

**BOARD OF MENTAL HEALTH  
AND DEPARTMENT OF MENTAL HEALTH  
STRATEGIC PLAN**



**ANNUAL REPORT – FY 2011**



# BOARD OF MENTAL HEALTH AND DEPARTMENT OF MENTAL HEALTH STRATEGIC PLAN ANNUAL REPORT – FY 2011

The Annual Report provides a summary of the completion status of FY 2011 Action Plans.

The Strategic Plan Coordinator was Lisa Romine, and the Goal Team Leaders were:

Goal 1 Kelly Breland and Dr. Suzanne Jordan, MSH

Goal 2 Aurora Baugh and Veronica Vaughn, DMH

Goal 3 Thaddeus Williams and Ashley Lacoste, DMH

Goal 4 Debbie Ferguson, CMRC, and Sandra Parks, DMH

Goal 6 Wendy Bailey, DMH

Goal 7 Kathy VanCleave and Kris Jones, DMH

Goal 8 Michael Jordan, DMH

Goal 9 Sabrina Young, SMSH

Over 150 dedicated individuals worked to accomplish the FY 2011 Strategic Plan action plans. Team members represented a broad spectrum of stakeholders including advocacy groups, consumer groups, DMH professional staff, paraprofessionals, non-profit providers, and family members. DMH appreciates the hard work of the Strategic Plan Goal Teams! Moving the mental health system forward is dependent on the dedication of individuals such as these. We value their input and efforts.

Following is a list of the names of the individuals who contributed to the successes in each goal.

### Goal 1

Steven Allen  
Jerri Avery  
Kelly Breland  
Dr. Paul Callens  
Dr. Doug Cole  
Ellen Crawford  
Michael Creager  
Dr. Eileen Ewing  
Mike Harris  
Lisa Henick  
Trisha Hinson  
Kris Jones  
Dr. Suzanne Jourdan  
Kerry Nichols  
Dr. Kenneth O'Neal  
Lisa Romine  
Shannon Rushton  
Rachael Scarbrough  
David Shumake  
Jan Smith  
Tessie Smith  
Karen Warner

### Goal 2

Belinda Arrington  
Aurora Baugh  
Sandra Caron  
Glenda Crump  
Myrna Douglas  
Cindy Dittus  
Christy Dunaway  
Annette Geissner  
Edie Hayles  
Joe Kinnan  
Dr. Linda McDowell  
Matt Nalker  
Dr. Rita Porter  
Mark Stovall  
Scott Sumrall  
Larry Swearinger  
Veronica Vaughn  
Debbie Waller

### Goal 3

Joyce Adair  
Clint Ashley  
Cindy Bagwell  
Spenser Blalock  
Carol Brown  
Phaedra Cole  
Glenda Crump  
Andrew Day  
Patty Fultz  
Brent Hurley  
Jake Hutchins  
Albertstein Johnson-Pickett  
Ashley Lacoste  
Shelia Lowe  
Richard McMullan  
Cyndi Nail  
Shannon Rushton  
Ginger Steadman  
Lynda Stewart  
Scott Sumrall  
Larry Waller  
Thad Williams

### Goal 4

Matt Armstrong  
Tammy Avant  
Aurora Baugh  
Ellen Crawford  
Andrew Day  
Kay Daneault  
Tressa Eide  
Debbie Ferguson  
Jackie Fleming  
Annette Geissner  
Natasha Griffin  
Leigh Horton  
Brent Hurley  
Jake Hutchins  
Dr. Cynthia Johnson  
Kris Jones  
Ashley Lacoste  
Shirley Miller  
Matt Nalker  
Dr. Gray Norquist  
Dr. Kenneth O'Neal  
Kristen Owen  
Sandra Parks  
Greg Patin  
Kristi Plotner  
Shannon Rushton  
Kimela Smith  
Tessie Smith  
Mark Stovall  
Nikki Tapp  
Kathy VanCleave  
Veronica Vaughn  
Larry Waller

### Goal 5

Dr. Mardi Allen  
Jerri Avery  
Aurora Baugh  
Jackie Breland  
Lisa Burck  
Kathy Denton  
Lee Garner  
Fred Guenther  
Nick Hartley  
Kris Jones  
Dr. Suzanne Jourdan  
Ashley Lacoste  
Dr. Linda McDowell  
Stacy Miller  
David Mullins  
Ken Patterson  
Dr. Kim Sallis  
Dr. Steve Smith  
Lynda Stewart  
Mark Stovall  
Dr. Lydia Weisser  
Monica Wilmoth  
Kelly Wilson  
Melody Winston

## Goal 6

Wendy Bailey  
Suzie Broadhead  
Jennifer Boswell  
BJ Davis  
Kathy Denton  
Pace Emmons  
Bel Ferguson  
Debbie Hall  
Trisha Hinson  
Frankie Johnson  
Kathy Lee  
Joe Maury  
Shirley Miller  
Shannon Rushton  
Donna Simmons  
Kathy VanCleave  
Melody Winston

## Goal 7

Wendy Bailey  
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## Goal 8

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Jennifer Halphen  
Allen Hawkins  
Allison Johnson  
Michael Jordan  
Gwen Kelly  
Jerone Lacking  
Beth Luper  
Shircell Massey  
Janie Prine  
Gene Rowzee  
Sheila Shows  
David Shumake  
Katie Storr  
Braxton Tullos  
Cary Walt  
Nena Williams

## Goal 9

Cindy Bagwell  
Angela Chatman  
James Dunaway  
Dr. Eileen Ewing  
Randy Foster  
Sherry Hegwood  
Latoya Hood  
Lee Middleton  
Minh Nguyen  
Jan Smith  
Velma Spalding  
Renee Triplett  
Eze Uzodinma  
Sabrina Young

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

**Objective 1.1 *Increase efficiency within DMH***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>1.1a</b> Finalize RFP for food services project and report related expenditure reductions	Report with savings per quarter	X			
<b>1.1b</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			X	This action plan is partially complete as the food service costs at ICF/MRs have been, and continue to be, reduced through ongoing efforts of the facilities. The pharmacy services outsourcing has had mixed results and will continue to be evaluated on a facility-to-facility basis as will be recommended to the Department of Mental Health.

**Objective 1.2 *Maximize funding opportunities***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>1.2a</b> Obtain at least two new grants annually	Grant applications submitted	X			

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

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>1.3a</b> Perform standardized certification survey procedures for all DMH certified programs utilizing 2011 standards	Written standardized procedures and	X			

	report				
<b>1.3c</b> Conduct revised 2010 consumer satisfaction surveys for DMH certified programs	Dates surveys completed and report of results	X			
<b>1.3d</b> 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		X		This action plan is in transition.

**Goal 2 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	Completed			Status Notes
		Yes	No	In Progress	
<b>2.1a</b> 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			X	On-going process
<b>2.1b</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	Results and report of the Recovery Self Assessment – Providers and Peer Reviewers; Development of		X		DMH determined the best system at this time is to utilize CQL's Personal Outcome Measures© and structure the site visit based on the results of the personal outcome measures.



interested stakeholders)	DMH Recovery Action Guide				
<b>2.1c</b> 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		X		DMH determined the best system at this time is to utilize CQL's Personal Outcome Measures© and structure the site visit based on the results of the personal outcome measures.
<b>2.1d</b> 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			X	Infrastructure for local advisory councils reporting to state advisory councils developed. Prior to this happening will work with advisory councils to strengthen the role of consumer and family members.
<b>2.1e</b> 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			X	Information has been placed on the network site. Tentative scheduled a meeting with network administrator for August 2011 to review all information and prep rate to present the information to the public.
<b>Objective 2.2</b> <i>Develop and or expand meaningful interaction of self advocates and families in monitoring services</i>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>2.2a</b> 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	X			Over fifty percent of certified personal outcome interviewers are consumers of mental health services and/or family members.

	the system; Comments received through assessment will be used to modify the program as applicable				
<b>2.2b</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	X			The 21 personal outcome measures are in line with SAHMSA's components of mental health recovery and recovery principles. DMH Clinical Liaison is a part of the process to ensure the involvement of clinical staff and acclimation to recovery principles.
<b>2.2c</b> 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	X			Through the recovery website, Personal Outcome Measures© interviewers will be provided additional information on recovery and resiliency.
<b>Objective 2.3</b> <i>Develop and or expand meaningful interaction of self advocates and families in service delivery</i>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>2.3a</b> Collaborate with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service	Peer Support approved as a Medicaid reimbursable service			X	On-going process

<b>2.3c</b> 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	X			
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**Goal 3 Improve access to care**

**Objective 3.1 *Establish equitable access to services statewide***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>3.1a</b> 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	X			

**Objective 3.2 *Develop a comprehensive crisis response system***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>3.2a</b> Redefine catchment areas for the Crisis Stabilization Units (CSU), Assertive Community Treatment (ACT) Teams, and psychiatric hospitals	New catchment areas delineated and approved	X			
<b>3.2b</b> Evaluate CMHC-operated crisis intervention centers based on defined performance indicators	Monthly evaluation report generated to indicate rate of hospital diversion, length	X			

	<p>of stay, number of clients served through PACT teams/mobile crisis services, etc. Annual report generated to indicate cost savings realized after first year of all CSUs being operated by CMHCs</p>				
<p><b>3.2c</b> 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</p>	<p>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 Assistance's partnership with cities to provide Behavioral Courts which promote assessment &amp; treatment and divert</p>			<p>X</p>	<p>The number of cities participating in the Bureau of Justice's Assistance's partnership to provide Behavioral Courts, which promote assessment and treatment and divert individuals from spending time in jail, increased from 1 to 4 CMHC regions.</p> <p>Methods of aggregating jail diversion rates remain underway.</p>

	individuals from spending time in jail				
<b>Objective 3.3 <i>Incorporate cultural competencies into DMH policies, procedures and practices</i></b>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>3.3a</b> Incorporate components of the approved cultural competency plan into DMH policies, procedures, and practices	Number of policies, procedures, and practices revised according to plan	X			2011 DMH Operational Standards include standards regarding cultural competency and PLACE procedures were revised.
<b>Objective 3.4 <i>Advance the use of nontraditional service delivery options</i></b>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>3.4a</b> Increase the use of respite services to prevent out-of-home placement for children/youth with SED and adults with Alzheimer's/other dementia	Baseline report on number of children receiving home and community respite services; number of children who received respite and were diverted from hospitalization		X		Funding remains the major obstacle to this objective.

**Objective 3.5 *Address timeliness to services***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>3.5a</b> 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			X	A process for managing information from the psychiatric hospitals regarding individual's discharge to a CMHC has been developed and will be implemented in FY 2012.
<b>3.5c</b> 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	X			
<b>3.5d</b> Incorporate changes in the pre-evaluation screening training for service providers	Number of previously trained CMHC staff re-trained on pre-screening changes	X			
<b>3.5e</b> Develop educational materials for families regarding the commitment process	Summary of changes information sheet developed and	X			

	distributed to in public areas				
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**Goal 4 Continue transformation to a community**

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

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>4.1a</b> Conduct statewide housing needs assessment for people in the DMH system	Report of findings and recommendations			X	Housing Task Force continues working with HUD to address gaps in information for some of the maps. Information and feedback from individuals with disabilities continues to be collected from the Personal Outcome Measures© interviews that are being initiated through the Peer Review process. A draft document reporting on the findings will be completed in the first quarter of FY 2012.
<b>4.1b</b> Develop Strategic Housing Plan based on results of statewide housing needs assessment	Strategic Housing Plan submitted and approved			X	Communication with housing partners/agencies continues with representatives from the Housing Task Force attending meetings/trainings such as the Occupancy Workshop, Balance of State Continuum of Care, statewide Housing Summit and Advisory Committee of the Money Follows the Person project. A draft document will be completed in the first quarter of FY 2012.
<b>4.1c</b> Based on Strategic Housing Plan, set operational goals and begin monitoring implementation	Document outlining operational goals,			X	Draft document projected to be completed in first quarter, FY 2012. Framework of program

	performance indicators, timelines and responsible parties; Quarterly progress reports				planning to address: affordability, support services and alignment of housing and supports (at systems and individual service level). Preliminary input incorporated in FY 2012 Strategic Plan objectives.
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**Objective 4.2 *Expand interagency and multidisciplinary approaches to service delivery***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
4.2a Expand MAP Teams for children and youth	Increase number of MAP Teams by a minimum of two each fiscal year	X			
4.2b Expand MAP teams to include children with IDD	Pilot one MAP Team for children with IDD (Targeted county has not yet been identified)	X			
4.2c Expand adult MAP Teams as funding is available	Add a minimum of three adult MAP teams			X	Funding was still unavailable to expand adult MAP Teams. DCS will attempt to restructure some of the FY12 funds to reallocate funding for 5 additional adult MAP Teams. Regions 12 & 15 were granted Person Centered Planning funds to operate services similar to MAP services.

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

Action Plan	Performance	Completed	Status Notes
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	<b>Indicator</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	
<b>4.3a</b> 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	X			
<b>4.3b</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	X			
<b>4.3c</b> Implement pilot PACT team	Quarterly progress reports submitted by CMHC to BCS detailing progress in meeting goal of 36 admissions			X	PACT teams have been certified and implemented in CMHC regions 6 & 15. Region 6 has served 12 during this fiscal year and Region 15 began implementation June 16, 2011. 100% of the individuals served

					by the Region 6 PACT Teams have been diverted from the state hospital.
<b>4.3e</b> Define future role of comprehensive facilities	Plan developed	X			
<b>Objective 4.4</b> <i>Expand service options for special populations</i>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>4.4a</b> 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 number of appropriately identified individuals with co-occurring disorders and accurately reported by CMHCs	X			
<b>4.4c</b> Complete a needs assessment and gap analysis of the nursing home population	Report summarizing needs			X	Questionnaires were developed and sent out during the fourth quarter, but due to the low response rate the team decided to conduct visits to the nursing homes to receive accurate input on the unmet mental health needs of individuals residing in the nursing homes.

**Goal 5 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	Completed			Status Notes
		Yes	No	In Progress	
<b>5.1a</b> 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	X			
<b>5.1b</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	X			
<b>5.1c</b> 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			X	Articles for “Innovations in Practice” newsletter have been gathered. Goal members have developed the first draft for review. The first publication will be in FY12. Two publications a year will begin in FY12.

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

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>5.2a</b> 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	Distribute to 100% of DMH operated or certified	X			After working towards gathering current information. the workgroups unanimously decided that the literature on EB/BP is now

findings, available resources and impact on treatment outcomes, satisfaction and long term cost savings	programs				changing so rapidly that it would not be productive to spend time collecting volumes of articles, findings, etc. on EB/BP for a single publication. Therefore, In an effort to offer current finding in the field, workgroups prefer to use “Innovations in Practice” as the mechanism for sharing ideas.
<b>5.2b</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	X			

**Goal 6 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	Completed			Status Notes
		Yes	No	In Progress	
<b>6.1a</b> 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 <sup>th</sup> Annual FASD Symposium	X			
<b>6.1c</b> 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	X			
<b>6.1e</b> Educate the public about the correlation of Down's Syndrome and Alzheimer's disease and dementia	Number of developed materials disseminated; Survey results;			X	Survey was completed in the fourth quarter and will be utilized beginning in the first quarter of FY12. Survey results will not be available until FY12.

	Number of trainings/presentations				
<b>Objective 6.2</b> <i>Increase efforts to de-stigmatize mental health issues and expand suicide prevention</i>					
Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>6.2a</b> 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	X			
<b>6.2c</b> 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	X			
<b>6.2d</b> 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		X		The Abilities Awareness Committee decided to change directions of the campaign. Instead of focusing on employment opportunities, the Committee will focus on educating the media about using



	employment opportunities gained				the word “retardation” during FY12.
<b>6.2e</b> 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 ( MTOP) grant	Develop at least two teams in FY11 and increase number of teams by two each year	X			
<b>6.2f</b> 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			X	Survey was completed in the fourth quarter and will be utilized beginning in the first quarter of FY12. Survey results will not be available until FY12.

**Objective 6.3 *Utilize technology to expand current awareness and prevention efforts***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>6.3a</b> 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	X			
<b>6.3b</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,	X			

	log-in numbers, demographic data and poll numbers				
<b>6.3c</b> 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		X		Due to funding issues and the loss of an IS staff member, the project has been postponed.

**Goal 7 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	Completed			Status Notes
		Yes	No	In Progress	
<b>7.1a</b> 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)	X			
<b>7.1b</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	X			

**Goal 8 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	Completed			Status Notes
		Yes	No	In Progress	
<b>8.1a</b> 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	X			
<b>8.1b</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	X			

**Objective 8.2 *Develop a comprehensive Human Resources plan***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>8.2a</b> Increase employee retention rates	Increase employee retention rate by 2% annually	X			

<b>8.2b</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	X			
<b>Objective 8.3 <i>Increase the number of student interns, externs, and residents utilized by the DMH</i></b>					
<b>Action Plan</b>	<b>Performance Indicator</b>	<b>Completed</b>			<b>Status Notes</b>
		<b>Yes</b>	<b>No</b>	<b>In Progress</b>	
<b>8.3a</b> Increase internship and field placement opportunities throughout the agency	Increase field placement opportunities by 2% annually	X			
<b>Objective 8.4 <i>Increase DMH educational enhancement and leadership development programs</i></b>					
<b>Action Plan</b>	<b>Performance Indicator</b>	<b>Completed</b>			<b>Status Notes</b>
		<b>Yes</b>	<b>No</b>	<b>In Progress</b>	
<b>8.4a</b> Increase cross-training initiatives among DMH staff to allow them to function in a community based setting	Increase cross-training initiatives by 5% annually	X			
<b>8.4b</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			X	Draft completed and taping of presentation on FY 2012-2016 Strategic Plan will occur in first quarter of FY 2012.

**Goal 9 Utilize information/data management to enhance decision**

**Objective 9.1 *Develop a department-wide data management system***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>9.1a</b> Establish Data Task Force to enhance communication and share information on IT projects, plans and future directions, hardware, software, email, etc.	Quarterly report from each Data Task Force Group detailing enhanced communications	X			
<b>9.1b</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			X	3 of 4 MH facilities are current and under the 5% error rate. 11 of 15 CMHCs are reporting and under 5%. 6 of 15 CMHCs are current. Central Office IT staff continues to monitor and provide support.
<b>9.1c</b> Integrate Bureau of IDD data into CDR	Activity reports by consultants regarding progress on defined scope of work	X			

**Objective 9.2 *Establish a road map for migration to an Electronic Health Record (EHR) and/or Health Information Exchange (HIE)***

Action Plan	Performance Indicator	Completed			Status Notes
		Yes	No	In Progress	
<b>9.2a</b> Work with ITS/other consultants to implement HIE	100% Implementation			X	Strategic and Operations Plans have been approved

					by the Office of National Coordinator. By-Laws have been approved by the MS Health Information Board. The state has contracted with Medicity to oversee the management of the state's H.I.E. system. Steps to implement H.I.E. will continue in FY2012.
<b>9.2b</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	X			
<b>9.2c</b> Continue researching available funding	Summary report of possible grant funding opportunities and any subsequent applications			X	Activities will begin as progress is made on implementing the E.H.R. 3 <sup>rd</sup> party consultant can assist with finding grant funding opportunities.