integrity

awareness

innovation

FY17 – FY19 DMH
Strategic Plan

Mississippi Board of Mental Health

"Supporting a Better Tomorrow...Today"

collaboration

community

people

commitment

excellence

respect

accountability

Supporting a Better Tomorrow...Today

DMH
Mississippi Department of Mental Health

Message from the Chair

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

Last 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. This same format is followed for the FY17 - FY19 DMH Strategic Plan.

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

Each year, many activities are completed. Those that are not completed are continued in the next year's Plan. The completion and/or continuation of the activities are included in the End-of-Year Progress Report. In addition, the software program used to track and document progress provides a much more workable and transparent mechanism to manage and motivate those involved in the process.

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

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

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

Executive Summary

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

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

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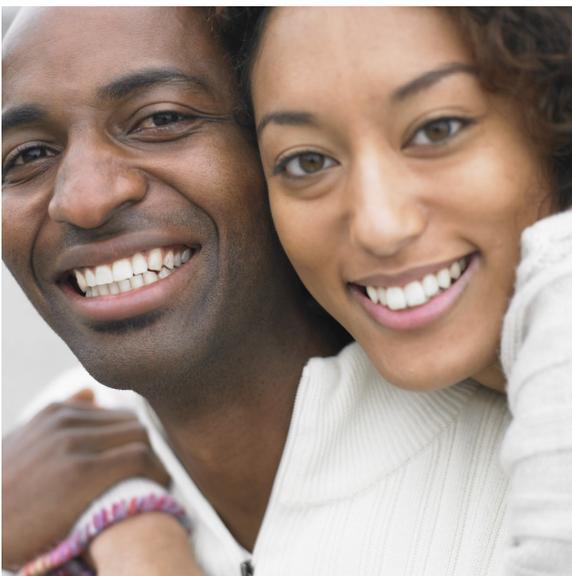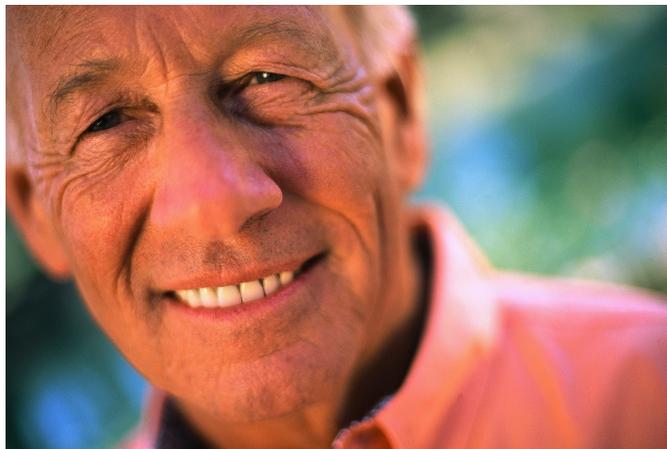
DMH Mission

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

Vision

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

A BETTER TOMORROW EXISTS WHEN...

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

Core Values & Guiding Principles

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

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

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

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

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

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

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

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

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

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

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 programs and community-based services and supports are available through DMH. The type of services provided depends on the location and provider.

State-Operated Program Services

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

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

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

ICF/IID Residential Services	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.

See page 7 for a list of services.

Services for Adults with Mental Illness

Crisis Stabilization
Psychosocial Rehabilitation
Consultation and Education
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Targeted Case Management
Supported Living
Acute Partial Hospitalization
Senior Psychosocial Rehabilitation
Crisis Response

Peer Support
Community Support
Assertive Community Treatment
Supervised Living
Physician/Psychiatric
SMI Homeless
Drop-In Centers
Individual and Family Education and Support
Supported Employment
Adult MAP Teams

Services for Children and Youth

Therapeutic Group Home
Therapeutic Foster Care
Prevention/Early Intervention
Crisis Response
Crisis Residential
Targeted Case Management
Peer Support (Family & Youth)
Community Support
Pre-Evaluation Screening

Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
Family Support and Education
Wraparound Facilitation
Intensive Outpatient Psychiatric
Crisis Stabilization
Respite Care

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Adult Respite Programs

Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Crisis Response
Early Intervention
Work Activity
Supported Employment
Transition Services
Diagnostic and Evaluation
ID/DD Waiver Home and Community Supports
ID/DD Waiver Community Respite
ID/DD Waiver Job Discovery
ID/DD Waiver Host Homes
ID/DD Waiver Transition Assistance
IDD Waiver 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 Support Coordination
ID/DD Waiver Supervised Living
ID/DD Supported Living
ID/DD Waiver Crisis Intervention
ID/DD Waiver Occupational, Physical, and
        Speech/Language Therapies
ID/DD Waiver Shared Supported Living

Substance Use Disorder Services

Services for Adults:
Withdraw Management
Peer Support
Primary Residential
Outpatient Therapy
DUI Diagnostic Assessment
Specialized Residential for Pregnant/Parenting Women

Crisis Response
Prevention
Intensive Outpatient Programs
Transitional Residential
Recovery Support
Opioid Treatment

Services for Adolescents:
Outpatient Therapy
Prevention
Residential Services
Intensive Outpatient Programs
Chemical Dependency Unit (males)

FY17 - FY19 Goals and Objectives

GOAL 1   *To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care*

>   **Objective 1.1**   Enhance the effectiveness and efficiency of state hospital services for individuals who are civilly committed
>   **Objective 1.2**   Enhance the transition process of individuals to a less restrictive environment
>   **Objective 1.3**   Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements
>   **Objective 1.4**   Strengthen the state's crisis response system to maximize availability and accessibility of services
>   **Objective 1.5**   Provide appropriate and affordable housing opportunities for adults with serious mental illness
>   **Objective 1.6**   Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process
>   **Objective 1.7**   Provide community supports for children transitioning to the community and to prevent out-of-home placements

GOAL 2   *To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care*

>   **Objective 2.1**   Provide community supports and services for persons transitioning to the community from an institutional setting
>   **Objective 2.2**   Educate families, schools and communities on options, services and supports available for people with IDD
>   **Objective 2.3**   Provide a comprehensive system of community programs and services for people with IDD seeking community-based options
>   **Objective 2.4**   Provide Supported Employment Services to people with IDD in partnership with the Department of Rehabilitation Services

FY17 - FY19 Goals and Objectives

GOAL 3 *To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery*

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

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

Objective 3.3 Utilize evidence-based or best practices among DMH Certified Providers for core services

Objective 3.4 Develop an Electronic Health Records system to improve services provided to individuals served

Objective 3.5 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 Enhance the effectiveness and efficiency of state hospital services for individuals who are civilly committed

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: Maintain readmission rates within national trends

> **Strategy 1.1.1** Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists
>
> **Strategy 1.1.2** Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates
>
> > **Output:** % of occupancy — acute psychiatric care (all behavioral health programs)
> > **Output:** % of occupancy — continued treatment (MSH)
> > **Output:** % of occupancy — MSH medical surgical hospital (MSH)
> > **Output:** % of occupancy — chemical dependency (MSH and EMSH)
> > **Output:** % of occupancy — adolescent chemical dependency (EMSH)
> > **Output:** % of occupancy — nursing homes (MSH and EMSH)
> > **Output:** % of occupancy — children/adolescents (MSH and ESMH)
> > **Output:** % of occupancy — transition unit (EMSH)
> > **Output:** % of occupancy — forensics (MSH)
> > **Output:** % of individuals readmitted between 0-59 days after discharge
> > **Output:** % of individuals readmitted between 60-89 days after discharge
> > **Output:** % of individuals readmitted between 90-119 days after discharge
> > **Output:** % of individuals readmitted between 120-365 days after discharge

Goal 1

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

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

Outcome: Improve the process for people transitioning from inpatient care to community-based care through Peer Bridgers

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

> **Strategy 1.2.1** Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers
> > **Output:** Number of Peer Bridgers
> > **Output:** Number of WRAPS conducted at pilot site
> > **Output:** Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning
> > **Output:** Number of readmissions at pilot site
> > **Output:** Number of first follow-up appointments attended
>
> **Strategy 1.2.2** Improve the efficiency of the discharge process by monitoring post discharge continuing care plans
> > **Output:** Percentage of individuals receiving services care plans that are transmitted to the next level of care within five days
> > **Output:** Percentage of discharge plans that begin at the time of admission
> > **Output:** Percentage of discharge plans that include input from the person and/or family members

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

Outcome: Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment

Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals

Goal 1

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

Strategy 1.3.1 Educate stakeholders about the option of Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services
> **Output:** Number of PACT teams
> **Output:** Number of admissions to PACT teams
> **Output:** Number of readmissions to a State Hospital of people already being served by a PACT Team

Strategy 1.3.2 Fund six pilot employment sites for individuals with SMI
> **Output:** Number of businesses contacted for employment opportunities
> **Output:** Number of individuals employed

Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services

Outcome: Utilize Crisis Stabilization Units to divert individuals from more restrictive environments such as jail, hospitalizations, etc.

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

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

Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators
> **Output:** Number of contacts/calls
> **Output:** Number of face-to-face visits
> **Output:** Number referred to a Community Mental Health Center and scheduled an appointment
> **Output:** Number of encounters with law enforcement
> **Output:** Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)

Goal 1

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

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Objective 1.5 Provide appropriate and affordable housing opportunities for adults with serious mental illness

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

> **Strategy 1.5.1** Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the communities of their choice by providing an adequate array of community supports/services
>
> **Output:** Number of assessments provided
> **Output:** Number and type of supports/services provided
> **Output:** Level of intensity of supports/services needed
> **Output:** Number of people maintained in Permanent Supportive Housing
> **Output:** Number of people/days hospitalized in last 0-59 days
> **Output:** Number of people/days hospitalized in last 60-89 days
> **Output:** Number of people/days hospitalized in last 90-120 days
> **Output:** Number of people/days admitted to an ER in last 0-59 days
> **Output:** Number of people/days admitted to an ER in last 60-89 days
> **Output:** Number of people/days admitted to an ER in last 90-120 days
> **Output:** Number of people/days in jail in last 0-59 days
> **Output:** Number of people/days in jail in last 60-89 days
> **Output:** Number of people/days in jail in last 90-120 days

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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: Develop recommendations on how to best utilize Personal Outcome Measures (POM) data for adult mental health services

Outcome: Complete the development of a CPSS program for caregivers/parents and host two trainings

Goal 1

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

Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs
>   **Output:** Number of peers/family members trained as CPSSs
>   **Output:** Number of CPSSs employed
>   **Output:** Number of DMH Certified Providers employing CPSSs

Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person Centered Planning & System of Care Principles, etc.
>   **Output:** Number of trainings
>   **Output:** Number of participants

Strategy 1.6.3 Establish a workgroup to review previous POM data
>   **Output:** Number of recommendations on how to utilize data
>   **Output:** Developed plan on how to implement recommendations

Strategy 1.6.4 Establish a CPSS customized training for caregivers/parents
>   **Output:** Number of trainings
>   **Output:** Number of participants
>   **Output:** Number of CPSS 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: Increase by 10% access to an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis

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

Goal 1

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

Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations
> **Output:** Number of MAP teams
> **Output:** Number served by MAP teams

Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED
> **Output:** Number of individuals that have been trained in Wraparound Facilitation
> **Output:** Number of providers that utilize Wraparound Facilitation
> **Output:** Number of children and youth that are served by Wraparound Facilitation
> **Output:** Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement

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
> **Output:** Number of appropriate referrals
> **Output:** Number and type of supports/services provided
> **Output:** Number of youth and young adults maintained in his/her home and/or community

Strategy 1.7.4 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent
> **Output:** Number of youth referred to MYPAC aftercare
> **Output:** Number of youth referred to a local Community Mental Health Center aftercare
> **Output:** Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center
> **Output:** Number of youth actually transitioned to MYPAC aftercare
> **Output:** Number of youth actually transitioned to a local Community Mental Health Center aftercare
> **Output:** Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider
> **Output:** Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider

Goal 2

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

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

Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs by 5% each year

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting

> **Strategy 2.1.1** Ensure people transitioning to the community have appropriate options for living arrangements
> **Output:** Number of people transitioned from facility to ICF/IID community home
> **Output:** Number of people transitioned to community waiver home/apartment/host home
> **Output:** Number of people transitioned home with waiver supports

Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD

Outcome: Create a statewide public awareness campaign to increase knowledge of community services available to persons with intellectual and developmental disabilities

> **Strategy 2.2.1:** Establish a workgroup with representatives from all programs
> **Output:** Number of educational materials developed
> **Output:** Number of public awareness events attended
> **Output:** Number of materials/stories distributed

Objective 2.3 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options

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

Outcome: Serve 400 additional people through the 1915i (IDD Community Support Program)

Outcome: Transition an additional 250 people from the Planning List to Waiver Services

Goal 2

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

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Strategy 2.3.1 To increase the availability of comprehensive community programs and services
    Output: Number of people receiving Transition Assistance
    Output: Number of people receiving in home nursing respite
    Output: Number of people receiving in home respite services
    Output: Number of people receiving behavioral support services
    Output: Number of people receiving crisis support services
    Output: Number of people receiving intervention services
    Output: Number of people receiving supported employment services
    Output: Number of people receiving supervised living services
    Output: Number of people receiving shared supported living services
    Output: Number of people receiving supported living services
    Output: Number of people receiving host home services
    Output: Number of people receiving day services adult
    Output: Number of people receiving pre-vocational services
    Output: Number of people receiving home and community support services
    Output: Number of people receiving ID/DD waiver support coordination services
    Output: Number of people receiving targeted case management services
    Output: Number of people receiving Community Support Services/Case Management
    Output: Number of people receiving comprehensive diagnostic evaluations
    Output: Number of people receiving job discovery services
    Output: Number of people receiving work activity services

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Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with the Mississippi Department of Rehabilitation Services

Outcome: Number of referrals for Supported Employment Services in partnership with the Mississippi Department of Rehabilitation Services

Strategy 2.4.1 Develop a statewide plan to increase employment opportunities
    Output: Increase percentage of people utilizing supported employment services
    Output: Decrease percentage of people utilizing pre-vocational services

Strategy 2.4.2 Develop a curriculum for job coaches and job trainers in partnership with MDRS
    Output: Number of job trainers and job coaches trained

Goal 3

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

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

Outcome: Increase the number of certified community-based service delivery agencies, services and programs

> **Strategy 3.1.1** Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision
> > **Output:** Number of interested provider agencies participating in interested provider orientation
> > **Output:** Number of completed applications received by DMH for new provider agency certification
> > **Output:** Number of new provider agencies approved
> > **Output:** Number of completed applications received by DMH for services added by a DMH certified provider agency
> > **Output:** Number of new services added by a DMH certified provider agency approved
> > **Output:** Number of completed application received by DMH for programs added by a DMH certified provider agency
> > **Output:** Number of new programs added by a DMH certified provider agency approved

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

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

Outcome: Increase public knowledge about services through information and referral

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

Goal 3

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

Strategy 3.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies
>**Output:** Number of calls seeking information and/or referral received through DMH's toll-free number
>**Output:** Number of grievances filed through the Office of Consumer Support

Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)
>**Output:** Number of referrals made to SPOTT
>**Output:** Number of placements made through SPOTT

Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers for core services

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

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

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

Strategy 3.3.2 Gather and verify information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and all DMH Certified Providers

>**Output:** Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers
>**Output:** Distribute a survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices at DMH Programs
>**Output:** Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs

Goal 3

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

Objective 3.4 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 3.4.1** Utilize computerized provider order entry (CPOE) for medication orders
>   **Output:** Report to CMS for Meaningful Use
>
>   **Strategy 3.4.2** Replace manual reporting with electronic online reporting
>   **Output:** Number of permissible prescriptions and lab requests generated and transmitted electronically (eRx)
>   **Output:** Return on investment
>
>   **Strategy 3.4.3** Utilize client web portal for reviewing their health information
>   **Output:** % of clients served who view their health information online
>
>   **Strategy 3.4.4** Based on data from EHR, create centralized web portal for checking bed availability at Behavioral Health Programs
>   **Output:** Developed web portal

Objective 3.5 Maximize the efficiency of collecting and accessing Central Data Repository

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

Goal 3

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

Strategy 3.5.1 Establish CDR user groups for DMH Programs, CMHCs, and Private Providers that meet on a quarterly basis
> **Output:** % of participants in user groups compared to total DMH number of DMH Certified Providers

Strategy 3.5.2 Develop a dashboard for DMH leadership to track progress and eliminate manual reporting
> **Output:** Number of service categories displayed on a dashboard

Strategy 3.5.3 Develop a CDR website for viewing CDR reports and dashboard
> **Output:** Number of reports available
> **Output:** Number of people accessing reports
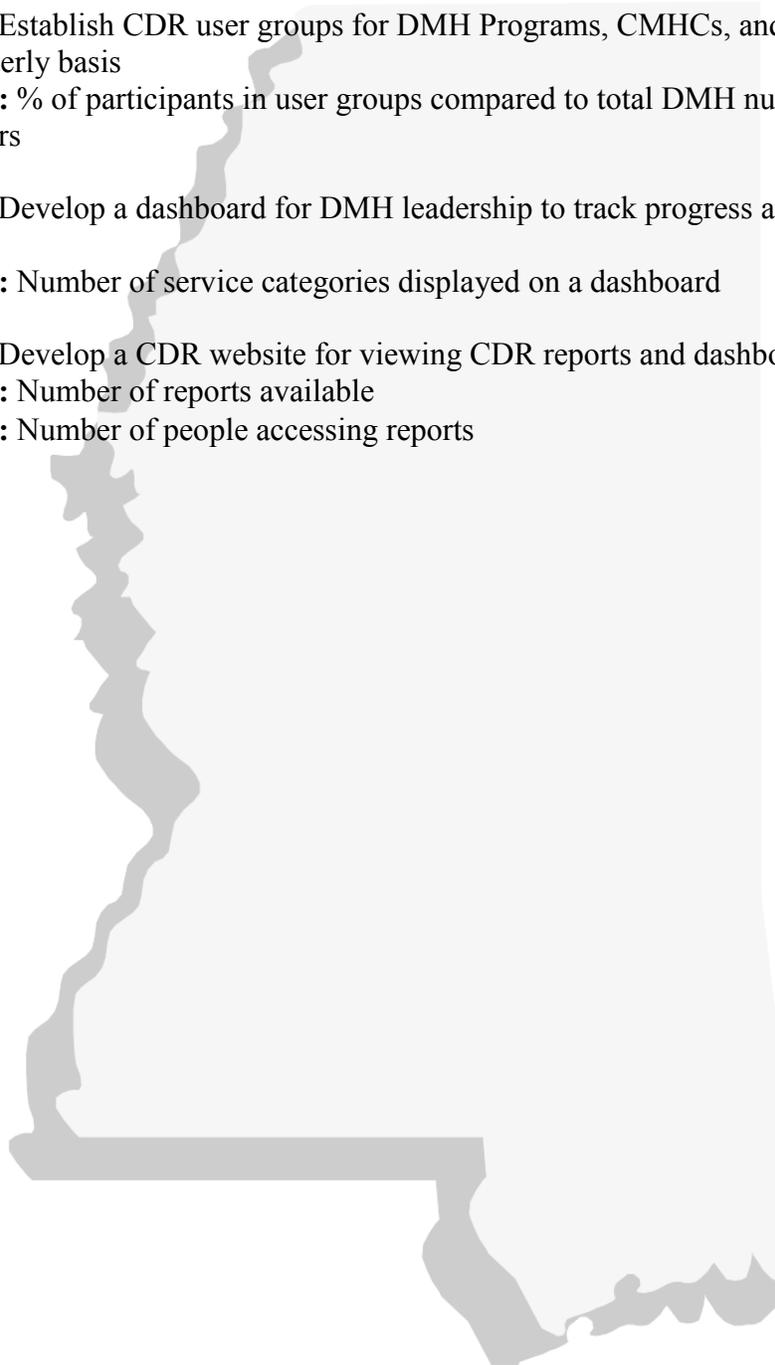
Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY17 Performance Measures on July 1, 2016. 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 FY17 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.