

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

End of Year Progress Report

FY16 – FY18 Mississippi
Department of Mental Health
Strategic Plan

August 2016

MS Department of Mental Health FY16-FY18 Strategic Plan

| Level | Name | Status | Current Value | Last Comment |
|-----------|--|-----------|---------------|--|
| Plan | DMH FY16-FY18 Strategic Plan | On Track | | |
| Goal | To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care | | | |
| Objective | Provide psychiatric treatment to individuals that are civilly committed and analyze service capacity exists for the provision of services | On Track | | |
| Outcome | Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity) | On Track | 90.2 | Acute Psychiatric NMSH: 92.8% EMSH: 94% SMSH: 92% MSH: 82.18% Average: 90.2% |
| Outcome | Create an annual report analyzing occupancy percentage at each Program by service including recommendations for future provision of services | On Track | | Data has been collected from all behavioral health programs and is being reviewed. Recommendations based on FY16 data will be developed in FY17. |
| Outcome | Reduce overall readmissions to DMH behavioral health programs by 2% | Off Track | 0.83 | NMSH: +11% SMSH: +5% MSH: -0.68% EMSH: -12% Average: +0.83% |
| Strategy | Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists | On Track | | |
| Strategy | Develop quarterly report by Program outlining occupancy percentage by service | On Track | | Programs are entering data quarterly in AchieveIt. |
| Output | % of occupancy: acute psychiatric care (all behavioral health programs) | On Track | | NMSH: 92.8% EMSH: 94% SMSH: 92% MSH: 82.18% |
| Output | % of occupancy: continued treatment (MSH) | On Track | 86.33 | 86.33% |
| Output | % of occupancy: MSH medical surgical hospital (MSH) | On Track | 21.19 | 21.19% |
| Output | % of occupancy: chemical dependency (MSH and EMSH) | On Track | 0 | MSH: 94.64% EMSH: 96% |
| Output | % of occupancy: adolescent chemical dependency (EMSH) | On Track | 45 | 45% |
| Output | % of occupancy: nursing homes (MSH and EMSH) | On Track | 0 | MSH: 91.62% EMSH: 89% |

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| Output | % of occupancy: children/adolescents (MSH and EMSH) | On Track | 0 | MSH: 44.48% EMSH: 70% |
| Output | % of occupancy: transition unit (EMSH) | On Track | 68 | This is the Kemper County group homes |
| Output | % of occupancy: forensics (MSH) | On Track | 94.39 | 94.39% |
| Output | % of individuals readmitted between 0-59 days after discharge | On Track | 7.30% | NMSH: 9.3% EMSH: 4% SMSH: 9.81% MSH: 6.18% |
| Output | % of individuals readmitted between 60-89 days after discharge | On Track | 2.76% | NMSH: 3.75% EMSH: 1% SMSH: 3.32% MSH: 2.96% |
| Output | % of individuals readmitted between 90-119 days after discharge | On Track | 2.25% | NMSH: 2.4% EMSH: 2% SMSH: 1.88% MSH: 2.71% |
| Output | % of individuals readmitted after 120-365 days after discharge | On Track | 10.10% | NMSH: 0% EMSH: 14% SMSH: 11.83% MSH: 14.56% |
| Strategy | Utilize Wellness Recovery Action Plans (WRAP) at three of the six behavioral health programs by the end of FY16 | Achieved | | WRAPs are being utilized at NMSH, SMSH and CMRC. A training was held at each of these three DMH Programs with 64 participants. |
| Output | Number of staff trained in WRAP | Achieved | 64 | A total of 64 staff from DMH Programs and surrounding CMHCs participated in the three WRAP trainings at NMSH, SMSH and CMRC. |
| Output | Number of WRAPs conducted | On Track | 569 | NMSH: 380 SMSH: 142 CMRC: 47 |
| Strategy | Educate Community Mental Health Centers (CMHCs) on the use of WRAP and integration of WRAP into supporting self-directed recovery | Achieved | | During the 2nd Quarter, DMH worked with MHA of South Mississippi to host three WRAP trainings. Participants included staff from DMH Programs and surrounding CMHCs. DMH also worked with MHA to distribute flyers to CMHCs about the value of developing WRAPs with the people we serve. |
| Output | Number of trainings/educational materials | Achieved | 3 | Trainings at NMSH, SMSH and CMRC. |
| Objective | Enhance the transition process of individuals to a less restrictive environment | On Track | | |

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| Outcome | Establish a pilot utilizing Peer Bridgers to improve the process for people transitioning from inpatient care to community-based care | Achieved | | In October 2015, four grants were awarded to Region IV, LifeCore, Region II, and North MS State Hospital to begin the pilot project. The grant recipients began hiring CPSSs as Peer Bridgers in the second quarter and the pilot project officially began in the third quarter after training was complete. The services offered by Peer Bridgers will help individuals transition back into their communities and avert future potential crisis. |
| Outcome | Increase the percentage of continuing care plans that are transmitted to the next level of care within five days of discharge | On Track | | NMSH: 99% EMSH: 100% SMSH: 97.5% MSH: 100% |
| Strategy | Improve the efficiency of the discharge process by monitoring post discharge continuing care plans | On Track | | |
| Output | Number of individuals receiving services care plans that are transmitted to the next level of care within five days | On Track | 3154 | NMSH: 564 EMSH: 617 SMSH: 681 MSH: 1,292 |
| Strategy | Begin a pilot project with Peer Bridgers at a behavioral health program and local Community Mental Health Centers utilizing WRAP and Whole Health Action Management (WHAM) | Achieved | | In October, four grants were awarded to Region IV, LifeCore, Region II, and North MS State Hospital to begin the pilot project. The grant recipients began hiring CPSSs as Peer Bridgers in the second quarter and the pilot project officially began in the third quarter after training was complete. The services offered by Peer Bridgers will help individuals transition back into their communities and avert future potential crisis. |
| Output | Number of Peer Bridgers | Achieved | 5 | Each of the three CMHCs have a full-time Peer Bridger and NMSH has two part-time Peer Bridgers. |
| Output | Number of Peer Bridgers trained in WRAP | Achieved | | All five Peer Bridgers have been trained in WRAP. |
| Output | Number of WRAPs conducted at pilot site | Achieved | 380 | 380 WRAPs were conducted at NMSH. |
| Output | Number of Peer Bridgers trained in WHAM | Canceled | | WHAM instructors are not available. This output will be deleted for FY17. |
| Output | Number of WHAM plans conducted at pilot site | Canceled | | WHAM instructors are not available. This output will be deleted for FY17. |
| Output | Number of readmissions at pilot site | Achieved | | Total readmissions for NSMH for FY16: 90. |
| Objective | Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements | On Track | | |

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| Outcome | Develop alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment | On Track | | All PACT Teams are operational and admitting individuals |
| Outcome | Develop employment options for adults with serious and persistent mental illness | Achieved | | Funds allocated during the FY 2016 legislative session were used to make available supported employment options for adults with mental illness. Implementation of services began July 1, 2015 at four pilot locations (Regions 2, 7, 10, and 12). |
| Strategy | Utilize Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services | Achieved | | |
| Output | Number of PACT Teams | Achieved | | We currently have funding for 8 PACT Teams. All 8 teams are in operation and admitting individuals into services. |
| Output | Number of admissions to PACT teams | On Track | 85 | During FY16, there were 85 new admissions in addition to the 164 individuals already being served. |
| Strategy | Fund three pilot employment sites for individuals with SMI | Achieved | 4 | Each of the four pilot program sites (Regions 2, 7, 10, and 12) were funded at \$100,000.00 for FY16. |
| Output | Number of individuals employed | On Track | 108 | 108 people were employed through the four pilot sites during FY16. |
| Output | Number of businesses contacted for employment opportunities | Achieved | 2723 | The four pilot sites reported having made 2,723 business contacts to potential employers, resulting in 165 job placements and 108 remaining employed at the end of FY16. |
| Objective | Expand access to crisis services and divert individuals from more restrictive environments such as jail, hospitalizations, etc. | On Track | | |
| Outcome | Increase the number of people served at Crisis Stabilization Units | Not Achieved | 3270 | In FY15 the CSUs served 3,609 people. In FY16 the CSUs served 3,270 people. The decrease actually can be seen in a positive light due to the increase of people in crisis being handled by the MCERT Teams. |
| Outcome | Increase the number of people served by Mobile Crisis Response Teams | Achieved | 3108 | 3108 more people were served through MCERT in FY16 than FY15 |
| Strategy | Evaluate Crisis Stabilization Units based on defined performance indicators | On Track | | |
| Output | Diversion rate of admissions to state hospitals | On Track | 89.2 | 89.2% of all admissions to the CSU did not need additional treatment at a DMH facility. |

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| Output | Average length of stay | On Track | 10.5 | The average length of stay in a CSU for FY16 was 10.5 days |
| Output | Number of admissions | On Track | 3270 | There were 3,270 admissions to the CSU's in FY16 |
| Output | Number of involuntary admissions vs. voluntary admissions | On Track | | Voluntary Admissions for FY 16 - 53% (1,732) Involuntary Admissions for FY16 - 47% (1,538) |
| Strategy | Evaluate Mobile Crisis Response Teams based on defined performance indicators | On Track | | |
| Output | Number of calls | On Track | 22768 | For FY16, a total of 22,768 calls were received. |
| Output | Number of face-to-face visits | On Track | 15442 | For FY16, a total of 15,442 face-to-face visits. |
| Output | Number referred to a Community Mental Health Center and scheduled an appointment | On Track | 9449 | Of the 15,442 face-to-face contacts made in FY16, 9,449 had follow-up appointments made. 5,732 of the 15,442 contacts needed immediate placement in overnight care. |
| Output | Number diverted from a more restrictive environment | On Track | 17036 | For FY16, a total of 17,036 people were diverted from a more restrictive environment. |
| Objective | Provide community supports for people transitioning to the community to allow adults with serious mental illness access to appropriate and affordable housing | On Track | | |
| Outcome | Increase the availability of community supports/services for people with a serious mental illness in order to implement the Permanent Supportive Housing model | On Track | | |
| Strategy | Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services | On Track | | Point of contacts were identified at MSH, EMSH, NMSH and SMSH. MS United to End Homeless has trained MS Home Corp, all CMHCs and DMH on the prescreening tool. DMH Behavioral Health Programs were trained in January. Six pilot areas (Region 3, Region 4, Region 8, Region 9, Region 12, and Region 14) were selected. A list of properties were identified in the pilot areas. Continue to have monthly housing calls with DOJ. A total of 48 people were housed under the CHOICE Program. |
| Output | Number of assessments provided | On Track | 48 | CHOICE began in March 2016. All 48 participants received an assessment. |

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| Output | Number and type of supports/services provided | On Track | | CHOICE began in March 2016. There were 48 people placed in housing receiving various services such as outpatient, peer support, PACT, physician services, community support, intensive case management, psychosocial rehabilitative services, etc. |
| Output | Level of intensity of supports/services needed | On Track | | Since March 2016 the average level of support/services is 2 (outpatient services). Levels of intensity are: PACT - 1, ICM - 2, PSR - 3, Outpatient - 2, CS - 1. |
| Output | Number of people maintained in Permanent Supportive Housing | On Track | 48 | Since March 2016, a total of 48 people have received housing through the CHOICE program. |
| Output | Number of people/days hospitalized in last 0-59 days | On Track | | CHOICE program began March 2016. There have been no individuals hospitalized.. |
| Output | Number of people/days hospitalized in last 60-89 days | On Track | | CHOICE program began March 2016. There have been no individuals hospitalized. |
| Output | Number of people/days hospitalized in last 90-120 days | On Track | | CHOICE program began March 2016. There have been no individuals hospitalized. |
| Output | Number of people/days admitted to an ER in last 0-59 days | On Track | | CHOICE program began March 2016. There have been no individuals admitted to the ER. |
| Output | Number of people/days admitted to an ER in last 60-89 days | On Track | | CHOICE program began March 2016. There have been no individuals admitted to the ER. |
| Output | Number of people/days admitted to an ER in last 90-120 days | On Track | | CHOICE program began March 2016. There have been no individuals admitted to the ER. |
| Output | Number of people/days in jail in last 0-59 days | On Track | | CHOICE program began March 2016. There have been 3 individuals jailed in the last 59 days. 2 have been released and 1 remains in jail. |
| Output | Number of people/days in jail in last 60-89 days | On Track | | CHOICE program began March 2016. There have been no individuals placed in jail. |
| Output | Number of people/days in jail in last 90-120 days | On Track | | CHOICE program began March 2016. There have been no individuals placed in jail. |
| Objective | Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process | On Track | | |
| Outcome | Increase the awareness of the Certified Peer Support Specialist program | Achieved | | Six (6) presentations and discussions were conducted statewide to advance and promote peer support in the community and with providers. CPSS Ambassadors have monthly meetings to network and share information. |

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| Outcome | Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care | Achieved | 36 | A total of 36 trainings were conducted. |
| Outcome | Increase by 5% two Personal Outcome Measures (POM) that directly support community integration | On Track | | The process of this outcome is on going. An increase measure will be taken from the POMs that were conducted in FY16. |
| Outcome | Develop a CPSS program for caregivers/parents and host two trainings | On Track | | Curriculum will be completed in the 1st Quarter of FY17 and the first training is scheduled for the 2nd Quarter of FY17. |
| Strategy | Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs | Achieved | | Conducted presentation at state and association conferences; and provided TA to providers. |
| Output | Number of peers/family members trained as CPSSs | On Track | | The first training will be held in the 2nd Quarter of FY17. |
| Output | Number of CPSSs employed | Achieved | 162 | 162 of the peer support specialists who have been trained are now Certified Peer Support Specialists and are employed. |
| Output | Number of DMH Certified Providers employing CPSSs | Achieved | 30 | There are 30 providers employing CPSSs. |
| Strategy | Provide training to service providers regarding Recovery Model, Person Centered Planning & System of Care Principals, etc | Achieved | 36 | There were a total of 36 trainings. |
| Output | Number of trainings | Achieved | 36 | There were a total of 36 trainings conducted that covered the PC-ROSC principals. |
| Output | Number of participants | Achieved | 717 | There were a total of 717 participants in the trainings. |
| Strategy | Offer technical assistance to providers after their POM report is released | Achieved | | TA offered to all providers after POM reports were released. |
| Output | Number of providers that accept technical assistance | Achieved | 5 | There were 5 (five) providers who requested TA (Trauma Informed Recovery, PC-Recovery Language, PC-Recovery Assessment, Planning, and Progress Notes). |
| Output | Number of individuals who participate in the technical assistance | Achieved | 341 | 341 individuals participated in the technical assistance. |
| Strategy | Establish a CPSS customized training for caregivers/parents | On Track | | The customized training for Parent/Caregivers will be integrated into the current CPSS training program. Current modules have been revised to include Parent/Caregivers and new modules are being developed specifically for Parents/Caregivers. The training and participant manuals will be complete in the 1st quarter of FY17 and a training of trainers will be conducted in the 2nd Quarter of FY17. |
| Output | Number of trainings | On Track | | The first training is scheduled in the 2nd Quarter in FY17. |

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| Output | Number of participants | On Track | | A workgroup continued to meet throughout the year to identify new module topics and revise current modules for Parent/Caregivers. The customized training is scheduled to be completed in the 1st quarter of FY17 and the first training will be held in the 2nd quarter of FY17. |
| Output | Number of CPSS caregivers/parents | On Track | | Number will be determined in the 1st Quarter of FY17. |
| Objective | Provide community supports for children transitioning to the community and to prevent out-of-home placements | On Track | | |
| Outcome | Increase the number of children and youth that are served by MAP teams | On Track | 1152 | In FY16, 1,152 children and youth were served by local MAP Teams. |
| Outcome | Increase the statewide use of Wraparound Facilitation with children and youth | On Track | 2960 | In FY16, 2,960 children and youth were served with wraparound facilitation. |
| Outcome | Pilot an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis | On Track | | NAVIGATE is a Coordinated Specialty Care model that is team-based. In FY16, Life Help piloted the NAVIGATE program through the PACT Team. Life Help's Coordinated Specialty Care team served 4 young adults utilizing the NAVIGATE model. |
| Outcome | Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare | On Track | | See data in Outputs below. |
| Strategy | Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations | On Track | | |
| Output | Number served by MAP teams | On Track | 1152 | In FY16, a total of 1,152 children and youth were served by local MAP Teams. |
| Output | Number of MAP teams | On Track | 55 | In FY16, there were 55 MAP Teams that served 62 counties |
| Strategy | Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED | On Track | | |
| Output | Number of individuals that have been trained in Wraparound Facilitation | On Track | 462 | For FY16, a total of 462 individuals were trained. |
| Output | Number of providers that utilize Wraparound Facilitation | On Track | 11 | In FY16, a total of 11 providers were certified to provide wraparound facilitation. |
| Output | Number of children and youth that are served by Wraparound Facilitation | On Track | 2960 | In FY16, 2,960 children and youth were served with wraparound facilitation. |
| Output | Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement | On Track | 2335 | In FY16, 2,335 were diverted from a more restrictive placement. |

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| Outcome | Assist youth and young adults navigate the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team | On Track | | The Coordinated Specialty Care Team at Life Help served 4 young adults in FY16. All 4 were maintained in their home and community. |
| Output | Number of appropriate referrals | On Track | 4 | In FY16, 4 appropriate referrals were made. |
| Output | Number and type of supports/services provided | On Track | 6 | Six service types include Community Support, Peer Support, Physician/Nurse, Medication Management, Outpatient Therapy, Employment and Education Support. |
| Output | Number of youth and young adults maintained in his/her home and/or community | On Track | 4 | All 4 young adults served were maintained in their home and community. |
| Strategy | Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent | On Track | | |
| Output | Number of youth referred to MYPAC aftercare | On Track | 37 | |
| Output | Number of youth referred to a local Community Mental Health Center aftercare | On Track | 26 | |
| Output | Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center | On Track | 6 | |
| Output | Number of youth actually transitioned to MYPAC aftercare | On Track | 24 | |
| Output | Number of youth actually transitioned to a local Community Mental Health Center aftercare | On Track | 18 | |
| Output | Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider | On Track | 19 | |
| Output | Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider | On Track | 16 | |
| Strategy | Conduct discharge follow-up survey after 7 days and 30 days of transition to the community from STF | On Track | | |
| Output | Youth successful after 7 days of transition to the community | On Track | 45 | |
| Output | Youth successful after 30 days of transition to the community | On Track | 42 | |

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| Objective | Divert individuals from DMH Behavioral Health Programs chemical dependency services waiting lists to community-based programs by providing education to chancery courts and providing indigent funds for those individuals in need | On Track | | |
| Outcome | Decrease the wait time by 5% for individuals who are court committed to DMH Behavioral Health Programs for alcohol and drug treatment by diverting individuals to community-based programs and providing indigent funds to reimburse some of the cost of treatment | On Track | | EMSH average wait time is 18.66 days. MSH average wait time is 21.25 days. |
| Strategy | Provide bi-monthly reports of contact information of individuals on the DMH Behavioral Health Programs chemical dependency waiting list from each regional catchment area to the regional community mental health center's alcohol and drug treatment programs | On Track | | Reports are being provided bi-monthly. |
| Output | Number of individuals diverted from DMH Behavioral Health Programs wait lists to community mental health centers for chemical dependency services | On Track | 394 | FY16, a total of 394 individuals were diverted. |
| Output | Number of diverted individuals who complete treatment | On Track | 226 | For FY16, a total of 226 people completed treatment. |
| Output | Number of diverted individuals who do not complete treatment and are placed back on wait list | On Track | 72 | For FY16, a total of 72 people didn't complete treatment and were placed back on the wait list. |
| Output | Amount of indigent funds utilized on diverting individuals from DMH Behavioral Health Programs waiting lists for chemical dependency services | On Track | 228275 | For FY16, a total of \$228,275 in indigent funds were utilized on diverting individuals. |
| Strategy | Provide education to chancery courts about community-based program services for committed individuals for alcohol and drug treatment in their catchment areas | On Track | 3 | Presentations were made at statewide conferences and letters were mailed to all Chancery Courts to educate them on primary residential services that are available in their catchment areas. |
| Goal | To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care | | | |
| Objective | Provide community supports and services for persons transitioning to the community from an institutional setting | On Track | | |

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| Outcome | Increase the number of people transitioning to the community from the ICF/IID Regional Programs by 3.6% each year | On Track | | BRC - 22.19% ESS - 5.85% HRC - 4.25 MAC - 25.6% NMRC - 4.3% SMRC - 10% |
| Strategy | Ensure people transitioning to the community have appropriate supports and services | On Track | | |
| Output | Number of referrals for transition planning | On Track | 246 | |
| Output | Number of people transitioned from facility to 10-bed ICF/IID program | On Track | 42 | |
| Output | Number of people transitioned from facility to 4-bed ICF/IID home | On Track | | This service is not currently available. |
| Output | Number of people transitioned to community waiver home/apartment (includes campus and/or ICF/IID homes) | On Track | 66 | |
| Output | Number of people transitioned home with waiver supports | On Track | 18 | |
| Strategy | Educate families regarding the transition process from ICF/IID to ID/DD Waiver Services, including available certified providers in the community | On Track | | |
| Output | Number of family meetings attended by transition coordinator | On Track | 400 | |
| Objective | Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home | On Track | | |
| Outcome | Percentage of people accessing peer support, early intervention, employment, medical supports, case management, targeted case management and/or specialized services | On Track | | BRC - 20.89% ESS - 44.8% HRC - 22.8% NMRC - 61% SMRC - 5 % (formula changed during the year) |
| Outcome | Percentage of people accessing diagnostic services from the DMH Regional Programs | On Track | | ESS - 100% BRC - 100% HRC - 100% SMRC - 100% NMRC - 100% |
| Outcome | Percentage of people accessing ID/DD Waiver services | On Track | 63.74 | Of the known eligible people for the ID/DD Waiver (1,424 from the Planning List and 2,503 enrollees as of 6/30/16), 63.74% are accessing ID/DD Waiver services. |

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| Outcome | Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting (institutional is regional programs; community is ICF/IID community homes, supervised living, supported living, home with IDD Waiver, and home non-waiver work activity) | On Track | 77 | 77% served in the community vs. 23% served in an institutional setting based on FY16 census. |
| Strategy | To increase the availability of comprehensive community programs and services through both public and private providers to include home and community based supports, supported living, supervised living, behavior supports, crisis supports, day supports and employment options | On Track | | |
| Output | Number of people added from planning list to ID/DD Waiver Services | On Track | 237 | A total of 237 people were added from the planning list to ID/DD Waiver services in FY 16. |
| Output | Number of people living in community based settings | On Track | 3557 | |
| Output | Number of people transitioned from ICF/IID Programs to the community | On Track | 79 | |
| Output | Number of people receiving in home nursing respite | On Track | 194 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving behavioral support services | On Track | 61 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving crisis support services | On Track | 66 | This includes BRC, SMRC and HRC. |
| Output | Number of people receiving supported employment services | On Track | 257 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving supervised living services | On Track | 683 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving supported living services | On Track | 170 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving day services adult | On Track | 863 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving pre-vocational services | On Track | 1059 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving home and community support services | On Track | 1210 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving ID/DD waiver support coordination services | On Track | 2305 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving targeted case management services | On Track | 506 | |

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| Output | Number of people receiving Community Support Services/Case Management | On Track | 133 | |
| Output | Number of people receiving comprehensive diagnostic evaluations | On Track | 1326 | |
| Output | Number of people receiving job discovery services | On Track | 29 | This includes DMH's Regional Programs and DMH Certified Providers. |
| Output | Number of people receiving work activity services | On Track | 167 | |
| Objective | Implement and enhance specialized person-centered services for individuals in need of medical, therapeutic and/or behavioral treatment in a specialized residential setting | On Track | | |
| Outcome | Ensure 100% of people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs | On Track | | ESS - 100% BRC - 100% HRC - 100% MAC - 100% SMRC - 100% NMRC - 100% |
| Strategy | Provide person-centered planning process to all individuals served within the specialized residential setting | On Track | | |
| Output | Number of people served in residential IID programs | On Track | 1107 | BRC - 140 ESS - 314 HRC - 257 NMRC - 254 SMRC - 142 |
| Objective | Provide community supports and services in order for persons to live in a community ICF/IID group home level of care | On Track | | |
| Outcome | Percentage of people served in the community ICF/IID homes versus in an institutional setting | On Track | 37.68 | *This is DMH regional programs BRC - 30.64% ESS - 42.4% HRC - 37% NMRC - 40.38% SMRC - 33% |
| Strategy | Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system | On Track | | |
| Output | Number of people transitioning from the ICF/IID residential program | On Track | 27 | BRC - 10 ESS - 3 HRC - 2 NMRC - 8 SMRC - 4 |

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| Output | Number of people referred to the transition coordinator for transition planning | On Track | 126 | BRC - 65 ESS - 14 HRC - 17 NMRC - 27 SMRC - 3 |
| Output | Number of people transitioning from Community 10 bed ICF/IID | On Track | 32 | BRC - 5 ESS - 1 HRC - 3 NMRC - 19 SMRC - 4 |
| Output | Number of people served in the Community 10 bed ICF/IID | On Track | 599 | BRC - 57 ESS - 145 HRC - 119 NMRC - 189 SMRC - 89 |
| Objective | Provide Supported Employment Services to people with IDD | On Track | | |
| Outcome | Number of people receiving Supported Employment Services in partnership with the Mississippi Department of Rehabilitation Services | On Track | 18 | 18 people were employed. There were 41 referrals. |
| Strategy | Implement the Memorandum of Understanding developed in FY15 | Achieved | | Processes for referral and service provision were developed jointly with MDRS and DMH staff and a total of 300 MDRS and DMH staff were trained in the processes and procedures. |
| Strategy | Train Vocational Rehabilitation Counselors, ID/DD Waiver Support Coordinators, and ID/DD Waiver Providers about MOU requirements | Achieved | | Three (3) joint trainings with MDRS and DMH were conducted in January and February 2016. Staff from MDRS, Medicaid, and DMH presented at these trainings. Those attending included MDRS Vocational Rehabilitation Counselors and ID/DD Waiver Support Coordinators, IDD Community Support Program Targeted Case Managers, and Transition Coordinators from DMH. |
| Output | Number of Vocational Rehabilitation Counselors, ID/DD Waiver Support Coordinators, and ID/DD Waiver Providers trained | Achieved | | A combined 300 Supported Employment Counselors Counselors from MDRS, Support Coordinators, Targeted Case Managers, and Transition Specialists from DMH were trained in February 2016. |
| Output | Implemented MOU | On Track | | |

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| Goal | To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery | | | |
| Objective | Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards | On Track | | |
| Outcome | Increase the number of certified community-based service delivery agencies | On Track | | Interested Provider Orientation was held on November 3, 2015 with 52 registered participants, on August 4, 2015 with 44 registered participants, February 9, 2016 with 55 registered participants and on May 10 with 65 registered participants. A total of 216 participants registered for Interested Provider Orientation. |
| Strategy | Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision. | On Track | 4 | |
| Output | Number of interested provider orientations held during fiscal year | Achieved | 4 | The Division of Certification provides Interested Provider Orientation on a quarterly basis. |
| Output | Number of interested provider agencies participating in interested provider orientation | On Track | 109 | 109 agencies to participate in the Interested Provider Orientation in FY16. |
| Strategy | Facilitate the application process for community-based service delivery agencies seeking DMH certification | On Track | | |
| Output | Number of completed applications received by DMH for new provider agency certification | On Track | 21 | 21 Interested Provider applications were received by the DMH Division of Certification |
| Output | Number of completed applications received by DMH for services added by a DMH certified provider agency | On Track | 28 | 28 New Service Applications were received from certified providers. |
| Output | Number of completed applications received by DMH for programs added by a DMH certified provider agency | On Track | 107 | 107 New Program Applications were received from certified providers. |
| Strategy | Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards | On Track | | |
| Output | Number of certification reviews conducted that were not on the Master Schedule | On Track | 139 | In FY16, a total of 139 certification reviews were conducted for DMH Certified Providers that were not on the Master Schedule. These represent new provider, new service, new program, and/or modification to an existing service or program. |

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| Output | Number of physical locations visited during Master Schedule visits | On Track | 337 | In FY16, there were 337 physical locations visited during Master Schedule visits for DMH Certified Provider agencies. |
| Objective | Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided | On Track | | |
| Outcome | Increase number of positive grievance resolutions related to grievances received through the Office of Consumer Support | On Track | | 100% of the 197 grievances that were received in FY16 were resolved. The Office of Consumer Support revised practices to ensure the concerns from the person filing a grievance are accurately captured and investigated. During FY16, there were three requests for reconsideration. |
| Outcome | Increase public knowledge about services through information and referral | On Track | | Education about information and referral offered through the Office of Consumer Support is an ongoing process. |
| Strategy | Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies | On Track | | The toll-free number is made available to individuals receiving services and other stakeholders through multiple outlets. DMH publicizes the number of the DMH website, through educational campaigns, such as Shatter the Silence, and all other publications. |
| Output | Number of calls seeking information and/or referral received through DMH's toll-free number | On Track | 5354 | During FY16, DMH received 5,354 calls through the Office of Consumer Support. |
| Output | Number of grievances filed through the Office of Consumer Support | On Track | 197 | During FY16, a total of 197 grievances were received and resolved through DMH's Office of Consumer Support. |
| Output | Number of referrals made to the Specialized Placement Option to Transition Team (SPOT) | On Track | 115 | During FY16, a total of 115 referrals were made to SPOT. |

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| Strategy | Educate individuals receiving services through the public mental health system and other stakeholders of the availability of DMH's toll-free number and process for filing a grievance related to services provided by DMH certified provider agencies | On Track | | DMH requires that all certified providers educate individuals receiving services and their legal guardians of the process for reporting/filing a grievance with DMH. This education includes information individuals receiving services and their legal guardians of the toll-free number to the Office of Consumer Support. This is an ongoing educational process. Certified providers are also required to post the toll-free number to DMH's Office of Consumer Support in prominent service locations. DMH monitors compliance with this requirement through on-site visits for initial and ongoing certification. |
| Output | Number of program locations that have the grievance reporting information posted | Achieved | 476 | This element is monitored for compliance during DMH on-site reviews. A total of 476 physical locations were reviewed and all had the grievance reporting information posted. |
| Output | Number of client interviews to assess knowledge of grievance reporting procedures | On Track | 224 | As a part of standardized interviews, utilizing the Personal Outcome Measures, individuals receiving services are asked if they are knowledgeable about their rights as a person receiving services. In FY16, 224 interviews were conducted. No interviews were conducted in the 3rd and 4th quarters due to budget constraints. |
| Objective | Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation | On Track | | |
| Outcome | Initiate changes to policies and practices to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation | On Track | | |
| Strategy | Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements | On Track | | |
| Output | Number of serious incident reports received | Achieved | 1505 | For FY16, 1,505 serious incident reports were received. |
| Output | % of serious incident reports triaged that DMH required corrective action | Achieved | 12 | |

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| Objective | Track and identify trends and patterns related to quality among all DMH certified providers | On Track | | |
| Outcome | Utilize trend data to increase the quality of services throughout the public mental health system | On Track | | Data regarding grievances, serious incidents and deficiencies in DMH Operational Standards is collected on a continuous basis. |
| Strategy | Collect certification data related to deficiencies in DMH Operational Standards and share data with DMH leadership team and Quality Management Workgroup | On Track | | |
| Output | Number of deficiencies reported by applicable DMH Operational Standard | On Track | 729 | A total of 63 site visits were conducted in FY16 with 729 deficiencies issued. |
| Strategy | Collect grievance data and share with DMH leadership team and Quality Management Workgroup | On Track | | Grievance data is collected on a continuous basis. All grievances are tracked through the Office of Consumer Support. |
| Output | Number of grievances filed by provider and type | On Track | 197 | FY16 Totals Level 1: 147 Level 2: 27 Level 3: 23 |
| Outcome | Increase the number of evidence-based and emerging best practices trainings by 5% each year | Achieved | 5 | For the year, 176 DMH staff completed an evidenced-based or best practice training through DMH's learning management system. |
| Objective | Increase by 2% the number of evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers | Achieved | | |
| Strategy | Promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts | Achieved | 18 | The Division of Professional Development promoted 18 evidenced-based practices and best practice trainings during the year through internal communications. |
| Output | Number of trainings promoted | On Track | 18 | 18 evidenced-based practices and best practice trainings were promoted through internal communications |
| Output | Number of participants | On Track | 176 | A total of 176 DMH staff completed an evidenced-based or best practice training activity during FY16. |
| Strategy | Through the site visit process gather and verify information on all evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers | On Track | | Information continues to be gathered through onsite review, policy review and grant submission review of certified providers. |
| Output | Number of evidence-based practices, promising practices, or best practices actively used | On Track | 0 | Information gathered from certified providers was verified and an unduplicated list was provided to the DMH Bureau Directors and is being reviewed. Information continues to be gathered through onsite review, policy review and grant submission review of certified providers. |

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| Objective | Develop an Electronic Health Records system to improve services provided to individuals served | On Track | | |
| Outcome | Implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs | On Track | | Electronic Health Records is implemented at 12 DMH Programs. There are 4 programs utilizing the system to meet the Meaningful Use reporting requirements and 7 Programs are in phase I of implementation. Phase I implementation includes admissions, recorded services, census, and electronic billing. Phase II is being scheduled at this time. |
| Outcome | Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First | On Track | | The lab, pharmacy, and radiology interfaces are implemented at MSH. EMSH, NMSH, SMSH are using Dr. First for their medication reconciliation. Lab interfaces are being scheduled to be developed for EMSH, NMSH and SMSH. Pharmacy interface development is being scheduled for HRC, BRC, NMRC, SMRC, CMRC and STF. |
| Outcome | Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds | On Track | | The 12 DMH Programs are running census in their Electronic Health Records systems. We will begin designing and developing a centralized bed portal in 2017. |
| Strategy | Utilize computerized provider order entry (CPOE) for medication orders | On Track | | Computerized physician order entry or Dr. First is being utilized at MSH, EMSH, NMSH, SMSH for medication orders. The other 7 DMH Programs will be utilizing CPOE in phase II of their system implementation. |
| Output | Report to CMS for Meaningful Use | On Track | | EMSH, NMSH, and SMSH are meeting 11/20 Meaningful Use objectives and MSH is meeting 16/20 Meaningful Use objectives. |
| Strategy | Replace manual reporting with electronic online reporting | On Track | | Electronic Health Records dashboards, views, and online reports are being created for viewing client information. This effort will continue into 2017. DMH is installing the software necessary for Electronic Health Records reporting and will begin sharing reports and forms. |

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| Output | Number of permissible prescriptions and lab requests generated and transmitted electronically (eRx) | On Track | 5 | MSH is using their electronic health records system for medication, lab, and radiology orders. MSH is at 60.4% of electronic medications orders, 100% of lab orders, 100% of radiology orders. There have been 1453 medications ordered, 713 radiology test ordered and 1207 lab orders from 12/15/2015 - 6/30/2016. NMSH has admitted 430 clients and used electronic medication order submission using Dr. First. SMSH has admitted 520 clients and used electronic medication order submission. EMSH has admitted 758 clients and used electronic medication order submission on some of their clients but it is not currently being used throughout for medication orders. |
| Output | Return on investment | On Track | 1195000 | EMSH and MSH received their Meaningful Use incentive checks last December. DMH is still working towards meeting the Meaningful Use reporting requirements. |
| Strategy | Utilize client web portal for reviewing their health information | On Track | | The direct messaging service that is needed for a client's information to be sent to a web portal is currently being tested by Microsoft, CoCentrix and ITS. The message can be sent to the HealthVault but we cannot receive the message back into the electronic health records system. There is a piece of equipment in the ITS datacenter that is blocking the return message from the Microsoft HealthVault. This return message is needed to meet several meaningful use objectives. This piece of equipment is needed for compliance to the State Enterprise Security Policy. |
| Output | % of clients served who view their health information online | On Track | 0 | The direct messaging interface/service is being reviewed by Microsoft, CoCentrix and ITS to comply to the State Enterprise Security Policy and to meet Meaningful Use. |
| Strategy | Based on data from EHR, create centralized web portal for checking bed availability at Behavioral Health Programs | On Track | | All DMH Programs are currently running census. The design and development of the centralized bed availability portal will begin in 2017. This will require a work order and additional funding. |

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| Output | Developed web portal | On Track | | 11 DMH Programs are currently running electronic census through the Electronic Health Records system. This is the first phase to creating a centralized web portal. |
| Objective | Maximize the efficiency of collecting and accessing Central Data Repository | On Track | | A CDR developer started in April 2016 and a CDR dashboard will be placed on the DMH Intranet in July 2016. |
| Outcome | Increase the validity and timely reporting of data by 30% to meet federal, state and DOJ reporting requirements | On Track | 50 | There are 15 of 26 DMH Certified Providers reporting substance use data, 13 of 27 reporting mental health data, and 19 of 36 reporting IDD data. |
| Outcome | Utilize a dashboard for 20% of service categories for CDR and URS tables | Achieved | 20 | CDR data that has been reported can be reviewed on the CDR dashboard with latest monthly services by provider report. |
| Outcome | Increase access to all CDR reports and dashboard by create one central location | On Track | | The CDR dashboard is being tested and will be placed on the DMH Intranet within the next 30 days. The dashboard will be available for DMH leadership to track and review. |
| Strategy | Establish CDR user groups for DMH Programs, CMHCs, and Private Providers that meet on a quarterly basis | On Track | | "A CMHCs users group has been established and meets quarterly to discuss challenges/issues about CDR reporting. |
| Output | % of participants in user groups compared to total DMH number of DMH Certified Providers | On Track | 0 | There are 14 CMHCs, 12 DMH Programs, and 22 Private Providers reporting data. The 14 CMHCs meet on a quarterly basis at a CDR user's group meeting. |
| Strategy | Develop a dashboard for DMH leadership to track progress and eliminate manual reporting | On Track | | A CDR dashboard has been created and is currently being tested. It will be placed on the DMH Intranet for leadership to track and review. Manual reporting will continue until the reported data matches the manual reported data. |
| Output | Number of service categories displayed on a dashboard | Achieved | 45 | A CDR dashboard has been created with the latest monthly services by provider report. The report will display all services that have been reported by that Program. |
| Strategy | Develop a CDR website for viewing CDR reports and dashboard | On Track | | A CDR dashboard has been created that displays clients served, admissions and discharges, services by provider and data submission reports. |
| Output | Number of reports available | On Track | 4 | There are 4 reports created from the CDR data. These reports include monthly services by provider, IDD data submission, MH data submission, and substance abuse data submission by provider. |

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| Output | Number of people accessing reports | On Track | 6 | There are currently 6 people reviewing and testing the CDR dashboard which contains the CDR reports. In the next 30 days, this dashboard will be available for 100 employees to view. |
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