Mississippi Board of Mental Health
&
Department of Mental Health

Strategic Plan
Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Third Quarter
January 1, 2012 – March 31, 2012

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

Objective 1.1 *Increase efficiency within DMH*

Action Plan: 1.1a Continue to implement proven cost reduction measures across DMH programs/services
Progress – Quarter 3
Through standardization and product selection adjustments, the ICF/MRs have collectively reduced costs associated with food service operations by an estimated $24,093 during the third quarter. In the second quarter, which had not been previously reported, the cost reduction was estimated to be $14,252.

Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year
Progress – Quarter 3
A Request for Proposals (RFP) document is nearing completion so that it can be advertised. This RFP will request proposals on providing administrative, logistical, and technical enhancements which reduce costs of operations in the facilities' pharmacies. The focus of the RFP will be on the psychiatric hospitals, but will be constructed loosely enough for any facility to participate.

Action Plan: 1.1c Determine personnel needed to transform the service system
Progress – Quarter 3
During the third quarter, DMH staff worked with various community-living providers and stakeholder groups to discuss the type and quantity of staff needed to serve effectively individuals leaving DMH facilities to live independently in the community. This review and discussion will continue and will take time to develop in order to meet the complex needs of individuals living and receiving services in the community.

DMH staff continued to review and discuss information obtained from visits to other states. In addition, Tennessee's community-living support policies were reviewed.

Objective 1.2 *Maximize funding opportunities*

Action Plan: 1.2a Request and assist the Division of Medicaid (DOM) with submission of at least one new community-based waiver option built on established priorities
Progress- Quarter 3
During the second and third quarters, DMH has worked with Division of Medicaid (DOM) representatives on a 1915(i) amendment to the Medicaid State Plan. A draft proposal for amending the Medicaid State Plan under 1915(i) was submitted by DMH to DOM to be reviewed and forwarded to CMS for approval.

Action Plan: 1.2b Obtain at least two new grants or additional funding in the targeted areas of infrastructure and capacity building
Progress- Quarter 3
In the third quarter, DMH submitted an application for a Data Infrastructure Grant and received the award.

In January 2012, DMH submitted an application for a SAMHSA Olmstead Grant and received the award.

On March 23, 2012, a collaborative group submitted a grant application, "Improving Diversion

Policies and Programs for Justice-Involved Youth with Co-Occurring Mental Health and Substance Abuse Disorders: An Integrated Policy Academy/Action Network Initiative." A response is expected in April 2012.

In January 2012, DMH received notification that the agency did not receive the Employment Development Initiative (EDI) award or the Transformation Transfer Initiative (TTI) award.

In January 2012, DMH continued to work with University of MS Medical Center (UMMC) staff and others as part of a CMS Health Care Innovation Grant Work Group. On January 27, 2012, an application was submitted for the Health Care Innovation Challenge Grant for Mississippi. This is a possible $30 million, three-year grant award.

In March 2012, DMH learned that the 2011 State and Tribal Youth Suicide Prevention Grant Application had been reopened for consideration of funding in 2012. Additional information was requested and will be submitted in April 2012.

In January 2012, DMH received notification that the agency was awarded an Alzheimer's Foundation of America Family Respite Care Grant. This application was a collaborative effort between DMH and Amedysis Home Care and Hospice in Jones County.

In March 2012, DMH wrote a letter to BP requesting additional funding for behavioral health needs in Coastal Mississippi. BP responded and declined to provide the requested funding. BP is involved in a class action suit which will hopefully establish a Gulf Region Health Outreach Program to expand the capacity to address community health needs, including behavioral health.

In February 2012, the DMH Alzheimer's Division was invited by the MS Department of Human Services to partner to provide training as part of a federal 2010 ARRA Chronic Disease Self-Management Program Grant. Before DMH can participate, DHS must obtain an extension on the original grant. DHS has submitted this request and is awaiting a response.

DMH received correspondence indicating that funding would be continued for the Administration on Developmental Disabilities (ADD) Project of National Significance program. DMH is the grant administrator for a partnership among the MS Council on Developmental Disabilities, the USM Institute of Disability Studies and Disability Rights MS to develop the infrastructure to support employment opportunities for persons with intellectual or developmental disabilities. Throughout the quarter, several meetings took place, including a technical assistance meeting with partner agencies. This project is called MS Partnerships for Employment (MSPE).

The online communication tool, *DMH Proposals*, was updated on March 30, 2012, to reflect the current status of applications.

Action Plan: 1.2c Collaborate with Division of Medicaid (DOM) to amend the Medicaid State Plan to provide an array of person-centered services (crisis intervention, peer/caregiver support, respite services, Wraparound facilitation, MAP teams)

Progress- Quarter 3

In conjunction with the Division of Medicaid (DOM), the Department of Human Services (DHS), and

facility and community providers, DMH gathered information on suggested revisions to the DMH Operational Standards/performance indicators which are needed to address recent DOM changes and DHS 2012 licensure revisions.

Action Plan: 1.2d Maximize use of Elderly Disabled Waiver to provide services/programs for individuals with Alzheimer's Disease

Progress- Quarter 3

The following are the percentages of clients at Garden Park Adult Day Services who attended under the Elderly and Disabled Waiver: 40% in January 2012, 44% in February 2012, and 42% in March 2012.

Footprints Adult Day Services initiated an application for a Medicaid Waiver to help expand services.

The Division of Medicaid prepared requests for renewal of the 1915c Elderly and Disabled Waivers. DMH and other stakeholders were given an opportunity to respond/comment on the renewal request.

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

Action Plan: 1.3a Maximize stakeholder input by streamlining the number of required task forces and steering committees

Progress- Quarter 3

The work group continued to develop a report which will provide recommendations regarding the more effective use of stakeholders in the overall committee structure and the feasibility of establishing a single stakeholder representative committee. The work group is discussing the best way to incorporate this concept into the enhanced peer involvement processes and standards which are currently being developed.

Action Plan: 1.3b Implement resource allocation strategy to support EBP/BPs and service outcome models

Progress- Quarter 3

The use of EBP/BPs and service outcome models was incorporated into RFPs distributed by the Division of Community Services.

Comparable RFP scoring tools that address the use of EBP/BPs were utilized to help evaluate grant applications received by the Division of Community Services.

Grant service reports and budgets were reviewed by DMH as a key part of the grant application and funding process.

Action Plan: 1.3c Increase percentage of funding allocation to priority services (crisis services, housing, supported employment, case management, and early intervention/prevention)

Progress- Quarter 3

During the third quarter, standardized RFP scoring tools were used to review and rate applications submitted to the Division of Community Services from providers seeking funding under the DMH-administered federal block grant. A comparable scoring tool was used to review and rate applications for funding under the Federal PATH formula grant funds that DMH receives.

Goal 2 Strengthen commitment to a person-driven, community–based system of care

Objective 2.1 *Expand meaningful interaction of self-advocates and families in designing and planning at the system level*

Action Plan: 2.1a Provide opportunities for individuals and family members to participate in program development, service planning and recovery training

Progress – Quarter 3

In the second quarter, DMH surveyed certified providers to determine provider mechanisms for involving individuals and/or family members in the planning, evaluation and implementation of mental health services. A large number of providers did not fully respond. Thus, in the third quarter, a follow-up survey was sent to providers who did not initially complete the survey. Results will be reviewed, and a report will be generated in the fourth quarter. After the survey is complete, DMH will interview council members.

In the fourth quarter, DMH will develop and conduct a survey of individuals to determine meaningful participation.

DMH is developing a presentation and other materials on meaningful participation which will be given upon request to councils/groups. Once complete, the materials will be made available on the recovery site. Survey results, in addition to identified barriers, will be incorporated into the materials.

Action Plan: 2.1b In collaboration with the Division of Medicaid (DOM), develop an array of reimbursable peer and caregiver support services

Progress – Quarter 3

In the third quarter, DMH began making revisions to the DMH Operational Standards to align with final revisions to the Division of Medicaid's policies affecting community mental health services and peer and caregiver support services. Training on the new service areas and revised DMH Operational Standards will begin in FY13.

Action Plan: 2.1c Provide statewide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values

Progress – Quarter 3

In the third quarter, Personal Outcome Measures training was conducted at Hudspeth Regional Center. Pre- and post-assessments for training participants were developed and implemented.

Person-Centered Planning training and an overview of Bridge to Independence was provided to the five DMH IDD regional centers.

The System of Care 101 training presentation was updated in the third quarter and will be presented to the new MAP Team Coordinators during the fourth quarter.

Action Plan: 2.1d Determine system's responsiveness to individual needs and desired outcomes

Progress – Quarter 3

Since July 2011, Personal Outcome Measures interviews have been conducted with four certified providers. A composite report will be completed at the end of September 2012.

A Personal Outcome Measures peer interviewers training was conducted in February 2012. Nine individuals were trained.

Due to budgetary limitations, increased funding for CQL Personal Outcome Measures interviewers was not available.

The Statewide CQL Personal Outcome Measures training initially scheduled for February 2012 will be rescheduled.

Objective 2.2   *Develop a comprehensive crisis response system*

Action Plan: 2.2a Provide Crisis Stabilization Unit (CSU) services through each CMHC region
Progress – Quarter 3
Funding ($1.5 million) for one additional CSU has been included in DMH's FY13 budget request presented to the State Legislature. DMH's appropriations bill is still pending.

Data collected in the second quarter was analyzed to determine which of the CMHCs not having a CSU has the highest rate of admissions to DMH psychiatric hospitals. Based on the results, the CMHCs ranked as follows: 1) Hinds Behavioral Health Services - Region 9; 2) Southwest MS Mental Health Complex - Region 11; 3) Community Counseling Services - Region 7; 4) Singing River Services - Region 14; 5) Region One Mental Health Center; and, 6) Warren-Yazoo Mental Health Services - Region 15.

Hinds Behavioral Health Services (Region 9) continues the process of identifying a location to house a CSU in Hinds County.

Action Plan: 2.2b Evaluate CMHC-operated crisis stabilization units based on defined performance indicators for diversion, length of stay, and recidivism
Progress – Quarter 3
In the third quarter, data was analyzed to determine the percentage of DMH psychiatric hospital admissions not first going to a CSU, and a report is available. Based on the data, 10 days continues to be the average length of stay.

Potential barriers to CSUs providing crisis stabilization and diversion from DMH psychiatric hospitals were identified.   Barriers include: variability among Chancery Court procedures; certain sheriffs' offices only transport on specified days of the week and/or have limitations regarding length of transport; and, some counties have contracts with private psychiatric hospitals.

Objective 2.3   *Increase statewide availability of safe, affordable and flexible housing options and other community supports for individuals*

Action Plan: 2.3a Acquire sufficient staff time, training and resources to continue the development of service linkages with multiple housing partners at the state and regional levels
Progress – Quarter 3
During the third quarter, DMH met with various housing partners and stakeholders to identify needed housing options for individuals served by DMH. Person-Centered Planning training was conducted at the DMH regional centers; facility staff responsible for community-based transitional living efforts participated in the training.

Action Plan: 2.3b Identify support services to sustain individuals living in permanent housing

Progress – Quarter 3
During the third quarter, DMH was directly involved in the process of identifying and referring 41 individuals to the Bridge to Independence (B2I) program to move from an institutional setting to the community into appropriate supported housing.

DMH staff, regional center staff, and other stakeholders reviewed and discussed the basic community living supports which are funded through B2I for the purpose of adopting these as part of the entry-level supports that individuals will need to live independently in the community. Similar discussions were conducted with a group currently preparing its response to the anticipated release of the new HUD 811 PRA voucher program.

Action Plan: 2.3c Provide an array of supported housing services
Progress – Quarter 3
During the third quarter, DMH staff visited a number of DMH-funded group homes and supervised apartments, CMHCs and other private community providers to assess their role and contribution to the infrastructure of viable supported housing options around the state. DMH is also receiving and reviewing monthly housing usage reports from the grant-funded providers to monitor the availability of statewide housing that DMH helps fund.

Action Plan: 2.3d Provide bridge funding for supported housing
Progress – Quarter 3
During the third quarter, DMH staff met with a number of supported housing providers in the state to discuss more independent housing options for individuals currently living in DMH-supported housing. Staff also met with several community housing providers to discuss upcoming opportunities for expansion of the state's existing inventory of independent housing options.

Objective 2.4 *Provide community supports for persons transitioning to the community through participation in Money Follows the Person project* **(B21)**

Action Plan: 2.4a Expand funded Waiver Services to enable individuals with IDD residing in DMH facilities to transition into the community
Progress – Quarter 3
At the end of the third quarter, 67 people have been enrolled in the ID/DD Waiver.

Action Plan: 2.4b Use ID/DD Waiver Services Reserve Capacity slots and Money Follows the Person (B2I) services to transfer people from ICF/MRs to the community
Progress – Quarter 3
B2I began taking referrals on December 1, 2011. Training will begin in the fourth quarter. Families interested in their family members transitioning to community living are informed about B2I and ID/DD Waiver services at annual ISP meetings and upon self-referral. As of the end of the third quarter, two individuals have been transitioned using B2I services. A total of 32 people have been transitioned from ICF/MRs.

Action Plan: 2.4c Increase number served in ID/DD Waiver each year from those on the waiting list
Progress – Quarter 3
During the third quarter, Support Coordinator training was conducted at the five DMH regional centers. DMH regional centers are attempting to hire more Support Coordinators as funding and PINs allow.

The ID/DD Waiver waiting list is being reviewed as individuals' names are indicated for enrollment.

New forms and instructions were included in the Support Coordination Manual which became effective January 1, 2012.

At the end of the third quarter, 67 new individuals were enrolled in the ID/DD Waiver.

Action Plan: 2.4d Transfer people from nursing homes to community using Money Follows the Person services
Progress – Quarter 3
DMH continues to meet with B2I staff. DMH is waiting to receive the claims data from the Division of Medicaid.

In the third quarter, DMH hired a B2I Coordinator for IDD.

Action Plan: 2.4e Establish interagency, multidisciplinary transition teams at the state ICF/MRs to assist individuals in making a seamless transition to community-based services
Progress – Quarter 3
Person-Centered Planning training has been conducted at the five DMH regional centers.

Objective 2.5   *Provide long-term community supports*

Action Plan: 2.5a Expand Intensive Case Management (ICM) services to enhance the diversion of persons in crisis away from inpatient treatment until less intensive services are needed
Progress – Quarter 3
Funds have been requested for Intensive Case Management in DMH's FY13 Budget Request. DMH's appropriations bill is still pending.

DMH is currently revising the DMH Operational Standards to become effective July 1, 2012, to address protocols based on national trends for Intensive Case Management Teams.

Action Plan: 2.5b Expand PACT teams to support the integration and inclusion of persons needing long-term psychiatric care
Progress – Quarter 3
The reimbursement rate for PACT services through Medicaid is not sufficient to support required PACT team staffing. However, grant funding will not be reduced at this time.

DMH has requested funding for one additional PACT Team for FY13. DMH's appropriations bill is still pending. A CMHC will be identified in the fourth quarter for a new PACT Team. Admissions rates by CMHC region to DMH state psychiatric hospitals have been determined. The highest recidivism rate and chronic repeat admissions will be determined in the fourth quarter.

Action Plan: 2.5c Provide Community Support Teams to promote and support the independent living of individuals served
Progress – Quarter 3
Funds have been requested for Community Support Teams in DMH's FY13 Budget Request. DMH's appropriations bill is still pending.

Objective 2.6   *Provide supported employment services*

Action Plan: 2.6a Increase number of individuals assisted with employment
Progress – Quarter 3
DMH's FY13 Budget Request includes funding for Employment Specialists. DMH's appropriations bill is still pending.

Action Plan: 2.6b Assist in the reentry of individuals with mental illness into the workplace **Progress – Quarter 3** Funds have been requested for Employment Specialists in DMH's FY13 Budget Request. DMH's appropriations bill is still pending. Plans are underway to utilize Peer Support Specialists to assist with employment. CMHCs are in the process of seeking certification to provide Peer Support Specialist services. DMH conducted Peer Recovery Specialist training in January 2012.
Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services **Progress – Quarter 3** Due to lack of funding, a workforce development project pertaining to the practice of customized employment was not accomplished for DMH IDD regional center staff during the third quarter. A meeting was held in March 2012 with the Director of Vocational Services at the Department of Rehabilitation Services to discuss the use of supported employment services for individuals with IDD. In the fourth quarter, a flow chart will be developed which outlines the referral process, types of services, and process for accessing services.
Objective 2.7 *Expand specialized services*
Action Plan: 2.7a Increase and improve integrated treatment service options for co-occurring disorders in adults with SMI and children/youth with SED (SMI/A&D, SED/A&D, SMI/IDD, SED/IDD, etc.) **Progress – Quarter 3** Planning for the 5th Annual Mississippi School for Addiction Professionals (to be held April 10-13, 2012) was conducted in the third quarter. This conference offers training to providers who serve individuals with co-occurring disorders.
Action Plan: 2.7b Provide additional services/programs to serve transition-aged youth and young adults with SED **Progress – Quarter 3** A total of 29 youth were enrolled during the second quarter with a cumulative total of 174 youth being served through MTOP. Implementation of the two MTOP sites began February 1, 2012.

Goal 3 Improve access to care by providing services through a coordinated mental health system and in partnership with other community service providers
Objective 3.1 *Establish equitable and timely access to services statewide*
Action Plan: 3.1a Design integrated planning lists procedures to improve identification of types and locations of needed services/supports in order to increase options for home and community-based service provision **Progress – Quarter 3** During the third quarter, an MH-focused workgroup was established, and the chairperson of the group was selected. BIDD staff identified the data elements for the waiting list and the process for data collection.
Action Plan: 3.1b Develop strategies to address barriers to timely access **Progress – Quarter 3** Crisis services were not included in the Division of Medicaid (DOM) State Plan amendment. DMH is currently working with national consultants to determine methods of establishing a mobile crisis team. DMH has requested that a standard discharge tracking report be developed which utilizes client-level data already reported through the Central Data Repository; DMH is currently working with ITS to have this report written. Once finalized, this report will allow DMH to assess individuals' first service delivery contact, post discharge.
Action Plan: 3.1c Increase access to mental health care/services through expanded use of telemedicine **Progress – Quarter 3** No activities to report this quarter
Objective 3.2 *Expand and increase effectiveness of interagency and multidisciplinary approaches to service delivery*
Action Plan: 3.2a Increase participation of the MS Band of Choctaw Indians in assessment, planning, and service delivery process **Progress – Quarter 3** No activities to report this quarter
Action Plan: 3.2b Increase partnership activities between local entities and community providers such as hospitals, holding facilities, CSUs and CMHCs to establish triage, treatment, and diversion plans **Progress – Quarter 3** Plans were made to survey the CMHC directors to identify prospective beneficial partnerships; to determine how the service delivery system might better utilize existing potential partners (holding centers, hospitals, etc.); and; to ascertain the components of an ideal partnership agreement. The survey questionnaire will be sent to CMHC directors at the beginning of the fourth quarter. Plans were also made to research successful interagency partnership agreements in other states. This national-level research activity will be initiated in the fourth quarter.

Action Plan: 3.2c Collaborate with the Veterans Administration (VA) to increase the provision of A&D services to veterans within the local community **Progress – Quarter 3** Harbor Houses of Jackson, Inc., continues to provide statewide substance abuse services to veterans. From January 30, 2012- March 31, 2012, Harbor Houses of Jackson, Inc., received and treated three (3) direct VA referrals. Denton House continues to provide statewide substance abuse services to veterans. From January 30, 2012- March 31, 2012, Denton House received and treated 10 direct VA referrals.
Action Plan: 3.2d Expand MAP teams for children and youth with SED and IDD **Progress – Quarter 3** During the third quarter, a MAP Team Coordinators meeting was held and the following issues were discussed: 1) clarification of information to be collected on quarterly reports; 2) resources available for youth and their families; and, 3) school districts' (special education) participation on MAP teams. During the third quarter, data was collected and compiled for the second quarter. Forty-five (45) MAP teams served 117 children/youth, of which five (5) were diagnosed with both SED and IDD disorders.
Action Plan: 3.2e Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD **Progress – Quarter 3** During the third quarter, 15 Wraparound Coaches were identified through an applications process. From February 27-March 2, 2012, these 15 coaches participated in their initial training with the University of Maryland, Innovations Institute. "Introduction to Wraparound" training was held January 11-13, 2012.
Action Plan: 3.2f Expand adult MAP teams **Progress – Quarter 3** Activities to begin in the fourth quarter
Action Plan: 3.2g Facilitate work with state and local partnerships to increase jail diversion programs **Progress – Quarter 3** Funding for a demographic survey was still not located. Therefore, the committee determined during the third quarter that new strategies would need to be developed. New strategies (e.g., alternative means of collecting relevant prevalence data and base-line jail diversion program cost information) will be explored and developed further during the fourth quarter.
Action Plan: 3.2h Continue participation with the Mississippi Transportation Initiative **Progress – Quarter 3** DMH continues to collaborate with the Transportation Coalition. The transportation project initiated in Greenwood (Region 6) with Transformation Transfer Initiative (TTI) funding continued throughout the third quarter.

Action Plan: 3.2i Adapt Operation Resiliency with the Veterans Administration care centers
Progress – Quarter 3
Operation Resiliency materials were sent to the VA care centers in North Mississippi during the third quarter. In March 2012, Operation Resiliency materials and letters were mailed to the VA Medical Centers in Biloxi and Jackson and all 11 VA Community-Based Outpatient Clinics in Mississippi.

In January 2012, DMH began promoting the "Treating the Invisible Wounds of War" behavioral health military training courses with DMH facilities and CMHCs through the following initiatives: 1) email reminders; 2) provision of a sample newsletter article to DMH facilities; and, 3) distribution of flyers to CMHCs and DMH facilities.

DMH facilities continue to include information in their newsletters about the behavioral health military training opportunity. DMH Central Office will send reminder letters in April 2012.

As of March 20, 2012, more than 180 DMH employees have completed the behavioral health military training.

Action Plan: 3.2j Develop strategies to facilitate integration of mental illness, IDD, and addiction services with primary health care
Progress – Quarter 3
The Integration Work Group met on March 22, 2012, and began documentation of baseline information on the availability of integrated primary care and behavioral health and IDD services. An initial report was created to document existing integrated state services. At this same meeting, the work group began identification of potential partners/systems for the future development of integrated state services; a list of potential partners was generated.

Notice was received in January 2012 that the Transformation Transfer Initiative (TTI) grant application submitted in October 2011 was not selected for funding.

On January 27, 2012, an application for the CMS Health Care Innovation Challenge Grant was submitted by UMMC. Two members of the Integration Work Group participated in the application development. The application includes expansion of telemedicine services through CMHCs and a Patient Wellness Project which includes mental health services. A response has not yet been received.

On March 26, 2012, DMH staff met via telephone with the Executive Director of the MS Primary Health Care Association (MPHCA) concerning a funding opportunity pursued by MPHCA to conduct a statewide Summit on Integrated Services. Although funding for this event was not obtained, DMH and MPHCA staff agreed to continue to collaborate and pursue other funding opportunities.

Action Plan: 3.2k Continue development of a multiagency comprehensive approach for substance abuse prevention among adolescents

Progress – Quarter 3

The Bureau of Alcohol and Drug Services, in partnership with a planning committee comprised of community services representatives, continued planning for the 5th Annual MS School for Addiction Professionals to be held April 10-13, 2012.

On March 23, 2012, training on HIV for health care physicians and nurses was conducted by the Bureau of Alcohol and Drug Services.

The Bureau of Alcohol and Drug Services is currently working in conjunction with the State Attorney General's office, the MS Bureau of Narcotics, the MS Medical Association and the Drug Enforcement Agency (DEA) to develop a Prescription Drug Summit to be held in July 2012.

Prescription Drug Summit meetings were held February 23, 2012, and March 29, 2012. Representation included: U.S. Attorneys for Mississippi, the MS Bureau of Narcotics, the Drug Enforcement Agency (DEA), the MS Dental Association, the MS Board of Nursing, the MS Medical Association, and Pine Grove Behavioral Health**.**

DMH has partnered with the MS Bureau of Narcotics to develop a brochure targeting prescription drug use. The first meeting was held March 14, 2012, and the targeted completion date is set for early fourth quarter.

A Drug-Endangered Children's Workgroup was established and is comprised of the MS Bureau of Narcotics, the State Attorney General's Office, the MS State Department of Health, Hinds County Drug Courts, the Children's Advocacy Center, and the National Council on Alcohol and Drug Dependence of Central MS. The first meeting was held on March 21, 2012.

Goal 4 Implement use of evidence-based or best practice models and service outcomes

Objective 4.1 *Implement EBP/BP models in priority service areas as a community norm/standard of care to support positive outcomes for individuals*

Action Plan: 4.1a Select EBP/BP where identified models are available that meet state specific criteria for each of the required core services and DMH-identified priority services including crisis services, supported employment, and person-centered planning

Progress – Quarter 3

The subcommittees of the legislatively-mandated Strategic Planning and Best Practices (SPBP) Committee are currently working to identify performance measures that will be required of DMH-certified programs. This group is also working to identify EBP/BPs which purport to achieve outcomes consistent with recommended performance measures. Compatibility among performance measures, outcomes and EBP/BPs will be determined by the SPBP Committee, with consultation from DMH and DMH-certified program staff. Thus, repeating the 2010 survey has been postponed until the SPBP Committee has determined the performance measures and outcomes to be implemented. Goal 4 committees then plan to utilize the findings and recommendations of the SPBP Committee, along with the survey and populations-assessment data gathered by the Goal 4 Team thus far, to formulate and base their finalized treatment model recommendations.

Goal 4 subcommittees have continued this quarter to consult with DMH-certified programs to determine what EBP/BPs are currently in place. The following EBP/BP models are currently used within the state's system of care: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Incredible Years, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Seven Challenges, Mandt System, Matrix Model for Teens, Life Skills Training, Motivational Interviewing, Class Action/Project Northland, Living in Balance (LIB), Project Alert, Social Skills Training for Schizophrenia, Assertive Community Treatment (ACT), Supportive Employment, Medication Algorithms, Family Psychoeducation Training (NAMI family-to-family), Self-Management (Peer-to-Peer and Leadership), Supportive Housing, and WRAP.

Action Plan: 4.1b Develop timelines for implementation of the selected models endorsed by DMH for core services and DMH priority services

Progress – Quarter 3

During the third quarter, the Goal 4 Team continued to follow the work of the legislatively-mandated Strategic Planning and Best Practices (SPBP) Committee so that recommended treatment models are in concert with the findings and recommendations of this committee. Through Goal 4's survey and populations assessment activities conducted thus far, Goal 4 committees have determined that numerous EBP/BPs are currently in place throughout the statewide public system of care.

Objective 4.2 *Develop service outcomes in service areas as a community norm/standard of care to support positive outcomes for individuals*

Action Plan: 4.2a Provide opportunities for consultation, training and review of emerging or promising models found to be effective

Progress – Quarter 3

The Director of Professional Development met with DMH facility Staff Development Directors and

discussed with the group the importance of incorporating EBP/BPs training into facility staff educational activities.

During the third quarter, DMH hosted five (5) trainings on specific EBP/BPs, which included the following topics: Trauma-Focused Cognitive Behavioral Therapy, Wraparound 101, Safe Zone training (disaster-related procedures), Person-Centered Planning, and Alzheimer's and Dementia Education.

The Director of Professional Development discussed with the Clinical Services Liaison and representatives of various behavioral health-/health-related licensure boards the importance of ensuring that treatment/service models presented in DMH-approved continuing education (CE) activities be well documented regarding effectiveness for the population(s) addressed.

A statement was added to DMH's Continuing Education (CE) Planning Form to require that DMH CE-approved presentations emphasize research-based treatment models/activities.

The Director of Professional Development and Clinical Services Liaison continue to be available to service providers/presenters for consultation and collaboration on implementation of EBP/BPs.

During this quarter, the Director of Professional Development, in concert with the Bureau Director of Workforce Development and Training, piloted implementation of an online training with DMH Central Office staff. In subsequent quarters, barriers to implementation of online EBP/BPs training will be identified and assessed and efforts to further the implementation of online training will continue.

During this quarter, articles began being developed for the Spring Edition of *Innovations in Practice.*

Objective 4.3 *Evaluate and monitor outcomes of treatment models*
Action Plan: 4.3a Establish evaluation criteria for each of the core services and DMH priority services to address efficacy and effectiveness **Progress – Quarter 3** During the third quarter, the Strategic Planning and Best Practices Committee continued to work on the development of performance measures for the core services. This work will continue throughout the fourth quarter. DMH staff members continue to assist this committee as needed. As this work progresses, the Bureau of Quality Management, Operations and Standards will revise the DMH Operational Standards, as needed, to ensure the document's consistency with developed performance measures. During this quarter, Goal 4 committee members and the Clinical Services Liaison continued to serve and assist in the development of required outcomes.

Goal 5 Utilize information/data management to enhance decision making
Objective 5.1 *Maximize reporting potential of collected data*
Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/ clinical and programmatic   **Progress – Quarter 3**   In the third quarter, the Information Systems (IS) division at DMH Central Office filled a programming position. Once oriented, staff will move forward with this action plan.
Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data   **Progress – Quarter 3**   Activities to begin in the fourth quarter
Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)   **Progress – Quarter 3**   Activities to begin in the fourth quarter
Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking   **Progress – Quarter 3**   Activities to begin in the fourth quarter
Objective 5.2 *Develop/expand an electronic collection and reporting system for new reports*
Action Plan: 5.2a Determine what software/program will be used across all facilities   **Progress – Quarter 3**   In the third quarter, the Information Systems (IS) division at DMH Central Office filled a programming position. Once oriented, staff will move forward with this action plan and evaluate the possibility of in-house development.
Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcomes, Managed Care, Disparity Data, etc.) and for whom (i.e., Central Office, C & Y Services, CMHCs, etc.)   **Progress – Quarter 3**   In the third quarter, the Information Systems (IS) division at DMH Central Office filled a programming position. Once oriented, staff will move forward with this action plan.
Action Plan: 5.2c Define data for required report   **Progress – Quarter 3**   Activities to begin in the fourth quarter
Action Plan: 5.2d Design standardized reports with timelines for implementation   **Progress – Quarter 3**   Activities to begin in the fourth quarter
Action Plan: 5.2e Implement collection and reporting   **Progress – Quarter 3**   Activities to begin in the fourth quarter

Objective 5.3 *Establish an electric exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)*
Action Plan: 5.3a Determine DMH participation cost for MSHIN **Progress – Quarter 3** DMH is researching a health information email application which could be used by facilities to transfer securely in-house patient data via email. A Webinar about the application will be scheduled for Goal 5 team members in the fourth quarter. Discussions continue with the Board on allowing DMH facilities "read-only" access.
Action Plan: 5.3b Determine DMH facilities for joining MSHIN **Progress – Quarter 3** DMH facilities must have a certified health record in place to exchange data with MSHIN. Currently, MSH is using Unicare/Profiler, and ESS is using Sequest-Tier7. However, no interface with MSHIN exists for either system. At this time, DMH is looking for "read-only" access to MSHIN.
Action Plan: 5.3c Report MSHIN Board actions quarterly **Progress – Quarter 3** The MSHIN Board continues to finalize sustainability cost requirements as well as consider a "read-only" option for DMH.
Action Plan: 5.3d Determine communication pathway between HIE and EHR **Progress – Quarter 3** DMH will begin evaluating the use of web-based dashboard 5.2 and CDR 5.1 data collection for interface in the fourth quarter.
Objective 5.4 *Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)*
Action Plan: 5.4a Provide education of federal and state policy on healthcare reform to DMH Electronic Health Record (EHR) committee members, facility directors and IT directors **Progress – Quarter 3** DMH is working with the IDD facilities to review options, including cost, to implement Sequest-Tier v7.0, a certified electronic health record system. In March 2012, NetSmart, owner of Sequest-Tier, made a presentation to the CMHC Users Group. MSH continues to customize UniCare/Profiler – an EHR. Customizations include modifications to the admissions/discharge/transfer processes and the assessment, admissions, and history/ physical forms. Unicare/Profiler integrated Dragon Naturally Speaking (software which converts speech to text), which will allow nurses to complete initial and annual assessments more efficiently.
Action Plan: 5.4b Evaluate usefulness and feasibility of Medicaid Electronic Health Record (MEHR) database **Progress – Quarter 3** CMRC has implemented the use of the MEHR database. CMRC has found the system to be useful.
Objective 5.5 *Develop a Health Information Technology (HIT) strategy for DMH including policies, standard, and technical protocols while incorporating cost-saving measures*
Action Plan: 5.5a Perform Network Security Audit

Progress – Quarter 3 CMRC and NMSH audits were completed in March 2012. A SMSH audit is scheduled for May 2012. STF, ESS, and HRC audits are scheduled for April 2012. EMSH and BRC audits are in the process of being scheduled.
Action Plan: 5.5b Perform Standard and Technical Protocol Audit **Progress – Quarter 3** In the fourth quarter, DMH will create, complete and compile results of a systems survey for each facility.