

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

**Strategic Plan
Progress Report**



**Second Quarter
October 1, 2010 – December 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 2

Contract was finalized during the second quarter, with approval from the Personal Services Contract Review Board (PSCRB) on November 10, 2010.

Scheduled implementation is set for EMSH on January 24, 2011 and for January 31, 2011 at NMSH and SMSH. The process for reporting expenditure reductions at each location will be finalized in the third quarter.

A report will be developed based on the applicable expenditure reductions during the third quarter.

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

Progress – Quarter 2

Evaluation and feedback has been sufficiently gathered at four of the ICF/MRs related to food service costs. The fifth facility should be completed during January of 2011. With the pharmacy costs, there are more details to be gathered prior to making a final recommendation. A recommendation will be submitted once the evaluation and feedback process is complete, which is expected to be during the third quarter.

Once approval to proceed is obtained for the second expenditure reduction project, then a plan for implementation will be developed.

Objective 1.2 Maximize funding opportunities

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

Progress- Quarter 2

A review of the current grants obtained from outside sources by DMH was conducted. All information gathered from the reviews of the sixteen grants will be compiled and selected sections made available in the “proposal library” in the third quarter.

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

A proposal was submitted November 19, 2010 for a SAMHSA sub-grant available through NASMHPD for Choose to Work Initiative. If approved, the grant would provide funds for supported employment opportunities. It would provide for expansion of the existing Clubhouse Coalition, a statewide consumer needs assessment concerning employment and access to evidence based supported employment for adults with SMI and SA issues.

DMH staff collaborated with the Division of Medicaid on their submission of an application for a Money Follows the Person grant available through CMS. The deadline for submission of this grant application was January 7, 2011. DMH staff is also supporting local programs in Hattiesburg, Meridian and the Hinds/Jackson CIT in applying for the Justice and Mental Health Collaboration Program FY 2011 Competitive Grant. This opportunity is available for programs that demonstrate

collaboration between criminal, juvenile justice and mental health.

MSH's Community Services Department obtained a grant from the Mississippi State Department of Health. The Motivated to Live a Better Life - Chronic Disease Self-Management Program is an evidenced-based program developed at Stanford University. The grant includes training for two workshop facilitators, facilitator and participant materials, and nominal reimbursement to cover the cost of needed program supplies. The grant period is January 2011 to June 2011. The Mississippi State Department of Health anticipates funding and services will be available in order to sustain current grantee programs.

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 2

During the public comment period, minimal comments were obtained on the proposed DMH Operational Standards. The comments were evaluated and there were some revisions made to the standards based on comments. The Board of Mental Health at its November 18, 2010 meeting approved the Standards, including these revisions. DMH central office staff received training on the revised standards on November 9, 2010. Provider trainings were held: December 1, 2010 (Oxford, MS), December 9, 2010 (Jackson, MS) and December 16, 2010 (Hattiesburg).

Staff from the Division of Accreditation and Licensure met and discussed the revised Review Protocol to include information about Tracer Methodology with representatives of:

Community Counseling Services (Region 7), October 1, 2010 (1 staff)

Warren-Yazoo Mental Health Services (Region 15), October 4, 2010 (6 staff)

Hinds Behavioral Health Services (Region 9), October 5, 2010 (2 staff)

Strategic Plan Goal 2 Members, October 7, 2010 (4 individuals representing advocacy groups/interested stakeholders and 4 DMH staff persons). This group is in the process of developing and finalizing the Peer Review Protocol and the self assessment to be implemented as a part of the revised protocol.

Details of the implementation of the Tracer Methodology were discussed at length with the Mississippi State Hospital Community Services Director on October 25, 2010.

Written feedback on the revised review protocol was obtained from Hinds Behavioral Health Services, Executive Director on October 26, 2010.

On October 29, 2010, Staff (3) from DMH met with staff from Boswell Regional Center (4 staff) to discuss/obtain feedback on proposed review protocol changes.

Feedback was obtained from three community mental health centers, one regional center, and two advocacy groups.

Staff representative of the Division of Children and Youth Services has provided overviews of the development of the proposed review protocol with the Division Director and key review staff within

the division following weekly Division of Accreditation and Licensure Support Staff meetings. Staff representatives from the Bureau of Alcohol and Drug Services and Bureau of Intellectual and Developmental Disabilities have provided updates on the development of the proposed review protocol with their respective Bureau Directors on an ongoing basis.

Action Plan: 1.3c Conduct revised 2010 consumer satisfaction surveys for DMH certified programs
Progress- Quarter 2

Data collection from the revised 2010 consumer satisfaction survey was completed. Data was submitted according to National Outcome Measure requirements to the Center for Mental Health Service/SAMHSA on November 29, 2010 (URS Tables) and November 30, 2010 (Final Implementation Report).

A draft of the State Plan Implementation Report was emailed to the Planning Council for review on November 18, 2010 (hard copies followed in mail). FY 2010 Final Implementation Report (including statewide results) was submitted to DMH Division of Management Information Systems for posting on the DMH website on December 10, 2010.

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

Progress- Quarter 2

Members met on October 10, 2010 to review data currently being collected by the DMH central data repository. Measurement domains were drafted to include strategic plan goals that specify performance measurement.

Feedback was requested from consumers/family members regarding what performance measures are priorities for them. The deadlines established for feedback from the different groups are: December 14, 2010 for the Children's Task Force; January 7, 2011 for the Consumer Rights Committee; and January 25, 2011 for the Long Range Planning Committee.

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 will be forwarded to DMH bureau and division directors following consumer group input and revisions in January 2011.

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 1

Final document describing DMH's recovery/resiliency oriented system of care was approved. Distribution will be in the third quarter with final document placed on DMH Website, Social Network Site and other means (brochures, flyers, etc.) Information on the recovery/resiliency philosophy, principles, and components will be provided to DMH staff in the DMH Newsletter and through training provided on the recovery/resiliency system of care during the third quarter.

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 1

The Recovery Self Assessment has been developed. Implementation has been put on hold until the implementation of the personal outcome evaluation has been accomplished.

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 1

Meeting will be scheduled in third quarter with Bureau Directors to determine next step in administering the Recovery Self Assessment.

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

Progress – Quarter 1

DMH certification team will review providers, based on the new standards, to determine how they will obtain meaningful participation of families and individuals. Based on the procedure put in place, DMH will determine how the State Advisory Council can be updated on the process. At this time, based on the new standards, providers are not required to have a local advisory council to ensure individual and family participation. Providers' procedures will be evaluated to determine if advisory councils are used.

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 1

Meetings held with non-profits, CMHCs and state hospitals regarding the use of the network site for training. Staff working with DMH IS Division to determine the best way to make web based trainings available. The financial component is being reviewed.

Materials to put on the social network site have been approved. The information is currently being placed on the site, and the site will be available for public view at the end of the third quarter. Individuals, family members and mental health professional that have been trained to evaluate providers using the personal outcome evaluation process and individuals receiving services who have been trained at the Leadership Academy (December, 2010) will be the first to access the site.

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 1

Individuals receiving services, family members, and mental health professionals were trained in November and December 2010 to conduct personal outcome interviews using The Personal Outcome Measures 2005. The Personal Outcome Measures 2005 evaluates personal quality of life and the degree to which organizations individualize supports to facilitate personal outcomes. Personal Outcome Measures consists of twenty-one (21) outcomes in the areas of My Self, My World, and My Dreams and involves face-to-face interviews with individuals receiving services. The goal is to gather as much information about personal outcome as possible directly from the person. The number of outcomes present in people's lives determines the quality of life for the person. The number and types of supports present determine the degree to which the person's quality of life is supported by the organization. The results of the Personal Outcome Measures will be provided to the DMH site visit team to follow-up on areas to determine if the findings warrant the program being cited on any standards.

Additionally, DMH staff has developed a Personal Outcome Evaluation Orientation Manual to educate and support personal outcome evaluators about DMH services and programs, recovery and resiliency, confidentiality, compensation for evaluators, and reporting requirements.

During this quarter, 22 individuals have been trained (November and December 2010) to conduct personal outcome interviews. A third training is tentatively schedule for March 2011. Four participants will be paired with a CQL trainer to conduct reliability assessments. The trainee will take the lead role in the meeting with the interviewee as well as other data gathering. Both the trainee and CQL trainer will make decisions about the outcomes independently, completing determination for all the outcomes. The determinations will be compared following the completion of the process to assist trainees to understand the decision making process. Trainees are expected to achieve a reliability rating of at least 85% before reviewing or training independently. In March 2011, the trainees achieving the required reliability rating will become trainers and conduct the training of additional personal outcome interviewers.

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 1

Bureau of Mental Health will take the lead in developing a clinical peer review process. Three clinical staff received training from The Council on Quality and Leadership in December 2010. Several additional clinical staff have been identified to participate in future peer review evaluation training.

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

Progress – Quarter 1

The recovery self assessment has been put on hold; at this time, peers will be conducting personal outcome interviews through the personal outcome evaluation process.

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 1

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 1

Certification and training of peers is on hold until notification is received about whether peer specialists can be reimbursed by Medicaid.

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 2

The Joint Legislative Mental Health Advisory Committee is in the process of making recommendations via legislation for core services that must be available in every county.

Joint Legislative Budget Committee's funding recommendation was to keep funding at the current level for FY 12 to prevent further reductions in services.

Objective 3.2 Develop a comprehensive crisis response system

Action Plan: 3.2a Redefine catchment areas for the Crisis Stabilization Units (CSU), Assertive Community Treatment (ACT) Teams, and psychiatric hospitals

Progress – Quarter 2

Jackson and George counties were moved from EMSH's catchment area to SMSH's catchment area.

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

Progress – Quarter 2

Data from the first six months of FY 11 will be analyzed during the third quarter.

On going technical assistance was provided via monthly directors' meetings which were held 9/29/10, 10/28/10, 11/15/10, and 12/8/10.

Data continues to be gathered on diversion rates of CSUs and DMH Facilities. A formal comparison will be completed by the end of the third quarter.

Site visits have been conducted to review each CSU's progress toward meeting established performance indicators. On-site visits were conducted 10/13/10, 10/20/10, 10/21/10, 10/25/10, 10/26/10, and 10/27/10, and 11/10-11/10. Reports are on file in the Division of Accreditation and Licensure.

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 2

Contact was made with Chair of the Hinds County CIT Taskforce who stated that its funding committee would submit a proposal to Bureau of Justice Administration for its Justice and Mental Health Collaboration Grant. The deadline for the submission of this grant is February 2011. DMH will provide letters of support for providers and communities who seek these funds.

In December, the Department of Mental Health was invited to and attended a meeting with one of the sub-committees of the Joint Legislative Study Committee on Improving the Mental Health System in Mississippi Advisory Council to provide input and clarification regarding definitions of CIT and Crisis Systems respectively. Specifically the sub-committee sought input from DMH staff regarding locations of these teams, the cost of operating these teams, how these teams operate, and how can Mississippi make these teams available throughout the state.

Contact was made with Region 6 regarding the establishment of a MH Court in Greenwood. Contact was also made with Region 15 regarding the establishment of a MH Court in Vicksburg. Both cities are in the initial planning phase.

Three county sheriff's departments were visited: Yalobusha Co., Coahoma Co., and Hinds Co.

The information about CIT and Crisis Systems was presented at the Chancery Clerks' Conference to approximately 60 clerks on October 17, 2010, and at the Sheriff's Association Conference to approximately 40 Sheriffs on December 9, 2010.

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 2

Recommendations from the DMH Cultural Competency Implementation Workgroup on inclusion of cultural specific questions for the record guide were submitted to the chair of the record guide workgroup on November 24, 2010.

A list of translators and interpreters was sent to the directors of each CMHC, MH facility, IDD facility, DMH certified non-profit agencies, A& D facilities, and DMH Office of Constituency Services on December 17, 2010. 110 programs were sent the information.

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 2

MAP Team reporting forms were changed effective January 1, 2011 to more accurately capture this data. Information for the second quarter of 2011 will be available during the third quarter.

Objective 3.5 Address timeliness to services

Action Plan: 3.5a Establish length-of-wait admission goals for all DMH certified programs
Progress – Quarter 2

Lengths of wait times were skewed for the first two quarters of FY 2011 because of the transition and conversion of the Crisis Stabilization Units. Formal establishment of length-of wait admission goals will begin in the third quarter.

Action Plan: 3.5c Educate Chancery, Youth, and Family Court judges, clerks and law enforcement regarding changes to law/ policies/Procedures/fees
Progress – Quarter 2

A Powerpoint presentation is available upon request.

Action Plan: 3.5d Incorporate changes in the pre-evaluation screening training for service providers
Progress – Quarter 2

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 2

The information is being summarized in an easy to understand format and will be distributed during first month of third quarter.

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 2

Efforts continued to collect/refine information for mapping existing affordable housing options.

Additional information for housing needs assessment and gap analysis was collected through on-site visit made to EMSH Community Services program and meeting with CMHC Association to discuss the housing planning initiative and gain additional local input on needs for housing options.

Preliminary narrative and related tables of basic demographic, housing data analysis, and gap analysis drafted.

The goal and status of strategic housing planning initiative was presented to the Board of Mental Health at their October meeting. The overall goal is to increase statewide availability of safe, affordable and flexible housing options and services that support individuals' recovery and quality of life.

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

Progress – Quarter 2

Efforts to build housing partnerships continued with additional 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, USM/IDS Housing Initiative and staff from three local public housing authorities), with service provider staff (EMSH Community Services, CMHC Association) and with other support service agencies/entities (MS State Dept. of Health, Division of Medicaid, Bureau of IDD Advisory Council, MS State Mental Health Planning & Advisory Council) about the housing planning initiative and potential for increased collaboration.

DMH and the MS State Department of Health signed a MOU designed to improve communication and coordination of care for individuals living in personal care homes that fall under the regulatory purview of the two agencies and to facilitate effective and efficient oversight of these homes (November 2010).

The DMH Housing Task Force met in November 2010 to discuss the completion of the needs assessment and gap analysis, and to receive updates from the Housing Finance Agencies and personal care homes, as well as set timelines and gather input.

Activities to assess current and potential service system components to support individuals in permanent supportive housing continued; DMH staff participated in 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 (to be submitted in January 2011).

DMH staff and consultants continued work on development of recommendations for use of existing resources; HUD Office of Public Housing and DMH have committed to development of a MOU to identify integration strategies, public housing authority (PHA) partnership opportunities and to increase awareness of services for both housing and support service entities; DMH staff participated in a public meeting held by the Mississippi Home Corporation about proposed changes to the FY 2011 Qualified Allocation Plan for the Tax Credit Program, provided an overview of the strategic planning initiative, expressed support for provisions in the Qualified Allocation Plan (QAP) for the tax credit program so that projects that include meeting the needs of special populations are fundable and encouraged the development of additional safe and affordable housing options for people with disabilities.

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

Progress – Quarter 2

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 2

Data is being collected quarterly and analysis of data collected during Quarter 1 indicates that 141 children/youth were served through the MAP Teams of which 70 received flexible funds for \$35,537.58. These funds were utilized for school uniforms, in-home respite, utility bill assistance, rent assistance, school supplies, gas for transportation, clothing, personal hygiene items, alcohol & drug treatment for mother and youth, food, psychological evaluations, extracurricular activities, and medication.

Preparation and training activities for the development of MAP Teams in at least two additional counties in Region 11 continued in Amite, Jefferson, Lawrence, Walthall and Pike Counties. Three MAP Teams (Amite/Wilkinson Counties, Lawrence County and Pike County) will begin implementation in January 2011.

Data is being collected quarterly on the number of youth served, number of youth served who are in DHS custody, number of follow-ups, referral sources, amount of flex funds spent, items/services purchased with flex funds and agency representation. The Interagency Coordinating Council for Children & Youth will meet January 10, 2011 to discuss need for collection of further outcome data.

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

Progress – Quarter 2

Efforts will be continued in third quarter to identify an area to pilot MAP Team for children with IDD. BIDD has collaborated with the State Level Case Review Team on cases for children/youth with IDD and in local areas (MAP Teams) that track cases on children/youth with IDD. Resource information on services available will be given to all MAP Teams in the third quarter.

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

Progress – Quarter 2

In the second quarter, DMH requested proposals for AMAP Programs from every region that is currently without one. Technical assistance and guidance was provided to regions writing proposals for AMAP programs. DMH received proposals from 10 regions and is waiting for available funding to contract with those regions.

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 2

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 2

During the second quarter, 100% of MSH’s Community Integration Program (CIP) participants successfully completed the program. The program has been in operation just less than six months. Of the total number of individuals participating in the program, 35% have been discharged or are on discharge pass. Of those program participants discharged or remaining on discharge pass within the first two quarters, 91% remain successful. Only 9% (2 individuals) of those discharged have been readmitted to MSH. Discharge sites for the individuals who have been discharged or who are on discharge pass include: MSH Community Services Residential Program, Central Mississippi Residential Center, Boswell Regional Center, personal care homes, and family.

Action Plan: 4.3c Implement pilot PACT team

Progress – Quarter 2

Data collection established and quarterly progress reporting begun. Second quarter data indicates that seven individuals are participating in the GREENWOOD PACT program. None of the individuals enrolled in the program were hospitalized in the second quarter. 100% of the individuals served were diverted.

A new PACT team is being developed in Region 15. The hiring process has begun and admissions should begin in the third quarter.

A partial draft for Home and Community Based Services Waiver (HCBS) for PACT services was submitted to DOM for review. It was discovered DOM must have Legislative authority to submit HCBS Waiver request to Centers for Medicare & Medicaid Services (CMS). DOM will request Legislative authorization during the third quarter.

Action Plan: 4.3e Define future role of comprehensive facilities

Progress – Quarter 2

Development of data collection methodology is in progress. Instrument design awaiting completion pending information concerning DMH “Money Follows the Person Grant” data collection plan.

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 2

NMSH has received Co-Occurring Disorders (COD) training. Training in Region 2 and EMSH has been scheduled for January 2011.

A questionnaire to assess effectiveness of training provided is currently being developed. The questionnaire will be completed by individuals who have received COD services from therapists who attended the COD training. The questionnaire will consist of questions regarding services pre and post COD training.

Action Plan: 4.4c Complete a needs assessment and gap analysis of the nursing home population

Progress – Quarter 2

Preliminary sampling plan developed for assessment of mental health needs in nursing home population and sent out for review. Lists received of nursing homes utilized by MSH and EMSH to discharge patients to in the last 2 years.

Schedule for assessment of nursing homes to be finalized in January 2011. Data collection to begin in February 2011.

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 2

Each of the EB-BP workgroups is actively reviewing journal articles, books and other public documents to gather ideas that may be helpful in developing ways to address the identified barriers while remaining cost neutral. Workgroups are scheduled to meet early in the third quarter to discuss findings and develop recommendations that will be disseminated to providers.

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 2

With diverse agency representation on each of the workgroups, each group is trying to incorporate the differences between agencies and address their specific needs.

Plans are being made to invite other mental health practitioners to networking activities.

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 2

A meeting was held December 10, 2010 to discuss the format of a newsletter highlighting specific evidence based practices that are in place and the outcomes. This is an ongoing process and different facilities/agencies are preparing articles.

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 2

The EB-BP workgroups are reviewing journal articles, books and other public documents to gather national trends, resources, and outcomes that may be applicable to Mississippi.

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 2

Activities to begin in third quarter.

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 2

During the second quarter, 6,000 copies of the “None for Nine” brochures and bookmarks were ordered and at least 4,000 of them distributed across the state to mental health providers and others.

1,500 copies of the new FASD awareness campaign “None for Nine” brochures and bookmarks were delivered to MSH to be distributed to all nursing students at MSH during the fall 2010 semester. At least this same number of brochures and bookmarks will be provided to MSH during the spring semester 2011.

Materials were also distributed to an additional 16 groups in the second quarter reaching 334 individuals.

A training session on FASD was held on October 21 – 22, 2010 for CMHC representatives and key stakeholders with more than 90 attendees. A follow-up session will be held on February 4, 2011.

DMH Central Office staff was educated about the new campaign through the Central Office newsletter. Information was also included in Mississippi Profile that is sent to all facilities, CMHCs, and other providers. All CMHCs, MSH, SMRC and MAC received educational materials. Materials will be sent to additional facilities in the third quarter.

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

Progress – Quarter 2

An informal meeting of selected members of the Steering Committee for Mississippians Advocating Against Underage Drinking (MAAUD) met to discuss specific spending requirements in the grant from the Department of Public Safety for combating underage drinking on November 8, 2010. A list of items needed was developed at the meeting.

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

Progress – Quarter 2

Information on Down’s Syndrome and Dementia was included in the *Advanced Topics in Dementia Care* workshop held October 29, 2010 with 100 attendees. Information was included in guest lecture at Copiah-Lincoln Community College on November 29, 2010 with 18 attendees.

Alzheimer’s Division staff participated in 100% of activities identified in the Division Stakeholder Activity List that were held during the second quarter. The Stakeholder Activity List, developed in the first quarter, identifies key activities of interest that are held statewide throughout the year. Two activities were included on the list for Quarter two and Division staff participated in both. Division

staff reached 118 individuals during the two events.

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 handout *Adults with Down's Syndrome and Dementia* was distributed to 100 workshop attendees. Information was included in guest lecture at Copiah-Lincoln Community College on November 29, 2010 with 18 attendees.

The establishment of a workgroup with representation from regional IDD facilities to review dementia screening policies and procedures currently utilized policies in 100% of DMH facilities for individuals with IDD will begin in the third 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 2

The Mississippi National Guard continued to distribute suicide prevention posters, stress management brochures and resource guides at units across the state. See 6.2c for more information.

There were 46 presentations conducted in the second quarter reaching more than 1,960 individuals including nursing students at MSH. In November, EMSH met with student body representatives at Lamar School and Enterprise High School to distribute educational materials and discuss presenting Think Again information in early 2011. In December 2010, Meridian High School Student Body President met with EMSH Think Again Network members to discuss the feedback from the presentation held for the 9th-12th grades earlier in the year. She reported that it has led to numerous classroom discussions and was very successful. SSMH also presented campaign information to WDAM television station personnel.

Packets were developed which contained a sample Think Again/Shatter the Silence card, a Talk About It card, and a letter offering presentations, suicide prevention posters and additional materials. Packets were sent to more than 1,000 6th – 12th grade school nurses and counselors. The mailing addresses and labels were provided by the Department of Education's Office of Healthy Schools. As a result of the mail out, DMH received requests for more than 13,000 cards and posters.

A letter to the editor from the Director of North Mississippi State Hospital was sent to all newspapers in the hospital's catchment area.

A press release for college newspapers focusing on mental health and suicide prevention will be developed in the third quarter. A communications intern will begin working with DMH in January 2011 and will write the release. This way, the release will be written by a college student for other

college students.

Elderly suicide prevention slides were created and added to the Division of Alzheimer's presentations in October.

As part of the development of a Think Again web site targeting teenagers, an e-mail was sent to Think Again Network members asking for feedback from local colleges in their area about the possibility of using students from web design programs to help develop the web site.

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 2

The Mississippi National Guard continued to distribute suicide prevention posters, stress management brochures and resource guides at units across the state.

MSH set up a Shatter the Silence and MSH booth at the National Guard's Family Day on November 6, 2010. More than 110 educational materials were distributed at the event.

A survey was developed in December using Survey Monkey and sent to the National Guard's Joint Behavioral Task Force. The Task Force had until January 7 to respond to the survey. The survey consists of eight questions which gauge the Task Force and National Guard's increased knowledge and evaluation of the Operation Resiliency campaign. Survey results will be reported in the third quarter.

DMH obtained a list of Yellow Ribbon events in the second quarter. DMH will distribute the list to interested parties and begin participating in some of the events in the third and fourth quarters.

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 2

A meeting was held November 3, 2010. The Council established a direction for the campaign focusing on introducing the individual who is applying for the job and enlightening the business or organization on the positive points that they can bring to the position.

The logo for the campaign "Possibilities Through Abilities – Growing Opportunities" was completed. Folders will be developed as opposed to brochures to minimize cost by March 30.

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 2

The MTO implementation period has been postponed and enrollment of families and youth will not start until February 1, 2011. However, three youth from each site have been identified to help begin the youth leadership councils. These youth have met three times between November and January.

Regions 4 and 7 have each had meetings with youth and are beginning the process of scheduling regular monthly meetings. The MTOP youth involvement coordinator is working to turn these groups into youthMOVE chapters.

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 2

Survey tool continues to be developed to assess enhanced knowledge of elderly suicide prevention.

Suicide Prevention cards were distributed through the *Advanced Topics in Dementia Care* workshop, caregiver support groups, health fairs, guest lectures, MS Nurses' Association Conference, and a variety of presentations statewide. An estimated 800 information cards were distributed.

482 publication pieces were distributed to 25 tour groups at MSH in addition to 205 cards distributed at two community events for a total of 687. An additional 800 Information Cards were distributed in Quarter 2. Suicide Prevention information was included in 26 presentations and 10 Health Fairs statewide.

Educational cards were distributed to six nursing student groups at MSH for a total of 198 students during the second 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 2

The first video, which focused on suicide prevention in the elderly, military and youth and was posted on YouTube, has received 714 hits to date.

MSH and Central Office began researching topics for several additional videos focusing on advocacy and the budget situation in the second quarter. Script suggestions for a minimum of 6 advocacy videos were finalized to focus on mental health, IDD, chemical dependency, and nursing home services. Participants have been selected and filming will begin in January 2011.

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 2

In the second quarter, there were 583 log ins; 87 individual users; 118 messages sent or received. The top three types of messages were suicide, depression and relationship issues.

A Talk About It card was included in the 1,000 packets mailed to 6th – 12th grade school nurses and counselors in October. As a result, more than 5,100 additional Talk About It cards were requested.

A Talk About It slide was developed in the second quarter and will be distributed to all Think Again/Shatter the Silence trained presenters in January.

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 2

A meeting was held on December 8, 2010 to discuss the different services which will be mapped. It was determined that all DMH certified programs (99) will be included in the database.

The Director of the Office of Constituency Services researched three companies that have the capabilities to create the database. The costs were \$20,000 - \$50,000. The idea was discussed of using grant funding to purchase a software package to develop the database. The database would be utilized to develop an interactive program on DMH's Web site in order to increase access to services. The software package would have to meet OCS and IS qualifications and be able to import all current data in the OCS system.

During the meeting on December 8, 2010, it was determined the database would be Web hosted by the IS division. OCS and IS will maintain the database and it will be automatically updated each time the OCS database system is updated. OCS began acquiring and updating information on the 99 certified programs for the database. This information is updated annually. Once DMH purchases the software to develop the database we will meet to develop written procedures for updating the system.

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 2

Revision of DMH Standards has been completed. Final standards have been made available to DMH Certified providers and are posted on DMH's website.

DMH Record Guide is in final stages of approval.

Silver Alert information presented to two Law Enforcement groups: Jones County Law Enforcement and Olive Branch Police Department totaling 75 attendees. Silver Alert information was included in 23 additional presentations and 10 Health Fairs. Approximately 840 brochures were distributed during the second quarter. The director of DMH's Division of Alzheimer's Disease and Dementia was invited to participate in a photo with Governor Barbour to commemorate the signing of the Silver Alert Bill.

Silver Alert products continue to be developed. Silver Alert Fact sheet to be completed in third quarter. Due to lack of funding, additional information cards for Law Enforcement will not be developed at this time.

The Director of the DMH's Division of Children & Youth Services met with DHS on October 19, 2010 to discuss the components and instruments required for a mental health assessment for youth entering into DHS care. Staff from DHS met with CMHC Children's Coordinators to discuss options for increased access to mental health services. CMHC regions 11 and 13 have begun to implement special procedures for those youth needing mental health assessments who are in DHS care. The next meeting is scheduled in February 2011.

Meetings were held in October and December 2010 between DHS, DMH and the Division of Medicaid to discuss mental health assessments that are provided by CMHCs.

Implementation of the Child Welfare MH Pilot Project continues. CMHC Region 13 hired two mental health staff to be located at the youth court in Harrison County two days a week in order to provide mental health assessments as well as other needed mental health related services. Plans are being made to designate staff in CMHC Region 11 to provide DHS youth with mental health assessments within 30 days of coming into custody.

Both the Bureau of Intellectual and Developmental Disabilities and Bureau of Community Services are members of the Money Follows the Person Stakeholders Group. This group met once during this quarter. Advocacy Groups and other stakeholders, inclusive of DMH are partnering with the Division of Medicaid around the design of the Money Follows the Person project.

DMH is the lead partner with the Arc of MS in the development and implementation of the Peer Review process. The Personal Outcomes Measures format developed by the Council on Quality and Leadership (CQL) is the model being implemented for Peer Review. Two training sessions for Peer Reviewers, facilitated by CQL, have been completed. Final training of peer reviewers will be completed during the third quarter.

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

Progress- Quarter 2

Providing education to community stakeholders statewide and the leadership and members of the MS Legislature on the impact of decreases in funding on the public mental health system continues. Central Mississippi Residential Center held a town hall meeting on Oct. 19 with more than 900 attendees in order to educate the community and legislators on the impact of decreasing funding for the public mental health system. North MS State Hospital also held a similar public forum on November 29 with more than 350 attendees including 16 members of the Legislature. Speakers at both events included legislators, consumers, family members and mental health employees.

DMH updated the FY12 Budget Impact flyer in December to reflect the Legislative Budget Recommendation and shared it with members of the Legislature. This flyer showed the impact of phasing down of the enhanced Medicaid match rate and what could happen if DMH does not receive the \$17 million needed for FY12.

DMH created a new section on its Web site that focuses on supporting the public mental health system. The Web site page contains budget information, flyers, letters and other information. The information shows the impact of phasing down of the enhanced Medicaid match rate and what could happen if DMH does not receive the \$17 million needed for FY12.

DMH began working on several short advocacy videos to show how the public mental health system has affected lives in Mississippi. The 60-second videos will be filmed in the third quarter.

North MS State Hospital hosted the six state senate candidates to talk with them about mental health issues prior to the election in order to give a "face" to the Department of Mental Health for the candidate who wins on January 11.

On December 6, 2010, a request was sent to DMH Bureau Directors to identify advocacy groups and their roles in the support of individuals with MI/AD/IDD. Responses were compiled into one list of advocacy groups. On December 15, 2010, letters were sent to all identified advocacy groups inviting them to join DMH's legislative efforts in supporting individuals with MI/SA/IDD and services provided through the public mental health system. More information was offered upon request.

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 2

Meeting scheduled for January 28, 2011 with Bureau Directors of Mental Health and IDD to discuss findings and recommendations for implementation of College of Direct Support at all DMH facilities.

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

Progress – Quarter 1

The committee distributed a questionnaire to DSPs in order to gather feedback and to get their input on possible non-monetary incentives. The questionnaires will be gathered and reviewed during the third quarter.

Objective 8.2 Develop a comprehensive Human Resources plan

Action Plan: 8.2a Increase employee retention rates

Progress – Quarter 2

Exit Interviews have been analyzed and the top three reasons given for leaving were as follows:

- 1) Advance Career
- 2) Relocation/Need for more flexible schedule (tie for 2nd), and
- 3) Further education/salary increase (tie for 3rd).

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

Progress – Quarter 2

The bidding process was followed for the purchase of on-line training for workforce development during the second quarter. Sealed bids were received, proposals evaluated, and an award made. The contract was awarded to Essential Learning on December 22, 2010.

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 2

Internship opportunities have been posted with local colleges and universities and there has been a 2% increase in the number of interns with DMH.

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 2

Objectives for cross training have been reviewed by Staff Development Directors and they are in alignment and support current strategic plan.

Action Plan: 8.4b Provide updates to DMH staff about the Strategic Plan as changes occur
Progress – Quarter 2

Information concerning updates or changes of the DMH Strategic Plan will continue to be sent to facility PR Directors for distribution on a quarterly basis or as required.

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 2

Task Force for MH was established, and the MH Data Task Force Group met on December 8, 2010. Items discussed included the following: defined purpose of the group, changes to CDR file submission - dropping submission of the “X” file, error rates should be below 5% - facility needs to correct all errors, and need to address issue of a person not having a SSN with a request for recommendations from the members.

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

Progress – Quarter 2

At MH Data Task Force meeting on December 8, 2010, making upcoming changes to CDR file submission - dropping submission of the “X” file, was discussed.

Work began with Specialized Treatment Facility to introduce CDR submission.

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

Progress – Quarter 2

IDD facilities are in the testing phase of submitting data to the CDR. DMH’s IS staff will continue to monitor.

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 2

Strategic and operations plans have been submitted to the Office of National Coordinator for review and approval. The plans are currently under review by a 3rd party consulting firm.

The MS Health Information Board met in December to draft by-laws. Changes/revisions are currently under review.

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

Progress – Quarter 2

Email submitted to DMH facilities requesting member recommendations. Facility Directors submitted names of individuals who will serve on the task force. The team will meet with the Gartner Group in the third quarter to discuss presentation.

Action Plan: 9.2c Continue researching available funding

Progress – Quarter 2

Activities to begin when needed.

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

Progress – Quarter 2

To establish a knowledge base about the Division of Medicaid's HIE, Shared Health, the DOM's HIE vendor, gave an overview to MSH physicians on August, 10, 2010 and September 15, 2010. Workflow studies were done at MSH's Community Services and the MSH campus on September 15, 2010 to determine feasibility of Medicaid/Shared Health involvement with MSH.

Timeline and implementation strategy were discussed on October 21, 2010, and implementation began on October 28, 2010. Approximately 10 of 50 sites have been activated at MSH and 28 of 28 sites have been activated at Community Services.