



**Mississippi
Board of Mental Health
and
Mississippi
Department of Mental Health**

**STRATEGIC PLAN
FY 2011—2021**

**Moving forward toward a
brighter future...**

July 1, 2010

Message from the Chair

The Strategic Planning Subcommittee of the Board of Mental Health has been working over the last year to refine and focus the framework of the original plan presented in 2009. Our goal has been to identify quantifiable goals that will yield tangible and measurable results as we strive to redesign the services provided by the Department of Mental Health over the next 10 years.

Whereas the original plan was based on broad-based departmental goals, this year's revision reflects the fiscal realities of the foreseeable future and represents the dedicated work of team leaders from the Department's major service areas. While embracing this year's goal of appreciable forward movement, they have honed the original document to its present edition, a much leaner iteration that preserves the original approach:

- 1) Emphasis on community-based services;
- 2) Preservation of necessary inpatient services;
- 3) Implementation of a performance-based system for evaluating effectiveness and efficiency of services;
- 4) Focus on staff recruitment and development in order to maintain the diverse, highly qualified cohort of employees necessary to meet the vision and goals of the agency; and
- 5) Development of a department-wide data management and communication system designed to enhance accurate and timely review of service delivery and budgetary data across the entire system.

Lisa Romine has been indispensable in the development of this plan. As Chair, I want to thank her and everyone who participated by responding to the committee's surveys and inquiries. Your hard work and dedication is critical to our ongoing success in this important work.

Margaret Cassada, M.D., Chair
Strategic Planning Subcommittee

STRATEGIC PLANNING SUBCOMMITTEE

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Foreword

The Mississippi Department of Mental Health (DMH) is nearing the completion of its Strategic Plan's first year in operation. I sincerely thank all the dedicated individuals who have and continue to participate in the Plan's implementation. This includes consumers, family members, advocates, community mental health centers staff, providers, and other state agencies' staff in addition to DMH staff. Completion of Strategic Plan objectives supports the shift in DMH's priorities to community-based services.

This past year has been difficult for the citizens who receive services through the mental health system and our providers with the unprecedented cuts DMH has received. Today's economic realities are not the same as those when the initial Strategic Plan was developed. Increasing community capacity when there are no additional funds available, and at the same time, deep cuts are being made in existing funding, has been difficult. However, even in this challenging climate, DMH is resolute in managing the resources we do have to continue the transformation to a community-based, recovery and resiliency focused mental health system. It may take us longer to reach our goals, but DMH's vision of the future remains the same.

I look forward to continuing our work together in the coming years. Together, we can do more to make a difference in the lives of Mississippians with mental illness, substance abuse problems, intellectual or developmental disabilities, and Alzheimer's Disease.

Edwin C. LeGrand III
DMH Executive Director

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Executive Summary

The Board of Mental Health developed and approved its first agency-wide Strategic Plan in June 2009 with implementation beginning July 1, 2009. The purpose of the Strategic Plan is to drive the transformation of the system into one that is outcome and community-based. As part of the Plan's development, the Board established the requirement for an annual revision so that DMH can make any needed changes to continue moving towards its vision. To help with this review, the Board established the 2010 Strategic Planning Subcommittee consisting of: Board members Dr. Margaret Cassada, Mr. George Harrison, Mr. Johnny Perkins, and Mr. Rick Barry; Central Office staff liaison, Ms. Lisa Romine; Clinical Services Director, Dr. Lydia Weisser, MSH; and Central Office staff, Ms. Lynda Stewart, DMH Division of Children and Youth.

The Strategic Planning Subcommittee's charge was to review and revise as necessary the Strategic Plan, which serves as a map for guiding the evolution of the DMH service system. The Board of Mental Health intends for the Strategic Plan to be a flexible, living document that has the ability to meet the needs of the people we support and face the challenges of an ever-changing environment. After a review of feedback on last year's Strategic Plan from stakeholders and discussions on emerging issues, the Board's Strategic Planning Subcommittee proposes to move from our year one objectives, which focused largely on study, to more action oriented objectives. We all agree with the need for more community-based services, but with limited resources, we face the challenge to develop a plan that takes into account not only the realities of today's economy but the need to move forward. The DMH has never before faced such economic challenges; nevertheless, we know we can make strides forward and recognize the Strategic Plan is an essential tool for system transformation.

The first major task in revising the Plan was to determine the continued relevancy of the DMH's vision. To accomplish this, internal and external stakeholders were asked to complete a Vision Feedback Survey. The survey was emailed to persons representing the Board, DMH, Advisory Councils, Advocacy Groups, Community Mental Health Centers, USM, and other providers who participated in the development of the vision in the first Plan. The survey included the 20 common themes identified during the development of the initial Strategic Plan. These themes were used in the development of the vision and goal/objectives of the FY 2010 – 2020 Strategic Plan. Persons were asked to indicate if they thought these themes still need to be addressed in the revised Strategic Plan. Nineteen of the twenty themes received a majority of "yes" responses. Based on the percentages for each item, the themes were ranked. The rank order of the twenty themes was:

1. Emphasize a community based service system
2. Explore and capture all reimbursement options
3. Enhance and restructure crisis services
4. Promote and increase consumer and family member involvement and education activities
5. Expand the use of home and community-based waiver programs
6. Develop an outcomes-driven service system that promotes quality assurance
7. Support a recovery model of service delivery that promotes evidence-based practices
8. Foster a cohesive, seamless service delivery communication among service entities
9. Emphasize person-centered services/supports
10. Stress jail diversion efforts

11. Expand housing options
12. Research national trends and other state practices
13. Emphasize anti-stigma efforts
14. Enhance the utilization of information technology
15. Promote integration of primary and mental health care systems
16. Expand alcohol and drug abuse prevention and treatment efforts
17. Increase transportation options and explore transportation alternatives
18. Develop a single point of entry system
19. Expand manpower recruitment, retention, and development
20. Develop specialized service options

The subcommittee also conducted a review of the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis report of the agency. The survey included a summarization of the items identified in the original report. The DMH SWOT Report - October 2008, was used in the development of the vision and goals/objectives of the Strategic Plan. The survey was disseminated to the individuals who participated in the initial SWOT analysis of the agency. Participants were asked to indicate if they still see the issues identified in the first SWOT report as relevant and asked to provide any additional thoughts about DMH's strengths, weaknesses, opportunities, and threats. All Strengths, Weaknesses, Threats, and Opportunities listed received a majority of "*Still Relevant*" responses.

Below is a summary of those items that all (100%) of responders think are still relevant.

Strengths

All responders reported DMH's good reputation for quality service provision, collaboration with advocacy organizations, encouragement and empowerment of families, and dedication to providing evidence-based programs and services continue to be important attributes of the agency. Quality care and 24-hour assistance and protection of the individuals served by DMH also remain relevant.

Weaknesses

All responders reported that the inadequate utilization of data gathered by DMH continues to be a weakness. Based on the survey results, limited availability of specialized services as well as inconsistent service availability across the state are still considered weaknesses of DMH. According to the responders, needs assessments should continue to be conducted to determine service development and termination, and waiting lists for psychology and psychiatry services remain lengthy.

Opportunities

All responders reported that blending funding opportunities with other agencies and building stronger relationships with regional agencies, CMHCs, and private agencies continue to be opportunities for DMH. All responders agreed that networking with public and private mental health service providers to provide training opportunities in a cost-effective manner is still significant. Incorporating mental health issues into regular educational curriculums should be pursued by DMH.

Threats

All responders reported that rising costs, funding deficits, revenue cuts, and a political environment that does not value human services continue to be relevant threats to the Department of Mental Health. Decreasing availability of workforce is also seen as a relevant threat by the responders. Access to mental health treatment continues to be reported as a significant threat.

Based on the responses to the two surveys, it was determined that the Vision and SWOT Report could be used when revising the Strategic Plan. Furthermore, the information gathered from the two surveys confirmed that the initial nine key themes which emerged were still applicable:

Accountability	Community	Partnerships
Person-centeredness	Outcomes	Workforce
Access	Prevention	Information Management

Thus, these themes were again the basis for the Plan's revised goals and objectives. The nine Goal Leaders were asked to review their goal with their team members to ensure that they not only continue to address the key themes but include more observable and measurable actions showing movement toward the vision. During the review of each goal, objectives/action plans were deleted from the Plan if they had been completed, were duplicated in another goal, or are now part of ongoing DMH activities. The Goal Leaders were: Kelly Breland and Dr. Suzanne Jourdan, Goal 1; Aurora Baugh, Goal 2; Thaddeus Williams, Goal 3; Debbie Ferguson, Goal 4; Dr. Mardi Allen, Goal 5; Wendy Bailey, Goal 6; Kris Jones, Goal 7; Michael Jordan, Goal 8; and Sabrina Young, Goal 9. The Goal Leaders met with the Subcommittee to discuss their specific goals. A summary of the finalized goals follows.

Goal 1 calls for DMH to continue to execute cost saving measures and enhance its accountability and management practices to ensure the most efficient use of its resources. Transforming to a community-based system will necessitate an increase in community capacity and require funding – both new funds and the reallocation of existing funds.

Goal 2 sets forth DMH's commitment to consumers' right to participate and have a direct and active role in all processes affecting their lives. DMH believes individuals and their families must be provided opportunities for meaningful participation in their individual treatment, and in the planning, implementation, and evaluation of mental health services on the local, state, and federal level. The Division of Consumer and Family Affairs, which is staffed largely by people who have utilized mental health services, will spearhead this effort. The Division will provide training to both service providers and individuals receiving services and review, evaluate, and enhance opportunities for consumers and family members to participate fully in all aspects of mental health services.

Goal 3 addresses the methods by which DMH intends to increase individuals' access to care and services statewide. A major vehicle for improving access to care is the design and implementation of comprehensive crisis systems for all populations served by DMH. DMH will also be expanding the use of nontraditional service delivery options. In order to move forward with DMH's transformation to a community-based service delivery system, individuals and their families must be able to access needed care and services in a timely manner.

Goal 4 highlights the transformation of a service system that is institutional-based to one that is community-based. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the redefinition of the role of institutions, collaboration with stakeholders, prioritizing and re-directing existing funding, and the development of new and innovative services as well as barriers. Goal 4 provides a foundation on which DMH will build, with collaboration from stakeholders, a seamless community-based service delivery system.

Goal 5 establishes the use of evidence-based or best practice models and service outcomes. Since 2004, there has been a national emphasis on implementing evidence-based practices (EBP). DMH recognizes the gap that exists between what we know about effective treatments and the services currently offered. DMH embraces the importance of identifying and implementing EBPs within the system of care. By incorporating state-of-the-art research, clinical and administrative practices will consistently produce specific, intended results and meet scientific and stakeholder criteria for effectiveness.

Goal 6 emphasizes awareness, prevention, and early intervention in order to improve the public's understanding of mental health and how to access care. The goal centers on increasing community awareness about mental illness, intellectual and developmental disabilities, substance abuse problems and Alzheimer's and other dementia. The goal also focuses on dispelling the stigma associated with mental illness and intellectual and developmental disabilities in order to promote community integration and acceptance. Strategies for promoting early intervention, substance abuse prevention and suicide prevention are also included.

Goal 7 seeks to promote shared responsibility among communities, state and local governments, and service providers to build and strengthen the community-based system of care for individuals served by DMH. DMH recognizes that formal partnerships with traditional and nontraditional partners are critical to the overall success of the system of care.

Goal 8 addresses clear objectives for investing in employee development today and in the future to ensure DMH is well prepared to succeed in an ever-changing environment. Encouraging and supporting an expectation and appreciation for "out-of-the-box" thinking and reinforcing innovation and creativity are vital. DMH must present the Strategic Plan to staff in ways that enable all employees to understand, embrace and contribute to its achievement. "Change agents" are needed throughout the agency to continually challenge the status quo, stimulate organizational thinking and build an agency-wide understanding of evidence-based and best practices, while meeting individual and community expectations.

Goal 9 focuses on using data and available technology in fiscal and programmatic decision-making. DMH will enhance its ability to communicate effectively and share data and information across the agency. DMH will standardize data currently being collected and reported and conduct additional analysis on existing data. DMH will fully implement its central data repository project and continue activities to establish an Electronic Health Record and a Health Information Exchange. With better data and analysis, decision-making will be enhanced.

These are indeed challenging times in the provision of mental health services. However, with the continuing efforts of DMH's dedicated staff and engaged stakeholders, we are confident that DMH is moving forward toward a brighter future.

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, 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 be based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

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

Collaboration We believe that services and supports are the shared responsibility of state and local governments, communities, 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.

Core Competencies

The Department of Mental Health established Core Competencies to serve as indicators of success in realizing its mission and vision. The core competencies are:

Allocating resources based on established priorities and agency vision

Demonstrating a strong commitment to excellence in services/supports delivery to promote positive outcomes for people

Practicing good stewardship with all resources

Exhibiting commitment to continual evaluation and a shift in focus to a community-based service system

Involving individuals, families, and self advocates in service planning, design, and delivery

Valuing and supporting the workforce by providing opportunities for continued education, training, and advancement

Possessing the cultural competencies necessary to work effectively with diverse people, families, communities, and workforces

Embodying an organizational culture of innovation, creativity, resourcefulness, self-evaluation, and continuous quality improvement

Collecting, interpreting, and applying information from a variety of sources when making decisions, preparing budget requests, and planning for and designing mental health policies, services, and supports

Establishing partnerships with others to achieve common goals and outcomes

Communicating effectively to promote awareness and prevention as well as to dispel the stigma of mental illness, intellectual/developmental disabilities, substance abuse, and dementia

Organizational Overview

The Mississippi Department of Mental Health's organizational structure consists of three separate but interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-Operated Facilities and Community Services Programs.

Board of Mental Health

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

As specified in MISS CODE ANN Section 41-4-7 (1972), the Board of Mental Health is statutorily responsible for such primary duties as:

- Appointing an agency director,
- Establishing rules and regulations to carry out the agency's duties,
- Setting up state plans for major service areas,
- Certifying, coordinating and establishing minimum standards for programs and providers,
- Establishing minimum standards for operation of facilities,
- Assisting community programs through grants,
- Serving as the single state agency in receiving and administering funds for service, delivery, training, research and education,
- Certifying/licensing mental health professionals,
- Establishing and maintaining a toll-free grievance system,
- Establishing a peer review/quality assurance evaluation system, and other statutorily-prescribed duties.

DMH Central Office

As specified in MISS CODE ANN Section 41-4-1 (1972), the purpose of the Department of Mental Health is:

- o to coordinate, develop, improve, plan for, and provide all services for persons of this state with mental illness, emotional disturbance; alcoholism; drug dependence; and an intellectual disability;
- o to promote, safeguard and protect human dignity, social well-being and general welfare of these persons under the cohesive control of one (1) coordinating and responsible agency so that mental health and intellectual disability services and facilities may be uniformly provided more efficiently and economically to any resident of the state of Mississippi; and further to seek means for the prevention of these disabilities.

Furthermore, MISS CODE ANN Section 41-4-5 (1972) provides for the establishment of divisions within the Department of Mental Health.

The overall statewide administrative functions are the responsibility of the DMH Central Office. The Central Office is headed by an Executive Director and consists of seven bureaus and the executive division:

Bureau of Administration

Bureau of Community Services

Bureau of Mental Health

Bureau of Interdisciplinary Programs

Bureau of Alcohol and Drug Abuse

Bureau of Workforce Development and Training

**Bureau of Intellectual and Developmental
Disabilities**

Executive Division

The DMH Central Office also has a Legal Division and a Clinical Services Liaison

DMH-Operated Facilities and Community Services Programs

The DMH directly operates six psychiatric facilities, five regional facilities for persons with intellectual and developmental disabilities, and a specialized treatment facility for adolescents. The facilities serve designated counties or service areas and offer residential and/or community services for people with mental illness, substance abuse issues, intellectual and developmental disabilities, Alzheimer's disease and other dementia.

Services/Supports Overview

The Mississippi Department of Mental Health (DMH) provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance abuse problems, and Alzheimer's disease and/or other dementia. It is our goal to improve the lives of Mississippians by supporting a better tomorrow...today.

The success of the current service delivery system is due to the strong, sustained advocacy of the Governor, State Legislature, Board of Mental Health, the Department's employees, consumers and their family members, and other supportive individuals. Their collective concerns have been invaluable in promoting appropriate residential and community service options.

Service Delivery System

The mental health service delivery system is comprised of three major components: state-operated facilities and community services programs, regional community mental health centers, and other nonprofit/profit service agencies/organizations.

State-operated facilities. The DMH administers and operates six state psychiatric facilities, five regional centers, and a specialized juvenile facility. These facilities serve specified populations in designated counties/service areas of the state.

The psychiatric facilities provide inpatient services for people (adults and children) with SMI and substance abuse. These facilities include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Facility, and Central Mississippi Residential Center. Nursing facility services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, the psychiatric hospitals also provide transitional, community-based care.

The Regional Centers provide residential services for persons with intellectual and developmental disabilities. These facilities include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center. The regional centers are also a primary vehicle for delivering community services throughout Mississippi.

Mississippi Adolescent Center in Brookhaven is a residential facility providing an array of rehabilitation service options to adolescents with intellectual/developmental disabilities and whose behavior makes it necessary for them to reside in a structured setting. The Specialized Treatment Facility in Gulfport is a Psychiatric Residential Treatment Facility for adolescents with mental illness and a secondary need of substance abuse prevention/treatment.

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

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They are certified by the DMH and may also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Services currently provided through these nonprofit agencies include community-based alcohol/drug abuse 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 facility and community-based services and supports are available through the DMH. The type of services provided depends on the location and provider.

Facility Services

The types of services offered through the regional psychiatric facilities 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	Alcohol and Drug Services

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

ICF/MR 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.

Services for Adults with Mental Illness

Crisis Stabilization Programs
Psychosocial Rehabilitation
Consultation and Education Services
Emergency Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Case Management Services
Halfway House Services
Group Home Services
Acute Partial Hospitalization

Elderly Psychosocial Rehabilitation
Intensive Residential Treatment
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers
Day Support
Mental Illness Management Services
Individual and Family Education and Support

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Home
Therapeutic Foster Care
Prevention/Early Intervention
Emergency Services
Mobile Crisis Response Services
Intensive Crisis Intervention Services
Case Management Services

Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
School-Based Services
Family Education and Support

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Community Living Programs
Work Activity Services
Supported Employment Services
Day Support
Diagnostic and Evaluation Services
HCBS Attendant Care
HCBS Community Respite
HCBS In-home Companion Respite

HCBS Behavioral Support/Intervention
Day Treatment
HCBS In-home Nursing Respite
HCBS ICF/MR Respite
HCBS Day Habilitation
HCBS Prevocational Services
HCBS Support Coordination
HCBS Occupational, Physical, and
Speech/Language Therapies

Alcohol and Drug Abuse Services

Detoxification Services
Primary Residential Services
Transitional Residential
Outreach/Aftercare

Prevention Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment Services

Additional Information

Additional information concerning the location of the facilities, services, and supports and descriptions of the specific services can be found on the DMH website: www.dmh.ms.gov or through DMH's Toll-Free Help Line Number: 1-877-210-8513.

Goals and Objectives

Using the mission, vision, and values, the Board of Mental Health developed goals to address the transformation of the DMH service system. These goals address the key issues of accountability/efficiency, a person-centered and driven system, access, community services, outcomes, prevention, partnerships, workforce, and information management.

DMH addresses these key issues in the Strategic Plan's goals and objectives. The goals and objectives will guide the DMH's actions in moving toward a community-based system of service delivery.

The system-wide goals are as follows:

- GOAL 1** *Maximize efficient and effective use of human, fiscal, and material resources*

- GOAL 2** *Strengthen commitment to a person-driven system of care*

- GOAL 3** *Improve access to care*

- GOAL 4** *Continue transformation to a community-based service system*

- GOAL 5** *Emphasize use of evidence-based or best practice models and service outcomes*

- GOAL 6** *Emphasize awareness/prevention/early intervention*

- GOAL 7** *Share responsibility for service provision with communities, state and local governments, and service providers*

- GOAL 8** *Empower workforce to face the challenges of an evolving system of care*

- GOAL 9** *Utilize information/data management to enhance decision-making and service delivery*

The goals and objectives are presented in two sections: FY 2011- 2015 and F Y 2016 - 2021. The first section encompasses the goals and specific objectives for the next five fiscal years. Each objective includes action plans, performance measures, timelines, and responsible parties.

The second section contains broad-based objectives for FY 2016 and beyond. DMH realizes that revisions will most definitely occur over time in order to address changes in the environment, system, and new and emerging issues/trends.



Maximize efficient and effective use of human, fiscal, and material resources

Objective 1.1 Increase efficiency within DMH

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Finalize RFP for food services project and report related expenditure reductions	Report with savings per quarter	2011	2012	2013	2014	2015	Admin and appointed staff
b) Develop and implement recommendations for two Expenditure Reduction Projects each year across DMH facilities	Projects developed and ready for implementation with projected cost savings reported	2011	2012	2013	2014	2015	Admin and appointed staff

Objective 1.2 Maximize funding opportunities

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Obtain at least two new grants annually	Grant applications submitted	2011	2012	2013	2014	2015	Staff appointed by Executive Director
b) Initiate at least one blended funding option	Waiver submitted	2011	2012	2013	2014	2015	BCS, BIDD, BADA
c) Submit at least one new community based waiver option based on priorities established by the Board of Mental Health	Blended funding option identified and initiated	2011	2012	2013	2014	2015	BCS, BIDD, BADA
d) Initiate at least one integrated public/private funding venture	Public/private venture identified and initiated	2011	2012	2013	2014	2015	BCS, BIDD, BADA

Objective 1.3 Revise system-wide management and oversight practices to improve accountability and performance

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Perform standardized certification survey procedures for all DMH certified programs utilizing 2011 standards	Written standardized procedures and report	2011	2012	2013	2014	2015	Division of Accreditation and Licensure, BCS, BIDD, BADA
b) Make public an annual report reflecting certification survey results	Certification Survey Report publicized	2011	2012	2013	2014	2015	Division of Accreditation and Licensure
c) Conduct revised 2010 consumer satisfaction surveys for DMH certified programs	Dates surveys completed and report of results	2011	2012	2013	2014	2015	BCS
d) Establish core performance indicators and data base to be used as a means of benchmarking between like programs	Core indicator data base and benchmarking completed	2011	2012	2013	2014	2015	BCS, BIDD, BADA
e) Make public an annual report comparing DMH certified programs and facilities according to established performance indicators	Performance Report publicized	2011	2012	2013	2014	2015	Division of Accreditation and Licensure
f) Establish Quality Forums for the sharing of successful strategies employed by high performers based on survey findings and performance indicators	Quality Forum meetings	2011	2012	2013	2014	2015	Division of Accreditation and Licensure, BCS, BIDD, BADA



Strengthen commitment to a person-driven system of care

Objective 2.1 Develop and/or expand meaningful interaction of self advocates and families in designing and planning at the system level

Action Plan	Performance Indicator	Target Year					Responsibility
		2012	2013	2014	2015	2016	
a) Integrate a transformed, recovery/evidence-based, person-driven, community-based system into the philosophy of the Department of Mental Health (by virtue of the standards, policy and procedures, and education of DMH staff)	DMH Recovery philosophy statement in the standards, P&P, and DMH webpage; Recovery Training developed and provided to DMH Central Office by consumers, family members and mental health professionals and included in DMH orientation	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	DCFA and all DMH
b) Administer Recovery Self Assessment to DMH Central Office to determine movement towards a recovery/evidence-based, person-driven, community-based system. Upon completion of the assessment, implement an independent Recovery Self Assessment conducted by DMH certification review team and the peer review team (i.e., consumers, family members, mental health professionals, and interested stakeholders)	Results and report of the Recovery Self Assessment – Providers and Peer Reviewers Development of DMH Recovery Action Guide	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	DCFA
c) Administer the Recovery Self Assessment to DMH certified programs and an independent Recovery Self Assessment through the peer review process of programs certified by DMH	Report of DMH and Peer of Recovery Self Assessment and Action Guide	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	DCFA
d) Develop infrastructure/formal methods to enhance communication between local advisory councils and state advisory councils	Standards and dissemination of Recovery Competency Plan by members of local advisory councils to state planning councils	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	DCFA
e) Utilize social network as an avenue to connect consumers and family members participating in delivery, planning, and evaluating services and provide training/ education on recovery oriented system	Increase in participation of consumers and family members in trainings and workshops	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	DCFA

Objective 2.2 Develop and/or expand meaningful interaction of self advocates and families in monitoring services

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process	Increase percentage of consumers and family members involved in the evaluation of the system; Comments received through assessment will be used to modify the program as applicable	2011	2012	2013	2014	2015	DCFA
b) Implement a peer review evaluation program certified by DMH using recovery principles and the recovery self assessment that will encompass clinical staff	Peer Review Training Manual	2011	2012	2013	2014	2015	DCFA , BIDD, BADA
c) Train peer reviewers to evaluate a recovery oriented mental health system utilizing the recovery self assessment guide	Training conducted based on recovery model and Recovery Application Guide	2011	2012	2013	2014	2015	DCFA

Objective 2.3 Develop and/or expand meaningful interaction of self advocates and families in service delivery

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Collaborate with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service	Peer Support approved as a Medicaid reimbursable service	2011	2012	2013	2014	2015	DCFA
b) Develop an array of peer support services necessary for a culturally competent, recovery-based mental health system	Lists of peer support services and report on research of possible funding for services	2011	2012	2013	2014	2015	DCFA
c) Develop and implement a Peer Specialist certification and testing process	Number of self advocates certified; Roles performed by certified peer specialists within DMH certified programs	2011	2012	2013	2014	2015	DCFA

Action Plan	Performance Indicator	Target Year					Responsibility
d) Pilot and evaluate effectiveness of certified Peer Specialists working in DMH certified programs	Report of support services provided and Results/perceived benefits	2011	2012	2013	2014	2015	DCFA
e) Train Peer Specialists for potential employment in all CMHC regions	Employment of peer specialists; number of peer specialists trained	2011	2012	2013	2014	2015	DCFA



Improve Access to Care

Objective 3.1 Establish equitable access to services statewide

Action Plan	Performance Indicator	Target Year					Responsibility
		2018	2019	2020	2021	2022	
a) Develop plan for future expansion of targeted services in unserved/underserved areas utilizing established priorities and trends report	Prioritized Targeted Expansion Plan based on trends report developed and submitted to Executive Director as tool to be used in making future expansion decisions	2018	2019	2020	2021	2022	Executive Director, BCS, BIDD, BADA, BMH, BIP, CSL

Objective 3.2 Develop a comprehensive crisis response system

Action Plan	Performance Indicator	Target Year					Responsibility
		2018	2019	2020	2021	2022	
a) Redefine catchment areas for the crisis centers, Assertive Community Treatment (ACT) Teams, and psychiatric hospitals	New catchment areas delineated and approved	2018	2019	2020	2021	2022	Executive Director, BCS, BMH
b) Evaluate CMHC-operated crisis intervention Centers based on defined performance indicators	Monthly evaluation report generated to indicate rate of hospital diversion, length of stay, number of clients served through PACT teams/ mobile crisis services, etc. Annual report generated to indicate cost savings realized after 1 st year of all CICs being operated by CMHC	2018	2019	2020	2021	2022	BCS, BMH, Crisis Task Force
c) Establish services to divert individuals with SMI from entering the criminal justice system and require and support CMHCs' provision of assessment, triage, treatment and case management services to local county jails	Increase in number of individuals diverted from criminal justice system through the use of Crisis Intervention Teams; Increase number of cities participating in the Bureau of Justice's Partnership with cities to provide Behavioral Courts which promote assessment & treatment and divert individuals from spending time in jail	2018	2019	2020	2021	2022	BCS

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
d) Examine feasibility of using ICF/MR group homes or cottages on the campuses of the Regional Centers to provide crisis and emergency respite services to people with intellectual/developmental disabilities	Report results of feasibility study on allocating percentage of ICF/MR group homes or cottages on Regional Center Campus beds for crisis/respite services will be submitted to executive director by Dec 31, 2012, to use as tool in deciding if the use of these targeted beds could be used as a future service option	2011	2012	2013	2014	2015	Executive Director, BIDD
e) Develop transition/step-down residential options for people leaving crisis stabilization programs	At a minimum, arrangements for each crisis stabilization program's catchment area; number of people in transition/step-down housing	2011	2012	2013	2014	2015	BCS, BMH
f) Partner with crisis stabilization programs operated by CMHCs to furnish crisis-oriented, specialized behavioral services on an as-needed basis for people with intellectual/developmental disabilities	Have all contracts with local CMHC operators of crisis stabilization programs signed and approved to provide these services by 7/1/2013	2011	2012	2013	2014	2015	BIDD
g) Provide crisis detoxification services through crisis stabilization programs	Have at least one crisis stabilization programs transformed with operational structure in place to provide crisis detoxification services by 7/1/2013	2011	2012	2013	2014	2015	BADA, BCS

Objective 3.3 Incorporate cultural competencies into DMH policies, procedures, and practices

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Incorporate components of the approved cultural competency plan into DMH policies, procedures, and practices	Number of policies, procedures, and practices revised according to plan	2011	2012	2013	2014	2015	DMH

Objective 3.4 Advance the use of nontraditional service delivery options

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Increase the use of respite services to prevent out-of-home placement for children/youth with SED and adults with SMI	Baseline report on number of children receiving home and community respite services; number of children diverted from hospitalization through use of respite services	2011	2012	2013	2014	2015	BCS
b) Increase the ability of DMH programs to collaborate via telemedicine services with other providers throughout the state	Baseline report of current capacity. Number of reports submitted/obtained. Number of sites equipped with telemedicine capability	2011	2012	2013	2014	2015	BCS, BIDD, BADA, DMH facilities
c) Increase availability of mobile services	Number of providers implementing PACT Teams. Number of regions that have organized CITs	2011	2012	2013	2014	2015	BCS, BIDD, BADA
d) Provide services outside traditional hours and days at CMHCs	Number of CMHCs converted over to live emergency/after hour's response services as required by 2011 revised standards	2011	2012	2013	2014	2015	BCS, BIDD, BADA
e) Make mental health services available in transitional therapeutic group homes and supported living programs for children/youth with SED	Number of children/youth seen and type of services provided in the community residential settings	2011	2012	2013	2014	2015	BCS
f) Increase availability of in-home services	Number CMHC Regions that provide in-home services (Respite, WRAP, and Intensive Case Management)	2011	2012	2013	2014	2015	BCS, BIDD, BADA
g) Develop on-line support service options such as support groups	Number, type, and usage of on-line support services	2011	2012	2013	2014	2015	BCS, BIDD, BADA, IS

Objective 3.5 Address timeliness to services

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Establish length-of-wait admission goals for all DMH certified programs	Goals established and communicated to all service providers via revised DMH Standards; Baseline length-of-wait times as reported by providers according to DMH Standards	2011	2012	2013	2014	2015	BCS, BIDD, BADA
b) Evaluate effectiveness of length-of-wait admission goals in providing more timely services through DMH certified programs	Report on decrease from FY 2011 in average length-of-wait for admission	2011	2012	2013	2014	2015	BCS, BIDD, BADA
c) Educate Chancery, Youth, and Family Court judges, clerks and law enforcement regarding changes to law/policies/procedures/fees	Number of revised commitment law information packets distributed to targeted entities	2011	2012	2013	2014	2015	Legal Division, BMH
d) Incorporate changes in the pre-evaluation screening training for service providers	Number of previously trained CMHC staff re-trained on pre-screening changes	2011	2012	2013	2014	2015	BCS, BMH
e) Develop educational materials for families regarding the commitment process	Summary of changes information sheet developed and distributed to family members and/or persons served at all DMH funded or certified facilities during annual review/recertification of person's eligibility by June 30, 2011; Number of change sheets distributed	2011	2012	2013	2014	2015	BMH



Continue transformation to a community-based service system

Objective 4.1 Increase system capacity for providing community living and community support options

Action Plan	Performance Indicator	Target Year					Responsibility
a) Conduct statewide housing needs assessment for people in the DMH system	Report of findings and recommendations	2011	2012	2013	2014	2015	BCS
b) Develop Strategic Housing Plan based on results of statewide housing needs assessment	Strategic Housing Plan submitted and approved	2011	2012	2013	2014	2015	BCS
c) Based on Strategic Housing Plan, set operational goals and begin monitoring implementation	Document outlining operational goals, performance indicators, timelines and responsible parties; Quarterly progress reports	2011	2012	2013	2014	2015	BCS
d) Provide training and support for families and CMHC staff regarding how to care for someone with SMI living in the community	Increase in the number of training sessions and participants	2011	2012	2013	2014	2015	BCS, BMH, BIDD
e) Determine the support services necessary for individuals to live across the spectrum of community housing	Document outlining goals, performance indicators, timelines and responsible parties; Quarterly progress reports	2011	2012	2013	2014	2015	BCS, BMH, BIDD, BADA

Objective 4.2 Expand interagency and multidisciplinary approaches to service delivery

Action Plan	Performance Indicator	Target Year					Responsibility
a) Expand MAP teams for children and youth	Increase number of MAP Teams by a minimum of two each fiscal year	2011	2012	2013	2014	2015	BCS
b) Expand MAP teams to include children with IDD	Pilot one MAP Team for children with IDD (Targeted county has not yet been identified)	2011	2012	2013	2014	2015	BCS and BIDD

Action Plan	Performance Indicator	Target Year					Responsibility
c) Expand adult MAP teams as funding is available	Add a minimum of three adult MAP teams	2011	2012	2013	2014	2015	BCS
d) Expand the scope of the State Level Case Review Team to include young adults who have SMI and individuals with intellectual/developmental disabilities	Procedures developed and information made available to providers	2011	2012	2013	2014	2015	BCS, BIDD, BMH

Objective 4.3 Develop a plan to redistribute portions of DMH's budget from institutional to community-based services

Action Plan	Performance Indicator	Target Year					Responsibility
a) Expand number of funded ID/DD Waiver slots to enable individuals currently residing in DMH facilities who can appropriately and safely be served in the community and who desire, or families desire, that they be served through community supports/services	Report to Executive Director of the number of waiver slots needed; number of individuals moving from facilities each year and receiving waiver services	2011	2012	2013	2014	2015	BIDD, IDD Facility Directors
b) Develop and implement, using evidence-based/best practice guidelines, a program that will prepare individuals for transition to the community, and replicate at other facilities	Written program as well as policies. Implementation will be evaluated regarding the number of individuals monthly who graduate from program with follow-up to determine the effectiveness of program in preventing readmissions	2011	2012	2013	2014	2015	MH Facility Directors
c) Implement pilot PACT team	Quarterly progress reports submitted by CMHC to BCS detailing progress in meeting goal of 36 admissions	2011	2012	2013	2014	2015	BCS
d) Establish a PACT or Crisis Intervention Program team associated with each Crisis Stabilization Unit (CSU)	Availability of a total of seven PACT/CIP teams (one for each CSU)	2011	2012	2013	2014	2015	BCS
e) Define future role of comprehensive facilities	Plan developed	2011	2012	2013	2014	2015	Executive Director, BCS, BIDD, BADA, BMH

Objective 4.4 Expand service options for special populations

Action Plan	Performance Indicator	Target Year					Responsibility
a) Expand and improve service options for co-occurring disorders in adults with SMI, children/youth with SED , and individuals with intellectual/developmental disabilities	Increase in appropriately identified individuals with co-occurring disorders and accurately reported by CMHCs	2011	2012	2013	2014	2015	BCS, BADA, BIDD
b) Expand service options for people who have SMI and are homeless using the federal Project for assistance in Transition from Homelessness (PATH) grant	Increase in number of people receiving needed services	2011	2012	2013	2014	2015	BCS
c) Complete a needs assessment and gap analysis of the nursing home population	Report summarizing needs	2011	2012	2013	2014	2015	BMH, BCS
d) Expand provision of elderly psychosocial programs provided by CMHC	Increase in number served in elderly psychosocial programs	2011	2012	2013	2014	2015	BCS, BIDD
e) Expand the provision of Alzheimer's Day programs statewide	Increase the number of programs by a minimum of one annually	2011	2012	2013	2014	2015	BCS
f) Develop in-home respite services for persons with Alzheimer's disease/dementia	Increase the number of programs by a minimum of one annually	2011	2012	2013	2014	2015	BCS



Emphasize use of evidence-based or best practice models and service outcomes

Objective 5.1 Address barriers to the implementation of evidence-based and best practices in Mississippi Mental Health System of Care

Action Plan	Performance Indicator	Target Year					Responsibility
		2017	2018	2019	2020	2021	
a) Based on the EB/BP survey results, Subcommittees will address most frequently identified barriers to implementation and develop budget neutral strategies to address	Top 3 barriers will be addressed for MH: Adult, C&Y, IDD and A&D	2017	2018	2019	2020	2021	Goal 5 subcommittees
b) Develop networks and other mechanisms for sharing successes and addressing needs associated with implementation of EB/BPs in MS with a priority of cost containment in the provision of EB/BPs	Involve at least 3 outside agencies and 3 DMH operated or certified programs in networking	2017	2018	2019	2020	2021	Goal 5 subcommittees
c) Promote information sharing through an e-mail newsletter that highlights successes and ideas about EB/BPs implementation, innovative ideas and staff who demonstrate cost savings through using EB/BPs	Produce at least 2 newsletters each year	2017	2018	2019	2020	2021	Goal 5 subcommittees

Objective 5.2 Develop strategies for integration of evidence-based and best practices into system of care

Action Plan	Performance Indicator	Target Year					Responsibility
		2017	2018	2019	2020	2021	
a) Develop and distribute EB/BP compendium based on the needs identified from the MH, IDD and A&D subcommittee surveys. Compendiums will include information on national trends, research findings, available resources and impact on treatment outcomes, satisfaction and long term cost savings	Distribute to 100% of DMH operated or certified programs	2017	2018	2019	2020	2021	Goal 5 subcommittees
b) Provide follow-up consultation emphasizing use of free SAMSHA toolkits, local experts, and resource sharing to promote the integration of EB/BPs in all DMH operated and certified programs	Respond to 100% of the requests for consultation	2017	2018	2019	2020	2021	Goal 5 subcommittees
c) Emphasize knowledge transfer of nationally recognized EP/BPs and evidence informed models appropriate for Mississippi System of Care through collaboration with all DMH Bureaus and MH organizations by making EB/BPs a training priority	Co-Sponsor or facilitate at least 10 EB/BP training sessions/offerings per year	2017	2018	2019	2020	2021	Goal 5 subcommittees, DMH operated or certified programs

Action Plan	Performance Indicator	Target Year	Responsibility															
d) Increase implement EB/BPs in Mississippi System of Care by working with Divisions of Grant's Management and Accreditation and Certification to reward programs that implement EB/BPs and discourage programs from continuing to offer services that are not supported by recognized evidence on effectiveness	At least 2 new EB/BPs from a nationally recognized list will be implemented each year within DMH operated and certified MH (adult), MH(C&Y), A&D and IDD programs each year	<table border="1"> <tr> <td>2011</td> <td>2012</td> <td>2013</td> <td>2014</td> <td>2015</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	2011	2012	2013	2014	2015	0	1	2	3	4	1	2	3	4	5	Goal 5 subcommittees, DMH operated or certified programs
2011	2012	2013	2014	2015														
0	1	2	3	4														
1	2	3	4	5														



Emphasize awareness/prevention/ early intervention

Objective 6.1 Increase community awareness and public education activities that focus on mental health issues , substance abuse, and DMH services

Action Plan	Performance Indicator	Target Year					Responsibility
a) Implement and evaluate a public awareness campaign for prevention of Fetal Alcohol Spectrum Disorders (FASD) targeting mental health professionals	Distribute materials to at least 200 mental health providers in at least 20 mental health programs or agencies; Launch Campaign at the 7 th Annual FASD Symposium	2011	2012	2013	2014	2015	FASD Director, DMH Public Info. Director
b) Develop and implement a plan to increase mental health awareness in the medical community on mental health treatment, commitment, etc.	Distribute at least 100 packets in the first year; Increased knowledge measured by survey	2011	2012	2013	2014	2015	BCS, BMH, DMH Public Info. Director, Facility PR Directors
c) Expand current prevention efforts through partnerships to reduce underage drinking and to reduce/prevent marijuana use by youth	Decrease related accidents and fatalities; Measure changes in perceptions by survey results; Increase training by 10% in FY11	2011	2012	2013	2014	2015	BADA
d) Develop public education program to educate service providers and public about how individuals with SMI and IDD are contributing, valued members of their communities	Number of developed materials disseminated	2011	2012	2013	2014	2015	BCS, BMH, and BIDD, DMH Public Info. Director, Facility PR Directors
e) Educate the public about the correlation of Down’s Syndrome and Alzheimer’s disease and dementia	Number of developed materials disseminated; Survey results; Number of trainings/presentations	2011	2012	2013	2014	2015	Division of Alzheimer’s Disease and Other Dementia, DMH Public Info. Director

Objective 6.2 Increase efforts to de-stigmatize mental health issues and expand suicide prevention

Action Plan	Performance Indicator	Target Year					Responsibility
a) Increase anti-stigma and suicide prevention presentations and collaborations with CMHCs, non-profits, schools and other groups in order to educate students and the community on mental health and suicide prevention	Increase number of presentations/ collaborations by 10% each following year; Increased knowledge measured by surveys	2011	2012	2013	2014	2015	DMH Public Info. Director, Facility PR Directors, Think Again Network, Suicide Prevention Coordinator
b) Expand anti-stigma and suicide prevention efforts to the faith-based and business communities to increase knowledge of mental health and suicide prevention	Increased knowledge measured by surveys; Participate in at least 15 faith-based activities in FY12 and 13; Participate in at least 15 business activities in FY14 and 15	2011	2012	2013	2014	2015	DMH Public Info. Director, Facility PR Directors, Think Again Network, Suicide Prevention Coordinator
c) Partner with the Army and National Guard to coordinate and sponsor (with funds from MSH Friends Organization) a campaign for the military to increase their knowledge of mental health and suicide prevention	Increased knowledge measured by surveys; Training for military personnel; Educational materials developed and distribute at least 1,000 in FY11	2011	2012	2013	2014	2015	DMH Public Info. Director, MSH PR Staff, Friends of MSH, Army and National Guard Joint Behavioral Health Team
d) Implement and evaluate the "Possibilities through Abilities" campaign to educate Mississippi businesses about intellectual and developmental disabilities and possible employment opportunities through IDD community service programs	Reach at least 10 businesses in FY11 and increase by 10% each fiscal year; Number of new employment opportunities gained	2011	2012	2013	2014	2015	Abilities Awareness Council, IDD Facility PR Directors, BIDD, DMH Public Info. Director
e) Develop youth leadership teams to help spread the anti-stigma and suicide prevention messages to other youth in their area by utilizing the Mississippi Transitional Outreach (MS-TOP) grant	Develop at least two teams in FY11 and increase number of teams by two each year	2011	2012	2013	2014	2015	TOP Grant Coordinator, Think Again Network
f) Expand Shatter the Silence suicide prevention efforts to the elderly population and their family by using current Alzheimer's and other Dementia resources to increase knowledge of suicide in the elderly	Increased knowledge measured by surveys; Participate in at least 10 events to educate public	2011	2012	2013	2014	2015	Suicide Prevention Coordinator, Division of Alzheimer's and Other Dementia, DMH Public Info. Director

Objective 6.3 Utilize technology to expand current awareness and prevention efforts

Action Plan	Performance Indicator	Target Year					Responsibility
a) Develop two educational videos each year on mental health topics to share on YouTube as an effective and efficient way to reach new audiences	Number of hits/views on the two videos developed each year; Survey results from focus group	2011	2012	2013	2014	2015	DMH Public Info. Director, Facility PR Directors, Videographer
b) Increase usage of DMH’s Talk About It program through promotion and evaluate the effectiveness of the program to access information and help	From FY10, increase usage of program by 10% each fiscal year; Evaluation report of response time, log-in numbers, demographic data and poll numbers	2010	2011	2012	2013	2014	OCS, DMH Public Info. Director, Facility PR Directors
c) Develop a searchable database on DMH’s Web site for the public to locate available services in their community	Developed database; At least 100 hits in the first year	2011	2012	2013	2014	2015	IS , DMH Public Info. Director, OCS



Share responsibility for service provision with communities, state and local governments, and service providers

Objective 7.1 Increase effectiveness of collaboration among community mental health providers (inclusive of CMHCs), state agencies, governmental entities and non-governmental entities

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Develop mutual strategies to negotiate new system and service delivery arrangements	Number of mutual strategies developed (i.e. crisis center redesign, DMH standards development, individual budgeting)	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	BCS, BIDD, BADA, BMH
b) Develop stronger voice related to issues affecting the public mental health system	Number of Legislative Action Alerts, Legislative support of DMH goals – funding and votes in favor	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	Executive Director, DMH Legislative Team, BCS, BIDD, BADA
c) Facilitate change in policy, practice, and programs	Number of changes to policies, practices, and programs	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	Executive Director, Legislative Team, BCS, BIDD, BADA, BMH
d) Conduct evaluation of desired outcome of mutual strategies, changes to policy/practice/law and programs	Evaluation report based on measures related to revisions	2 0 1 1	2 0 1 2	2 0 1 3	2 0 1 4	2 0 1 5	BCS, BIDD, BADA, BMH



Empower workforce to face the challenges of an evolving system of care

Objective 8.1 Increase opportunities for direct support professionals

Action Plan	Performance Indicator	Target Year					Responsibility
a) Provide increased educational opportunities for Direct Support Professionals (DSPs) through live and web-based training programs.	Increase the number of educational opportunities currently offered to DSPs each year by at least one; Increase the number of DSPs in attendance by 10% annually	2011	2012	2013	2014	2015	DMH Professional Development Director, Facility Staff Development Directors
b) Identify new non-monetary incentives and support options for Direct Support Professionals	Increase by one the number of non-monetary incentives currently offered to DSPs each year	2011	2012	2013	2014	2015	DMH Professional Development Director, Facility Staff Development Directors, Facility Friends Organization
c) Create regional Direct Support Professional Conferences/Workshops for community and facility-based DSPs	Apply for Council on Developmental Disabilities Grant for monetary support; Number of DSPs trained	2011	2012	2013	2014	2015	DMH Professional Development Director, Facility Staff Development Directors, Facility Friends Organization

Objective 8.2 Develop a comprehensive Human Resources Plan

Action Plan	Performance Indicator	Target Year					Responsibility
a) Increase employee retention rates	Increase employee retention rate by 2% annually	2011	2012	2013	2014	2015	Facility Human Resources Directors, Staff Development Directors, and DMH Professional Development Director
b) Develop a comprehensive plan for using technology to improve the system of training and certification for DMH employees	Increase the number of training and certification opportunities on-line by 5% annually	2011	2012	2013	2014	2015	BWDT and representatives from BCS, BIDD, BADA

Objective 8.3 Increase the number of student interns, externs and residents utilized by DMH

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Increase internship and field placement opportunities throughout the agency	Increase field placement opportunities by 2% annually	20	20	20	20	20	DMH Public Info. Director, Facility PR Directors, Facility Human Resource Directors, Director of Professional Development

Objective 8.4 Increase DMH educational enhancement and leadership development programs

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Increase cross-training initiatives among DMH staff to allow them to function in a community based setting	Increase cross-training initiatives by 5% annually	20	20	20	20	20	DMH Professional Development Director, Facility Staff Development Directors
b) Provide updates to DMH staff about the Strategic Plan as changes occur.	Report documenting number of training sessions, number of staff in attendance, and evaluation of training	20	20	20	20	20	BIP, DMH Public Info. Director, DMH Professional Development Director, Facility Staff Development Directors



Utilize information/data management to enhance decision-making and service delivery

Objective 9.1 Develop a department-wide data management system

Action Plan	Performance Indicator	Target Year					Responsibility
		2011	2012	2013	2014	2015	
a) Establish Data Task Force to enhance communication and share information on IT projects, plans and future directions, hardware, software, email, etc.	Quarterly newsletter submitted via email/ internet	2011	2012	2013	2014	2015	IS Director, Bureau Directors
b) Continue to build infrastructure and refine the ability to report client level data.	100% Compliance with submission of required data by all MH facilities and CMHCs with 5% error rate or less	2011	2012	2013	2014	2015	IS Director, Bureau Directors
c) Integrate Bureau of IDD data into CDR	Activity reports by consultants regarding progress on defined scope of work.	2011	2012	2013	2014	2015	IS Director, Director of BIDD
d) Expand reporting capabilities of the CDR by creating procedures for requesting ad hoc reports	Procedures developed and disseminated	2011	2012	2013	2014	2015	IS Staff
e) Create application for viewing and creating reports from website	Functional application	2011	2012	2013	2014	2015	ITS consultant, BIDD staff; local providers
f) Develop and implement a comprehensive Electronic Provider Management System to track trends, deficiencies, serious incident reports, waivers, grievances, and complaints, and certification for all DMH-certified programs	Functional system that meets DMH requirements	2011	2012	2013	2014	2015	IS Staff, DMH Bureaus, DMH DUG
g) Develop agency intranet system	Functional DMH Intranet	2011	2012	2013	2014	2015	IS Staff

Objective 9.2 Establish a road map for migration to an Electronic Health Record (E.H.R.) and/or Health Information Exchange (HIE)

Action Plan	Performance Indicator	Target Year					Responsibility
a) Work with ITS/other consultants to implement HIE	100% Implementation	2011	2012	2013	2014	2015	IS Task Force
b) Establish DMH-EHR task force comprised of clinical and IT staff to facilitate EHR migration	Activity reports by consultants regarding progress on defined scope of work	2011	2012	2013	2014	2015	IS Task Force, All Bureaus
c) Continue researching available funding	Summary report of possible grant funding opportunities and any subsequent applications	2011	2012	2013	2014	2015	IS Task Force, All Bureaus
d) Implement an EHR system in all DMH programs (as per impending federal mandate)	100% Implementation	2011	2012	2013	2014	2015	IS Task Force, All Bureaus

Future Goals

Fiscal Year 2016 and Beyond...

The goals and objectives for Fiscal Years 2011-2015 are the foundation of the Department of Mental Health's Strategic Plan. However, long-range planning is an essential component of any strategic plan. This section includes generalized objectives for Fiscal Year 2016 and beyond. With the successful completion of short-term objectives, it is expected that these longer-range objectives will become more specific as the time to implement them moves closer.

Goal 1 Maximize efficient and effective use of human, fiscal, and material resources

Explore the use of fiscal intermediaries as a method of allowing individuals greater control over how and where they receive services

Expand stakeholder involvement in resource planning

Increase tiered service options

Shift or obtain new funding for emerging services

Obtain all available home and community-based waivers

Increase flexibility in use of funds to support new and innovative services

Goal 2 Strengthen commitment to person-driven system of care

Include a self advocate on the Board of Mental Health

Develop certification for Transition/Community Resource Peer Specialist (Bridger)

Determine need for certification of peer specialist in other specialized areas such as Disaster Relief, Housing, Dual Diagnosis, Forensics, Crisis Intervention, Young Adult, and Family

Utilize Consumer Satisfaction Survey data as a resource in measuring a program's overall performance

Promote the inclusion of information about the importance of consumer and family involvement into curricula for areas of study such as social work, psychology, counseling, etc.

Goal 3 Improve access to care

Provide crisis services statewide for IDD and A&D

Implement a "No Wrong Door" (single point of entry) approach to accessing information and referral services

Integrate mental health care/services with primary health care

Increase access to voluntary psychiatric treatment commitment

Goal 4 Continue transformation to a community-based service system

Create seamless system of care for individuals with mental health needs

Maintain and continue growth of service capacity in the community

Assess the need for new and emerging services; respond by developing new funding mechanisms or shifting existing funding to provide services, as appropriate

Expand the growth of service capacity for existing home and community-based waivers, and expand the populations served by the waiver programs

Implement “money follows the person” approach to service delivery

Goal 5 Emphasize use of evidence-based or best practice models and service outcomes

Incorporate evidence-based or best practices in all services supported with funding from the DMH

Establish a research and development center

Goal 6 Emphasize awareness/prevention/early intervention

Conduct annual town hall meetings across the state

Implement a mental health awareness/anti-stigma campaign targeting men

Expand education initiatives with healthcare professionals

Expand suicide prevention efforts to include all ages

Explore the use of new technology and social media to further awareness/prevention/early intervention efforts

Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers

Increase availability of services at partner locations

Implement a true system of care to wrap all services around individuals and their families

Establish a census management system between facilities and community service providers

Increase collaboration and funding from local governments

Established system of care is supported by service providers, state and local governments and incorporates natural support systems

Goal 8 Empower workforce to face the challenges of an evolving system of care

Provide training to workforce on evidence based and best practices

Establish cross training as standard practice

Increase utilization of data by workforce in making clinical and administrative decisions

Expand efforts to attract youth to careers in public mental health

Institute Health and Wellness programs agency wide

Goal 9 Utilize information/data management to enhance decision-making and service delivery

Increase scope of data analyses by employing a full-time Data Analyst

Utilize electronic record keeping system-wide

Develop electronic identification card system

Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin immediately on action plans for FY 2011. As in FY 2010, implementation of the Plan will utilize a goal-based approach. Each Strategic Plan goal will have a goal leader and team members. The goal teams will be comprised of members from across the DMH, consumer/advocate groups, CMHCs, family members, advisory councils, providers, and other state agencies.

Monitoring progress toward meeting objectives will be ongoing and progress reports will be presented to the Board quarterly. Information will be presented routinely to the Board of Mental Health concerning any special activities that occur, completion of action plans, necessary changes, etc.

As stated in the first Strategic Plan, funding will always be an issue. Learning how to think creatively in shifting existing resources and maximizing the use of existing funding will be crucial. Preserving and continuing provision of mental health, intellectual/developmental disabilities, substance abuse and Alzheimer's Disease and other dementia services is paramount.

The vision of transformation to a community-based system remains. With DMH staff and external stakeholders working meaningfully and positively together, steps can be made in moving forward toward a brighter future.

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Listed below are individuals who contributed to specific sections of the revised Strategic Plan.

Vision and SWOT Surveys and Reports

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Goals, Objectives, and Action Plans

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Strategic Plan Document Preparation

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Acronyms

ACT Teams	Assertive Community Treatment Teams
Admin	Bureau of Administration
AMAP	Adult Making-a-Plan Teams
A& D	Alcohol and Drug
BADA	Bureau of Alcohol and Drug Abuse
BCS	Bureau of Community Services
BIDD	Bureau of Intellectual and Developmental Disabilities
BIP	Bureau of Interdisciplinary Programs
BMH	Bureau of Mental Health
Board	Board of Mental Health
BP	Best Practices
BWDT	Bureau of Workforce Development and Training
CDR	Central Data Repository
CE	Continuing Education
CIC	Crisis Intervention Center
CIP	Crisis Intervention Program
CIT	Crisis Intervention Training
CME	Continuing Medical Education
CMHC	Community Mental Health Centers
CMS	Center for Medicaid/Medicare Services
CO	Central Office
CSL	Clinical Services Liaison
CSU	Crisis Stabilization Unit
C & Y	Children and Youth
DCFA	Division of Consumer and Family Affairs
DMH	Department of Mental Health
DSP	Direct Support Professional
DUG	Data User Group
EAP	Employee Assistance Program
EBP	Evidence-Based Practice
EHR	Electronic Health Records
FASD	Fetal Alcohol Spectrum Disorders
HIE	Health Information Exchange
ICF/MR	Intermediate Care Facilities for the Mental Retarded
IDD	Intellectual and Developmental Disabilities
IS	Information System
IT	Information Technology
ITS	Information Technology Service
LPC	Licensed Professional Counselor
MAP Teams	Making-a-Plan Teams
NAMI	National Alliance on Mental Illness

OCS	Office of Constituency Services
PACT	Program of Assertive Treatment
PATH	Projects for Assistance in Transition from Homelessness
PLACE	Professional Licensure and Certification
PR	Public Relations
RFP	Request For Proposal
SAMSHA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SLCR	State Level Interagency Case Review
SMI	Serious Mental Illness
SWOT	Strengths, Weaknesses, Opportunities, and Threats
WRAP	Wellness Recovery Action Plans
UDS	Uniform Data Standards
WRAP	Wellness Recovery Action Plans