Mississippi Department of Mental Health

Central Office

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.

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

Mental Health 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

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 Services

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.

Output: Number of in-house reviews of cash requests conducted by the Division of Audit and the Division of Fiscal Services

Efficiency: Percentage of in-house reviews resulting in approval and payment of cash requests within 30 days of receipt

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