BOARD OF MENTAL HEALTH
AND DEPARTMENT OF MENTAL HEALTH
STRATEGIC PLAN

ANNUAL REPORT – FY 2013

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The Annual Report provides a summary of the completion status of FY 2013 Action Plans.

The Strategic Plan Coordinator was Wendy Bailey, and the Goal Team Leaders were:

Goal 1 Kelly Breland, MSH and Trisha Hinson, DMH
Goal 2 Sandra Parks and Veronica Vaughn, DMH
Goal 3 Thaddeus Williams and Monica Wilmoth, DMH
Goal 4 Mardi Allen, Pam Smith, and Michael Jordan, DMH
Goal 5 James Dunaway, DMH and Sabrina Young, SMSH

More than 100 dedicated individuals worked to accomplish the FY 2013 Strategic Plan action plans. Team members represented a broad spectrum of stakeholders including advocacy groups, consumer groups, DMH professional staff, paraprofessionals, nonprofit providers, and family members. DMH appreciates the hard work of the Strategic Plan Goal Teams. Moving the mental health system forward is dependent on the dedication of individuals such as these. We value their input and efforts.

Following is a list of individuals who contributed to the successes in each goal.

Goal 1

Steven Allen
Kelly Breland
Dr. Craig Escude
Edie Hayles
Lisa Henick
Trisha Hinson
Dr. Kenneth O'Neal
Millicent Ledbetter
Penney Stokes

Goal 2

Aurora Baugh
Andrew Day
Brent Hurley
Jake Hutchins
Kris Jones
Zandrea King
Joe Kinnan
Ashley Lacoste
Dr. Linda McDowell
Matt Nalker
Kimela Smith
Ginger Steadman
Mark Stovall
Scott Sumrall
Kathy VanCleave
Veronica Vaughn
Thad Williams

Goal 3

Joyce Adair
Jerri Avery
Wendy Bailey
Carol Brown
Andrew Day
Eileen Ewing
Jackie Fleming
Lisa Henick
Brent Hurley
Jake Hutchins
Kris Jones
Zandrea King
Ashley Lacoste
Shelia Lowe
Willie Mae Berry
Marlowe Middleton
Diana Mikula
Sandra Parks
Shannon Rushton
Thad Williams
Nena Williams
Debbie Wilson

Goal 4

Mardi Allen
Pam Jones
Cynthia Johnson
Kim Sallis
Jim Dickerson
Stacy Miller
Jerri Avery
Michael Jordan
Sandra Parks
Lisa Henick
Kathy VanCleave
Lynda Stewart
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Melody Winston
Steve Smith
Kelly Wilson
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Goal 5

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Tammie Avant
Lisa Bryant
Shannon Bush
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Debbie Ferguson
Tammy Foster
Melissa Hester
Phil Jenkins
Steven Johnson
Jeff Martin
Larry McKnight
Lee Middleton
Cyndi Nail
Janet Rascoe
Joe Rials
Sonia Scoggin
David Smith
Jan Smith
Molly Sprayberry
Bobby Sterling
Scotty Taylor
Renee Triplett
Sabrina Young

Goal 1 **Maximize efficient and effective use of human, fiscal, and material resources**					
Objective 1.1 ***Increase efficiency within DMH***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
1.1a Continue to implement proven cost reduction measures across DMH programs/services	Amounts and relative percentages realized from expenditure reductions projects	X			
1.1b Implement at least one new Expenditure Reduction Project each year	By 2017, five projects developed and implemented with projected cost reductions reported			X	
1.1c Determine personnel needed to transform the service system	Increase in types and numbers of community-based support staff	X			

1.1d Increase efficient use of human resources by developing innovative cost-reduction measures concerning personnel (i.e., job sharing, flex scheduling of staff, etc.)	Consolidated report with expenditure reductions and/or efficiencies in human resources	X			
Objective 1.2 ***Maximize funding opportunities***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
1.2a Assist the Division of Medicaid with submission of a Medicaid State Plan Amendment to include services allowed under Section 1915i	Waiver request finalization and submission			X	
1.2b Apply for at least two new grants or additional funding in targeted areas: infrastructure and capacity building	Number of grants applied for and increase in the amount of grant dollars obtained	X			DMH applied for at least 10 new grants targeting infrastructure and capacity development. As of June 30, 2013, four grant applications had been denied, four grant applications had been awarded and two grant applications were still awaiting a response from SAMHSA. All newly awarded grants reflect a potential increase in grant dollars for specific projects.
1.2c Collaborate with Division of Medicaid to amend the Medicaid State Plan initially for IDD services to provide a full array of person-centered services (respite services and MAP teams)	Medicaid State Plan amendments submitted			X	

1.2d Maximize use of Elderly Disabled Waiver to provide services/programs for individuals with Alzheimer's Disease	Increased number of individuals served in Garden Park using the Elderly/Disabled Waiver funds			X	
1.2e Expand use of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) program services for children and youth	Increased number of children served by CMHCs receiving EPSDT services		X		The System of Care Early Childhood Task Force is continuing to learn about the process of EPSDT and has included this action in the SOC Early Childhood Strategic Plan.

Objective 1.3 ***Revise system-wide management and oversight practices to improve accountability and performance***

Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
1.3a Maximize stakeholder input by streamlining the number of required task forces and steering committees	One representative committee for stakeholder input that meets requirements of applicable statues or policies			X	

1.3b Increase effectiveness of coordination of MAP teams	State Level Coordinator hired for C&Y and Adult MAP Teams		X		Funds were included in the DMH request for additional state funds; however, no additional funds were awarded for this position.
1.3c Establish a DMH quality management council to assist DMH with identification of trends and patterns among all DMH certified providers	Quality management council established	X			
1.3d Implement resource allocation strategy to support EBP/BPs and service outcome models	Funding amounts (dollars) reallocated, itemized by service, and number and type of EBP/BPs in use	X			
1.3e Publish an annual report that benchmarks like programs with established performance indicators/outcomes/national core indicators	Core indicator database completed and benchmarking begun	X			
1.3f Increase percentage of funding allocation to priority services (crisis services, housing, supported employment, and early intervention/prevention	Funding amounts (dollars) allocated to top three priorities		X		This action plan will begin in FY14.

Goal 2 Strengthen commitment to a person-driven, community-based system of care

Objective 2.1 ***Expand meaningful interaction of self advocates and families in designing and planning at the system level***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
2.1a Provide opportunities for individuals and family members to participate in program development, service planning and recovery training	Active participation of peers and family members on Advisory Councils	X			
2.1b Provide statewide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values	Increased knowledge of staff and increase in positive responses to the Council on Quality and Leadership's (CQL) 21 Personal Outcome Measures	X			
2.1c Determine system's responsiveness to individual needs and desired outcomes	100% of certified programs evaluated according to the CQL's Personal Outcome Measures			X	There are eight Personal Outcome Measure visits conducted a year. It will take several years to evaluate all certified providers.

2.1d Incorporate Peer Recovery Supports Services into core services in DMH Operational Standards	Peer Recovery Specialist employed by DMH certified providers	X			
2.1e Incorporate Peer Supports Services into core services in DMH Operational Standards	Certified Peer Support Specialist employed by DMH certified providers	X			
Objective 2.2 ***Develop a comprehensive crisis response system***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.2a Provide Crisis Stabilization Unit (CSU) services through each CMHC region	By end of FY16, each CMHC region will have a CSU			X	No additional funds were allocated for CSU services in FY14. However, CMHC Region 7 and Catholic Charities (Hinds County) are in the initial planning process for the development of a CSU for adults in their regions.
2.2b Evaluate CMHC-operated crisis stabilization units based on defined performance indicators for diversion, length of stay, and recidivism	Report of increase in diversion rate, length of stay, and recidivism rate	X			Diversion Rate for all admissions" – 83% Diversion Rate for involuntary admissions" – 73% Average Length of Stay – 9.02 days
2.2c Provide readily available community crisis services	24/7 emergency/ crisis services provided by all			X	24/7 emergency/crisis services is a DMH core service for CMHCs. This service continues to be monitored to ensure

	15 CMHCs for all 82 counties				compliance with the DMH Operational Standards. Funding has been allocated for the development of mobile crisis teams in each CMHC region.
2.2d Investigate the feasibility and impact of providing crisis detoxification services at CSUs	Report developed outlining the impact of providing crisis detoxification services at CSUs	X			
2.2e Develop transition/step-down residential options for people leaving crisis stabilization units	Designation of at least two crisis apartment beds per CSU to assist individuals in transition back into the community		X		There has been no additional funding for crisis apartment beds.
2.2f Develop crisis support plans for individuals as a standard component of care and mitigation strategy	Crisis Support Plan developed for each person at risk of crisis, frequent user of inpatient services, or transitioning from inpatient/more restrictive placement or environment			X	In FY14, Crisis Support Plans will be reviewed during the CMHC review visits for appropriateness.

Objective 2.3 ***Increase statewide availability of safe, affordable and flexible housing options and other community supports for individuals***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.3a Acquire sufficient staff time, training and resources to continue the development of service linkages with multiple housing partners at the state and regional levels	Support staff assigned to DMH Division of Housing and Community Living	X			
2.3b Identify and coordinate an array of supportive services needed to sustain individuals in permanent housing in local communities	By 2017, at least 500 persons received supported housing services/ supports across the state			X	In FY13, approximately 240 people received Supervised Living services through the ID/DD Waiver.
2.3c Provide Bridge Funding for supported housing	At least 20 individuals received Bridge Funding to secure supported housing each year			X	The only “bridge funding” available during FY13 was through B2i which only served individuals with ID/DD.

Objective 2.4 ***Provide community supports for persons transitioning to the community through participation in Bridge to Independence project***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.4a Expand ID/IDD Waiver Services to enable individuals with IDD residing in DMH facilities to transition into the community using Bridge to Independence services	By 2016, 138 people transitioned from ICF/MRs to community			X	62 people were transitioned using B2I services in FY13.
2.4b Increase number served in ID/IDD Waiver each year from those on the waiting list	ID/DD Waiver enrollment increased by 5% each year	X			ID/DD Waiver enrollment increased by 6.6%.
2.4c Transfer people with SMI from nursing homes to community using Bridge to Independence services	By 2016, 72 people transitioned from nursing facilities to community			X	There were 53 individuals with a non-primary mental health diagnosis who transferred from a nursing home to the community.
2.4d Transition Coordinators will establish interagency, multidisciplinary transition teams at the state ICF/MRs to assist individuals in making a seamless transition to community-based services	By 2014, five Transition Teams operating	X			Five teams have been established – one at each of the five Regional Programs.

Objective 2.5 *Provide long-term community supports*					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.5a Expand PACT teams to support the integration and inclusion of persons needing long-term psychiatric care	By 2017, five additional PACT teams funded across the state		X		Additional state funding for PACT Team expansion was not authorized for FY14.
2.5b Provide Community Support Teams to promote and support the independent living of individuals served	15 Community Support Teams funded and developed across the state		X		Due to lack of funding, Community Support Teams have not been developed.

Objective 2.6 *Provide supported employment services*					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.6a Increase number of individuals assisted with employment	By 2017, at least 500 individuals with SMI/SED/A&D/ IDD obtained jobs	X			In FY13, approximately 39 young adults with SED were assisted with employment through the MTOP initiative. This information i no longer available for the SMI population since clubhouse is no longer a certified service. PSR does not have an employment component.
2.6b Assist in the reentry of individuals with mental illness back in the workplace	By 2017, Employment Specialists employed by			X	This information is no longer available for the SMI population since clubhouse is no longer a certified service. PSR does not

	DMH certified providers				have an employment component. A total of 44 individuals participated in the Certified Peer Support Specialist Trainings (3) between July 1, 2012 – June 30, 2013. The PLACE Review Board has certified 65 Peer Support Specialists. In order to be certified by PLACE, a Peer Support Specialist must submit a verification of employment form, thus verifying that they are employed by a DMH Certified Provider.
2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services	Number of people transitioned to supported employment from Work Activity			X	A legislative bill will be re-introduced next year to make Mississippi an Employment First state through partnerships with DMH, MDRS, IDS and the CDD.

Objective 2.7 *Expand specialized services when funds become available*					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
2.7a Increase and improve integrated treatment service options for co-occurring disorders in adults with SMI and children/youth with SED (SMI/A&D, SED/A&D, SMI/IDD, SED/IDD)	Number of co-occurring integrated treatment sites increased	X			All three local MTOP sites have incorporated alcohol and drug prevention/intervention treatment for youth and young adults with SED and alcohol/drug related issues.
2.7b Increase the number of transition-aged youth/young adults with SED served in the four MTOP project sites	By 2016, increased by 200 youth with 50 youth per year	X			116 youth were served in FY13
2.7c Increase availability of in-home respite for caregivers of individuals with SED	Number of respite providers added and number served	X			In FY13, 147 children/youth received respite services through MS Families As Allies and no new respite providers were trained. A respite provider training will be scheduled in FY14.
2.7d Expand early intervention assessments for children 0-5 years of age in CMHCs for identification of developmental disabilities including SED	Implementation and number tracked of children who receive a Preschool and Early Childhood Functional Assessment Scale (PECFAS)			X	Training was provided on the use of the PECFAS in Quarter 4 of FY13. Implementation and tracking will begin in FY14.

2.7e Initiate statewide guidelines to assess individuals with an intellectual/developmental disability for dementia to determine appropriate care approaches	Policy for dementia screenings developed and implemented within all DMH facilities			X	This activity has been adopted and included in the FY14 State Operational Plan for the Division of Alzheimer's. Training on the NTG Screening tool will be conducted in FY14.

Goal 3 Improve access to care by providing services through a coordinated mental health system and in partnership with other community service providers

Objective 3.1 *Establish equitable and timely access to services statewide*

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
3.1a Implement planning lists procedures to better identify types and locations of needed services/supports in order to increase options for home and community-based service provision	Utilization of integrated planning lists for BIDD and BMH			X	
3.1b Develop strategies to address barriers to timely access	Strategies developed to reduce average length-of-wait times in community service programs			X	

3.1c Increase access to mental health care/services through expanded use of telemedicine	By 2014, all 15 CMHCs have access to telemedicine/ telehealth			X	Updated information on the use of telemedicine will be available in October 2013 when the surveys are returned.

Objective 3.2 ***Expand and increase effectiveness of interagency and multidisciplinary approaches to service delivery***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
3.2a Increase partnership activities between local entities and community providers such as hospitals, holding facilities, CSUs and CMHCs to establish triage, treatment, and diversion plans	MOUs and documentation of outreach and action accomplished through mutual efforts			X	
3.2b Collaborate with the Veterans Administration (VA) to increase the provision of A&D services to veterans within the local community	Contracting of two or more regional CMHCs and free-standing programs with the VA for bed space for veterans in the community	X			The Delta Project, a pilot partnership project implemented by the VA, is continuing to improve access to mental health services for veterans. At present, the project is striving to provide a continuum of effective treatment and support services which embraces primary care and behavioral health to existing community providers in the MS Delta. Three CMHCs and one free-standing program have contracted with the VA to provide bed space. Other free-

					standing programs are interested in servicing veterans. One free-standing program has contacted the VA to discuss referral procedures.
3.2c Expand MAP teams for children and youth with SED and IDD	By 2017, MAP Teams available in all 82 counties			X	MAP teams are continuing to increase throughout the state. As of the end of FY13, there are a total of 48 MAP Teams which serve 62 counties.
3.2d Increase the utilization and practice of Wraparound for children and youth with SED and/or IDD	Wraparound model utilized by each certified CMHC for those children/youth and their families deemed necessary	X			
3.2e Expand adult MAP teams as funding is available	By 2017, at least one adult MAP Team available in all 15 CMHC regions			X	DMH recently received an RFP from Region 15 to begin an adult MAP team by re-directing some existing grant funds.
3.2f Facilitate work with state and local partnerships to increase jail diversion programs	Increased number of jail diversion programs, mental health courts, holding facilities, and CIT programs			X	
3.2g Continue partnership with the Mississippi Transportation Initiative	Increased availability of transportation			X	Increased the availability of transportation services within Life Help's residential programs. Individuals have been afforded opportunities for outings after program hours and on weekends.

3.2h Develop strategies to facilitate integration of mental illness, IDD, and addiction services with primary health care	Seek funding sources to increase use of integrated services	X			
3.2i Continue development of multi-agency comprehensive approach for substance abuse prevention among adolescents	Developed joint efforts with community partners			X	
3.2j Conduct person-centered planning training at all DMH facilities and with all DMH certified providers and other interested parties (advocates, individuals, families) directed at developing resources for individuals transitioning from institutional care to the community	By 2014, training conducted at all 12 DMH facilities			X	All 6 of the IDD facilities, Mississippi State Hospital, and North Mississippi State Hospital have participated in the person-centered planning training.
3.2k Implement person-centered planning as tool to move people from institutional settings to the community	Number of PCPs conducted and number of successful transitions			X	168 individuals have been transitioned from an institutional setting to the community.
3.2n Begin work with the Department of Rehabilitation Services to increase supported employment service for people with IDD and SMI	MOU or interagency agreement developed			X	
3.2o Continue to provide support and assistance to promote certification of holding facilities in each county	Technical assistance provided to five counties per quarter			X	In FY13, 13 counties were provided TA for holding facility certification.
3.2p Initiate meeting with Department of Education to discuss ways in which school	Meeting held and future plans				

districts can provide support to students returning to the local districts from an institution	delineated			X	
3.2q Partner with appropriate agencies to develop educational materials to educate DMH and CMHC staff, adults with an intellectual/developmental disability, and families/caregivers on the signs of dementia and related disorders	Partnerships and materials developed, materials disseminated			X	

Goal 4 Implement use of evidence-based or best practice models and service outcome measures

Objective 4.1 *Analyze the efficacy and cost benefits associated with implementation of evidence-based or best practices*

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
4.1a Establish a DMH Evidence-Based and Best Practices Evaluation Council to analyze cost benefits of EBP/BP models, support implementation and training, and evaluate effectiveness and efficiency of models	Council reports and recommendations made	X			
4.1b Develop a summary of grant programs which currently use EBP/BP models – Inventory of existing EBP/BPs	Grant programs summary developed	X			

Objective 4.2 *Support implementation and training of evidence-based or best practices*					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
4.2a Increase the frequency of workforce development opportunities offered to providers (by DMH) focused on EBP/BP models	At least 5% increase in EBP/BP training opportunities each year and demonstrated increase in knowledge of participants			X	In FY13, DMH offered 51 EBP/BP training opportunities for an overall increase of 9% from the previous year.
4.2b Increase the use of e-learning to ensure Central Office staff are well informed and competent in EBP/BP models applicable to their division responsibilities	10 hours of CEs required each year			X	Central Office had 100% participation in the use of the e-learning management system with a total of 62% meeting or exceeding 10 or more hours.

Goal 5 **Utilize information/data management to enhance decision-making and service delivery**					
Objective 5.1 *Maximize reporting potential of collected data*					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/clinical-programmatic	Reports reviewed for appropriateness		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.1b Modify CDR to allow for capturing length-of-wait data	Include “waiting” as a service in		X		DMH Central Office is currently recruiting IT staff to address this

	order to track length of wait				action plan.
5.1c Disseminate monthly reports when/where necessary (admission, discharges, recidivism)	Reports produced and disseminated		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.1d Generate other needed reports based on data elements currently collected for client tracking	Reports produced and disseminated		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.1e Expand reporting capabilities of the CDR by creating procedures for requesting one-time reports	Availability of ad hoc reports		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.1f Eliminate duplication in data collection and reporting (electronic and manual)	Streamlined data collection among bureaus and divisions		X		DMH Central Office is currently recruiting IT staff to address this action plan.

Objective 5.2 ***Develop/expand an electronic collection and reporting system for new reports***

Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
5.2a Determine what software/program will be used across all bureaus/facilities	Report summarizing recommendations		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcome, Managed Care, Disparity Data, etc.) and for whom (i.e. Central Office, C&Y, CMHCs, etc.)	Recommendation made on needed reports		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.2c Define data for required report	Data elements identified		X		DMH Central Office is currently recruiting IT staff to address this action plan.
5.2d Design standardized reports with timelines for implementation	Reports designed		X		DMH Central Office is currently recruiting IT staff to address this

					action plan.
5.2e Implement collection and reporting	Reports designed		X		DMH Central Office is currently recruiting IT staff to address this action plan.

Objective 5.3 ***Establish an electronic exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
5.3a Determine DMH participation cost for MSHIN	Calculation of cost per facility to participate in MSHIN	X			
5.3b Determine DMH facilities to join MSHIN	As approved by DMH, number of facilities which join MSHIN	X			
5.3c Report MSHIN Board actions quarterly	Make recommendation for changes/ revisions based on the Board's actions	X			
5.3d Determine communication pathway among HIE and EHR	Post evaluation, provided recommendation of pathways	X			

Objective 5.4 ***Establish an electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
5.4a Develop strategy and priority for implementing EHR systems at DMH facilities and programs	Implementation activities and time frame developed	X			

Objective 5.5 ***Develop a Health Information Technology (HIT) strategy for DMH including policies, standards, and technical protocols while incorporating cost-saving measures***					
Action Plan	**Performance Indicator**	**Completed**			**Status Notes**
		Yes	**No**	**In Progress**	
5.5a Perform Network Security Audit	100% participation and remediation of network security of DMH Central Office and facilities	X			
5.5b Standardize IT Policies and disaster recovery Standard Operating Procedures (SOPs)	Review and standardization of 100% of IT policies and SOPs		X		Deferred to FY14.

5.5c Determine future technology needs	Standardization of technology use and dollars saved			X	DMH Programs continue standardization of timekeeping with the Kronos system. DMH is working with ITS regarding a statewide e-mail system.