Mississippi Department of Mental Health

Consolidated 370-00

(Includes: 371-00, 371-01, 372-00, 374-00, 382-00, 386-00, 373-00, 385-00)

Five-Year Strategic Plan

Fiscal Years 2021 – 2025

1. Mission Statement

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.

Vision Statement

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 use disorders and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

2. Philosophy

The Mississippi Department of Mental Health (DMH) 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 disorders, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. DMH 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.

Core Values

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.

3. **Relevant Statewide Goals and Benchmarks**

Statewide Goal: To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives.

Relevant Benchmarks:

- Percentage of population lacking access to mental health care
- Percentage of population lacking access to community-based mental health care
- Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)
- Average length of time from mental health crisis to receipt of community mental health crisis service
- Percentage of DMH clients served in the community versus in an institutional setting
- Percentage of DMH institutionalized clients who could be served in the community
- Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams
- Number of individuals on waiting list for home and community-based services

4. Overview of Five-Year Strategic Plan

The Mississippi Department of Mental Health's (DMH) Five-Year Strategic Plan depicts the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. DMH has focused on aligning the Board of Mental Health's FY20 – FY22 DMH Strategic Plan with the Five-Year Strategic Plan for the Legislative Budget Office while also taking into account the State of Mississippi's strategic plan, *Building a Better Mississippi*. DMH's agency-wide, three-year strategic plan is approved annually by the board and is the roadmap for directing more resources toward community-based services while still maintaining an acceptable and necessary level of inpatient care. The Plan is continually streamlined, thus putting needed changes into sharper focus and progress more impactful. The agency-wide Plan is available on the DMH website www.dmh.ms.gov.

The goals and objectives in the LBO Five-Year Strategic Plan will also guide DMH's actions and are aligned with the agency-wide Plan. 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. This Plan addresses DMH's progress in expanding community-capacity while at the same time ensuring the health and welfare of people currently being served. The Plan emphasizes the development of new and expanded services in the priority areas of crisis services, housing, intensive community teams, supported employment, long-term community supports and other specialized services to help individuals transition from institutions to the community. The Plan includes a section on services for children and youth including MAP Teams and Wraparound Facilitation to help individuals stay in their community and avoid hospitalization.

The Department of Justice (DOJ) began a review of the Mississippi Department of Mental Health in June of 2011. The focus of the review was to determine Mississippi's compliance with relevant provisions of the Olmstead decision and the Americans with Disabilities Act (ADA). Due to the level funded budget request for FY19, DMH was able to shift $10 million from the institutional budgets to the Service Budget, allowing the agency to expand community-based services with the goal of reducing the reliance on institutional care. Of this $10 million, $8 million was granted to the 14 Community Mental Health Centers (CMHC). The funds allowed for the establishment of crisis stabilization beds in CMHC regions that currently do not have beds. It will also allowed for the enhancement of crisis services and supports that are intended to reduce the need for out-of-home placement or a higher level of care.

The remaining $2 million was used to expand the ID/DD Home and Community Based Waiver. Due to the passage of SB 2773, DMH was able to resume enrollment in the Waiver. This bill removed language in our FY18 appropriations bill that capped spending for the program, which provides individualized supports that assist people with intellectual and developmental disabilities in living successfully at home and in the community.

In DMH's appropriations for FY20, the agency received an additional $1 million to expand mental health community-based services by creating four intensive community teams, and a little more than $1.2 million to increase ID/DD Home and Community Based Waiver slots by approximately 120.

All of these funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers.

In July 2017, DMH announced steps to consolidate various aspects of its programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need. The department's six programs for mental health services were consolidated under the umbrellas of two of its current programs, Mississippi State Hospital and East Mississippi State Hospital. Specialized Treatment Facility is now a satellite program of Mississippi State Hospital, while North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center are satellite programs of East Mississippi State Hospital in Meridian. This is similar to a consolidation in 2015 when the Mississippi Adolescent Center became a satellite program under Boswell Regional Center. After the consolidation, the two programs can reduce expenditures in personal services by sharing staff including maintenance and administrative, and the merging of electronic health records.

In June 2018, DMH announced similar steps to consolidate various aspects of its IDD regional programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need. As of July 1, 2018, DMH has three main IDD Regional Centers and satellite programs under two of those centers. These programs include: Boswell Regional Center and its satellite program Hudspeth Regional Center (Mississippi Adolescent Center is already a satellite program); Ellisville State School and its satellite program South Mississippi Regional Center; and North Mississippi Regional Center. After the consolidation, the programs were able to reduce expenditures in personal services by sharing staff including maintenance and administrative, and the merging of electronic health records.

Another factor in FY19, was the federal requirement to comply with the Centers for Medicaid and Medicare Services (CMS) HCBS Final Rule regarding Conflict Free Case Management. Ultimately, this means that DMH can no longer be a provider of ID/DD Waiver services and conduct Support Coordination for people receiving ID/DD Waiver services. CMS will not allow the ID/DD Waiver to continue if DMH does not implement Conflict Free Case Management.

To address this issue, DMH will continue to provide Support Coordination services and no longer be a provider of all other ID/DD Waiver services to people enrolled in the program (except at Boswell Regional Center). DMH believes the function of Support Coordination falls within the mission of the agency. Support Coordination is responsible for coordinating and monitoring all services a person on the ID/DD Waiver receives to ensure services meet the needs of the person including protecting their health and welfare. By maintaining Support Coordination, DMH will be able to monitor the quality and quantity of services a person receives.

DMH's focus will remain on building up direct services in the community to ensure capacity is available to reduce the reliance on inpatient institutional services. Many of the outcomes in this plan speaks to the progress being made.

5. External and Internal Assessment

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impact services and the implementation of some projects.
- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Availability of community discharge placement options.

5A. Internal Management System Used to Evaluate Agency's Performance

The Department of Mental Health has implemented a management system to ensure compliance with applicable standards in the delivery of quality services that includes:

- Bi-annual reporting on the agency's strategic plan to the Board of Mental Health. Progress reports are posted on the DMH website along with a quarterly highlights flyer
- Monthly Executive Staff Meeting with attendance by program directors and bureau directors to disseminate and receive relevant information
- Monthly Board of Mental Health meeting, with attendance by selected staff on an as needed basis, to ensure compliance with board priorities and directives
- Preparation of Board approved policies and procedures manuals, and adherence thereto
- Regularly scheduled audits
- Regularly scheduled site certification and monitoring visits
- Various committees at program locations – example: Human Rights Committee, Quality Assurance/Performance Improvement Committee, etc.
- Executive and Board review and approval of budget submissions
- External reviews by Joint Commission on Accreditation of Healthcare Organizations, State Board of Health, State Department of Audit, Mississippi Protection and Advocacy, and other organizations
- Ongoing improvements to management information systems, including both financial and operational data
- Adoption by the Board, during calendar year 2009 and updated annually since, of a DMH Strategic Plan to emphasize community-based services

6. Agency Goals, Objectives, Strategies, and Measures

Mental Health Services – Service Budget – 371-01

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for adults

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting; Average length time from mental health crisis to receipt of community mental health

crisis service; Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning and/or living in the community and prevent out-of-home placements

Outcome: Percentage of population lacking access to community-based mental health care

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

Outcome: Decrease the number of admissions to state hospitals by 10% by redirecting funds to expand community-based services

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: Increase the number of Certified Peer Support Specialists in the State

Outcome: Increase access to crisis services by tracking the number of calls to Mobile Crisis Response Teams

Strategy A.1.1 Utilize PACT or intensive case management teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

Output: Number served by PACT and intensive case management teams

Efficiency: Cost of operation of PACT teams

Efficiency: Cost of operation of intensive case management teams

Explanatory: There is a fixed cost associated with teams whether they serve five or 50

Strategy A.1.2 Fund supported employment sites for individuals with SMI

Output: Number of individuals employed through supported employment

Efficiency: Cost of each pilot site

Explanatory: Partner with DOM to develop a 1915 (i) waiver to include employment for SMI

Strategy A.1.3 Evaluate Mobile Crisis Response Teams based on defined performance indicators

Output: Number referred from Mobile Crisis Response Teams to a Community Mental Health Center and scheduled an appointment

Output: Number diverted from a more restrictive environment due to Mobile Crisis Response Teams
Efficiency: Average cost per response by Mobile Crisis Response Teams
Explanatory: Utilization due to public awareness

Crisis Stabilization Units – Service Budget – 371-01

Goal A: To provide access to crisis stabilization services to all populations served by DMH to help avoid placement in a more restrictive environment

Objective A.1 Provide crisis stabilization services before an individual becomes so acutely ill that hospitalization is required

Outcome: Increase the diversion rate of admissions to state hospitals through the Crisis Stabilization Units
Outcome: Decrease the number of involuntary admissions
Outcome: Increase the number of voluntary admissions
Outcome: Percentage of people receiving mental health crisis services who were treated at community mental health centers vs. institutions

Strategy A.1.1 Evaluate Crisis Stabilization Units based on defined performance indicators

Output: Diversion rate of admissions to state hospitals
Output: Number of involuntary admissions
Output: Number of voluntary admissions
Output: Average length of time from mental health crisis to receipt of community mental health crisis service
Efficiency: Average cost per operation of Crisis Stabilization Units
Explanatory: Need may increase due to awareness or may decrease because of people served on PACT Teams

***MI – Institutional Care – MSH 374-00 and EMSH 372-00**

**This includes 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*

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at DMH's Behavioral Health Programs

Objective A.1 Enhance the effectiveness and efficiency of DMH's Behavioral Health Programs

Outcome: Maintain readmission rates within national trends (MSH and EMSH)
Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility to communities with supportive wrap-around aftercare (MSH)

Strategy A.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists

Output: % of individuals readmitted between 0-59 days after discharge (MSH and EMSH)
Output: Number of all individuals served at DMH's inpatient behavioral health programs (MSH and EMSH)
Output: Number served adult acute psychiatric (MSH and EMSH)
Output: Number served continued treatment (MSH)
Output: Number served chemical dependency (MSH)
Output: Number served nursing homes (EMSH and MSH)
Output: Number served children/adolescent (MSH)
Output: Number served forensics (MSH)
Output: Number served community living (EMSH)
Efficiency: Cost per person per day – acute psychiatric (MSH and EMSH)
Efficiency: Cost per person per day – continued treatment (MSH)
Efficiency: Cost per person per day – chemical dependency (MSH)
Efficiency: Cost per person per day – nursing home (MSH and EMSH)
Efficiency: Cost per person per day – child adolescent (MSH)
Efficiency: Cost per person per day – forensic (MSH)
Efficiency: Cost per person per day – community living (EMSH)

MI – Support Services – MSH 374-00 and EMSH 372-00

Goal A: To provide administrative oversight and management at the Behavioral Health Programs

Objective A.1: To provide for the accounting of funds and management of personnel services and compliance with licensure and certification

Outcome: Support as an overall percent of total budget (MSH and EMSH)

Strategy A.1.1: Track the support percent of total budget at each DMH Behavioral Health Program to determine an overall percent

Output: Support as a percent of total budget at MSH (includes STF)

Output: Support as a percent of total budget at EMSH (includes NMSH, SMSH, and CMRC)

Children and Youth Services – Service Budget – 371-01

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for children and youth

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements

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

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

Outcome: Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Strategy A.1.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

Output: Number served by MAP teams

Efficiency: Cost of operation of MAP teams

Strategy A.1.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED

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
Efficiency: Cost analysis of Wraparound Facilitation per each child served

IDD Institutional Care – BRC 382-00, HRC 386-00, ESS 373-00, NMRC 385-00

**This includes Boswell Regional Center and its satellite programs Hudspeth Regional Center and Mississippi Adolescent Center; and Ellisville State School and its satellite program South Mississippi Regional Center; and North Mississippi Regional Center*

Goal A: 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

Relevant Statewide Goals: Number of individuals on waiting list for home and community-based services; Percentage of DMH institutionalized clients who could be served in the community; Percentage of DMH clients served in the community versus in an institutional setting

Objective A.1 Provide a comprehensive person-centered system of community supports and services for people transitioning to the community from an institutional setting

Outcome: Decrease the number of people receiving institutional care served at DMH's residential IDD programs (NMRC, ESS, BRC)

Strategy A.1.1 Ensure people transitioning to the community have appropriate supports and services

Output: Number of people served at DMH's residential IDD programs (NMRC, ESS, BRC)

Output: Number of people transitioned from facility to ICF/IID community home (NMRC, ESS, BRC)

Output: Number of people transitioned to the community with ID/DD Waiver supports (NMRC, ESS, BRC)

Efficiency: Percentage of people who transitioned from facility to ICF/IID community home (NMRC, ESS, BRC)

Efficiency: Percentage of people who transitioned to the community with waiver supports (NMRC, ESS, BRC)

Explanatory: Number of emergency admissions

IDD Community Programs – BRC 382-00, HRC 386-00, ESS 373-00, NMRC 385-00

**This includes Boswell Regional Center and its satellite programs Hudspeth Regional Center and Mississippi Adolescent Center; and Ellisville State School and its satellite program South Mississippi Regional Center; and North Mississippi Regional Center*

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care

Objective A.1 To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home

Outcome: Enroll an additional 250 people from the Planning List to Waiver Services (NMRC, ESS, BRC)

Strategy A.1.1 To increase the availability of comprehensive community programs and services

Output: Number of people added from planning list to ID/DD Waiver Services (NMRC, ESS, BRC)

Output: Number of people enrolled in the 1915i (NMRC, ESS, BRC)

Output: Number of people receiving comprehensive diagnostic evaluations (NMRC, ESS, BRC)

Output: Number of people receiving targeted case management (NMRC, ESS, BRC)

Output: Number of people receiving ID/DD waiver support coordination *(does not include BRC)*

Efficiency: Average length of time per person to receive a comprehensive diagnostic evaluation (NMRC, ESS, BRC)

Efficiency: Percentage of people added from planning list to ID/DD Waiver (NMRC, ESS, BRC)

Explanatory: Resources and reimbursement rates affecting services and support options

IDD – Group Homes (All IDD facilities – NMRC, SMRC, HRC, BRC, and ESS)

**This includes Boswell Regional Center and its satellite programs Hudspeth Regional Center and Mississippi Adolescent Center; and Ellisville State School and its satellite program South Mississippi Regional Center; and North Mississippi Regional Center*

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home

Objective A.1 To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care

Outcome: Percentage of people served in the community versus in an institutional setting (NMRC, ESS, BRC)

Strategy A.1.1 Prepare people served in community-based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system

Output: Number of people served in the 10-bed ICF/IID community homes (NMRC, ESS, BRC)

Efficiency: Bed utilization rate (NMRC, ESS, BRC)

IDD – BRC 382-00, HRC 386-00, ESS 373-00, NMRC 385-00

**This includes Boswell Regional Center and its satellite programs Hudspeth Regional Center and Mississippi Adolescent Center; and Ellisville State School and its satellite program South Mississippi Regional Center; and North Mississippi Regional Center*

Goal A: To provide administrative oversight and management at the IDD Programs

Objective A.1: To provide for the accounting of funds and management of personnel services and compliance with licensure and certification

Outcome: Support as an overall percent of total budget (NMRC, ESS, BRC)

Strategy A.1.1: Track the support percent of total budget at each DMH IDD Program to determine an overall percent

Output: Support as a percent of total budget at NMRC
Output: Support as a percent of total budget at ESS
Output: Support as a percent of total budget at BRC

IDD Services (Waiver) – Service Budget – 371-01

Goal A: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through the ID/DD Waiver

Relevant Statewide Goals: Number of individuals on waiting list for home and community-based services; Percentage of DMH institutionalized clients who could be served in the community; Percentage of DMH clients served in the community versus in an institutional setting

Objective A.1: Provide community supports and services for persons through the ID/DD Waiver

Outcome: Percentage of DMH institutionalized clients who could be served in the community

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

Strategy A.1.1: Ensure people transitioning to the community have appropriate supports and services

Output: Number of individuals on planning list for home and community-based services

Output: Number of people added from planning list to ID/DD waiver services

Efficiency: Average cost of waiver per person (only Medicaid Match portion)

Explanatory: Resources and reimbursement rates affecting services and support options

Alcohol and Drug Services (3% Alcohol Tax) – Service Budget – 371-01

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

Objective A.1 Utilize the Three Percent Alcohol Tax to maintain a statewide network of community-based substance use disorder treatment services

Outcome: Maintain community residential substance use treatment readmission rates within national trends

Strategy A.1.1 Supplement funding provided to DMH certified substance use disorder treatment programs

Output: Number of residential beds made available statewide due to the Three Percent Tax supplements

Output: Number receiving residential substance use disorder treatment

Efficiency: Percent of total treatment funding provided by 3 percent tax supplement

Service Management – Central Office – 371-00

Goal A: To increase access to supports and services for individuals seeking community-based treatment through the administration and management of grant funding for children with serious emotional disturbances, individuals with intellectual disabilities, individuals with alcohol and drug addiction disorders, individuals with serious mental illness and individuals with Alzheimer's disease and other dementia

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting;
Goal A: Individuals receive quality services in safe community-based settings throughout the public mental health system

Objective A.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 approved and certified community-based service delivery agencies

Strategy A.1.1 Conduct on-site financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health

Output: Number of on-site reviews conducted by the Division of Audit

Efficiency: Percentage of grant reviews resulting in a 5% error rate or below

Strategy A.1.2 Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards

Output: Number of on-site reviews conducted for DMH certified provider agencies

Efficiency: % of provider agencies with negative action taken towards certification as a result of DMH review

Objective B.1 Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Outcome: Number of grievances received through the Office of Consumer Support

Strategy B.1.1 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 grievances resolved within 30 days of filing

Efficiency: Average length of time for grievance resolution

Explanatory: Grievance issues unrelated to DMH's authority for resolution will result in referral to other entities

Strategy B.2.1 Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation

Output: Number of serious incident reports received

Efficiency: Average staff time per serious incident reported to DMH spent triaging and investigating incident

Explanatory: Not all serious incidents will require corrective action