Mississippi Department of Mental Health

Comprehensive

Five-Year Strategic Plan

Fiscal Years 2018 – 2022
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.
Mississippi Department of Mental Health

**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. This year, DMH focused on aligning the Board of Mental Health’s FY16 – FY18 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 in moving toward a community-based service system 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 need to build 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, 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). Informal negotiations were ongoing as the budget request for 2017 and this strategic plan were being prepared. While the increased funding requested by DMH and its programs, if granted, would address DOJ concerns, these budget requests do not contain anything specifically related to a settlement with DOJ because no settlement has occurred. Additional funds will be requested in future fiscal years to continue the efforts to expand the capacity for community-based services. These additional funds will help the State move forward with more community placement of individuals through expanding
services provided by community service providers. Many of the outcomes in the Five-Year Strategic Plan address DOJ concerns.

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:

- 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

Community Services

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: Average length time from mental health crisis to receipt of community mental health crisis service
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: Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment
Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals
Outcome: Increase employment options for adults with serious and persistent mental illness by developing three pilot supported employment sites
**Outcome:** Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.

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

**Strategy A.1.1** Utilize PACT Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

- **Output:** Number of PACT Teams
- **Output:** Number of admissions to PACT teams
- **Efficiency:** Number of diversions from more restrictive placement
- **Efficiency:** Cost of operation of PACT Teams
- **Explanatory:** There is a fixed cost associated with PACT teams whether they serve five or 50

**Strategy A.1.2** Fund four pilot employment sites for individuals with SMI

- **Output:** Number of individuals employed through supported employment
- **Efficiency:** Cost of each pilot site
- **Efficiency:** Average cost per person served at pilot sites
- **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 of calls to Mobile Crisis Response Teams
- **Output:** Number of face-to-face visits
- **Output:** Number referred to a Community Mental Health Center and scheduled an appointment
- **Output:** Number diverted from a more restrictive environment
- **Efficiency:** Average cost per response by Mobile Crisis Response Teams
- **Explanatory:** Utilization due to public awareness
Crisis Stabilization Units

Goal A: To provide access to crisis stabilization services to all populations served by DMH

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

Outcome: Increase the utilization of Crisis Stabilization Units by admissions
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

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

Output: Diversion rate of admissions to state hospitals
Output: Average length of stay
Output: Number of admissions
Output: Number of involuntary admissions
Output: Number of voluntary admissions
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

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 state hospital services

Outcome: Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity)
Outcome: Maintain readmission rates within national trends
Outcome: Number of individuals served at DMH's inpatient behavioral health programs
Outcome: Support as % of total budget (MH)
Strategy A.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists

Strategy A.1.2 Develop quarterly report by Program outlining occupancy percentage by service

Output: Number served at DMH’s inpatient Behavioral Health Programs
Output: % of occupancy – acute psychiatric care (all behavioral health programs)
Output: % of occupancy – continued treatment (MSH)
Output: % of occupancy – MSH medical surgical hospital (MSH)
Output: % of occupancy – chemical dependency (MSH and EMSH)
Output: % of occupancy – adolescent chemical dependency (EMSH)
Output: % of occupancy – nursing homes (MSH and EMSH)
Output: % of occupancy – children/adolescents (MSH and ESMH)
Output: % of occupancy – transition unit (EMSH)
Output: % of occupancy – forensics (MSH)
Output: % of individuals readmitted between 0-59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted after 120-365 days after discharge

Efficiency: Cost per person per day – acute psychiatric
Efficiency: Cost per person per day – continued treatment
Efficiency: Cost per person per day – child adolescent
Efficiency: Cost per person per day – chemical dependency
Efficiency: Cost per person per day - forensic
Efficiency: Cost per person per day – Jaquith Nursing Home
Efficiency: Cost per person per day - STF

Goal B: To utilize data management and technology to enhance decision making and service delivery at DMH’s Behavioral Health Programs

Objective B.1 To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements
**Strategy B.1.1:** Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

**Output:** Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication order entered through CPOE

**Strategy B.1.2:** Report on permissible prescriptions electronically (eRx) generated and transmitted

**Output:** Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

**Strategy B.1.3:** Record patient demographics: preferred language, gender, race, ethnicity, date of birth

**Output:** More than 50% or more of all unique patients seen by EP have demographics recorded as structured data

**Strategy B.1.4:** Report changes and additions for the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), and plot and display growth charts for children 2-20 years, including BMI

**Output:** More than 50% of all unique patients age 2 years or older seen by an EP during the reporting period have height, weight and blood pressure recorded as structured data

**Efficiency:** Cost to implement Electronic Health Records system

**Goal C:** To provide a comprehensive, person-centered and recovery-oriented system of care for children and youth served at DMH’s residential program for youth (Specialized Treatment Facility)

*Relevant Statewide Goals:* Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care

**Objective C.1** Provide supportive wraparound aftercare to youth as they transition from STF to the community

**Outcome:** Increase youth successfully transitioned from the Specialized Treatment Facility to communities with supportive wrap-around aftercare
Strategy C.1.1 Educate parents/guardians of supportive wrap-around options so that families may choose via informed consent

- **Output:** Number of youth referred to MYPAC aftercare
- **Output:** Number of youth referred to a local Community Mental Health Center aftercare
- **Output:** Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center
- **Output:** Number of youth actually transitioned to MYPAC aftercare
- **Output:** Number of youth actually transitioned to a local Community Mental Health Center aftercare
- **Output:** Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider
- **Output:** Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider
- **Efficiency:** Cost per patient day
- **Explanatory:** Number of youth's parents/guardians who deny wrap-around transition services

Strategy C.1.2 Conduct discharge follow-up survey after 7 days and 30 days of transition to the community

- **Output:** Youth successful after 7 days of transition to the community
- **Output:** Youth successful after 30 days of transition to the community
- **Explanatory:** Number of youth’s parents/guardians who fail to follow-up with recommended services

Objective C.2 To provide psychiatric residential treatment at the Specialized Treatment Facility and education to youth that are in need of civil commitment by a youth court judge or chancellor. Miss Code Ann. 41-19-291

- **Outcome:** Decrease the need for youth to be treated in acute hospitals, detained in detention centers, or not receiving services at all

Strategy C.2.1 Evaluate referrals and admit youth to appropriately treat youth that may benefit from psychiatric residential treatment

- **Output:** Number of referrals on waiting list
- **Output:** Number of referrals reviewed
- **Output:** Number of referrals approved
- **Output:** Number of referrals denied
- **Explanatory:** Number of referrals approved but not admitted
MI – Pre-Post Institutional Care

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at Central Mississippi Residential Center

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

   Outcome: Increase the number of individuals with Serious Mental Illness (SMI) transitioning from institutional setting to community setting

Strategy A.1.1 Provision of transitional community living (group homes and apartments) services

   Output: Total individuals served
   Output: Percentage of discharges to alternative community setting
   Output: Average length of stay
   Output: Total days of service provided
   Output: Occupancy rate of Community Living Program

Children and Youth Services

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 of MAP teams

**Output:** Number served by MAP teams

**Efficiency:** Cost of operation of MAP teams; Average cost per child for MAP services

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

**Output:** Number of individuals that have been trained in Wraparound Facilitation

**Output:** Number of providers that utilize Wraparound Facilitation

**Output:** Number of children and youth that are served by Wraparound Facilitation

**Output:** Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement

**Efficiency:** Cost analysis of Wraparound Facilitation per each child served

IDD Institutional Care

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

**Outcome:** Number of individuals served at DMH’s residential IDD programs

**Outcome:** Support as % of total budget (IDD)

Strategy A.1.1 Ensure people transitioning to the community have appropriate supports and services
Output: Number of people transitioned from community 10 bed ICF/IID program

Output: Number of people transitioned from facility to ICF/IID community home

Output: Number of people transitioned to community waiver home/apartment

Output: Number of people transitioned home with waiver supports

Efficiency: Percentage of people who transitioned from facility to 10 bed ICF/IID Program

Efficiency: Percentage of people who transitioned to community waiver home/apartment

Efficiency: Percentage of people who transitioned to home with waiver supports

Explanatory: Number of emergency admissions

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community

**IDD Community Programs**

**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:** Percentage of people accessing non-waiver services (peer support, early intervention, employment, medical supports, case management, targeted case management, and/or other specialized services)

**Outcome:** Percentage of people accessing ID/DD Waiver Services

**Outcome:** Percentage of persons with intellectual and developmental disabilities served in the community versus in an institutional setting
Outcome: Enroll 400 additional people through the 1915i (IDD Community Support Program)

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

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

**Output:** Number of people living in community based settings

**Output:** Number of people transitioned from ICF/IID Programs to the community

**Output:** Number of people receiving Transition Assistance

**Output:** Number of people receiving in home nursing respite

**Output:** Number of people receiving behavioral support services

**Output:** Number of people receiving crisis support services

**Output:** Number of people receiving supported employment services

**Output:** Number of people receiving supervised living services

**Output:** Number of people receiving supported living services

**Output:** Number of people receiving day services adult

**Output:** Number of people receiving pre-vocational services

**Output:** Number of people receiving community support services/case management

**Output:** Number of people receiving home and community support services

**Output:** Number of people receiving ID/DD waiver support coordination services

**Output:** Number of people receiving targeted case management services
Output: Number of people receiving comprehensive diagnostic evaluations

Output: Number of people receiving job discovery services

Output: Number of people receiving work activity service

Efficiency: Average unit per person of Transition Assistance

Efficiency: Average unit per person of in home nursing respite

Efficiency: Average unit per person of behavioral support services

Efficiency: Average length of stay per person of crisis support services

Efficiency: Average unit per person of supported employment services

Efficiency: Average unit per person of supervised living services

Efficiency: Average unit per person of supported living services

Efficiency: Average unit per person of day services adult

Efficiency: Average unit per person of pre-vocational services

Efficiency: Average unit per person of community support services/case management

Efficiency: Average unit per person of Support Coordination services

Efficiency: Average unit per person of targeted case management services

Efficiency: Average unit per person of home and community support services

Efficiency: Average length of time per person to receive a comprehensive diagnostic evaluation

Efficiency: Average unit per person of job discovery services

Efficiency: Average unit per person of work activity services

Explanatory: Resources and reimbursement rates affecting services and support options
Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community

**IDD Services (Waiver)**

**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:** Increase number of people enrolled in the ID/DD Waiver

**Outcome:** Number of individuals on waiting list for home and community-based services

**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 people transitioned to community waiver home/apartment

**Output:** Number of people transitioned home with waiver supports

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

**Output:** Number of persons receiving ID/DD Waiver in home nursing respite

**Output:** Number of persons receiving ID/DD Waiver behavioral support services
Output: Number of persons receiving ID/DD Waiver crisis support services

Output: Number of persons receiving ID/DD Waiver supported employment services

Output: Number of persons receiving ID/DD Waiver supervised living services

Output: Number of persons receiving ID/DD Waiver supported living services

Output: Number of persons receiving ID/DD Waiver day services adult

Output: Number of persons receiving ID/DD Waiver pre-vocational services

Output: Number of persons receiving ID/DD Waiver home and community support services

Output: Number of persons receiving ID/DD waiver support coordination services

Output: Number of persons receiving ID/DD Waiver job discovery services

Efficiency: Percentage of people who transitioned to community waiver home/apartment

Efficiency: Percentage of people who transitioned to home with waiver supports

Efficiency: Cost per unit of ID/DD Waiver in home nursing respite

Efficiency: Cost per unit of ID/DD Waiver behavioral support services

Efficiency: Cost per day of ID/DD Waiver crisis support services

Efficiency: Cost per unit of ID/DD Waiver supported employment services

Efficiency: Cost per unit of ID/DD Waiver supervised living services

Efficiency: Cost per unit of ID/DD Waiver supported living services

Efficiency: Cost per unit of ID/DD Waiver day services adult
Efficiency: Cost per unit of ID/DD Waiver pre-vocational services

Efficiency: Cost per unit of ID/DD Waiver home and community support services

Efficiency: Cost per unit of ID/DD Waiver Support Coordination services

Efficiency: Cost per unit of ID/DD Waiver job discovery services

Explanatory: Resources and reimbursement rates affecting services and support options

Explanatory: Number of emergency admissions

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community; Pending implementation of the Rate Study

Alcohol and Drug Services (3% Alcohol Tax)

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 an array of community-based providers offering services for the treatment of substance use disorders

Outcome: Maintain the current level of detox services that are provided for the treatment of substance use disorders

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

Output: Number of grants provided to community-based organizations for the provision of residential substance use disorder treatment

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

Output: Number receiving residential substance use disorder treatment

Output: Amount of funding spent on withdrawal management services

Output: Number of Recovery Support Services grants provided to community-based organizations
Efficiency: Percent of total treatment funding provided by 3 percent tax supplement

Strategy A.1.2 Provide detox services to increase the successful treatment for people with substance use disorders
- Output: Number of days reimbursed
- Output: Number served through detox
- Output: Number of individuals who complete detox and continue on to a 30-day treatment program

Service Management

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;

Objective A.1 Provide oversight, technical assistance, 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.

Outcome: Maintain sub-grants that are in compliance with all federal and state allowable cost regulations

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 in-house financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health.
**Goal B: Individuals receive quality services in safe community-based settings throughout the public mental health system**

**Objective B.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 B.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

**Efficiency:** % of interested provider agencies that complete the application process for certification

**Efficiency:** % of applications approved by DMH for new provider certification

**Strategy B.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

**Efficiency:** % of provider plans of compliance approved by DMH

**Objective B.2** Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided
**Outcome:** Number of grievances received through the Office of Consumer Support

**Strategy B.2.1** Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies

**Output:** Number of 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

**Objective B.3** Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation

**Outcome:** Number of serious incident reports received

**Strategy B.3.1** Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements

**Output:** % of serious incident reports triaged that DMH required corrective action

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

**Explanatory:** Not all serious incidents will require corrective action