

*Strategic
Plan
Progress Report*



*First Quarter
July 1, 2009 – September 30, 2009*

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

Action Plan 1.1.a Clearly define populations to be served

Progress: Q 1 - Goal Team met on 9/15/2009. Work group was formed to address 1.1a. Assignments were made, and it is anticipated that the statutes and policies concerning eligibility criteria will be reviewed in the second quarter.

Action Plan 1.1.b Identify unserved/underserved populations

Progress: Q 1 - Formal requests for information will be initiated in the second quarter using information gathered from Action Plan 1.1a.

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

Progress: Q 1 - Actions to begin in third quarter.

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

Progress: Q 1 - Actions to begin in third quarter.

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

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

Progress: Q 1 - Goal Team met on 9/15/2009. Work group was formed to address 1.2a.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

Action Plan 1.2.d Conduct cost analysis of individual services

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Information requested from Office of Constituency Services on 9/29/2009.

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

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

Progress: Q 1 - Committee members and the need for adequate representation from DMH have been discussed and will be finalized in the second quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in third quarter.

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

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

Progress: Q 1 - Actions to begin in second quarter.

Action Plan 1.4.b Determine priorities for funding allocation

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in third quarter.

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

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

Objective 1.5

Review and revise system-wide management and oversight practices

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Work Group established and information received from Executive Director. Information being compiled on current process.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in fourth quarter.

Objective 1.6

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

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine the activities/strategies necessary to complete this action plan. A Work Group will be established to identify key areas of collaboration during the second quarter. It was determined that there should be an equal mix of clinical and administrative staff on the work group to facilitate strengthening partnerships.

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine activities/strategies to achieve this action plan. The integration of clinical and administrative knowledge to produce informed decisions will be the focus of this year's educational opportunities. Review of the literature to help develop the training will begin later.

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine the activities/strategies necessary to carry out this action plan. Information gathering will begin during the second quarter in order to make recommendations for increasing shared decision-making opportunities between clinical and administrative staff.

Objective 1.7

Maximize clinical staff time

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine the activities/strategies necessary to achieve this action plan. It was determined that a work group will be established in the second quarter to explore options for utilizing physician extenders. This work group will survey providers within Mississippi and in other states who utilize physician extenders to evaluate their effectiveness.

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine the activities/strategies necessary to achieve this action plan. The work group that will be established in the second quarter will evaluate the survey data to formulate appropriate recommendations.

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

Progress: Q 1 - The Objective Leaders met on 9/24/2009, to determine activities/strategies necessary to accomplish the action plan. It was determined that a work group will be established in the second quarter to survey the current use of psychiatric residents in the state system.

Objective 1.8

Continue Strategic Planning Process

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

Progress: Q 1 - Discussions began in July 2009, about information needed to meet Board's request for quarterly and annual reporting on progress made. The Division of Information Systems (IS) and the Bureau of Interdisciplinary Programs (BIP) worked together to design a database system that allows information to be captured on all 150 action plans for Year One in a systematic way. Goal Leaders are responsible for data entry and BIP Director is responsible for preparing quarterly reports.

Database utilized for development of the first quarter report (7/1/2009 to 9/30/2009). Revisions to database will be made as needed after review of the report by the Board of Mental Health and DMH.

Policy requiring reporting on progress made in implementation of the Strategic Plan will be developed after feedback from Board members on first report.

Objective 1.8

Continue Strategic Planning Process

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

Progress: Q 1 - Decision made to implement Strategic Plan in a goal based approach. Goal Teams assembled with leaders and members being selected based on experience, expertise, and knowledge of our system. Each Goal Team includes representation from: consumer/advocates; community mental health centers; DMH community, facility and Central Office Staff; private providers; DMH Advisory Councils; and other state agencies.

Letters were sent requesting participation beginning 8/11/2009. Goal Teams met during the weeks of September 7 and 14, 2009.

Currently, there are 169 Goal Team members for the nine Goals. Advocates comprise approximately 13% of the participants, 12% are providers of community services (including DMH certified programs, CMHCs, and other agency representatives), 35% are from DMH Central Office, and 40% are from DMH operated hospitals and regional centers, all of which have representatives from both institutional and community-based services. The gamut of expertise ranges from self advocates to psychologists to physicians, to nurses, social workers, educators, information and technology personnel, private business, public relations, human resources, and other fields. The composition of the Goal Teams will continually evolve and change to ensure participation by diverse and knowledgeable people who work in and advocate for quality, community-based mental health services.

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

Progress: Q 1 - State Plan Review team members selected from the DMH Bureaus with State Plans - BIDD, BCS, and BADA. Meeting scheduled for 10/19/2009, to begin development of a State Plan Review Tool.

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

Progress: Q 1 - Actions to begin in third quarter.

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

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

Progress: Q 1 - The Goal Team met on 9/11/2009. The Team agreed that the Division of Consumer and Family Affairs (DCFA) would gather information from a variety of sources in order to define a person-driven, community-based system of care. Team members were provided a draft definition of recovery; "A unique and ongoing process or journey to have the best quality of life," and asked to review it for applicability to A&D, Children, and IDD. More information from NAMI-MS and others on a person-driven, community based system will be provided at the next scheduled meeting. All definitions will be inclusive of all populations supported by DMH.

The group also identified the need to research how to measure recovery at the individual, program, and system levels; various tools were discussed. The group decided to conduct research on models to measure recovery and discuss results at the next meeting.

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

Progress: Q 1 - The work group met on 9/30/2009, to explore expansion of the DCFA purview across all Bureaus. Interviews will be conducted during the second quarter with DMH Bureau Directors.

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

Progress: Q 1 - A listing of training and communications is being developed. The DCFA has conducted research on manuals, guides, etc., which cover self advocacy and family participation in service design and planning. Other actions to begin in second quarter.

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

Progress: Q 1 - A request was sent in August 2009 to DMH staff asking for information on task forces, advisory councils, work groups, and coalitions associated with DMH. Information requested included membership lists specifying consumer and family representation. A review of data is being conducted and follow-ups will occur as needed to ensure that all requested information has been captured. Report to be developed in second quarter.

The DCFA has obtained examples of Consumer/Family Participating Policies adopted by other states. This information will be provided to group members for review at the next scheduled meeting.

The DCFA is also in the process of researching other state agencies to determine roles of self-advocates and family members in service design, planning and evaluation.

Action Plan 2.1.f Encourage and provide opportunities for self advocates/family members to assume leadership roles on all DMH advisory councils

Progress: Q 1 - DCFA is developing a survey to obtain information about current leadership positions held by self advocates/family members on DMH advisory councils. Survey to be disseminated in second quarter.

Objective 2.2

Develop and/or expand meaningful interaction of self advocates and families in monitoring services

Action Plan 2.2.a Continue to evaluate the effectiveness of the current Peer Review Process

Progress: Q 1 - Group met briefly at the first meeting of the entire Goal Team and has selected a group leader. Discussion was held to determine next actions.

Objective 3.1 *Establish equitable access to services statewide*

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

Progress: Q 1 - Goal Team meeting was held on 9/10/2009. Work group established to review core services. Next meeting set for 11/3/2009.

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

Progress: Q 1 - Actions to begin in second quarter.

Objective 3.2 *Develop a comprehensive crisis response team*

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - The work group met on 9/10/2009 and discussed a framework for the components of a comprehensive crisis services system. A list of services options which includes services currently available as well as wish list of services will be developed in the second quarter.

Collaboration continues with the Division of Medicaid to include Mobile Crisis Response Services in a state plan amendment as part of a crisis services delivery system.

A committee has been established to develop standards of operation for holding facilities. Input has been provided by officials from three local sheriff departments and the Federal Bureau of Prisons in Yazoo City.

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

Progress: Q 1 - Transfer of the operations of the Grenada Crisis Center from MSH to Region 6 CMHC took place on 9/1/2009. Cost and service provision reports will be generated and submitted to the Legislature and DMH Board by the end of the second quarter.

Participation of DMH staff in monthly meetings with DOM staff regarding amendments to the Medicaid State Plan continues.

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

Progress: Q 1 - During the first quarter, the Division of Disaster Preparedness and Response partnered with the MS State Dept. of Health, Office of Emergency Planning and Response and Catholic Charities to provide Psychological First Aid (PFA) training as a specialty training for current or interested Volunteers in Preparedness Registry (VIPR) volunteers. One PFA training was held in July. 61 individuals completed the training. The Division of Disaster Preparedness and Response developed a database to identify individuals throughout MS trained in PFA. 168 individuals are currently trained in PFA.

The number of volunteers in the VIPR registry maintained by the MS State Dept. of Health increased as a result of the PFA trainings. Continued partnership with the MS State Dept. of Health and Catholic Charities is expected to facilitate additional PFA trainings throughout the State.

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

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

Progress: Q 1 - Work group formed and reviewed goal/objective on 9/10/2009. Action plan initiated and in progress to determine funding sources to assist DMH in making services/treatment more accessible within the service delivery system through telemedicine. Information received from programs currently utilizing telemedicine is being reviewed/researched by BCS staff.

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

Progress: Q 1 - Collaboration and discussions between DMH and the DOM continue so that input is given for amendments to the Medicaid State Plan which will allow telemedicine to be designated as reimbursable service.

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

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

Progress: Q 1 - Work group formed and reviewed goal/objective on 9/10/2009. Quarterly referral report from the OCS was generated, disseminated as directed, and shared with workgroup on 9/30/09 to determine a baseline for referrals by source. Awaiting data/information analysis report.

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

Progress: Q 1 - Work group has been established to make recommendation to ensure that all DMH facility websites provide accurate/relevant/updated information which helps the public gain access to services. The work group consists primarily of DMH PR Directors/staff and DMH IT/website representatives. Other work groups will be asked to review recommendations before presentation to DMH executive staff for approval.

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

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

Progress: Q 1 - Work group formed and reviewed objective/action plan on 9/15/2009. Research of methods available to provide services to non-English speaking individuals and families has begun.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in third quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

Objective 3.5

Incorporate cultural competencies into DMH policies, procedures and practices

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

Progress: Q 1 - Actions to begin in fourth quarter.

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

Progress: Q 1 - Actions to begin in fourth quarter.

Objective 3.6

Address timeliness to services

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

Progress: Q 1 - Workgroup formed and reviewed goal/objective on 9/10/09.

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

Progress: Q 1 - Action plan initiated and activities are on-going with further work scheduled to take place during a meeting scheduled for 10/9/2009.

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

Progress: Q 1 - Actions to begin in second quarter.

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

Progress: Q 1 - Actions to begin in second quarter.

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

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

Progress: Q 1 - Goal Team meeting held on 9/9/2009. The collection of information has started. The MS Department of Health has a website listing all local health care clinics and other services provided at: http://www.msdh.state.ms.us/msdhsite/_static/4,0,204.html The MS Primary Healthcare Association is a membership organization representing 21 Community Health Centers in the state and other community based health care providers. A directory of clinics and services can be found at: http://www.mphca.com/upload/22_CHCDirectoryof Services200-09.pdf

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

Progress: Q 1 - Staff from DMH's Division of Children and Youth were appointed to MS AAP Task Force. Task Force members are involved in identifying components of standard referral process. The Task Force has developed a website for children’s mental health resources which is operational and can be found at: <http://msaap.unc.edu>. At this time it includes providers from the Jackson Metro area. Plans are currently underway to expand the resource list to include providers in South and North Ms as well.

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

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

Progress: Q 1 - Task Force Chair has been selected. Target date for determining size and composition of Task Force has been moved to second quarter. Additional work group members have been added to expand family member/consumer interest representation. Additional partners from state and local housing entities/organization are being identified.

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

Progress: Q 1 - Actions to begin in third quarter.

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

Progress: Staff member from BIDD has been appointed.

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

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

Progress: Q 1 - A survey was sent on 9/15/2009, to all CMHCs regarding the utilization of ICM (how implemented, number served, hospitalizations diverted, etc). These surveys have been returned and is currently being analyzed for further action.

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

Progress: Q 1 - Meeting scheduled with BADA staff to set target dates and make staffing assignments.

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

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

Progress: Q 1 - Two (2) additional MAP Teams for children/youth with SED have been developed (Franklin and Marion counties) during the quarter. With the addition of these teams, there are 37 MAP Teams.

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

Progress: Q 1 - Staff have been assigned and are working on the planning and development of standards as well as funding sources.

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

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

Progress: Q 1 - Research is being done by members of this work group. Discussion is underway about strategies to use to accomplish this action plan based on research.

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

Progress: Q 1 - Research is being done by members of this work group. Discussion is underway about strategies to use to accomplish this action plan based on research.

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

Progress: Q 1 - Research is being done by members of this work group. Discussion is underway about strategies to use to accomplish this action plan based on research.

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

Action Plan 5.1.a Utilize clinical and programmatic staff in establishing Evidence Based/Best Practice (EB/BP) Work Group to identify evidence-based, best practices for implementation by DMH programs

Progress: Q 1 - The first Goal Team meeting was held 9/10/2009, to establish the work group with representation from MH, IDD, A&D, CMHC, and non-profit providers. The group discussed dividing into subgroups for each task/service area. Subgroups were formed for MH, IDD, and A&D. Each subgroup will make decisions concerning subgroup goals, timelines, and products by December 2009.

Action Plan 5.1.b Conduct literature review of evidence-based and best practices which correspond to DMH's service areas

Progress: Q 1 - Each subgroup (MH, IDD, A&D) selected Chairs. The subgroups have networked among themselves between meetings. The IDD subgroup met on 9/23/2009, and the other two subgroups are scheduled to meet again in October. At their next meeting, each subgroup will establish goals, timelines, and products along with determining the format for conducting and reporting the literature review on Evidence-Based, Best Practices which correspond to the DMH service areas.

Action Plan 5.1.c Identify evidence-based and best practice models currently used in the Mississippi public mental health system

Progress: Q 1 - This is a progressive activity with preliminary work having begun. The survey instrument to identify EB/BP models currently used in MS public mental health system is due by the end of the third quarter.

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

Action Plan 5.3.a Identify DMH-operated and/or DMH-certified programs/ services for which evidence-based or best practices have not yet been established

Progress: Q 1 - Progressive activities with preliminary work having begun. A list of services identifying DMH operated and/or DMH certified programs/services for which EB/BP have not yet been established is due by the end of the third quarter. The list of services is dependent on the development of a survey instrument, collecting the data, and generating the list of services.

Action Plan 5.3.b Review literature and information regarding National Core Indicators or other national outcome measures

Progress: Q 1 - Progressive activities with preliminary work having begun. The EB/BP work group determined that the review of national core indicators and other national outcomes should be subsumed within the literature review document due the end of the third quarter (Action Plan 5.3 b will be included in the work done for Action Plan 5.1 b).

Action Plan 5.3.c Develop and/or strengthen the desirable outcomes for each applicable service area

Progress: Q 1 - Progressive activities with preliminary work having begun. After a comprehensive literature review, a review of national core indicators, and review of services where no EB/BP exists, the subgroup will review current outcomes applicable to service area due by the end of the fourth quarter.

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

Action Plan 5.3.d Incorporate service outcomes into the DMH Standards

Progress: Q 1 - Progressive activities with preliminary work having begun. This activity is due for completion at the end of the fourth quarter at which time the incorporation of newly developed outcomes will be discussed and developed with the Standards review and revisions committee.

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

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

Progress: Q 1 - Progressive activities with preliminary work having begun. On 8/11/2009, directors of psychology, social work, and nursing from DMH facilities met to collaborate on ensuring that each facility clearly identifies clinical competencies upon hiring, during initial introductory phase, and ongoing. Within the discipline meetings, each clinical service discussed ideas for networking and resource sharing. Cost and staff support prohibit list serves; however, email blasts are being used by each discipline. Each discipline was encouraged to attend training opportunities provided through the DMH which introduce and supports best practices. This action plan is ongoing throughout this fiscal year and beyond.

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

Progress: Q 1 - Progressive activities with preliminary work having begun. The performance indicators will not be available until all the previously identified activities have been completed by each subgroup and endorsed by stakeholders. Performance indicators are due by the end of the fourth quarter.

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

Action Plan 6.1.a Evaluate current statewide awareness efforts

Progress: Q 1 - A work group was created which discussed developing a report to evaluate current public awareness efforts across the state. Each facility public relations director developed an individual report evaluating the strengths and needs in their area of the state. The reports were submitted to the DMH Director of Public Information and the Action Plan Leader on 9/30/2009. The work group is scheduled to meet again in the second quarter to discuss the individual reports and begin working on the overall evaluation report for DMH.

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

Progress: Q 1 - Individuals have been appointed to develop a survey. Three sheriff's departments (Lauderdale, Lamar, and Hinds Counties) and Yazoo City Federal Prison have been visited by DMH staff to research mental health needs.

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

Progress: Q 1 - Awaiting development and distribution of survey required in 6.1e.

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

Progress: Q 1 - At the July 2009 MS Advisory Council-FASD meeting, the need to develop a FASD public awareness plan was discussed. The action plan group met on 9/23/2009 to begin planning/developing a campaign.

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

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

Progress: Q 1 - Work group members were appointed. Each member reviewed the current methods used in their area of the state and developed a report. Reports were submitted to the Director of Public Information and the Action Plan Leader by 9/30/2009 The work group will meet during the second quarter to review and discuss the individual reports.

Objective 6.2

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

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

Progress: Q 1 - Work group members were appointed and asked to develop a list of places in their area of the state where educational materials could be distributed such as libraries, health fairs, medical facilities, schools, etc. Each facility public relations director submitted a list to the DMH Director of Public Information and Action Plan Leader by 9/30/2009.

A database was developed to track the distribution of educational materials, press releases, newsletters, media interviews, presentations, and other items across the state. The DMH public information director and the facility public relations directors will begin using the database in the second quarter and will report on public education efforts each quarter.

Three PowerPoint presentations were developed. One for teachers, students and parents with educational information about mental health, suicide prevention and alcohol and drug abuse. More than 15 individuals participated in a presentation training on 8/17/2009, at MS State Hospital. Participants received training on the presentations, SafeTalk and Psychological First Aid. Participants were given a toolkit containing the presentations, speaker request forms, resources, tips on presenting, talking points, and other materials. Participants will partner with DMH Central Office to help contact schools and organizations across the state to offer educational materials and presentations on mental health awareness, stigma and suicide prevention.

An evaluation instrument and a database to track the number of presentations on suicide prevention, mental health awareness and stigma was developed. DMH will begin using the database to input evaluation results from presentations in the second quarter.

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

Progress: Q 1 - The Alzheimer's Conference hosted the first MS Physician's Conference on Alzheimer's Disease with 52 in attendance in August 2009. The 10th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly had 663 registered for a total registration of 715. Planning for the 2010 conference has begun by exploring speakers to address Younger Onset Alzheimer's as a possible breakout session.

A current list of support groups affiliated with the Alzheimer's Association has been obtained and was distributed at the Annual Alzheimer's Conference. Some support groups affiliated with the Alzheimer's Foundation of the South have formally affiliated with the Alzheimer's Association. Three support groups are independent. One support group for individuals with Alzheimer's Disease began in September 2009, and is an extension of Hattiesburg Memory Clinic.

The Division of Alzheimer's distributed materials at 15 support group settings and three health fairs. A total of 10 trainings were conducted. Curriculum for the support group for individuals with AD has been developed and is being utilized in the Hattiesburg Support Group. Adjustments will be made as deemed appropriate. Trainers continue to answer requests to exhibit at health fairs. Each trainer participated in World Alzheimer's Day activities. The 2009 Updated Resource Guide was completed in August 2009. Currently, 7,500 copies are available for distribution between the Division of Alzheimer's and the Alzheimer's Association. Enrollment for the pilot group in Hattiesburg was expanded from exclusively Hattiesburg Clinic patients to include referrals from outside the Clinic.

Objective 6.3

Increase efforts to de-stigmatize mental health issues

Action Plan 6.3.a

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

Progress:

Q 1 - A plan was developed for the launch of the Think Again campaign which will be in October during Mental Illness Awareness Week.

The Think Again Network which is comprised of partners from non-profit organizations, colleges, hospitals, community mental health centers, and DMH facilities met on 9/8/2009, to discuss plans for the campaign launch.

Launch toolkits were developed and provided to all Think Again Network members. The toolkits included press release templates, public service announcement templates, letters, brochures, posters, a t-shirt, talking points, questions and answers, speaker request forms and other items. The toolkit was designed to be localized for each Network member. Members are able to insert their contact information, logo, etc. to localize the information for distribution in their area.

Think Again informational fact sheets were developed for the following: mental illness, obsessive compulsive disorder, attention deficit hyperactivity disorder, depression, generalized anxiety disorder, schizophrenia, and bipolar disorder.

Mississippi State Hospital began planning for a campaign activity in conjunction with the public awareness event, "Games Your Children Play Part 2" for parents in Rankin County which is scheduled during the launch week. Central Mississippi Residential Center also began planning for a campaign activity for parents during the launch week. DMH began preparing to partner with Weems Community Mental Health Center's Mind Matters event to announce the launch of the campaign.

Action Plan 6.3.b

Continue anti-stigma presentations at schools statewide and provide teacher education and informational packets to all school districts

Progress:

Q 1 - Three PowerPoint presentations were developed. One for teachers, students and parents with information from the Think Again and Shatter the Silence campaigns.

More than 15 individuals participated in a presentation training on 8/17/2009, at MS State Hospital. Participants received training on the presentations, SafeTalk and Psychological First Aid. Participants were given a toolkit containing the presentations, speaker request forms, resources, tips on presenting, talking points, and other materials. Participants will partner with DMH Central Office to help contact schools and organizations across the state to offer educational materials and presentations on mental health awareness, stigma and suicide prevention.

An evaluation instrument and a database to track the number of presentations about mental health awareness, suicide prevention and stigma was developed. DMH will begin using the database to input evaluation results in the second quarter.

Action Plan 6.3.c

Develop a statewide "Ability Awareness" campaign to educate Mississippians about intellectual and developmental disabilities by focusing on the abilities of the individuals

Progress:

Q 1 - The Mississippi Abilities Awareness Council met in August and September to discuss the campaign. By-laws were drafted for the Council. The Council began working on a brochure in August 2009.

Objective 6.4

Increase substance abuse prevention activities

Action Plan 6.4.a

Increase the capacity of the substance abuse prevention workforce to deliver services utilizing the latest technology

Progress:

Q 1 - Funding was maintained for the Mississippi Prevention Network Web site and it continues to be the prevention information portal. Prevention staff updated the current listserve. BADA prevention staff met with the SURETool coordinator in September to discuss updating the current internet-based data system.

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

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

Progress: Q 1 - BADA prevention staff conducted eight site visits to monitor compliance. All agencies were in compliance.

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

Progress: Q 1 - The MS Executive Prevention Committee met in August. The yearly contract for DMH's Adolescent Alcohol and Drug Services Coordinator was funded in August. The Mississippians Advocating Against Underage Drinking task force met in July, August and September. The MS National Guard funded the Community Anti-Drug Coalitions of America (CADCA) training for prevention professionals. The State Epidemiological and Outcomes Workgroup was funded. BADA continued to partner with the Dept. of Education to fund SmartTrack, an online student survey and Snapshots, a substance abuse data Web site. BADA partnered with the Office of the Attorney General in activities to prevent youth access to tobacco.

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

Progress: Q 1 - The State Epidemiological Outcomes Workgroup (SEOW) met in August for their quarterly meeting. The workgroup discussed questions on Smartrack and the need for a revision, and the difficulty maintaining funding for the online student survey.

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

Progress: Q 1 - BADA continued to fund 21 community-based agencies targeting underage drinking. BADA continued to implement evidence-based prevention programming at the community level. BADA provided 15 trainings and technical assistance to prevention agencies.

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

Progress: Q 1 - Funding was maintained for 28 community-based prevention programs. Programs continued to implement evidence-based programming at the community level. All 15 Community Mental Health Centers continued to staff a full-time prevention coordinator. The listserv for prevention coordinators was updated monthly. The SureTool, BADA's online process data collection system, was monitored monthly.

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

Progress: Q 1 - Compliance with the federal Synar Regulation was maintained.

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

Progress: Q 1 - Prevention coordinators continued to implement marijuana prevention activities within their communities. The five Regional Alcohol and Drug Awareness Resource Centers continued to disseminate information regarding marijuana to prevention providers and interested persons throughout the state.

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

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

Progress: Q 1 - DMH submitted a grant proposal to the Substance Abuse Mental Health Services Administration for youth suicide prevention activities through the State/Tribal Youth Suicide Prevention Grant Program prior to this quarter. In September, DMH was notified that this proposal would not receive funding. DMH is awaiting feedback from SAMHSA on the proposal. State funding through the Division of Children and Youth has been identified to continue some youth suicide prevention activities after the end of the current federal funding period. DMH is partnering with the Department of Education, Office of Healthy Schools, to make evidence-based suicide prevention curricula and training available to school districts in January 2010.

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

Progress: Q 1 - The Department of Education, Office of Healthy Schools has designated a representative to participate on the MS Youth Suicide Prevention Council. Previously, MS Youth Suicide Prevention Council's membership included representation from the following entities: MS State Dept. of Health, Office of Violence and Injury Prevention; MS Dept. of Human Services, Division of Youth Services; Jason Foundation; Brentwood Hospital; Catholic Charities of Jackson; Office of the Attorney General; survivors of suicide; Mississippi College; private mental health practitioners; DMH, Division of Children and Youth Services; DMH, Division of Disaster Preparedness and Response; DMH's Clinical Liaison; and DMH's Office of Constituency Services. Baseline membership - 13 individuals from agencies/entities represented.

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

Progress: Q 1 - The 2008-2009 MS TF-CBT Learning Collaborative ended in September 2009. Teams from three community mental health centers and the Specialized Treatment Facility graduated. As a part of graduation, teams developed plans to sustain the practice within their own agencies. Planning is taking place to identify potential participants in a Northern MS TF-CBT. Northern MS TF-CBT is being planned for year two of the strategic plan, pending funding and available trainers.

Objective 6.5

Expand suicide prevention efforts statewide

Action Plan 6.5.d Continue and expand the “Shatter the Silence” Youth Suicide Prevention campaign

Progress:

Q 1 - A public awareness plan was developed in August 2009 in preparation for National Suicide Prevention Week which was in September. Three radio interviews and two television interviews were conducted during the week. A press release was distributed to all daily and weekly newspapers in Mississippi. More than 30 newspaper articles were printed about suicide prevention during September.

DMH partnered with Tougaloo College to send a text message to all 951 students about suicide prevention. DMH partnered with Alcorn State University for a presentation to staff about Think Again and Shatter the Silence on August 28.

Shatter the Silence electronic billboards were displayed in the Jackson, Tupelo, and Gulfport areas during September.

More than 15 presentations about youth suicide prevention were conducted during the first quarter. An evaluation and a database was developed for presentations. DMH will begin using the database to input evaluation results in the second quarter.

Information was updated on the DMH Web site and a template with suicide prevention information was provided to all DMH facilities to include on their Web site if possible. MSH added a section on the hospital's Web site which links to the Shatter the Silence brochure.

Shatter the Silence brochures and posters were distributed during the first quarter. A tracking database was developed and will be used beginning in the second quarter to record distribution of the educational materials.

Three PowerPoint presentations were developed. One for teachers, students and parents which included youth suicide prevention information and the Shatter the Silence campaign. More than 15 individuals participated in a presentation training on 8/17/2009, at MS State Hospital. Participants received training on the presentations, SafeTalk, and Psychological First Aid. Participants were given a toolkit containing the presentations, speaker request forms, resources, tips on presenting, talking points, and other materials. Participants will partner with DMH Central Office to help contact schools and organizations across the state to offer educational materials and presentations on suicide prevention.

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

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

Progress: Q 1 - DMH leadership will attend meetings when invited by the Association.

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

Progress: Q 1 - Prior to the anticipated target date of the second quarter, the Long Range Planning Committee met on 8/24/2009 to define/clarify the mission of the committee.

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

Progress: Q 1 - Actions to begin in the second quarter. However, the Long Range Planning Committee met in August 2009 to redefine/clarify its mission.

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

Progress: Q 1 - The MS Association of Addiction Services met 7/3/2009. Staff from the Bureau of Alcohol and Drug Abuse attended this meeting. The next meeting is scheduled for October 2009.

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

Progress: Q 1 - Goal Team members met on 9/14/2009, and decided to invite MS Families as Allies and the Alzheimer's Association to participate in this action plan. Actions are ongoing.

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

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

Progress: Q 1 - The Goal Team met on 9/14/2009. The team clarified its roles and responsibilities. Objective leaders were established. The team developed an information request re: interagency agreements to be included in the overall master information request being compiled by BIP. Additional activities regarding action plans are dependent on information received through the request process.

Action Plan 7.2.b Retool existing interagency agreements and MOUs to reflect all grants, contracts, and monitoring agreements so there is one agreement that is reviewed and/or revised annually

Progress: Q 1 - Awaiting information received through information request.

Objective 7.2

Strengthen partnerships with other state and governmental entities to provide services

Action Plan 7.2.c Set goals for establishing new partnerships with state agencies

Progress: Q 1 - Copies of interagency agreements, memorandums of agreement and memorandums of understanding will first be requested from each DMH Bureau. Review of interagency agreements will take place after received. Copies of interagency agreements, memorandums of agreement and memorandums of understanding will then be requested from each DMH operated facility. Review of interagency agreements will take place after received. Goal Team members will review the information received. Number of volunteers will depend on the number of agreements received. The Division of Alzheimer's and Other Dementia has added a goal of strengthening their partnership with the MS Department of Human Services.

Action Plan 7.2.d Continue to serve on interagency task forces, work groups, councils, and committees

Progress: Q 1 - The Division of Consumer and Family Affairs has received survey results from each Bureau regarding participation on interagency task forces, work groups, councils, and committees. The Division is going to follow up on the results of the survey to ensure accuracy of the results.

Action Plan 7.2.e Continue to invite other agencies to serve on DMH task forces, work groups, councils and committees

Progress: Q 1 - As evidenced in meeting notices and subsequent meeting minutes, DMH continues to invite other agencies to serve on task forces, work groups, councils and committees.

Action Plan 7.2.f Collaborate with other agencies that have an interest in substance abuse treatment and prevention

Progress: Q 1 - The Bureau of Alcohol and Drug Abuse Advisory Council met 7/9/2009. Agencies/entities represented on the Council have an interest in substance abuse treatment and prevention in Mississippi.

Action Plan 7.2.h Continue to lead and support the State Level Interagency Case Review Team (SLCR)

Progress: Q 1 - The State Level Interagency Case Review Team meets on a monthly basis. Major child-serving agencies in Mississippi are represented on this team. The DMH Division of Children and Youth coordinates and participates in all meetings. The DMH Division of Children and Youth directs funding to the SLCR Team to be utilized to provide supports identified on the SLCR intervention plan for the youth reviewed by the team.

Action Plan 7.2.i Continue to provide representation on Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council as required by legislation

Progress: Q 1 - The DMH Executive Director serves as the chair of the Interagency Coordinating Council for Children and Youth. The Director of the DMH Division of Children and Youth serves as the chair of the Interagency System of Care Council for Children and Youth. Both will serve in these capacities until April 2010.

Objective 7.3

Engage nontraditional community partners to secure funds, donations, and/or volunteers

Action Plan 7.3.f Maintain partnership with the Mississippi National Guard in order to offer training through the Community Anti-Drug Coalitions of America

Progress: Q 1 - The Bureau of Alcohol and Drug Abuse is maintaining their relationship with the MS National Guard. The MS National Guard sponsored a training webinar for the Community Anti-Drug Coalitions of America members in July 2009.

Objective 8.1 *Increase opportunities for direct support professionals***Action Plan 8.1.a** Develop strategies to provide competitive salaries for Direct Support Professionals**Progress:** Q 1 - Awaiting data/salary survey from State Personnel Board that will be made available in October.**Action Plan 8.1.b** Provide increased educational opportunities for Direct Support Professionals (College of Direct Support, life skills training, leadership/supervisory training, GED programs, Basic Supervisory Course)**Progress:** Q 1 - A task force has been formed to collect information on current opportunities/activities/classes for Direct Support Professionals (DSP) in the public mental health system. A pilot survey is being developed by members of the task force to inquire about training needs and desires from the Direct Support Professionals at North Mississippi Regional Center. The findings of the survey will be presented during the poster session at the 28th Annual Joint Conference. The survey will act as the starting point for a survey that will be provided to all public mental health providers in order to receive feedback from DSP's around the state.**Objective 8.2** *Develop a comprehensive Human Resources plan***Action Plan 8.2.a** Enhance recruitment activities**Progress:** Q 1 - A task force has been formed to evaluate current recruitment activities, marketing strategies, and current reporting practices of public mental health providers. A meeting was held at Hudspeth Regional Center on 9/21/2009, and a form was created to collect data on the areas mentioned above from the public mental health providers. Form will be disseminated to Human Resource Directors in the second quarter.**Action Plan 8.2.b** Examine the future personnel needs of the agency with respect to transformation of the service system**Progress:** Q 1 - Awaiting receipt of information requested from the Bureau of Workforce Development and Training**Action Plan 8.2.c** Increase employee retention rates**Progress:** Q 1 - A standardized form has been created by the task force to collect current retention rates from each facility for each discipline. Form will be disseminated to Human Resource Directors in the second quarter.**Action Plan 8.2.e** Incorporate information from the DMH Anti-stigma and Abilities Awareness campaigns into new employee orientation**Progress:** Q 1 - Information about the Anti-Stigma and Abilities Awareness campaigns will be presented to the DMH Staff Development Directors during their quarterly meeting 10/20/2009, to begin incorporation of both campaigns into new employee orientation.

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

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

Progress: Q 1 - A task force was developed and met on 8/11/2009, and discussed the need to obtain a baseline from public mental health providers regarding their current partnerships/internships/placements with universities, colleges, junior colleges, hospitals, military bases, etc. A form for data collection was developed by the task force and distributed to all task force members for distribution on 9/11/2009, with a completion date of 11/16/2009.

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

Progress: Q 1 - Awaiting data collection/results from information gathered in 8.3a.

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

Progress: Q 1 - Awaiting data collection/results from information gathered in 8.3a.

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

Action Plan 8.4.a Continue Educational Leave and Enhancement programs

Progress: Q 1 - A task force has been created and a questionnaire is being developed to be sent to all facility HR Directors to collect data on the effectiveness and status of the educational leave & enhancement programs.

Action Plan 8.4.b Continue Focus Program

Progress: Q 1 - 90 participants have completed Focus. The application process for 30 additional participants is underway. The first meeting of Focus Group 4 is 10/26/2009.

Evaluations are collected after every Focus activity; each activity has received an excellent rating.

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

Progress: Q 1 - A task force has been formed to evaluate current participation in all professional development programs offered by the Mississippi State Personnel Board by facility. The task force will also assess graduation rates and length of time in the program.

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

Progress: Q 1 - A questionnaire has been created by the task force to assess current training methods for providing education to staff in the public mental health system. Form will be disseminated to Staff Development Directors in the second quarter.

Objective 8.4

Continue DMH educational enhancement and leadership development programs

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

Progress: Q 1 - A task force has been formed and a meeting was held at Region 8 Mental Health Facility on 9/18/2009. The task force created a form to gather information on current cross-training initiatives between the Department of Mental Health and Community Mental Health Centers. Form will be disseminated to Staff Development Directors in the second quarter.

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

Progress: Q 1 - By majority agreement, the Mississippi State Medical Association Council on Medical Education awarded the Mississippi Department of Mental Health accreditation status for a two year term beginning August 2009 and ending August 2011.

The Alzheimer's Conference hosted the first MS Physician's Conference on Alzheimer's Disease with 52 in attendance in August 2009.

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

Progress: Q 1 - A task force has been formed and a meeting was held at Region 8 Mental Health Facility on 9/18/2009. The task force created a form to gather information on current training of staff who work in community based settings. Form will be disseminated to Staff Development Directors in the second quarter.

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

Progress: Q 1 - On 8/11/2009, the directors of Psychology, Social Work and Nursing meet at MSH to discuss a process to insure that all facilities had core clinical competency requirements upon hiring new staff, evaluated staff after a few months on the job and provided a continuous enhancement and evaluation process for clinical staff. Each of the subgroups worked together to develop strategies for accomplishing this expectation. They consulted with one another on ways to enhance clinical training throughout the year. Those in attendance were encouraged to attend professional trainings, including MH/MR and other DMH trainings in which training on Evidence-Based/Best Practice treatments are offered.

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

Progress: Q 1 - The DMH Strategic Plan has been disseminated to all facilities and is available to the public via the DMH Website. A Strategic Plan presentation was given during DMH Focus I and II retreats and the quarterly Central Office staff meeting held 7/28/2008. Another presentation will be conducted at the 28th Annual Joint Conference in October.

Objective 9.1 *Establish centralized IT management structure for DMH*

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

Progress: Q 1 - The Goal Team met on 9/10/2009. Several new team members were assigned to Objective 9.1 at the meeting, and subsequently, IT staff from all of the DMH facilities were invited to participate. Task Force leader was appointed. A follow-up meeting was held on 9/29/2009, to discuss strategies to utilize for accomplishing the action plan. All members of the IS Task Force have received a copy of the ITS Report. Each member will review for comments/discussion by 10/23/2009.

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

Progress: Q 1 - Actions to begin in fourth quarter.

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

Progress: Q 1 - Actions to begin in fourth quarter based on information from 9.1a and 9.1b.

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

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

Progress: Q 1 - Ways to enhance the data collection process and activities to secure the full implementation of the CDR project will be addressed in the second quarter.

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

Progress: Q 1 - The DMH - Central Office Information Systems division is currently developing reports to add to the already developed URS data reports required by SAMHSA. The IS division will continue to develop ad hoc and annual reports for each DMH Bureau.

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

Progress: Q 1 - The DMH Central Office Information Systems division coordinated with ITS, CDR development vendor, to develop a web-based data entry system for the non-profits and specifically the Bureau of Alcohol and Drug Abuse treatment providers to admit, transfer and discharge their clients in the treatment facilities on a day-to-day basis. The initial training was conducted by the Information Systems division and is currently being maintained by the IS division. In the future, training will be managed by the Bureau of Alcohol and Drug Abuse. The web-based system is now used by 100% of the free-standing, psychiatric hospitals and correction facility substance abuse treatment providers on a monthly basis to submit their client data to the DMH Central Office. Part of this action plan has been met. The integration of Bureau of Alcohol and Drug Abuse data into the CDR training for the substance abuse free-standing, psychiatric and correctional treatment providers was started in the end of July 2009 and completed in August 2009. The CMHC's are the only substance abuse service providers not sending data 100% electronically to the CDR, but they all will be integrated in Year 1.

Objective 9.2

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

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

Progress: Q 1 - The DMH-Central Office Information Systems division currently works with ITS (CDR development vendor) on a regular basis. The mental health non-profit/free standing treatment providers will have a web-based system developed to allow these providers to enter data directly into the CDR or a system to allow these providers to submit a flat-file to the CDR. The team will find out from the Bureau of Mental Health director and staff about what data items are already being collected and what other data items will need to be collected.

Objective 9.3

Integrate and share existing DMH data

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

Progress: Q 1 - The task force has met to discuss the best way to gather needed information and have decided upon an electronic survey. A preliminary survey has been developed and distributed to team members for review before dissemination.

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

Progress: Q 1 - Actions to be taken upon completion and analysis of survey in 9.3a.

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

Progress: Q 1 - Actions to begin upon completion of 9.3a and 9.3b.

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

Progress: Q 1 - Actions to begin in third quarter.

Objective 9.4

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

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

Progress: Q 1 - The EHR workgroup was established at the Goal Team meeting on 9/10/2009. Additional members were added at a later date. A meeting was held on 9/24/2009 to discuss specific strategies needed to accomplish the action plan. Required components of an EHR were researched and discussed on 9/24/2009.

Action Plan 9.4.b Study software programs for EHRs currently being used in DMH facilities

Progress: Q 1 - Actions to begin in third quarter.

Objective 9.5

Develop and implement DMH Patient/Client Tracking System

Action Plan 9.5.a Determine data elements and system outcomes and requirements for a patient/client tracking system

Progress: Q 1 - Actions to begin in second quarter.

Objective 9.5 ***Develop and implement DMH Patient/Client Tracking System***

Action Plan 9.5.b Review systems used by other states as well as proprietary systems for data collection and analysis

Progress: Q 1 - Actions to begin in second quarter.

Objective 9.6 ***Develop capacity for electronic sharing of information among public mental health system***

Action Plan 9.6.a Develop web-based formats for providers to submit routine required information

Progress: Q 1 - The task force has met to discuss the best way to gather needed information and have decided upon an electronic survey. A preliminary survey has been developed and distributed to team members for review before dissemination.

Action Plan 9.6.d Develop agency intranet system

Progress: Q 1 - Actions to begin in fourth quarter.