

Message from the Chair

The 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. The Plan is continually streamlined, 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.

Based on feedback received through a survey and SWOT analysis, we have added several new strategies focusing on the expansion of community-based services, transitioning people to the community, crisis services, forensic services, and evidence-based trainings. The Board of Mental Health appreciates everyone who took the time to provide feedback and help make our plan stronger.

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, Planning and Development 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

Executive Summary

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 individuals 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, substance use and intellectual and/or developmental disabilities. These Goals also 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 institutions 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 also highlights the continued use of evidence-based practices and workforce development and retention efforts. Through this Goal, DMH will enhance its ability to communicate effectively and share data and information across the agency. DMH will fully implement and utilize its Central Data Repository project and continue activities to establish Electronic Health Records. With better data and analysis, decision making will be enhanced.

Philosophy

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 individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs.

Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.



Mission, Vision and Core Values

DMH Mission

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

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.

Services/Supports Overview

The Mississippi Department of Mental Health (DMH) provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance 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 individuals. Their collective concerns have been invaluable in promoting appropriate residential and community service options.

Service Delivery System

The mental health service delivery system is comprised of three major components:

- 1) state-operated programs and community services programs;
- 2) regional community mental health centers; and
- 3) other nonprofit/profit service agencies/organizations.

State-operated programs: DMH administers and operates 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	Nursing Home Services
Intermediate Psychiatric Care	Medical/Surgical Hospital Services
Continued Treatment Services	Forensic Services
Adolescent Services	Adult Alcohol and Drug Services
Adolescent Male Alcohol and Drug Services	

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

ICF/IID Residential Services	Special Education
Psychological Services	Recreation
Social Services	Speech/Occupational/Physical Therapies
Medical/Nursing Services	Vocational Training
Diagnostic and Evaluation Services	Employment Services
Community Services Programs	

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
Individual 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

FY19 - FY21 Goals and Objectives

GOAL 1 *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 Enhance the effectiveness and efficiency of state hospital services

Objective 1.2 Enhance the transition process of individuals 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 individuals 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 Provide treatment and supports both pre and post-release to improve the successful reentry of incarcerated people into the community

Objective 1.9 Offer a comprehensive array of treatment, prevention and recovery support for substance use disorder services

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

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

FY19 - FY21 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 individuals 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.

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 Enhance the effectiveness and efficiency of state hospital services

Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals

Outcome: Maintain readmission rates within national trends

Outcome: Decrease the number of admissions to state hospitals by 10 percent

Outcome: Reduce the amount of time for completed initial competency evaluations and reporting for Circuit Courts

Outcome: Reduce average length of stay for Circuit Court Restoration Commitment patients

Strategy 1.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists

Strategy 1.1.2 Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates

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)

Output: % of occupancy — forensics (MSH)

Output: % of individuals readmitted between 0-59 days after discharge

Output: % of individuals readmitted between 60-89 days after discharge

Output: % of individuals readmitted between 90-119 days after discharge

Output: % of individuals readmitted between 120-365 days after discharge

Strategy 1.1.3 Expand community-based services to reduce the reliance on institutional care by redirecting funds to be granted to CMHCs (includes mini PACT Team, crisis beds, court liaisons, etc.)

Output: Number of admissions to MSH

Output: Number of admissions to EMSH

Output: Number of admissions to NMSH

Output: Number of admissions to SMSH

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 Continue to expand the Community-Based Competency Restoration Program to reduce the wait time and length of stay for competency restoration services

Output: Average wait time for completed initial competency evaluation

Output: Average length of stay for competency restoration

Output: Number of competency restoration admissions

Output: Number of counties served by the program

Strategy 1.1.5 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 individuals to a less restrictive environment

Outcome: Improve the process for people transitioning from inpatient care to community-based care through Peer Bridgers

Outcome: Ensure continuing care plans are transmitted to the next level of care within five days of discharge

Outcome: Decrease the need for Continued Treatment services at MSH by utilizing Community Behavioral Health Homes for community transitions

Outcome: Improve the timeliness of enrollment for people who are Medicaid eligible or the reinstatement of benefits upon discharge from DMH's state hospitals

Strategy 1.2.1 Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers

Output: Number of Peer Bridgers

Output: Number of WRAPS conducted at pilot site

Output: Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning

Output: Number of readmissions at pilot site

Output: Number of first follow-up appointments attended

Strategy 1.2.2 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans

Output: Percentage of individuals receiving services care plans that are transmitted to the next level of care within five days

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

Strategy 1.2.3 Transition people, with appropriate services and supports, who have been served in Continued Treatment beds and are in need of 24-hour supervision through a partnership with a local CMHC

Output: Number of people transitioned

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

Output: Number of people successfully transitioned to the community

Strategy 1.2.4 Develop a Memorandum of Understanding with DMH and the Division of Medicaid related to Medicaid benefits for people discharged from state hospitals

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 Programs of Assertive Community Treatment Teams for individuals 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 individuals

Strategy 1.3.1 Educate stake holders about the option of 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

Output: Number of PACT teams

Output: Number of admissions to PACT teams

Output: Number of readmissions to a State Hospital of people already being served by a PACT Team

Strategy 1.3.2 Fund employment opportunities for individuals with SMI

Output: Number of businesses contacted for employment opportunities

Output: Number of individuals employed

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

Outcome: Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units

Outcome: Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Mobile Response Teams

Outcome: Ensure successful continuation in the community by utilizing a community crisis home

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 1.4.1 Offer short-term inpatient crisis services (CSUs) 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

Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations in the community

Output: Number of contacts/calls

Output: Number of face-to-face visits

Output: Number referred to a Community Mental Health Center and scheduled an appointment

Output: Number of encounters with law enforcement

Output: Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)

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

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: Level of intensity of supports/services needed

Output: Number of people maintained in Permanent Supportive Housing (CHOICE)

Output: Number of people/days hospitalized

Output: Number of people admitted to an ER

Output: Number of people in jail

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

Outcome: Increase the awareness of the Certified Peer Support Specialist program

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 Certified Peer Support Specialists and the role of CPSSs

Output: Number of peers/family members trained as CPSSs

Output: Number of CPSSs employed

Output: Number of DMH Certified Providers employing CPSSs

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

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

Outcome: Increase the participation of representatives on local Making A Plan (MAP) teams

Outcome: Increase the statewide use 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: Number of participants attending MAP teams

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 individuals that have been trained in Wraparound Facilitation

Output: Number of providers that utilize Wraparound Facilitation

Output: Number of children and youth that are 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

Output: Number exiting detention center and continuing treatment with CMHC

Output: Number of re-entries into the detention center

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 and type of supports/services provided

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 Community Mental Health Center

Output: Number of youth actually transitioned to MYPAC aftercare

Output: Number of youth actually transitioned to a local CMHC aftercare

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 Community Mental Health Center 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 treatment and supports both pre and post-release to improve the successful reentry of incarcerated people into the community

Outcome: Increase treatment and recovery support services for people with co-occurring mental health and substance use disorders who are transitioning from incarceration back into the community

Strategy 1.8.1 Full implementation of a program to serve co-occurring mental health and substance use disorder treatment and recovery support services for people returning to Hinds County who have been identified as medium to high risk for recidivism

Output: Number of people screened for co-occurring disorders

Output: Number of people identified as having co-occurring disorders

Output: Number of people enrolled in intensive outpatient treatment program

Output: Number of people successfully completing intensive outpatient treatment programs

Objective 1.9 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services

Outcome: Decrease the wait time by 5% for individuals who are court committed to DMH for alcohol and drug treatment by diverting individuals 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 with the Bureau of Narcotics and the Mississippi Board of Pharmacy

Outcome: Decrease the number the deaths from opioid abuse by providing an opioid antagonist to law enforcement in high risk areas of the state

Strategy 1.9.1 Provide reports of individuals waiting for services at DMH's chemical dependency unit to the CMHC's alcohol and drug treatment programs for diversion

Output: Number of people diverted

Strategy 1.9.2 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

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 1.9.3 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 1.9.4 Partner with the Bureau of Narcotics and the Mississippi Board of Pharmacy to conduct a series of Town Hall Meetings to educate community of opioid abuse problem

Output: Number of Town Hall Meetings

Output: Number of attendees

Strategy 1.9.5 Educate and distribute Narcan to law enforcement officers in high risk areas to combat overdose deaths

Output: Number of law enforcement officers educated on the use of Narcan

Output: Number of Narcan distributed

Output: Number of Narcan doses administered

Output: Number of overdose deaths

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 percentage 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 community waiver home/apartment/host home

Output: Number of people transitioned home with 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 an educational video targeting families to highlight the importance of the ID/DD Waiver and Community Support Program

Output: Number of views

Output: Number of agencies/partners that share the video

Output: Feedback from focus group

Strategy 2.2.2 Develop a plan to increase communication with Special Education Coordinators at schools to encourage information sharing with parents

Output: Number of coordinators reached

Output: Development of outreach materials

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 targeted case management services

Output: Number of people receiving comprehensive diagnostic evaluations

Output: Number of people receiving employment related services

Output: Number of people receiving community support program/day habilitation

Output: Number of people receiving community support program/pre-vocational

Output: Number of people receiving community support program/supported employment

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: Number approved for Supported Employment Services

Output: Increase percentage of people utilizing supported employment services

Output: Decrease percentage of people utilizing pre-vocational services

Output: Number of job coaches trained

Output: Number of taskforce meetings

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 completed applications received by DMH for services added by a DMH certified provider agency

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

Output: Number of completed application received by DMH for programs added by a DMH certified provider agency

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 individual program site visits

Output: Number of on-site technical assistance

Objective 3.2 Ensure Mississippians 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 individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)

Strategy 3.2.1 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

Goal 3

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

Output: Number of calls seeking information and/or referral received through DMH's helpline

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

Output: Number of grievances filed through the Office of Consumer Support

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

Outcome: Increase the number of stakeholders trained in evidence-based practices including criminal justice professionals, 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 for STF grant recipients to increase knowledge of evidence-based practices in the area of alcohol and drug services

Goal 3

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

Output: Number of trainings offered

Output: Number of participants

Strategy 3.4.2 Provide trainings in a variety of evidence-based practices for treatment, prevention and recovery support services

Output: Number trained in Trauma-Informed Care

Output: Number trained in Motivational Interviewing at MDOC

Output: Number trained in Mental Health First Aid (adults and children)

Output: Number trained in evidence-based practices for suicide prevention

Strategy 3.4.3 Partner with stakeholders to expand Crisis Intervention Team Training to law enforcement

Output: Number trained in CIT

Output: Number of law enforcement entities trained

Output: Number of trainings

Strategy 3.4.4 Encourage partnerships between Community Mental Health Centers, 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

Strategy 3.5.2 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 Mississippians on suicide prevention and mental health

Outcome: Increase suicide prevention and mental health awareness by providing outreach to the community

Outcome: Decrease the number of suicides in the state through awareness and prevention efforts

Strategy 3.6.1 Offer Youth Mental Health First Aid for school professionals in regional trainings in partnership with Community Mental Health Centers and Mississippi Department of Education

Output: Number of trainings

Output: Number of participants

Output: Number of schools/districts

Output: % of participants who feel more confident to recognize signs/symptoms

Output: % of participants who feel they could assist a person in seeking help

Strategy 3.6.2 Create recommendations to improve HB 263 if needed

Output: Recommendation to Mississippi Legislature to revise current law

Strategy 3.6.3 Expand the Think Again and Shatter the Silence 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 3.6.4 Develop a 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

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

Goal 3

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

Outcome: Increase accessibility of client records from an individual'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 Develop a bed registry to track bed availability data daily

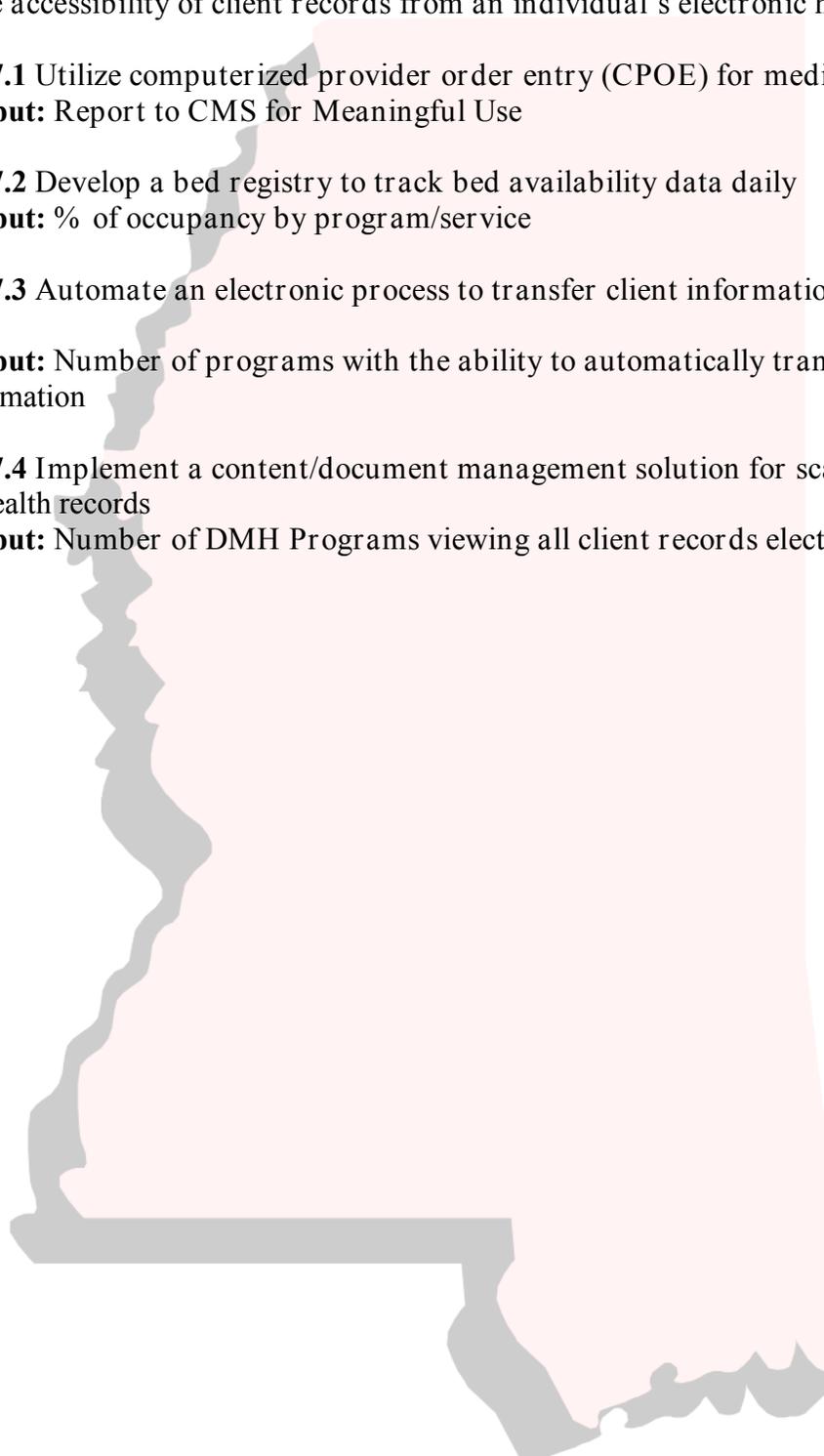
Output: % of occupancy by program/service

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



Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY19 Performance Measures in July 2018. As in the previous years, implementation of the Plan is goal-based. Outcome Leaders are assigned to each objective. These dedicated individuals will work on the FY19 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 individuals who have mental illness, intellectual and developmental disabilities, substance use disorders, and Alzheimer's disease and other dementia.

A special thank you to the more than 300 individuals who provided feedback over the last year through the SWOT analysis and the annual strategic plan survey in 2018. 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.

