

**Mississippi Board of Mental Health
&
Department of Mental Health**

**Strategic Plan
Progress Report**



**Third Quarter
January 1, 2013 – March 31, 2013**

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

Based on information gathered during Quarter 3, it appears there is potential benefit in the Pharmacy Management and Operational Support services. An intent to award is expected to be issued in Quarter 4 which will allow for the negotiation of a contract, or contracts, at DMH Programs.

In an attempt to better coordinate services and share knowledge, DMH program Pharmacy Directors have begun meeting regularly. Two of the primary objectives of this group are to decrease pharmacy costs and improve patient care. One of the first steps the group has taken towards achieving these objectives was the adoption of some type of step therapy or algorithm for the use of antipsychotics at each MI facility. All four DMH behavioral health programs have either approved or are in the process of approving some type of step therapy or algorithm. In just the first quarter of calendar year 2013, the group has seen pharmacy purchases drop from \$2,816,805 in Quarter 1 calendar year 2012 to \$2,025,806 in Quarter 1 calendar year 2013. This is a 28.1% decrease in purchasing resulting in \$790,999 in savings. The group will continue meeting to develop more cost saving measures, report pharmacy data, share knowledge, and improve clinical services offered at each program.

Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year

Progress – Quarter 3

Work continues on assessing projects that would be beneficial for increasing efficiency at the DMH programs.

Action Plan: 1.1c Determine personnel needed to transform the service system

Progress – Quarter 3

No activity to report.

Action Plan: 1.1d Increase efficient use of human resources by developing innovative cost-reduction measures concerning personnel (i.e., job sharing, flex scheduling of staff, etc.)

Progress – Quarter 3

A survey was distributed to all DMH HR Directors on January 18, 2013. Results were collected by January 28, 2013. On February 28, 2013, the Action Plan Team met and analyzed survey results. Team members determined there was a need to create a follow-up survey which would narrow the focus on the areas of concern. The follow-up survey was implemented on March 6, 2013 and responses were collected by March 15, 2013. The Action Plan Team met again on March 28th, completed their evaluation of survey results and identified areas of concern and possible replication.

Objective 1.2 Maximize funding opportunities

Action Plan: 1.2a Assist the Division of Medicaid (DOM) with submission of a Medicaid State Plan Amendment to include services allowed under Section 1915i

Progress- Quarter 3

The 1915i Medicaid Plan Amendment is scheduled to be submitted to CMS in April 2013.

Action Plan: 1.2b Apply for at least two new grants or additional funding in targeted areas: infrastructure and capacity building

Progress- Quarter 3

On January 4, 2013, a continuation application was submitted to extend the MS Partnership Project grant program through September 30, 2014. On February 1, 2013, a continuation application was submitted to extend the MS Shatter the Silence grant program through July 31, 2014. On January 30, 2013, we received a Notice of Award for SAMHSA's Data Infrastructure Grant (DIG 4) to continue funding for the MS Mental Health DIG Quality Improvement Project through September 29, 2013. On January 9, 2013, a continuation application was submitted for Year 5 of the MS Transitional Outreach Project. This application extends the grant program through September 29, 2014. On March 28, 2013, DMH staff began planning for submission of an application for a SAMHSA grant entitled "FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination." The submission deadline is May 22, 2013.

Throughout the third quarter, DMH staff members have continued to collaborate with the DHS Division of Aging on use of funding from a U.S. Department of Health and Human Services, Administration of Community Living grant award. As a result, 7 DMH staff and 5 CMHC staff received training on the Chronic Disease Self-Management Program on March 26-29, 2013. In addition, grant funds paid for 20,000 copies of Living With Alzheimer's Resource Guide, which were distributed between the DMH Alzheimer's Division, the DHS Division of Aging and the Alzheimer's Association Mississippi Chapter.

Throughout the third quarter, DMH staff worked with the Mental Health Association of South Mississippi to support their application for SAMHSA's Statewide Consumer Network Grant (SM-13-004). The grant application was submitted on March 8, 2013.

Throughout the third quarter, DMH staff members collaborated with the MS Department of Corrections and the Hinds County Sheriff's Department on their submission of an application for a Department of Justice/Bureau of Justice Assistance-Mental Health Collaboration Program grant. The grant was submitted on March 25, 2013.

Action Plan: 1.2c Collaborate with Division of Medicaid (DOM) to amend the Medicaid State Plan initially for IDD services to provide a full array of person-centered services (respite services and MAP teams)

Progress- Quarter 3

DMH participated in quarterly meeting between DOM/CMHCs/DMH in January 2013. Discussion was held regarding the status of the 1915i waiver and DOM SPA for Rehab Services. DOM SPA for Rehab Services was approved in January 2013 by CMS. Awaiting changes in DOM Administrative Code. Met with CMHCs and DMH to discuss issues noted in SPA. Will participate in next quarterly

meeting with DMH/DOM/CMHCs to discuss further. Have not received any updates from DOM regarding the status of 1915i submission.

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 percentages indicate the individuals receiving services at Garden Park Adult Day Center who also receive services through the Elderly and Disabled Waiver. Footprints is not a provider under the E&D Waiver at the present time.

January - 63%

February - 66 %

March - 65%

Action Plan: 1.2e Expand use of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) program services for children and youth

Progress- Quarter 3

A technical assistance event was scheduled for Quarter 4 for Children/Youth Coordinators across the state to address screening and diagnostic assessments for infants and young children, birth – 5 years of age. This will include information and education on EPSDT. Through the System of Care Planning Expansion grant efforts and team, a representative from the Dept. of Health will be identified during Quarter 4.

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

Stakeholder information is still being gathered.

Action Plan: 1.3b Increase effectiveness of coordinator of MAP teams

Progress- Quarter 3

Funds for a State Level Coordinator were included in the FY 2014 DMH budget request; however, no additional funds or positions were awarded or allocated.

Action Plan: 1.3c Establish a DMH quality management council to assist DMH with identification of trends and patterns among all DMH certified providers

Progress- Quarter 3

No activity to report in Quarter 3.

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

Progress- Quarter 3

Several questions were added to the annual CMHS Block Grant Survey that collected information on EBP/BPs being utilized for children/youth. A report was compiled utilizing the information collected on the CMHS Block Grant Survey and is available in the Division of Children & Youth Services.

Information on the use of EBP/BPs and training resources were included in the grant proposals submitted to the Division of Children & Youth Services. This information will be collected and added to the report.

Action Plan: 1.3e Publish an annual report that benchmarks like programs with established performance indicators/outcomes/national core indicators

Progress- Quarter 3

No activity to report in Quarter 3.

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

Progress- Quarter 3

No activity to report in Quarter 3.

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

A survey was distributed to advocacy groups to see what trainings are currently available. A report will be generated in Quarter 4.

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

Progress – Quarter 3

DMH continues to work on the breakthrough recovery series. Additionally, a memo is distributed monthly to providers detailing a component of recovery, activities to support that component, and additional resources. Workshops were presented at two conferences and at five CMHCs on recovery targeting providers, consumers and family members. Two Personal Outcome Measures visits were conducted and providers were also educated about POMs at a conference during Quarter 3.

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

Progress – Quarter 3

Two POM exit interviews with providers were conducted. Providers are given an opportunity for feedback through POM exit interviews.

Action Plan: 2.1d Incorporate Peer Recovery Supports Services into core services in DMH Operational Standards

Progress – Quarter 3

Peer Recovery Support Services evaluation is ongoing. Training 5% of DMH Certified Providers to sustain Recovery Support Services is ongoing.

Action Plan: 2.1e Incorporate Peer Support Services into core services in DMH Operational Standards

Progress – Quarter 3

A survey was developed and distributed to evaluate needs and to determine CPSS roles and how training benefits them in performing these roles. Based on the survey, the CPSS Network, CPSS Supervisors and CPSS will address concerns and make changes to training as needed. At the January meeting, DMH worked with the CPSS on developing goals and objectives in order to continue support in the enhancement and self-sustainability of the program.

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

DMH staff drafted a vacancy chart for beds in the CMHC group homes that receive grant funding

from DMH as one possible option for identifying community living beds that might be made available for use as crisis beds. Further study and exploration is needed.

Catholic Charities is still in the process of locating an appropriate facility. They have hired a real estate broker to assist. Region 7 has begun collaborating with counties in their catchment area to open a CSU in Starkville in conjunction with Oktibbeha Hospital.

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

Strategies have been developed and have begun to be implemented. DMH began developing a brochure to educate ERs, Chancery Clerks, and other groups which directly impact the CSU admissions.

Action Plan: 2.2c Provide readily available community crisis services

Progress – Quarter 3

During Quarter 3, Crisis Response Coordinators met at DMH. Items discussed included: Operational Standards, expectations of crisis response, and documentation of contacts and data submission. The data collected will drive future activities of this action plan.

Action Plan: 2.2d Investigate the feasibility and impact of providing crisis detoxification services at CSUs

Progress – Quarter 3

The CSU database is still under repair. A report will be compiled in Quarter 4.

Action Plan: 2.2e Develop transition/step-down residential options for people leaving crisis stabilization units

Progress – Quarter 3

No activity to report in Quarter 3.

Action Plan: 2.2f Develop crisis support plans for individuals as a standard component of care and mitigation strategy

Progress – Quarter 3

The Revised Crisis Support Plan from the “soon to be released” Record Guide was distributed at the Crisis Coordinator’s meeting and appropriate usage was discussed. Implementation will be reviewed during CMHC site visits and discussed at the CRC meeting in April.

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

DMH continues to explore grant and other funding opportunities to increase resources for safe and affordable housing. The DMH Director of Housing and Community Living has been added to several existing DMH task forces and groups. In addition, this DMH staff person also chairs the DOM

Balancing Incentives Program (BIP) Housing Learning Collaborative to help develop and expand community living linkages. A system was set up to begin monitoring vacancy rates in those community living settings that receive grant funding by DMH. DMH staff obtained a report showing all of the MHC Tax Credit properties listed by county and city that might provide additional community options for individuals.

Action Plan: 2.3b Identify and coordinate an array of supportive services needed to sustain individuals living in permanent housing in local communities

Progress – Quarter 3

During Quarter 3, the BIP Housing Learning Collaborative group in conjunction with other housing and community living providers adopted a plan to have IDS update the data and other relevant information in the original MS Access to Care (MAC) Plan and the report from the IDS Bridge Project which will in essence accomplish strategies for this Action Plan.

Action Plan: 2.3c Provide bridge funding for supported housing

Progress – Quarter 3

DMH is using the bridge funding that is a part of the MFP Bridge to Independence (B2I) project as the model for transition/bridge funding to assist individuals transitioning into the community from a variety of facility-based programs. This model will continue to be used identify and track the need for and use of “bridge funding” going forward. A demonstration project based on the B2I model is being implemented at MSH for individuals with serious mental illness who will be transitioning into the community.

Objective 2.4 *Provide community supports for persons transitioning to the community through participation in the Bridge To Independence project*

Action Plan: 2.4a Expand ID/DD Waiver services to enable individuals with IDD residing in DMH facilities to transition into the community using Bridge to Independence services

Progress – Quarter 3

A total of 136 people transitioned by the end of Quarter 3 in FY13.

Action Plan: 2.4b Increase number served in ID/DD Waiver each year from those on the waiting list

Progress – Quarter 3

A total of 43 people have been enrolled from the Statewide Planning List and 136 have transitioned from institutional programs for a total increase of 179 people to date in FY 13. An additional 100 enrollments were authorized for the remained for FY 13 using funds from the Balancing Incentive Program (BIP).

Action Plan: 2.4c Transfer people with SMI from nursing homes to community using Bridge to Independence services

Progress – Quarter 3

DMH Nursing Home Transition Coordinators report quarterly on the number of individuals who have transitioned to the community. The information can be requested as needed from the DMH transition coordinators in the DMH nursing homes. A final number for FY13 will be reported in Quarter 4.

Action Plan: 2.4d Transition Coordinators will 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

Additional trainings with focus on transition of individuals with IDD were held at all six DMH IDD programs on two occasions for a total of 12 training sessions. Discharges were held to a minimum this quarter to provide opportunity for review of issues with discharges from the previous quarters.

Objective 2.5 Provide long-term community supports

Action Plan: 2.5a Expand PACT teams to support the integration and inclusion of persons needing long-term psychiatric care

Progress – Quarter 3

Issues with Medicaid billing are still being addressed due to the managed care providers. Medicaid has begun to reimburse for PACT services. However, the prior authorization process with the managed care providers has been very prohibitive for the service. DMH is consulting with Medicaid to help alleviate problems with PA.

Action Plan: 2.5b Provide Community Support Teams to promote and support the independent living of individuals served

Progress – Quarter 3

No activity in Quarter 3

Objective 2.6 Provide supported employment services

Action Plan: 2.6a Increase number of individuals assisted with employment

Progress – Quarter 3

Vocational Rehabilitation (VA) did not accept the proposal from one of the regional programs about new ways of collaborating with DMH regarding supported employment. However, DMH and VR staff continues to make positive progress toward increasing the numbers of people receiving supported employment services by exploring other options and avenues which have been successfully implemented in other states.

Action Plan: 2.6b Assist in the reentry of individuals with mental illness into the workplace

Progress – Quarter 3

There were 47 Certified Peer Support Specialists trained in Quarter 3 for a total of 97 Certified Peer Support Specialists.

Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services

Progress – Quarter 3

DMH supported a proposed bill to make Mississippi an Employment First state. The measure did not make it into law, but a concurrent resolution was proposed. As of the date of this report, the outcome is not known.

BIDD staff has been kept apprised of the progress of this employment initiative. BIDD is working with three prevocational and work activity programs to use customized employment and Vocational

Rehabilitation (VA) funding to find individuals jobs in the community. The three providers have been reached with VR to assist with funding job coaches once the individuals have found employment. This is a similar proposal to the one VR declined with one of the Regional Programs. However, this particular project is on a much smaller scale and will offer insight into how the process might work and what systems changes would need to take place. The goal is to successfully transition nine people during the life of the grant.

Objective 2.7 *Expand specialized services when funds become available*

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)

Progress – Quarter 3

Plans for training therapists at Hinds Behavioral Health Services and Henley Young Juvenile Justice Center are being developed to administer alcohol/drug use assessment. Various EBPs for youth with co-occurring disorders have been researched (i.e. Seven Challenges, MST, MDFT, and CBT) by the Juvenile Justice Policy Academy Team. The team will select an EBP to implement during Quarter 4.

CMHC Children’s Coordinators continue to document those children/youth with SED/IDD that receive services through local MAP Teams. A Statewide training on recognizing SED/IDD in children, ages 0-5 years of age will occur April 3, 2013.

A funding opportunity was identified and dispersed to local mental health providers for Justice and Mental Health Collaboration Programs.

Action Plan: 2.7b Increase the number of transition-aged youth/young adults with SED served in the four MTOP project sites

Progress – Quarter 3

During Quarter 3, 32 youth were served at the MTOP Project sites.

Action Plan: 2.7c Increase availability of in-home respite for caregivers of individuals with SED

Progress – Quarter 3

Plans for a statewide Respite Provider training are being developed to occur in Summer 2013. DMH collects this data on an annual basis; therefore the number of children/youth that received respite this year will available (July 1, 2012- June 30, 2013) at the end of Quarter 4.

Action Plan: 2.7d Expand early intervention assessments for children 0 – 5 years of age in CMHCs for identification of developmental disabilities including SED

Progress – Quarter 3

Training on the use of the Preschool and Early Childhood Functional Assessment Scale (PECFAS) will occur on April 2, 2013. PECFAS was not used during Quarter 3.

Action Plan: 2.7e Initiate statewide guidelines to assess individuals with an intellectual/developmental disability for dementia to determine appropriate care approaches

Progress – Quarter 3

The NTG did not release the DST during Quarter 3. This is anticipated in Quarter 4.

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 Implement integrated planning lists procedures to better identify the types and locations of needed services/supports in order to increase options for home and community-based service provision

Progress – Quarter 3

No activity during Quarter 3

Action Plan: 3.1b Develop strategies to address barriers to timely access

Progress – Quarter 3

A survey was developed and distributed asking for input on the top three barriers to timely access and suggestions for strategies to address the barriers. DMH received 55 responses. A meeting will be scheduled in Quarter 4 to discuss the results of the survey and to develop appropriate strategies to address barriers.

Action Plan: 3.1c Increase access to mental health care/services through expanded use of telemedicine

Progress – Quarter 3

No activity during Quarter 3

Objective 3.2 Expand and increase effectiveness of interagency and multidisciplinary approaches to service delivery

Action Plan: 3.2a 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

DMH continues to collect and compile a list of MOU's.

Action Plan: 3.2b Collaborate with the Veterans Administration (VA) to increase the provision of A&D services to veterans within the local community

Progress – Quarter 3

The VA is in the process of implementing a pilot partnership project in the MS Delta (The Delta Project) to improve access to mental health services for veterans, service members and military families. The 'Delta Project' is the result of an executive order from the President in order to enhance services to rural underserved areas. The main goal is to enhance partnerships between the VA and community providers.

Action Plan: 3.2c Expand MAP teams for children and youth with SED and IDD

Progress – Quarter 3

Some funds were available and granted to Region 2 which has expanded MAP teams to Tate, Panola, Yalobusha, and Calhoun counties. Region 10 has implemented a new MAP team in Newton County. In Region 6, the Leflore county MAP team continues to serve the whole region.

Data continues to be submitted to the Division of Children and Youth on youth with ID/DD served by the MAP teams. However, the data was not compiled due to having no State level MAP coordinator.

Plans for training MAP teams on serving children birth – five years were developed and will take place on April 13, 2013.

Action Plan: 3.2d Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD

Progress – Quarter 3

Technical assistance was provided to CMHC Regions 4, 6, 9, 10, 12, and 15 for implementation of Wraparound facilitation and the assignment of Wraparound coaches. Further T.A. will be provided on April 2, 2013 to all 15 CMHC Regions and Catholic Charities.

Action Plan: 3.2e Expand adult MAP teams as funding is available

Progress – Quarter 3

Operational Standards for Adult MAP teams will be submitted to the Board in Quarter 4.

Action Plan: 3.2f Facilitate work with state and local partnerships to increase jail diversion programs

Progress – Quarter 3

Hinds & Lauderdale continue to have officers training in CIT. The Single Point of Entry is still being secured in both counties.

Action Plan: 3.2g Continue participation with the Mississippi Transportation Initiative

Progress – Quarter 3

An update on the Greenwood (Region 6) Transportation Project will be presented to the Transportation Coalition on April 3, 2013 and again later in the year.

Personal Outcome Measures (POM) interviews were conducted with the original 12 participants of the Project. One year after the initiation of the Project, seven of the original 12 were still in the program. POM Interviews were conducted with these seven on March 13-14, 2013.

Action Plan: 3.2h Develop strategies to facilitate integration of mental illness, IDD, and addiction services with primary health care

Progress – Quarter 3

The IWG met on March 8, 2013. In March 2013, two new members were added to the IWG: Sally Bates, Behavioral Health Provider at G.A. Carmichael in Canton (FQHC), and Anthony Fox, Preventive Health, MS State Department of Health. In addition, DMH staff met with a representative of Medicaid and a representative of the MS Primary Health Care Association to explore their interest in collaborating with DMH on integrated care issues.

IWG members were invited to attend a webinar presented by the SAMHSA/HRSA Center for Integrated Health Solutions to be held on March 28, 2013. The webinar was entitled, "Suicide Prevention Tools for Primary Care Providers." On March 1, DMH held a daylong Spring Symposium on "Improving Quality of Life through Integrating Primary Care and Behavioral Health." The Symposium was designed to meet the needs of Physicians, Psychiatrists, Nurse Practitioners, Psychologists, etc. It was attended by more than 75 people, though not necessarily by the target audience.

At the March IWG meeting, the group reviewed and provided input on the Priority 7 (Integration of Behavioral Health and Primary Care Services) portion of the Draft FY 2014-2015 Mental Health State Plan. The group discussed the possibility of developing a Showcase concept where successful integrated care programs can share information. This could include both MS and out-of state programs. An Ad Hoc subcommittee was formed and plans to meet in May 2013 to further develop these ideas.

Throughout Quarter 3, DMH continued to look for additional funding opportunities for integrated care/patient-centered health homes. No new funding opportunities on this topic have been posted. Note that the Federal Sequester is in place and may have caused a reduction in the number/amount of Federal grant opportunities. At the March IWG meeting, the group discussed holding a Forum for CMHC PBHCI grant applicants (Region 3, Region 12 and Region 15) to hear a presentation from a Georgia program which won one of the PBHCI grants and to provide the opportunity for dialogue. The purpose for the Forum would be to provide the four identified CMHCs (which submitted PBHCI applications) the opportunity to gain insight from a successful applicant and hopefully to improve future grant applications.

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

Progress – Quarter 3

The Bureau of Alcohol & Drug Services is currently utilizing its workforce development plan. The Mississippi School Planning Committee met in January, February and March to implement details surrounding 6th Annual School of Alcohol & Drug Professionals. MAUUD held a meeting on January 10 and March 7.

Action Plan: 3.2j Conduct person-centered planning training at all DMH facilities and with all DMH certified providers and other interested parties (advocates, individuals, families) directed at developing resources for individuals transitioning from institutional care to the community

Progress – Quarter 3

Additional training with focus on transition of individuals with IDD was held at all six of the DMH IDD programs on two occasions for a total of 12 training sessions during January-March 2013.

Action Plan: 3.2k Implement person-centered planning as a tool to move people from institutional settings to the community

Progress – Quarter 3

A total of 22 transitions reported in Quarter 3.

Action Plan: 3.2n Begin work with the Department of Rehabilitation Services to increase supported employment services for people with IDD and SMI

Progress – Quarter 3

Staff from BIDD met with staff from MDRS on February 27. The MDRS attorney was given examples of MOUs from other states. Staff from BIDD and MDRS participated in the Mississippi Partners in Employment quarterly meeting where further cooperation and collaboration activities such as deciding what agency would provide what services for individuals, based on each agency's federal requirements.

Action Plan: 3.2o Continue to provide support and assistance to promote certification of holding facilities in each county

Progress – Quarter 3

DMH has contacted at least five counties this quarter. Two counties would like be certified. Two are considering becoming certified. One county states they are contracting with a provider to hold committed individuals and do not hold anyone in their jail. There were no requests for technical assistance during Quarter 3.

Action Plan: 3.2p Initiate meeting with Department of Education to discuss ways in which school districts can provide support to students returning to the local districts from an institution

Progress – Quarter 3

On February 26, 2013, staff from two IDD programs presented to 250 Special Education supervisors/teachers on the DOJ findings and how to manage/transition the low- incidence population into the community school. Staff from HRC presented to direct care/education staff at HRC on managing/transitioning the low-incidence population into the community.

Staff from the IDD programs continues to coordinate transitioning services with the Department of Education and other agencies as needed.

Action Plan: 3.2q Partner with appropriate agencies to develop educational materials to educate DMH and CMHC staff, adults with an intellectual/developmental disability, and families/caregivers on the signs of dementia and related disorders

Progress – Quarter 3

No activity in Quarter 3

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

Objective 4.1 Analyze the efficacy and cost benefits associated with implementation of evidence-based or best practices

Action Plan: 4.1a Establish a DMH Evidence-Based and Best Practices Evaluation Council to analyze cost benefits of EBP/BP models, support implementation and training, and evaluate effectiveness and efficiency of models

Progress – Quarter 3

The IDD, Mental Health, and Alcohol and Drug subcommittees received baseline data from 34 DMH Certified Providers receiving DMH grants to be able to analyze the cost benefit of the EBP/BP utilized.

Action Plan: 4.1b Develop a summary of grant programs which currently use EBP/BP models – inventory of existing EBP/BPs

Progress – Quarter 3

The IDD, Mental Health, and Alcohol and Drug subcommittees received baseline data from 34 DMH Certified Providers receiving DMH grants to be able to analyze the cost benefit of the EBP/BP utilized.

Objective 4.2 Support implementation and training of evidence-based or best practices

Action Plan: 4.2a Increase the frequency of workforce development opportunities offered to providers (by DMH) focused on EBP/BP models

Progress – Quarter 3

Complete

Action Plan: 4.2b Increase the use of e-learning to ensure Central Office staff are well informed and competent in EBP/BP models applicable to their division responsibilities

Progress – Quarter 3

A total of 66 Central Office employees have completed 305 hours of e-learning during Quarter 3.

Goal 5 Utilize information/data management to enhance decision making
Objective 5.1 Maximize reporting potential of collected data
<p>Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/clinical and programmatic</p> <p>Progress – Quarter 3 Interviews are underway to fill two positions. USM continues to develop the application for review with demonstration scheduled for Quarter 1 of 2014.</p>
<p>Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data</p> <p>Progress – Quarter 3 No activity to report for Quarter 3.</p>
<p>Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)</p> <p>Progress – Quarter 3 See 1.5a.</p>
<p>Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking</p> <p>Progress – Quarter 3 See 1.5a.</p>
<p>Action Plan: 5.1e Expand reporting capabilities of the CDR by creating procedures for requesting one-time reports</p> <p>Progress – Quarter 3 See 1.5a.</p>
<p>Action Plan: 5.1f Eliminate duplication in data collection and reporting (electronic and manual)</p> <p>Progress – Quarter 3 No activity to report in Quarter 3.</p>
Objective 5.2 Develop/expand an electronic collection and reporting system for new reports
<p>Action Plan: 5.2a Determine what software/program will be used across all bureaus/facilities</p> <p>Progress – Quarter 3 No activity to report in Quarter 3.</p>
<p>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.)</p> <p>Progress – Quarter 3 No activity to report in Quarter 3.</p>

<p>Action Plan: 5.2c Define data for required report Progress – Quarter 3 No activity to report in Quarter 3.</p>
<p>Action Plan: 5.2d Design standardized reports with timelines for implementation Progress – Quarter 3 No activity to report in Quarter 3.</p>
<p>Action Plan: 5.2e Implement collection and reporting Progress – Quarter 3 No activity to report in Quarter 3.</p>
<p>Objective 5.3 <i>Establish an electric exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)</i></p>
<p>Action Plan: 5.3a Determine DMH participation cost for MSHIN Progress – Quarter 3 A conference call was conducted with all DMH programs clarifying administration and clinical access rights. Medicity will be scheduling training throughout the next quarter. All DMH programs have completed applications and are waiting for on-site training from Medicity.</p>
<p>Action Plan: 5.3b Determine DMH facilities for joining MSHIN Progress – Quarter 3 Completed. All DMH facilities are eligible for view-only rights to the MSHIN. MS-HIN continues to meet bi-monthly with an effort to recruit and enroll providers.</p>
<p>Action Plan: 5.3c Report MSHIN Board actions quarterly Progress – Quarter 3 No activity to report in Quarter 3.</p>
<p>Action Plan: 5.3d Determine communication pathway between HIE and EHR Progress – Quarter 3 A communication pathway is an interface between a Medicity vendor and a certified EHR. This activity will remain on hold until behavioral health information exchange guidelines have been developed.</p>
<p>Objective 5.4 <i>Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)</i></p>
<p>Action Plan: 5.4a Develop strategy and priority for implementing EHR systems at DMH facilities and programs Progress – Quarter 3 Contract negotiations with NetSmart were terminated. Lavendar & White, EHR vendor, presented a demonstration on March 11th – 13th to six DMH IDD programs. A second EHR vendor, CoCentrix, is scheduled to present a demo to the IDD programs in April. During March 4 – 7, a CoCentrix representative, along with James Dunaway, met with four DMH behavioral health programs to discuss moving forward with EHR implementation. Information was collected to determine number</p>

of user licenses, modules, interfaces, and billing needs.

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

Completed. DMH programs have completed audits and have begun remediation process.

Action Plan: 5.5b Standardize IT Policies and disaster recovery Standard Operating Procedures (SOPs)

Progress – Quarter 3

Completed.

Action Plan: 5.5c Determine future technology needs

Progress – Quarter 3

Boswell is scheduled to “go-live” with Kronos on April 1st for timekeeping.