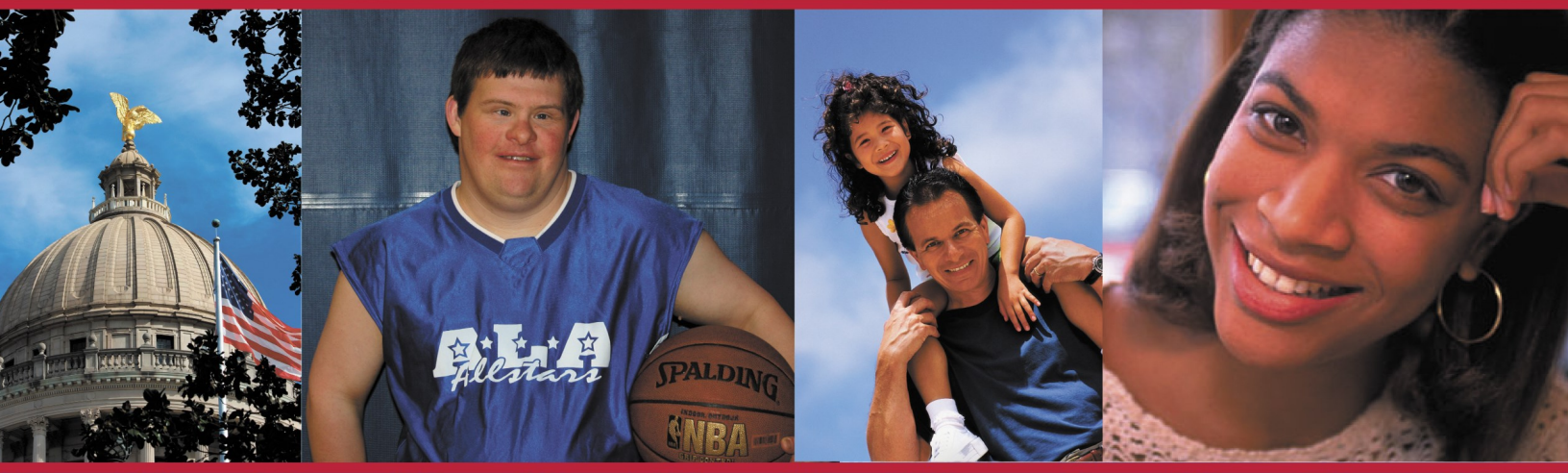
# Strategic Plan

## FY 2014 - 2016

Mississippi Board of Mental Health




Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

# Message from the Chair

Determining the best ways to make our Vision a reality is an ongoing effort. There are always going to be challenges, but as the Board of Mental Health's Strategic Planning Subcommittee presents the fifth Strategic Plan, the need for a Strategic Plan to guide our transformation to a community-based system is more important than ever. Looking ahead to the accomplishments we want to witness in the next three years helps keep our focus on change.

Each year's review of the Strategic Plan allows us to see the changes that are occurring and progress which has been made in each goal. While not all activities are complete, we are moving towards completion of objectives that will help fully develop a community-based system.

Progress could not happen without the continuing commitment and efforts of all the Goal Leaders, Goal Team members, consumers, advocates, and our community partners. The Strategic Planning Subcommittee sincerely appreciates everyone's contributions. We look forward to your continuing involvement as we strive to reach our Vision.

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

## STRATEGIC PLANNING SUBCOMMITTEE

Dr. Margaret Cassada, Board of Mental Health
Mr. George Harrison, Board of Mental Health
Mr. Johnny Perkins, Board of Mental Health
Mrs. Rose Roberts, LCSW, Board of Mental Health
Dr. Lydia Weisser, DMH Medical Director
Ms. Lynda Stewart, Division of Children and Youth
Ms. Wendy Bailey, Director of Public Information

# Foreword

When the Mississippi Board of Mental Health and the Department of Mental Health set out to develop a Strategic Plan five years ago, our main goal was to create a living, breathing document. We envisioned a road map, developed with the help of partners across the state, to guide the future of the agency.

We wanted to ensure that strategic planning was an open process with input from consumers, family members, advocates, community mental health centers, service providers, professional associations, individual communities, DMH staff, and other agencies.

We wanted to make strides toward developing a community-based service system which focuses on evidence-based practices and improves access to care.

We wanted to use available resources effectively and efficiently to meet our goals and improve our current service system.

By reviewing the quarterly and annual reports from the last three years, it is easy to see that we are steadily making progress in meeting our goals.

With the assistance of our dedicated staff and partners, we have been able to achieve much even during difficult budget times. The economic climate has changed since the first Strategic Plan was crafted. During such a serious budget crisis, it continues to be a difficult task to transform the public mental health system to a more community-based, recovery-driven system. But, we will continue to move forward to the best of our ability.

Now is the time to push forward to help the thousands of Mississippians in need of our services. It is important not only to have a Strategic Plan, but to stay the course and continue the Plan's actions. The three goals within this Plan reflect the future course of DMH and the public mental health system. My hope is that you will continue to work with us in supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual or developmental disabilities one person at a time.

Edwin C. LeGrand III
DMH Executive Director

# Executive Summary

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

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

***Goal 1*** sets forth DMH's vision of individuals receiving services having a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. Goal 1 also highlights the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports and other specialized services to help individuals transition from institutions to the community.

***Goal 2*** focuses on using data and available technology in decision making. DMH will enhance its ability to communicate effectively and share data and information across the agency. DMH will fully implement and utilize its Central Data Repository project and continue activities to establish Electronic Health Records and a Health Information Exchange. With better data and analysis, decision making will be enhanced.

***Goal 3*** calls for DMH to continue to execute cost reduction measures and enhance its accountability and management practices to ensure the most efficient use of its resources. The goal also emphasizes the need to maximize funding through grants and available Medicaid waiver programs and services. 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 3 also highlights the continued use of evidence-based practices and analyzes the current use of DMH's inpatient programs to ensure sufficient capacity exists.

# Philosophy

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. The Department supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.

# Mission, Vision, and Core Values

## DMH Mission

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

## Vision

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

### *A better tomorrow exists when…*

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

## Core Values & Guiding Principles

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

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

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

***Excellence*** We believe services and supports must be provided in an ethical manner, meet established outcome measures, and 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.

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

***State-operated programs***: DMH administers and operates four state behavioral health programs, one mental health community living program, a specialized behavioral health program for youth, five regional programs for persons with intellectual and developmental disabilities, and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services.

The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI) and substance abuse. These programs include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, and Specialized Treatment Facility. Nursing home services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, the behavioral health programs also provide transitional, community-based care. The Specialized Treatment Facility is a specialized behavioral health program for adolescents with mental illness and a secondary need of substance abuse prevention/treatment. Central Mississippi Residential Center is a community living program for persons with mental illness.

The programs for persons with intellectual and developmental disabilities provide residential services. These programs include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center. The programs are also a primary vehicle for delivering community services throughout Mississippi. Mississippi Adolescent Center is a specialized program for adolescents with intellectual and developmental disabilities.

***Regional community mental health centers (CMHCs):*** CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 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 CMHCs. 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. These programs are certified by 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 state-operated program and community-based services and supports are available through DMH. The type of services provided depends on the location and provider.

### *State-Operated Program Services*

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

Acute Psychiatric Care
Intermediate Psychiatric Care
Continued Treatment Services
Adolescent Services
Nursing Home Services
Medical/Surgical Hospital Services
Forensic Services
Alcohol and Drug Services

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

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

### *Community Services*

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

## 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
Peer Support Services
Community Support Services
Assertive Community Treatment
Medication Management
Crisis Services
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers
Day Support
Individual and Family Education and Support

## Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Home
Treatment Foster Care
Prevention/Early Intervention
Crisis Services
Crisis Residential
Targeted Case Management
Peer Support (Family & Youth)
Community Support Services
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
Family Education and Support
Wraparound Facilitation
Intensive Outpatient Psychiatric Services
Respite Services

## 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
Community Support Services
ID/DD Waiver Home and Community Supports
ID/DD Waiver Community Respite
ID/DD Waiver Behavioral Support/Intervention
ID/DD Waiver In-Home Nursing Respite
ID/DD Waiver ICF/MR Respite
ID/DD Waiver Day Services - Adult
ID/DD Waiver Prevocational Services
ID/DD Waiver Support Coordination
ID/DD Waiver Occupational, Physical, and Speech/Language Therapies

## Alcohol and Drug Services

Detoxification Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment Services
Prevention Services
Primary Residential Services
Transitional Residential
Outreach/Aftercare

# FY14 - FY16 Goals and Objectives

Using the mission, vision, and values, the Board of Mental Health developed three-year goals to address the transformation of the DMH service system. The goals and objectives will guide DMH's actions in moving toward a community-based service system. Each goal's objectives include action plans, performance measures, timelines, and responsible parties. Furthermore, unless specified, these goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations.

**The system-wide goals are as follows:**

**GOAL 1** To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care

- **Objective 1.1** Expand meaningful interaction/participation of self-advocates and families in designing, planning, and implementing at all levels throughout the system
- **Objective 1.2** Provide a comprehensive, recovery-oriented system of community supports to prevent out-of-home placements
- **Objective 1.3** Implement and increase availability of specialized services and supports
- **Objective 1.4** Provide community supports for persons transitioning to the community
- **Objective 1.5** Improve equitable and timely access to services statewide
- **Objective 1.6** Promote interagency and multidisciplinary collaboration and partnerships

**GOAL 2** To utilize information/data management to enhance decision making and service delivery

- **Objective 2.1** Maximize the efficiency of collecting and accessing the CDR/URS
- **Objective 2.2** Actively participate with the MS Health Information Network (MS-HIN)
- **Objective 2.3** Establish Office of National Coordination (ONC) certified/meaningful use electronic health record (EHR) systems at DMH Programs
- **Objective 2.4** Continue the Health Information Technology (HIT) strategy for DMH

**GOAL 3** *To maximize efficient and effective use of human, fiscal, and material resources*

- **Objective 3.1** Increase efficiency within DMH
- **Objective 3.2** Maximize funding opportunities
- **Objective 3.3** Revise system-wide management and oversight practices to improve accountability and performance
- **Objective 3.4** Increase the use of evidence-based or best practices among DMH Certified Providers for core services
- **Objective 3.5** Analyze the current utilization for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services

# *Goal 1*

**To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care**

## Objective 1.1 Expand meaningful interaction/participation of self-advocates and families in designing, planning, and implementing at all levels throughout the system

| Action Plans | Performance Measures |
|---|---|
| 1.1.1 Provide opportunities for individuals and family members to participate in program development, service planning and recovery training | • By FY16, increase the number of employed CPSSs by 25% and have a minimum of two opportunities per year for individuals/families to provide feedback |
| 1.1.2 Expand the Think Recovery and Think Again campaigns to dispel stigma and increase mental health awareness | • Each year track the number of presentations, materials distributed, and media interviews. In FY14, develop a plan to target health care providers |

## Objective 1.2 Provide a comprehensive, recovery-oriented system of community supports to prevent out-of-home placements

| Action Plans | Performance Measures |
|---|---|
| 1.2.1 Explore opportunities to provide mobile crisis teams to serve in each CMHC catchment area | • By the end of FY16, all 82 counties have access to mobile crisis teams |
| 1.2.2 Develop Crisis Support Plans (CSP) for individuals as a standard component of person-centered planning and/or treatment planning | • By the end of FY14, require DMH Certified Providers to develop CSPs for individuals transitioning from inpatient care into the community |
| 1.2.3 Provide crisis and emergency respite services to people with intellectual/developmental disabilities | • By the end of FY14, establish three regionally located crisis beds for individuals with intellectual and developmental disabilities |
| 1.2.4 Increase the array of supportive services needed to sustain individuals in permanent housing in local communities | • By the end of FY16, implement at least three new supportive services in local communities to help sustain individuals in permanent housing |
| 1.2.5 Expand Adult MAP Teams | • By the end of FY16, expand Adult MAP Teams into three additional CMHC areas |

# *Goal 1*

**To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care**

## Objective 1.2 Provide a comprehensive, recovery-oriented system of community supports to prevent out-of-home placements

| Action Plans | Performance Measures |
|---|---|
| 1.2.6 Fully operationalize the existing PACT Teams to maximize their service capacity and seek funding sources to develop an additional PACT Team | • By the end of FY16, fully operationalize existing PACT Teams |
| 1.2.7 Increase community employment opportunities for all populations served | • By the end of FY14, a comprehensive educational/support plan developed to increase opportunities |

## Objective 1.3 Implement and increase availability of specialized services and supports

| Action Plans | Performance Measures |
|---|---|
| 1.3.1 Increase and improve integrated treatment service options for individuals with co-morbidity (SED/A&D, SMI/A&D, SED/IDD, SMI/IDD) | • By the end of FY14, three specialized community-based programs developed; increase the number of grant opportunities; and explore combining professional credentials |
| 1.3.2 Expand early intervention assessments for children in CMHCs | • By the end of FY14, a standardized early childhood assessment tool is identified and implemented |
| 1.3.3 Initiate statewide guidelines to assess individuals with ID/DD for dementia to determine appropriate care approaches | • By the end of FY14, statewide guidelines will be developed |

# *Goal 1*

**To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care**

## Objective 1.4 Provide community supports for persons transitioning to the community

| Action Plans | Performance Measures |
|---|---|
| 1.4.1 Increase number served in ID/DD Waiver each year from those on the planning list and transitions from regional IDD programs | • By the end of FY14, an additional 200 people enrolled in the ID/DD Waiver |
| 1.4.2 Transition individuals with SMI from nursing homes and Behavioral Health Programs to the community utilizing the Bridge To Independence model and BIPP funding when possible | • By the end of FY15, transition 15 individuals |
| 1.4.3 Improve discharge planning for individuals transitioning to the community from state-operated Behavioral Health Programs | • By the end of FY16, a minimum of one state-operated behavioral health program will implement person-centered planning discharge practices |

## Objective 1.5 Improve equitable and timely access to services statewide

| Action Plans | Performance Measures |
|---|---|
| 1.5.1 Identify barriers to timely access and develop strategies to eliminate them | • By the end of FY14, strategies developed based on survey results |
| 1.5.2 Increase access to mental health care/ services through expanded use of telemedicine when available | • By the end of FY14, develop strategies to implement telemedicine in targeted areas |
| 1.5.3 Implement the use of an objective-based, uniform assessment to inform individual budget allocations for the ID/DD Waiver | • By the end of FY14, a uniform assessment will be implemented |

# *Goal 1*

**To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care**

## Objective 1.6 Promote interagency and multidisciplinary collaboration and partnerships

| Action Plans | Performance Measures |
|---|---|
| 1.6.1 Develop strategies and increase partnerships to facilitate integration of mental illness, IDD, and addiction services with primary health care to encompass a holistic care approach | • By the end of FY16, increase the number of programs which provide integrated primary and behavioral health and IDD care by 10% |
| 1.6.2 Collaborate with the armed services organizations to identify needed services and increase the provision of behavioral healthcare to veterans and their families | • By the end of FY14, incorporate veterans into at least two trainings per year and utilize 25% of CPSS training slots per training for veterans |
| 1.6.3 Expand transportation opportunities for individuals with disabilities | • By FY16, apply for at least two grant funding opportunities for transportation |

# *Goal 2*

## To utilize information/data management to enhance decision making and service delivery

### Objective 2.1 Maximize the efficiency of collecting and accessing the CDR/URS tables/data

| Action Plans | Performance Measures |
|---|---|
| 2.1.1 Increase DMH Central Office IT staff to five | • By FY15, increase IT staff from three to five employees |
| 2.1.2 Establish CDR support with 4 DMH participating providers/program centers | • By FY15, increase program interaction with mental health providers by four |
| 2.1.3 Utilize University of Southern Mississippi to develop data driven website of CDR and URS tables | • By FY15, establish web site activity/access for two client areas |
| 2.1.4 Provide specialized reports to DMH Executive staff | • By FY16, complete the development of eight multi-disciplinary reports |

### Objective 2.2 Actively participate with the MS Health Information Network (MS-HIN)

| Action Plans | Performance Measures |
|---|---|
| 2.2.1 Establish "view only" capability for DMH Programs | • By FY17, complete program training activity for all 12 DMH programs |
| 2.2.2 Create connectivity to MS-HIN Direct Solutions for DMH Programs | • By FY16, increase the DMH Program connectivity by 50% |
| 2.2.3 Establish HL-7 connectivity between MS-HIN and DMH Program | • Increase HL-7 test result submission by one within defined timelines |

# *Goal 2*

## To utilize information/data management to enhance decision making and service delivery

### Objective 2.3 Establish Office of National Coordination (ONC) certified/meaningful use electronic health record (EHR) systems at DMH Programs

| Action Plans | Performance Measures |
|---|---|
| 2.3.1 Implement EHR strategies and priorities for DMH Programs | • By FY17, complete implementation for five MH programs and six IDD programs |
| 2.3.2 Evaluate the Adoption/Implementation/ Updates (A/I/U) incentives for three DMH Programs | • By FY16, complete implementation of activities for six DMH Programs |
| 2.3.3 Evaluate "meaningful use" incentives of eligible providers within DMH Programs | • By FY17, complete implementation of activities for six DMH Programs |
| 2.3.4 Complete "meaningful use" attestation for DMH Programs | • Submit WMSH MU data to CMS by September 30, 2013 |

### Objective 2.4 Continue the Health Information Technology (HIT) strategy for DMH

| Action Plans | Performance Measures |
|---|---|
| 2.4.1 Develop an IT focused Business Continuity Plan for DMH Programs | • By FY16, increase DMH Program participation by 50% |
| 2.4.2 Determine six future information technology needs | • By FY 15, identify two future technology needs for DMH Programs |
| 2.4.3 Develop and conduct an EHR security and privacy audit for DMH Programs | • By FY15, complete one DMH Program security and privacy audit |

# *Goal 3*

## To maximize efficient and effective use of human, fiscal, and material resources

### Objective 3.1 Increase efficiency within DMH

| Action Plans | Performance Measures |
|---|---|
| 3.1.1 Continue to implement proven cost reduction measures across DMH Programs/services | • Each year, costs reduced by at least 2% across DMH programs/services as a result of expenditure reduction projects |
| 3.1.2 Implement one new Expenditure Reduction Project each year per DMH Program | • By FY16, three projects developed and implemented with projected cost reductions reported |

### Objective 3.2 Maximize funding opportunities

| Action Plans | Performance Measures |
|---|---|
| 3.2.1 Apply for new or additional funding in targeted areas of infrastructure and capacity building | • At least two new grants applied for each fiscal year to increase the amount of grant dollars obtained |
| 3.2.2 Maximize use of Elderly/Disabled Waiver to provide services/programs for individuals with Alzheimer's disease | • By the end of FY14, at least 60% of individuals served in Garden Park and other Adult Day Center programs are referred to the Elderly and Disabled Waiver funds |

### Objective 3.3 Revise system-wide management and oversight practices to improve accountability and performance

| Action Plans | Performance Measures |
|---|---|
| 3.3.1 Utilize the DMH Quality Management Council to assist DMH with identification of trends and patterns among all DMH Certified Providers | • Each year, trend data will be generated and reported to the Quality Management Council from at least 85% of DMH Certified Providers reviewed during the year |
| 3.3.2 Incorporate CQL Personal Outcome Measures interview format into DMH monitoring practices | • CQL Personal Outcome Measures will be incorporated in 10 DMH Monitoring visits annually |

# *Goal 3*

## To maximize efficient and effective use of human, fiscal, and material resources

### Objective 3.3 Revise system-wide management and oversight practices to improve accountability and performance

| Action Plans | Performance Measures |
|---|---|
| 3.3.3 Utilize data collected through the National Core Indicators project for IDD population for system improvement efforts | • By FY16, aggregated data reports will be used to develop and implement at least two system improvement efforts |
| 3.3.4 Utilize data collected through the SAMHSA Uniform Reporting System (URS) Tables for system improvement efforts | • By FY16, aggregated URS Tables data reports will be used to develop and implement at least two system improvement efforts |

### Objective 3.4 Increase the use of evidence-based or best practices among DMH Certified Providers for core services

| Action Plans | Performance Measures |
|---|---|
| 3.4.1 Increase the technology transfer/exposure to evidence-based practices, programs and policy among DMH Certified Providers | • By the end of FY15, increase the use of the DMH learning management system by 10% |
| 3.4.2 Increase the frequency of workforce development opportunities to providers (by DMH) focused on evidence-based or best practice models | • At least four trainings each year on selected evidence-based or best practices will be provided to staff at DMH Certified Providers |

### Objective 3.5 Analyze the current utilization rate for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services

| Action Plans | Performance Measures |
|---|---|
| 3.5.1 Develop and implement a method of analyzing DMH Programs' capacity and utilization of services | • By FY15, method developed |
| 3.5.2 Propose the reduction or addition of respective services based on the results of analysis of the capacity and utilization of the DMH Programs | • By FY16, proposal developed |

# Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY14 action plans on July 1, 2013. As in the previous years, implementation of the Plan is goal-based. Goal leaders and team members are assigned to each of the three goals. These dedicated individuals will work on the FY14 action plans to meet measurable and observable performance indicators.

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

Funding continues to be a roadblock to full implementation of a more community-based and recovery-focused system. Research, partnerships and creative thinking are necessary to overcoming this and other challenges. By working with partners statewide, we can reach our ultimate goal of supporting a better tomorrow for individuals who have mental illness, intellectual and developmental disabilities, substance abuse problems, and Alzheimer's disease and other dementia.

# Acronyms

| | |
|---|---|
| A& D | Alcohol and Drug |
| BADS | Bureau of Alcohol and Drug Services |
| BCS | Bureau of Community Services |
| BIDD | Bureau of Intellectual and Developmental Disabilities |
| BMH | Bureau of Mental Health |
| Board | Board of Mental Health |
| BP | Best Practices |
| BQMOS | Bureau of Quality Management, Operations and Standards |
| B2I | Bridge to Independence |
| BWDT | Bureau of Workforce Development and Training |
| C & Y | Children and Youth |
| CDR | Central Data Repository |
| CIT | Crisis Intervention Training |
| CMHC | Community Mental Health Centers |
| CO | Central Office |
| CSU | Crisis Stabilization Unit |
| CQL | Council on Quality and Leadership |
| DMH | Department of Mental Health |
| EBP | Evidence-Based Practice |
| EHR | Electronic Health Records |
| HIE | Health Information Exchange |
| ICF/MR | Intermediate Care Facilities for the Mental Retarded |
| IDD | Intellectual/Developmental Disabilities |
| IS | Information System |
| IT | Information Technology |
| ITS | Information Technology Service |
| LPC | Licensed Professional Counselor |
| MAP Teams | Making-a-Plan Teams |
| MSHIN | Mississippi Health Information Network |
| MOU | Memorandum of Understanding |
| MTOP | Mississippi Transitional Outreach Program |
| OCS | Office of Consumer Support |
| PACT | Program of Assertive Treatment |
| SED | Serious Emotional Disturbance |
| SMI | Serious Mental Illness |
| SOP | Standard Operating Procedures |