FY18-FY20 DMH
Strategic Plan

Mississippi Board of Mental Health

respect + integrity

commitment + excellence

" *Supporting a Better Tomorrow...Today* "

people

awareness + accountability

community + innovation

collaboration

Supporting a Better Tomorrow...Today

DMH
Mississippi Department of Mental Health

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.

This year, based on feedback received through a survey and SWOT analysis, we have added several new objectives focusing on supports/services with the justice system and re-entry efforts, forensic services, evidence-based trainings, workforce development and retention, and suicide prevention. 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.

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, outcomes 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 sharedresponsibility 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.

People   Community   Commitment   Excellence   Accountability   Collaboration   Integrity   Awareness   Innovation   Respect

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

Nursing Home Services
Medical/Surgical Hospital Services
Forensic Services
Adult 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
Psychological Services
Social Services
Medical/Nursing Services
Diagnostic and Evaluation Services
Community Services Programs

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 7 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

FY18 - FY20 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

Objective 2.5 Provide a Conflict Free Case Management system of care

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 individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

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 Educate school professionals and youth on suicide prevention

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: Maintain a 90 percent occupancy percentage of inpatient beds by service (occupancy percentage is filled beds compared to capacity)

Outcome: Maintain readmission rates within national trends

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:** % 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 and EMSH)
> > **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** Develop and implement a Forensic Competency Evaluation Training Program to recruit local community-based evaluators
> > **Output:** Number of Forensic Competency Evaluation Trainings conducted
> > **Output:** Number of community-based evaluators trained and certified
> > **Output:** Average wait time for completed initial competency evaluation
>
> **Strategy 1.1.4** Develop and implement a Community Restoration Pilot Program to be operated in the Hinds and Madison County detention centers by Region 8 Community Mental Health Center
> > **Output:** Average length of stay for restoration commitments
> > **Output:** Number of restoration commitments

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 1.2 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

> **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

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

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 1.3.1 Educate stakeholders 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 sites 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: Utilize Crisis Stabilization Units to divert individuals from more restrictive environments such as jail, hospitalizations, etc.

Outcome: Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.

Strategy 1.4.1 Evaluate Crisis Stabilization Units based on defined performance indicators
>   **Output:** Diversion rate of admissions to state hospitals
>   **Output:** Average length of stay
>   **Output:** Number of admissions
>   **Output:** Number of involuntary admissions vs. voluntary admissions

Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators
>   **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.)

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

Outcome: Increase the availability of community supports/services for people with a serious mental illness in order to implement the Permanent Supportive Housing model

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

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

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

Outcome: Increase the number of children and youth who are served by 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 MAP teams
> > **Output:** Number served by MAP teams

> **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

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 1.7.4 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

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

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

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** Educate DMH Certified Providers on adherence to the federal regulations for serving priority populations
> > **Output:** Number of DMH-Certified Providers acknowledging receipt of education/training on federal regulations
>
> **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
>
> **Strategy 1.9.3** Expand bed capacity for substance use services
> > **Output:** Number of new beds available for primary and transitional services
> > **Output:** Number of new beds available for Medication Assisted Treatment
> > **Output:** Number served in primary treatment
> > **Output:** Number served in transitional treatment
>
> **Strategy 1.9.4** Partner with the Bureau of Naractoics and the Mississippi Board of Pharmacy to conduct a series of Town Hall Meetings to educate community of opioid abuse problem
> > **Output:** Number 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 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: Enhance statewide public awareness campaign to increase knowledge of community services available to persons with intellectual and developmental disabilities

> **Strategy 2.2.1** Develop a quarterly report by Central Office and Regional Programs outlining the number of outreach/awareness activities
> **Output:** Number of educational materials developed
> **Output:** Number of public awareness events attended
> **Output:** Number of materials/stories distributed

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: Provide 2,515 people services in the ID/DD Waiver Program

Outcome: Ensure people are receiving a Person Centered Plan of Services and Supports

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

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Strategy 2.3.1 Track the increase in 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 behavioral 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 targeted case management services
  Output: Number of people receiving Community Support Services/Case Management
  Output: Number of people receiving comprehensive diagnostic evaluations
  Output: Number of people receiving work activity 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

Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule

  Output: Number of people who receive an assessment for person centered services
  Output: Number of Plan of Services and Supports reviewed indicating the chosen providers participated in the development of the Person Centered Plan

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People Community Commitment Excellence Accountability Collaboration Integrity Awareness Innovation Respect

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 2.4 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:** Develop a curriculum for job coaches and job trainers
> **Output:** Number of job trainers and job coaches trained
> **Output:** Number of taskforce meetings

Objective 2.5 Provide a Conflict Free Case Management system of care

Outcome: Decrease the number of IDD services provided by the ICF/IID Regional Programs

Outcome: Increase the number of IDD services provided by other certified providers

> **Strategy 2.4.1** Transition people from ICF/IID Regional Programs to other certified providers
> **Output:** Number of IDD services/programs operated by ICF/IID Regional Programs (not including support coordination)
> **Output:** Number of IDD services/programs operated by other certified providers
> **Output:** Number of people diverted from institutional care and transitioned to community services after receiving state-funded crisis 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

> **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

Objective 3.2 Ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Outcome: Increase number of positive grievance resolutions related to grievances received through the Office of Consumer Support

Outcome: Increase public knowledge about services through information and referral

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

Goal 3

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

Strategy 3.2.1 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
> **Output:** Number of calls seeking information and/or referral received through DMH's toll-free number
> **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: Increase the number of evidence-based and emerging best practices trainings by 5% each year

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

Strategy 3.3.1 Promote at least six evidence-based, best practices and promising practices trainings offered through the DMH learning management system through internal communication efforts
> **Output:** Number of trainings promoted
> **Output:** Number of participants

Strategy 3.3.2 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 (gathered through the site visit process)
> **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

Goal 3

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

Objective 3.4 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.

> **Strategy 3.4.1** Conduct a training needs assessment by surveying DMH Certified Substance Use Providers
> **Output:** Number of survey respondents
>
> **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 for Criminal Justice Responses
> **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
> **Output:** Number trained in other evidence-based practices
>
> **Strategy 3.4.3** Organize a train-the-trainer for Mental Health First Aid public safety designation
> **Output:** Number of trainers certified to deliver the training
> **Output:** Number of professionals trained
> **Output:** % MDOC staff trained in MHFA

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

Outcome: Establish a diverse taskforce to analyze 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 trends/patterns in certain positions
> **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 Educate school professionals and youth on suicide prevention

Outcome: Develop a model suicide prevention policy for public schools in partnership with the Department of Education

Outcome: Create recommendations to improve law by revising current legislation if needed

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

>**Strategy 3.6.1** Partner with Department of Education for the development of a model policy and for selection of evidence-based curriculums for in-service training for all school district employees during 2017-2018 school year
>>**Output:** Number of school districts that adopt a policy on suicide prevention
>>**Output:** Number of schools trained in evidence-based curriculums
>>**Output:** Make recommendation to Mississippi Legislature to revise current law if needed

>**Strategy 3.6.2** Offer Shatter the Silence suicide prevention materials and presentations to youth across the state
>>**Output:** Number of materials requested
>>**Output:** Number of student presentations
>>**Output:** Number of schools requesting materials/presentations
>>**Output:** Number of students who participate in presentations

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

Outcome: Implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs

Outcome: Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First

Outcome: Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds

>**Strategy 3.7.1** Utilize computerized provider order entry (CPOE) for medication orders
>>**Output:** Report to CMS for Meaningful Use

>**Strategy 3.7.2** Replace manual reporting with electronic online reporting

Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY18 Performance Measures on July 1, 2017. 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 FY18 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.