

*Strategic  
Plan  
Progress Report*



*Fourth Quarter  
April 1, 2010 – June 30, 2010*

**Objective 1.1 Specify target populations and levels of care with corresponding fiscal support**

**Action Plan 1.1.a** Clearly define populations to be served

**Progress:** Q 4 - The chart previously created with information submitted by the work group has been completed except for information being sought as part of Action Plan 1.1.b. The chart outlines all programs offered on a facility and community level including specific program definitions, eligibility criteria, and number served or available capacity. The chart will be complete when barriers to service information identified by statewide stakeholders has been analyzed and included in the chart. The preliminary chart is available for review from the work group leader. Once the chart has been finalized, a report will be developed and submitted to the Executive Director.

**Action Plan 1.1.b** Identify unserved/underserved populations

**Progress:** Q 4 - A letter requesting information from stakeholders on unserved/underserved populations and exploring barriers to services was finalized by DMH's PR Director and approved by the work group for distribution. The letter was then emailed and/or mailed in June 2010 to an expanded list of 50 stakeholders including drug court and youth court judges, law enforcement organizations, advocacy and professional organizations, and chancery court judges. The response has been very slow, with less than 10% responding by the end of the fourth quarter. A reminder letter will be emailed and/or mailed in early July. The delay in the return of information from the identified stakeholders has moved the analysis of the data into the first quarter of Year 2 (FY 2011). The returned information will be summarized and distributed to the work group and a report developed as soon as possible.

The work group approved a mechanism for follow up to calls to the OCS (Office of Constituency Services) Helpline, and this mechanism has been implemented. This mechanism will generate quarterly reports for tracking purposes which will be provided to Bureau Directors and the Executive Director. The first report will be submitted by the end of the first quarter of FY 2011.

**Action Plan 1.1.c** Prioritize target populations and revise eligibility criteria

**Progress:** Q 4 - Accomplishment of this action plan will be based on having a finalized list of target populations, which is expected in the first quarter of FY 2011. When that list is finalized, recommendations for prioritization will follow.

**Action Plan 1.1.d** Communicate target population served to public, stakeholders, and community

**Progress:** Q 4 - Accomplishment of this action plan will be based on the finalized list of populations to serve.

**Objective 1.2 Evaluate DMH-operated and DMH-certified programs to assess utilization, cost effectiveness, and continued relevance to current and future service system**

**Action Plan 1.2.a** Define parameters for program evaluation/assessment

**Progress:** Q 4 - Based upon information gathered by this work group regarding essential evaluation measures that are applicable across similar services, the revised 2010 DMH Minimum Standards, existing State Plan parameters, and DMH facility budget report data, recommendations for program evaluation will be forwarded to the 2011 work group that will enact 1.3.d to establish core performance indicators and data base to be used as a means of benchmarking between like programs.

## **Goal 1 Maximize efficient and effective use of human, fiscal, and material resources**

### **Objective 1.2 Evaluate DMH-operated and DMH-certified programs to assess utilization, cost effectiveness, and continued relevance to current and future service system**

**Action Plan 1.2.b** Conduct uniform performance evaluations of community services

**Progress:** Q 4 - Revisions to the DMH standards for community services are expected to be finalized in August 2010; with uniform standards evaluations to follow by January 2011. Therefore, this action was incorporated into the revised Strategic Plan and will be enacted by the FY 2011 work group focused on 1.3.a.

**Action Plan 1.2.c** Conduct uniform performance evaluations of institutional/hospital services

**Progress:** Q 4 - It was determined that there are existing performance indicators for efficiency and effectiveness for institutions/hospitals, in conjunction with routine reports to the Board regarding outcomes of existing surveys (Joint Commission, the Department of Health, and the Department of Mental Health). Presenting the data in a way in which facilities may be compared will be taken up by the 2011 Strategic Plan work group that will enact 1.3.d to establish core performance indicators and data base to be used as a means of benchmarking between like programs.

**Action Plan 1.2.d** Conduct cost analysis of individual services

**Progress:** Q 4 - The facilities' cost analysis will be captured to a degree in the performance indicators related to efficiency. These costs can be finalized during the first quarter of FY 2011 when all performance indicator actual information is entered by facilities. Costs for community services will require more information that should be obtained in the 1.3.d section of the FY 2011 Strategic Plan.

**Action Plan 1.2.e** Analyze existing service delivery structure and identify areas where increase in community capacity is needed

**Progress:** Q 4 – This action plan has been revised and included under Goal 3 in the FY 2011 DMH Strategic Plan.

### **Objective 1.3 Maximize funding opportunities and property utilization**

**Action Plan 1.3.a** Perform comprehensive assessment of current fiscal resources

**Progress:** Q 4 - Completed in the third quarter.

**Action Plan 1.3.b** Perform comprehensive assessment of all DMH property resources and utilization

**Progress:** Q 4 - The comprehensive list of property resources has yet to be pared down and grouped into useful categories. This is expected to be complete by September 2010 with a subsequent report on progress. Once the list is refined, it will be submitted to the Bureau Director of Administration with comments and suggestions to maximize effective and efficient use of these resources.

**Action Plan 1.3.c** Incorporate information from fiscal and property resources reports into Board actions/policies

**Progress:** Q 4 - Once the report for property resources is refined and sent to the Bureau Director of Administration, a committee may be formed to work toward accomplishing this action plan. This committee would have representation from Central Office and facilities. The committee would be responsible for evaluating the property and fiscal resources, and for making recommendations in the priority of utilizing these resources.

**Objective 1.4 Review and revise resource allocation methods**

**Action Plan 1.4.a** Evaluate resource allocation methods to determine need for changes/modifications in funding for community services

**Progress:** Q 4 - In the current fiscal situation, there have been significant reductions in the funds allocated through DMH grants and the Service Budget. With the current level of funding, many of the programs were funded based on the continuing needs of the individuals being served. Evaluation of the continued need for 1.4.a will be done during the transition to the FY 2011 Strategic Plan.

**Action Plan 1.4.b** Determine priorities for funding allocation

**Progress:** Q 4 - See 1.4.a

**Action Plan 1.4.c** Analyze effectiveness of current community services grants review and approval process

**Progress:** Q 4 - A list of RFP core components was developed during the third quarter which will be used by all service areas. No additional progress was made in this quarter, because the grants review and approval process was suspended due to funding issues.

**Action Plan 1.4.d** Develop reallocation options/strategies to support and expand community services

**Progress:** Q 4 - See 1.4.c

**Objective 1.5 Review and revise system-wide management and oversight practices**

**Action Plan 1.5.a** Review current Board practices/duties and identify those that enable Board to establish and prioritize critical issues

**Progress:** Q 4 - No new needed practices identified during this quarter.

**Action Plan 1.5.b** Review current Executive Management Team practices to include both administrative and clinical staff and revise key functions as needed

**Progress:** Q 4 - Completed in third quarter.

**Action Plan 1.5.c** Evaluate DMH organizational structure and identify any needed restructuring of staff duties and responsibilities to maximize efficiency and effectiveness of human resources in accomplishing DMH vision

**Progress:** Q 4 - The Review Committee comprised of the Executive Director, all Bureau Directors, and the Division Director of Accreditation continues to meet to approve applications and waivers of DMH Standards. DMH Executive Staff also met several times during the quarter to plan for additional budget cuts.

**Action Plan 1.5.d** Consolidate existing Mental Health and Intellectual/Developmental Disabilities certification and licensure divisions to increase quality assurance, efficiency, and consistency in program monitoring

**Progress:** Q 4 - Completed in the second quarter.

**Objective 1.5**      ***Review and revise system-wide management and oversight practices***

**Action Plan 1.5.e**      Develop new standards, policies, and procedures to determine providers' effectiveness in meeting individuals' stated outcomes, protecting their health and safety, and meeting specified goals and objectives of the programs

**Progress:**      Q 4 - During this quarter, drafts of revised standards from all divisions have been submitted for DMH bureau level review. Revised standards are expected to go to the DMH Board for approval in August 2010. Licensure survey and monitoring process changes, along with surveyor training, is expected to be completed by December 2010. Surveys utilizing new standards and procedures are to be initiated January 2011.

**Action Plan 1.5.f**      Automate program certification to ensure accuracy and reliability and to expedite the issuance of reports and certificates

**Progress:**      Q 4 - This will not be addressed until new monitoring processes have been finalized in FY2011, and a web-based system has been developed.

**Objective 1.6**      ***Strengthen the partnership between clinical and administrative staff for planning and decision making***

**Action Plan 1.6.a**      Increase communication between administrative and clinical staff to strengthen partnerships and identify key areas for collaborative input

**Progress:**      Q 4 - An electronic survey was distributed to leadership staff of all facilities on 6/3/2010. This questionnaire was developed to gather information about collaborative processes between administrative and clinical leadership. Facilities were encouraged to share the survey with both senior administrative and senior clinical staff members, with the goal of returning one collaborative response to survey questions.

Twelve facilities were queried with seventeen responses received (a small number of facilities submitted multiple responses). Electronic distribution of the questionnaire allowed rapid aggregation and return of survey data.

The committee's objective in returning survey data to the facilities was to share successful strategies currently in use to enhance communication and to identify best practices for collaboration across DMH. A summary of survey response data is available for review.

**Action Plan 1.6.b**      Offer integrated educational opportunities for administrative and clinical staff

**Progress:**      Q 4 - Completed in third quarter.

**Action Plan 1.6.c**      Increase shared decision- making opportunities for administrative and clinical staff

**Progress:**      Q 4 - This action plan was addressed in third quarter. Action Plan complete.

**Objective 1.7**      ***Maximize clinical staff time***

**Action Plan 1.7.a**      Collect research information on the use of extenders in psychiatry and the treatment of individuals with mental illness in Mississippi and other states

**Progress:**      Q 4 - Completed in third quarter.

**Objective 1.7 Maximize clinical staff time**

**Action Plan 1.7.b** Evaluate the effectiveness of the current use of physician extenders across the mental health system

**Progress:** Q 4 - Completed in third quarter.

**Action Plan 1.7.f** Expand use of psychiatric residents by DMH facilities

**Progress:** Q 4 - Per group consensus, action plans for Objective 1.7 have been completed. It is recommended that facilities continue to seek opportunities to expand the use of physician extenders, as well as expanding the use of psychiatric residents and medical students.

**Objective 1.8 Continue Strategic Planning process**

**Action Plan 1.8.a** Develop formal policies and procedures for monitoring and reporting on progress toward goals in the DMH Strategic Plan

**Progress:** Q 4 - Implementation of approved policy began in fourth quarter and will be on-going.

**Action Plan 1.8.b** Improve strategic planning process to increase internal and external stakeholder input and collaboration in future revisions of the DMH Strategic Plan

**Progress:** Q 4 - Stakeholder feedback was requested during the revision of the Strategic Plan. All internal/external stakeholders who are Goal Team members were asked to provide input on needed revisions for their goal(s). Stakeholders were also asked to provide feedback on the draft Strategic Plan FY 2011 - 2021 prior to approval by Board of Mental Health in June.

**Action Plan 1.8.c** Review existing state plans in DMH Bureaus to ensure alignment with DMH Strategic Plan

**Progress:** Q 4 - Review completed in third quarter. Developed information included in the BIDD State Plan and State Plan for Alzheimer's Disease approved by the Board of Mental Health on June 17, 2010.

**Action Plan 1.8.d** Conduct annual review of DMH Strategic Plan

**Progress:** Q 4 - The goal for the revision of the Strategic Plan was to move from year one's objectives, which focused largely on study, to more action oriented objectives. The challenge was to develop a plan that takes into account not only the realities of today's economy but the need to move forward to more community-based services. During the revision, revised SWOT and Vision information along with DMH's Mission, Vision, and Values and this fiscal year's completed activities were taken into account. The nine themes of Accountability, Person-centeredness, Access, Community, Outcomes, Prevention, Partnerships, Workforce, and Information Management also guided the goals' revision.

As result of collaboration between the Board of Mental Health's Strategic Planning Subcommittee, Goal Leaders, and Goal Team members, the Strategic Plan for FY 2011 – 2021 was streamlined. There is a significant decrease in the overall number of action plans for 2011 as compared to 2010. Most year one action plans were completed, and those action plans that overlapped or are now part of routine activities were deleted. Also, action plans were made more measurable so that actions demonstrate movement toward our vision.

The Strategic Plan was revised and submitted for review to Board of Mental Health and stakeholders on 5/20/10. Upon review of feedback by Board Strategic Planning Subcommittee, additional revisions made. Revised Strategic Plan FY 2011-2021 was approved by the Board on 6/17/10, with implementation beginning 7/1/10.

**Objective 2.1 *Develop and/or expand meaningful interaction of self-advocates and families in designing and planning at the system level***

**Action Plan 2.1.a** Determine what defines a transformed, recovery/evidence-based, person-driven, community-based system

**Progress:** Q 4 - Goal Team 2 has determined what defines a transformed, recovery/resiliency/evidence based, person driven, community-based system. The information has been provided to Bureau Directors and DMH Executive Director for feedback/approval. Because Goal 2 has recently added resiliency to the definition, efforts are being made to obtain greater degree of feedback from children and individuals with intellectual/developmental disabilities services. Upon approval of recovery/resiliency principles and components, information will be cross referenced and reviewed to insure principles and components are addressed in DMH philosophy and minimum standards.

**Action Plan 2.1.b** Expand the purview of the Division of Consumer and Family Affairs (DCFA) to work with all DMH Bureaus

**Progress:** Q 4 - The DCFA will work with all Bureaus through the peer review process, where consumers, family members and interested stakeholders review/evaluate mental health, IDD, alcohol and drug services, Alzheimer's Disease, and Children and Youth programs/services. Upon approval by the Executive Director, of the DMH Central Office: Consumer and Family Involvement Report, DCFA will work with Bureaus on supporting consumer and family involvement on task forces, councils, work groups, and committees. Peer review Guide/Manual has been updated, but awaiting the standards revision and approval of recovery components/philosophy to incorporate final updates to manual and peer review process.

**Action Plan 2.1.c** Increase internal and external communication about the importance of self advocate and family participation in service design and planning

**Progress:** Q 4 - Information will be disseminated upon approval by the Executive Director. Currently a report on Consumer and Family Participation at the Central Office is under review. Upon approval of this report, recommendations to include dissemination of materials will be implemented. Additionally, materials have been compiled for community mental health centers and hospitals to assist in involving consumers and family members in service design and planning. A guide for Consumer and Family participation has been completed which details the time, date, and location of all DMH Advisory Council meetings. The pamphlet encourages consumers and family members to contact the Councils and volunteer their services.

**Action Plan 2.1.d** Review current task forces, advisory councils, work groups, and coalitions associated with the DMH and formalize avenues by which self advocates and family members provide input into policy development and service design and planning

**Progress:** Q 4 - Reviewed DMH task forces, advisory councils, work groups and coalition bylaws; conducted consumer and family satisfaction survey; and conducted survey of DMH staff regarding the roles of consumers and family members on task forces, councils, work groups and coalitions. Additionally, conducted survey on barriers to effective participation of task forces, committees, etc. Finally, bylaws were reviewed to ensure compliance in regard to consumer and family participation and recommended changes to ensure meaningful participation. DMH Central Office: Consumer and Family Participation Report is awaiting approval from Executive Director for distribution to Bureau Directors and further dialogue with staff to assist and support recommendations.

**Objective 2.1**

*Develop and/or expand meaningful interaction of self-advocates and families in designing and planning at the system level*

**Action Plan 2.1.f**

Encourage and provide opportunities for self advocates/family members to assume leadership roles on all DMH advisory councils

**Progress:**

Q 4 - DMH Central Office: Consumer and Family Participation Report is awaiting approval by the Executive Director. This report discusses means to ensure meaningful consumer and family involvement, areas to ensure effective leadership roles for consumer and family members, means in which DMH staff can encourage and support opportunities for consumers and family members to assume leadership roles on DMH advisory councils, and potential training opportunities to prepare consumers for the role.

**Objective 2.2****Action Plan 2.2.a**

Continue to evaluate the effectiveness of the current Peer Review Process

**Progress:**

Q 4 - Updated the Peer Review Manual to include changes in the roles of peer reviewers. Changes include reviewing CMHCs, hospitals, and private non-profit programs on their progress in transforming to a person driven, recovery/resiliency oriented system of care. CMHCs and non-profit programs will complete a Recovery/Resiliency Self Assessment. Peers will utilize the Recovery/Resiliency Self-Assessment to evaluate services/programs. Once both the provider and the peer reviewers have completed the Assessment, the Peers will work with providers to determine strengths and weaknesses of the system and develop a plan to transform to a person driven, recovery/resiliency oriented system of care. Currently, the assessment is being reviewed for feedback by selected community mental health center staff, consumers and family members, and interested stakeholders.

Peer Review Manual and assessment will be utilized by peers across domains (IDD, A&D, and Community Services, to include Children and Youth services and Alzheimer's Disease)



**Objective 3.1      *Establish equitable access to services statewide***

**Action Plan 3.1.a**      Analyze existing service locations by availability of and accessibility to required core services

**Progress:**              Q 4 - The document analyzing gaps in service provision was distributed to the Workgroup and feedback was requested. The feedback received was incorporated into the document and redistributed to the Workgroup for final approval. The Workgroup plans to meet in July 2010, after several attempts to meet were postponed in previous quarter. This information will then be provided in report form to the Executive Director.

**Action Plan 3.1.b**      Assess OCS data concerning calls by region and county to identify major areas of need

**Progress:**              Q 4 - The additional data requested by the workgroup was provided via email, with feed back requested. Work will begin on the final analysis report in the upcoming July meeting.

**Objective 3.2      *Develop a comprehensive crisis response team***

**Action Plan 3.2.a**      Define criteria for “psychiatric crisis”

**Progress:**              Q 4 - Foundational definition has been adopted. We reserve the right to amend this definition as needed due to the fluid nature of these service areas.

**Action Plan 3.2.b**      Identify comprehensive psychiatric crisis system service options

**Progress:**              Q 4 - On 4/28/2010, the Governor signed HB 965 into law. The Division of Community Services then began formal discussions with the Executive Directors of the CMHCs proposed to operate the Crisis Intervention Centers which would, as of July 1, 2010 be known as the Crisis Stabilization Units. Once the plan was presented to and accepted by the CMHC Executive Directors, meetings were arranged between the CMHCs and the Crisis Stabilization Unit’s (CSU) staff to present the plan and layout the timeframe for operational transfer. These meetings took place at the end of May. Beginning in June, the CMHCs began formal meetings with the CSUs' staff to offer jobs. On July 1, 2010, four of the six CSUs will be operated by a CMHC. The CSU in Brookhaven will be transferred at some point during the first quarter of FY 2011 to Region 8 CMHC. The CSU in Newton will remain with Central Mississippi Residential Center.

Region 6 was the first region to operate a DMH partially funded PACT (Program of Assertive Community Treatment) team and enrolled the first client in June 2010. They are slated to enroll three clients per month to keep pace with their current staffing level. This service option will be expanded as further funding becomes available.

The Hattiesburg Behavioral Health Court (HBHC) continued its preparedness with a Mental Illness & Criminal Justice Workshop for law enforcement officers, judges, chancery court personnel, and mental health staff. The HBHC will tentatively receive its first client in the next quarter. The Department supports these efforts of jail diversion as a mental health service option.

DMH also facilitated meetings with the Panola County Sheriff’s Department and the Jones County Sheriff’s Department to establish working relationships with the CMHCs and the Crisis Centers. Chancery court clerks and jail staff also attended these productive meetings.

**Objective 3.2      *Develop a comprehensive crisis response team***

**Action Plan 3.2.h**      Identify funding sources, new or reallocated, for services offered through the comprehensive psychiatric crisis system

**Progress:**              Q 4 - DMH is currently completing an HCBS Waiver application with the Division of Medicaid to allow reimbursement for PACT Services. Additional funding sources/opportunities continue to be sought.

The Community Partnership of Lauderdale Co. has applied for a grant from the Bureau of Justice Administration to develop a program for reducing recidivism rates of consumers being detained or arrested by the Sheriff's Department. The grant award has not been announced at this time.

**Action Plan 3.2.i**      Develop mental health capacity for disaster response

**Progress:**              Q 4 - A member of the DMH Disaster Team has been authorized to attend the Crisis Counseling Program Grant Writing training in August 2010. This will allow for another team member to be knowledgeable about completing applications for federal assistance for crisis counseling to insure DMH is awarded the most assistance available in the event of a needed response.

As part of a collaborative effort, the DMH Disaster Response Team has helped to position Mississippi to become the first state to have all Department of Health Certified healthcare facilities receiving a "Green" score on their Emergency Operations Plans.

Also during this quarter, DMH certified programs are beginning the planning steps to respond to the Deepwater Horizons Oil Spill that will require working closely with MEMA. DMH submitted a proposal to BP on June 29, 2010, to begin a response program that will include outreach, referral, and education relating to Post Traumatic Stress experienced from the social and economic devastation of many in that region. DMH requested these resources as Behavioral Health Impact Mitigation Funds. The amount requested includes \$10 million to administer grants to public and private mental health providers in areas impacted by the oil spill from July 1, 2010-January 1, 2011. After January 2011, another grant of \$10 million is requested to cover behavioral impact mitigation for the next three years. A conference call between BP Executives and the DMH Executive Director to discuss the proposal is scheduled to take place on 7/14/2010

**Objective 3.3      *Advance the use of nontraditional service delivery options***

**Action Plan 3.3.b**      Identify funding sources to assist with purchasing needed equipment for telemedicine

**Progress:**              Q 4 - Dialogue between DMH's Division Director of Community Services, Bureau Director of Mental Health, and Pharmaceutical representative regarding the establishment of a grant to provide Tele-Psychiatry in the rural areas of Mississippi's CMHCs regions has stalled. The Department will continue to seek additional partners to work with towards this effort.

The Delta Health Alliance received a grant from the UMC Psychiatry Department to establish T-1 lines as well as mobile laptops in all CMHCs in the delta counties except Attala, to allow them to provide telemedicine to the citizens in those rural areas.

**Action Plan 3.3.c**      Identify funding sources which include telemedicine as a covered/reimbursable service

**Progress:**              Q 4 - The work towards developing telemedicine minimum standards to be included in the DMH Minimum Standards is ongoing. Board approval will ensue upon completion of the overall standards revision project in the first quarter of 2010.

Collaboration efforts between DMH, UMC, and the Division of Medicaid towards making Telemedicine a reimbursable service are on hold pending approval of a Medicaid State Plan Amendment, which can only be approved by an act of the State Legislature which does not convene until January 2011.

**Objective 3.4**      *Increase methods by which people can access information and referrals to DMH services/supports*

**Action Plan 3.4.a**      Identify current means and methods of receiving/making referrals and distribution of information

**Progress:**              Q 4 - All action plans for FY 2010 were completed prior to fourth quarter.

**Action Plan 3.4.b**      Ensure that all DMH websites provide relevant, consistent information about access to services and supports

**Progress:**              Q 4 - The Executive Director approved the DMH Web site recommendations with one change. The recommendations will be provided to Central Office and all DMH facilities with the goal to ensure that all DMH Web sites provide relevant, consistent information about access to services and supports. A copy of the recommendations is available upon request. Implementation will be completed in the first quarter of FY 2011.

**Objective 3.5**      *Incorporate cultural competencies into DMH policies, procedures and practices*

**Action Plan 3.5.a**      Identify methods to provide DMH services in a culturally competent manner to individuals/families who are non-English speaking

**Progress:**              Q 4 - Consulted with Mr. Robert Blue, Cultural Competency Coordinator, Oklahoma System of Care Office of Children, Youth and Families regarding the best ways their agency has been able to provide mental health services in a culturally competent manner to individuals/families who are non-English speaking. These suggestions will be reviewed further by the Goal Team in the next fiscal year to determine how best to implement and incorporate these suggestions into policy.

**Action Plan 3.5.b**      Translate resources and client/patient related materials into other languages as needed

**Progress:**              Q 4 - DMH has identified its current partners to translate resources and materials as needed and will continue to formulate additional partnerships as needed. A list of these translation partnerships has been developed and is available for review upon request.

**Action Plan 3.5.c**      Identify distribution points for resource materials to non-English speaking populations

**Progress:**              Q 4 - Seven (7) different agencies/providers/businesses have been confirmed as distribution points to serve as Clearinghouses for resources and materials for non-English speaking populations throughout the state. We are awaiting the decisions of an additional four 4 agencies. A list of these agencies/locations is available for review upon request . Efforts will continue to secure more distributors.

**Action Plan 3.5.d**      Ensure availability of translation services for individuals with limited English proficiency

**Progress:**              Q 4 - Five additional Translators and Interpreters and/or agencies, along with contact persons and contact information, have been added to the list of translator/interpreter services formulated and maintained by the Goal Team. These services vary from face-to-face interpretation to document translations to via phone interpretations/translation services.

**Action Plan 3.5.e**      Present the Draft DMH State Plan for Cultural Competency to the Executive Director for review, feedback and approval

**Progress:**              Q 4 - An update on the plan was presented to the MCTF ( Multicultural Task Force) on 4/16/2010, and the revisions to plan were presented to the task force on 6/24/2010. The meeting scheduled with the Executive Director was cancelled but will be rescheduled as soon as possible.

**Objective 3.5 *Incorporate cultural competencies into DMH policies, procedures and practices***

**Action Plan 3.5.f** Incorporate the cultural competency plan into DMH policies, procedures and practices

**Progress:** Q 4 - As stated in the Third Quarter Progress Report, the Cultural Competency Plan Committee and DMH leadership have decided to make it a policy to incorporate cultural competency in each of our four state plans. Co-Chair of the MCTF and Strategic Plan Objective 3.5 met with the chairperson of the DMH Minimum Standards Revision group to provide input on the proposed standards regarding cultural competency for the new minimum standards. The Goal Team leadership also proposed having Catholic Charities translate all the required forms to accompany the new standards.

The Goal Team leadership also met with the Director of PLACE and provided recommendations for the Module Training regarding cultural diversity and cultural competency. In addition, the MCTF will provide recommendations to PLACE on including cultural competency in the Rules and Regulations and Application Guidelines for Programs.

**Objective 3.6 *Address timeliness to services***

**Action Plan 3.6.a** Utilize input from consumers, families and service providers to identify barriers to accessing DMH services

**Progress:** Q 4 - All action plans for FY 2010 were completed prior to fourth quarter.

**Action Plan 3.6.b** Evaluate current waiting times for all DMH community services

**Progress:** Q 4 - All action plans for FY 2010 were completed prior to fourth quarter.

**Action Plan 3.6.c** Evaluate current waiting times for all DMH facility-based services

**Progress:** Q 4 - All action plans for FY 2010 were completed prior to fourth quarter.

**Action Plan 3.6.d** Determine if a person receives support while awaiting DMH services and what type

**Progress:** Q 4 - All action plans for FY 2010 were completed prior to fourth quarter.

**Objective 4.2 Increase integration of mental and primary health care**

**Action Plan 4.2.a** Develop comprehensive list of primary and rural health care providers

**Progress:** Q 4 - Action Plan completed during second quarter, however the group continues to work together and make progress in efforts to collaborate with primary health providers. The Goal 4 committee met on 6/3/2010. The subcommittee discussed telephone interviews with the CMHCs regarding their collaboration with local primary health care providers. It was decided to postpone interviews as pertinent fiscal matters arose during this Quarter.

**Action Plan 4.2.b** Continue collaborating with the MS Chapter of the American Association of Pediatrics to develop a website for children’s mental health resources and a standard referral process for pediatricians to use when referring children to the DMH system

**Progress:** Q 4 - Action Plan completed during second quarter. DMH designated staff continue to participate in the MS AAP Task Force which met on 4/29/2010. The website for children’s mental health resources and services continues to be available and updated (<http://msaap.umc.edu>).

**Objective 4.3 Increase system capacity for providing community living and community support options**

**Action Plan 4.3.a** Establish a Housing Task Force comprised of DMH staff and representatives from local housing authorities, “Home of Your Own”, peers, and other needed partners

**Progress:** Q 4 - Housing Task Force established during the second quarter. Goals and objectives encompassing the work of DMH staff and two consulting entities were developed and provided to the Goal 4 Team Leader for work in Year 2 of the Strategic Plan; this draft was developed at the end of the second quarter. (Preliminary Plans: Moving the Housing Initiative Forward).

As mentioned, Simons Consulting, LLC, and the Technical Assistance Collaborative, Inc. (TAC), which provide specialized technical assistance in planning and development of supportive housing and related services, were engaged as consultants in April 2010 and May 2010, respectively, with support through federal Transformation Transfer Initiative (TTI) funds. Research and development of recommendations for state-level staffing and support resources needed to implement a statewide strategic plan for housing were among the activities included in the Statement of Work for Simons Consulting, LLC; Ms. Simons’s previous experience includes serving as a Regional Housing Coordinator for Tennessee’s successful Creating Homes Initiative.

**Objective 4.3 Increase system capacity for providing community living and community support options**

**Action Plan 4.3.b** Develop, disseminate and compile a statewide housing needs assessment to identify the most serious area(s) of housing shortage/needs.

**Progress:** Q 4 - This action plan was originally scheduled to begin implementation in FY 2011, but it was initiated in the fourth quarter of FY 2010. DMH staff working on the housing needs assessment and strategic planning component of the TTI project completed an agreement for one consultant, Simons Consulting, LLC, in mid-April 2010. The consultant has continued to implement activities consistent with her statement of work, focusing initially on the identification and mapping of existing housing resources across the state and on work with the Division of Planning to build partnerships at the state and local levels.

An agreement was completed in mid-May 2010, with a second consulting organization with housing and support service development expertise [the Technical Assistance Collaborative, Inc. (TAC)], which is working collaboratively with Simons Consulting, LLC on the needs assessment and resource mapping process. TAC will also keep staff apprised of relevant national housing-related developments.

In early June, Mary Simons and Tessie Smith provided a briefing on the project activities to date to the DMH Executive Director and Central Office administrators. In mid-June, Steve Day, Executive Director of TAC, worked on-site with DMH staff, visiting Hinds Behavioral Health Services and the Community Services Division of Mississippi State Hospital to gain additional information on the structure and function of services in Mississippi at the community level. Steve Day, Mary Simons and DMH staff working on the housing initiative met again with the DMH Executive Director, and administrators from Central Office and Mississippi State Hospital to discuss the housing planning initiative in more detail, and to gain additional input on system characteristics, challenges and needs. The consultants also continued to collaborate on the needs assessment and mapping of resources components of the project, which will facilitate the gap analysis and prioritization of needs for different types of housing in the continuum across the state.

In April through June 2010, DMH staff and/or consulting staff have attended meetings hosted by and/or with other state and local level entities to develop or to build on existing partnerships needed for planning and development of additional housing options. Those entities included the Mississippi Development Authority (hearing on the Consolidated Housing and Development Plan); University of Southern Mississippi Institute of Disabilities Studies (IDS), Housing Advisory Committee and technical assistance group hosted by IDS for Maryland Center at Kennedy Krieger Institute (John Hopkins University); Mississippi Home Corporation (state housing finance agency); Hinds County (Deputy Sheriff); Metro-Jackson Housing Partnership and the ARC.

In late May, 2010, DMH received notice that it had been selected to receive the SOAR (SSI/SSDI Outreach, Access and Recovery) technical assistance designed to enhance access to SSA disability programs for people who are homeless. DMH staff assigned to the Projects for Assistance in Transition from Homelessness (PATH) program administered by the DMH will coordinate the SOAR project, which will facilitate the state's housing initiative.

In April, May and June 2010, DMH staff working on the housing planning project participated in the monthly conference call with the NASMHPD Project Director, to review progress to date and report on activities planned for moving forward on Transformation Transfer Initiative (TTI) project objectives; funding for the housing consultants is being provided through the federal TTI initiative.

In May 2010, DMH staff and Simons Consulting met with staff in the Division of Health Facilities Licensure and Certification at the Mississippi State Department of Health to introduce the consultant and discuss in more detail her role in the housing planning initiative; collaborative activities to facilitate the needs assessment, and gap analysis aspects of the project.

**Action Plan 4.3.d** Work with community support resources to facilitate the development of additional community housing for people in the DMH system

**Progress:** Q 4 - Resource development to support the development of additional community housing will be addressed specifically in the Housing Strategic Plan that is scheduled for completion in FY 2011.

**Objective 4.3 Increase system capacity for providing community living and community support options**

**Action Plan 4.3.f** Continue active involvement in Mississippi Transportation Initiative

**Progress:** Q 4 - BCS and BIDD staff continue to support and participate in monthly MS Coordinated Transportation Coalition meetings.

**Objective 4.4 Establish and mandate procedures to ensure collaboration and coordination between facility and community programs when a person is discharged**

**Action Plan 4.4.a** Conduct statewide utilization review of Intensive Case Management Services to determine how it can best be used to assist people in remaining at home and in the community

**Progress:** Q 4 - Intensive Case Management standards have been written and reviewed. The Bureau Director of Community Services has approved them. At this time, preparation is being made to post these standards to the public for feedback, prior to final approval and implementation.

**Action Plan 4.4.b** Conduct a needs assessment, including the exploration of barriers, regarding the transfer of persons treated for substance abuse disorders to aftercare programs post-discharge

**Progress:** Q 4 - Training has been provided in Regions 3, 5, 6, 9, 12, 13, and 15 and to the Specialized Treatment Center. Training was not completed with all of the regions due to budget cuts to the grant funding this effort. At this time, training has been scheduled for Region 4, South MS State Hospital, and MS State Hospital. There is a request to extend the grant and provide additional funding through March 2011 in order to provide training for East MS State Hospital, North MS State Hospital, CMRC, and the remainder of the CMHC regions (1, 2, 4, 7, 8, 10, 11, and 14).

**Action Plan 4.4.d** Formalize communication and aftercare planning process between DMH facilities and CMHCs.

**Progress:** Q 4 - This action plan was slated for implementation in FY 2011. However, feedback from facility staff and CMHC staff has been collected regarding the need to formalize communication and the aftercare planning process between DMH facilities and CMHCs. This feedback was incorporated into a discharge policy that has been reviewed by the affected individuals. The final draft of the policy will be presented to the DMH Executive Staff for approval at the July meeting. Implementation by DMH psychiatric facilities will follow.

**Objective 4.5 Expand interagency and multidisciplinary approaches to service delivery**

**Action Plan 4.5.b** Expand MAP Teams for children/youth with SED

**Progress:** Q 4 - MAP Team 101 training was provided to new MAP Team Coordinators, including Pike County on 4/15/2010. The Lafayette and Pike County MAP teams are operational in Quarter 4; however, Leake County MAP team development has been delayed due to lack of funds. A representative from the Bureau of Intellectual & Developmental Disabilities continues to participate in the bimonthly MAP Team Coordinators' meetings to discuss the integration of IDD and transition-aged services and supports into the existing MAP Teams.

**Action Plan 4.5.c** Review effectiveness of and revise Adult MAP (AMAP) pilot projects currently funded through the BCS

**Progress:** Q 4 - Despite early concerns, the Bureau of Community Services was able to maintain grants funding the AMAP teams in Regions 6, 7 and 8 this year. Feedback from AMAP team leaders is that the teams are very successful and that they want additional funds to expand. Numbers of individuals reviewed by these teams was not available at the time of this report. Consideration should be given to utilizing a quarterly performance measure detailing the number of cases reviewed and outcome summary for each MAP team (adult and children).

**Objective 4.6**      *Develop a five-year plan to redistribute portions of DMH's budget from institutional to community based services*

**Action Plan 4.6.a**      Convene a working committee with representation from advocacy and self advocacy organizations, Advisory Councils, CMHCs, DMH facilities, and provider agencies to develop a detailed plan for shifting of funds

**Progress:**              Q 4 - Committee was appointed in first quarter; proposals and strategies were discussed and reviewed during the second quarter and third quarters. Funding issues have impacted the formalization of plans to shift funds away from facilities to community based services.

**Action Plan 4.6.b**      Evaluate resources which could be shifted from psychiatric hospital budgets to community services each year to create a crisis service continuum

**Progress:**              Q 4 - Plans made and implemented to transfer operations and funding of five of the remaining six Crisis Intervention Centers to CMHCs. In addition to transferring the operations of these facilities, \$1.5 million in funding was shifted from the DMH institutional budget to the operating CMHCs. PACT Team staff has been hired and trained; implementation underway.

**Action Plan 4.6.c**      Submit legislation to allow Mississippi to implement "Money Follows the Person" to accommodate transition of residents in facilities to the community

**Progress:**              Q 4 - At this time, there is a plan to identify all ICF/MR clients who the treatment teams think could function in a community setting and to present proposals to the client and family. A plan will be initiated to move to the community any client wishing to do so (if considered appropriate by the treatment team). Money will be transferred from the facility the client resides to fund the match for HCBW services the client will need in the community.



**Objective 5.1*****Identify best practice and evidence-based models applicable to DMH system of care, populations served, and demographics*****Action Plan 5.1.a**

Utilize clinical and programmatic staff in establishing Evidence Based/Best Practice (EB/BP) Work Group to identify evidence-based, best practices for implementation by DMH programs

**Progress:**

Q 4 - EB/BP workgroup was established in Quarter 1 and subcommittees began working to accomplish the action plans for Goal 5. Subcommittees consisted of Mental Health (child and adolescent and adult), IDD, and A&amp;D separately.

**Action Plan 5.1.b**

Conduct literature review of evidence-based and best practices which correspond to DMH's service areas

**Progress:**

Q 4 - The literature review of evidence-based and best practices was conducted early in the strategic planning year. A copy of the document is available upon request.

**Action Plan 5.1.c**

Identify evidence-based and best practice models currently used in the Mississippi public mental health system

**Progress:**

Q 4 - Each committee conducted a survey of all DMH operated and certified programs throughout the state. This survey identified specific nationally recognized evidence-based/best practices. Survey results are available upon request.

**Objective 5.3*****Establish service outcomes for programs/services for which evidence-based or best practices have not been established*****Action Plan 5.3.a**

Identify DMH-operated and/or DMH-certified programs/services for which evidence-based or best practices have not yet been established

**Progress:**

Q 4 - Required services according to DMH standards are not interchangeable in terminology or focus with evidence based practices. Results of the survey conducted in the fourth quarter will be compared with the required services to try to match services with practices if possible during next year.

**Action Plan 5.3.b**

Review literature and information regarding National Core Indicators or other national outcome measures

**Progress:**

Q 4 - During Quarter 1, literature review activities included information regarding national core indicators and other national outcomes.

**Action Plan 5.3.c**

Develop and/or strengthen the desirable outcomes for each applicable service area

**Progress:**

Q 4 - This activity is ongoing. DMH standards are not yet complete and staff will work together to strengthen outcome requirements applicable to standards during next fiscal year.

**Action Plan 5.3.d**

Incorporate service outcomes into the DMH Standards

**Progress:**

Q 4 - This activity is dependent on 5.3 c; therefore, several preliminary tasks are necessary prior to this action plan. This action plan will be part of next year's goals.

**Objective 5.4 Encourage consistent treatment across the system of care**

**Action Plan 5.4.a** Identify and support opportunities for sharing information, resources and best practices among public mental health providers

**Progress:** Q 4 - This action plan has been ongoing since Quarter 1. During the fourth quarter, each DMH facility reported their activities to support opportunities for sharing information and best practices for clinical staff. Each facility has conducted numerous trainings throughout the year.

**Action Plan 5.4.b** Identify therapeutic strategies that are proven effective and make available in all areas of the State

**Progress:** Q 4 - The most identified therapeutic strategy used effectively throughout the state is Cognitive Behavioral Therapy. Consultation and training is available as requested.

**Objective 6.1 Increase community awareness activities that focus on mental health issues and DMH**

**Action Plan 6.1.a** Evaluate current statewide awareness efforts

**Progress:** Q 4 - Work group members developed an evaluation report of the current statewide awareness efforts. This report was used in determining upcoming action plans for Goal 6.

**Action Plan 6.1.e** Develop a survey to send to courts/law enforcement to assess their knowledge of local mental health providers and identify areas needing improvement

**Progress:** Q 4 - Survey development was complete and the survey was disseminated in the fourth quarter. A total of 83 surveys were sent to sheriffs in Mississippi of which 39 responded. A total of 300 surveys were sent to judges in Mississippi of which 44 responded.

**Action Plan 6.1.f** Based on survey results, provide information to courts and law enforcement regarding mental health issues and available services

**Progress:** Q 4 - DMH and Dr. Joe Kinnan presented information at the Mississippi Sheriff's Association Conference on June 10, 2010. DMH and CMHC staff attended the Mental Illness and Criminal Justice System Conference on June 30, 2010.

**Objective 6.1** *Increase community awareness activities that focus on mental health issues and DMH*

**Action Plan 6.1.h** Develop and implement a public awareness campaign targeted for prevention to the Fetal Alcohol Spectrum Disorders (FASD)

**Progress:** Q 4 - The MS Advisory Council-FASD verified that all six RADAR (Regional Alcohol and Drug Awareness Resource) centers in the state have FASD educational materials that can be distributed. In addition to the FASD brochure that will be developed for distribution during FY 2011, MS AC-FASD agreed to pursue development of a bookmark that would have the FASD logo and contact information on one side and a quick checklist to identify problem drinking behavior on the other side. The bookmark can be used with the same target population as the brochure during FY 2011 (mental health providers) with expansion to include other relevant groups in subsequent years.

Planning for the 7th Annual FASD Symposium continued during the fourth quarter. Eagle Ridge Conference Center in Raymond will be the location for the Symposium. The guest speaker will be Donnie Winokur, who is with the NOFAS (National Organization on Fetal Alcohol Syndrome) Georgia state chapter and the adoptive mother of a child with FASD. There will also be a panel presentation as part of the Symposium agenda. Save-the-Date cards were mailed and the registration brochure is in production.

During the fourth Quarter, public awareness about FASD prevention was increased through the following conferences, workshops, or other events:

- Conducted FASD exhibit at the Annual MS Chapter of the American College of Obstetrics and Gynecology (ACOG) which was attended by more than 100 physicians.
- Provided FASD Basics training to approximately 60 Head Start employees at their semi-annual statewide Head Start Training Conference.
- Provided an FASD update to members of the MAP Teams in Regions 4, 10, 14.
- Provided FASD education and training to approximately 45 case managers and therapists at Weems CMHC (Region 10).
- 9 members of the MS AC-FASD statewide task force participated in the 2010 Building FASD State Systems National Conference which included a presentation of the Mississippi FASD statewide system, an update on the statewide FASD project, and a discussion of the MS FASD state plan.
- Provided FASD information and update to the Mississippi Governor's Commission on the Status of Women and made them aware of the work being done to address these needs among women and families in the state.
- Conducted FASD exhibit at the Annual Children's Conference in Gulfport that was sponsored by CASA and Gulf Coast Women's Center for Nonviolence.
- Presented FASD information and update for approximately 30 nurses and nutritionists with the MS Department of Health at their regular staff in-service training.

**Objective 6.2** *Develop overall strategies for early intervention to prevent and/or mitigate symptoms associated with mental health issues*

**Action Plan 6.2.a** Review current DMH methods to educate the public and medical professionals about mental health risk factors, symptoms and treatment

**Progress:** Q 4 - Work group members evaluated the current strategies used to improve DMH's current methods to educate the public on mental health risk factors, symptoms and treatment.

**Objective 6.2** *Develop overall strategies for early intervention to prevent and/or mitigate symptoms associated with mental health issues*

**Action Plan 6.2.b** Expand public education about mental health (IDD, mental illness, alcohol and drug abuse, Alzheimer's and dementia) risk factors, symptoms and treatment

**Progress:** Q 4 - In April, DMH met with the military's Joint Behavioral Task Force to discuss ways DMH can work with the military to improve education about mental health and access to services. The Task Force requested a four-fold plan which includes:

- adding a component about the military into training offered to the community mental health centers;
- developing a resource guide for military staff about services offered (including substance abuse);
- designing a poster and brochure for a Think Again/Shatter the Silence military campaign to help fight stigma; and
- distributing information at booths at Yellow Ribbon events.

These activities were included in the revised strategic plan for FY11 and 12.

As part of National's Children Mental Health Awareness Week, DMH and Mississippi Families As Allies for Children's Mental Health co-hosted a health fair on May 3 at Jackson Medical Mall to provide information to the public on risk factors, symptoms and treatment. Vendors were available with information about children's mental health. DMH received newspaper and radio coverage about the event and children's mental health.

As a result of the recent tornadoes and oil spill, DMH developed two press releases and conducted two radio interviews on how to cope with stress during disasters. DMH also hosted, in conjunction with the Mississippi Department of Health and Warren Yazoo Mental Health Service, a free stress management seminar which focuses on coping with disaster related stress in Yazoo County.

North MS State Hospital developed a digital signage program to use in the hospital's lobby which includes PowerPoint, videos, and other methods to educate those who visit the facility on matters pertaining to mental health. NMSH also pitched a story idea about DMH's Talk About It program to the Tupelo Daily Journal and an extensive article was published in May.

More than 210 newspapers articles were published during the fourth quarter. More than 20 television stories and three radio interviews aired. The media coverage included topics such as FASD, alcohol and drug abuse, Alzheimer's Disease, facility information, suicide prevention, IDD activities, budget, etc.

**Action Plan 6.2.f** Increase education and services/supports for early onset and newly-diagnosed persons with dementia

**Progress:** Q 4 - During FY 2010, the Division of Alzheimer's in partnership with the Alzheimer's Association Mississippi Chapter and the Memory Clinic of Hattiesburg Clinic developed a support group for individuals in the early stages of Alzheimer's disease. The first group began in September 2009 and ran for six weeks and featured a topic for education and discussion. The group met every two weeks. Participants of the group were also patients of the Memory Clinic. The pilot group had four members.

The second support group for individuals in the early stages of Alzheimer's disease began in May 2010. The group followed an identical format and had six members. Participation was open to both patients of the Memory Clinic and the general public. Meetings followed a topical format. Individuals and family members met for the initial meeting. Caregivers were not present for the remaining meetings. The Memory Clinic was pleased with the response to the support group. The Clinic plans to continue offering an early stage support group and plans to expand the group to form an additional Caregiver Support Group in the Fall of 2010. The Division of Alzheimer's plans to continue to participate in this initiative.

**Objective 6.3** *Increase efforts to de-stigmatize mental health issues*

**Action Plan 6.3.a** Revise and expand anti-stigma efforts regarding people who have mental illness by developing a campaign specific for Mississippi

**Progress:** Q 4 - The Think Again Network met in April to discuss activities in the previous quarter and future plans. Plans have begun to expand work with the colleges and schools in the fall. A Think Again presentation was made to the Vicksburg chapter of the Public Relations Association of Mississippi in April.

A Think Again North Network, a North Mississippi chapter, was established in the fourth quarter. The Network began work on four activities: a workshop for teachers/parents/workers with youth (similar to the one held in Gulfport in the spring) to be held during Suicide Prevention Week; a brochure for distribution to parents at the beginning of the school year that outlines resources available to them should they have concerns about their child's mental health; public service announcements/skits written by University of Alabama theater majors; and a youth festival focusing on suicide prevention/mental health to be held next spring. The Network consists of 11 members with representatives from NMSH, North Mississippi Medical Center's Behavioral Health Center, NAMI, Region III CMHC, and Region IV CMHC. The Network met six times during the fourth quarter.

**Action Plan 6.3.b** Continue anti-stigma presentations at schools statewide and provide teacher education and informational packets to all school districts

**Progress:** Q 4 - A total of 46 Think Again (anti-stigma) presentations were conducted statewide reaching more than 1,300 individuals. During a two day period, East Mississippi State Hospital was able to reach nearly 300 students in the Meridian Public School District with the Think Again & Shatter the Silence presentations. The overall response for the program was positive and several students came forth afterward to speak with counselors on specific problems they were having. Information was also presented to more than 350 youth at the Native American Youth Conference.

In FY10, DMH created an evaluation and developed a database to measure students perceptions of mental illness prior to and after the anti-stigma presentations. A total of 1,979 evaluations were completed during FY10. According to the evaluations, prior to the presentation 48% of students had a positive or very positive view of mental illness and persons with mental illness. After the presentation, 69.7% of students had a positive or very positive view of mental illness and persons with mental illness. The evaluation also revealed that the media and personal experiences influenced students perceptions of mental health. A total of 81.3% of students reported that they could use information they learned during the presentation to help a friend in need.

**Action Plan 6.3.c** Develop a statewide "Ability Awareness" campaign to educate Mississippians about intellectual and developmental disabilities by focusing on the abilities of the individuals

**Progress:** Q 4 - The MS Abilities Awareness Council met June 1. The Council decided to enlist the help of PR staff at Ellisville State School to produce a logo for the "Possibilities Through Abilities" campaign. The Council also worked on developing a brochure which will include information on supported employment, job shadowing, and pre-vocational activities.

**Objective 6.4** *Increase substance abuse prevention activities*

**Action Plan 6.4.a** Increase the capacity of the substance abuse prevention workforce to deliver services utilizing the latest technology

**Progress:** Q 4 - All 28 funded programs are required to enter data monthly on the SUREtool (data tracking system). 28,777 persons were served in the fourth quarter with a total of 137,342 persons served during this fiscal year.

**Objective 6.4**      ***Increase substance abuse prevention activities***

**Action Plan 6.4.b**      Monitor compliance with requirement that all funded substance abuse prevention agencies have an assigned prevention coordinator

**Progress:**              Q 4 - By April 2010, all 28 programs had submitted their grant applications and included their assigned prevention coordinator and their qualifications.

**Action Plan 6.4.d**      Increase collaboration with other agencies that have an interest in substance abuse prevention to strengthen prevention activities

**Progress:**              Q 4 - Twenty-eight (28) coalition meetings were held during the fourth quarter with a total of 112 local coalition meetings held throughout the year by prevention coordinators.

**Action Plan 6.4.e**      Continue to collaborate with the MS Department of Education to fund SmartTrack, an online student survey and the Snapshots substance abuse data website

**Progress:**              Q 4 - The Snapshots Web site averaged 1,716 visits per month in the fourth quarter and a total of 17,610 visits in FY 2010.

**Action Plan 6.4.f**      Establish and implement state and community-level strategic plans to reduce underage drinking

**Progress:**              Q 4 - Currently, all 28 funded programs developed their agencies strategic plan for combating underage drinking and submitted this to DMH as part of their grant application in April 2010.

**Action Plan 6.4.g**      Maintain a network of prevention services providers utilizing evidence-based substance abuse prevention in communities around the state

**Progress:**              Q 4 - There were 27 evidence-based programs implemented during the fourth quarter with a total of 44 evidence-based programs implemented in FY 2010.

**Action Plan 6.4.h**      Maintain compliance with the federal Synar Regulation established to reduce youth access to tobacco

**Progress:**              Q 4 - MS Retailer Violation Rate (RVR) was 3.8% for 2010. Mississippi must ensure that the SYNAR RVR is not over 20%. Mississippi has one of the lowest RVR in the country.

**Action Plan 6.4.i**      Reduce/prevent marijuana use by youth through implementation of evidence-based programs and practices targeting marijuana use prevention

**Progress:**              Q 4 - In June, marijuana use by Mississippians 12 yrs and older was 5% compared to the national average of 6.1%. A total of 18 programs implemented a marijuana initiative during the fourth quarter. A total of 28 funded programs implemented a marijuana use youth initiative this year.

**Objective 6.5**      ***Expand suicide prevention efforts statewide***

**Action Plan 6.5.a**      Identify funding sources, using new and/or existing resources, to support suicide prevention efforts

**Progress:**              Q 4 - No new information to report.

**Objective 6.5 Expand suicide prevention efforts statewide**

**Action Plan 6.5.b** Expand members of Mississippi Youth Suicide Prevention Council

**Progress:** Q 4 - Election of new officers took place during the fourth quarter.

**Action Plan 6.5.c** Increase number of agencies/entities participating in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) learning collaborative

**Progress:** Q 4 - No new information to report.

**Action Plan 6.5.d** Continue and expand the "Shatter the Silence" Youth Suicide Prevention campaign

**Progress:** Q 4 - Due to increased requests, DMH revised and reordered the Shatter the Silence potty posters which are distributed to schools statewide. The posters will be distributed in the fall.

A total of 46 Shatter the Silence presentations were conducted statewide reaching more than 1,300 individuals. During a two day period, East Mississippi State Hospital was able to reach nearly 300 students in the Meridian Public School District with Shatter the Silence presentations. The overall response for the program was positive and several students came forth afterward to speak with counselors on specific problems they were having. Information was also presented to more than 350 youth at the Native American Youth Conference.

In FY10, DMH created an evaluation and developed a database to measure students perceptions and knowledge of mental illness and suicide prevention prior to and after the presentations. A total of 1,979 evaluations were completed during FY10. A total of 81.3% of students reported that they could use information they learned during the presentation to help a friend in need.



**G o a l 7 Share responsibility for service provision with communities, state and local governments, and service providers**

**Objective 7.1** *Develop mutual goals and strategies among DMH, CMHCs and other public mental health system providers to maximize the availability, affordability, and provision of community-based services*

**Action Plan 7.1.a** Further develop working relationships with CMHC Directors' Association

**Progress:** Q 4 - Representatives of the CMHC Directors' Association attended the April, May, and June meetings of the Board of Mental Health. Additionally, the Board of Mental Health Chairperson formalized the Board's invitation to the CMHCs to include time on the monthly board agenda for a representative of the CMHCs to address the Board. During the May meeting of the Board of Mental Health, a CMHC Executive Director had the opportunity to address the Board of Mental Health regarding the plan for the crisis center redesign.

**Action Plan 7.1.b** Re-establish the Long Range Planning Committee by combining it with Continuity of Care Committee – Public Mental Health Workshop

**Progress:** Q 4 -The Long Range Planning Committee met twice during the fourth quarter: 4/13/2010 and 6/1/2010. The focus of the April meeting was on the new commitment law/jail issues, other legislation, update of the Mental Health State Plan and DMH Strategic Plan, and a review of the Strategic Plan's first and second quarterly progress reports. The focus of the June meeting was to develop responses/comments on the Draft Strategic Plan FY 2011-2021.

**Action Plan 7.1.c** Establish a DMH work group (inclusive of a Board member) to develop strategies for coordinating service systems and structures with CMHCs and other public mental health providers

**Progress:** Q 4 - The Long Range Planning committee met on 4/13/2010 and 6/1/2010. Additionally, the Mental Health Joint Study Committee/Advisory Council met on 6/14/2010.

**Action Plan 7.1.d** Continue DMH participation on the Alcohol and Drug Directors State Association

**Progress:** Q 4 - The Director of the Bureau of Alcohol and Drug Abuse continues to participate on the Alcohol and Drug Directors State Association. BADA staff participated in the April 9, 2010 meeting of the association.

**Action Plan 7.1.e** Expand roles and relationships with NAMI, MHA, Arc of MS, LIFE and other advocacy organizations to provide services in which costs are shared

**Progress:** Q 4 - Due to current budgetary constraints, the number of initiatives utilizing funding from DMH has not increased. An increase is not foreseeable in the upcoming fiscal year. Relationships are in place to try to maintain current services and support new initiatives, should funding permit.

**Objective 7.2** *Strengthen partnerships with other state and governmental entities to provide services*

**Action Plan 7.2.a** Review existing interagency agreements and Memorandums of Understanding to identify all partners

**Progress:** Q 4 - Partnerships identified during third quarter.

**Objective 7.2*****Strengthen partnerships with other state and governmental entities to provide services*****Action Plan 7.2.b**

Retool existing interagency agreements and MOUs to reflect all grants, contracts, and monitoring agreements so there is one agreement that is reviewed and/or revised annually

**Progress:**

Q 4 - The MOU workgroup reviewed existing interagency agreements during the third quarter. The workgroup agreed that one standard format for the agency is not needed at this time. Additionally, Grants Management has streamlined the contracting process utilized with grant recipients. No further action during fourth quarter.

**Action Plan 7.2.c**

Set goals for establishing new partnerships with state agencies

**Progress:**

Q 4 - New partnerships with agencies and entities will be ongoing as additional needs and projects arise. Work is currently being done to develop a partnership with the military to provide education about public mental health resources to address the mental health needs of members of the military and their families.

**Action Plan 7.2.d**

Continue to serve on interagency task forces, work groups, councils, and committees

**Progress:**

Q 4 - DMH Staff continues involvement in many interagency groups. Additional partnerships and involvement in interagency task forces, work groups, councils, etc. is foreseeable.

**Action Plan 7.2.e**

Continue to invite other agencies to serve on DMH task forces, work groups, councils and committees

**Progress:**

Q 4 - DMH continues to invite other agencies to serve on DMH task forces, work groups, councils, etc. These activities will be ongoing.

**Action Plan 7.2.f**

Collaborate with other agencies that have an interest in substance abuse treatment and prevention

**Progress:**

Q 4 - The Bureau of Alcohol and Drug Abuse Advisory Council met on 4/8/2010.

**Action Plan 7.2.h**

Continue to lead and support the State Level Interagency Case Review Team (SLCR)

**Progress:**

Q 4 - The State Level Case Review Team continues to meet the third Thursday of each month. Additional meetings are scheduled as needed.

**Action Plan 7.2.i**

Continue to provide representation on Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council as required by legislation

**Progress:**

Q 4 - The DMH Executive Director continues to serve on the Interagency Coordinating Council for Children and Youth. The ICCCY last met on 6/11/2010. The Director of the Division of Children and Youth and the Director of the Bureau of Intellectual and Developmental Disabilities continue to participate on the ISCC. The ISCC last met 6/22/2010.

**Objective 7.3*****Engage nontraditional community partners to secure funds, donations, and/or volunteers*****Action Plan 7.3.f**

Maintain partnership with the Mississippi National Guard in order to offer training through the Community Anti-Drug Coalitions of America

**Progress:**

Q 4 - The BADA continues to collaborate with the MS National Guard Counterdrug Task Force Drug Demand Reduction Program.



**Objective 8.1      *Increase opportunities for direct support professionals***

**Action Plan 8.1.a**      Develop strategies to provide competitive salaries for Direct Support Professionals

**Progress:**              Q 4 - Due to current economic downturn, salary increases for Direct Support Professionals is not feasible at this time.

**Action Plan 8.1.b**      Provide increased educational opportunities for Direct Support Professionals (College of Direct Support, life skills training, leadership/supervisory training, GED programs, Basic Supervisory Course)

**Progress:**              Q 4 - A member of the task force attended the College of Direct Support Administrator's Forum in New Orleans, LA, on 4/11/2010. Information regarding the usefulness of the program in regard to employee retention was discussed during the forum and a New York facility representative stated that their turnover rate improved to 10% from 50% for those employees who participated in the CDS program.

The Arc of Mississippi is willing to accept all costs of implementation through a grant to get the entire state set up with the College of Direct Support until such time each participating organization could bear the financial responsibility.

**Objective 8.2      *Develop a comprehensive Human Resources plan***

**Action Plan 8.2.a**      Enhance recruitment activities

**Progress:**              Q 4 - Due to current economic downturn and fewer positions available for recruitment, recruitment activities have been reduced by each facility.

**Action Plan 8.2.b**      Examine the future personnel needs of the agency with respect to transformation of the service system

**Progress:**              Q 4 - Awaiting fiscal resources

**Action Plan 8.2.c**      Increase employee retention rates

**Progress:**              Q 4 - Information has been compiled from each facility and a report provided to the Board of Mental Health dated May 11, 2010.

**Action Plan 8.2.e**      Incorporate information from the DMH Anti-stigma and Abilities Awareness campaigns into new employee orientation

**Progress:**              Q 4 - Information from the DMH Anti-stigma and Abilities Awareness campaigns has been implemented into each general orientation class effective May 1, 2010.

**Objective 8.3      *Increase the number of student interns, externs, and residents utilized by the DMH***

**Action Plan 8.3.a**      Expand partnerships with colleges and universities for recruitment from psychology residency programs, psychiatric nurse practitioners, licensed professional counselors, special education, social work, nursing and psychiatry rotations (MD and DO)

**Progress:**              Q 4 - Central Office expanded its partnerships by partnering with Alcorn State University's; School of Business. A student with the school has accepted an internship with the Bureau of Administration and has been assigned to work in the Division of Grants Management/Audit.

Mississippi State Hospital has expanded its partnerships by partnering with the University of Mississippi Medical Center for a psychiatry resident rotation for fourth year psychiatry residents to spend a required month on an adult admissions unit.

**Objective 8.3      *Increase the number of student interns, externs, and residents utilized by the DMH***

**Action Plan 8.3.b**      Research criteria to become an internship/practicum/residency site for new and/or existing programs

**Progress:**              Q 4 - The task force is continuing to contact colleges and universities in order to compile a comprehensive resource list to provide to each facility. DMH currently has affiliation agreements with 90 schools and 33 colleges and universities.

**Action Plan 8.3.c**      Continue to make internship and field placement opportunities available throughout the agency

**Progress:**              Q 4 - The task force is continuing to contact colleges and universities in order to compile a comprehensive resource list to provide to each facility. DMH currently has affiliation agreements with 90 schools and 33 colleges and universities.

**Objective 8.4      *Continue DMH educational enhancement and leadership development programs***

**Action Plan 8.4.a**      Continue Educational Leave and Enhancement programs

**Progress:**              Q 4 - Due to the current economic downturn, educational leave and enhancement programs are continuing at a decreased rate.

**Action Plan 8.4.b**      Continue Focus Program

**Progress:**              Q 4 - Group IV attended their second FOCUS Retreat, 7 Habits of Highly Effective People, 4/21 - 23/2010.

**Action Plan 8.4.c**      Encourage participation in State Personnel Board (SPB) training courses

**Progress:**              Q 4 - Due to current economic downturn and reduction in funds for training, new participants are not participating in SPB training programs at this time.

**Action Plan 8.4.d**      Offer diverse methods of providing employee education to ensure staff receive training on the most up-to-date information and practices

**Progress:**              Q 4 - Survey results reflect that 63% of respondents have an interest in increasing on-line training programs. The task force is currently studying the feasibility of pursuing on-line training.

**Action Plan 8.4.e**      Increase cross-training initiatives among DMH staff (both facility and community based) to allow them to function in either setting

**Progress:**              Q 4 - DMH, through its Staff Development Departments, taught a total of 60 Community Integration/Community Inclusion/Active Treatment/Normalization classes during FY 2010.

**Action Plan 8.4.f**      Provide education to primary care physicians through web-based training and continuing medical education (CME)

**Progress:**              Q 4 - Mississippi State Hospital presented "Pharmacokinetics and Pharmacodynamics" by Dr. Brian Crabtree on April 20, 2010, and had 34 participants.

Mississippi State Hospital presented "Getting the most from your Referral for Psychological Evaluation" by Dr. Amy Baskin on May 18, 2010, and had 25 participants.

**Objective 8.4 Continue DMH educational enhancement and leadership development programs**

**Action Plan 8.4.g** Coordinate and provide training specifically targeted to staff who work in community based settings

**Progress:** Q 4 - DMH, through its Staff Development Departments, taught a total of 60 Community Integration/Community Inclusion/Active Treatment/Normalization classes during FY 2010.

**Action Plan 8.4.h** Provide skills enhancement training to meet clinical core competencies

**Progress:** Q 4 - Skills enhancement training is being provided to staff on a monthly basis for each discipline. Initial competency evaluations are done after new hire, again at 6 mo. and 12 mo. intervals for probationary employee, then at least annually thereafter for each disciplines.

**Action Plan 8.4.i** Educate Facility and Central Office staff about the DMH Strategic Plan and how it relates to their job duties

**Progress:** Q 4 - Information pertaining to the DMH Strategic Plan has been implemented into each general orientation class effective May 1, 2010.

**Objective 9.1** *Establish centralized IT management structure for DMH*

**Action Plan 9.1.a** Establish Information System (IS) Task Force to analyze the existing DMH Division of Information Services' duties, responsibilities, activities, available workforce, capacity to coordinate IT projects across the DMH, and ability to address hardware support, application support, and information management support

**Progress:** Q 4 - As reported in the second quarter, the task force leader met with Executive Director to discuss this action plan. Based on the discussion, DMH's IS division will develop a database to capture IT activities/projects.

The team leader presented an Information Technology update at the June 2010 Executive Staff meeting. Approval was received to establish a Data User's Group for MH, IDD, and Central Office. Information obtained at the meetings will be entered into the database and shared agency-wide.

Members of the Data User's Group will consist of employees recommended by the facility directors.

**Action Plan 9.1.b** Recommend necessary and required system structure and components

**Progress:** Q 4 - It is recommended to continue to use the CDR for data collection and reporting. Reports are generated in Crystal Report.

**Action Plan 9.1.c** Restructure DMH Division of Information Services to serve as the central point of contact for information on IT projects, IT plans and future directions, integration of data collection and reporting across bureaus, and shared services across all facilities, such as hardware, software, e-mail, etc.

**Progress:** Q 4 - The Executive Director approved the establishment of the "Data User's Group." Establishment of the Data User's Group will help the DMH IT division facilitate and centralize gathering and sharing IT plans, projects, data collection, etc., agency-wide.

Data User's Group meetings will begin in the first quarter of FY 2011.

**Objective 9.2** *Continue to develop a comprehensive, web-based data management system*

**Action Plan 9.2.a** Implement the CDR (Central Data Repository) project for mental health services

**Progress:** Q 4 - The DMH Central Data Repository has been implemented and all of the CMHCs currently submit data. Each CMHC is working to meet the maximum submission error rate of 5%.

**Action Plan 9.2.b** Utilize CDR data to develop reports on outcomes, demographics and service utilization

**Progress:** Q 4 - The DMH's Central Office Information Systems division is currently developing additional reports to add to the already developed URS data reports required by SAMHSA. The IS division will continue to develop adhoc and annual reports for each DMH-Central Office Bureau. The IS division developed SADAP, TEDS, TEDS-NOMS, TEDS-SOMMS and SSBG reports to meet some of the current Bureau of Alcohol and Drug Abuse federal data submission requirements.

**Action Plan 9.2.c** Integrate Bureau of Alcohol and Drug Abuse (BADA) data into CDR

**Progress:** Q 4 - Action plan completed.

**Objective 9.2** *Continue to develop a comprehensive, web-based data management system*

**Action Plan 9.2.d** Continue development of browser-based data entry system for providers lacking automated systems for reporting to the CDR

**Progress:** Q 4 - DMH's Central Office Information Systems division continues to work with ITS (CDR development vendor). The mental health non-profit/free standing treatment providers will have a web-based system developed to allow these providers to enter data directly into the CDR or a system to allow these providers to submit a flat-file to the CDR. The Bureau of Mental Health director and staff will provide information on which data items are already being collected and what other data items will need to be collected. The system is not yet available for "pilot" testing.

**Objective 9.3** *Integrate and share existing DMH data*

**Action Plan 9.3.a** Identify and analyze existing data within the DMH in terms of commonalities and differences among current systems, identifying areas of duplication in data capturing (both inter- and intra-division) and determining opportunities for sharing software and/or system/components

**Progress:** Q 4 - Following interviews with each of the DMH Divisions, it was determined that several divisions are collecting grant data (such as monthly cash requests and running balances) which is already collected through DMH budget office. Other than collecting the data as a second check, there is no need to double collect this data. At this time, each division is deciding whether not they need/want to invest the time necessary to collect budget data already available on the intra-office shared drive through the budget office. Our recommendation is that budget office continue to collect data, and that divisions possibly "drill down" on the data elements they are collecting to capture more specific elements pertaining to grant information such as numbers served, number of admissions, number of discharges, etc.

**Action Plan 9.3.b** Determine additional information needs and/or identify unnecessary information being collected

**Progress:** Q 4 - Action plan completed.

**Action Plan 9.3.c** Investigate the use of proprietary systems for data collection and analysis

**Progress:** Q 4 - The Microsoft Office Suite used at DMH Central Office is adequate for data collection and analysis. Therefore, no proprietary system is necessary at this time.

**Action Plan 9.3.d** Develop list of core processes and outcome measure reports and update over time as needed

**Progress:** Q 4 - The Core Processes identified through the interviews include each of the outcome measures already specified in the DMH State Plan, which is submitted to SAMSHA each year for the block grant. Each service area has a target for the year and outcome measures. Currently, this data is being collected and compiled in different ways even within specific divisions. To ensure efficient access to this data, it is recommended that the data necessary for quarterly or annual reports should be the focus of data collection within the divisions.

**Objective 9.4** *Establish and standardize an Electronic Health Records(EHR) System for all DMH facilities*

**Action Plan 9.4.a** Determine DMH requirements for an Electronic Health Records (EHR) System

**Progress:** Q 4 - Research of the required components was completed and reported in second quarter. Work continued in fourth quarter to research the feasibility of working with a consultant group for the implementation of an EHR.



**Objective 9.4**      *Establish and standardize an Electronic Health Records(EHR) System for all DMH facilities***Action Plan 9.4.b**      Study software programs for EHRs currently being used in DMH facilities**Progress:**              Q 4 - The team leader met with several vendors, researched DMH current standings/needs and considered the size of an EHR implementation. The team leader presented an update on the EHR process to the Executive Director at the June 2010 Executive staff meeting. A recommendation was made to seek the advice of a professional consulting group to see what DMH's overall EHR needs will be.**Objective 9.5**      *Develop and implement DMH Patient/Client Tracking System***Action Plan 9.5.a**      Determine data elements and system outcomes and requirements for a patient/client tracking system**Progress:**              Q 4 - As reported in the third quarter, the Central Office IS staff have the capability to track patient/clients. Research/discussions will continue to address the legal and technical issues of expanding the CDR to share information between the facilities.**Action Plan 9.5.b**      Review systems used by other states as well as proprietary systems for data collection and analysis**Progress:**              Q 4 - Action plan completed.**Objective 9.6**      *Develop capacity for electronic sharing of information among public mental health system***Action Plan 9.6.a**      Develop web-based formats for providers to submit routine required information**Progress:**              Q 4 - A pilot format has not yet been developed. Research and reporting requirements will be further reviewed as the Data User's Group meets quarterly to discuss IT projects, plans, data collection and reporting.**Action Plan 9.6.d**      Develop agency intranet system**Progress:**              Q 4 - Research and information gathering will be conducted as the Data User's Group meets quarterly to discuss IT projects, plans, data collection and reporting, and data sharing.