

**Mississippi Board of Mental Health  
and  
Department of Mental Health**

**Strategic Plan  
Progress Report**



**Third Quarter  
January 1, 2011 – March 31, 2010**

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

**Objective 1.1 Increase efficiency within DMH**

**Action Plan: 1.1a** Finalize RFP for food services project and report related expenditure reductions

**Progress – Quarter 3**

A report of expenditure reductions has been compiled, which compares the annual costs (prorated by days) under self-operation to the costs under the contract with Valley. The approximate expenditure reduction is \$328,000 for all three facilities (EMSH, NMSH, and SMSH) during the third quarter. About 70% of the days in the third quarter were under contract food services.

**Action Plan: 1.1b** Develop and implement recommendations for two Expenditure Reduction Projects each year across DMH facilities

**Progress – Quarter 3**

Feedback has been gathered from all ICF/MRs related to food service costs through a Baseline program. Baseline information from the facilities will be used to compare and reduce costs. A recommendation to proceed with food service cost reductions through the Baseline program was submitted to DMH administration during the third quarter. During the fourth quarter, there will be information reported on standardization, product selection processes, and their associated cost reductions for food service at the ICF/MRs.

More feedback will be gathered during the fourth quarter regarding pharmacy expenditures at ICF/MRs. Boswell Regional Center (BRC) and Hudspeth Regional Center (HRC) will be the sources for information needed to develop a plan to outsource pharmacy services at other ICF/MRs, if outsourcing is feasible and seen as beneficial. BRC already outsources pharmacy services. HRC is moving forward with outsourcing pharmacy services, with the only reduction in employees being through attrition, and with a private pharmacy filling the prescriptions for individuals on campus. A summary report will be developed during the fourth quarter based on HRC's experience in implementation of outsourcing the pharmacy, and specifically the related expenditure reductions and operational problems. This report will be available for other facilities, as needed.

**Objective 1.2 Maximize funding opportunities**

**Action Plan: 1.2a** Obtain at least two new grants annually

**Progress- Quarter 3**

The consolidated list of all currently acquired grants was updated and made available on the DMH common drive.

On February 22, 2011, the Division of Medicaid received notice of award for their application for a Money Follows the Person grant available through CMS. Although the Department of Mental Health did not directly receive any award funding, this important grant will help individuals move from institutional care into appropriate community-based settings. This is a six-year award totaling a little over \$37 million.

**Objective 1.3** *Revise system-wide management and oversight practices to improve accountability and performance*

**Action Plan: 1.3a** Perform standardized certification survey procedures for all DMH certified programs utilizing 2011 standards

**Progress- Quarter 3**

Draft protocol procedures for the certification process were developed and submitted to Bureau Directors for their review and approval on January 25, 2011. The protocol is currently being revised by the Bureau Directors and expected to be completed by April. Training for all DMH review staff will be held early in the fourth quarter.

The initiation of review visits was postponed until April 2011; therefore, implementation of the protocol will be delayed until then.

**Action Plan: 1.3c** Conduct revised 2010 consumer satisfaction surveys for DMH certified programs

**Progress- Quarter 3**

Summary reports of the results of the 2010 consumer satisfaction surveys have been compiled and will be sent to providers by April 15, 2011.

**Action Plan: 1.3d** Establish core performance indicators and data base to be used as a means of benchmarking between like programs

**Progress- Quarter 3**

Feedback from consumers/family members regarding what performance measures are priorities were received from Children's Task Force, Consumer Rights and Long Range Planning Committee on February 23, 2011.

Draft matrix of potential performance indicators has been developed and includes: cost effectiveness, standards of care/compliance, access/capacity; prevention, perception of care/satisfaction with services. Draft matrix was forwarded to DMH division and bureau directors following consumer group input and revisions end of March. Prioritization of performance measures is being requested of Bureau Directors and DMH Executive Director.

## **Goal 2 Strengthen commitment to a person-driven system of care**

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

**Action Plan: 2.1a** Integrate a transformed, recovery/evidence-based, person-driven, community-based system into the philosophy of the Department of Mental Health (by virtue of the standards, policy and procedures, and education of DMH staff)

#### **Progress – Quarter 3**

Prior to placing the final document describing DMH's recovery/resiliency oriented system of care on the website, suggestions were received about ways to improve the site. Staff met with web developer, and changes will continue to be made and information entered in the fourth quarter.

Information will continue to be periodically placed in DMH Central Office Newsletter and other DMH publications. Presentations are being scheduled for the fourth quarter with providers, DMH staff, and state planning councils. Training has been also been planned and will continue to be presented during the fourth quarter centering around personal outcome measures, recovery/resiliency philosophy and the link to DMH Operational Standards.

Training on recovery resiliency system of care and its applicability to operational standards, DMH policies and procedures, and site visit protocol began in March 2011, and will continue into April 2011. A crosswalk has been completed between the personal outcome measures and DMH Operational Standards. Training has been scheduled in April with all DMH monitoring staff. Staff will continue to receive training throughout the year through various mediums.

A representative from all bureaus has participated in planning and training on recovery/resiliency oriented system of care to ensure training is comparable, where applicable.

Training will be in provided for Central Office during a Monday Meeting in April.

The Clinical Services Liaison is in the process of developing a protocol for implementation of the recovery/resiliency model, which includes identifying and addressing barriers to implementation of recovery/resiliency model in "medical model" system of care.

**Action Plan: 2.1b** Administer Recovery Self Assessment to DMH Central Office to determine movement towards a recovery/evidence-based, person-driven, community-based system. Upon completion of the assessment, implement an independent Recovery Self Assessment conducted by DMH certification review team and the peer review team (i.e., consumers, family members, mental health professionals, and interested stakeholders)

#### **Progress – Quarter 3**

Bureau Directors gave approval for the implementation of the Personal Outcome Measures© which is a component of the self assessment. Thirty-seven peers have been trained.

The Personal Outcome Measures© were then piloted in two CMHC regions. Providers gave feedback on the process. This phase of the recovery/resiliency process will be completed before the Self Assessment begins.

**Action Plan: 2.1c** Administer the Recovery Self Assessment to DMH certified programs and an independent Recovery Self Assessment through the peer review process of programs certified by DMH

**Progress – Quarter 3**

Self Assessment has been placed on hold until Personal Outcome Measures© has been implemented. Peers have begun conducting interviews with providers using Personal Outcome Measures©. Reports are prepared after each provider visit and provided to the appropriate Bureau Directors.

**Action Plan: 2.1d** Develop infrastructure/formal methods to enhance communication between local advisory councils and state advisory councils

**Progress – Quarter 3**

DMH Operational Standards, which addressed feedback from individuals and family members, were implemented January 2011. DMH Site Visits are scheduled to begin April 2011. Policies and Procedures of providers will be reviewed at that time for compliance with recovery and resiliency principles and for information on means that providers obtain feedback from individuals and family members, in addition to advisory councils. This information will be compiled at the completion of the current site visit year for analysis.

**Action Plan: 2.1e** Utilize social network as an avenue to connect consumers and family members participating in delivery, planning, and evaluating services and provide training/education on recovery oriented system

**Progress – Quarter 3**

Work continues with website developer to get the network up and running. Information on Recovery/Resiliency, glossary of recovery terms, consumer rights, and personal outcome measures is on the site, however, it will not be available for use until the fourth quarter.

Computers will be available for consumers to use to access the website through advocacy organizations and other local resources such as the public library system.

**Objective 2.2 *Develop and or expand meaningful interaction of self advocates and families in monitoring services***

**Action Plan: 2.2a** Establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process

**Progress – Quarter 3**

Consumer and Family Participation Policy has been distributed to providers to serve as resource for providers implementing their own individual consumer and family participation policy.

A list of the 37 trained peers is being maintained, and training of additional peers will be ongoing. A survey has been developed and is given to Personal Outcome Interviewers to complete after a visit. Based on feedback from peers, additional trainings/needs will be addressed. Reporting abuse and neglect, consumer rights, and an overview of programs are areas that were identified. Training will be done so peers will be more effective in the process. Furthermore, the entire process will be reviewed for effectiveness after it has been in operation a full year.

**Action Plan: 2.2b** Implement a peer review evaluation program certified by DMH using recovery principles and the recovery self assessment that will encompass clinical staff

**Progress – Quarter 3**

Two additional clinical staff were trained during the third quarter for a total of five. DMH Clinical Services Liaison will oversee clinical piece of peer process utilizing the trained clinical peers.

**Action Plan: 2.2c** Train peer reviewers to evaluate a recovery oriented mental health system utilizing the recovery self assessment guide

**Progress – Quarter 3**

Three trainings on Personal Outcome Measures© were conducted during the third quarter.

**Objective 2.3 *Develop and or expand meaningful interaction of self advocates and families in service delivery***

**Action Plan: 2.3a** Collaborate with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service

**Progress – Quarter 3**

Efforts continue with Medicaid to make the services provided by peer specialists reimbursable by Medicaid.

**Action Plan: 2.3c** Develop and implement a Peer Specialist certification and testing process

**Progress – Quarter 3**

Awaiting Medicaid's decision to make peer specialist services reimbursable. Training will continue at such time.

Two mental health regions have employed Peer Specialists to work on PACT teams.

## **Goal 3 Improve access to care**

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

**Action Plan: 3.1a** Develop plan for future expansion of targeted services in unserved/underserved areas utilizing established priorities and trends report

#### **Progress – Quarter 3**

SB 2836, The Rose Isabel Williams Mental Health Reform Act of 2011, is awaiting the Governor's approval. In the bill, certain core services are required and must be made available in each county.

The DMH Appropriation Bill for FY 2012 (SB 3055) is currently awaiting the Governor's approval. The amount appropriated in the bill is \$249.3 million. By making some reductions in costs for existing operations, it is anticipated that no further reductions in community services will occur in FY 2012.

### **Objective 3.2 Develop a comprehensive crisis response system**

**Action Plan: 3.2b** Evaluate CMHC-operated crisis intervention centers based on defined performance indicators

#### **Progress – Quarter 3**

As of December 31, 2010, the Crisis Stabilization Units (CSUs) have had 1101 admissions with 54% Voluntary and 45 % Involuntary. There were 1009 discharges. 91% of all admissions diverted from DMH psychiatric facility and 88% of all involuntary admissions diverted from DMH psychiatric facility.

Data for the quarter ending March 21, 2011 will be available in April 2011 pending submission of monthly cash requests from the CSUs.

Based on data from reports generated from the database, the Division of Community Services will establish baseline performance measures before the end of the current grant cycle (June 30, 2011).

**Action Plan: 3.2c** Establish services to divert individuals with SMI from entering the criminal justice system and require and support CMHCs' provision of assessment, triage, treatment and case management services to local county jails

#### **Progress – Quarter 3**

The Executive Director of the DMH has called a meeting with the CIT Steering Committee on April 28, 2011, to consider the next steps to be taken in re-organizing the CIT initiative and making CIT services available throughout the state.

Contact was made with Chair of CIT Taskforce who stated that the funding committee could not meet the deadline for submitting a proposal to the Bureau of Justice Administration (BJA) for FY 2011 funding of a Justice and Mental Health Collaboration Grant. The committee will pursue other funding opportunities.

The Lauderdale Co. Community Partnership did apply for the FY 2011 BJA funding and plans to implement a CIT Program in Meridian/Lauderdale Co. The Partnership hopes to be notified they have received funding for FY 2012 during Summer 2011.

Region 6 and Region 15 are in the planning stages to develop a jail diversion program (behavioral health court or CIT). They are in the process of organizing stakeholders in the cities of Greenwood and Vicksburg. DMH is assisting Regions 6 and 15 as well as Lauderdale County and the Hattiesburg Behavioral Health Court.

Meetings were held with 12 county sheriffs and chancery clerks (Alcorn, Tippah, Tishomingo, Prentiss, Claiborne, Hinds, Holmes, Jeff Davis, Noxubee, Clay, Webster, Oktibbeha) and information was shared discuss the CSUs and to let the sheriff's departments know they could use CSUs as well as the Holding Facility standards. DMH will offer technical assistance to help them get certified as Holding Facilities.

The same information was shared at the MS Association of Supervisors Conference at the Jackson Hilton Hotel on January 12, 2011, with 229 in attendance. Another meeting is scheduled with the Sheriffs from DeSoto, Tippah, and Alcorn Counties for April 12-14, 2011.

**Objective 3.3 *Incorporate cultural competencies into DMH policies, procedures and practices***

**Action Plan: 3.3a** Incorporate components of the approved cultural competency plan into DMH policies, procedures, and practices

**Progress – Quarter 3**

On January 28, 2011, letters were mailed to Timber Hills Mental Health Services, Community Counseling Services, and Warren-Yazoo Mental Health Service to request a copy of their Policies and Procedures Manual. The information submitted was reviewed for adherence to the Cultural Competency Plan and the mental health centers were contacted to discuss their policies and procedures.

The Department of Mental Health Policies were reviewed for adherence to the Cultural Competency Plan and a meeting will be scheduled with DMH attorney to discuss the findings.

**Objective 3.4 *Advance the use of nontraditional service delivery options***

**Action Plan: 3.4a** Increase the use of respite services to prevent out-of-home placement for children/youth with SED and adults with Alzheimer's/other dementia

**Progress – Quarter 3**

There has been no significant increase in the use of respite due to the lack of increased funding available.

**Objective 3.5 *Address timeliness to services***

**Action Plan: 3.5a** Establish length-of-wait admission goals for all DMH certified programs

**Progress – Quarter 3**

SB 2836, which is awaiting Governor's approval, requires DMH facilities to notify DMH each month of the names of individuals discharged and to which CMHC they are being referred for services. The names of individuals and their progress through the system will be monitored during DMH Site Visits as well as by Division of Community Services' staff to determine if Operational Standards related to length of wait for appointments are being met.

**Action Plan: 3.5d** Incorporate changes in the pre-evaluation screening training for service providers

**Progress – Quarter 3**

Current information on preadmission screening will continue to be provided as needed or requested.

**Action Plan: 3.5e** Develop educational materials for families regarding the commitment process

**Progress – Quarter 3**

A pamphlet has been developed and is being distributed to the CMHCs to make available for viewing individuals receiving services, family members, and the public in their waiting areas.



## **Goal 4 Continue transformation to a community**

### **Objective 4.1 Increase system capacity for providing community living and community support options**

**Action Plan: 4.1a** Conduct statewide housing needs assessment for people in the DMH system  
**Progress – Quarter 3**

Staff worked with Mississippi Automated Resource System (MARIS) on maps of existing DMH-certified community-based housing and available data on other affordable housing locations in relation to selected population characteristics and community mental health service regions.

Continued to review/request additional information to refine needs assessment and gap analysis.

On February 22, 2011, consultants to housing planning initiative identified and discussed with DMH leadership policy and operational issues that will influence the design and implementation of the DMH strategic housing plan development and implementation; these priority system issues and recommendations for advancing the initiative will be incorporated in the plan document.

**Action Plan: 4.1b** Develop Strategic Housing Plan based on results of statewide housing needs assessment

#### **Progress – Quarter 3**

Communication with representatives from housing finance and assistance agencies/organizations (e.g., HUD Hub Office of Public Housing, MS Home Corporation, USDA/Office of Rural Services, MS Development Authority, USM/IDS staff, Jackson Housing Authority), with community mental health service providers) and with other support service agencies/entities (MS State Dept. of Health, Division of Medicaid, Long Range Planning Committee of MS State Mental Health Planning & Advisory Council) about the housing planning initiative and potential for increased collaboration continued.

DMH staff and consultant provided overview of the housing planning initiative at the *2011 Annual Housing Affordability Conference*, held by the Mississippi Home Corporation on February 3, 2011, and attended by developers, public housing authority staff, property managers and other entities concerned with housing. They also participated with the Director of a CMHC, the Director of a regional crisis stabilization unit and the Director of the HUD Hub Office of Public Housing, in a well-attended roundtable discussion following the overview at the conference.

Activities to assess current and potential community services system components to support individuals in permanent supportive housing continued through on-going consultation. Consulting staff provided analysis of existing and potential use of Medicaid funding for community-based services needed to support individuals in permanent supportive housing. Information was provided on development of a bridge subsidy program, as well as on key issues/strategies that need to be included in the plan to address service linkage necessary for timely coordination of housing with support services. DMH staff also continued to participate in Advisory Committee meetings/provided information to Division of Medicaid (DOM) related to the housing initiative in support of DOM's application to CMS for Money Follows the Person project, which was approved for funding.

DMH staff and consultants' work on development of recommendations for use of existing resources continued as well. Consultants provided descriptions of major housing funding sources and possible strategies for using those resources.

**Action Plan: 4.1c** Based on Strategic Housing Plan, set operational goals and begin monitoring implementation

**Progress – Quarter 3**

Activities to begin in fourth quarter.

**Objective 4.2 *Expand interagency and multidisciplinary approaches to service delivery***

**Action Plan: 4.2a** Expand MAP Teams for children and youth

**Progress – Quarter 3**

During Quarter 2, 124 children/youth were served through the MAP Teams of which 77 received flexible funds in the amount of \$22,449.65. These funds were utilized for gas for transportation, respite, food assistance, safety supplies for household, utility assistance, extracurricular activities, testing, tutoring, alcohol and drug treatment, school uniforms and supplies and parenting classes.

The Wilkinson/Amite and Pike/Walthall MAP teams are operational. Lawrence County and Jefferson County are in still in the developmental stages.

MAP Team training was conducted during the third quarter and the MAP Teams for Wilkinson/Amite and Pike/Walthall Counties met during the third quarter as well.

The Interagency System of Care Council met on January 10 and March 9, 2011, to discuss data being collected from the MAP Teams and their current needs. The Council decided that the data reviewed each quarter will include number served, amount of flex funds, and items purchased with a focus on referral sources and agency representation during the next reporting period. The Council discussed the need of a State-level MAP Team Coordinator and the required participation on the MAP Teams.

Data continues to be collected and compiled quarterly. Second quarter data was presented to the Interagency System of Care Council on March 9, 2011. Outcome data regarding progress and effectiveness of MAP Teams were collected in MAP Team grant proposals submitted for federal block grant funds. MAP Teams reported an increase in family participation, a decrease in inpatient referrals, an increase in school attendance, a decrease in DHS involvement, an increase in community involvement, a decrease in juvenile justice contacts and increases in social functioning indicated through GAF scores.

MAP Team training was conducted in March 2011 for new MAP Team Coordinators. Technical assistance was provided to CMHC regions 6 and 10 for MAP Team expansion into Sunflower and Newton Counties.

**Action Plan: 4.2b** Expand MAP teams to include children with IDD

**Progress – Quarter 3**

In order to avoid duplication and utilize existing resources, BIDD is looking at existing MAP Teams that staff individuals with IDD. BIDD is working with Div. of C&Y to track cases that have been staffed by the MAP Teams and the State Level MAP Team for children/youth with IDD. The BIDD Resource Directory will be sent to MAP Teams and discussed at the MAP Team Coordinators meeting scheduled during the fourth quarter.

**Action Plan: 4.2c** Expand adult MAP Teams as funding is available

**Progress – Quarter 3**

DMH did not get any funding for the AMAP teams, but we are anticipating that funding for some of the 10 submitted proposals will be available in FY 2012.

**Objective 4.3** *Develop a plan to redistribute portions of DMH's budget from institutional to community based services*

**Action Plan: 4.3a** Expand number of funded ID/DD Waiver slots to enable individuals currently residing in DMH facilities who can appropriately and safely be served in the community and who desire, or families desire, that they be served through community supports/services

**Progress – Quarter 3**

Monthly tracking continues on the number of IDD clients in DMH institutions that the interdisciplinary team recommends community placement, the amount and types of Waiver and non-waiver services needed by each individual to be successful in the community, and the number of Waiver slots needed in order to move identified IDD clients into the community.

**Action Plan: 4.3b** Develop and implement, using evidence-based/best practice guidelines, a program that will prepare individuals for transition to the community, and replicate at other facilities

**Progress – Quarter 3**

During the third quarter, 97% of MSH's Community Integration Program (CIP) participants successfully completed the program. The program has been in operation 9 months, and year to date, 176 individuals have participated in the program (duplicated count). Of the total participants discharged or on discharge pass since participating in the program, year-to-date 5% (4 individuals) have been readmitted to MSH.

**Action Plan: 4.3c** Implement pilot PACT team

**Progress – Quarter 3**

The Region 6 PACT team has 9 individuals on roll as of 3/31/11. 100% of the individuals served by the Region 6 PACT Team has been diverted from admission to the state hospital.

Staff for the new PACT team in Region 15 has been hired and training has begun with on-site follow along with staff from Region 6. Formal staff training will take place in the fourth quarter, and individuals will be enrolled in the program at a maximum of 3 per month.

**Action Plan: 4.3e** Define future role of comprehensive facilities

**Progress – Quarter 3**

IDD Data collected from stakeholders regarding characteristics and components of a comprehensive community based service delivery system. Report drafted with report submission pending.

**Objective 4.4** *Expand service options for special populations*

**Action Plan: 4.4a** Expand and improve service options for co-occurring disorders in adults with SMI, children/youth with SED , and individuals with intellectual/developmental disabilities

**Progress – Quarter 3**

Co-Occurring Disorders (COD) training was provided in 5 of the 7 remaining CMHCs. Two regions declined the training at this time. A total of 230 staff from the A&D discipline and MH discipline received the training. EMSH, State Hospital, SMSH, and NMSH received the training (112 staff).

A questionnaire was developed by the COD trainers to assess the effectiveness of the training provided. Therapists who attended the COD training were interviewed about the effectiveness and benefits of the training and how they have implemented the training. Clients' charts were reviewed by COD trainers. The therapists interviewed reported that the training was very beneficial. They have implemented the training in their therapy. Many of the therapists requested additional training on motivational interviewing. The charts reviewed reflected that services are more integrated following the training. Documentation of COD services was better addressed on the treatment plans and progress notes following the training.

Clients who receive therapy from the therapists who attended the COD training are completing the COD questionnaire. The clients reported that the motivational interviewing is very beneficial. The clients reported an increase in satisfaction with their services following the COD training.

Review of services will continue through the fourth quarter.

**Action Plan: 4.4c** Complete a needs assessment and gap analysis of the nursing home population  
**Progress – Quarter 3**

The preliminary sampling plan is still out for review.

The assessment of nursing homes and data collection will begin in the fourth quarter.

**Goal 5 Emphasize use of evidence-based or best practice models and service outcomes**

**Objective 5.1 Address barriers to the implementation of evidence-based and best practices in Mississippi Mental Health System of Care**

**Action Plan: 5.1a** Based on the EB/BP survey results, Subcommittees will address most frequently identified barriers to implementation and develop budget neutral strategies to address.

**Progress – Quarter 3**

The top barriers identified by all subgroups include shortage of appropriately trained workforce, cost, and modification of EBP model needed to meet local needs. Workgroups continue to gather information and ideas that will be included in various articles in the newsletter that will be published for the first time in the fourth quarter addressing some of the barriers. Workgroups continue to network in preparation for developing articles for the newsletter.

**Action Plan: 5.1b** Develop networks and other mechanisms for sharing successes and addressing needs associated with implementation of EB/BPs in MS with a priority of cost containment in the provision of EB/BPs

**Progress – Quarter 3**

Representation from various agencies has been limited this year due to budget pressures. However, the results from the comprehensive survey results in FY 2010 are proving to be consistent with this year's data.

So far during FY11, over 25 agencies, organizations, and other entities have participated in planning and networking on cross training activities with DMH. Although funding is more restrictive for training this year, several conferences have offered cross training activities. DMH worked cooperatively with Southern Coast Addiction Technology Transfer Center, Clearview Recovery Center, Mississippi National Guard, DREAM, UMC, and others to offer the 4<sup>th</sup> annual conference. The Bureaus of A&D, Workforce Development, and Community Services within DMH spearheaded the Addiction conference.

**Action Plan: 5.1c** Promote information sharing through an e-mail newsletter that highlights successes and ideas about EB/BPs implementation, innovative ideas and staff who demonstrate cost savings through using EB/BPs

**Progress - Quarter 3**

On February 22, 2011, subcommittee chairs met to further develop the format of Innovations in Practice, the newsletter highlighting specific evidence based practices that are in place and the outcomes. Each subcommittee is responsible for an article. The first publication of the newsletter will be during the fourth quarter.

**Objective 5.2 Develop strategies for integration of evidence-based and best practices into system of care**

**Action Plan: 5.2a** Develop and distribute EB/BP compendium based on the needs identified from the MH, IDD and A&D subcommittee surveys. Compendiums will include information on national trends, research findings, available resources and impact on treatment outcomes, satisfaction and long term cost savings

**Progress – Quarter 3**

After working towards gathering current information on national trends, available resources, and outcomes, the workgroups have unanimously decided that the literature on EB/BP is now changing so rapidly that it would not be productive to spend time collecting volumes of articles, findings, etc. on EB/BP. Subcommittees decided to use electronic communication, i.e. newsletter, rather than developing a specific compendium of EB/BP information as the avenue for providing current, relevant information on current trends, available resources, and report of successful outcomes from

using EB/BPs.

**Action Plan: 5.2b** Provide follow-up consultation emphasizing use of free SAMSHA toolkits, local experts, and resource sharing to promote the integration of EB/BPs in all DMH operated and certified programs

**Progress – Quarter 3**

Workgroups are working on the development of a list of local experts in the various EB/BPs promoted by DMH who are willing to provide consultation. There will be a call for experts in the upcoming newsletter. The Division of Professional Development maintains a Speaker's List.

To date, consultation has been requested by two programs concerning the implementation of EB/BP programs.

## **Goal 6 Emphasize awareness/prevention/early intervention**

### **Objective 6.1 Increase community awareness and public education activities that focus on mental health issues, substance abuse, and DMH services**

**Action Plan: 6.1a** Implement and evaluate a public awareness campaign for prevention of Fetal Alcohol Spectrum Disorders (FASD) targeting mental health professionals

#### **Progress – Quarter 3**

The FASD *None for Nine* campaign bookmarks and brochures were distributed to four groups of nursing students in the third quarter reaching 213 nursing students.

Approximately 500 FASD brochures and bookmarks were distributed to all 15 CMHCs, MSH, CMRC, MAC, one public school district, and at least four MAP Teams during the third quarter.

As a follow-up to the FASD training that was conducted in October, a second session was held on February 4, 2011, to educate CMHCs about the FASD campaign. Due to the statewide ice storm that same day, only 40 CMHC staff and others were able to attend. A “make-up” session may be held later for those unable to attend due to weather. Presenters included staff from the SAMHSA FASD Center for Excellence and the MS FASD State Coordinator.

FASD training and educational materials have been presented to MSH, MAC, and CMRC with plans being made to provide training and materials to the remaining DMH facilities before the end of 2011.

Staff at MAC have been trained to actually screen the individuals they serve for possible FASD and then go through the process of having the FASD diagnostic evaluation conducted at the UMC Child Development Clinic as indicated based on the screening results.

**Action Plan: 6.1c** Expand current prevention efforts through partnerships to reduce underage drinking and to reduce/prevent marijuana use by youth

#### **Progress – Quarter 3**

In March 2011, Bureau of Alcohol and Drug Abuse staff met with Oakley Training School to discuss implementing an evidence-based curriculum. Based on their needs, prevention staff will train counselors, teachers and correctional officers on a co-occurring evidence-based curriculum. Training is schedule to begin in the fourth quarter.

More than 150 pamphlets on underage drinking and teen marijuana use were distributed through free standing programs and the DREAM of Hattiesburg Youth Leadership Conference on March 1, 2011.

A training (presentation) for prevention providers on the dangers of teen marijuana use was developed in the third quarter. The training also includes underage drinking information and the effects both have on the brain. The training will be sent to prevention providers in the fourth quarter. The information was presented at the DREAM of Hattiesburg Youth Leadership Conference in Hattiesburg on March 1, 2011, with 200 youth in attendance. On March 6, 2011, the training was presented to the Department of Health Nurse Practitioners and Physicians with 50 in attendance.

**Action Plan: 6.1e** Educate the public about the correlation of Down’s Syndrome and Alzheimer’s disease and dementia

#### **Progress – Quarter 3**

Development continues of a survey tool to assess and report results on enhanced knowledge of participants about the correlation between Down’s Syndrome and Dementia as a result of

standardized training. The survey tool will be completed in the fourth quarter.

Information about Down's Syndrome and Dementia was distributed to 75 participants during two workshops conducted at the Pearl River Community College Women's Symposium on January 29, 2011. At least one individual in attendance was a caregiver for an adult with Down's Syndrome. This is 6% of the total number of in-services conducted during the third quarter. The information was included in presentations where deemed appropriate for the intended audience.

Staff participated in 2 of 3 activities, or 75% of activities identified on the Activity Stakeholders List that were held during the third quarter. These activities included presentations at the Mississippi Health Care Association's Regional meetings held February 22, 2011 in Hattiesburg, MS, February 23, 2011 in Jackson, MS, and February 24, 2011 in Grenada, MS and the NASW Conference held March 24-25, 2011.

In the third quarter, the American Association on Intellectual and Developmental Disabilities (AAIDD) and the American Academy of Developmental Medicine and Dentistry (AADMD) comprised a National Task Group on Intellectual Disabilities and Dementia. The overall goal of this initiative is to review and update the technological and clinical practices used by agencies in delivering supports and services to individuals with ID and dementia. The NTG is organized around three subgroups: Community Supports, Dementia Screening, and Health Care Supports. Mississippi has two members of the NTG Steering Committee. The Bureau of Intellectual and Developmental Disabilities and Division of Alzheimer's is observing progress and activities of the NTG. It is hopeful that because of the parallel work of this task group, universal screening practices or screening guidelines will be released. The NTG is scheduled to report findings in their annual meeting on June 6, 2011. A decision on how best to proceed with goal activities will be determined utilizing information following this report. It is hopeful that a plan of action can be determined prior to the end of the fourth quarter.

**Objective 6.2 Increase efforts to de-stigmatize mental health issues and expand suicide prevention**

**Action Plan: 6.2a** Increase anti-stigma and suicide prevention presentations and collaborations with CMHCs, non-profits, schools and other groups in order to educate students and the community on mental health and suicide prevention

**Progress – Quarter 3**

The YouTube spot about suicide prevention continues to get hits – as of March 31, 2011, it has had 798 views.

There were 81 presentations conducted in the third quarter reaching more than 9,300 individuals. This included 350 nursing students who received the presentation as part of their clinical rotation at MS State Hospital and 300 8<sup>th</sup> grade students at Oak Grove Middle School. In February, presentations were conducted for 2,000 students at Natchez High School. During the third quarter, information was presented to students as young as 6<sup>th</sup> grade – college and adults.

In March 2011, DMH's Central Office intern wrote a press release for college newspapers about mental health and suicide prevention from a college student's perspective. The press release will be sent to college newspapers in April.

In March 2011, the Think Again Network was notified that a Web site will be developed in the fourth quarter. The Web site will target teens and college students and will be launched on the Gulf Coast to help with mental health and suicide prevention needs. DMH began working on copy for the Web



site in March. Price quotes will be in April. The Web site will be completed and launched with the start of the new school year in August.

**Action Plan: 6.2c** Partner with the Army and National Guard to coordinate and sponsor (with funds from MSH Friends Organization) a campaign for the military to increase their knowledge of mental health and suicide prevention

**Progress – Quarter 3**

In section XIV.G.2 of the 2011 revision of the *Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*, the military community is one of several areas where providers are instructed to develop activities to promote, develop, and/or strengthen mental health service delivery. Thus, a letter was distributed in March 2011 to all CMHC directors encouraging them to contact the National Guard and develop strategies to reach the military and their family members.

**Action Plan: 6.2d** Implement and evaluate the “Possibilities through Abilities” campaign to educate Mississippi businesses about intellectual and developmental disabilities and possible employment opportunities through IDD community service programs

**Progress – Quarter 3**

The Ability Awareness Council met on January 24, 2011, to finalize information to include in the folders that will be distributed to businesses in April. Council members held a workday on March 3, 2011 to design a “Possibilities though Abilities” display for the IDD Day at the Capitol on March 22, 2011. The goal of the event was to increase the public’s knowledge and awareness of individuals with IDD and how they participate in their communities. A total of 13 vendors participated in the event.

**Action Plan: 6.2e** Develop youth leadership teams to help spread the anti-stigma and suicide prevention messages to other youth in their area by utilizing the Mississippi Transitional Outreach (MTO) grant

**Progress – Quarter 3**

Youth leadership councils have been formed at both Region 4 and Region 7 MTO sites and are now taking an active role in directing the course of actions for the project.

While both sites have already been having meetings, the local level Youth Leadership Councils have begun to provide input to the MTO social marketing coordinator and local project coordinators about appropriate message distribution in the areas of stigma and suicide prevention.

The Youth Leadership Council will form its governance body in the fourth quarter.

**Action Plan: 6.2f** Expand Shatter the Silence suicide prevention efforts to the elderly population and their family by using current Alzheimer’s and other Dementia resources to increase knowledge of suicide in the elderly

**Progress – Quarter 3**

Development continues of a survey tool to assess and report results on elderly suicide prevention efforts. The survey tool will be completed in the fourth quarter.

Suicide prevention information was included in approximately 12 presentations during the third quarter. The Division of Alzheimer’s partnered with the MS Health Care Association to introduce information about Suicide Prevention and Silver Alert to their membership during MSHCA Regional workshops. Approximately 170 attended the three workshops during the third quarter. A 90-minute workshop was conducted at the MS NASW Conference on March 25, 2011 at the Jackson Convention Center with approximately 150 in attendance. Information was also included in in-services and presentations.

More than 700 Shatter the Silence Elderly cards were distributed to 34 MSH tour groups/nursing groups and community events combined. Staff conducted approximately 12 presentations including suicide prevention information during the third quarter with a total number of 840 participants. Information cards were distributed at these workshops and were included in displays at health fairs and the Alzheimer's Research Forum at UMMC. Approximately 1,700 information cards were distributed during the third quarter.

Shatter the Silence Elderly cards were distributed to five nursing student groups for a total of 363 students during the third quarter.

**Objective 6.3 Utilize technology to expand current awareness and prevention efforts**

**Action Plan: 6.3a** Develop two educational videos each year on mental health topics to share on YouTube as an effective and efficient way to reach new audiences

**Progress – Quarter 3**

The first video, which focused on suicide prevention in the elderly, military and youth and was posted on YouTube, has received 798 views as of March 30, 2011.

Eight mental health advocacy videos were completed and posted on YouTube and e-mailed in the third quarter. The spots included family members who shared their experience with the public mental health system. One video will be highlighted each month. The first video featuring a mother with a daughter who has an intellectual/developmental disability was highlighted in March 2011 in conjunction with IDD month. Total hits to date for all eight spots are 628.

Videos of both speakers and an overview video of the Mental Health Rally on March 29, 2011 at the Capitol were posted on YouTube. Within two days, the videos had more than 140 hits.

**Action Plan: 6.3b** Increase usage of DMH's Talk About It program through promotion and evaluate the effectiveness of the program to access information and help

**Progress – Quarter 3**

In the third quarter, there were 320 log ins, 63 individual users, and 104 messages. The top three types of messages were: Suicide 31%; Bullying 19%; Depression 13%.

**Action Plan: 6.3c** Develop a searchable database on DMH's Web site for the public to locate available services in their community

**Progress – Quarter 3**

Due to funding issues and the loss of an IS staff member, the database project has been postponed.

**Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers**

**Objective 7.1 Increase effectiveness of collaboration among community mental health providers (inclusive of CMHCs), state agencies, governmental entities and non-governmental entities**

**Action Plan: 7.1a** Develop mutual strategies to negotiate new system and service delivery arrangements

**Progress – Quarter 3**

Additional revisions to the 2011 DMH Operational Standards are underway based on feedback received from providers and interested stakeholders.

Silver Alert information was included in 12 presentations and approximately 7 health fairs during the third quarter. Approximately 900 brochures have been distributed. Division staff have nearly exhausted our supply of brochures. Initial brochure supplies were shared among the Alzheimer's Association and the MS Nurse's Association. Most partners have exhausted their supplies of brochures, but there is no additional funding available to purchase more. There are also several free fact sheets available for download through the Alzheimer's Association's website.

During the third quarter, two presentations were developed that have been incorporated into a variety of settings: a 15-minute presentation highlighting significant points about Silver Alert and Suicide Prevention in the Elderly and a 90-minute presentation explaining both programs in more depth.

Staff from the Resource Development Unit at DHS continued to meet with CMHC Children's Coordinators to discuss access to mental health services for children/youth entering into DHS custody on February 18th. DHS staff and Director of Division of Children and Youth Services met with CMHCs' Executive Directors on March 9, 2011, to provide updates on current DHS activities related to a lawsuit settlement and to gain their support in collaborating on the local level.

Concerning the Child Welfare Mental Health Pilot Project, mental health personnel have not been able to be located in DHS offices due to lack of funds available from DHS. However, efforts continue to be made by CMHCs to provide mental health assessments to children/youth entering into DHS custody within 30 days. Region 12 has designated 8:00 a.m. each day for mental health assessments to be available for children/youth in DHS custody and Region 3 is providing mental health assessments in the schools by the school-based therapists.

Mississippi has received feedback from CMS regarding Money Follows the Person (MFP) Draft Protocol. DMH has provided information for revision based on CMS feedback to the Division of Medicaid (DOM). DMH staff from Bureau of IDD and Bureau of Community Services met with DOM regarding MFP for planning purposes this quarter. Revised MFP Draft Protocol submitted to CMS for approval.

Two mock peer reviews were completed during the third quarter utilizing the Personal Outcome Measures © Interviews. Team Leaders have completed the Council on Quality and Leadership (CQL) certification process. Team Leaders are also working with individual peer reviewers to ensure inter-rater reliability. Three peer reviews will be conducted in the fourth quarter.

**Action Plan: 7.1b** Develop stronger voice related to issues affecting the public mental health system

**Progress- Quarter 3**

Advocacy groups from across the state along with other stakeholders attended a rally to support mental health and public education supporters at the State Capitol on March 29, 2011. More than 500 people attended the event to support minimum funding for education and mental health as proposed by the House of Representatives. The purpose of the rally was to support the public mental health system and minimum funding at the level recommended by the Legislative Budget Committee plus Medicaid match for Community Mental Health Centers. Two community stakeholders including a consumer and Community Mental Health Center director spoke at the rally.

DMH completed eight short advocacy videos that feature family members describing their experience with the public mental health system. The 60 to 90 second videos were posted on YouTube and e-mailed as a way to educate the public about Mississippi's mental health system.

**Goal 8 Empower workforce to face the challenges of an evolving system of care**

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

**Action Plan: 8.1a** Provide increased educational opportunities for Direct Support Professionals (DSPs) through live and web-based training programs

**Progress – Quarter 3**

Currently, there are seven DMH facilities and 425 Direct Care Workers actively participating in the College of Direct Support Program.

**Action Plan: 8.1b** Identify new non-monetary incentives and support options for Direct Support Professionals

**Progress – Quarter 3**

The top 4 responses to the questionnaire to DSPS on non-monetary incentives were flexible work schedules due to gas prices (12-hour shifts), uniform stipend or free uniforms, day care for children, and free meals while at work. Two facilities have started pilots for flexible schedules and will provide a report in the fourth quarter.

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

**Action Plan: 8.2a** Increase employee retention rates

**Progress – Quarter 3**

East Mississippi State Hospital and South Mississippi State Hospital began a pilot program during the third quarter to assess the possibility of flexible scheduling. A report will be provided during the fourth quarter by the participating facilities denoting the positive or negative effects of the program.

**Action Plan: 8.2b** Develop a comprehensive plan for using technology to improve the system of training and certification for DMH employees

**Progress – Quarter 3**

Each participating facility, CMRC, NMSH, STF, SMSH, MSH, EMSH, and Central Office began implementation of the DMH on-line training program, “Elevate” Essential Learning. Training Sessions for DMH Site Coordinators with “Elevate” Essential Learning staff were held on February 18, 2011 and March 28, 2011.

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

**Action Plan: 8.3a** Increase internship and field placement opportunities throughout the agency

**Progress – Quarter 3**

An Evaluation/Questionnaire has been created to assess the success of the internships and to assist in making future changes to the program. The evaluations will begin in the fourth quarter.

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

**Action Plan: 8.4a** Increase cross-training initiatives among DMH staff to allow them to function in a community based setting

**Progress – Quarter 3**

DMH facilities offered 22 community inclusion courses, which equates to a 1% increase during the third quarter.

**Action Plan: 8.4b** Provide updates to DMH staff about the Strategic Plan as changes occur

**Progress – Quarter 3**

Script writing has begun on Strategic Plan presentation, but since the goals and objectives will change in July, the project will not be completed until June when they are finalized.

## **Goal 9 Utilize information/data management to enhance decision**

### **Objective 9.1 Develop a department-wide data management system**

**Action Plan: 9.1a** Establish Data Task Force to enhance communication and share information on IT projects, plans and future directions, hardware, software, email, etc.

#### **Progress – Quarter 3**

The CMHC Data User's Group met on March 8, 2011, and the IDD Data User's Group met on March 23, 2011. The primary focus of each meeting was the CDR data collection requirements.

**Action Plan: 9.1b** Continue to build infrastructure and refine the ability to report client level data

#### **Progress – Quarter 3**

A determination was made that no amendments or contract extensions were needed at this time on the scope of work by ITS/other consultants needed to address MH Data Infrastructure Quality Improvement project objectives/milestones.

**Action Plan: 9.1c** Integrate Bureau of IDD data into CDR

#### **Progress – Quarter 3**

Data submission from IDD is continuing. NMRC is submitting I file and Service file, while Boswell, Hudspeth and ESS are all submitting I-file into production, and SMRC is currently submitting test data.

The Bureau of IDD is currently reviewing the Manual of Uniform Data Standards to develop/determine if additional data elements are needed. IT staff at CO are currently working on adding additional menu selections for several of the dropdown menus.

### **Objective 9.2 Establish a road map for migration to an Electronic Health Record (EHR) and/or Health Information Exchange (HIE)**

**Action Plan: 9.2a** Work with ITS/other consultants to implement HIE

#### **Progress – Quarter 3**

The Office of National Coordinator approved the MSHIN Strategic Operation Plan on February 25, 2011. ITS presented a price structure for expanding MSCHIE statewide, and the price structure was approved by the MSHIN Board. ITS began contract negotiations with Medicity, an HIE vendor. Once contracts are finalized and signed, statewide implementation can be evaluated. The MSHIN Board will begin concentrating on sustainability after the grant monies are exhausted in about 3 years.

**Action Plan: 9.2b** Establish DMH-EHR task force comprised of clinical and IT staff to facilitate EHR migration

#### **Progress – Quarter 3**

On March 15, 2011, the Gartner Group presented to the E.H.R committee. The focus of the workshop was to:

- Share their experiences and success in developing and implementing Behavioral Health E.H.R.
- Summarize their experiences in HHS and Health Information Technology (HIT) initiatives
- Review trends and opportunities for MSDMH in supporting the implementation of an E.H.R

The E.H.R committee then submitted provided feedback on the presentation about next steps/directions and recommendations. The responses will be summarized and presented to the DMH Executive and Bureau Directors in the fourth quarter.

**Action Plan: 9.2c** Continue researching available funding

**Progress – Quarter 3**

Activities to begin when needed.

**Action Plan: 9.2d** Implement access to Medicaid Health Information Exchange (HIE)

**Progress – Quarter 3**

On January 25, 2011, Shared Health presented a webinar to CMHCs and DMH facilities. The purpose of the webinar was to demonstrate and encourage participation with the Medicaid H.I.E.