MISSISSIPPI DEPARTMENT OF MENTAL HEALTH COMMUNITY MENTAL HEALTH SERVICES FY 2016 – 2017 STATE PLAN

FORWARD

Comments and questions concerning the *FY 2016- 2017 State Plan Draft* should be directed to Ms. Kimela Smith by email at kimela.smith@dmh.state.ms.us.

FACE SHEET COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

I: State Agency to be the Grantee for the Block Grant

Agency Name: Mississippi Department of Mental Health

Organizational Unit: Bureau of Community Services

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II. Contact Person for the Grantee of the Block Grant

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III: State Expenditure Period (Most recent State expenditure period that is closed out)

From: 7/1/2013

To: 6/30/2014

IV: Date Submitted

Submission Date:

Revision Date:

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MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
MISSION STATEMENT

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

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
VISION STATEMENT

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

A better tomorrow exists when…

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

Philosophy of the Department of Mental Health

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

Core Values and Guiding Principles of the Department of Mental Health

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

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

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

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

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

Collaboration: We believe that services and supports are the shared responsibility of state and local governments, communities, families, and service providers. Through open communication, we continuously build relationships.

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

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

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

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

Step 1: Assess the Strengths and Needs of the Service System

Overview of the State Mental Health System

The State Public Mental Health Service System is administered by the Mississippi Department of Mental Health (DMH), which was created in 1974 by an act of the Mississippi Legislature, Regular Session. The creation, organization, and duties of the DMH are defined in the annotated Mississippi Code of 1972 under Sections 41-4-1 through 41-4-23.

The Service Delivery System is comprised of three major components: 1) state-operated programs and community services programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

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

The DMH Central Office is responsible for the overall statewide administrative functions and is located in Jackson, MS. The Central Office is headed by an Executive Director and consists of bureaus.

The Bureau of Administration works in concert with all bureaus to administer and support development and administration of mental health services in the state.

The Bureau of Community Mental Health Services has the primary responsibility for the development and implementation of community-based services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, as well as to assist with the care and treatment of persons with Alzheimer's disease/other dementia. The Bureau of Community Services provides a variety of services through the following divisions: Division of Children and Youth Services, Division of Adult Grants Management, Division of Alzheimer's Disease and Other Dementia, Division of State Planning and the Division of Adult Crisis Response.

The Bureau of Alcohol and Drug Services is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with substance abuse problems. The overall goal of the state's substance abuse service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and recovery support.

The Bureau of Mental Health is responsible for the planning, development and supervision of an array of services for individuals served at the state's six state behavioral health programs, which include services for individuals with mental illness, alcohol/drug services and nursing homes. This public service delivery system is comprised of four psychiatric hospitals; Central Mississippi Residential Center, a mental health community living program; and the Specialized Treatment Facility, a psychiatric residential treatment facility for adolescents with mental illness and a secondary need of substance use prevention/treatment.

The Bureau of Intellectual and Developmental Disabilities is responsible for planning, development and supervision of an array of services for individuals in the state with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive IDD programs for individuals with intellectual and developmental disabilities, the Mississippi Adolescent Center, an adolescent rehabilitation center for youth with intellectual and developmental disabilities whose behavior requires specialized treatment, regional community mental health centers, and other nonprofit community agencies/organizations that provide community services.

The Bureau of Quality Management The Bureau of Quality Management, Operations and Standards is responsible for the development of DMH standards of care for providers, provider certification and compliance with DMH standards, oversight of agency and provider emergency management/disaster response systems, management of the serious incident reporting system for DMH certified providers, operation of DMH's information and referral services, and oversight of constituency services.

The Bureau of Outreach, Planning and Development is responsible for the agency's strategic planning process, internal and external communications, public awareness campaigns, transformation to a Person-Centered and Recovery Oriented System of Care, special projects, workforce development, and professional licensure and certification

Functions of the Mississippi Department of Mental Health

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set operational standards for the services it funds, and to monitor compliance with those operational standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies.

State Certification and Program Monitoring: Through an ongoing certification and review process, the DMH ensures implementation of services which meet the established operational standards.

State Role in Funding Community-Based Services: The DMH's funding authority was established by the Mississippi Legislature in the Mississippi Code, 1972, Annotated, Section 41-45. Except for a 3% state tax set-aside for alcohol services, the DMH is a general state tax fund agency. Agencies or organizations submit to DMH for review proposals to address needs in their local communities. The decision-making process for selection of proposals to be funded are based on the applicant's fulfillment of the requirements set forth in the RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health.

Services/Supports Overview: The Mississippi Department of Mental Health (DMH) provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance abuse problems, and Alzheimer's disease and/or other dementia. It is our goal to improve the lives of Mississippians by supporting a better tomorrow…today. The success of the current service delivery system is due to the strong, sustained advocacy of the Governor, State Legislature, Board of Mental Health, the Department's employees, consumers and their family members, and other supportive individuals. Their

collective concerns have been invaluable in promoting appropriate residential and community service options.

Service Delivery System: The mental health service delivery system is comprised of three major components: 1) state-operated programs and community services programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

State-operated programs: DMH administers and operates four state behavioral health programs, one mental health community living program, a specialized behavioral health program for youth, five regional programs for persons with intellectual and developmental disabilities, and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services. The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI) and substance abuse. These programs include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, and Specialized Treatment Facility. Nursing home services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, the behavioral health programs also provide transitional, community-based care. The Specialized Treatment Facility is a specialized behavioral health program for adolescents with mental illness and a secondary need of substance abuse prevention/treatment. Central Mississippi Residential Center is a community living program for persons with mental illness. The programs for persons with intellectual and developmental disabilities provide residential services. These programs include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center. The programs are also a primary vehicle for delivering community services throughout Mississippi. Mississippi Adolescent Center is a specialized program for adolescents with intellectual and developmental disabilities.

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

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

Administration of Community-Based Mental Health Services

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set operational standards for the services it funds, and to monitor compliance with those operational standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies. The MS Department of Mental Health is an active participant in various interagency efforts and initiatives at the state level to improve and expand mental health services. The DMH also supports, participates in and/or facilitates numerous avenues for ongoing communication with consumers, family members and services providers.

State Mental Health Agency's Authority in Relation to Other State Agencies

The MS Department of Mental Health is under separate governance by the State Board of Mental Health but oversees mental health, intellectual/developmental disabilities, and substance abuse services, as well as limited services for persons with Alzheimer's disease/other dementia. The DMH has no direct authority over other state agencies, except as provided for in its state certification and monitoring role; however, it has maintained a long-term philosophy of interagency collaboration with the Office of the Governor and other state and local entities that provide services to individuals with disabilities, as reflected in the State Plan. The role of State agencies in the delivery of behavioral health services is addressed in: Support of State Partners.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS	
Region 1: Coahoma, Quitman, Tallahatchie, Tunica	Region One Mental Health Center Karen Corley, Interim Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267
Region 2: Calhoun, Lafayette, Marshall, Panola, Tate, Yalobusha	Communicare Sandy Rogers, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521
Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union	LIFECORE Health Group Robert Smith, Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662)640-4595
Region 4: Alcorn, Prentiss, Tippah, Tishomingo, DeSoto	Timber Hills Mental Health Services Charlie D. Spearman, Sr., Executive Director 303 N. Madison P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883
Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower	Life Help Madolyn Smith, Executive Director 2504 Browning Road P. O. Box 1505 Greenwood, MS 38935-1505 (662) 453-6211
Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston	Community Counseling Services Jackie Edwards, Executive Director 1032 Highway 50 P.O. Box 1336 West Point, MS 39773 (662) 524-4347
Region 8: Copiah, Madison, Rankin, Simpson, Lincoln	Region 8 Mental Health Services Dave Van, Executive Director 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)
Region 9: Hinds	Hinds Behavioral Health Kathy Crockett, Ph.D., Executive Director 3450 Highway 80 West P.O. Box 777Jackson, MS 39284 (601) 321-2400
Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba,	Weems Community Mental Health Center Maurice Kahlmus, Executive Director 1415 College Road

Newton, Scott, Smith	P. O. Box 2868 Meridian, MS 39302 (601) 483-4821
Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, Wilkinson	Southwest MS Mental Health Complex Steve Ellis, Ph.D., Director 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173
Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne	Pine Belt Mental Healthcare Resources Jerry Mayo, Executive Director 103 South 19th Avenue P. O. Box 18679 Hattiesburg, MS 39404-86879 (601) 544-4641
Region 13: Hancock, Harrison, Pearl River, Stone	Gulf Coast Mental Health Center Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132
Region 14: George, Jackson	Singing River Services Sherman Blackwell, II, Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690
Region 15: Warren, Yazoo	Warren-Yazoo Mental Health Services Bobby Barton, Executive Director 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031

Strengths and Needs of the Service System

Strengths: Children with serious emotional disturbance (SED) and their families

- The Mississippi Transitional Outreach Program (MTOP), a Children's Mental Health Initiative targeting transitional-age youth, 14-21 years, entered into the sixth and final year of implementation on October 1, 2014. Three local community mental health center regions are implementing the program which provides evidence-based practices, wraparound facilitation, and training for professionals and youth, and education and resources on independent living skills for youth enrolled. On July 1, 2013, DMH received a four year grant to expand this program to two additional counties.

- The DMH established and continues to support an Interagency State-Level Case Review Team for children with serious emotional disturbances with complex needs that usually require the intervention of multiple state agencies. The DMH provides flexible funding to this state-level team and to local interagency Making A Plan (MAP) teams that are designed to implement cross-agency planning to meet the needs of youth most at risk of inappropriate out-of-home placement. Another example is the long-term collaboration of the DMH and the Department of Human Services (DHS) in the provision and monitoring of therapeutic foster care services and therapeutic group home services, as well as adolescent offender programs across the state.

- The DMH and the Division of Children's Services have demonstrated a long-term commitment to training of providers of mental health services, as well as cross-training of staff from other child and family support service agencies. Collaborative training initiatives include Wraparound Facilitation and System of Care by staff at the Innovations Institute at the University of Maryland; MAP team development and expansion; Youth Suicide Prevention; Cultural Diversity; Trauma-Informed Care; juvenile mental health issues; and cross - system improvement trends and best practices.

- Efforts have been initiated to provide training in evidence-based practices to clinicians in the CMHCs and other nonprofit programs to improve responses to youth and families in crisis, including those with a history of trauma. Through contractual services with nationally certified trainers, DMH provides collaborative learning for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

- Efforts have been focused on the mental health needs of youth in the juvenile justice system, specifically the youth detention centers. The DMH continues to fund ten (10) CMHCs for the provision of mental health services in the local detention centers. Services include assessments, Community Support Services, SPARCS (group therapy), Cognitive Behavioral Therapy (CBT), Wraparound Facilitation, and medication monitoring.

- The DMH has continued its efforts to provide community mental health services to schools, which is an important strategy in increasing the accessibility of services in rural areas and for families with working parent(s)/caregiver(s). Working with schools to identify and meet the mental health needs of children is also key to improving school attendance and performance of youth with serious emotional or behavioral challenges.

- The DMH, in collaboration with the Division of Medicaid and the University of Southern Mississippi School of Social Work, developed the Mississippi Wraparound Initiative.

Needs: Children with serious emotional disturbance (SED) and their families

- Decrease turnover and increase the skill-level of children's community mental health and other providers of services for children/youth at the local level is ongoing, to better ensure continuity, equity and quality of services across all communities in the state, e.g., county health offices, teachers, foster care workers, and juvenile justice workers. Availability of additional workforce, particularly psychiatric/medical staff at the local community level, specializing in children's services, is an ongoing challenge in providing and improving services.

- Address children with co-occurring disorders of serious emotional disturbance (SED) and intellectual and developmental disabilities (IDD) in a more comprehensive way by expanding existing effective services and creating new approaches that facilitate cross- system collaboration and education.

- Continue to work to improve the information management system is needed to increase the quality of existing data, to expand capability to retrieve data on a timely basis, and to expand the types of data collected to increase information on outcomes is needed. This work should proceed with the overall goal of integrating existing and new data within a comprehensive quality improvement system.

- Continue to collaborate with the Division of Medicaid to further define and develop Intensive Outpatient Psychiatric Services and expand children's mental health providers' capacity to provide this intensive service.

- Continue the development of specialized curriculums for Certified Parent/Caregiver Support Specialists and Certified Youth/Young Adult Support Specialists.

Strengths: Services for Adults with serious mental illness (SMI)

- Implementation of the comprehensive service system for adults with serious mental illness reflects the DMH's long-term commitment to providing services, as well as supports, that are accessible on a statewide basis.

- The DMH has created the Division of Crisis Response to address the development of crisis response capabilities in the state. The Division of Crisis Response consists of the Mobile Crisis Response Teams (MCeRTs), Crisis Intervention Teams (CIT), and Crisis Stabilization Units (CSU). MCeRTs are required to provide 24 hour a day face-to-face or telephone crisis response depending on the nature of the crisis. CITs are partnerships developed between local law enforcement, local mental health centers, and other social services agencies. CIT officers are trained to recognize mental health symptoms and de-escalation techniques.

- The DMH funds seven 16 bed CSUs and partially funds one 24 bed CSU throughout the state. The DMH also partially funds one eight bed CSU for adolescents. All CSU takes voluntary as well as involuntary admissions. The DMH Help Line works in conjunction with the CMHC crisis response if face-to-face intervention is necessary for Help Line callers.

- The DMH also operates two 50 bed acute psychiatric hospitals for adults. The acute care/crisis

services are located in the north and in the south part of the state.

- The DMH has developed a more specific strategic plan to address statewide implementation of an integrated service. MCeRTs assess adults and children with mental illness, substance abuse, and intellectual and developmental disabilities. MCeRTs are partnering with behavioral health centers to improve transitioning individuals from behavioral health centers back to home and community.

- The perspectives of families and individuals receiving services are important in planning, Implementing, and evaluating the adult service system through involvement in numerous task forces, peer review process, provider education, and the person-directed planning process. The Bureau of Outreach, Planning and Development has implemented initiatives to provide more specific guidance regarding the purpose and structure of local advisory councils, has developed a draft of a manual to provide technical assistance to the local advisory councils, and plans to develop a strategy for dissemination of educational information to the local councils.

- The Bureau of Outreach, Planning and Development coordinates the Peer Support Specialist Program. This program is designed to promote the provision of quality Peer Support Services and to enhance employment opportunities for individuals with serious mental illness, substance abuse, and intellectual/developmental disabilities. Certified Peer Support Specialists are required by DMH to be an integral component of PACT and MCeRT.

- The Bureau of Outreach, Planning and Development oversees the Peer Review Process for the DMH using The Council on Quality Leadership's Personal Outcome Measures © to assess the impact of services on the quality of life for the people receiving services. Individuals and family members are trained to conduct interviews to determine if outcomes are present for the individual and if the supports needed are present in order to achieve those outcomes. The Division of Recovery and Resiliency maintains the commitment to ensure individuals and family members have the skills and competencies needed for meaningful participation in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs.

- The Office of Consumer Support is responsible for maintaining a 24 hour, seven days a week service for responding to needs for information, referral, and crisis intervention by a National Suicide Prevention Lifeline. The Office of Consumer Support responds and attempts to resolve consumer grievances about services operated and/or certified by the DMH.

- The DMH has contracted with the Technical Assistance Collaborative (TAC) to develop a statewide housing plan. The State will request funding for this project through Mississippi Home Corporation. The goal is to increase the number of safe, decent affordable housing options that include a range of choices for Mississippians.

- The DMH will address housing and support service needs of persons who are experiencing chronic homelessness who have a substance use or co-occurring use and mental health disorder through the Cooperative Agreement to Benefit Homeless Individuals (CABHI).

- The DMH provided funding to develop four pilot sites to offer Supported Employment to 75 individuals with mental illness. The sites are in Regions 2,7,10, and 12.

- Navigate is an evidence-based program designed to assist individuals who have experienced their first psychiatric episode. Navigate will be used in conjunction with PACT services to identify and alleviate future episodes.

- Trainers in both the adult and youth versions of Mental Health First Aid have been certified by the DMH. Mental Health First Aid is public education program that helps the public identify, understand, and respond to signs of mental illness, substance use disorders and behavioral disorders. These trainers provide education to community leaders including: pastors, teachers, and civic groups, and families and friends who are interested in learning more about mental health issues.

- All DMH Behavioral Health Programs have implemented person-centered discharge practices which are in-line with the agency's transformation to a person-centered and recovery oriented system of care.

- The Mississippi Department of Mental Health, and the Think Again Network, launched the Think Again Mental Health Awareness Campaign. This campaign addresses stigma that is often associated with seeking care. The campaign was designed to decrease the negative attitudes that surround mental illness, encourage young adults to support their friends who are living with mental health problems, and to increase public awareness about the availability and effectiveness of mental health services. The Think Again campaign has also partnered with the youth suicide prevention campaign, Shatter the Silence. These campaigns teach young adults about mental health and suicide prevention. The campaign engaged consumers in the planning, development and implementation of the campaign.

- The Division of Alzheimer's Disease and Other Dementia provides awareness activities and educational training programs for family caregivers, direct care workers and other professional service providers, information and referral, adult day service programs, and annual education conferences. In addition, the Division works in collaboration with other state and nonprofit agencies on a variety of programs and projects such as development and implementation of the State Strategic Plan for Alzheimer's Disease, law enforcement training, adult day programs, in-home respite, education and training programs, development of outreach materials, and community caregiver support services.

- The Mississippi Department of Public Safety Board on Law Enforcement Officer Standards and Training accepted a proposal to include a course entitled, "Older Adults, Dementia, Elder Abuse and Silber Alert" into the Mandatory Basic Training Curriculum for all Law Enforcement Cadets.

- The DMH has provided more than 25 Applied Suicide Intervention Skills Trainings (ASIST) to professionals and community members. ASIST is a two-day interactive session that teaches effective intervention skills while helping to build suicide prevention networks in the community.

- Mississippi has eight Programs of Assertive Community Treatment Teams (PACT). The Teams serve: Region 3 (serves Lee County), Region 4 (serves DeSoto County), Region 6 (serves Leflore County), Region 9 (serves Hinds County), Region 10 (serves Lauderdale County), Region 12 (serves Forrest and Lamar Counties), Region 12 (serves Harrison, Hancock, and Jackson Counties), and Region 15 (serves Warren and Yazoo Counties). PACT is a mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient/community services.

- The Specialized Planning, Options to Transition (SPOT) Team is a collaborative effort between the Department of Mental Health and the ARC of MS to assist individuals in need of support and services that exceeds their natural supports. With this coordination of systems and

supports, it is the expectation that people with complex diagnoses and circumstances may be appropriately served and supported in community settings.

Needs: Services for Adults with Serious Mental Illness (SMI)

- For most people with a mental illness, employment is viewed as an essential part of their recovery. Most people with severe mental illness want to work as it is a typical role for adults in our society and employment is a cost-effective alternative to day treatment. Approximately 2 of every 3 people with mental illness are interested in competitive employment but less than 15% are employed due to lack of opportunities and supports.

- The Mississippi Department of Mental Health has chosen to develop and make available supported employment services based on the Dartmouth & Individual Placement and Supports Model (IPS). IPS supported employment helps people with severe mental illness work at regular competitive jobs of their choosing. Although variations of supported employment exist, IPS (Individual Placement and Support) refers to the evidence-based practice of supported employment.

- People who obtain competitive employment through IPS have increased income, improved self-esteem, improved quality of life, and reduced symptoms. Approximately 40% of clients who obtain a job with help from IPS become steady workers and remain competitively employed a decade later.

- Continued work to increase access to and to expand safe and affordable community-based housing options and housing related supports statewide for persons with serious mental illness is needed to support recovery. Accomplishing this goal will involve focusing the system response on supporting individuals to choose among community-based options for a stable home, based on their individual needs and preferences, which is consistent with the best practice of Permanent Supportive Housing (PSH).

- The Division of Crisis Response is planning to refocus efforts to reach more law enforcement entities as well as increase networking through the Department of Public Safety, and to explore avenues to reach additional crisis personnel such as ambulance drivers, volunteer fire departments and first responders. The DMH makes grants available to CMHC regions to provide training to law enforcement and facilitate the establishment of two Crisis Intervention Teams (CIT) in the state.

- Continued focus on improving transition of individuals from behavioral health centers back to their home communities is needed. The development of strategies to better target and expand intensive supports through a team approach is being addressed. The DMH will continue to enhance existing intensive supports and develop new protocols for follow-up services and aftercare.

- Work to improve the quality of data contained in the information management system, as well as to expand data analysis, continues. The goal is to integrate a new and existing data into a comprehensive quality improvement system.

Step 2: Identification of the Unmet Service Needs and Critical Gaps

Children and Youth

Mississippi utilized final methodology for estimating prevalence of serious emotional disturbance among children and adolescents, as published by the (national) Center for Mental Health Services (CMHS) in the July 17, 1998, issue of the Federal Register. The estimated number of children, ages 9 through 17 years in Mississippi in 2013 is 369,698. Mississippi remains in the group of states with the highest poverty rate (29.1% age 5-17 in poverty, based on 2013 Federal poverty rates), therefore, estimated prevalence rates for the state (with updated estimated adjustments for poverty) would remain on the higher end of the ranges. The most current estimated prevalence ranges of serious emotional disturbances among children and adolescents for 2013 are as follows:

- Within the broad group (9-11%), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 11-13% or from 40,667 – 48,061.
- Within the more severe group (5-7%), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 7-9% or from 25,879 – 33,273.

For transitional age youth, the average of the prevalence rate of 5.4% (for adults) and the highest prevalence rate of 13% (for children) was calculated as 9.2% and applied to an estimate on the number of youth in the population, ages 18 up to 21 years of age (139,463) yielding an estimated prevalence of 12,831 in this transition age group.

In FY 2014, 34,194 children with serious emotional disturbance were served through the public Community mental health centers and other nonprofit providers of community services (Mississippi State Plan for Community Mental Health Services Implementation Report, FY 2014).

Adults

Mississippi utilized the final federal methodology for estimating prevalence of serious mental illness among adults, as published by the (national) Center for Mental Health Services in the June 24, 1999, issue of the Federal Register. The estimated number of adults in Mississippi, ages 18 years and above is 2,228,376 based on U.S. Census 2013 population estimates. According to the final federal methodology published by the (national) Center for Mental Health Services for estimating prevalence of serious mental illness among adults (in Federal Register, June 24, 1999), the estimated prevalence of serious mental illness among adults in Mississippi, ages 18 years old and above is 5.4 % or 120,332 in 2013.

In FY 2014, 59,300 adults with serious mental illness were served through the public community mental health system in Mississippi. Services were provided in all 14 mental health regions and by the community services division of one psychiatric hospital to 11,034 individuals with co-occurring disorders (Mississippi State Plan for Community Mental Health Services, FY 2014.)

The MS Board of Mental Health and the DMH developed a Strategic Plan five years ago. The Strategic Plan was developed with the help of partners across the state to guide the future of the agency. The main goal of the Plan was to create a living, breathing document. The Plan was developed with input from consumers, family members, advocates, community mental health centers, service providers, professional associations, individual communities, DMH staff, and other agencies. The DMH wanted to make strides toward developing a community-based service system which focuses on evidence-based practices and improves access to care.

The Bureau of Community Services used the report published by Mental Health America

Parity or Disparity: The State of Mental Health in America 2015 to assist us in identifying gaps in our services for adults and children. The report identifies indicators available across all fifty states and the District of Columbia. The report is organized in general categories relating to mental health status and access to mental health services. The data allows the DMH to see how our state is ranked among the other states.

The DMH receives feedback through the review of the State Plan by the MS Planning and Advisory Council and the MS Board of Mental Health. The DMH has also benefited greatly from the continuity of its relationship with the MS State Mental Health Planning and Advisory Council, which includes representation from major family and consumer advocacy groups. The DMH sends out a statewide satisfaction survey for adults and children as another means of collecting feedback from individuals served by the system. Family members, consumers, local service providers, and representatives from other agencies participate on numerous task forces and coalitions.

In addition to considering estimates of prevalence for targeted groups, results of a statewide consumer survey, public forums and focus group meetings were used to identify and categorize major areas of need across disability groups, including individuals with mental illness. Major needs for transportation and housing were identified. As part of the housing planning component of the TTI project, the Technical Assistance Collaborative, Inc. (TAC) provided the DMH with state level population data and various indicators of poverty and disability. While there continues to be a need for transportation and housing for targeted groups, the information and data provided by TAC has been used on occasions to educate public officials, stakeholders, and funding sources regarding the need for expanding and increasing transportation and housing. The TAC data has also been used to develop applications for funding to increase these services.

The DMH Division of Children and Youth Services gains additional information from both the individual service level and from a broader system policy level through regular interaction with representatives in other child service agencies on local Making A Plan (MAP) teams, and through the work of the State-level Interagency Case Review Team, two Comprehensive System of Care Projects and the Mississippi Transitional Outreach Program described in more detail in the State Plan.

The DMH management staff receives regular reports from the Division of Office of Consumer Support (OCS), which tracks requests for services by major category, as well as receives and attempts to resolve complaints and grievances regarding programs operated and/or certified by the agency. This avenue allows for additional information that may be provided by individuals who are not currently being served through the public system.

Step 3: Prioritize State Planning Activities

Table 2 Plan Year FY 2016-2017:

	Priority Areas
1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
2	Interagency Collaboration for Children and Youth with SED
3	Expansion of System of Care for Children and Youth with SED
4	Integrated Services for Children and Youth with SED
5	Recovery Supports
6	Prevention of Substance Abuse and Mental Illness
7	Health Care and Health Systems Integration
8	Trauma and Justice
9	Comprehensive Community-Based Mental Health Systems for Adults with SMI
10	Targeted Services to Rural and Homeless Adults with SMI
11	Health Information Technology
12	Workforce Development

Step 4: Objectives, Strategies and Performance Indicators

The primary target populations addressed in the FY 2016-2017 State Plan are children with serious emotional disturbances (SED) and adults with serious mental illness (SMI).

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

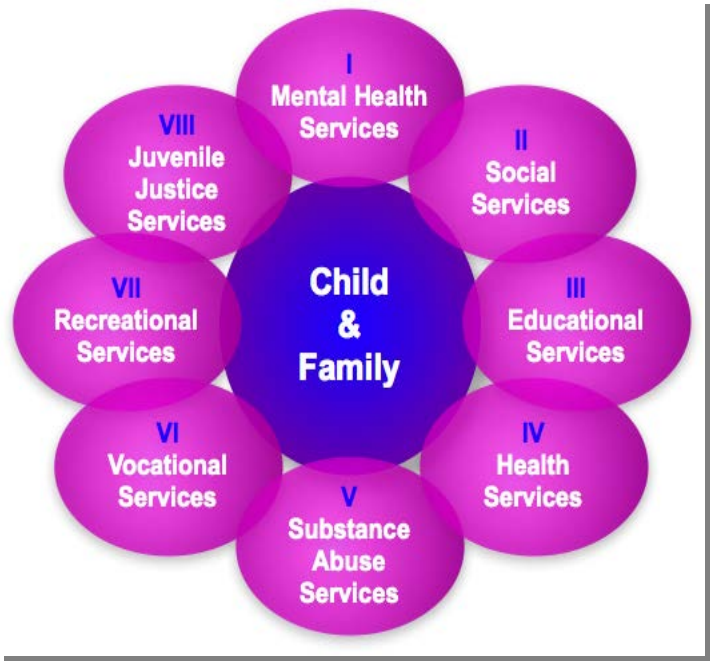
Children and adolescents with a serious emotional disturbance are defined as any individual, from birth up to age 21, who meets one of the eligible diagnostic categories as determined by the current DSM and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills. The need for mental health as well as other special needs services and support services is required by these children/youth and families at a more intense rate and for a longer period than children/youth with less severe emotional disorders/disturbance in order for them to meet the definition's criteria.

The majority of public community mental health services for children with serious emotional disturbance in Mississippi are provided through the 14 regional mental health/mental retardation commissions. Other nonprofit community providers also make available community services to children with serious emotional disturbances and their families - primarily community-based residential services, specialized crisis management services, intensive home/community-based services, family education and prevention/early intervention services. Public inpatient services are provided directly by the MS Department of Mental Health (described further later under this criterion). The Department of Mental Health remains committed to preventing and reducing hospitalization of individuals by increasing the availability of and access to appropriate community mental health services. Activities that may reduce hospitalization include the State Level Review/MAP Teams, Pre-evaluation Screening and Civil Commitment Services, Acute Inpatient Services, Mobile Crisis/Emergency Response Teams, Medication Maintenance, Intensive Home/Community Based Services, Wraparound Facilitation, Day Treatment, Therapeutic Foster Care, Therapeutic Group Homes, and Community-Based Chemical Dependency Treatment Services. Medically necessary mental health services that are included on an approved plan of care are also available from approved providers through the Early Periodic Screening, Diagnosis and Treatment Program, funded by the Division of Medicaid. Those services are provided by

psychologists and clinical social workers and include individual, family and group and psychological and developmental evaluations.

Mississippi's System of Care for Children and Youth

Mississippi recognizes that a System of Care (SOC) is a coordinated network of community-based services and supports based on the values of cultural/linguistic competency, family-driven and youth-guided care. A System of Care is not a program, but a philosophy of how care should be delivered. A System of Care considers all life domains rather than addressing just the mental health treatment needs in isolation. There are eight overlapping dimensions:



Mississippi was one of the first states to create a foundation for systems of care. Beginning with state legislation in 1993, Mississippi developed local multidisciplinary assessment and planning teams for youth with multiple agencies and established a Children's Advisory Council that focused on using pooled funding to better serve youth. Subsequent legislation established and strengthened a statewide system of care structure, with local Multidisciplinary Assessment and Planning (MAP) Teams around the state and the creation of the Interagency Coordinating Council for Children and Youth (ICCCY) and a mid-level management team, the Interagency System of Care Council (ISCC). Membership on the ICCCY includes Executive Directors of the following state child-serving agencies: MS Department of Education, MS Department of Mental Health, State Department of Health, Department of Human Services, Division of Medicaid (Office of the Governor), State Department of Rehabilitation Services and Families As Allies for Children's Mental Health, Inc., and a representative from the Attorney General's Office, MAP Teams, a Child and Adolescent Psychiatrist, the ARC of Mississippi, local university, Early Childhood, and a youth/young adult and a parent/caregiver. The ICCCY is charged with leading the development of the statewide system of care through the established Interagency System of Care Council (ISCC), consisting of a member of each state agency, a family member representing a family education and support organization, two special organization representatives, and a family member appointed by MSFAA. The ISCC serves as the mid-level management teams with the responsibility of collecting and analyzing data and funding strategies, coordinating local MAP Teams, and applying for grants from public and private sources.

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 1	To continue availability of funding for three prevention/specialized early intervention programs
Strategies	The DMH will continue to provide funding for three 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.
Indicator	The number of programs to which DMH makes available funding to help support prevention/early intervention **(**three**)**
Baseline Measurement	In FY 2014, DMH provided funding for three prevention/specialized early intervention programs. Vicksburg Child Abuse Prevention Center, Vicksburg Family Development Center, and Operation Safe Kids operated by Region 7 CMHC/Community Counseling Services. These programs served 751 children and youth and 190 families in FY 2014. There were 3467 referrals made to Operation Safe Kids.
First Year Target/Outcome Measurement	In FY 2016, DMH will provide funding for three prevention/specialized early intervention programs.
Second Year Target/Outcome Measurement	In FY 2016, DMH will provide funding for three prevention/specialized early intervention programs.
Description of Data	DMH RFPs/grant applications/grants
Criteria	Management Systems

***Footnote:** Prevention services supported through state funds from the 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.

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 2	To continue to promote the development of children's mental health services available to infants and young children, birth to 5 years of age
Strategies	Technical assistance activities and training opportunities will be facilitated by the Division of Children and Youth Services staff and other experts in the field upon request, including on-site visits, to providers interested in developing children's mental health services to serve children, birth to 5 years of age, with mental health issues and their families.
Indicator	The DMH Division of Children and Youth Services staff will assist in coordinating technical assistance and training activities to service

	providers on developing mental health services for children, birth to 5 years of age. The Division of Children and Youth Services Director will attend and participate in meetings of the Statewide Early Childhood Advisory Council (SECAC). Minutes of the meetings will be available upon request.
Baseline Measurement	In FY 2014, five CMHCs (Regions 8, 10, 12, 14, and 15) provided 12 specialized day treatment programs for children ages 3 to 5 years. Technical assistance by DMH Division of Children and Youth staff was provided to all CMHCs providing this service.
First Year Target/Outcome Measurement	In FY 2016, all providers developing mental health services for infants and children, birth to 5 years of age, will receive technical assistance when requested.
Second Year Target/Outcome Measurement	In FY 2017, all providers developing mental health services for infants and children, birth to 5 years of age, will receive technical assistance when requested.
Description of Data	DMH Division of Children and Youth Services monthly staffing report forms
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 3	To continue availability of school-based general outpatient mental health services (other than day treatment)
Strategies	Continued availability of school-based general outpatient services to children with serious emotional disturbance and their families will be provided. 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.
Indicator	Number of regional CMHCs through which general outpatient services for children with serious emotional disturbance are made available (offered) to schools (Offered by 14 CMHC Regions)
Baseline Measurement	In FY 2014, a total of 17,325 children were reported as having received school-based outpatient services through the CMHCs. The CMHC's provided mental health services in 801 school-based sites. School-based general outpatient mental health services were provided by 495 school-based outpatient therapists.
First Year Target/Outcome Measurement	In FY 2016, all 14 CMHCs will offer school-based general outpatient mental health services.
Second Year Target/Outcome Measurement	In FY 2017, all 14 CMHCs will offer school-based general outpatient mental health services.
Description of Data	The DMH Division of Children and Youth Services records/reporting; Annual State Plan Survey
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal: 4	To continue to provide funding and/or DMH certification for therapeutic foster care homes that serve children/youth with SED to further develop community-based residential mental health treatment services for children with SED
Strategies	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.
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.)
Baseline Measurement	In FY 2014, DMH continued to make funding available to Catholic Charities, Inc. to help support licensed therapeutic foster care homes. Catholic Charities provided therapeutic foster care to 31 youth in FY 2014. Additionally, five nonprofit private providers certified but not funded by DMH, provided therapeutic foster care services to a total of 138 youth.
First Year Target/Outcome Measurement	In FY 2016, twenty-four (24) children/youth will receive therapeutic foster care services through Catholic Charities, Inc., funded by DMH.
Second Year Target/Outcome Measurement	In FY 2017, twenty-four (24) children/youth will receive therapeutic foster care services through Catholic Charities, Inc., funded by DMH.
Description of Data	Division of Children/Youth Services Program grant reports
Criteria	Management Systems

***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. The 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.

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 5	The DMH funding will continue to be made available for nine therapeutic group homes for children and youth with serious emotional disturbance.
Strategies	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.
Indicator	The number of therapeutic group homes for which the DMH provides funding support (nine)
Baseline Measurement	In FY 2014, DMH continued to make funding available for nine therapeutic group homes. A total of 183 children and youth with serious emotional disturbances were served by therapeutic group

	homes receiving funding from DMH.
First Year Target/Outcome Measurement	In FY 2016, the DMH will make funding available for nine (9) therapeutic group homes.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will make funding available for nine (9) therapeutic group homes.
Description of Data	Division of Children/Youth Services Residential Monthly Summary Forms/Grant Proposals from the existing DMH-funded therapeutic group home providers
Criteria	Management Systems

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 6	To evaluate children with serious emotional disturbance who receive substantial public assistance for Community Support Services and to offer these services to families
Strategies	Evaluation services will be provided to determine the need for Community Support Services, 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.
Indicator	Number of children with serious emotional disturbances who receive Community Support Services
Baseline Measurement	In FY 2014, 13,206 children and youth with serious emotional disturbance received Community Support Services from the CMHCs. Of the 13,206 children and youth receiving this service, 11,993 receive substantial public assistance Medicaid. In FY 2014, 284 CMHC Community Support Specialists provided services to children/youth with SED.
First Year Target/Outcome Measurement	In FY 2016, 10,000 children/youth with serious emotional disturbance will receive Community Support Services.
Second Year Target/Outcome Measurement	In FY 2017, 10,000 children/youth with serious emotional disturbance will receive Community Support Services.
Description of Data	Compliance will be monitored through the established on-site review/monitoring process
Criteria	Mental Health System Data and Epidemiology

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 7	To continue to make funding available for Crisis Stabilization Services 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 Catholic Charities for a comprehensive Crisis Stabilization Program for youth with serious emotional disturbance or behavioral disorders and who otherwise are

	imminently at-risk of out-of-home/community placement.
Indicator	Number of youth served in the program
Baseline Measurement	In FY 2014, 77 children/youth were served in the Crisis Stabilization Program.
First Year Target/Outcome Measurement	In FY 2016, 70 children/youth will be served in the Crisis Stabilization Program.
Second Year Target/Outcome Measurement	In FY 2017, 70 children/youth will be served in the Crisis Stabilization Program.
Description of Data	Division of Children/Youth Service Crisis Intervention Program Monthly Summary Forms and Grant Proposals for Catholic Charities
Criteria	Management Systems

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 8	To continue funds for specialized intensive outpatient services of five CMHCs
Strategy	The DMH will continue funding specialized intensive outpatient programs (5).
Indicator	The number of programs that receive DMH funding for specialized intensive outpatient programs (5)
Baseline Measurement	In FY 2014, DMH continued to provide funding for five specialized outpatient intensive crisis intervention projects. Region 3 CMHC served 75 youth; Region 4 served 151 youth, Region 7 served 28 youth, Region 8 served 2563 youth, Region 12 served 51 youth; Region 13 served 403 youth; and Region 15 served 39 youth.
First Year Target/Outcome Measurement	In FY 2016, the DMH will provide funding for five specialized intensive outpatient programs.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will provide funding for five specialized intensive outpatient programs.
Description of Data	Division of Children/Youth Services Crisis Monthly Summary Forms/Grant Proposals for the specialized programs/monthly cash Requests
Criteria	Management Systems

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 9	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.
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 (26,250 each year). 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.
Baseline Measurement	In FY 2014, 31,439 children and youth with SED were reported to have been served through the regional community mental health centers, and 2,755 children and youth with SED were reported to have been served through other nonprofit providers certified and received funding from DMH; a total of 34,194 children and youth with SED were served by the public community mental health system. There may also be some duplication in totals across the CMHC and other nonprofit programs.
First Year Target/Outcome Measurement	In FY 2016, 26,250 children/youth with SED will be served through community mental health centers and other non-profit providers of mental health services.
Second Year Target/Outcome Measurement	In FY 2017, 26,250 children/youth with SED will be served through community mental health centers and other non-profit providers of mental health services.
Description of Data	Annual State Plan survey; community mental health service provider data.
Criteria	Mental Health System Data and Epidemiology

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 10	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.
Indicator	Interagency agreements between schools and CMHCs providing school-based Services will be verified on monitoring visits by the DMH. Data from URS Table will also be obtained.
Baseline Measurement	In FY 2014, at least one outpatient therapist was offered to every public school district in the region served by the CMHC
First Year Target/Outcome Measurement	In FY 2016, every public school district in the state will be offered outpatient therapy services by the CMHCs.
Second Year Target/Outcome Measurement	In FY 2017, every public school district in the state will be offered outpatient therapy services by the CMHCs.
Description of Data	Interagency agreements between schools and CMHCs providing school-based services; site visit documentation; Data submitted by CMHCs into the CDR.
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for

	Children and Youth with SED
Goal: 11	Continue funding existing programs that serve children who are homeless/potentially homeless due to a variety of factors such as domestic violence, lack of resources/supports, lack of healthcare, or parents' mental illness
Strategy	The DMH will continue to provide funding to the MAP Teams, specialized intensive outpatient programs, intervention programs, therapeutic foster care programs, crisis stabilization, and therapeutic group homes.
Indicator	The number of funded programs that serve children who are homeless/potentially homeless through this specialized program **(**16)
Baseline Measurement	In FY 2014, the DMH provided funding to 19 programs, including MAP Teams, intensive crisis intervention programs, and therapeutic foster care and group homes, that serve children/youth who are homeless/potentially homeless due to a variety of factors such as domestic violence, lack of resources/supports, lack of healthcare, or parents' mental illness.
First Year Target/Outcome Measurement	In FY 2016, the DMH will provide funding to 16 programs that serve children/youth that are homeless/potentially homeless due to a variety of factors such as domestic violence, lack of resources/supports, lack of healthcare, or parents' mental illness.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will provide funding to 16 programs that serve children/youth that are homeless/potentially homeless due to a variety of factors such as domestic violence, lack of resources/supports, lack of healthcare, or parents' mental illness.
Description of Data	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.
Criteria	Management Systems

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 12	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. The DMH will continue efforts to assess needs and plan strategies to meet the needs of children and youth and their families in rural areas.
Indicator	Number of community mental health centers receiving technical assistance and/or certification visits for program expansion in the schools (12 or 6 per year)
Baseline Measurement	In FY 2014, 12 CMHC regions received technical assistance and/or certification visits from DMH regarding the expansion of school-based services (Regions 1,2,3,4,6,8,10,11,12,13,14, and 15).
First Year Target/Outcome Measurement	In FY 2016, six CMHC regions will receive technical assistance from DMH regarding the expansion of school-based services.
Second Year	In FY 2017, six CMHC regions will receive technical assistance from

Target/Outcome Measurement	DMH regarding the expansion of school-based services.
Description of Data	Monthly Division Activities Report
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 13	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 in accordance with DMH Operational Standards and/or provide cultural competency training to employees.
Indicator	Number of training sessions presented for children/youth service providers that address cultural diversity awareness and/or sensitivity
Baseline Measurement	In FY 2014, four cultural diversity awareness and/or sensibility trainings were conducted on July 11, 2013, for staff at the Mississippi Department of Human Services; on September 16, 2014, for participants at a social work conference; on October 3, 2013, for a statewide training offered through DREAM of Jackson, on October 16, 2013 for staff at Region 9/Hinds Behavioral Health Services, and for staff at Warren-Yazoo Mental Health Services March 26-27, 2014.
First Year Target/Outcome Measurement	In FY 2016, DMH staff will sponsor or facilitate three trainings for children/youth service providers that address cultural diversity awareness and/or sensibility.
Second Year Target/Outcome Measurement	In FY 2017, DMH staff will sponsor or facilitate three trainings for children/youth service providers that address cultural diversity awareness and/or sensibility.
Description of Data	DMH Division of Children/Youth Services monthly staffing report forms and training sessions or workshop agendas.
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 14	To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force
Strategy	Meetings/activities by the Multicultural Task Force will be conducted. 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. The Multicultural Task Force will develop a disparity statement that will address equity in

	mental health services and supports.
Indicator	The number of meetings of the Multicultural Task Force (at least 2 per year) with a report to the Mississippi State Mental Health Planning and Advisory Council when requested or as needed.
Baseline Measurement	In FY 2014, the Multicultural Task Force met on October 18, 2013, on February 11, 2014, and on May 2, 2014. The task force organized the Day of Diversity which was held on October 13, 2014. The task force members also participated in the National Minority Mental Health Awareness events throughout the state in the month of July. A report to the Mississippi Mental Health Planning and Advisory Council regarding the activities of the task force occurred on November 13, 2014.
First Year Target/Outcome Measurement	In FY 2016, the Multicultural Task Force will have at least two meetings.
Second Year Target/Outcome Measurement	In FY 2017, the Multicultural Task Force will have at least two meetings.
Description of Data	Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 15	To guide the implementation of the Cultural Competency Implementation Workgroup to ensure culturally competency services are provided to individuals receiving services
Strategy	The Cultural Competency Committee/Workgroup will guide the implementation of the Cultural Competency Plan.
Indicator	Meeting/activity by the Cultural Competency Workgroup
Baseline Measurement	In FY 2014, the Cultural Competency Workgroup met on January 17, 2014, on April 16, 2014, and on May 16, 2014. The workgroup consists of staff from the DMH Division of Adult Services, the DMH Division of Children and Youth Services, the DMH Division of Information/Technology Services, the DMH Bureau of Alcohol and Drug Services, and the DMH Office of Incident Management. In these meetings, the workgroup revised the Strategic Planning map and updated the goals.
First Year Target/Outcome Measurement	In FY 2016, the Cultural Competency Workgroup will have three meetings.
Second Year Target/Outcome Measurement	In FY 2017, the Cultural Competency Workgroup will have three meetings.
Description of Data	Minutes of the workgroup meetings
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
Goal: 16	To address the stigma associated with mental illness through a mental illness awareness 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 mental illness awareness campaign.
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 DMH will also track the number of live interviews and presentations
Baseline Measurement	In FY 2014, approximately 137 presentations addressing stigma were conducted statewide. Presentations occurred in junior high and high schools, churches, colleges, schools of nursing, and many other groups and organizations. More than 25,000 brochures and 1,000 potty posters were distributed to dispel stigma concerning mental illness in our state in FY 2014.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to address the stigma associated with mental illness through a mental illness awareness campaign.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to address the stigma associated with mental illness through a mental illness awareness campaign.
Description of Data	Media and educational presentation tracking data maintained by DMH Director of Public Information
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

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

Interagency collaboration and coordination activities is a major focus of the Department, the Division of Children and Youth Services and the Planning Council, and exists at the state level and in local and regional areas, encompassing needs assessment, service planning, strategy development, program development, and service delivery. Examples of major initiatives explained below are the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency System of Care Council (ISCC), the State-Level Interagency Case Review/ MAP Team, the Making A Plan (MAP) Teams, the Executive Steering Committee (ESC) of the Statewide Affinity Group (SWAG), and participation in a variety of state-level interagency councils and committees.

The executive level Interagency Coordinating Council for Children and Youth (ICCCY) and mid-level Interagency System of Care Council (ISCC), work together to advise the Interagency Coordinating Council in order to establish a statewide system of local Making a Plan (MAP) teams. (For membership see Priority 1).

The State-Level Interagency Case Review/ MAP Team, which operates under an interagency agreement, and includes representatives from the Department of Mental Health; the Department of Human Services; the Division of Medicaid; the Attorney General's Office; the Department of Health; the Department of Education, the Department of Rehabilitation Services and Families As Allies. The team meets once a month and on an as-needed basis to review cases and/or discuss other issues relevant to children's mental health services. The team targets 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 or out-of-state placement. The youth reviewed by the team typically have a history of numerous one out-of-home psychiatric treatment, numerous interruptions in delivery of services, and appear to have exhausted all available services/resources in the community and/or in the state. Youth from communities in which there is no local MAP team with funding will have priority.

Local Making A Plan (MAP) Teams develop family-driven, youth guided plans to meet the needs of children and youth referred while building on the strengths of the child/youth and their family. 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, local school staff, as well as staff from county youth services (juvenile justice), health department and rehabilitation services. Youth leaders, ministers or other representatives of children/youth or family service organizations may also participate in the planning or service implementation process. This wraparound approach to service planning has led to the development of local Making A Plan (MAP) Teams in 14 community mental health regions across the state. Sixty three counties either have a MAP Team or access to one, and all 52 MAP Teams continued to operate statewide and had accessibility to flexible funds.

The Executive Steering Committee provides oversight and accountability of MTOP's activities toward meeting requirements of the Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to other tasks, this committee meets monthly and participates on the subcommittees of the Statewide Affinity Group, ensures that effective support and technical assistance are provided to the MTOP sites, votes on budget issues, and advocates on a youth's behalf or on behalf of other youth and families who may not have found their voice. Membership of the committee includes, but is not limited to, DMH representation, the local-level MTOP Project Coordinators, a representative from three family

advocacy networks, a faith-based organization, a juvenile justice entity, the Attorney General's Office, the MS Department of Human Services, the MS Department of Education, the Department of Vocational Rehabilitation, a continuous quality improvement/evaluation entity, a post-secondary education entity, a community college representative, Certified Peer Support Specialist, two youth and two family/parent representatives.

Department of Mental Health staff participates in a variety of state-level interagency collaboration activities and provide support for interagency collaboration at the local level in the 14 CMHC regions. These efforts involve staff of other key child service agencies or nonprofit organizations at the state and local levels and representatives of parent/family organizations for children with serious emotional disturbance. Notification of education/training activities offered by the DMH Division of Children and Youth Services will be distributed to programs serving runaway/homeless youth made known to the DMH through other child service agencies (primarily the Department of Human Services).

Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal: 1	To provide mental health representation on the executive level Interagency Coordination Council for 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 collaboration (at the state, regional and local levels).
Indicator	Minutes of meetings and related documentation of attendance by DMH representatives at meetings scheduled in FY 2016 and FY 2017
Baseline Measurement	In FY 2014, the ISCC met on July 29, 2014, and December 3, 2014 to discuss new System of Care projects, coordinate multi-agency trainings/conferences, review data from MAP Team quarterly reports, discuss intensive home and community-based services, and items for the 2015 ICCY meeting agenda.
First Year Target/Outcome Measurement	In FY 2016, agendas and notes of the ICCCY and mid-level Interagency System of Care Council meetings will be recorded.
Second Year Target/Outcome Measurement	In FY 2017, agendas and notes of the ICCCY and mid-level Interagency System of Care Council meetings will be recorded.
Description of Data	Agendas and notes 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
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

***Footnote:** Additional members added to the ICCCY include a representative from the Attorney General's office, a MAP Team Coordinator, a parent of youth with SED, a youth, child psychiatrist, a faculty member from the University of MS Medical Center, Director of the ARC of MS and an early childhood development expert

Priority Area 2	Interagency Collaboration for Children and Youth with SED
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.
Indicator	Continued meeting of the State-Level Interagency Planning and Case Review Team to review cases and number of children served using this funding for wraparound services
Baseline Measurement	In FY 2014, the State-Level Case Review/MAP Team met the second Thursday of each month (monthly) at the Mississippi Department of Human Services to review referred cases and provide follow-up on cases previously reviewed.
First Year Target/Outcome Measurement	In FY 2016, the State-Level Case Review/MAP Team will meet monthly to review referred cases and provide follow-up on cases previously reviewed.
Second Year Target/Outcome Measurement	In FY 2017, the State-Level Case Review/MAP Team will meet monthly to review referred cases and provide follow-up on cases previously reviewed.
Description of Data	Monthly Division Activities Report and State Level Case Review Team Staffing forms.
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal: 3	To continue to provide support and technical assistance in the implementation of 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 **c**ontinue to coordinate meetings with MAP team coordinators to which representatives from the behavioral health center's child/adolescent units and the Department of Human Services representatives are invited.

Indicator	Provision of MAP team local coordinators meetings for networking among MAP teams.
Baseline Measurement	In FY 2014, the Division of Children and Youth Services Director had a statewide meeting with the coordinators of local MAP Teams and the CMHC Children's Services Coordinators on January 17, 2014. The following items were discussed: RFA Guidelines, upcoming conferences and opportunities for continuing education and training, Wraparound Facilitation trainings, and flexible funding. MAP Team 101 Training was held October 22-23, 2013, for new MAP Team Coordinators. DMH Division of Children and Youth staff attended MAP Teams meetings at every MAP Team across the state in all of the CMHC Regions to provide technical assistance. Monitoring forms were utilized to determine the need for future training and provide information and assistance if needed.
First Year Target/Outcome Measurement	In FY 2016, MAP Team Coordinators Meetings will be scheduled and Division of Children and Youth staff will provide technical assistance visits to local MAP Teams when requested.
Second Year Target/Outcome Measurement	In FY 2017, MAP Team Coordinators Meetings will be scheduled and Division of Children and Youth staff will provide technical assistance visits to local MAP Teams when requested.
Description of Data	Monthly Division Activities Report and minutes of local MAP team meeting.
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal: 4	To continue to make available funding for Making A Plan (MAP) Teams
Strategy	The DMH will continue to fund MAP Teams.
Indicator	Number of MAP teams that receive or have access to flexible funding through DMH (52)
Baseline Measurement	In FY 2014, one DMH certified provider in each of the 15 CMHC Regions received a grant from DMH to provide flexible funds for MAP Teams. Sixty-three counties either have a MAP Team or access to a MAP Team. All 50 MAP Teams continued to operate and had access to flexible funds. Region 8 continued to receive additional funding for children with Fetal Alcohol Spectrum Disorders. During FY 2014, MAP Teams served 1,504 children and youth
First Year Target/Outcome Measurement	In FY 2016, all 50 MAP Teams will continue to operate and have access to flexible funds.
Second Year Target/Outcome Measurement	In FY 2017, all 50 MAP Teams will continue to operate and have access to flexible funds.
Description of Data	Documentation of grant awards, Monthly MAP team reports, monthly
Criteria	Management Systems
Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal: 5	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.
Indicator	The number of local schools to which the CMHCs make available informational materials or technical assistance will be documented and available to the DMH, Division of Children/Youth, upon request
Baseline Measurement	In FY 2014, informational materials and technical assistance were provided to 785 local schools by community mental health centers. Topics included available services for children with SED; behavior modification and intervention; Mental Health First Aid; A.S.I.S.T.; alcohol and drug prevention; healthy relationships; crisis management training/MANDT Crisis Intervention Training; mental health diagnoses and identification of signs and symptoms of disorders; medication safety, compliance, and side effects; confidentiality; parenting issues; referral process for services; bullying, truancy, anger management, suicide prevention and preventing violence in the schools.
First Year Target/Outcome Measurement	In FY 2016, informational materials and technical assistance will be provided to local school districts by CMHCs as requested.
Second Year Target/Outcome Measurement	In FY 2017, informational materials and technical assistance will be provided to local school districts by CMHCs as requested.
Description of Data	Annual State Plan Survey
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal:6	To continue support for and participation in interagency collaboration activities and other key activities related to infrastructure building as well as 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.
Indicator	Number of state-level interagency councils/committees on which the DMH Division of Children and Youth Services staff participate
Baseline Measurement	In FY 2014, DMH Division of Children and Youth staff participated on 22 state level interagency councils/committees.
First Year Target/Outcome Measurement	In FY 2016, DMH Division of Children and Youth staff will participate on at least 15 state level interagency councils/committees.
Second Year Target/Outcome Measurement	In FY 2017, DMH Division of Children and Youth staff will participate on at least 15 state level interagency councils/committees.
Description of	Monthly Division Activities Report

Data	
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 2	Interagency Collaboration for Children and Youth with SED
Goal:7	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.
Indicator	Number of children served using this funding for wraparound services
Baseline Measurement	In FY 2014, the State-Level Case Review Team reviewed 11 new cases and provided follow-up on eight cases. Of the new cases, one youth was diagnosed with Impulse Control Disorder, one with Post Traumatic Stress Disorder, four with Mood Disorder, NOS, one with Conduct Disorder, three with Oppositional Defiant Disorder and one with Depression as their primary diagnoses. Of the 11 youth referred to the State Level Case Review Team, two youth had a diagnosis of Mild Mental Retardation and one youth had a diagnosis of Moderate Mental Retardation. One of the children referred also had a diagnosis of Autism. Of the 11 cases reviewed, three youth were transitional age. During this time period, one child returned home from an in-state facility.
First Year Target/Outcome Measurement	In FY 2016, the State-Level Case Review/MAP Team will review cases.
Second Year Target/Outcome Measurement	In FY 2017, the State-Level Case Review/MAP Team will review cases.
Description of Data	Documentation of grant award on file at DMH; monthly cash requests
Criteria	Management Systems

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

Children and Youth Services staff continues to participate in interagency meetings and conferences that provide opportunities for increasing awareness across the service system of available children's mental health services. They also continue to disseminate the CYS resource directory through the agency website as well as provide educational materials to individuals at conferences and meetings, the general public and in particular to schools, to facilitate the identification and referral to services of youth with serious emotional disturbances.

Provision of Evidence-Based Practices

Wraparound Initiatives in Mississippi

The Division of Children and Youth Services partnered with the Division of Medicaid's MYPAC Program to begin state-wide training on Wraparound Facilitation for providers of children/youth services including the community mental health centers, two non-profit organizations, parents and social workers. Both agencies assisted in the development of the Mississippi Wraparound Initiative (MWI) established through the University of Southern Mississippi School of Social Work. The MWI utilizes the University of Maryland's Innovation's Institute training model which includes a three-day Wraparound 101 course, one-day Advanced Wraparound and a 12-18 month process for Coach/Supervision Certification.

Priority Area 3	Expansion of System of Care for Children and Youth with SED
Goal:1	To promote and provide funding assistance for the 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 to monitor the implementation of evidence-based practices. Initiatives to promote implementation of evidence-based practices for youth and families include collaborative learning for Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) described in the Plan will also continue.
Indicator	The number of evidence-based practices implemented (with DMH funding support) for children with serious emotional disturbances; the number of therapists and staff trained
Baseline Measurement	In FY 2014, CMHC Regions 2,3,6,8, and 9 and staff from the two DMH operated hospital units serving children and youth participated in a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Community training 40 therapists, including 10 supervisors.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to promote and provide funding assistance for the use of evidence-based practices in the community mental health services system for children/youth with serious emotional disturbance.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to promote and provide funding assistance for the use of evidence-based practices in the community mental health services system for children/youth with serious emotional disturbance.
Description of Data	Division of Children/Youth Services Program grant reports

Criteria	Management Systems

Priority Area 3	Expansion of System of Care for Children and Youth with SED
Goal:2	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.
Indicator	**Performance** The number of statewide conferences and/or trainings sponsored or co-sponsored by the Division of Children & Youth Services (four)
Baseline Measurement	In FY 2014, the DMH Division of Children and Youth Services served as a primary sponsor of the Annual Lookin' to the Future Conference attended by social workers, mental health counselors, foster families and youth in therapeutic foster care. This conference occurred in June 2014. In August 2013, the Division of Children and Youth services co-sponsored the Annual Drop-Out Prevention Conference. In October 2014, the Division of Children and Youth co-sponsored the 30th Annual Joint MH/IDD Conference. Finally, in April 2014, the Division of Children and Youth co-sponsored the 7th Annual Mississippi School for Addictions Professionals.
First Year Target/Outcome Measurement	In FY 2016, the DMH will sponsor or co-sponsor two statewide conferences on the System of Care.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will sponsor or co-sponsor two statewide conferences on the System of Care.
Description of Data	Registration Forms for the Conferences; Final Conference Reports
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 3	Expansion of System of Care for Children and Youth with SED
Goal:3	To implement high-fidelity Wraparound Facilitation in 6 community mental health provider agencies
Strategy	The DMH will continue to provide funds for training of additional CMHC staff for the 3-day Wraparound 101 course, a one-day Engagement course and a 12-18 month process for Coach/Supervisor Training utilizing staff from Mississippi's Wraparound Initiative through the University of Southern Mississippi. 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.
Indicator	The number of community mental health provider agencies participating in and implementing Wraparound Facilitation (6)
Baseline Measurement	In FY 2014, CMHC Regions 2,4,6,7,9,10, and 14 were certified by DMH to provide Wraparound Facilitation and continued to participate in coaching and training sessions. Additionally, three non-profit providers are certified to provide Wraparound Facilitation, which include Catholic Charities, Inc., Mississippi Children's Homes Services, and Youth Villages.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to provide funding to implement the Wraparound Model in 6 community mental health provider agencies.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to provide funding to implement the Wraparound Model in six community mental health provider agencies.
Description of Data	Quarterly and mid-year information collected from CMHCs including sign-in sheets for trainings
Criteria	Management Systems

Priority Area 3	Expansion of System of Care for Children and Youth with SED
Goal:4	To expand specialized programs/resources for transition – aged youth, 14-21 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 (MTOP), is implemented in three community mental health centers. In July 2013, DMH received a four-year System of Care Implementation Grant to expand the program into two additional counties.
Indicator	The number of MTOP local project sites that will develop and provide specialized services/resources for youth and young adults, 14-21 years (five)
Baseline Measurement	In FY 2014, CMHC Regions 4, 7, and 10 continued to provide specialized services/resources for youth and young adults ages 14 to 21 years. NFusion IV (Region 4) serves youth and young adults in Alcorn, Tippah, Tishomingo, and Prentiss counties. NFusion VII serves youth and young adults in Winston and Oktibbeha counties. NFusion X serves youth and young adults in Lauderdale County. In addition to these three MTOP local project sites (NFusion), the DMH Division of Children and Youth Services received an expansion grant to replicate the NFusion model to counties in Region 10's catchment area. A fourth site is currently operating and is located in Newton County (MS Project XPand).
First Year Target/Outcome Measurement	In FY 2016, the five MTOP local project sites will continue to expand specialized programs/resources for transition-aged youth, ages 14-21, who are transitioning from children's mental health services to adult mental health services and/or from an institutional setting into the

	community.
Second Year Target/Outcome Measurement	In FY 2017, the five MTOP local project sites will continue to expand specialized programs/resources for transition-aged youth, ages 14-21, who are transitioning from children's mental health services to adult mental health services and/or from an institutional setting into the community
Description of Data	DMH monthly program reports, national program and evaluation reports
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 3	Expansion of System of Care for Children and Youth with SED
Goal: 5	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
Indicator	The number of trainings provided (four)
Baseline Measurement	In FY 2014, Division of Children and Youth Services staff completed 5 suicide awareness/A.S.I.S.T. trainings to members of Mobile Crisis Emergency Response Teams (MCERT) operated by CMHC Regions 1,2,3,6,7,8,9, and 15. Two Division of Children and Youth staff continues to maintain their certification as A.S.I.S.T. Trainers. In March 2014, an additional staff member completed a week long training to become a certified A.S.I.S.T. Trainer.
First Year Target/Outcome Measurement	In FY 2016, two suicide awareness, prevention, and intervention trainings will be provided.
Second Year Target/Outcome Measurement	In FY 2017, two suicide awareness, prevention, and intervention trainings will be provided.
Description of Data	Monthly Activity Reports
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

State Priority 4: Integrated Services for Children and Youth with SED

Adolescent Offender Programs

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. The DMH technical assistance continued to be available to CMHCs/other nonprofit programs for day treatment programs serving adolescent offenders, upon request/as needed.

Initiatives to Assure Transition to Adult Mental Health Services

The Division of Children and Youth Services, the Division of Adult Community Services and the Bureau of Alcohol and Drug Abuse have made a concerted effort to better address issues of youth transitioning from the child to the adult system, including needs specific to youth in the age group of 18 to 25 years. The Transitional Services Task Force was formed to better identify and plan to assess needs of youth, age 16 to 25 years. This task force, now called the Executive Steering Committee, has focused on expanding the age range of children/youth identified as transitional-age to include children/youth as young as age 14, the age at which children/youth begin to fall out of the system. The Executive Steering Committee includes representatives from a local mental health center that provide specialized outreach programs as well as representatives from the Division of Medicaid, the Office of the Attorney General and the DMH Bureau of Community Services. The Executive Steering Committee has reviewed a mission statement, purpose and goals, and focused on preliminary identification of available services or special initiatives and how to access them for the targeted age group, potential gaps or needs in services, how services could be made more uniform, and model programs. The work of this committee and its members assisted in the development of successful grant applications for a Children's Mental Health Initiative targeting transition – aged youth. First, a six-year System of Care grant that provides funds for the implementation of three additional Transitional Outreach Programs (MTOP) across the state and most recently, a four-year grant that expands MTOP to two additional counties.

Transitional Living Programs: The DMH Division of Children and Youth Services will continue to support services of a provider of a transitional living services program that address the needs of youth with SED, including those in the transition age range of 16 to 21 years. The DMH provides funding to four of the six DMH certified transitional therapeutic group homes (Rowland, Harden House, and two programs operated by Hope Village).

Priority Area 4	Integrated Services for Children and Youth with SED
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.
Indicator	Availability of technical assistance to Adolescent Offender Programs and data obtained from the URS Table
Baseline	In FY 2014, DMH Division of Children and Youth staff made visits to

Measurement	Adolescent Offender Programs in CMHC Regions 2, 4, 10, 11, and 15 for certification/technical assistance.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to provide technical assistance and support for the mental health component in the Adolescent Offender Programs (AOPs) certified by the DMH.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to provide technical assistance and support for the mental health component in the Adolescent Offender Programs (AOPs) certified by the DMH.
Description of Data	Certification reports and Division of Children & Youth Services Monthly activity log (for technical assistance) and data obtained from URS Table.
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Footnote: From a system perspective, the 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**.**

Priority Area 4	Integrated Services for Children and Youth with SED
Goal:2	To continue funding for mental health services for youth in two transitional therapeutic group home**s** 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 home**s** and two supported living programs serving youth with SED and other conduct/behavioral disorders for provision of mental health services.
Indicator	The number of transitional therapeutic group homes and/or supported living programs that will receive funding through DMH for mental health services (four)
Baseline Measurement	In FY 2014, there were six transitional therapeutic group homes certified by the Department of Mental Health: Rowland, Harden House, PALS, PALS II, and Hope Village (two programs); four of the homes received DMH funding support
First Year Target/Outcome Measurement	In FY 2016, DMH will 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).
Second Year Target/Outcome Measurement	In FY 2017, DMH will 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).
Description of Data	Grant awards to continue funding to the targeted transitional living services/supported living programs
Criteria	Management Systems

State Priority 5: Recovery Supports

The DMH Strategic Plan sets forth DMH's vision of having individuals who receive services to have a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. Initiatives in the State Plan are designed to facilitate a system that is person-centered and built on the strengths of individuals and their families while meeting their needs for special services. The DMH strives to provide a network of services and recovery supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented. The Council on Quality and Leadership's Personal Outcome Measures is now the foundation of the Peer Review process. Goal 1 of the DMH Strategic Plan highlights the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long term community supports and other specialized services. Goal 1 of the Strategic Plan also provides a foundation on which the DMH will build, with collaboration from stakeholders, a seamless community-based service delivery system.

Recovery means something different to everyone. Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:
Health: overcoming or managing one's disease(s) or symptoms-for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medication if one has an addiction problem-and for everyone in recovery, making informed, health choices that support physical and emotional wellbeing.

- Home: a stable and safe place to live:
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society, and
- Community: relationships and social networks that provide support, friendship, love and hope

Youth Education/Support Initiatives

Through MTOP, each program site has developed Youth Leadership and Advocacy Councils. These Councils meet on a regular basis to plan for fundraising events, community activities, various trainings, and independent skill development. Members of these youth councils have attended and presented at national SOC grant meetings, the Georgetown Training Institutes and FFCMH annual conferences and trainings.

Priority Area 5	Recovery Supports
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 DMH for NAMI-MS.
Indicator	Number of family workshops and training opportunities to be

	provided and/or sponsored by the for NAMI-MS.
Baseline Measurement	In FY 2014, DMH continued to make funding available for family education and family support. NAMI-MS provided 1 NAMI Basics (Parent to Parent) classes with 12 participants and 44 Parent Support Meetings with 193 participants
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to make available funding for family education and family support provided by NAMI-MS.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to make available funding for family education and family support provided by NAMI-MS.
Description of Data	Grant awards/monthly cash requests NAMI-MS
Criteria	Management Systems

Priority Area 5	Recovery Supports
Goal:2	To develop youth support and leadership teams in the current three project sites for the Mississippi Transitional Outreach Program (MTOP).
Strategy	The DMH will continue to support and fund the development of youth support and leadership teams in CMHC Regions 4, 7, and 10.
Indicator	Sign-in sheets of the meetings will be available during the year for CMHC Regions 4, 7, and 10.
Baseline Measurement	In FY 2014, Region 7 CMHC (NFusion VII) had 10 Youth Support Meetings and youth participated in 9 Governance Council Meetings. Region 4 CMHC (NFusion IV) had 8 Youth Support Meetings and youth participated in 4 Governance Council Meetings. Region 10 CMHC (NFusion X) had 10 Youth Support Meeting and youth participated in 8 Governance Council Meetings. Region 10 CMHC (Project XPand-Newton County) had 6 Youth Support Meetings and youth participated in 3 Governance Council Meetings. Youth from CMHC Regions 4, 7, and 10 participate on the Executive Steering Committee (ESC), the Governance Council for MTOP and Project XPand. In addition, youth from CMHC Regions 4, 7, and 10 attended the Family and Youth Retreat, which also offered the opportunity to develop leadership skills. DMH will continue to develop youth support and leadership teams in the current three project sites for the Mississippi Transitional Outreach Project.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to develop youth support and leadership teams in the current three project sites for the Mississippi Transitional Outreach Project.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to develop youth support and leadership teams in the current three project sites for the Mississippi Transitional Outreach Project.
Description of Data	The sign-in sheets are provided by the local project coordinators
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 5	Recovery Supports

Goal:3	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 DMH for two DMH certified providers.
Indicator	Number of family workshops and training opportunities to be provided and/or sponsored by the two funded agencies.
Baseline Measurement	**Baseline Measurement:** In FY 2014 DMH continued to make funding available for family education and family support. Mississippi Families As Allies for Children's Mental Health, Inc. made available 42 family education/support groups (Harrison, Hinds, Forrest, and Warren Counties) and provided 15 family workshops and training opportunities involving 225 participants. Additionally, Region 10 was funded for parenting education classes for the parents of children with SED involved in the juvenile detention center and alternative school. The parent education course met 47 times weekly and has served 51 families.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to make available funding for family education and family support provided by two funded agencies.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to make available funding for family education and family support provided by two funded agencies.
Description of Data	Grant awards/monthly cash requests from MS Families As Allies for Children's Mental Health, Incl. and Region 10 CMHC
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 5	Recovery Supports
Goal:4	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.
Indicator	Improved access and outcomes of services to individuals receiving services will be reported; number of peer review/site visits will be reported
Baseline Measurement	In FY 2014, there were 170 interviews conducted during 9 POM visits.
First Year Target/Outcome Measurement	In FY 2016, a minimum of 9 POM visits will be conducted.
Second Year Target/Outcome Measurement	In FY 2017, a minimum of 9 POM visits will be conducted.
Description of	POM tracking forms, report summaries

Data	
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 5	Recovery Supports
Goal:5	To promote the empowerment of individuals and families with mental health needs through education, support, and access to mental health services
Strategy	Increase staff, 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 (e.g., drop-in centers, NAMI, MLA); and DMH will promote consumer information sharing and exchange through the MS Mental Health Recovery Social Network website.
Indicator	Number of family education groups and number of family workshops and training opportunities to be provided will be tracked.
Baseline Measurement	In FY 2014, the following trainings were provided: three family to family, one peer to peer and four conferences focusing on recovery and peer support. Quarterly meetings with the Certified Peer Specialists providing education on meaningful participation and recovery were conducted.
First Year Target/Outcome Measurement	In FY 2016, the number of family education groups, workshops and training opportunities will be increased.
Second Year Target/Outcome Measurement	In FY 2017, the number of family education groups, workshops and training opportunities will be increased.
Description of Data	Grant awards/monthly cash requests from service providers will be tracked; documentation/dates of material provided
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 5	Recovery Supports
Goal:6	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.
Indicator	The DMH Bureaus and Divisions will develop policies and procedures for the peer review process.
Baseline Measurement	In FY 2014, the DMH developed policies and protocols using personal outcome measures (POM) to ensure consumer and family participation in the peer review process.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to utilize consumers, family members, and professionals in the POM process. Using the POMs and Components of Recovery, the DMH will evaluate the improvement of people's lives in their home, health and community.

Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to utilize consumers, family members, and professionals in the POM process. Using the POMs and Components of Recovery, the DMH will evaluate the improvement of people's lives in their home, health and community.
Description of Data	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
Criteria	Comprehensive Community-Based Mental Health Systems

Priority 6: Prevention of Substance Abuse and Mental Illness

Support for Services for Youth with Co-occurring Disorders
The Division of Children and Youth Services and the Bureau of Alcohol and Drug Services collaborate to include sessions on co-occurring disorders in youth at the annual MS School for Addiction Professionals. The Division of Children and Youth staff continues to monitor and provide technical assistance to community-based residential programs funded by the DMH for adolescents with substance abuse problems which also address problems of youth with co-occurring disorders. Staff in both the DMH Bureau of Alcohol and Drug Services and the Division of Children and Youth Services has 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 programs. A registered nurse at a primary residential Alcohol and Drug treatment facility has been trained and educated by DMH staff to discuss the dangers of drinking while pregnant with the women who are receiving services.

The Annual Mississippi School for Addiction Professionals and the annual Lookin' to the Future Conference provides sessions on youth with co-occurring disorders.

The DMH continues to provide funding to two community based residential treatment programs, which make available chemical dependence residential treatment for adolescents, some of whom also have a serious emotional disturbance.

The Bureau of Alcohol and Drug Services and the Bureau of Community Services have an ongoing collaboration to continue to provide treatment services for adults with both mental illness and substance abuse disorders, participate in joint education and training initiatives and conduct monitoring of programs throughout the state.

Priority Area 6	Prevention of Substance Abuse and Mental Illness
Goal:1	The inclusion of a workshop regarding issues of children/youth with SED and substance abuse problems in a statewide conference planned.
Strategy	The Division of Children and Youth Services staff members will continue to collaborate with the Bureau of Alcohol and Drug Services 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.
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
Baseline Measurement	In FY 2014, Kelly Wilson, LCSW, provided one of two closing general sessions at the 7th Annual Mississippi School for Addiction Professionals held in Hattiesburg, Mississippi, April 1-4, 2014. Ms. Wilson's session entitled "Trauma-Focused Cognitive Behavioral Therapy" examined the impact of trauma experienced as a child or youth and the role of maladaptive coping strategies as life preserving mechanisms for dealing with dysregulation secondary to traumatic experiences. Another session specifically addressing children and youth with co-occurring disorders of SED and substance abuse was presented by Jennifer Sigrest, LCSW, entitled "How to work with the LGBT Community in Treatment."
First Year	In FY 2016, the DMH Division of Children and Youth Services will

Target/Outcome Measurement	include a workshop regarding issues of children/youth with SED and substance abuse/misuse problems in a statewide conference.
Second Year Target/Outcome Measurement	In FY 2017, the DMH Division of Children and Youth Services will include a workshop regarding issues of children/youth with SED and substance abuse/misuse problems in a statewide conference.
Description of Data	Conference program(s)
Criteria	Comprehensive Community-Based Mental Health Systems

Priority 6	Prevention of Substance Abuse and Mental Illness
Goal:2	To provide funding to maintain 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. Additionally, DMH was awarded a four year grant (9/1/2013 - 8/31/2017) through SAMHSA, the Mississippi State Adolescent treatment Enhancement and Dissemination (SYT-ED) grant, to serve adolescents ages 12-18 with co-occurring substance use and mental health disorders. This project will implement changes to policies and procedures to bolster service provision, develop financing structures, and develop an assessment and treatment blueprint for the state in partnership with two local community provider sites utilizing evidence-based substance abuse programming
Indicator	Number of youth served in community-based residential treatment programs for adolescents with substance abuse problems that receive funds from the DMH
Baseline Measurement	In FY 2014, two programs served 111 adolescents with substance abuse problems or dual diagnosis of substance abuse and SED in community-based residential treatment. Sunflower Landing operated by CMHC Region 1 served 88 youth (49 of whom had co-occurring disorders) and the Transitional Living Center operated by Mississippi Children's Homes served 23 youth (14 of whom had co-occurring disorders).
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to provide funding to maintain community-based residential treatment services for adolescents with substance misuse/abuse problems and co-occurring disorders.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to provide funding to maintain community-based residential treatment services for adolescents with substance misuse/abuse problems and co-occurring disorders.
Description of Data	Division of Children/Youth Services Residential Monthly Summary Form/Grant Proposals for two community-based residential treatment sites.
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 6	Prevention of Substance Abuse and Mental Illness
Goal:3	To further develop the linkage between the Bureau of Alcohol and Drug Services and the Bureau of Community Services regarding COD's in individuals with SED, FASD, SMI and Substance Abuse
Strategy	Both Bureaus will collaborate in a state-wide conference planned for FY 2013 **(**MS School for Addiction Professionals), and both Bureaus will continue to monitor and provide technical assistance to co-occurring programs upon request.
Indicator	In FY 2014, the 7th Annual Mississippi School for Addiction Professionals was held April 1-4, 2014, at the Lake Terrace Convention Center in Hattiesburg, Mississippi. The Bureau of Community Services sponsored workshops for the conference addressing co-occurring disorders. A staff member from the Division of Children and Youth participated on the planning council for the conference and introduced one of two speakers for the closing general sessions.
Baseline Measurement	In FY 2014, the DMH will continue to provide technical assistance visits as requested to programs implementing services for individuals with co-occurring disorders. Collaboration between the two Bureaus to provide a statewide conference on co-occurring disorders will also continue.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to provide technical assistance visits as requested to programs implementing services for individuals with co-occurring disorders. Collaboration between the two Bureaus to provide a statewide conference on co-occurring disorders will also continue.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to provide technical assistance visits as requested to programs implementing services for individuals with co-occurring disorders. Collaboration between the two Bureaus to provide a statewide conference on co-occurring disorders will also continue.
Description of Data	Conference program, sign in sheets, agendas, and program monitoring schedules
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 6	Prevention of Substance Abuse and Mental Illness
Goal:4	To continue to provide community services to individuals with co-occurring disorders in all 14 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 14 mental health regions and by the community services division of one psychiatric hospital.
Indicator	All 14 CMHCs and the Community Services Division of Mississippi State Hospital will provide services to individuals with co-occurring disorders.
Baseline Measurement	In FY 2014, 11,129 individuals in the 14 CMHCs and the Community Services Division of MSH received services for COD.
First Year Target/Outcome	In FY 2016, a minimum of 10,500 individuals will receive services for COD.

Measurement	
Second Year Target/Outcome Measurement	In FY 2017, a minimum of 10, 500 individuals will receive services for COD.
Description of Data	Data is collected utilizing the annual state plan surveys submitted from the 15 CMHCs and MSH.
Criteria	Mental Health System Data and Epidemiology

Priority 7: Health Care and Health Systems Integration

The DMH envisions a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports. DMH is committed to maintaining a statewide comprehensive system of prevention, treatment and rehabilitation which promotes quality care, cost effective services and ensures the health and welfare of individuals.

The FY 2014-2015 State Plans for Community Mental Health and Alcohol and Drug Abuse reflect the elements in the Department of Mental Health's Ten-Year Strategic Plan which encompasses Integration of Behavioral Health and Primary Care Services, Recovery Supports, Provision of Services for Individuals with Co-Occurring Disorders, and Trauma.

Strategies designed to facilitate integration of mental illness and substance abuse are included in the Department's Plan (objectives to increase integration of primary and mental health care and to increase effectiveness of collaboration among community mental health providers, state agencies, governmental entities and non-governmental entities). In 2011, DMH began a multi-disciplinary, inter-agency Integration Work Group (IWG) whose goal is to assist with development of strategies to facilitate integrated, holistic care. IWG Membership includes individuals with expertise in adult mental health services, children's mental health services, health care/chronic disease, alcohol and drug treatment, intellectual and developmental disabilities, Alzheimer's and other dementia. IWG Membership includes representatives from Community Mental Health Centers, Community Health Centers (FQHCs), the MS State Department of Health, the MS Department of Mental Health, the MS Association of Community Mental Health Centers, etc. Collaborative efforts have included assessing in more detail the status of integration of primary and behavioral health care at local levels and consideration of model integration approaches that would be most effective in different parts of the state, given factors such as geography (rural versus urban areas), workforce availability and expertise, and the needs of the population for primary and specialty care**.** Collaborative efforts have also included educational presentations at numerous conferences including the State Department of Health, the Department of Mental Health, the Community Mental Health Center professional organization and the MS Primary Healthcare Association. Ongoing efforts to collaborate with the MS Primary Healthcare Association and the Division of Medicaid will continue.

Examples of current collaborative activities involving mental health and/or substance abuse, primary health and other support service providers include:

- A representative from Department of Health and the Division of Medicaid are among child and family service agencies participating on the Interagency System of Care Council, the Interagency Coordinating Council for Children and Youth and the State Level Case Review Team. Local representatives from the Mississippi State Department of Health are also required to participate on local, interagency Making A Plan (MAP) teams across the state.
- As part of their application to DMH for CMHS Block Grant funding, community mental health centers are required to describe how health services (including medical, dental and other supports) will be addressed for adults with serious mental illness. The CMHCs maintain a list of resources to provide medical/dental services.
- The DMH Division of Consumer and Family Affairs is facilitating incorporation of practices and procedures that promote a philosophy of recovery/resiliency across bureaus and in the DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Providers.

- The DMH Division of Alzheimer's Disease and Other Dementia partners with host agencies such as hospitals, long term care providers, and private entities to provide education and training events.
- The DMH Bureau of Alcohol and Drug Services continues to work with the Attorney General's Office in enforcement of the state status prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner.
- The DMH Bureau of Alcohol and Drug Services partners with the MS Department of Rehabilitation Services to fund substance abuse treatment services to individuals in transitional residential programs.
- The DMH Bureau of Alcohol and Drug Services work collaboratively with the MS Band of Choctaw Indians and continue to fund prevention services with Choctaw Behavioral Health.
- The DMH funds Region 4 and Region 8 CMHCs to provide therapeutic nursing services in the schools, which include services such as providing education for children/youth with SED, their families and teachers, 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.
- The DMH Bureau of Alcohol and Drug Abuse partnered with the Office of Tobacco Control to improve tobacco cessation services in the state. The DMH BADA partnership includes trainings around the state. The training is also available for A&D personnel located at community mental health centers.
- The DMH Bureau of Community Services' Annual Provider Survey gathers self-reported information on integrated primary and behavioral health care, as well as on tele-medicine opportunities.
- In December 2014, the DMH Bureau of Community Services and the DMH Bureau of Outreach, Planning and Development applied for and were awarded membership in the SAMHSA-HRSA Center for Integrated Health Solution's (CIHS) Innovation Community entitled Building Integrated Behavioral Health in a Primary Care Setting. This collaboration is between DMH, a local CMHC and a local FQHC.
- In March 2015, the DMH Division of Recovery and Resiliency applied for and was awarded a 2015 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Subcontract for the Expansion of Policy Academy Action Plans.

Priority Area 7	Health Care and Health Systems Integration
Goal:1	FASD screening assessments will be made available in all 14 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	The DMH Operational Standards require children ages birth to age eighteen will be screened within 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.
Indicator	Number of positive FASD screenings will be reported.
Baseline Measurement	In FY 2014, 5076 children and youth, birth to 18 years of age, were screened for a FASD at CMHCs in Mississippi. Two hundred eighty one children and youth screened positive for a FASD in FY 2014.
First Year Target/Outcome	In FY 2016, FASD screening assessments will be made available in all 14 CMHC regions across the state. Number of positive FASD

Measurement	screenings will be reported.
Second Year Target/Outcome Measurement	In FY 2017, FASD screening assessments will be made available in all 14 CMHC regions across the state. Number of positive FASD screenings will be reported.
Description of Data	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
Criteria	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area 7	Health Care and Health Systems Integration
Goal: 2	To increase access to community-based, co-integrated, holistic care and supports through a network of service providers committed to a resiliency and recovery-oriented system of care
Strategy	The DMH Bureaus and Divisions will promote interagency and multidisciplinary collaboration and partnerships by participating in meetings and actions of the Integration Work Group (IWG). Through the IWG, the DMH will develop strategies and increase partnerships to facilitate integration of mental illness, intellectual and developmental disabilities and addiction services with primary health care to encompass a holistic care approach to service provision. The IWG developed an informal baseline document from which to measure growth in knowledge of and in provision of co-integrated services. Annually, additional information on primary and behavioral health care integration will be gathered by survey by the DMH Bureau of Community Services. The DMH will also continue to seek and develop possible funding opportunities for integrated care.
Indicator	Attendance records at IWG meetings, updated information in Annual Community Services Survey concerning integrated primary and behavioral health care services, documentation of collaboration on grant application, multidisciplinary collaboration and participation, baseline information from community-based programs concerning integrated primary and behavioral healthcare, documentation of collaborative meetings on grant opportunities
Baseline Measurement	In FY 2014, the IWG met four times. The Annual Community Services Survey was conducted in late 2013. Based upon a review of the self-reported data, it is estimated that, as of June 30, 2013, approximately six of 23 programs have shown progress toward the development of integrated care.
First Year Target/Outcome Measurement	In FY 2016, the IWG will meet a minimum of 4 times showing interagency and multidisciplinary collaboration participation. The Annual Community Services Survey will be conducted in late 2015. Grant application(s) will be submitted if opportunities are available.
Second Year Target/Outcome Measurement	In FY 2016, the IWG will meet a minimum of 4 times showing interagency and multidisciplinary collaboration participation. The Annual Community Services Survey will be conducted. Grant application(s) will be submitted if opportunities are available.
Description of	Attendance records and documentation, FY 2012 baseline data,

Data	Annual Community Services Surveys are conducted at the end of each calendar year to collect information from the previous fiscal year. This updated information will be added to the baseline document each year and will be used by the IWG to assist in developing strategies for the next year. Documentation of grant activities is maintained, including meeting notes and grant applications.
Criteria	Comprehensive Community-Based Mental Health Systems

Priority 8: Trauma and Justice

Most individuals seeking public health services and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders, HIV/AIDS, as well as contact with the criminal justice system. When programs take the step to become trauma-informed, every part of their organization, management and service delivery system should be assessed and have a basic understanding of how trauma affects the life of these individuals seeking services, the vulnerabilities and/or triggers of trauma survivors.

The Mississippi Department of Mental Health, Bureau of Community Services and the Bureau of Alcohol and Drug Services are working collaboratively to provide training intended to address the effects of trauma. These trainings will be particularly helpful for adult and child survivors of abuse, disaster, crime, shelter populations, and others. It will be aimed at promoting relationships rather than focusing on the traumatic events in their lives. The trainings can also be utilized by first providers, frontline service providers and agency staff.

Providers of children and youth mental health services in Mississippi are being trained in trauma-specific interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). The Department of Mental Health, Division of Children and Youth Services is providing trauma-informed trainings to community and state partners including family members and caregivers. Mississippi has two National Child Traumatic Stress Network Sites, Catholic Charities, Inc. and Region 13/Gulf Coast Mental Health Center.

Priority Area 8	Trauma and Justice
Goal:1	To educate and train community leaders on Mental Health First Aid
Strategy	The DMH staff will train pastors, teachers, civic groups and families and friends on Mental Health First Aid.
Indicator	Number of trainings by DMH staff, agenda, sign in sheets
Baseline Measurement	In FY 2014, the Division of Children and Youth Staff provided twelve (12) MHFA trainings to members of the Mobile Crisis emergency Response Teams (MCeRTs) for staff at the CMHCs, teachers and school personnel, mental health service providers, and staff from the Department of Rehabilitation Services.
First Year Target/Outcome Measurement	In FY 2016, the DMH will educate and train community leaders on Mental Health First Aid.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will educate and train community leaders on Mental Health First Aid.
Description of Data	Number of trainings, sign in sheets, agendas
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 8	Trauma and Justice
Goal:2	To provide an array of trainings on trauma throughout the state
Strategy	The Bureau of Alcohol and Drug Services will provide three trauma sessions at the Mississippi School for Addiction Professional in April, 2013. They will focus on Trauma Informed care, Trauma Focused

	Cognitive Behavioral Therapy (TFCBT), and Recovery. Staff pf the Division of Children and Youth Services will provide trauma-informed trainings upon request and sponsor a Statewide Trauma-Informed Care Conference.
Indicator	Number of trainings by DMH staff, agenda, sign in sheets
Baseline Measurement	In 2014, Division of Children and Youth staff provided 12 trainings on Trauma-Informed Care to a diverse group of participants which included staff at Sunnybrook Children's Home, East Mississippi State Hospital, Jackson Public School District (Capital City Alternative School), and social workers at the Department of Human Services. Breakout sessions on Trauma-Informed Care were included on the agendas at the at the following conferences: Violence, Trauma, and Healing, Lookin' to the Future, APSE, MH/IDD Joint Conference, Juvenile Justice Symposium, and the Child Welfare Symposium.
First Year Target/Outcome Measurement	In 2016, the DMH will provide an array of trainings on trauma throughout the state.
Second Year Target/Outcome Measurement	In 2017, the DMH will provide an array of trainings on trauma throughout the state.
Description of Data	Number of trainings, sign in sheets, agendas
Criteria	Comprehensive Community-Based Mental Health Systems

Priority 9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

An adult with SMI refers to persons age 18 and over; (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Regional community mental health centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 14 CMHCs make available a range of community-based mental health, substance abuse, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. The DMH is responsible for certifying, monitoring, and assisting CMHCs. CMHCs are the primary service providers with whom DMH contracts to provide community-based mental health and substance abuse services.

The DMH coordinates and establishes minimum standards and minimum required services for regional mental health and intellectual disability commissions and other community service providers for community or regional programs and services in mental health, intellectual disability, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders and related programs throughout the state;

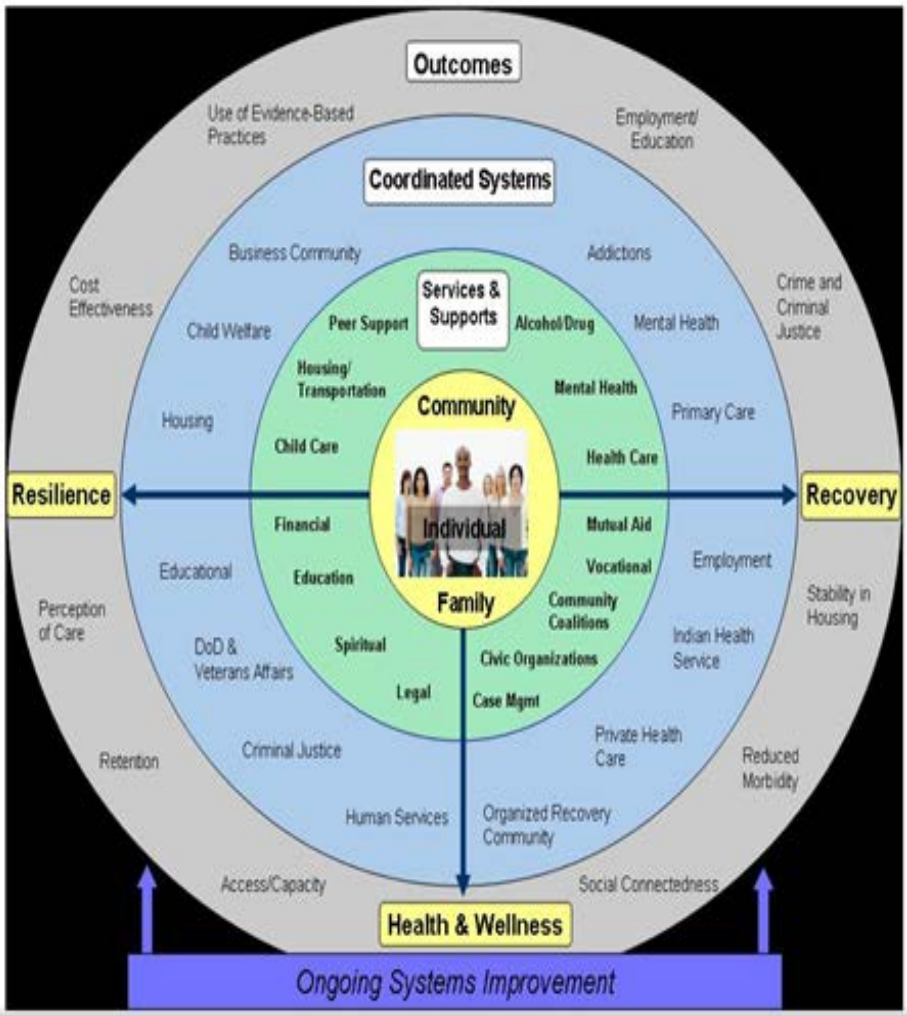
Implementation of these standards is monitored through on-site visits of programs throughout the year by DMH staff. Community services are also provided to individuals through the Community Services Divisions of the two larger state psychiatric hospitals. These programs are also monitored for compliance of the operational standards applicable to the community mental health programs they provide.

Recovery-Oriented System of Care

The Recovery-Oriented System of Care model is designed to support individuals seeking to overcome mental health disorders and substance use disorders across their lifespan. There is no wrong door to recognize the recovery-oriented system of care needs to provide "genuine, free and independent choice" among an array of treatment and recovery support options. Services should optimally be provided in flexible, unbundled packages that evolve over time to meet the changing needs of recovering individuals. Individuals should also be able to access a comprehensive array of services that are fully coordinated to provide support to individuals

At the center of the system are the individual, community, and family. Several types of service options and activities may be included in the service components. A major change in the description of the characteristics of the system has been made to reflect a philosophy shift to one that is more individualized. Strategies to evaluate and improve the effectiveness of local advisory councils, comprised of consumers and family members, have been included in system improvement efforts. The service components of the Recovery-Oriented System of Care model include: consumer support services**,** outpatient services, crisis response services, community living options**,** identification and outreach, psychosocial rehabilitation services, supported employment, family/consumer education and support, inpatient services, protection and advocacy, and other support services. Services for individuals with a co-occurring disorder of serious mental illness and substance abuse are also included in the system of community-based care.

Recovery-Oriented System of Care



Priority Area 9	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 quality assurance process for all adult community mental health programs and services by incorporating the voice of individuals and /or family members in the planning, evaluation and implementation of services.
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 including: advisory councils, task forces and work groups on a state level will be increased. The involvement of individuals and/or family members in evaluating services through POM interviews will be increased.
Baseline Measurement	In FY 2014, there were approximately 35 individuals and/or family members participating in advisory councils, task forces and work groups at the state level. There were 35 individuals trained to conduct POM interviews. One hundred and seventy POM interviews were conducted. There were 97 individuals and/or family members trained as Certified Peer Support Specialists.
First Year Target/Outcome Measurement	In 2016, the number of individuals and/or family members participating in advisory councils, task forces and work groups will be increased
Second Year Target/Outcome Measurement	In 2017, the number of individuals and/or family members participating in advisory councils, task forces and work groups will be increased.
Description of Data	Work group reports, sign in sheets, minutes from meetings
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal:2	To make available community based, statewide, comprehensive system of services and supports for adults with mental illness 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 that 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 consist of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community.

	Day Support Services provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. 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. Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than 24 hours per day/seven days per week. Supervised Living includes an array of supports and services provided with appropriate staff and resources to support an individual who needs assistance 24 hours per day/seven days per week to live in the community. Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. Psychiatric/Physician's Services are services of a medical nature provided by medically trained staff to address medical conditions related to the individual's mental illness or emotional disturbance. Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy to individuals who are experiencing a period of acute psychiatric distress. Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery. Targeted Case Management Services provide information and resource coordination for individuals and collaterals. These services are directed toward helping individuals maintain the highest possible level of independent functioning. Supported Employment Services will be provided in four pilot program sites (regions 2, 7, 10, 12) to begin implementation of supported employment services for adults living with Mental Illness in Mississippi to increase employment opportunities for Adults living with Mental Illnesses.
Indicator	The number of individuals served in the community will be tracked.
Baseline	In FY 2014, 70,334 individuals were served in the community.

Measurement	
First Year Target/Outcome Measurement	In 2016, a minimum of 74,000 individuals will be served in the community.
Second Year Target/Outcome Measurement	In 2017, a minimum of 74,000 individuals will be served in the community.
Description of Data	Documentation of grant award on file at DMH; monthly cash requests, satisfaction surveys
Criteria	Mental Health System Data and Epidemiology

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal:3	To provide supports to the CSU to allow adults with SMI to ~~live~~ remain in the community and reduce hospitalizations
Strategy	The DMH will continue to provide funding to the Crisis Stabilization Units throughout the state.
Indicator	Decrease in the number of admissions to behavioral health programs.
Baseline Measurement	In FY 2014, 4,007 individuals were diverted from the behavioral health programs and admitted to the CSUs.
First Year Target/Outcome Measurement	In 2016, 4,000 individuals will be diverted to the CSUs.
Second Year Target/Outcome Measurement	In 2017, 4,000 individuals will be diverted to the CSUs
Description of Data	Documentation of grant awards on file at the DMH; monthly cash requests, CSUs submit daily census reports monthly, CSUs submit monthly data report
Criteria	Comprehensive Community-Based mental Health Systems for Adults with SMI

Goal:4	To increase employment opportunities for Adults living with Mental Illnesses through IPS Supported Employment Services
Strategy	1. The DMH will utilize legislative appropriated community expansion general funds to provide 4 pilot program sites (regions 2, 7, 10, 12) to begin implementation of supported employment services for adults living with Mental Illness in Mississippi. DMH will retain the consultative services of a nationally recognized expert in the development and implementation of sustainable IPS Supported Employment Programs for Adult Mississippians living with Mental Illnesses. DMH will pursue the attainment of a State Plan Amendment (SPA) or 1915-I waiver through the Division of Medicaid as a source of sustainable funding to further develop the availability of the service. 2. The DMH will collaborate with Vocational Rehabilitation Services to interdependently leverage each agency's ability to provide employment supports for persons living with mental Illness.

Indicator	Increase in the number of clients who are gainfully employed
Baseline Measurement	New Goal. No Baseline Data Available
First Year Target/Outcome Measurement	In FY 2016, to have all 4 programs fully staffed and trained with supported employment specialist and to have a cumulative minimum of 50 clients gainfully employed in competitive jobs
Second Year Target/Outcome Measurement	In FY 2017, to have a cumulative minimum of 100 clients gainfully employed in competitive jobs
Description of Data	Monthly Report
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal:5	To address the stigma associated with mental illness through a mental illness 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.
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 DMH will also track the number of live interviews and presentations.
Baseline Measurement	In FY 2014, 50 presentations were conducted. More than 120,000 brochures have been distributed since 2008 and more than 10,000 potty posters have been distributed to schools across the state. Mississippi teachers are now required to participate in suicide prevention treatment.
First Year Target/Outcome Measurement	In 2016, the DMH will continue to address the stigma associated with mental illness through a mental illness awareness campaign through the development of a media guidebook to educate the media and journalism students about mental health.
Second Year Target/Outcome Measurement	In 2017, the DMH will continue to address the stigma associated with mental illness through a mental illness awareness campaign through continued awareness activities and the media guidebook project.
Description of Data	Media and educational presentation tracking data maintained by DMH Director of Public Information
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal:6	Increase the number of Adult Day Programs for individuals with Alzheimer's Disease and/or related dementia
Strategy	Staff will research best practices for respite services; review models funded through alternative sources such as federal funding sources and foundational funding sources, and review other states' models for respite services. Progress will be reported to the Alzheimer's Planning Council.
Indicator	The number of adult day programs certified by the DMH
Baseline Measurement	In FY 2014, the DMH certified two Alzheimer adult day programs.
First Year Target/Outcome Measurement	In 2016, the DMH will certify four Alzheimer adult day programs.
Second Year Target/Outcome Measurement	In 2017, the DMH will certify four Alzheimer adult day programs.
Description of Data	Number of program certificates, summary of respite services review activities
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal:7	Coordinate oversight and implementation of components of the State Strategic Plan for Alzheimer's Disease and Related Dementia 2015 – 2020.
Strategy	Staff will coordinate meetings with Goal Leaders of the State Strategic Plan for Alzheimer's Disease and Related Dementia 2015 – 2020. Staff will strengthen collaborations with stakeholders and contributors to the Implementation Plan. Staff will report State Plan progress quarterly to the Alzheimer's Planning Council.
Indicator	Implementation Plan, activity tracking reports, Alzheimer's Planning Council minutes.
Baseline Measurement	No Goal. No baseline data available.
First Year Target/Outcome Measurement	In 2016, implementation strategies will be identified for 50% of objectives in each goal section.
Second Year Target/Outcome Measurement	In 2017, implementation strategies will be identified for 75% of objectives in each goal section.
Description of Data	Number of implementation strategies per goal section, summary of plan activities
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI

Goal:8	Implement Law Enforcement Training Course entitled, "Older Adults, Dementia, Elder Abuse and Silver Alert" in Law Enforcement Training Academies statewide as part of the mandatory Basic Training Curriculum for all Law Enforcement Training Cadets.
Strategy	Staff will coordinate scheduling of the course with Law Enforcement Training Academy program coordinators to encourage regular inclusion of the course in each training academy schedule.
Indicator	Number of courses taught; number of Academies receiving training; number of cadets receiving training.
Baseline Measurement	No Goal. No baseline data available.
First Year Target/Outcome Measurement	In 2016, the course entitled, “Older Adults, Dementia, Elder Abuse and Silver Alert”, will be taught in 75% of Law Enforcement Training Academies.
Second Year Target/Outcome Measurement	In 2017, the course entitled, “Older Adults, Dementia, Elder Abuse and Silver Alert,” will be taught in 100% of Law Enforcement Training Academies.
Description of Data	Learner Satisfaction Surveys, Pre-test and Post-test
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 9	Comprehensive Community-Based mental Health Systems for Adults with SMI
Goal: 9	To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force
Strategy	Meetings/activities by the Multicultural Task Force will be conducted. 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. The Multicultural Task Force will develop a disparity statement that will address equity in mental health services and supports.
Indicator	The number of meetings of the Multicultural Task Force (at least 2 per year) with a report to the Mississippi State Mental Health Planning and Advisory Council when requested or as needed.
Baseline Measurement	In FY 2014, the Multicultural Task Force met on October 18, 2013, on February 11, 2014, and on May 2, 2014. The task force organized the Day of Diversity which was held on October 13, 2014. The task force members also participated in the National Minority Mental Health Awareness events throughout the state in the month of July. A report to the Mississippi Mental Health Planning and Advisory Council regarding the activities of the task force occurred on November 13, 2014.
First Year Target/Outcome Measurement	In FY 2016, the Multicultural Task Force will have at least two meetings.
Second Year	In FY 2017, the Multicultural Task Force will have at least two

Target/Outcome Measurement	meetings.
Description of Data	Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made
Criteria	Comprehensive Community-Based Mental Health Systems

State Priority 10: Targeted Services to Rural and Homeless Adults with SMI

The DMH continues to support specialized services targeting individuals who are homeless and have mental illness in areas of the state where there are known to be large homeless populations with a significant number of individuals with mental illness and where the (Projects for Assistance in Transition from Homelessness or PATH) funds would have the greatest impact (Jackson, Meridian and the Gulf Coast).

The DMH staff continues to participate with Partners to End Homelessness CoC to help plan for and coordinate services for individuals with mental illness who may be experiencing homelessness. When feasible, DMH staff also attends the MS United to End Homelessness (MUTEH) CoC meetings as well as the Open Doors CoC meetings.

The DMH continues to receive technical assistance in the implementation of the SSI/SSDI Outreach, Access, and Recovery (SOAR) Program in Mississippi as provided by SAMHSA. The purpose of SOAR is to help states increase access to mainstream benefits for individuals who are homeless or at risk for homelessness through specialized training, technical assistance and strategic planning for staff that provide services to these individuals. Mississippi is also participating in SOAR data collection as part of the national SOAR evaluation process. While six DMH or service provider staff has completed the SOAR Train the Trainer process and have in turn trained a number of service providers in the SOAR method in the past, the SOAR training is now available online. DMH provides information and oversight regarding the online training. There is an online SOAR data collection system that SOAR processors in the state are encouraged to use to report the results of the SSI/SSDI applications that are submitted using SOAR.

Community mental health centers will continue to be required to develop plans for outreach, including transportation, as part of their community support services plans approved by the DMH. While transportation to services continues to be a challenge in the rural areas of the state, the community mental health centers find themselves needing to offer some type of transportation for individuals in need of services who do not have options available. In most cases, the community mental health centers have vans and/or small buses that can be used to transport individuals. They also partner with the providers in their service region that receive grants from the Mississippi Department of Transportation to provide transportation to needed services in rural areas. They also partner with the local Title XX or other state or federally-funded rural transportation providers to address this potential barrier to services in the most effective way possible.

Priority Area 10	Targeted Services to Rural and Homeless Adults with SMI
Goal:1	To provide coordinated supportive services for individuals with mental illness who are homeless or chronically homeless
Strategy	The DMH will continue to provide targeted services for individuals with mental illness in the state who are homeless or chronically homeless.
Indicator	The number of persons with serious mental illness served through specialized programs for individuals with mental illness who are homeless or chronically homeless
Baseline Measurement	In FY 2014, 1,288 persons with serious mental illness were served through specialized programs for homeless persons.
First Year Target/Outcome Measurement	In 2016, a minimum of 950 persons with serious mental illness will be served through specialized programs for homeless persons.

Second Year Target/Outcome Measurement	In 2017, a minimum of 950 persons with serious mental illness will be served through specialized programs for homeless persons.
Description of Data	Adult Services State Plan Survey; PATH Grant Annual Report
Criteria	Targeted Services to Rural and Homeless Populations

Priority Area 10	Targeted Services to Rural and Homeless Adults with SMI
Goal:2	To educate providers, consumers and other interested individuals/groups about the needs of homeless individuals, including the needs of individuals with mental illness who are homeless or chronically homeless
Strategy	A DMH staff member will continue to participate on interagency workgroups that identify and/or address the needs of individuals who are homeless or chronically homeless. A DMH staff member continues to participate in the three Continua of Care in Mississippi (i.e., Open Doors, Mississippi United to End Homelessness, Partners to End Homelessness), as well as the State Planning Council meetings. DMH staff actively participates in the Mississippi Permanent Supportive Housing Council that seeks to address the housing needs of individuals with mental illness who are homeless. A DMH staff member has presented information to these groups on the PATH Program, the State SOAR Initiative and the Cooperative Agreement to Benefit Homeless Individuals (CABHI)-States program to expand/enhance services to individuals with serious mental illness who are homeless or chronically homeless. A DMH staff person is the Team Leader for the Medicaid Balancing Incentives Program (BIP) Housing Team which is tasked with the responsibility of making recommendations to the Mississippi Division of Medicaid regarding ways to improve and expand housing options for individuals with serious mental illness and other special needs and disabilities.
Indicator	The number of committees or workgroups addressing homelessness on which DMH staff member(s) participate (up to three
Baseline Measurement	In FY 2014, DMH staff participated in ~~two~~ three workgroups addressing homelessness.
First Year Target/Outcome Measurement	In 2016, DMH staff will attend a minimum of two workgroups addressing homelessness.
Second Year Target/Outcome Measurement	In 2017, DMH staff will attend a minimum of two workgroups addressing homelessness.
Description of Data	Minutes of workgroup meetings and/or Division Activity Reports
Criteria	Targeted Services to Rural and Homeless Populations

State Priority 11: Health Information Technology

Management goals that assist in improving information management systems, continuing helpline services through the Office of Consumer Support Services and requesting additional funding for community mental health services to both child and adult service address this priority.

Priority Area 11	Health Information Technology
Goal:1	Develop an Electronic Health Records system to improve services provided to individuals served
Strategy	1. Utilize computerized provider order entry (CPOE) for medication orders 2. Replace manual reporting with electronic online reporting 3. Utilize client web portal for reviewing their health information 4. Create a centralized web portal for checking bed availability at Behavioral Health Programs based on data from EHR
Indicator	1. Report to CMS for Meaningful Use 2. Number of permissible prescriptions and lab requests generated and transmitted electronically (eRx) 3. % of clients served who view their health information online 4. % of occupancy of inpatient beds
Baseline Measurement	New goal. No baseline data available.
First Year Target/Outcome Measurement	In FY 2016, the DMH will implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs and automate the interface from the electronic health records system to labs, pharmacies, and Dr. First
Second Year Target/Outcome Measurement	In FY 2017, The DMH will develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds
Description of Data	To meet the Meaningful Use requirements, the following criteria must be reported to CMS. Use CPOE (computerized physician order entry) for medication orders Implement drug-drug and drug-allergy interaction checks Maintain an up-to-date problem list of current and active diagnosis Maintain active medication list Record client demographics Record and chart changes in vital signs Record smoking for patients 13 years old or older Provide patients with the ability to view online information about hospital admission Incorporate clinical lab-test results into an electronic health records system
Criteria	Comprehensive Community-based

Priority Area 11	Health Information Technology
Goal:2	Maximize the efficiency of collecting and accessing Central Data Repository

Strategy	Establish CDR user groups for DMH Programs, CMHCs, and Private Providers who meet on a quarterly basis
Indicator	% of participants in user groups compared to total DMH number of DMH Certified Providers
Baseline Measurement	Develop a dashboard for DMH leadership to track progress and eliminate manual reporting
First Year Target/Outcome Measurement	In FY 2016**:** The DMH will increase the validity and timely reporting of data by 30% to meet federal, state and DOJ reporting requirements
Second Year Target/Outcome Measurement	In FY 2017: The DMH will utilize a dashboard for 20% of service categories for CDR and URS tables and increase access to all CDR reports and dashboard by create one central location
Description of Data	Participants in user groups, DMH Certified Providers
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 11	Health Information Technology
Goal:3	The Office of Consumer Support (OCS) is responsible for maintaining a toll-free line and providing assistance to individuals receiving services and their families. The OCS assists in resolving grievances related to access to services and service provision, providing education regarding the rights of individuals receiving services, and responding to general questions concerning services for individuals with serious mental illness, intellectual/development disabilities and substance use disorders.
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.
Indicator	The number and category of calls received through the helpline
Baseline Measurement	In FY 2014, the helpline received approximately 4,500 calls and responded to more than 75 grievances. The Office of Consumer Support assisted with referrals, resolving grievances, access to services and providing information regarding services.
First Year Target/Outcome Measurement	In 2016, the DMH will continue to operate the helpline.
Second Year Target/Outcome Measurement	In 2017, the DMH will continue to operate the helpline.
Description of Data	Information collected from the DMH database
Criteria	Comprehensive Community-Based Mental Health Systems

State Priority 12: Work Force Development

Priority Area 12	Workforce Development
Goal:1	To expand skills training to services providers in the provision of services for Adults with SMI
Strategy	The DMH will continue to provide training, support and technical assistance to staff working with adults with SMI. The Department of Mental Health Consumer Support Specialist is an internet-based staff training and development program. The Reliace Learning training website tracks staff training and eliminate**s** the need for extensive travel for case managers to obtain training.
Indicator	The number of community mental health services staff who receive training
Baseline Measurement	In FY 2014, 81 staff working with adults with SMI was enrolled in the Reliace Learning training website.
First Year Target/Outcome Measurement	In 2016, a minimum of 60 staff working with adults with SMI will receive training through the Reliace Learning training website.
Second Year Target/Outcome Measurement	Second-Year Target/Outcome Measurement**:** In 2017, a minimum of 60 staff working with adults with SMI will receive training through the Reliace Learning training website.
Description of Data	DMH Learning Management System
Criteria	Comprehensive Community-Based Mental Health Systems

Priority Area 12	Workforce Development
Goal:2	Utilize evidence-based or best practices among DMH Certified Providers for core services
Strategy	Promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts
Indicator	Increase the number of evidence-based and emerging best practices trainings each year
Baseline Measurement	New Goal. No baseline data available.
First Year Target/Outcome Measurement	In FY 2016, the DMH will continue to promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts.
Second Year Target/Outcome Measurement	In FY 2017, the DMH will continue to promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts.
Description of Data	DMH Learning System, Evidence-based trainings
Criteria	Comprehensive Community-Based Mental Health Systems