Mississippi Board of Mental Health

FY2021 - FY 2023
Strategic Plan

DMH
Mississippi Department of Mental Health
Supporting a Better Tomorrow...One Person at a Time

DRAFT

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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 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 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 DMH service system.

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 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

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

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

Goal 3

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

Message from the Chair

The Mississippi Department of Mental Health (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. Through the outcomes in the DMH Strategic Plan, our goal is to inspire hope, assist people on the road to recovery, and improve resiliency, to help Mississippians succeed. Mississippians deserve to receive individualized care and evidence-based services that are designed for their unique needs. We know that community education and awareness promotes understanding and acceptance of people with mental illness, alcohol and drug addiction, and intellectual or developmental disabilities.

The Plan is reviewed and updated each year, thus putting needed changes into sharper focus and progress more impactful. 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 and Planning 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

Mission, Vision and Core Values

DMH Mission

Supporting a better tomorrow by making a difference in the lives of Mississipians with mental ilness, substance abuse problems and intellectual/ developmental disabilties, 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 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.

FY21 - FY23 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 for the availability of hospitalizations and inpatient care that, when necessary, meets demand now and in the future

Objective 1.2 Enhance the transition process of people 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 Connect people to appropriate housing opportunities for adults with serious mental illness

Objective 1.6 Utilize peers and family members to provide varying supports to assist people 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 Offer a comprehensive array of treatment, prevention and recovery support for substance use disorder 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*

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 state agencies and providers

FY21 - FY23 Goals and Objectives

GOAL 3   *To provide 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 monitor compliance with state standards in community-based service delivery agencies making up the public mental health system
>
> **Objective 3.2** Provide Mississippians with 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
>
> **Objective 3.4** Offer trainings in evidence-based and best practices to a variety of stakeholders
>
> **Objective 3.5** Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs
>
> **Objective 3.6** Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health
>
> **Objective 3.7** Develop an Electronic Health Records system to improve services provided to people served

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

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Objective 1.1 Provide for the availability of hospitalizations and inpatient care that, when necessary, meets demand now and in the future

Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals
Outcome: Maintain readmission rates within national trends
Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts
Outcome: Reduce average length of stay for people receiving competency services

> **Strategy 1.1.1** Analyze the average wait time and readmission rates of state hospitals
> > **Output:** Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)
> > **Output:** Average wait time for acute psychiatric admissions
> > **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)
> > **Output:** % of occupancy — nursing homes (MSH and EMSH)
> > **Output:** % of occupancy — children/adolescents (MSH)
> > **Output:** % of occupancy — transitional program (CMRC)
> > **Output:** % of occupancy — forensics (MSH)
> > **Output:** % of people readmitted 30 days after discharge (acute psychiatric)
> > **Output:** % of people readmitted 180 days after discharge (acute psychiatric)
> > **Output:** Total days of hospitalization at state hospitals (acute psychiatric)

> **Strategy 1.1.2** Utilize expanded community-based services to reduce the reliance on institutional care
> > **Output:** Number of admissions to MSH (acute psychiatric)
> > **Output:** Number of admissions to EMSH (acute psychiatric)
> > **Output:** Number of admissions to NMSH
> > **Output:** Number of admissions to SMSH

> **Strategy 1.1.3** Utilize community-based spanner services to reduce the wait time and length of stay for competency restoration services
> > **Output:** Average wait time for completed initial competency evaluation (Stage 1)
> > **Output:** Average length of stay for competency restoration
> > **Output:** Number of competency restoration admissions
> > **Output:** Number of counties served by a community-based spanner services

> **Strategy 1.1.4** Expand forensic bed capacity by renovation of existing unit on MSH campus
> > **Output:** % increase in forensic bed capacity

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 people to a less restrictive environment

Outcome: Improve the process for people transitioning from inpatient care to community-based care
Outcome: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans

> **Strategy 1.2.1** Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group
> **Output:** % of people linked to community provider prior to discharge
> **Output:** % of people discharged with a two-week supply of medication and a prescription
> **Output:** % of people who attend their first follow-up appointment with CMHC
> **Output:** % of people who were contacted by the discharging state hospital after seven days

> **Strategy 1.2.2** Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness
> **Output:** Number of Wellness Recovery Action Plans begun prior to discharge

> **Strategy 1.2.3** Transmit continuing care plans to next level of care within 24 hours of discharge
> **Output:** Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge
> **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 member

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

Outcome: Decrease the need for hospitalization by utilizing Programs of Assertive Community Treatment (PACT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment
Outcome: Decrease the need for hospitalization by utilizing Intensive Community Outreach Recovery Teams (ICORT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment
Outcome: Decrease the need for hospitalization by utilizing Intensive Case Management for people who have serious mental illness
Outcome: Expand employment options for adults with serious and persistent mental illness through a partnership with Community Mental Health Centers and the Mississippi Department of Rehabilitation Services

> **Strategy 1.3.1** Utilize PACT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services
> **Output:** Number of PACT teams
> **Output:** Number of people served by PACT teams
> **Output:** Number of new admissions to PACT teams

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Output: Number of patients referred to PACT teams by state hospitals
Output: Number of patients accepted to PACT teams
Output: Number of readmissions to state hospitals of people being served by a PACT team

Strategy 1.3.2 Utilize ICORT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services
Output: Number of ICORTs
Output: Number of people served by ICORT
Output: Number of new admissions to ICORT
Output: Number of patients referred to ICORT by state hospitals
Output: Number of patients accepted to ICORT
Output: Number of readmissions to state hospitals of people being served by an ICORT

Strategy 1.3.3 Utilize Intensive Case Management to help people who have the most severe and persistent mental illnesses
Output: Number of Intensive Case Managers
Output: Number of people receiving Intensive Case Management
Output: Number of patients referred to Intensive Case Management by state hospitals
Output: Number of readmissions to state hospitals of people being served by Intensive Case Management

Strategy 1.3.4 Emphasize supported employment opportunities for people with SMI
Output: Number of businesses contacted for employment opportunities
Output: Number of people employed
Output: Number of referrals made to MDRS

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

Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams
Outcome: Utilize community crisis homes for successful continuation in the community

Strategy 1.4.1 Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care
Output: Diversion rate of admissions to state hospitals
Output: Average length of stay
Output: Number of involuntary admissions vs. voluntary admissions
Output: Number of crisis stabilization beds

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Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations
        Output: Number of contacts/calls
        Output: Number of face-to-face visits
        Output: Number referred to a CMHC and scheduled an appointment
        Output: Number of encounters with law enforcement
        Output: Number of people who need a higher level of care

        Strategy 1.4.3 Offer short-term crisis supports by evaluating needs so people are connected to appropriate services and supports
        Output: Number served in community crisis homes and safe beds
        Output: Number transitioned with appropriate supports
        Output: Average length of stay

Objective 1.5 Connect people with serious mental illness to appropriate housing opportunities

Outcome: Increase the number of people who have a serious mental illness who are living in Supportive Housing (CHOICE)
Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes
Outcome: Decrease the need for hospitalization by utilizing Supportive and Supervised Living opportunities at Community Mental Health Centers

        Strategy 1.5.1 Provide people with a serious mental illness who are housed as a result of the Supportive Housing with the opportunity to live in the most integrated settings in the communities of their choice by offering an adequate array of community supports/services
        Output: Number of assessments provided
        Output: Number of people served in Supportive Housing (CHOICE)
        Output: Number of readmissions to state hospitals of people served in Supportive Housing

        Strategy 1.5.2 Transition people who have been served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community-based services and supports
        Output: Number of people transitioned to the community
        Output: Number of people transitioned to Community Transition Homes
        Output: Number of civilly committed people served in Continued Treatment beds

        Strategy 1.5.3 Utilize Supervised and Supportive Living to provide opportunities for people to live in integrated settings in the communities of their choice
        Output: Number of people served by Supervised and Supportive Living
        Output: Number of new admissions to Supervised and Supportive Living
        Output: Number of readmissions to state hospitals of people served in Supervised and Supported Living

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

Outcome: Increase the number of CPSSs employed in the state mental health system by 10%
Outcome: Increase the number of peer support specialists trained
Outcome: Expand the Peer Bridger Program at all state hospitals

> **Strategy 1.6.1** Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors
> > **Output:** Number of peers/family members trained as CPSSs
> > **Output:** Number of CPSSs employed
> > **Output:** Number of DMH Certified Providers employing CPSSs
> > **Output:** Number of CPSS supervisors trained
> > **Output:** Number of CPSS supervisor trainings
>
> **Strategy 1.6.2** Train and employ CPSSs to serve as Peer Bridgers at state hospitals to improve the transition process
> > **Output:** Number of hospitals with a Peer Bridger program
> > **Output:** Number of Peer Bridger connections
> > **Output:** Number of readmissions of people connected with a Peer Bridger
> > **Output:** Number of first follow-up appointments attended at the CMHC

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

Outcome: Increase the participation of local representatives from CPS, school districts and juvenile justice on MAP teams
Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth
Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries
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

> **Strategy 1.7.1** Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations
> > **Output:** % of representatives from local partners attending MAP teams quarterly
> > **Output:** Number served by MAP teams

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 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED
> **Output:** Number of people trained in Wraparound Facilitation
> **Output:** Number of providers utilizing Wraparound Facilitation
> **Output:** Number of children and youth served by Wraparound Facilitation
> **Output:** Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement
> **Output:** Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement

Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community
> **Output:** Number served in detention centers from CMHC regions
> **Output:** Number exiting detention center and continuing treatment with CMHC region
> **Output:** Number of re-entries into the detention center from CMHC regions

Strategy 1.7.4 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 served that are employed or enrolled in school/educational courses
> **Output:** Number of youth and young adults maintained in his/her home and/or community

Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wraparound 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 CMHC aftercare
> **Output:** Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC
> **Output:** Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider
> **Output:** Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider

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 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services

Outcome: Decrease the wait time by 5% for people who are court committed to DMH for alcohol and drug treatment by diverting people to community-based programs

Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%

Outcome: Increase awareness of Mississippi's opioid abuse problem through a partnership focusing on high-risk occupational deaths

Outcome: Decrease the number of deaths from opioid abuse by providing an opioid antagonist

Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH's chemical dependency unit by providing indigent funds to reimburse a portion of the cost of treatment

> **Output:** Number of people diverted

Strategy 1.8.2 Develop a tracking system to monitor high risk service utilization

> **Output:** Number of pregnant women served
> **Output:** Number of pregnant intravenous (IV) women served
> **Output:** Number of parenting (under age of 5) women served
> **Output:** Number of intravenous (IV) drug users served
> **Output:** Number served utilizing Medication Assisted Treatment for opioid abuse

Strategy 1.8.3 Expand bed capacity for substance use services

> **Output:** Number served in community residential treatment
> **Output:** % of occupancy for all certified community residential beds (includes all DMH certified community residential treatment beds operated by the CMHCs, private non-profit and private for-profit agencies)
> **Output:** Increase utilization of community residential beds by 5%

Strategy 1.8.4 Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths

> **Output:** Number of presentations
> **Output:** Number and types of outreach developed
> **Output:** Number of hits to website/downloads of toolkits

Strategy 1.8.5 Educate and distribute an opioid antagonist to combat overdose deaths

> **Output:** Number educated on the use of opioid antagonist
> **Output:** Number distributed
> **Output:** Number doses administered

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

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

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

> **Strategy 2.1.1** Provide people transitioning to the community with appropriate options for living arrangements
>> **Output:** Number of people transitioned from facility to ICF/IID Community Home
>> **Output:** Number of people transitioned to the community with ID/DD Waiver supports

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

Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities

> **Strategy 2.2.2** Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents
>> **Output:** Number of coordinators reached
>> **Output:** Number of materials distributed
>> **Output:** Number of families/people reached

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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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: Increase number served through IDD Community Support Program
Outcome: Increase number of people in the ID/DD Waiver Program
Outcome: Provide a Person Centered Plan of Services and Supports for ID/DD Waiver service recipients
Outcome: Provide a Person Centered Plan of Services and Supports for IDD Community Support Program service recipients
Outcome: Provide crisis services to people with intellectual and developmental disabilities

Strategy 2.3.1 Increase the number of people receiving comprehensive community programs and services

Output: Number of total people receiving ID/DD Waiver services
Output: Number of people receiving ID/DD Waiver Transition Assistance
Output: Number of people receiving ID/DD Waiver in-home nursing respite
Output: Number of people receiving ID/DD Waiver in-home respite services
Output: Number of people receiving ID/DD Waiver behavior support services
Output: Number of people receiving ID/DD Waiver crisis support services
Output: Number of people receiving ID/DD Waiver crisis intervention services
Output: Number of people receiving ID/DD Waiver supported employment services
Output: Number of people receiving ID/DD Waiver supervised living services
Output: Number of people receiving ID/DD Waiver shared supported living services
Output: Number of people receiving ID/DD Waiver supported living services
Output: Number of people receiving ID/DD Waiver host home services
Output: Number of people receiving ID/DD Waiver day services adult
Output: Number of people receiving ID/DD Waiver pre-vocational services
Output: Number of people receiving ID/DD Waiver home and community support
Output: Number of people receiving ID/DD Waiver support coordination services
Output: Number of people receiving ID/DD Waiver job discovery services
Output: Number of people receiving ID/DD Waiver community respite
Output: Number of people receiving IDD comprehensive diagnostic evaluations
Output: Number of people receiving IDD targeted case management services
Output: Number of people receiving IDD community support services
Output: Number of people receiving IDD community support program/day services adult
Output: Number of people receiving IDD community support program/pre-vocational
Output: Number of people receiving IDD community support program/supported employment
Output: Number of people receiving IDD community support program/supported living

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 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)
Output: Number of people who receive an assessment for person centered services
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports

Strategy 2.3.3 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program
Output: Number served
Output: Average length of stay

Objective 2.4 Provide Supported Employment Services that lead to gainful community employment for people with IDD

Outcome: Increase number of people utilizing Supported Employment Services

Strategy 2.4.1 Increase number of people utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services

Output: Number of people searching for employment
Output: Number of people employed

Goal 3

To provide 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 monitor compliance with state standards in community-based service delivery agencies making up the public mental health system

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

Outcome: Maintain the compliance of DMH operational standards by DMH Certified Providers

> **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 new services approved for DMH certified providers
> > **Output:** Number of new programs approved for DMH certified providers
>
> **Strategy 3.1.2** Monitor the provision of services by conducting site visits with DMH Certified Providers
> > **Output:** Number of full agency site visits
> > **Output:** Number of new program site visits
> > **Output:** Number of on-site technical assistance
> > **Output:** Number of provider self-assessments completed

Objective 3.2 Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Outcome: Increase public knowledge about availability and accessibility of services and supports

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

> **Strategy 3.2.1** Develop comprehensive outreach efforts to inform Mississippians and stakeholders of how to access services, types of services available and how to file grievances related to services provided by DMH certified provider agencies
> > **Output:** Number of DMH Helpline calls
> > **Output:** Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline
> > **Output:** Number reached and type of outreach about the availability of services
> > **Output:** Number of grievances filed through the Office of Consumer Support

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Goal 3

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

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Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Options to Transition Team (SPOTT) to help people access services
> **Output:** Number of referrals made to SPOTT
> **Output:** Number of people connected to services/supports through SPOTT

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

Outcome: Increase the utilization of evidence-based practices, best practices, and promising practices at DMH programs and DMH Certified Providers

Strategy 3.3.1 Gather information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and DMH Certified Providers

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

Objective 3.4 Provide trainings in evidence-based and best practices to a variety of stakeholders

Outcome: Increase the number of stakeholders trained in evidence-based and best practices including criminal justice professionals, law enforcement substance use providers, school professionals, etc.
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training
Outcome: Increase the number of Crisis Intervention Teams in Mississippi

Strategy 3.4.1 Offer free online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices
> **Output:** Number of trainings offered
> **Output:** Number of participants

Strategy 3.4.2 Offer Youth Mental Health First Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education
> **Output:** Number of trainings
> **Output:** Number of participants
> **Output:** Number of schools/districts
> **Output:** % of participants who feel more confident to recognize signs/symptoms
> **Output:** % of participants who feel they could assist a person in seeking help

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Goal 3

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

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Strategy 3.4.3 Increase knowledge of the importance of Trauma-Informed Care by offering trainings
    Output: Number of trainings
    Output: Number trained in Trauma-Informed Care

Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training
    Output: Number trained in CIT
    Output: Number of law enforcement entities trained
    Output: Number of trainings

Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams
    Output: Number of CIT Teams
    Output: Number of partnerships working towards CIT Teams

Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs

Outcome: Maintain a diverse taskforce to address recruitment and retention issues
Outcome: Decrease the overall turnover rate of employees at DMH programs by 5%
Outcome: Create collaborative partnerships to create, link, and disseminate education and training materials for workforce development, with emphasis on the recovery-focused needs of consumers
Outcome: Expand the psychiatric workforce in the state's public mental health system to address the needs of Mississippians through the development of a psychiatric residency program

Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations
    Output: Number of taskforce meetings
    Output: Number of recommendations
    Output: % of recommendations implemented

Strategy 3.5.2 Monitor staff turnover rate at DMH programs
    Output: Overall staff turnover rate
    Output: Turnover rate for direct care positions
    Output: Turnover rate for clinical positions
    Output: Turnover rate for support/administrative positions

Strategy 3.5.3 Develop strategies to improve retention through use of a feedback and survey tool that identifies employee concerns
    Output: Total number of responses
    Output: Total concerns identified
    Output: Number of strategies identified

Goal 3

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

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Strategy 3.5.4 Establish a psychiatric residency program at Mississippi State Hospital that increases psychiatrists available to practice in state hospitals and mental health service providers
    Output: Total number of psychiatric residents in program
    Output: Number of new psychiatric residents in program
    Output: Number of community partnerships utilizing program (i.e., CMHCs, hospitals, clinics, or other providers)

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health

Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts

Strategy 3.6.1 Develop customized messaging and suicide prevention literacy surveys for targeted Mississippians including military, law enforcement, older adults, schools/youth groups, faith-based, and correctional settings
    Output: Number of partnerships created
    Output: Number and type of presentations
    Output: Number trained
    Output: Number of people reached through social media

Strategy 3.6.2 Expand the Think Again campaigns to increase awareness that mental health care is a critical part of health care
    Output: Number of materials requested
    Output: Number of presentations
    Output: Number of people reached through presentations
    Output: Number of people reached through social media

Strategy 3.6.3 Promote DMH's digital outreach outlets to educate Mississippians on warning signs, risk factors, and resources available
    Output: Number of hits on Mental Health Mississippi web site
    Output: Number of Shatter the Silence app downloads
    Output: Social media outlet reach
    Output: % increase in Lifeline calls

Strategy 3.6.4 Educate on the critical need for responsible gun ownership and safety concepts related to suicide prevention through state and community partnerships
    Output: Number of lethal means campaign posters distributed
    Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications
    Output: Number and type of partnerships

Goal 3

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

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Objective 3.7 Develop an Electronic Health Records system to improve services provided

Outcome: Automate the interface from the electronic health records system to labs and pharmacies
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system
Outcome: Improve efficiency of client information sharing among DMH Programs
Outcome: Increase accessibility of client records from electronic health record
Outcome: Expand the utilization of telehealth to improve the transition process and continuing care of people from state hospitals to Community Mental Health Centers

> **Strategy 3.7.1** Utilize computerized provider order entry (CPOE) for medication orders
> > **Output:** Report to CMS for Meaningful Use
>
> **Strategy 3.7.2** Enhance the development of a bed registry to track psychiatric, crisis stabilization, substance use inpatient, Forensics, and nursing home bed availability data daily
> > **Output:** % of occupancy by program/service
> > **Output:** Number of services added to bed registry
>
> **Strategy 3.7.3** Automate an electronic process to transfer client information between DMH Programs
> > **Output:** Number of programs with the ability to automatically transfer client information
>
> **Strategy 3.7.4** Implement a content/document management solution for scanning paper files into electronic health records
> > **Output:** Number of DMH Programs viewing all client records electronically
>
> **Strategy 3.7.5** Provide the capability for video client interviewing prior to discharge from state hospitals
> > **Output:** Number of interviews conducted between state hospitals and CMHCs for client transfers

Implementation

With the Board of Mental Health's approval of the Strategic Plan, work will begin on FY21 Performance Measures in July 2020. As in the previous years, implementation of the Plan is goal-based. Outcome Leaders are assigned to each objective. These dedicated people will work on the FY21 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 people who have mental illness, alcohol and drug addiction, and intellectual and developmental disabilities.

A special thank you to the nearly 200 people who provided feedback through the annual strategic plan survey in 2020. Certified Peer Support Specialists, statewide advocacy groups, members of the Mental Health Planning Council, the Alcohol and Drug Services Planning Council, the IDD Planning Council, DMH staff, community partners, and Board of Mental Health members all offered feedback for this plan. DMH strives to incorporate this feedback into all of our planning efforts.

Progress cannot happen without the continuing commitment and efforts of all the outcome leaders, DMH staff, consumers, advocates, family members, service providers, and our community partners.

We appreciate your feedback as we strive daily to fulfill our mission of supporting a better tomorrow . . . one person at a time.

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 people. 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 state behavioral health programs, a mental health community living program, a specialized behavioral health program for youth, 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 disorders. These programs include: Mississippi State Hospital and its satellite program, Specialized Treatment Facility; and East Mississippi State Hospital and its satellite programs, North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center. Nursing home services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital.

⇒ The programs for persons with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. They include: Boswell Regional Center and its satellite programs, Mississippi Adolescent Center and Hudspeth Regional Center; Ellisville State School and its satellite program, South Mississippi Regional Center; and North Mississippi Regional Center.

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.

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 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 people with intellectual and developmental disabilities vary according to location but statewide include:

ICF/IID Residential Services	Assistive Technology Services
Psychological Services	Special Education
Social Services	Recreation
Medical/Nursing Services	Speech/Occupational/Physical Therapies
Diagnostic and Evaluation Services	Vocational Training
Targeted Case Management	
Support Coordination	

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
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 Services
SMI Homeless
Drop-In Centers
People and Family Education and Support
Supported Employment
Adult MAP (Making A Plan) Teams

Services for Children and Youth

Therapeutic Group Home
Prevention/Early Intervention
MAP (Making A Plan) Teams
Targeted Case Management
Intensive Outpatient Psychiatric
Pre-Evaluation Screening
Day Treatment and Day Treatment Pre-K

Therapeutic Foster Care
Physician/Psychiatric Services
Crisis Residential
Wraparound Facilitation
Community Support
Respite Care

Outpatient Therapy
Crisis Response
Family Support and Education
Peer Support (Family & Youth)
Crisis Stabilization
Acute Partial Hospitalization

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers

Adult Respite Programs

ID/DD Waiver Services for People with Intellectual/Developmental Disabilities

Home and Community Supports
Supported Living
Host Homes
Behavior Support
Supported Employment
Day Services - Adult

Supervised Living
Job Discovery
Transition Assistance
In-Home Respite
Crisis Support
Support Coordination

Community Respite
Crisis Intervention
Shared Supported Living
In-Home Nursing Respite
Prevocational Services
Occupational, Physical, and
        Speech/Language Therapy

IDD Community Support Program Services for People with Intellectual/Developmental Disabilities

Targeted Case Management
Day Services - Adult
Supported Living

Supported Employment
Prevocational Services

Other Services for People with Intellectual/Developmental Disabilities

Crisis Response
Transition Services

Diagnostic Evaluation
Community Living

Substance Use Disorder Services for Adults

Withdrawal Management
Prevention
Outpatient Therapy
Recovery Support
Specialized Residential for Pregnant/Parenting Women

Crisis Response
Primary Residential
Transitional Residential
Opioid Treatment

Peer Support
Intensive Outpatient Programs
DUI Diagnostic Assessment
Partial Hospitalization

Substance Use Services for Adolescents

Outpatient Therapy
Prevention
Intensive Outpatient Programs

Partial Hospitalization Programs
Residential Services

Common Acronyms

BRC - Boswell Regional Center

CHOICE - Creating Housing Options in Communities for Everyone

CIT - Crisis Intervention Team

CMHC - Community Mental Health Center

CMRC - Central Mississippi Residential Center

CMS - Centers for Medicare and Medicaid Services

CPSS - Certified Peer Support Specialist

CSU - Crisis Stabilization Unit

DMH - Department of Mental Health

EMSH - East Mississippi State Hospital

ESS - Ellisville State School

HRC - Hudspeth Regional Center

ICF/IID - Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities

IDD (or ID/DD) - Intellectual or Developmental Disability

ICORT - Intensive Community Outreach and Recovery Team

MAC - Mississippi Adolescent Center

MAP Team - Making A Plan Team

MDE - Mississippi Department of Education

MDRS - Mississippi Department of Rehabilitation Services

MSH - Mississippi State Hospital

MYPAC - Mississippi Youth Programs Around the Clock

NMRC - North Mississippi Regional Center

NMSH - North Mississippi State Hospital

PACT Team - Program of Assertive Community Treatment Team

SMI - Serious Mental Illness

SMRC - South Mississippi Regional Center

SMSH - South Mississippi State Hospital

SPOTT - Specialized Planning Options to Transition Team

STF - Specialized Treatment Facility

DMH

Mississippi Department of Mental Health

Supporting a Better Tomorrow...One Person at a Time

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