatient intensive crisis intervention capabilities of five projects

Strategy: The DMH will continue funding specialized outpatient intensive crisis projects (five)

Performance Indicator: The number of programs that receive DMH funding for specialized outpatient intensive crisis intervention projects (five)

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Services Crisis Monthly Summary Forms/Grant Proposals for the specialized programs/monthly cash requests

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 11: To maintain provision of community-based services to children with serious emotional disturbance

Strategy: The DMH will continue to collect data on the total number of children with serious emotional disturbance served through community mental health centers and other nonprofit providers.

Performance Indicator: The total number of children with serious emotional disturbance served through community mental health centers and other nonprofit providers of services to children with serious emotional disturbance (52,500). It should be noted that the number of youth targeted to be served in the following objective includes only youth with serious emotional disturbances served through the public community mental health system, which are a subset of the number of youth with any mental illness accessing services in the public community and inpatient system, reported in the NOM.

Description of Collecting and Measuring Changes in Performance Indicator:

Annual State Plan survey; community mental health service provider data

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 12: To improve school attendance for those children and families served by CMHCs.

Strategy: School-based therapists employed by the CMHCs will continue to offer and provide as requested mental health services in the local schools, including school-based outpatient and school-based day treatment programs as described in the State Plan.

Performance Indicator: Interagency agreements between schools and CMHCs providing school-based Services will be verified on monitoring visits by the DMH

Description of Collecting and Measuring Changes in Performance Indicator:

Interagency agreements between schools and CMHCs providing school-based services; site visit documentation

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 13: To continue funding to an existing program serving children who are homeless/potentially homeless due to domestic violence

Strategy: The DMH will continue to provide funding to a Women’s Center for Nonviolence to be made available for crisis intervention services to children and families in a domestic violence situation. Funding provides intensive crisis intervention and support services with an emergency shelter for abused/neglected children/youth and training to staff of the shelter. Gulf Coast Mental Health Center, provides consultation and in-service training to the shelter staff, crisis intervention available on a 24-hour basis, individual, group and family therapy to the children admitted to the shelter.

Performance Indicator: The number of children served through this specialized program (175)

Description of Collecting and Measuring Changes in Performance Indicator: Grant proposal for existing program. This children’s program is required to submit monthly data on the number of children served (targeted above) including the number of children with serious emotional disturbance.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 14: To continue funding to one CMHC for provision of intensive crisis intervention services to youth/families served through a shelter for abused/neglected children

Strategy: The DMH will continue to provide funding to support a CMHC in providing crisis intervention services, a therapist and other needed supports to a local shelter for abused/neglected children.

Performance Indicator: The number of children served through this specialized program (437)

Description of Collecting and Measuring Changes in Performance Indicator:
Grant proposal for the targeted CMHC

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 15: To continue to make available technical assistance and/or certification visits in expanding school-based children's mental health services

Strategy: The DMH Division of Children and Youth Services will continue to provide technical assistance regarding the availability of and access to school-based services across CMHC regions. DMH will continue efforts to assess needs and plan strategies to meet the needs of children and youth and their families in rural areas.

Performance Indicator: Number of community mental health centers receiving technical assistance and/or certification visits for program expansion in the schools (15)

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Division Activities Report

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 16: To further enhance service development and quality of service delivery to minority populations of children and youth with severe behavioral and emotional disorders

Strategy: The DMH requires CMHCs and other DMH-certified programs to offer cultural diversity and/or sensitivity training to employees, in accordance with DMH Operational Standards.

Performance Indicator: Number of training sessions presented for children/youth service providers that address cultural diversity awareness and/or sensitivity

Description of Collecting and Measuring Changes in Performance Indicator:

DMH Division of Children/Youth Services monthly staffing report forms and training sessions or workshop agendas

Report of Progress achieved toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for adults with SMI

Goal 17: To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force.

Strategy: The Multicultural Task Force will continue conducting meetings/activities. The ongoing functioning of the Multicultural Task Force has been incorporated in the State Plan to identify and address any issues relevant to persons in minority groups in providing quality community mental health services and to improve the cultural awareness and sensitivity of staff working in the mental health system. The Day of Diversity coordinated by the Multicultural Task Force includes participation by local agencies, family members, and community members in the CMHCs' regional areas.

Performance Indicator: The number of meetings of the Multicultural Task Force during FY 2012 (at least four), with at least an annual report to the Mississippi State Mental Health Planning and Advisory Council

Description of Collecting and Measuring Changes in Performance Indicator:

Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The mission of the Multicultural Task Force is to promote an effective, respectful working relationship among all staff to include public and private agencies, and to provide services that are respectful to and effective with clients and their families from diverse backgrounds and cultures. There are 17 active members on the task force representing various state and local agencies and organizations. The task force has developed a cultural competency plan and has completed the Multicultural Competency Task Force Strategic Map and action plan for several of the strategic initiatives.

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 18: To develop a committee to guide the implementation of the Cultural Competency Plan to ensure culturally competent services are provided to individuals receiving services

Strategy: Develop a committee to guide the implementation of the Cultural Competency Plan

Performance Indicator: Meeting/activity by the Cultural Competency Workgroup

Description of Collecting and Measuring Changes in Performance Indicator:
Minutes of the workgroup meetings

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 19: To expand the cultural competency assessment pilot project to include selected regions in the northern part of the state and additional areas in the central region

Strategy: The opportunity for additional community mental health centers/providers to participate in the local cultural competency assessment project will be made available. Results from the administration of the cultural competence assessment will be available to be used by the CMHC/provider to determine areas of cultural competence that might need to be addressed.

Performance Indicator: The number of community mental health centers/providers that participate in the local cultural competency assessment project

Description of Collecting and Measuring Changes in Performance Indicator:
DMH Activity Reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The Multicultural Task Force has also coordinated use of a cultural competence assessment instrument at the local level in Regions 1, 3, 4, 6, 7, 8, 11, 14 and 15 in previous years. The long-range goal of this initiative is to provide local service providers with more specific information for use in planning to address needs identified through the assessment. The DMH staff has continued to offer and/or provide follow-up consultation to local providers in developing recommendations based on assessment results.

Goal 20: To maintain availability of technical assistance to all existing DMH certified programs operated by the 15 community mental health centers and non-profit agencies in support of service development and implementation

Strategy: The DMH Division of Children and Youth Staff will continue to provide technical assistance to community mental health service providers to facilitate development/implementation of services and/or programs for children with SED.

Performance Indicator: The number and type of technical assistance/support activities made available to CMHCs/other nonprofit service providers

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children and Youth staffing report form

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 21: To address the stigma associated with mental illness through a three-year anti-stigma campaign

Strategy: The DMH will continue to lead a statewide public education effort to counter stigma and bring down barriers that keep people from seeking treatment by leading statewide efforts in the anti-stigma campaign.

Performance Indicator: Estimated number of individuals reached through educational/media campaign, based on tracking the number of printed materials including press releases, newspaper clippings, brochures and flyers (200,000); DMH will also track the number of live interviews and presentations

Description of Collecting and Measuring Changes in Performance Indicator: Media and educational presentation tracking data maintained by DMH Director of Public Information

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** Since Oct. 1, 2009, a total of 154 Think Again and Shatter the Silence (anti-stigma/youth suicide prevention) presentations were conducted statewide reaching more than 5,200 individuals including 3,100 youth. By utilizing media coverage and presentations, the Think Again campaign reached an audience of 1.5 million. DMH and the Think Again Network created a website (www.thinkagainms.org) about mental health and suicide prevention devoted to teens/college students. In October 2013, DMH began a project with the Think Again Network to educate journalism students about stigma and mental health awareness .

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 22: To review CMHC Policy and Procedure Manuals to ensure adherences to the cultural and linguistic competency mandates required in the DMH Operational Standards and other mandates for federally funded programs

Strategy: Review of the CMHC Policy and Procedure manual will provide an opportunity for CMHCs to develop and implement policies and procedures in the area of cultural and linguistic competence that will enhance service delivery for all. The DMH *Operational Standards for Community Mental Health/Mental Retardation Services* continue to require that all programs certified by DMH train newly hired staff in cultural diversity/sensitivity within 30 days of hire and annually thereafter. Compliance with standards continues to be monitored on site visits.

Performance Indicator: Staff in the Division of Children and Youth will review a minimum of five (5) CMHC Policy and Procedure Manuals per year.

Description of Collecting and Measuring Changes in Performance Indicator: A summary of the findings and additional development of polices and procedures will be generated.

Report of Progress toward goal attainment in prior State Fiscal Year:

 X Achieved

 Not Achieved

State Priority 2: Interagency Collaboration for Children and Youth with SED

Goal 1: To provide mental health representation on the executive level Interagency Coordination Council or Children and Youth (ICCCY) and the mid-management level Interagency System of Care Council (ISCC), as required by recent legislation

Strategy: The DMH will continue to be represented on the executive level ICCCY and the mid-level Interagency System of Care Council, in accordance with House Bill 1529 and continue participation in activities by both Councils to facilitate the development/maintenance of interagency/interorganizational collaboration (at the state, regional and local levels).

Performance Indicator: Minutes of meetings and related documentation of attendance by DMH representatives at meetings scheduled in FY 2012 and FY 2013

Description of Collecting and Measuring Changes in Performance Indicator: Minutes of the ICCCY and the Division of Children and Youth Services Monthly Calendar and minutes of the mid-level Interagency System of Care Council and revised Interagency Agreement

Report of Progress toward goal attainment in prior State Fiscal Year:

X
____ Achieved _____ Not Achieved

Goal 2: To continue operation of the State-Level Interagency Case Review/MAP Team for the most difficult to serve youth with serious emotional disturbance who need services of multiple agencies

Strategy: The State-Level Interagency Planning and Case Review Team will continue to meet monthly to review cases and to address the needs of some youth with particularly severe or complex issues. The team targets those “most difficult to serve” youth with serious emotional disturbance or co-occurring disorders of SED and Intellectual/Developmental Disabilities who need the specialized or support services of two or more agencies in-state and who are at imminent risk of out-of-home (in-state) or out-of-state placement. The youth reviewed by the team typically have a history of more than one out-of-home psychiatric treatment and appear to have exhausted all available services/resources in the community and/or in the state. The team develops a recommended resource identification and accessibility plan, which might include formal existing services and informal supports; monitors and tracks implementation of the recommended service plan and the status of the child/youth; and, uses information about the availability of needed services, success of services, and other pertinent information in planning efforts.

Performance Indicator: Continued meeting of the State-Level Interagency Planning and Case Review Team to review cases

Description of Collecting and Measuring Changes in Performance Indicator: Monthly Division Activities Report and State Level Case Review Team Staffing forms

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved

Not Achieved

***Footnote:** The State-Level Interagency Case Review/ MAP Team, which operates under an interagency agreement, includes representatives of key child service agencies or programs and of families of children with serious emotional disturbance.

Goal 3: To provide funding for the State-Level Interagency Case Review/MAP Team to purchase critical services and/or supports identified as needed for targeted children/youth with SED reviewed by the team

Strategy: The DMH Division of Children and Youth Services will make funding available to the State-Level Interagency Case Review/MAP Team to provide services to youth identified through the team. The state-level team facilitates a wraparound purchase of services and support process for children/youth at risk of being inappropriately placed out-of-home. Youth from communities in which there is no local MAP team with funding have priority.

Performance Indicator: Number of children served using this funding for wraparound services

Description of Collecting and Measuring Changes in Performance Indicator:
Documentation of grant award on file at DMH; monthly cash requests

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved

Not Achieved

Goal 4: To continue to provide support and technical assistance in the implementation Making A Plan (MAP) teams and to further assist in the wrap-around approach to provide services and supports for children/youth with SED and their families

Strategy: The DMH Division of Children and Youth Services will continue to provide support and technical assistance to MAP Teams as requested and/or needed and will continue to coordinate meetings with MAP team coordinators to which representatives from the state hospitals child/adolescent units and the Department of Human Services representatives are invited.

Performance Indicator: Provision of MAP team local coordinators meetings for networking among MAP teams. Number of technical assistance visits by Division of Children and Youth staff

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Division Activities Report and minutes of local MAP team meeting

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The MAP teams employ a systems-based wraparound approach in developing a family-centered multi-disciplinary plan, designed to address individual needs and build on the strengths of youth and their families. Key to the team’s functioning is the active participation in the assessment, planning and/or service delivery process by family members, the community mental health service providers, county human services (family and children’s social services) staff, county youth services (juvenile justice) staff, county health department staff, county rehabilitation services staff and local school staff. Other providers of formal or informal supports, such as youth leaders, ministers or other representatives of children/youth family service organizations in a given community, may also participate in the planning or service implementation process.

Goal 5: To continue to make available funding for Making A Plan (MAP) Teams

Strategy: The DMH will continue to fund MAP Teams

Performance Indicator: Number of MAP teams who receive or have access to flexible funding through DMH (52)

Description of Collecting and Measuring Changes in Performance Indicator:
Documentation of grant awards; Monthly MAP team reports; monthly cash requests

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 6: To continue to provide information to schools on recognizing those children and youth most at risk for having a serious emotional disturbance or mental illness and on resources available across the state, including services provided by CMHCs

Strategy: The DMH will make available informational materials and technical assistance to local school districts and other individuals/entities by CMHCs, upon request.

Performance Indicator: The number of local schools to which the CMHCs make available informational materials or technical assistance will be documented/ available to the DMH, Division of Children/Youth, upon request

Description of Collecting and Measuring Changes in Performance Indicator:
Annual State Plan Survey

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 7: To continue support for and participation in interagency collaboration activities and other key activities related to infrastructure building as well as to make available technical assistance for this development at the state and local levels

Strategy: The DMH Children and Youth Services staff will continue to participate on state-level interagency councils or committees. Interagency collaboration at the state and local levels in planning and training is necessary to develop a more integrated system and to improve continuity of care.

Performance Indicator: Number of state-level interagency councils/committees on which the DMH Division of Children and Youth Services staff participate

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Division Activities Report

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 8: To provide technical assistance to programs in the state serving children/youth with serious emotional disturbance

Strategy: The DMH Division of Children and Youth will provide information on applicable training/education opportunities to programs serving children/youth with serious emotional disturbance.

Performance Indicator: Number of technical assistance activities and/or training offered by the DMH staff

Description of Collecting and Measuring Changes in Performance Indicator:
Children and Youth Monthly Staffing Forms

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Priority Area 3: Expansion of System of Care for Children and Youth with SED

Goal 1: To promote use of evidence-based practices in the community mental health services system for children with serious emotional disturbances

Strategy: The Division of Children and Youth Services will continue to provide technical assistance and to monitor therapeutic foster care programs certified, but not funded by the DMH. Initiatives to promote implementation of other evidence-based practices for youth and families, such as the Learning Collaboratives for trauma-focused cognitive behavior therapy described in the Plan will also continue. Other local initiatives will also continue; for example, Region 12 CMHC and Region 13 CMHC have organized workforce training in trauma-focused CBT, CBT and Combined Parent Child CBT for all of their children’s therapists, and evidence-based practices for youth are being implemented through the local System of Care project in Region 12.

Performance Indicator: The number of evidence-based practices implemented (with DMH funding support) for children with serious emotional disturbances

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Services Program grant reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 2: To provide general information/education about children/adolescents “at risk” for or with serious emotional disturbance and about the system of care model (targeting the community at-large, as well as service providers)

Strategy: The DMH will continue to make available current information about children’s mental health services through printed material and education by DMH staff as a basic component of ongoing outreach services.

Performance Indicator: Continued production and dissemination of *the DMH Division of Children and Youth Resource Directory* and other relevant public education material, made available as needed; participation in presentations by DMH Children and Youth Services staff at meetings at which public information is provided, as such opportunities are available

Description of Collecting and Measuring Changes in Performance Indicator: Educational material dissemination documented on monthly staffing forms

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The Children and Youth Services Directory is available through the DMH agency website. CYS resource directories are also disseminated at conferences or meetings or to individuals.

Goal 3: To address suicide awareness, prevention and intervention through training sessions or workshops focused on this topic

Strategy: The DMH staff will conduct training or workshops upon request by mental health centers, universities, community colleges and other community agencies.

Performance Indicator: The number of reports generated and distributed to DMH staff and the OCS Advisory Council (at least three quarterly reports and two annual reports and six presentations and/or workshops)

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Activity Reports Forms

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The MS Youth Suicide Prevention Council, now identified as the Suicide Prevention Network, meets at least quarterly and provides leadership and perspective for statewide planning and implementation of prevention and early intervention strategies, including implementation of a Comprehensive State Plan for Youth Suicide Prevention.

Goal 4: To co-sponsor statewide conferences and/or trainings on the System of Care for providers of mental health services, education services, rehabilitation, human services (child welfare), youth/juvenile justice, physical primary health, and families

Strategy: The DMH Division of Children and Youth will continue to provide support to statewide conferences and/or trainings for children's mental health service providers addressing system of care issues for participants from local and state child/family service agencies and families of children/youth with SED

Performance Indicator: The number of statewide conferences and/or trainings sponsored or co-sponsored by the Division of Children & Youth Services (six)

Description of Collecting and Measuring Changes in Performance Indicator:
Registration Forms for the Conferences; Final Conference Reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 5: To expand evidenced-based skills training in trauma-informed services for children/youth with emotional disturbances

Strategy: The DMH will continue to provide training for additional clinical staff in the evidence-based practice of trauma-focused cognitive behavior therapy through the learning collaborative model.

Performance Indicator: The number of additional community mental health services staff who complete training in trauma-focused cognitive behavioral therapy, SPARCS or other EPBs through Learning Collaboratives (90)

Description of Collecting and Measuring Changes in Performance Indicator:

Annual and information collected from TRY staff at Catholic Charities, Inc.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 6: To implement the Wraparound Model in 7 of the 15 Community Mental Health Centers

Strategy: The DMH will continue to provide funds for training of additional CMHC staffing for a 3-day Wraparound 101 course, a one-day Advanced Wraparound course and a 12-18 month process for Coach/Supervisor Training utilizing staff from the University of Maryland's Innovations Institute. The Division of Children and Youth Services partners with the Division of Medicaid, MYPAC Program to provide state-wide training on Wraparound for providers of children/youth services including the community mental health centers, two non-profit organizations, parents and social workers.

Performance Indicator: The number of community mental health centers participating in the Coach/Supervisor training and implementing the Wraparound model (7 CMHCs)

Description of Collecting and Measuring Changes in Performance Indicator:

Quarterly and mid-year information collected from CMHCs including sign-in sheets for trainings.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The Division of Medicaid included Wraparound facilitation in their submission to amend the State Medicaid Plan in which was approved by CMS on January 1, 2013.

Goal 7: To expand specialized programs/resources for transition – aged youth, 16-21 years of age who are transitioning from child mental health services to adult mental health services and/or from an institutional setting into the community

Strategy: The Division of Children and Youth Services received a state-wide Children’s Mental Health Initiative (System of Care) grant on October 1, 2009 to serve transition-aged youth with SED. This initiative, the Mississippi Transitional Outreach Program (MTOPT), is implemented in two Community Mental Health Centers. The DMH will continue to fund these two local projects through 2015 and will add two more MTOPT sites October 1, 2011.

Performance Indicator: The number of MTOPT local project sites that will develop and provide specialized services/resources for youth and young adults, 16-21 years (four)

Description of Collecting and Measuring Changes in Performance Indicator:
DMH monthly program reports, national program and evaluation reports

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The MTOPT sites (Region 4 and Region 7) began providing services during FY 2011. In FY 2012, two additional sites (Region 10 and a Desoto County program in Region 4) began providing services. The funding for the Desoto County program was retracted due to the recent acquisition of Desoto County into the Region 4 catchment area from Region 2. All parties involved agreed that Region 4 would focus efforts on building a solid mental health infrastructure in Desoto County. July 1, 2013, the Mississippi Department of Mental Health received the Mississippi System of Care Expansion (XPAND) grant to expand MTOPT sites into 3 additional counties by FY 2016.

Priority Area 4: Integrated Services for Children and Youth with SED (Combined – SMHA/SSA)

Goal 1: To reduce involvement of youth with serious emotional disturbances in the juvenile justice system

Strategy: The DMH will continue to provide technical assistance and support for the mental health component in the Adolescent Offender Programs (AOPs) certified by DMH. The Adolescent Offender Programs, which receive state funding through the Department of Human Services, Division of Youth Services, are designed to be a diversionary program from the state-operated training school. These programs target the areas of the state that have the highest commitment rates to the state training schools.

Performance Indicator: Availability of technical assistance to Adolescent Offender Programs

Description of Collecting and Measuring Changes in Performance Indicator: Certification reports and Division of Children & Youth Services Monthly activity log (for technical assistance)

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** From a system perspective, Uniform Reporting System (URS) data (based on results of the YSS-F from a representative sample of children with serious emotional disturbances receiving services in the public community mental health system (funded and certified by DMH) on the percentage of parents/caregivers of children/adolescents served by the public community mental health system reporting that their child had been arrested in one year, but was not rearrested in the next year, will also be reviewed.

Goal 2: To continue funding for mental health services for youth in two transitional therapeutic group homes and two supported living programs for youth in the transition age group (16-21 years of age)

Strategy: The DMH will continue funding two transitional living services group homes and two supported living programs serving youth with SED and other conduct/behavioral disorders for provision of mental health services.

Performance Indicator: The number of transitional therapeutic group homes and/or supported living programs that will receive funding through DMH for mental health service (four)

Description of Collecting and Measuring Changes in Performance Indicator: Grant awards to continue funding to the targeted transitional living services/supported living programs

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The Transitional Services Task Force assisted in the development of a successful grant application for a Children’s Mental Health Initiative targeting transition – aged youth. The six-year System of Care grant provides funds for the implementation of four additional Transitional Outreach Programs (TOP) across the state.

State Priority 5: Recovery Supports (Combined – SMHA/SSA)

Goal 1: To continue to make available funding for family education and family support capabilities

Strategy: Continuation of funding for family education and family support will be made available by the DMH for two Youth Leadership Teams (both affiliated with CMHS initiative, National Youth MOVE) and a Youth Summer Day Camp coordinated by Mississippi Families As Allies (MS FAA).

Performance Indicator: Number of family workshops and training opportunities to be provided and/or sponsored by MS FAA (42)

Description of Collecting and Measuring Changes in Performance Indicator:

Grant awards/monthly cash requests from MS Families As Allies for Children’s Mental Health, Inc., MS NAMI, and Region 10 CMHC

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 2: To develop youth support and leadership teams in the current two project sites for the Mississippi Transitional Outreach Program (MTOPE)

Strategy: Continue to support and fund the development of youth support and leadership teams in CMHC Regions 4 and 7

Performance Indicator: A regular schedule and agenda of the meetings will be available during the year for CMHC Regions 4 and 7.

Description of Collecting and Measuring Changes in Performance Indicator:

The schedules and agenda are provided by the local project coordinators.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 3: To continue developing a program evaluation system which promotes accountability and improves quality of care in community mental health and substance abuse services

Strategy: The DMH will continue to refine the peer review/quality assurance process for all community mental health programs and services, including substance abuse services, by utilizing the Personal Outcome Measures (POM) interview protocol to measure outcomes of individuals receiving services. Consumer and family member meaningful involvement will be present on all levels of decision-making in policy development, planning, oversight, and evaluation.

Performance Indicator: Improved access and outcomes of services to individuals receiving services will be reported; number of consumers and family members involved in decision-making activities, peer review/site visits

Description of Collecting and Measuring Changes in Performance Indicator:
DMH data.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 4: To promote the empowerment of individuals and families with mental health needs through education, support, and access to mental health services

Strategy: The DMH will continue to increase staff, increase consumers' and their families' understanding of topics related to recovery/recovery supports. The DMH Bureaus/Divisions will partner to plan resource/health fairs to educate others about recovery. Information about the Mississippi Leadership Academy (MLA) will be made available to consumers with serious mental illness to increase communication and leadership/advocacy skills; continued funding will be made available by DMH for family education and family support programs/activities (drop-in centers, NAMI, MLA); and the DMH will promote consumer information sharing and exchange through the MS Mental Health Recovery Social Network website

Performance Indicator: Number of family education groups and number of family workshops and training opportunities to be provided; number of consumers/family members completing the MLA; list of MH/SA trainings/participation summary of meetings and conferences provided by prevention and mental health staff; quarterly distribution of materials and resources will be tracked; and use and satisfaction of website services will be tracked

Description of Collecting and Measuring Changes in Performance Indicator:
Grant awards/monthly cash requests from service providers will be tracked; documentation/dates of material provided; and MLA activities will be reported monthly

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The MLA was discontinued.

Goal 5: To establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process

Strategy: The DMH Bureaus and Divisions will develop policies and procedures for the peer review process.

Performance Indicator: Increased number of consumers and family members involved in decision-making activities, peer review/site visits

Description of Collecting and Measuring Changes in Performance Indicator:

The DMH will utilize the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POM) tool to gain information about the level at which service providers are supporting personal outcomes of individuals being served. Policies and procedures and number of POM interviews conducted by consumers and family members will be tracked .

Report of Progress toward goal attainment in prior State Fiscal Year:

 X Achieved

 Not Achieved

State Priority 6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined – SMHA/SSA)

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 1: To provide funding and support of a System of Care Project that targets children/youth 10-18 years old with co-occurring disorders in three counties in the State

Strategy: The Division of Children and Youth will continue to provide state match and funding for commUNITY cares, a System of Care Project in Forrest, Lamar, and Marion Counties and will continue to support and participate in commUNITY cares activities and committees.

Performance Indicator: The number of youth served and funding amounts; the number of activities and committees in which Division of Children and Youth Staff participate monthly

Description of Collecting and Measuring Changes in Performance Indicator: The DMH Division of Children and Youth Services monthly staff forms, commUNITY cares monthly service reports, grant proposals from continuation of SOC, and Division of Children and Youth program grant files.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** Division of Children and Youth staff continues to monitor and provide technical assistance two programs, the ARK and Sunflower Landing, serving youth with co-occurring disorders. Staff in both the DMH Bureau of Alcohol and Drug Abuse and the Division of Children and Youth Services have provided training, information and support to women who may be pregnant or may have children with them while receiving treatment in one of the adult substance abuse residential treatment facilities. The DMH co-sponsors two conferences that provide sessions on youth with co-occurring disorders, the Annual Mississippi School for Addiction Professionals and the Annual Lookin' To The Future Conference.

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 2: The inclusion of a workshop regarding issues of children/youth with SED and substance abuse problems in a statewide conference planned for FY 2012

Strategy: The Division of Children and Youth Services staff members will continue to collaborate with the Bureau of Alcohol and Drug Abuse to develop a workshop focusing on youth with co-occurring disorders for the upcoming System of Care and/or the Mississippi School for Addiction Professionals

Performance Indicator: Inclusion of a workshop focusing on identification and/or treatment of youth with co-occurring disorders of serious emotional disturbance and substance abuse in a statewide conference

Description of Collecting and Measuring Changes in Performance Indicator:

Conference program(s)

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 3: To provide funding to maintain 48 beds in community-based residential treatment services for adolescents with substance abuse problems and co-occurring disorders

Strategy: The Division of Children and Youth services will provide funding to two community-based residential treatment program services and beds for adolescents with substance abuse problems and co-occurring disorders. Services provided include individual counseling, psychotherapeutic group counseling, self-help groups, family counseling, education services dealing with substance abuse and addiction, educational programs at the appropriate academic levels, vocational counseling services, and recreational and social activities.

Performance Indicator: Number of beds available in community-based residential treatment programs for adolescents with substance abuse problems that receive funds from the DMH (48)

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Children/Youth Services Residential Monthly Summary Form/Grant Proposals for two community-based residential treatment sites.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 4: To promote the concepts of recovery and person-centeredness into services for individuals with co-occurring disorders

Strategy: The DMH will provide state-wide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values.

Performance Indicator: Improved outcomes of individuals receiving services will be reported; increased access to community based supports will be reported; increased knowledge of staff will be reported; and increased number of positive responses to the Council on Quality and Leadership's (CQL) 21 Personal Outcome Measures (POM)©

Description of Collecting and Measuring Changes in Performance Indicator:

POM interviews

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 5: To expand and improve integrated treatment service options for individuals with co-occurring disorders

Strategy: The DMH will review alternative funding to provide additional training on COD; the DMH will coordinate and partner with other agencies and organizations to provide and attend COD trainings; and the DMH will continue to monitor and review services provided by the 15 mental health regions and Mississippi State Hospital.

Performance Indicator: Number of COD trainings provided and attended and number of COD programs reviewed

Description of Collecting and Measuring Changes in Performance Indicator:

Sign in sheets, agendas, and program monitoring schedules

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 6: To further develop the linkage between the Bureau of Alcohol and Drug Abuse and the Bureau of Community Services regarding CODs in individuals with SED, FASD, SMI and Substance Abuse

Strategy: Both Bureaus will collaborate in a state-wide conference planned for FY 2012 (MS School for Addiction Professionals), and both Bureaus will continue to monitor and provide technical assistance to co-occurring programs upon request.

Performance Indicator: Number of technical assistance and certification visits by DMH staff to programs implementing and/or planning programs to serve individuals with co-occurring disorders will be tracked; conference planning minutes and conference agenda; and Division of Children and Youth Monthly Reporting Form to track technical assistance provided

Description of Collecting and Measuring Changes in Performance Indicator:

Conference program, sign in sheets, agendas, and program monitoring schedules

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 7: To provide community-based residential treatment services to individuals with co-occurring disorders on site

Strategy: Operation of a residential treatment service for individuals with co-occurring disorders of serious mental illness and substance abuse will continue. Funds will be provided to continue support for operation of a 12-bed community-based residential facility for individuals with a co-occurring disorder operated by the Division of Community Services of Mississippi State Hospital.

Performance Indicator: The number of community residential treatment beds to be made available (12 beds)

Description of Collecting and Measuring Changes in Performance Indicator: The number of community residential treatment beds to be made available (12 beds)

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 8: To continue to provide community services to individuals with co-occurring disorders in all fifteen mental health regions and by the community services division of one psychiatric hospital

Strategy: The DMH will continue to provide community services to individuals with co-occurring disorders in all fifteen mental health regions and by the community services division of one psychiatric hospital.

Performance Indicator: All 15 CMHCs and the community services division of Mississippi State Hospital will provide services to individuals with co-occurring disorders

Description of Collecting and Measuring Changes in Performance Indicator: The number of individuals with co-occurring disorders to be served

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

State Priority 7: Integration of Behavioral Health and Primary Care Services (Combined – SMHA/SSA)

Goal 1: To provide support for registered nurses to address physical/medical needs of children with SED in one rural, one mixed rural/urban area of the state

Strategy: The DMH will continue to fund targeted community mental health regions to provide ongoing therapeutic nursing services to children with SED, which include providing education for children/youth with SED, their families and teachers. The DMH will continue conducting physical observations and assessments, providing information about and monitoring medications, monitoring sleeping and eating habits, and assisting with health objectives on treatment plans, etc. Designated Division of Children and Youth staff will continue to provide technical assistance to the CMHC providing these nursing services and monitor the delivery of such services in accordance with requirements of the RFP.

Performance Indicator: The number of regions to which the DMH will provide funding or intensive therapeutic nursing services for children with serious emotional disturbances (2)

Description of Collecting and Measuring Changes in Performance Indicator:

Therapeutic nursing monthly summary form

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 2: Improve the coordination of services for all individuals across primary care and mental health systems through co-integration and collaboration with and among DMH Bureaus and Divisions, Primary Healthcare Providers (PHPs), consumers, family members, and other interested stakeholders

Strategy: The DMH Bureaus and Divisions will continue to develop and maintain partnerships with PHPs through a collaborative effort including, but not limited to, Making A Plan Teams (MAP), Case Managers, Substance Abuse Coordinators and Peer Specialists. The DMH will open dialog with PHPs regarding how specific functions and services can be enhanced, blended, streamlined between Community Mental Health Centers (CMHCs) and PHPs. DMH will increase partnership activities between local entities and community providers such as hospitals, holding facilities, Crisis Stabilization Units, and CMHCs to establish triage, treatment, and diversion plans and to develop a plan for integrating mental illness, addiction, and Intellectual and Developmental Disabilities (IDD) services with primary health care.

Performance Indicator: List of PHPs in Mississippi for dissemination; number of modifications in provider policies and procedures; monthly service reports; meeting minutes and attendance sheets; explore evidence-based practice (EBP) models related to successful integration; documentation of collaboration via grant planning meetings to acquire funding; receipt of funding opportunities awarded to promote integration; development of a plan to integrate behavioral health and primary care services; number of MOUs developed with PHPs

Description of Collecting and Measuring Changes in Performance Indicator:

A record of dialog with PHPs will be established and maintained and documentation of outreach efforts and process for the development of a plan for integrating behavioral health and primary care services will be maintained.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The MS Department of Mental Health IWG (Integration Work Group) met four times in FY 2013. The IWG focused on finalizing a baseline measurement of integrated primary care and behavioral health care within the state’s mental health system. Membership expansion and outreach efforts have been expanded. The DMH is involved with grant collaboration efforts to promote whole health/wellness models and the integration of Behavioral Health and Primary Health Care.

Goal 3: FASD screening assessments will be made available in all 15 CMHC regions across the state, including MAP Teams, to determine the need for a diagnostic evaluation in children/youth (birth-18 years of age).

Strategy: Through a collaborative effort with University of Mississippi Medical Center Child Development Center (UMMCCDC), the DMH Operational Standards require children ages birth to age eighteen (18) be screened within six (6) months of intake to determine the need for a FASD diagnostic evaluation for identification of primary health and behavioral health problems, and for intervention and treatment by behavioral and primary care providers in the local community. Local MAP Team Coordinators will coordinate the FASD screenings, referring children for diagnosis, and coordinating the provision of services. Case Managers at CMHCs implement interventions identified and assist in accessing needed primary care and behavioral health services.

Performance Indicator: Increased number of FASD screenings conducted by the CMHC and/or MAP Team (2,400); increased number of FASD diagnoses will be reported

Description of Collecting and Measuring Changes in Performance Indicator:

The number of FASD screenings conducted each year in or through the CMHCs and MAP Teams are counted on DMH Division of Children and Youth Monthly Service Report forms and MAP Team Referral reports and entered into a database at the DMH Division of Children and Youth.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 4: To educate PHPs (Primary Healthcare Providers), consumers, family members, mental health/substance abuse providers and other workforce professionals on: 1) current issues and trends in alcohol, tobacco and other drug abuse (ATOD) prevention and 2) physical health topics affecting those with SMI, addiction and/or individuals with SMI and a co-occurring substance use disorder, and suicide prevention.

Strategy: The DMH will continue to increase staff's, consumers' and their families' understanding of health related topics and the connection between physical and behavioral health; the DMH Bureaus/Divisions will partner with PHPs to plan resource/health fairs. The DMH will use web, print, social media, public appearances, and the press to reach the general public, PHPs, mental health and substance abuse providers and other stakeholders in culturally and linguistically appropriate ways; DMH Bureaus and Divisions will provide substance abuse prevention and suicide prevention materials and resources to the MS Choctaw Tribal Schools in grades 7-12 on a quarterly basis; and the Bureau of Alcohol and Drug Abuse will educate PHPs on the prevention of ATOD.

Performance Indicator: Educational materials disseminated to PHPs will be tracked; list of MH/SA trainings/participation by PHPs; list of PHP trainings/participation by MH/SA providers; summary of meetings and conferences provided by prevention and mental health staff; and quarterly distribution of materials and resources

Description of Collecting and Measuring Changes in Performance Indicator:

Documentation of materials and dates provided will be tracked. All resources and materials uploaded to the DMH website will be updated and tracked.

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** In FY 2013, the DMH Bureaus/Divisions shared information and materials focusing on the connection between physical and behavioral health (mental health and addictions). A number of training events and conferences were held with participation by PHPs, MH/SA providers, prevention staff, mental health staff and other stakeholders. The DMH partnered with the MS Department of Health to plan and conduct the 6th *Empowering Communities for a Healthy Mississippi Conference: Creating a Holistic Approach to Health Communities*. Evidenced-based training events were conducted across the state. Seven ASIST trainings were conducted. The DMH's website was updated to include improved access to agency information and a full Resource Library of documents, reports and educational materials.

Priority Area 8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 1: To continue developing a program evaluation system which promotes accountability and improves quality of care in community mental health services

Strategy: The DMH will continue to refine the peer review/quality assurance process for all adult community mental health programs and services based on survey responses from community mental health center directors, peer reviewers, and interested stakeholders (i.e., NAMI-MS, MHA).

Performance Indicator: Improved access and outcomes of services to individuals receiving services will be reported; number of consumers and family members involved in decision-making activities, peer review/site visits

Description of Collecting Changes in Performance Indicator: DMH data

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 2: To make available funding to support an array of “Core” services to assist adults with serious mental illness.

Strategy: The DMH will continue to provide grants, support and technical assistance to community providers who offer an array of community mental health services and supports. These services include:

Outpatient Services, a component of the ideal system, includes diagnostic and treatment services in various treatment modalities for persons requiring less intensive care than inpatient services, including individuals with serious mental illness

Psychosocial rehabilitative services are therapeutic activity programs provided in the context of a therapeutic milieu in which consumers address personal and interpersonal issues with the aim of achieving/maintaining their highest possible levels of independence in daily life.

Day Support is a program of structured activities designed to support and enhance the functioning of consumers who are able to live fairly independently in the community through the regular provision of structured therapeutic support.

Acute Partial Hospitalization is a psychosocial rehabilitative service that is designed to provide an alternative to inpatient hospitalization or to serve as a bridge from inpatient to outpatient treatment.

Group homes for adults with serious mental illness are homes shared by individuals in a community setting with 24-hour supervision. The program is designed to help individuals achieve more independence in a community living situation.

Transitional Residential Treatment Services or Halfway Houses for adults with serious mental illness provide a comprehensive residential treatment program to persons with serious mental illness and are specifically designed to serve individuals who are at high risk of hospitalization.

Supervised housing is a form of housing service that provides a residence for three or fewer individuals in a single living unit. Individuals function with a greater degree of independence than in a group home.

Supported living is programs designed to provide individuals some assistance while allowing them to maintain an independent residential arrangement.

Mental Illness Management Services (MIMS) include case management activities that may include symptom evaluation/monitoring, crisis intervention, provision/enhancement of environmental supports, and other services directed towards helping the consumer live successfully in the community

Individual Therapeutic Support is the provision of one-on-one supervision of an individual with serious mental illness during a period of extreme crisis, without which hospitalization would be necessary.

Performance Indicator: The number of individuals served in the community will be tracked

Description of Collecting and Measuring Changes in Performance Indicator: Documentation of grant award on file at DMH; monthly cash requests, satisfaction surveys.

Report of Progress toward goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The Division of Medicaid added new services to their State Plan Amendment. During this process, Peer Support Services, PACT teams, Psychosocial Rehabilitation Services, Targeted Case Management, and Crisis Stabilization Services were added. MIMS, Individual Therapeutic Support, and Clubhouse Services were removed. All housing services are now classified as supported living or supervised living.

Goal 3: Facilitate the employment of individuals with serious mental illness served by the public community mental health system.

Strategy: The DMH will continue to fund training to clubhouse programs in expansion of the TEP (transitional employment programs) and supported employment opportunities.

Performance Indicator: Availability of support for training programs

Description of Collecting and Measuring Changes in Performance Indicator: Number of individuals engaged in TEP and supported employment, as documented by programs and monitoring on on-site certification visits; from a system perspective, the number of individuals employed (full- or part-time), including those in supported employment as a percentage of adults served by DMH certified and funded community mental health services; aggregate reports from

DMH funded/certified providers in Uniform Reporting System (URS): Profile of Adult Clients by Employment Status will also be reviewed

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The clubhouse program is no longer an approved Medicaid service. Psychosocial Rehabilitation Services replaced the clubhouse program. Supported employment and TEP are not components of Psychosocial Rehabilitation Services.

Goal 4: To provide resources and supports to allow adults with SMI to live in the community and reduce hospitalizations

Strategy: The DMH will continue to provide grants, supports, training and technical assistance to community providers to offer services that reduce hospitalization rates. Services include:

Emergency Response/Crisis Management Services: The Department of Mental Health Operational Standards require that certified community mental health centers have written policies and procedures for referral to inpatient services in the community, should an individual require such services.

Regional Acute Care/Crisis Stabilization System: The State Legislature funded major components to build a regional system to address the need for more immediate access to emergency or crisis services closer to consumers' home communities and their families, which will facilitate families' participation in consumers' treatment and transition from the hospital and reduce hospitalization and rehospitalization.

Efforts will also continue to maintain two PACT teams (in Regions 6 and 15).

Performance Indicator: Reduction in the number of admissions to state inpatient psychiatric facilities

Description of Collecting and Measuring Changes in Performance Indicator:

Documentation of grant awards on file at DMH; monthly cash requests, satisfaction surveys, hospitalization intake numbers

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 5: To expand skills training to service providers in the provision of services for adults with SMI

Strategy: The DMH will continue to provide training, support and technical assistance for staff working with adults with SMI, including the following programs:

The Case Management Certification Program has been modified and is now an internet-based staff training and development program. Elevate powered by Essential Learning is a customized training website that tracks staff training. The Essential Learning training website will take the place of case management orientation and eliminate the need for extensive travel for case managers to obtain training. Providing the case management training program online will provide cost savings to the state, as well as to service providers.

Pre-evaluation Screening for Civil Commitment Services is provided to reduce the number of inappropriate admissions to the state psychiatric facilities. The DMH will continue to make available training sessions in pre-evaluation screening to CMHC staff who meet the minimum criteria for providing this service, in accordance with DMH Operational Standards; a minimum of four training sessions per year will be provided.

Annual Conference on Alzheimer’s Disease and Psychiatric Disorders in the Elderly:
A DMH Division of Community Services staff will continue to serve as a conference committee member to ensure that topics pertaining to psychiatric issues affecting elderly persons are addressed at the annual conference for persons with Alzheimer’s Disease/Other Dementia.

Law Enforcement Training: The DMH made funding available to 15 CMHCs to help support provision of law enforcement training. Twelve CMHCs applied for and received funding for law enforcement training. As of June 2011, CMHCs reported conducting 17 training sessions, with 446 law enforcement officers trained. This funding has been made available again in FY 2012, and 12 CMHCs have applied for and received the funding.

Performance Indicator: The number of community mental health services staff who receive training

Description of Collecting and Measuring Changes in Performance Indicator:

Training documentation kept by DMH staff

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 6: To provide community mental health and other support services for senior persons with serious mental illness.

Strategy: The DMH requires a local plan from all 15 CMHCs for providing services to elderly persons with serious mental illness. The plan utilizes a guide that emphasizes outreach, interagency coordination of services and case management.

Performance Indicator: The number of CMHCs who submit a local plan for providing services to elderly persons with serious mental illness. (Minimum: 15)

Description of Collecting and Measuring Changes in Performance Indicator: Community Mental Health Center Local Plans for Elderly Services

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** The 15 community mental health centers submitted a local plan for providing services to elderly persons. The community mental health centers are no longer required to submit the local plans for elderly services. This information is captured in the DMH’s Annual Operational Plan.

Goal 7: To facilitate skills training for staff of senior psychosocial rehabilitation programs

Strategy: The DMH will continue to provide a one or two day training for staff in the senior psychosocial rehabilitation programs. There are currently three training sites. The training provides technical assistance.

Performance Indicator: The number of community mental health services staff who complete training for elderly psychosocial rehabilitation programs (training for 10 staff from elderly psychosocial rehabilitation programs)

Description of Collecting and Measuring Changes in Performance Indicator: Division of Community Services monthly grant report forms

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 8: To address the stigma associated with mental illness through a three-year anti-stigma campaign

Strategy: The DMH will continue to lead a statewide public education effort to counter stigma and bring down barriers that keep people from seeking treatment by leading statewide efforts in the anti-stigma campaign.

Performance Indicator: Estimated number of individuals reached through educational/media campaign, based on tracking the number of printed materials including press releases, newspaper clippings, brochures and flyers (200,000); the number of live interviews and presentations will be tracked

Description of Collecting and Measuring Changes in Performance Indicator: Media and educational presentation tracking data maintained by DMH Director of Public Information

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

***Footnote:** Since Oct. 1, 2009, a total of 154 Think Again and Shatter the Silence (anti-stigma/youth suicide prevention) presentations were conducted statewide reaching more than 5,200 individuals including 3,100 youth. By utilizing media coverage and presentations, the Think Again campaign reached an audience of 1.5 million. DMH and the Think Again Network created a website (www.thinkagainms.org) about mental health and suicide prevention devoted to teens/college students. In October 2013, DMH began a project with the Think Again Network to educate journalism students about stigma and mental health awareness.

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 9: To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force

Strategy: The Multicultural Task Force will continue meetings/activities. The ongoing functioning of the Multicultural Task Force has been incorporated in the State Plan to identify and address any issues relevant to persons in minority groups in providing quality community mental health services and to improve the cultural awareness and sensitivity of staff working in the mental health system. The Day of Diversity coordinated by the Multicultural Task Force includes participation by local agencies, family members, and community members in the CMHCs' regional areas.

Performance Indicator: The number of meetings of the Multicultural Task Force during FY 2012 (at least four), with at least an annual report to the Mississippi State Mental Health Planning and Advisory Council

Report of Progress toward Goal attainment in prior State fiscal Year:

 X Achieved Not Achieved

Description of Collecting and Measuring Changes in Performance Indicator:

Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made.

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 10: To develop a committee to guide the implementation of the Cultural Competency Plan to ensure culturally competent services are provided to individuals receiving services

Strategy: Develop a committee to guide the implementation of the Cultural Competency Plan.

Performance Indicator: Meeting/activity by the Cultural Competency Workgroup

Description of Collecting and Measuring Changes in Performance Indicator:

Minutes of the workgroup meetings

Report of Progress toward Goal attainment in prior State fiscal Year:

 X Achieved Not Achieved

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 11: To expand the cultural competency assessment pilot project to include selected regions in the northern part of the state and additional areas in the central region

Strategy: The opportunity for additional community mental health centers/providers to participate in the local cultural competency assessment project will offered. Results from the administration of the cultural competence assessment will be available to be used by the CMHC/provider to determine areas of cultural competence that might need to be addressed.

Performance Indicator: The number of community mental health centers/providers that participate in the local cultural competency assessment project

Description of Collecting and Measuring Changes in Performance Indicator:

DMH Activity Reports

Report of Progress toward Goal attainment in prior State Fiscal Year:

 X Achieved Not Achieved

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 12: To review CMHC Policy and Procedure Manuals to ensure adherences to the cultural and linguistic competency mandates required in the DMH Operational Standards and other mandates for federally funded programs

Strategy: Review of the CMHC Policy and Procedure manual will provide an opportunity for CMHCs to develop and implement policies and procedures in the area of cultural and linguistic competence that will enhance service delivery for all. The DMH *Operational Standards for Community Mental Health/Mental Retardation Services* continue to require that all programs certified by the DMH train newly hired staff in cultural diversity/sensitivity within 30 days of hire and annually thereafter. Compliance with standards continues to be monitored on site visits.

Performance Indicator: Staff in the Division of Community Services will review a minimum of five (5) CMHC Policy and Procedure Manuals per year.

Description of Collecting and Measuring Changes in Performance Indicator: A summary of the findings and additional development of policies and procedures will be generated.

Report of Progress toward Goal attainment in prior State Fiscal Year:

 X Achieved

 Not Achieved

State Priority 9: Targeted Services to Rural and Homeless Adults with SMI

Goal 1: To provide coordinated services for homeless persons with mental illness

Strategy: The DMH will continue to provide specialized services for homeless individuals with mental illness in targeted areas of the state.

Performance Indicator: The number of persons with serious mental illness served through specialized programs for homeless persons (750)

Description of Collecting and Measuring Changes in Performance Indicator: Adult Services State Plan Survey; PATH Grant Annual Report

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 2: To educate providers, consumers and other interested individuals/groups about the needs of homeless individuals, including the needs of homeless persons with mental illness

Strategy: A DMH staff member will continue to participate on interagency workgroups that identify and/or address the needs of individuals who are homeless. A DMH staff member continues to participate in the three Continua of Care in Mississippi (Open Doors, Mississippi United to End Homelessness, Partners to End Homelessness), as well as MISSIONLinks, Project Connect, the DMH Housing Task Force and the State Planning Council meetings. A DMH staff member has presented information to these groups on both the PATH Program and the State SOAR Initiative.

Performance Indicator: The number of workgroups addressing homelessness on which DMH staff member(s) participate (up to three)

Description of Collecting and Measuring Changes in Performance Indicator: Minutes of workgroup meetings and/or Division Activity Reports

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 3: To make available mental health services to individuals in rural areas

Strategy: Availability of plans by community mental health centers for outreach, including transportation services

Performance Indicator: The number of CMHCs that have available local plans that address transportation services (15)

Description of Collecting and Measuring Changes in Performance Indicator: Community support services plan reviews.

Report of Progress toward goal attainment in prior State Fiscal Year:

 X Achieved

 Not Achieved

Priority 10: Management Systems

Goal 1: To develop a uniform, comprehensive, automated information management system for all programs administered and/or funded by the Department of Mental Health

Strategy:

- (A) Work will continue to coordinate the further development and maintenance of Uniform data reporting and further development and maintenance of uniform data standards across service providers. Projected activities may include, but are not limited to:
- Continued contracting for development of a central data repository and related data reports to address community services and inpatient data in the Center for Mental Health Services (CMHS) Uniform Reporting System (URS) tables, consistent with progress tracked through the CMHS MH DIG Quality Improvement project;
 - Periodic review and revision of the DMH Manual of Uniform Data Standards;
 - Continued communication with and/or provision of technical support needed by the DMH central office programmatic staff who are developing performance/outcome measures
- (B) Communication with service providers to monitor and address technical assistance/training needs will continue. Activities may include, but not be limited to:
- Ongoing communication with service providers, including the common software users group to assess technical assistance/training needs;
 - Technical assistance/training related to continued development of uniform data systems/reporting, including use of data for planning and development of performance/outcome measures, consistent with the MH DIG Quality Improvement project;
 - Technical assistance related to implementation of HIPAA requirements and maintenance of contact with software vendors.

Performance Indicator: Progress on tasks specified in the Strategy.

Description of Collecting and Measuring Changes in Performance Indicator:

URS Tables

Report of Progress toward Goal attainment in prior State Fiscal Year:

 X Achieved Not Achieved

Goal 2: To maintain a toll-free consumer help line for receiving requests for information, referrals and for investigating and resolving consumer complaints and grievances and to track and report the nature and frequency of these calls

Strategy: The nature and frequency of calls from consumers and the general public via computerized caller information and reporting mechanisms included in the information and referral software will be tracked.

Performance Indicator: The number of reports generated and distributed to the DMH staff and the Office of Consumer Support (OCS) Advisory Council (a minimum of three quarterly reports and two annual reports)

Description of Collecting and Measuring Changes in Performance Indicator: Data provided through the software, as calls to the OCS help line logged into the computer system

Report of Progress toward Goal attainment in prior State Fiscal Year:

Achieved Not Achieved

Goal 3: To increase funds available for community services for children with serious emotional disturbance and adults with serious mental illness.

Strategy: The Department of Mental Health will seek additional funds in its FY 2013 budget request for community support services for children with serious emotional that disturbances and adults with serious mental illness. Budget requests for the year that begins July 1, 2012 and ends June 30, 2013, were due August 1, 2011. Current plans are to request sufficient funding to maintain the level of operations that will occur during the year that begins July 1, 2011, in addition to sufficient funding to begin expanding community-based services as outlined in the DMH Strategic Plan. A copy of that plan is available on the DMH website (www.dmh.state.ms.us). This plan has a heavy emphasis on expanding community services, while concurrently reducing residential services. The main issue standing in the way is “bridge funding.” That is, to successfully move an inpatient to a community program, one must first create the community program (which means increased expenditures for a while because both the community program and the institutional program must exist for the transition period), and the individual served must also have an adequate place to live and access to transportation once discharged from residential care. Bridge funding will almost certainly be a part of the budget request.

Performance Indicator: Inclusion of request for increased state funds to support community mental health services for children in the FY 2013 DMH Budget Request

Description of Collecting and Measuring Changes in Performance Indicator: DMH Budget Request, FY 2012.

Achieved Not Achieved

APPENDIX A