The Mississippi Department of Mental Health (DMH) Strategic Plan is a dynamic, living document depicting the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. Through the outcomes in the DMH Strategic Plan, our goal is to inspire hope, assist people on the road to recovery, and improve resiliency, to help Mississippians succeed. Mississippians deserve to receive individualized care and evidence-based services that are designed for their unique needs. We know that community education and awareness promotes understanding and acceptance of people with mental illness, alcohol and drug addiction, and intellectual or developmental disabilities.

The Plan is reviewed and updated each year, thus putting needed changes into sharper focus and progress more impactful. Using the mission, vision, and values, the Board of Mental Health developed three-year goals to clarify the transformation of the DMH service system. The goals and objectives guide DMH’s actions in moving toward a community-based service system. Each goal’s objectives include outcomes and strategies. Furthermore, unless specified, these goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations.

Each year, many activities are completed. Those that are not completed are continued in the next year’s Plan. The completion and/or continuation of the activities are included in the End-of-Year Progress Report. In addition, the software program used to track and document progress provides a much more workable and transparent mechanism to manage and motivate those involved in the process.

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

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

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

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

**Goal 1 and Goal 2** set forth DMH’s vision of people receiving services having a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. This includes all populations - mental health, alcohol and drug addiction and intellectual and/or developmental disabilities. These Goals highlight the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, these goals emphasize the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports and other specialized services to help people transition from inpatient care to the community and help people remain in the community.

**Goal 3** calls for DMH to continue to focus on ensuring people receive quality services in safe settings and utilizing information/data management to enhance decision making and service delivery. Goal 3 highlights the continued use of evidence-based practices, evidence-based trainings and workforce development and retention efforts. Through this Goal, DMH will enhance its ability to communicate effectively and share data and information across the state. With better data and analysis, decision making will be enhanced.
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, substance use, 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 people 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 people and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their people needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when people’ needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.
Vision

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

A BETTER TOMORROW EXISTS WHEN...

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

Core Values & Guiding Principles

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

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

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

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

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

COLLABORATION We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

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

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

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

RESPECT We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.
The Mississippi Department of Mental Health (DMH) provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance use disorders, and Alzheimer’s disease and/or other dementia. It is our goal to improve the lives of Mississippians by supporting a better tomorrow…today.

The success of the current service delivery system is due to the strong, sustained advocacy of the Governor, State Legislature, Board of Mental Health, the Department’s employees, people who are receiving services and their family members, community organizations, and other supportive people. 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 state behavioral health programs, a mental health community living program, a specialized behavioral health program for youth, regional programs for persons with intellectual and developmental disabilities, and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services.

⇒ The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI) and substance use disorders. These programs include: Mississippi State Hospital and its satellite program Specialized Treatment Facility; East Mississippi State Hospital and its satellite programs - North Mississippi State Hospital, South Mississippi State Hospital and Central Mississippi Residential Center. 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, East Mississippi State Hospital provides transitional, community-based care.

⇒ The programs for persons with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. These programs include: Boswell Regional Center and its satellite program Mississippi Adolescent Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.
Regional community mental health centers (CMHCs): CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 14 CMHCs make available a range of community-based mental health, substance use, 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.

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

Available Services and Supports

Both state-operated programs and community-based services and supports are available through DMH. The type of services provided depends on the location and provider.

State-Operated Program Services

The types of services offered through the behavioral health programs vary according to location but statewide include:

- Acute Psychiatric Care
- Intermediate Psychiatric Care
- Continued Treatment Services
- Adolescent Services
- Adolescent Male Alcohol and Drug Services

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

- ICF/IID Residential Services
- Psychological Services
- Social Services
- Medical/Nursing Services
- Diagnostic and Evaluation Services
- Community Services Programs
- Nursing Home Services
- Medical/Surgical Hospital Services
- Forensic Services
- Adult Alcohol and Drug Services
- Special Education
- Recreation
- Speech/Occupational/Physical Therapies
- Vocational Training
- Employment Services

Community Services

A variety of community services and supports is available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/developmental disabilities, persons with substance abuse problems, and persons with Alzheimer’s disease or dementia.

See page 8 for a list of services.
Services for Adults with Mental Illness

- Crisis Stabilization
- Psychosocial Rehabilitation
- Consultation and Education
- Pre-Evaluation Screening/Civil Commitment Exams
- Outpatient Therapy
- Targeted Case Management
- Supported Living
- Acute Partial Hospitalization
- Senior Psychosocial Rehabilitation
- Crisis Response

- Peer Support
- Community Support
- Assertive Community Treatment
- Supervised Living
- Physician/Psychiatric
- SMI Homeless
- Drop-In Centers
- People and Family Education and Support
- Supported Employment
- Adult MAP Teams

Services for Children and Youth

- Therapeutic Group Home
- Therapeutic Foster Care
- Prevention/Early Intervention
- Crisis Response
- Crisis Residential
- Targeted Case Management
- Peer Support (Family & Youth)
- Community Support
- Pre-Evaluation Screening
- Acute Partial Hospitalization

- Day Treatment and Day Treatment Pre-K
- Outpatient Therapy
- Physician/Psychiatric Services
- MAP (Making A Plan) Teams
- Family Support and Education
- Wraparound Facilitation
- Intensive Outpatient Psychiatric
- Crisis Stabilization
- Respite Care

Services for People with Alzheimer's Disease and Other Dementia

- Adult Day Centers
- Adult Respite Programs

ID/DD Waiver Services for People with Intellectual/Developmental Disabilities

- Home and Community Supports
- Community Respite
- Job Discovery
- Host Homes
- Transition Assistance
- Behavior Support
- In-Home Nursing Respite
- Crisis Support
- Day Services - Adult
- Support Coordination

- Supervised Living
- Supported Living
- Crisis Intervention
- Occupational, Physical, and
- Speech/Language Therapies
- Shared Supported Living
- In-Home Respite
- Supported Employment

IDD Community Support Program Services for People with Intellectual/Developmental Disabilities

- Targeted Case Management
- Day Habilitation

- Supported Employment
- Prevocational Services

Other Services for People with Intellectual/Developmental Disabilities

- Crisis Response
- Transition Services
- Case Management

- Diagnostic Evaluation
- Community Living

Substance Use Disorder Services for Adults

- Withdraw Management
- Peer Support
- Primary Residential
- Outpatient Therapy
- DUI Diagnostic Assessment
- Specialized Residential for Pregnant/Parenting Women
- Partial Hospitalization Programs

- Crisis Response
- Prevention
- Intensive Outpatient Programs
- Transitional Residential
- Recovery Support
- Opioid Treatment

Substance Use Services for Adolescents

- Outpatient Therapy
- Prevention
- Intensive Outpatient Programs

- Partial Hospitalization Programs
- Residential Services
FY20 - FY22 Goals and Objectives

GOAL 1  \textit{To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care}

Objective 1.1 Ensure that hospitalizations and inpatient care, when necessary, is available to meet the demand now and in the future

Objective 1.2 Enhance the transition process of people to a less restrictive environment

Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

Objective 1.4 Strengthen the state’s crisis response system to maximize availability and accessibility of services

Objective 1.5 Connect people to appropriate housing opportunities for adults with serious mental illness

Objective 1.6 Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process

Objective 1.7 Provide community supports for children transitioning to the community and to prevent out-of-home placements

Objective 1.8 Offer a comprehensive array of treatment, prevention and recovery support for substance use disorder services

GOAL 2  \textit{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 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting

Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD

Objective 2.3 Provide a comprehensive system of community programs and services for people with IDD seeking community-based options

Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with state agencies and providers
FY18 - FY20 Goals and Objectives

GOAL 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards

Objective 3.2 Ensure Mississippians have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Objective 3.3 Utilize evidence-based or best practices among DMH Certified Providers

Objective 3.4 Offer trainings in evidence-based and best practices to a variety of stakeholders

Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH’s Programs

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health

Objective 3.7 Develop an Electronic Health Records system to improve services provided to people served

DMH Mission

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

People   Community   Commitment   Excellence   Accountability   Collaboration   Integrity   Awareness   Innovation   Respect
Goal 1

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 1.1 Ensure that hospitalizations and inpatient care, when necessary, is available to meet the demand now and in the future

Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals
Outcome: Maintain readmission rates within national trends
Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts
Outcome: Reduce average length of stay for people receiving competency services

Strategy 1.1.1 Analyze the average wait time and readmission rates of state hospitals
Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)
Output: Average wait time for acute psychiatric admissions
Output: % of occupancy — acute psychiatric care (all behavioral health programs)
Output: % of occupancy — continued treatment (MSH)
Output: % of occupancy — MSH medical surgical hospital (MSH)
Output: % of occupancy — chemical dependency (MSH)
Output: % of occupancy — nursing homes (MSH and EMSH)
Output: % of occupancy — children/adolescents (MSH)
Output: % of occupancy — transition unit (EMSH Kemper County Group Homes)
Output: % of occupancy — forensics (MSH)
Output: % of people readmitted 30 days after discharge
Output: % of people readmitted 180 days after discharge

Strategy 1.1.2 Utilize expanded community-based services to reduce the reliance on institutional care
Output: Number of admissions to MSH
Output: Number of admissions to EMSH
Output: Number of admissions to NMSH
Output: Number of admissions to SMSH

Strategy 1.1.3 Utilize community-based competency restoration services to reduce the wait time and length of stay for competency restoration services
Output: Average wait time for completed initial competency evaluation (Stage 1)
Output: Average length of stay for competency restoration
Output: Number of competency restoration admissions
Output: Number of counties served by a community-based competency restoration program
Goal 1
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

Strategy 1.1.4 Expand forensic competency restoration bed capacity by conversion of current acute psychiatric treatment beds
Output: % increase in forensic bed capacity

Objective 1.2 Enhance the transition process of people to a less restrictive environment
Outcome: Improve the process for people transitioning from inpatient care to community-based care
Outcome: Ensure continuing care plans are transmitted to next level of care within 24 hours of discharge
Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Behavioral Health Homes

Strategy 1.2.1 Expand the Peer Bridger project at behavioral health programs
Output: Number of Peer Bridgers
Output: Number of readmissions of people connected with a Peer Bridger
Output: Number of first follow-up appointments attended

Strategy 1.2.2 Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group
Output: % of people linked to community provider prior to discharge
Output: % of people discharged with a two-week supply of medication and a prescription
Output: % of people who attend their first follow-up appointment with CMHC
Output: % of people who were contacted by the discharging state hospital after seven days

Strategy 1.2.3 Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness
Output: Number of Wellness Recovery Action Plans begun prior to discharge

Strategy 1.2.4 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge
Output: Percentage of discharge plans that begin at the time of admission
Output: Percentage of discharge plans that include input from the person and/or family members
Goal 1

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

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**Strategy 1.2.5** Transition people who have been served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community-based services and supports

**Output:** Number of people transitioned

**Output:** Number of civilly committed people served in Continued Treatment beds

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**Objective 1.3** Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

**Outcome:** Increase by at least 25% the utilization of PACT for people who have had multiple hospitalizations and do not respond to traditional treatment

**Outcome:** Expand employment options for adults with serious and persistent mental illness to employ an additional 75 people and make at least 175 referrals

**Outcome:** Develop Intensive Community Outreach Recovery Teams (iCORT) for adults with severe and persistent mental illness

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**Strategy 1.3.1** Educate stakeholders about the option of PACT to help people who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

**Output:** Number of PACT teams

**Output:** Number of admissions to PACT teams

**Output:** Number of patients referred to PACT teams by state hospitals

**Output:** Number of patients accepted to PACT teams

**Output:** Number of readmissions to state hospitals of people being served by a PACT team

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**Strategy 1.3.2** Emphasize supported employment opportunities for people with SMI

**Output:** Number of businesses contacted for employment opportunities

**Output:** Number of people employed

**Output:** Number of referrals made to MDRS

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**Strategy 1.3.3** Utilize iCORTs to keep people in the community and avoid placement in state hospitals

**Output:** Number of iCORTs operating

**Output:** Number of admissions to iCORTs

**Output:** Number of patients referred to iCORTs by state hospitals

**Output:** Number of patients accepted to iCORTs

**Output:** Number of readmissions to state hospitals of people being served by iCORT
Goal 1

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 1.4 Strengthen the state’s crisis response system to maximize availability and accessibility of services

Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams
Outcome: Ensure successful continuation in the community by utilizing a community crisis home

Strategy 1.4.1 Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care
  Output: Diversion rate of admissions to state hospitals
  Output: Average length of stay
  Output: Number of involuntary admissions vs. voluntary admissions
  Output: Number of crisis stabilization beds

Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations
  Output: Number of contacts/calls
  Output: Number of face-to-face visits
  Output: Number referred to a CMHC and scheduled an appointment
  Output: Number of encounters with law enforcement
  Output: Number of people who need a higher level of care

Strategy 1.4.3 Offer short-term crisis supports by evaluating needs to ensure people are connected to appropriate services and supports
  Output: Number served in community crisis home
  Output: Number transitioned with appropriate supports
  Output: Average length of stay

Objective 1.5 Connect people with serious mental illness to appropriate housing opportunities

Outcome: Increase the number of people who have a serious mental illness who are living in Permanent Supportive Housing

Strategy 1.5.1 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 communities of their choice by providing an adequate array of community supports/services
  Output: Number of assessments provided
  Output: Number of people maintained in Permanent Supportive Housing (CHOICE)
  Output: Number of people/days hospitalized
**Goal 1**

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

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**Objective 1.6 Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process**

**Outcome:** Increase the number of CPSSs by 10%

**Outcome:** Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care

**Strategy 1.6.1** Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors

- **Output:** Number of peers/family members trained as CPSSs
- **Output:** Number of CPSSs employed
- **Output:** Number of DMH Certified Providers employing CPSSs
- **Output:** Number of CPSS supervisors trained
- **Output:** Number of CPSS supervisor trainings

**Strategy 1.6.2** Provide training and technical assistance to service providers regarding Recovery Model, Person Centered Planning & System of Care Principles, etc.

- **Output:** Number of trainings
- **Output:** Number of participants

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**Objective 1.7 Provide community supports for children transitioning to the community to prevent out-of-home placements**

**Outcome:** Increase the participation of local representatives from CPS, school districts and juvenile justice on MAP teams

**Outcome:** Increase by 10% statewide utilization of Wraparound Facilitation with children and youth

**Outcome:** Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries

**Outcome:** Increase by 10% access to an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis

**Outcome:** Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare

**Strategy 1.7.1** Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

- **Output:** % of representatives from local partners attending MAP teams quarterly
- **Output:** Number served by MAP teams
Goal 1

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

Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED

**Output:** Number of people trained in Wraparound Facilitation
**Output:** Number of providers utilizing Wraparound Facilitation
**Output:** Number of children and youth served by Wraparound Facilitation
**Output:** Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement
**Output:** Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement

Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community

**Output:** Number served in detention centers from CMHC regions
**Output:** Number exiting detention center and continuing treatment with CMHC region
**Output:** Number of re-entries into the detention center from CMHC regions

Strategy 1.7.4 Assist youth and young adults in navigating 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

**Output:** Number of appropriate referrals
**Output:** Number served that are employed or enrolled in school/educational courses
**Output:** Number of youth and young adults maintained in his/her home and/or community

Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent

**Output:** Number of youth referred to MYPAC aftercare
**Output:** Number of youth referred to a local CMHC aftercare
**Output:** Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC
**Output:** Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider
**Output:** Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider
**Goal 1**

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 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services**

**Outcome:** Decrease the wait time by 5% for people who are court committed to DMH for alcohol and drug treatment by diverting people to community-based programs and providing indigent funds to reimburse a portion of the cost of treatment

**Outcome:** Increase the representation of substance use disorder priority populations receiving community treatment services by 5%

**Outcome:** Increase awareness of Mississippi’s opioid abuse problem through a partnership focusing on high-risk occupational deaths

**Outcome:** Decrease the number of deaths from opioid abuse by providing an opioid antagonist

**Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH’s chemical dependency unit**

*Output:* Number of people diverted

**Strategy 1.8.2 Develop a tracking system to monitor high risk service utilization**

*Output:* Number of pregnant women served

*Output:* Number of pregnant intravenous (IV) women served

*Output:* Number of parenting (under age of 5) women served

*Output:* Number of intravenous (IV) drug users served

*Output:* Number served utilizing Medication Assistance Treatment for opioid abuse

**Strategy 1.8.3 Expand bed capacity for substance use services**

*Output:* Number served in community residential treatment

*Output:* % of occupancy for all certified community residential beds (includes all DMH certified community residential treatment beds operated by the CMHCs, private non-profit and private for-profit agencies)

*Output:* Increase utilization of community residential beds by 5%

**Strategy 1.8.4 Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths**

*Output:* Number of presentations

*Output:* Number and types of outreach developed

*Output:* Number of hits to website/downloads of toolkits

**Strategy 1.8.5 Educate and distribute an opioid antagonist to combat overdose deaths**

*Output:* Number educated on the use of opioid antagonist

*Output:* Number distributed

*Output:* Number doses administered
Goal 2

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 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting

Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs
Outcome: Decrease the number of people currently accessing ICF/IID level of care in an institutional setting
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting

Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements
Output: Number of people transitioned from facility to ICF/IID Community Home
Output: Number of people transitioned to the community with ID/DD Waiver supports

Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD

Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities

Strategy 2.2.1 Develop assessable web-based information targeting families in need of services
Output: Number of page hits
Output: Number of agencies/partners that link to information
Output: Feedback from focus group

Strategy 2.2.2 Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents
Output: Number of coordinators reached
Output: Number of materials distributed
Output: Number of families/people reached
Goal 2

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 2.3 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options

Outcome: Increase number served through IDD Community Support Program
Outcome: Enroll an additional 180 people in the ID/DD Waiver Program
Outcome: Ensure people are receiving a Person Centered Plan of Services and Supports
Outcome: Provide crisis services to people with intellectual and developmental disabilities

Strategy 2.3.1 Increase the number of people receiving comprehensive community programs and services

Output: Number of total people receiving ID/DD Waiver services
Output: Number of people receiving ID/DD Waiver Transition Assistance
Output: Number of people receiving ID/DD Waiver in-home nursing respite
Output: Number of people receiving ID/DD Waiver in-home respite services
Output: Number of people receiving ID/DD Waiver behavior support services
Output: Number of people receiving ID/DD Waiver crisis support services
Output: Number of people receiving ID/DD Waiver crisis intervention services
Output: Number of people receiving ID/DD Waiver supported employment services
Output: Number of people receiving ID/DD Waiver supervised living services
Output: Number of people receiving ID/DD Waiver shared supported living services
Output: Number of people receiving ID/DD Waiver supported living services
Output: Number of people receiving ID/DD Waiver host home services
Output: Number of people receiving ID/DD Waiver day services adult
Output: Number of people receiving ID/DD Waiver pre-vocational services
Output: Number of people receiving ID/DD Waiver home and community support
Output: Number of people receiving ID/DD Waiver support coordination services
Output: Number of people receiving ID/DD Waiver job discovery services
Output: Number of people receiving ID/DD Waiver community respite
Output: Number of people receiving IDD comprehensive diagnostic evaluations
Output: Number of people receiving IDD employment related services
Output: Number of people receiving IDD targeted case management services
Output: Number of people receiving IDD community support services
Output: Number of people receiving IDD community support program/day services adult
Output: Number of people receiving IDD community support program/pre-vocational
Output: Number of people receiving IDD community support program/supported employment
Output: Number of people receiving IDD community support program/supported living
Goal 2

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

**Strategy 2.3.2** Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)

- **Output:** Number of people who receive an assessment for person centered services
- **Output:** Number of people given a choice of providers as documented in their Plan of Services and Supports

**Strategy 2.3.3** Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program

- **Output:** Number served
- **Output:** Average length of stay

**Objective 2.4 Provide Supported Employment Services to people with IDD in partnership state agencies and providers**

**Outcome:** Increase number of people utilizing Supported Employment Services

**Strategy 2.4.1** Partner through a multi-agency taskforce to expand Supported Employment Services

- **Output:** Increase number of people utilizing supported employment services
- **Output:** Number of people utilizing Supported Employment Services
- **Output:** Number of persons referred to MDRS for Supported Employment Services
Goal 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards

**Outcome:** Increase the number of certified community-based service delivery agencies, services and programs

**Outcome:** Ensure DMH Certified Providers are meeting operational standards

**Strategy 3.1.1** Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision

**Output:** Number of interested provider agencies participating in interested provider orientation

**Output:** Number of completed applications received by DMH for new provider agency certification

**Output:** Number of new provider agencies approved

**Output:** Number of new services added by a DMH certified provider agency approved

**Output:** Number of new programs added by a DMH certified provider agency approved

**Strategy 3.1.2** Monitor the provision of services by conducting site visits with DMH Certified Providers

**Output:** Number of full agency site visits

**Output:** Number of people program site visits

**Output:** Number of on-site technical assistance

**Output:** Number of provider self-assessments completed

Objective 3.2 Ensure Mississipians have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

**Outcome:** Increase public knowledge about availability and accessibility of services and supports

**Outcome:** Increase access to care for people with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)

**Strategy 3.2.1** Develop comprehensive outreach efforts to inform Mississipians and stakeholders of how to access services, types of services available and how to file grievances related to services provided by DMH certified provider agencies

**Output:** Number of DMH Helpline calls

**Output:** Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline

**Output:** Number reached and type of outreach about the availability of services

**Output:** Number of grievances filed through the Office of Consumer Support
Goal 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT) to help people access services

**Output:** Number of referrals made to SPOTT
**Output:** Number of people connected to services/supports through SPOTT

Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers

**Outcome:** Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices

**Strategy 3.3.1** Gather information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and DMH Certified Providers

**Output:** Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers
**Output:** Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices
**Output:** Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs

Objective 3.4 Provide trainings in evidence-based and best practices to a variety of stakeholders

**Outcome:** Increase the number of stakeholders trained in evidence-based and best practices including criminal justice professionals, law enforcement substance use providers, school professionals, etc.
**Outcome:** Increase the number of law enforcement trained in Crisis Intervention Team Training
**Outcome:** Expand the number of Crisis Intervention Teams in Mississippi

**Strategy 3.4.1** Offer free online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices

**Output:** Number of trainings offered
**Output:** Number of participants

**Strategy 3.4.2** Offer Youth Mental Health First Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education

**Output:** Number of trainings
**Output:** Number of participants
**Output:** Number of schools/districts
Goal 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

**Strategy 3.4.3** Increase knowledge of the importance of Trauma-Informed Care by offering trainings
- **Output:** Number of trainings
- **Output:** Number trained in Trauma-Informed Care

**Strategy 3.4.4** Partner with stakeholders to expand Crisis Intervention Team Training
- **Output:** Number trained in CIT
- **Output:** Number of law enforcement entities trained
- **Output:** Number of trainings

**Strategy 3.4.5** Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams
- **Output:** Number of CIT Teams
- **Output:** Number of partnerships working towards CIT Teams

**Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH’s Programs**

**Outcome:** Maintain a diverse taskforce to address recruitment and retention issues
**Outcome:** Improve the turnover rate of employees providing direct care by 5%

**Strategy 3.5.1** Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations
- **Output:** Number of taskforce meetings
- **Output:** Number of recommendations
- **Output:** % of recommendations implemented

**Strategy 3.5.3** Research different methods to increase the salary of direct care workers
**Strategy 3.5.4** Monitor staff turnover rate to track the impact of the restructure of the Direct Care Series
- **Output:** Turnover rate for direct care state service positions
- **Output:** Turnover rate for direct care contractual positions
- **Output:** Overall turnover rate for direct care positions
Goal 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippian on suicide prevention and mental health

Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts

Strategy 3.6.1 Develop customized messaging and suicide prevention literacy surveys for targeted Mississippian including military, law enforcement, older adults, schools/youth groups, faith-based, and correctional settings

Output: Number of partnerships created
Output: Number and type of presentations
Output: Number trained
Output: Number of people reached through social media

Strategy 3.6.2 Expand the Think Again campaigns to increase awareness that mental health care is a critical part of health care

Output: Number of materials requested
Output: Number of presentations
Output: Number of people reached through presentations
Output: Number of people reached through social media

Strategy 3.6.3 Promote the Shatter the Silence suicide prevention mobile app to educate Mississippians on warning signs, risk factors, and resources available

Output: Number of promotional opportunities
Output: Number of downloads
Output: % increase in Lifeline calls

Strategy 3.6.4 Educate on the critical need for responsible gun ownership and safety concepts related to suicide prevention through state and community partnerships

Output: Number of lethal means campaign posters distributed
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications
Output: Number and type of partnerships
Goal 3

To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Objective 3.7 Develop an Electronic Health Records system to improve services provided to people served

**Outcome:** Automate the interface from the electronic health records system to labs and pharmacies

**Outcome:** Maximize the availability of DMH operated and funded program beds through a tracking system

**Outcome:** Improve efficiency of client information sharing among DMH Programs

**Outcome:** Increase accessibility of client records from an people’s electronic health record

**Strategy 3.7.1** Utilize computerized provider order entry (CPOE) for medication orders

**Output:** Report to CMS for Meaningful Use

**Strategy 3.7.2** Enhance the development of a bed registry to track psychiatric and crisis stabilization bed availability data daily

**Output:** % of occupancy by program/service

**Strategy 3.7.3** Automate an electronic process to transfer client information between DMH Programs

**Output:** Number of programs with the ability to automatically transfer client information

**Strategy 3.7.4** Implement a content/document management solution for scanning paper files into electronic health records

**Output:** Number of DMH Programs viewing all client records electronically
With the Board of Mental Health’s approval of the Strategic Plan, work will begin on FY20 Performance Measures in July 2019. As in the previous years, implementation of the Plan is goal-based. Outcome Leaders are assigned to each objective. These dedicated people will work on the FY20 outcomes.

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

Funding continues to be a roadblock to full implementation of a more community-based and person-centered and recovery-oriented system. Research, partnerships and creative thinking are necessary to overcoming this and other challenges. By working with partners statewide, we can reach our ultimate goal of supporting a better tomorrow for people who have mental illness, alcohol and drug addiction, and intellectual and developmental disabilities.

A special thank you to the more than 200 people who provided feedback through the annual strategic plan survey in 2019. DMH strives to incorporate this feedback into all of our planning efforts.

Progress cannot happen without the continuing commitment and efforts of all the outcome leaders, DMH staff, consumers, advocates, family members, service providers, and our community partners.

We appreciate your feedback as we strive daily to fulfill our mission of supporting a better tomorrow...one person at a time.