



FY16 – FY18 DMH Strategic Plan

Mississippi Board of Mental Health

“Supporting a Better Tomorrow...Today”

Supporting a Better Tomorrow...Today



Message from the Chair

The DMH Strategic Plan is a dynamic, living document depicting the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. The Plan is continually streamlined, thus putting needed changes into sharper focus and progress more impactful. You will see many changes in this year's Plan.

This year, DMH focused on aligning the Strategic Plan with the State of Mississippi's strategic plan, *Building a Better Mississippi*. DMH changed the structure of the Plan to follow the format developed by the Legislative Budget Office and PEER. This includes having outcomes and outputs in DMH's Plan instead of performance measures.

Using the mission, vision, and values, the Board of Mental Health developed three-year goals to clarify the transformation of the DMH service system. The goals and objectives will guide DMH's actions in moving toward a community-based service system. Each goal's objectives include outcomes and strategies. Furthermore, unless specified, these goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations. In addition, the software program now used to track and document progress provides a much more workable and transparent mechanism to manage and motivate those involved in the process.

While not all activities are complete, we are moving towards completion of objectives that will help fully develop a community-based service system. It will help us be innovative and responsive to changes associated with this transformation.

Progress could not happen without the Bureau of Outreach, Planning and Development and the continuing commitment and efforts of all the outcome leaders, consumers, advocates, and our community partners. The Board Strategic Planning Subcommittee could not be more pleased, as well as appreciative, of the increased enthusiasm and foresight those working on the plan contribute.

We look forward to your continuing involvement as we strive to reach our mission and vision.

James Herzog, Ph.D., Chair
Board Strategic Planning Subcommittee

Executive Summary

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

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

Goal 1 and Goal 2 set forth DMH's vision of individuals receiving services having a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. This includes all populations - mental health, substance use and intellectual and/or developmental disabilities. These Goals also highlight the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, 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 and help individuals remain in the community.

Goal 3 calls for DMH to continue to focus on ensuring people receive quality services in safe settings and utilizing information/data management to enhance decision making and service delivery. Goal 3 also highlights the continued use of evidence-based practices. Through this Goal, DMH will enhance its ability to communicate effectively and share data and information across the agency. DMH will fully implement and utilize its Central Data Repository project and continue activities to establish Electronic Health Records. With better data and analysis, decision making will be enhanced.

Philosophy

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



Mission, Vision and Core Values

DMH Mission

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

Vision

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

A BETTER TOMORROW EXISTS WHEN...

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

Core Values & Guiding Principles

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

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

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

EXCELLENCE We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

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

COLLABORATION We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

INTEGRITY We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

AWARENESS We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

INNOVATION We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

RESPECT We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

Services/Supports Overview

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

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

Service Delivery System

The mental health service delivery system is comprised of three major components: 1) state-operated programs and community services programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

State-operated programs: DMH administers and operates 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 use disorder. 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 use 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 14 CMHCs make available a range of community-based mental health, substance use, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting CMHCs. 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 use services, community services for persons with intellectual/developmental disabilities, and community services for children with mental illness or emotional problems.

Available Services and Supports

Both state-operated 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:

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| 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 programs for individuals with intellectual and developmental disabilities vary according to location but statewide include:

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

Community Services

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

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
Targeted Case Management
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

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

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Work Activity Services
Supported Employment Services
Transition Services
Diagnostic and Evaluation Services
ID/DD Waiver Home and Community Supports
ID/DD Waiver Community Respite
ID/DD Waiver Job Discovery
ID/DD Host Homes
ID/DD Transition Assistance
IDD Targeted Case Management
IDD Community Support Program (Day Habilitation, Supported Employment, Prevocational Services)

ID/DD Waiver Behavior Support
ID/DD Waiver In-Home Nursing Respite
ID/DD Waiver Crisis Support
ID/DD Waiver Day Services - Adult
ID/DD Waiver Prevocational Services
ID/DD Waiver Support Coordination
ID/DD Waiver Supervised Living
ID/DD Supported Living
ID/DD Crisis Intervention
ID/DD Waiver Occupational, Physical, and Speech/Language Therapies

Alcohol and Drug Services

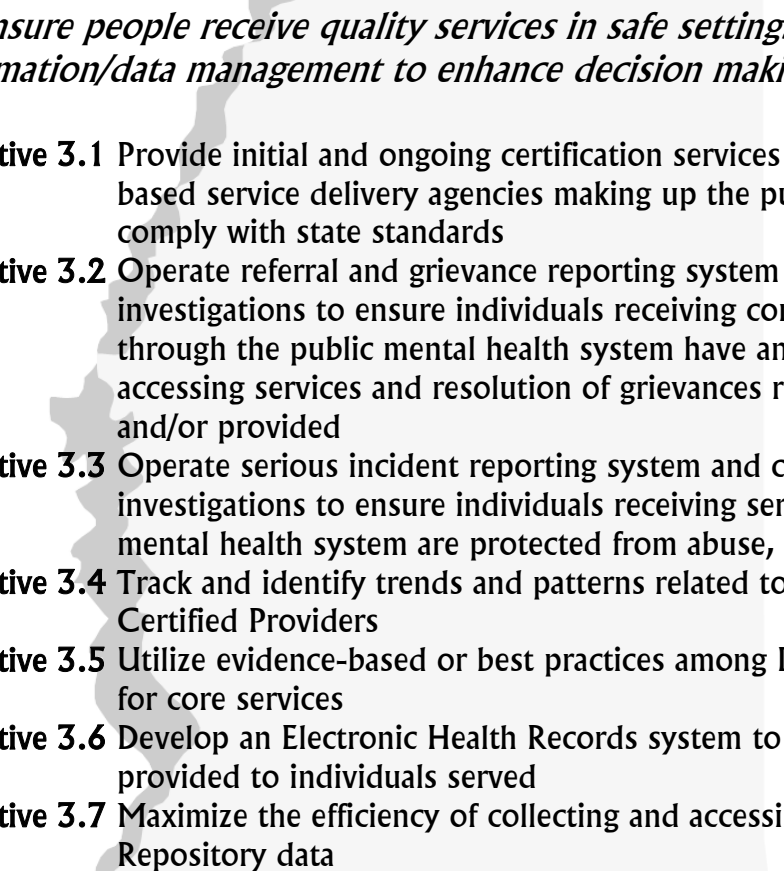
Withdraw Management Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment Services
Specialized Residential for Pregnant/Parenting Women

Prevention Services
Primary Residential Services
Transitional Residential
Recovery Support Services
Opioid Treatment Services

FY16 - FY18 Goals and Objectives

- GOAL 1** *To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care*
- Objective 1.1** Provide psychiatric treatment to individuals who are civilly committed and analyze service capacity for the provision of services
 - Objective 1.2** Enhance the transition process of individuals to a less restrictive environment
 - Objective 1.3** Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements
 - Objective 1.4** Expand access to crisis services and divert individuals from more restrictive environments such as jail, hospitalizations, etc.
 - Objective 1.5** Provide community supports for people transitioning to the community to allow adults with serious mental illness access to appropriate and affordable housing
 - Objective 1.6** Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process
 - Objective 1.7** Provide community supports for children transitioning to the community and to prevent out-of-home placements
 - Objective 1.8** Divert individuals from DMH Behavioral Health Programs' chemical dependency services waiting lists to community-based programs by providing education to chancery courts and providing indigent funds for those individuals in need
- GOAL 2** *To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care*
- Objective 2.1** Provide community supports and services for persons transitioning to the community from an institutional setting
 - Objective 2.2** Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home
 - Objective 2.3** Implement and enhance specialized person-centered services for individuals in need of medical, therapeutic and behavioral services in a specialized setting
 - Objective 2.4** Provide community supports and services in order for persons to live in a community ICF/IID group home
 - Objective 2.5** Provide Supported Employment Services to people with IDD

FY16 - FY18 Goals and Objectives

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- GOAL 3** *To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery*
- Objective 3.1** Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards
 - Objective 3.2** Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided
 - Objective 3.3** Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation
 - Objective 3.4** Track and identify trends and patterns related to quality among all DMH Certified Providers
 - Objective 3.5** Utilize evidence-based or best practices among DMH Certified Providers for core services
 - Objective 3.6** Develop an Electronic Health Records system to improve services provided to individuals served
 - Objective 3.7** Maximize the efficiency of collecting and accessing Central Data Repository data

DMH Mission

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

Goal 1

To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care

Objective 1.1 Provide psychiatric treatment to individuals who are civilly committed and analyze service capacity for the provision of services

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

Outcome: Create an annual report analyzing occupancy percentage at each Program by service including recommendations for future provision of services

Outcome: Reduce overall readmissions to DMH behavioral health programs by 2%

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

Strategy 1.1.2 Develop quarterly report by Program outlining occupancy percentage by service

Strategy 1.1.3 Utilize Wellness Recovery Action Plans (WRAP) at three of the six behavioral health programs by the end of FY16

Strategy 1.1.4 Educate Community Mental Health Centers (CMHCs) on the use of WRAP and integration of WRAP into supporting self-directed recovery

Objective 1.2 Enhance the transition process of individuals to a less restrictive environment

Outcome: Establish a pilot project utilizing Peer Bridgers to improve the process for people transitioning from inpatient care to community-based care

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

Strategy 1.2.1 Begin a pilot project with Peer Bridgers at a behavioral health program and local Community Mental Health Centers utilizing WRAP and Whole Health Action Management (WHAM)

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

Goal 1

To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care

Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

Outcome: Develop alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment

Outcome: Develop employment options for adults with serious and persistent mental illness

Strategy 1.3.1 Utilize Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

Strategy 1.3.2 Fund three pilot employment sites for individuals with SMI

Objective 1.4 Expand access to crisis services and divert individuals from more restrictive environments such as jail, hospitalizations, etc.

Outcome: Increase the number of people served at Crisis Stabilization Units

Outcome: Increase the number of people served by Mobile Crisis Response Teams

Strategy 1.4.1 Evaluate Crisis Stabilization Units based on defined performance indicators

Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators

Objective 1.5 Provide community supports for people transitioning to the community to allow adults with serious mental illness access to appropriate and affordable housing

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

Strategy 1.5.1 Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the communities of their choice by providing an adequate array of community supports/services

Goal 1

To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care

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

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

Outcome: Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care

Outcome: Increase by 5% two Personal Outcome Measures (POM) that directly support community integration

Outcome: Develop a CPSS program for caregivers/parents and host two trainings

Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs

Strategy 1.6.2 Provide training to service providers regarding Recovery Model, Person Centered Planning & System of Care Principles, etc.

Strategy 1.6.3 Offer technical assistance to providers after their POM reports are released

Strategy 1.6.4 Establish a CPSS customized training for caregivers/parents

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

Outcome: Increase the number of children and youth who are served by MAP teams

Outcome: Increase the statewide use of Wraparound Facilitation with children and youth

Outcome: Pilot an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis

Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare

Goal 1

To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care

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

Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED

Strategy 1.7.3 Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team

Strategy 1.7.4 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent

Strategy 1.7.5 Conduct discharge follow-up survey after 7 days and 30 days of transition to the community from STF

Objective 1.8 Divert individuals from DMH Behavioral Health Programs' chemical dependency services waiting lists to community-based programs by providing education to chancery courts and providing indigent funds for those individuals in need

Outcome: Decrease the wait time by 5% for individuals who are court committed to DMH Behavioral Health Programs for alcohol and drug treatment by diverting individuals to community-based programs and providing indigent funds to reimburse some of the cost of treatment

Strategy 1.8.1 Provide bi-monthly reports of contact information of individuals on the DMH Behavioral Health Programs chemical dependency waiting list from each regional catchment area to the regional community mental health center's alcohol and drug treatment programs

Strategy 1.8.2 Provide education to chancery courts about community-based program services for committed individuals for alcohol and drug treatment in their catchment areas

Goal 2

To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care

Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting

Outcome: Increase the number of persons transitioning to the community from the ICF/IID Regional Programs by 3.6% each year

Outcome: Decrease number of persons currently accessing ICF/IID level of care in an institutional setting

Strategy 2.1.1 Ensure people transitioning to the community have appropriate supports and services

Strategy 2.1.2 Develop/enhance partnerships with private providers in the community via the ID/DD Waiver and ICF/IID 4-bed community homes

Strategy 2.1.3 Educate families regarding the transition process from ICF /IID to ID/DD Waiver Services, including available certified providers in the community

Objective 2.2 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home

Outcome: Increase community programs and services to people with intellectual and developmental disabilities

Outcome: Increase number of people accessing peer support, behavioral support, crisis support, supported employment, medical supports, and/or other specialized services

Outcome: Increase number of people accessing diagnostic services from the DMH Regional Programs

Outcome: Increase number of people accessing community support services and ID/DD Waiver

Outcome: Percentage of persons with intellectual and developmental disabilities served in the community versus in an institutional setting

Strategy 2.2.1 To increase the availability of comprehensive community programs and services through both public and private providers to include home and community based supports, supported living, supervised living, behavior supports, crisis supports, day supports and employment options

Goal 2

To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care

Objective 2.3 Implement and enhance specialized person-centered services for individuals in need of medical and/or behavioral services in a specialized setting

Outcome: Ensure 100% of those persons served in the specialized setting receive person-centered services to meet their individual needs

Strategy 2.3.1 Provide person-centered planning process to all people served in the specialized setting

Objective 2.4 Provide community supports and services in order for persons to live in a community ICF/IID group home level of care

Outcome: Percentage of persons served in the community versus in an institutional setting

Strategy 2.4.1 Prepare persons served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system

Objective 2.5 Provide Supported Employment Services to people with IDD

Outcome: Number of people receiving Supported Employment Services in partnership with the Mississippi Department of Rehabilitation Services

Strategy 2.5.1 Implement the Memorandum of Understanding developed in FY15

Strategy 2.5.2 Train Vocational Rehabilitation Counselors, ID/DD Waiver Support Coordinators, and ID/DD Waiver Providers about MOU requirements

Goal 3

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

Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards

Outcome: Increase the number of certified community-based service delivery agencies

Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision

Strategy 3.1.2 Facilitate the application process for community-based service delivery agencies seeking DMH certification

Strategy 3.1.3 Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards

Objective 3.2 Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

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

Outcome: Increase public knowledge about services through information and referral

Strategy 3.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies

Strategy 3.2.2 Educate individuals receiving services through the public mental health system and other stakeholders of the availability of DMH's toll-free number and process for filing a grievance related to services provided by DMH certified provider agencies

Goal 3

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

Objective 3.3 Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation

Outcome: Initiate changes to policies and practices to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation

Strategy 3.3.1 Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements

Objective 3.4 Track and identify trends and patterns related to quality among all DMH certified providers

Outcome: Utilize trend data to increase the quality of services throughout the public mental health system

Strategy 3.4.1 Collect certification data related to deficiencies in DMH Operational Standards and share data with DMH leadership team and Quality Management Workgroup

Strategy 3.4.2 Collect serious incident report data and share with DMH leadership team and Quality Management Workgroup

Strategy 3.4.3 Collect grievance data and share with DMH leadership team and Quality Management Workgroup

Objective 3.5 Utilize evidence-based or best practices among DMH Certified Providers for core services

Outcome: Increase the number of evidence-based and emerging best practices trainings by 5% each year

Outcome: Increase by 2% the number of evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers

Strategy 3.5.1 Promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts

Strategy 3.5.2 Through the site visit process gather and verify information on all evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers

Goal 3

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

Objective 3.6 Develop an Electronic Health Records system to improve services provided to individuals served

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

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

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

Strategy 3.6.1 Utilize computerized provider order entry (CPOE) for medication orders

Strategy 3.6.2 Replace manual reporting with electronic online reporting

Strategy 3.6.3 Utilize client web portal for reviewing their health information

Strategy 3.6.4 Based on data from EHR, create centralized web portal for checking bed availability at Behavioral Health Programs

Objective 3.7 Maximize the efficiency of collecting and accessing Central Data Repository (CDR)

Outcome: Increase the validity and timely reporting of data by 30% to meet federal, state and DOJ reporting requirements

Outcome: Utilize a dashboard for 20% of service categories for CDR and URS tables

Outcome: Increase access to all CDR reports and dashboard by creating one central location

Strategy 3.7.1 Establish CDR user groups for DMH Programs, CMHCs, and Private Providers that meet on a quarterly basis

Strategy 3.7.2 Develop a dashboard for DMH leadership to track progress and eliminate manual reporting

Strategy 3.7.3 Develop a CDR website for viewing CDR reports and dashboard

Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY16 Performance Measures on July 1, 2015. As in the previous years, implementation of the Plan is goal-based. Outcome Leaders are assigned to each objective. These dedicated individuals will work on the FY16 outcomes.

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

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