Mississippi Department of Mental Health

FY14 – FY16 Strategic Plan

End-of-Year Progress Report

DMH Strategic Plan FY 2014-2016

Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1. To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care					6/30/2016			
1.1. Expand meaningful interaction/participation of self-advocates and families in designing, planning, and implementing at all levels throughout the system					6/30/2016			
1.1.1. By FY16, increase the number of employed Certified Peer Support Specialists by 25%	25.00 %	8.31 %	22.00 %	265%	6/30/2016	Veronica Vaughn	🟩	In FY13, there were 66 Certified Peer Support Specialists. In FY14, there were a total of 80 Certified Peer Support Specialists. This is an increase of 16. In FY14, DMH developed a Certified Peer Support Specialist Provider Toolkit which is designed for 1) organizations thinking about employing CPSSs; 2) organizations who have decided to employ CPSSs and would like to know how to introduce them successfully into the workplace; and 3) organizations that have already employed CPSSs. In an effort to increase the number of CPSSs and make these services available, DMH will host three regional trainings to educate DMH Certified Providers and distribute the Certified Peer Support Specialist Provider Toolkit in July 2014. DMH also hosted a summit for current CPSSs to gain knowledge and share experiences. The CPSS educational efforts will continue in FY15.
1.1.2. Each year track the number of Think Again and Think Recovery presentations, materials distributed, and media interviews.	25.00	8.31	27.00	325%	6/30/2016	Wendy Bailey	🟩	A total of 14 personal stories of recovery were filmed in August at Mississippi State Hospital. Starting in October, each month a video was featured on DMH's Web site and e-mail listserve to educate providers, family members and the general public. A total of 27 Think Recovery and Think Again presentations were conducted during FY14.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.1.3. Expand Think Again to journalisms students and journalists.	100.00 %	33.24 %	50.00 %	150%	6/30/2016	Wendy Bailey		The Media Guide for Journalists was completed in June and will be printed in July. DMH and Think Again Network members will begin distributing the guides to journalism students at Mississippi colleges and universities beginning in September. Presentations about the media's coverage of mental health and suicide will be offered. The guide will also be distributed to Mississippi journalists.
1.1.4. By FY16, have a minimum of two opportunities per year for individuals/families to provide feedback in program development, service planning and recovery training.	2.00	0.66	4.00	602%	6/30/2016	Veronica Vaughn		There were at least four opportunities for individuals/families to provide feedback in FY14, including input on the Peer Network website, Media Guide for Journalists project, and the two Policy Academies.
1.1.5. In FY14, develop a plan to target health care providers with the Think Recovery campaign.	100.00 %	33.24 %	100.00 %	301%	6/30/2016	Veronica Vaughn		During May, DMH partnered with the Mississippi Hospital Association to distribute information each week in their newsletter to reach health care providers across the state. The articles included information on recovery, crisis services, and PACT Teams.
1.2. Provide a comprehensive, recovery-oriented system of community supports to prevent out-of-home placements					6/30/2014			

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.1. By the end of FY16, all 82 counties have access to mobile crisis teams	82.00	27.26	82.00	301%	6/30/2016	Sandra Parks		In an effort to expand crisis services in the community, DMH provided grants to the local CMHCs to establish Mobile Crisis Response Teams (M-CeRTs). A total of 14 CMHCs applied and were awarded grants. M-CeRTs services are now available in all of the counties within the CMHCs catchment areas. The M-CeRTs target individuals experiencing a situation where the individual's behavioral health needs exceed the individual's resources to effectively handle the circumstances. In addition, DMH developed customized marketing tools and a marketing plan for the CMHCs to help educate the public, Chancery Courts, Chancery Clerks, ERs, and law enforcement about the M-CeRTs. Marketing efforts are a mandatory part of the grant.
1.2.2. By the end of FY14, require DMH Certified Providers to develop Crisis Support Plans for individuals transitioning from inpatient care into the community	100.00 %	100.00 %	100.00 %	100%	6/30/2014	Sandra Parks		This requirement has been included in the Record Guide for all DMH Certified Providers. DMH will monitor for compliance. The CSU Directors report that Crisis Support Plans are being developed for all individuals receiving services at the CSUs. This will continue to be reviewed during CHMC/CSU site visits and record reviews by DMH. The Mobile Crisis Response Grant Requirements necessitate each individual served through crisis services will develop a crisis support plan when the crisis abates. This will be verified during record review by DMH.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.3. By the end of FY14, establish three regionally located crisis beds for individuals with intellectual and developmental disabilities	3.00	3.00	5.00	167%	6/30/2014	Sandra Parks	■	Currently, there is a minimum of one crisis bed available at each of the five regional IDD programs. This allows a bed to always be available for an emergency crisis or respite situation for people living in the community. A total number of 80 individuals were served in these beds during FY14. Boswell Regional Center has established beds in the community for emergency crisis services and emergency transitional services. For example: an individual leaving jail, death of a primary caregiver, ER and DMH situations, etc.
1.2.4. By the end of FY16, implement at least three new supportive services in local communities to help sustain individuals in permanent housing	3.00	1.00	3.00	301%	6/30/2016	Sandra Parks	■	The Medicaid 1915i State Plan Amendment (iSPA) that was submitted by Division of Medicaid to CMS was approved effective November 1, 2013. Included in the iSPA are three additional support services (Day Support, Prevocational Services and Supportive Employment) that will help an estimated 2,000 individuals with IDD live successfully in the community. During FY14, five new Oxford Houses were opened in Biloxi, Ocean Springs and three in Jackson. One female home in Biloxi was converted to a male home. In FY15, an additional home will be opened on the Gulf Coast which will serve women and children. Outreach workers and residents presented at multiple organizations and/or treatment facilities from mental health organizations to Department of Corrections. An Oxford House is a self-run, self-supported recovery house to provide an opportunity for every recovering individual to learn a clean and sober way to live in the community.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.2.5. By the end of FY16, expand Adult MAP Teams into three additional CMHC areas	3.00	1.00	0.00	0%	6/30/2016	Sandra Parks	🟥	DMH released an RFP and received proposals to fund Mobile Crisis Response Teams in each CMHC area. Part of the requirement is that each Team be connected to an Adult MAP Team in their region. DMH met with the newly established Crisis Team Coordinators to determine which CMHCs are prepared to start their Adult MAP Teams in 2014. DMH is allowing CMHCs to use part of the Mobile Crisis Response Team funding to establish or expand the MAP Teams in their region.
1.2.6. By the end of FY16, fully operationalize existing PACT Teams	100.00 %	33.24 %	75.00 %	226%	6/30/2016	Sandra Parks	🟩	The two PACT teams are fully staffed based on the number of individuals being served. DMH met with Region 6 and 15 to determine what barriers are preventing maximum admissions (five per month) into the PACT teams. Admissions have increased during the last six months. DMH submitted an RFP for four additional PACT Teams - one to serve the gulf coast counties, one to serve Desoto County, one to serve Forrest/Lamar County, and one to serve Hinds County.
1.2.7. By the end of FY14, a comprehensive educational/support plan developed to increase community employment opportunities for all populations served	100.00 %	100.00 %	50.00 %	50%	6/30/2014	Sandra Parks	🟨	DMH has a draft MOU with the Department of Rehabilitation Services to develop methods of finding employment for 75 individuals with IDD. DMH and DOM representatives continued to meet throughout FY14. The MOU is currently being reviewed by MDRS attorneys. Efforts are also underway for developing methods of finding employment for 75 individuals with SMI.
1.3. Implement and increase availability of specialized services and supports					6/30/2014			

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.3.1. By the end of FY14, three specialized community-based programs developed to improve integrated treatment service options for people with co-morbidity	3.00	3.00	3.00	100%	6/30/2014	Sandra Parks	🟩	Two Community Mental Health Centers (Regions 2 and 12) received a sub-grant from the Bureau of Alcohol and Drug Services to provide assessments and treatment to youth with alcohol use and co-occurring disorders. Mobile Crisis Emergency Teams and Services were funded through state funds and awarded to the Community Mental Health Centers across the state. The mobile crisis response teams will serve adults and children with SMI or SED and/or Alcohol & Drug use.
1.3.2. By the end of FY14, increase the number of grant opportunities for individuals with co-morbidity	100.00 %	100.00 %	100.00 %	100%	6/30/2014	Sandra Parks	🟩	One grant opportunity was available for specialized services for youth with alcohol use or co-occurring disorders. The Bureau of Alcohol and Drug Services awarded two grants to CMHC regions 2 and 3. In June 2014, DMH staff submitted an application for SAMHSA's "Now is the Time" Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions. The name of the proposal was MS Youth Find Initiative (MYFI). We are still waiting on a response.
1.3.3. By the end of FY14, explore combining professional credentials	100.00 %	50.27 %	100.00 %	199%	6/30/2014	Sandra Parks	🟩	Steps are being made to combine the DMH Mental Health Therapist and DMH Addictions Therapist professional credentialing program into one DMH professional credentialing program entitled "DMH Behavioral Health Therapist". Educational and degree requirements have been outlined; the experience requirement has been revised; and the required number of continuing education units for the new credential is set.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.3.4. By the end of FY14, a standardized early childhood assessment tool is identified and implemented	100.00 %	100.00 %	100.00 %	100%	6/30/2014	Sandra Parks	🟩	A standardized early childhood assessment tool has been identified (Preschool and Early Childhood Functional Assessment Scale). Training and implementation began in December 2013.
1.3.5. By the end of FY 14, statewide guidelines will be developed to assess individuals with ID/DD for dementia to determine appropriate care approaches	100.00 %	100.00 %	50.00 %	50%	6/30/2014	Sandra Parks	🟨	This was reviewed at the Alzheimer's Planning Council meeting in January 2014. No action was taken. This performance measure has been incorporated into the Alzheimer's State Operation Plan for FY15.
1.4. Provide community supports for persons transitioning to the community					6/30/2014			
1.4.1. By the end of FY14, and additional 200 people enrolled in the ID/DD Waiver	200.00	200.00	248.00	124%	6/30/2014	Monica Wilmoth	🟩	As of June 30, 2014, 248 individuals were enrolled in the waiver.
1.4.2. By the end of FY 15, transition 15 individuals with SMI from nursing homes and Behavioral Health Programs to the community utilizing the B2I model and BIPP funding	15.00	7.49	2.00	27%	6/30/2015	Monica Wilmoth	🟨	In FY14, Jaquith Nursing Home transitioned 12 individuals from the nursing home; however, this was not part of B2I. Mississippi State Hospital is the only program currently participating in the Bridge To Recovery (B2R) program. MSH had 19 referrals; nine were accepted; four of the nine opted out of the program; one was determined not appropriate for the program at the time; and four are currently in the B2R program awaiting transition into the community. One individual has transitioned at this point.
1.4.3. By the end of FY16, a minimum of one state-operated behavioral health program will implement person-centered planning discharge practices	1.00	0.33	1.00	301%	6/30/2016	Thad Williams	🟩	North Mississippi State Hospital has implemented person-centered planning discharge practices. DMH is looking into renewing ongoing training for FY15.
1.5. Improve equitable and timely access to services statewide					6/30/2014			
1.5.1. By the end of FY14, strategies developed based on the survey results to identify barriers to timely access to services	100.00 %	100.00 %	100.00 %	100%	6/30/2014	Thad Williams	🟩	The survey results and suggested strategies were reviewed. This performance measure will continue in FY15.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.5.2. By the end of FY14, develop strategies to implement telemedicine in targeted areas	100.00 %	100.00 %	100.00 %	100%	6/30/2014	Thad Williams	🟩	Mobile Crisis Grants were issued to the CMHCs. One of the requirements of this grant is to have the ability to tele-communicate from the field to the psychiatrist or psychiatric nurse practitioner during a crisis response event. The Mobile Crisis Response teams are fully functional.
1.5.3. By the end of FY15, a uniform assessment will be implemented to inform individual budget allocations for the ID/DD Waiver	100.00 %	25.10 %	20.00 %	80%	6/30/2015	Thad Williams	🟨	Uniform assessments have been completed on all Waiver enrollees. However, the individual budget allocations are on hold until the rate study is completed which is expected in August/September 2014 with implementation of the new rates around January 2015. However, that doesn't mean DMH will be ready to do the resource allocation given the fact the rates would not have been in effect to determine how much each person with specific ICAP scores uses. This could be pushed back to 2016 in order to gather enough data on utilization to inform the individual budgets.
1.6. Promote interagency and multidisciplinary collaboration and partnerships					6/30/2014			

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.6.1. By the end of FY16, increase the number of programs which provide integrated primary and behavioral health and IDD care by 10%	10.00 %	3.32 %	4.00 %	120%	6/30/2016	Thad Williams	🟩	Based upon a review of self-reported data, it is estimated that, as of June 30, 2013, approximately six of 23 programs have shown progress toward the development of integrated care. During FY 2015, the Integration Work Group will work to formalize the process of measuring progress. IWG members met at Hudspeth Regional Center to discuss DETECT of Mississippi. DETECT of MS will provide access to quality healthcare for individuals with intellectual or developmental disabilities. It will also foster successful integration into our communities. In May 2014, DMH issued a press release acknowledging the links between mental health and physical health. In June 2014, the MS Association of CMHCs made a presentation to the IWG concerning SB 2829 (2014 Session) which allows CMHCs to operate primary care health clinics. In June 2014, IWG members completed work on their list of suggested activities/projects/initiatives. It will be presented to DMH leadership in FY15.
1.6.2. By the end of FY14, utilize 25% of CPSS training slots per training for veterans	25.00 %	12.57 %	29.00 %	231%	6/30/2014	Veronica Vaughn	🟩	A total of six veterans participated in the August 28 - 30, 2013 Certified Peer Support Specialist training. This number is a total of 29% of the total participants.
1.6.3. By the end of FY14, incorporate veterans into at least two trainings per year	2.00	1.01	3.00	298%	6/30/2014	Veronica Vaughn	🟩	Six of the 21 individuals who attended the August 28 - 30, 2013, Certified Peer Support Specialist Training were Veterans. Three of the 15 individuals who attended the WRAP training were Veterans and one of the 25 individuals who attended the Whole Health training was a Veteran.

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
1.6.4. By FY16, apply for at least two grant funding opportunities for transportation	2.00	2.00	1.00	50%	6/30/2014	Thad Williams		Research of current funding opportunities does not reveal the availability of funds for transportation services. As of November 1, 2013, the Greenwood Transportation Project service provider has expanded service delivery to include individuals served by the Department of Rehabilitation Services increasing the usage and sustainability of the service. In FY14, a total of 37 of the 70 individuals eligible to use the transportation provided by the Project were actually using the service.
2. Utilize information/data management to enhance decision making and service delivery					6/30/2014			
2.1. Maximize the efficiency of collecting and accessing the CDR/URS tables/data					6/30/2014			
2.1.1. IT Staff increased from three to five employees	5.00	5.00	4.00	80%	6/30/2014	James Dunaway		As of June 30, 2014, recruitment and application review for final IT position is on hold.
2.1.2. Report Activity	4.00	4.00	4.00	100%	2/15/2014	James Dunaway		As of June 30, 2014, service data driven reports are generated weekly upon request.
2.1.3. Program interaction	4.00	4.00	6.00	150%	6/30/2014	James Dunaway		DMH Central Office supported Regions 2, 9, 13, and 15. The IT staff continues to work on concerns/IT issues.
2.1.4. Website development activity	2.00	2.00	1.00	50%	6/30/2014	James Dunaway		The project with the University of Southern Mississippi has been suspended. DMH Central Office will focus on in-house development.
2.2. Actively participate with the MS Health Information Network (MS-HIN)					6/30/2014			
2.2.1. Program training activity	12.00	12.00	12.00	100%	6/30/2014	James Dunaway		"View only" access training was completed for all DMH programs.
2.2.2. Program connectivity count	12.00	3.00	2.00	67%	6/30/2014	James Dunaway		Testing was completed at two (2) DMH programs - NMSH and MSH.

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2.2.3. Test results submission	1.00	0.12	1.00	801%	6/30/2015	Cyndi Nail	🟩	HL-7 connectivity has been established and completed between MS-HIN and MSH. The HL-7 was switched to syndromic surveillance. The syndromic surveillance message was sent via Direct to Medicity and was accepted, meeting meaningful use.
2.3. Establish electronic health record (EHR) systems at DMH Programs					6/30/2014			
2.3.1. Implementation activities completed with timeframe	12.00	12.00	12.00	100%	6/30/2014	James Dunaway	🟩	Contracts have been completed and signed by the 12 DMH programs. The programs are currently developing implementation assessments.
2.3.2. Implementation of activities completed within the defined timeframe	3.00	3.00	3.00	100%	6/30/2014	Cyndi Nail	🟩	Eligibility of eligible professionals has been established for WMSH, MSH, and EMSH.
2.3.4. Submission of WMSH MU data to CMS by September 30, 2013	1.00	1.00	1.00	100%	12/2/2013	Cyndi Nail	🟩	Completed with 100% compliance.
2.4. Continue the Health Information Technology (HIT) strategy for DMH					6/30/2014			
2.4.1. DMH Program participation	6.00	3.00	0.00	0%	6/30/2015	James Dunaway	🟥	MSH is preparing a status report on obtaining a third party vendor for MSH.
2.4.2. Technology need identification	100.00 %	8.31 %	0.00 %	0%	6/30/2016	James Dunaway	🟥	No activity
2.4.3. Audit completion	1.00	0.08	0.00	0%	6/30/2016	James Dunaway	🟥	No activity
3. Maximize efficient and effective use of human, fiscal, and material resources					6/30/2014			
3.1. Increase efficiency within DMH					6/30/2014			

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
3.1.1. Each year, costs reduced by at least .2% across DMH programs/services as a result of expenditure reduction projects	907,100.00	832,339.01	4,823,000.00	579%	6/30/2014	Kelly Breland	🟩	The most recent period available was for the 11 month period ended May 31, 2014, and was compared to the same period one year earlier. The total reduction in expenditures is approximately $4.8 million, or 1.27%, which exceeds the goal of .2%. Final reporting of the comparative fiscal years will not be available until after September of 2014.
3.1.2. By FY16, three expenditure reduction projects developed and implemented with projected cost reductions reported	3.00	1.00	0.00	0%	6/30/2016	Kelly Breland	🟥	Once the list of actual or proposed expenditure reduction projects is compiled, they will be evaluated to look at applicability across DMH programs. The results will be quicker and easier to implement since there will already be at least one program experienced in it.
3.2. Maximize funding opportunities					6/30/2014			
3.2.1. At least 2 new grants in targeted areas of infrastructure and capacity building applied for each fiscal year to increase in the amount of grant dollars obtained	2.00	2.00	7.00	350%	6/30/2014	Trisha Hinson	🟩	A total of seven new grants in targeted areas of infrastructure and capacity building were submitted. This includes grants targeting the homeless population, children and youth, Alzheimer's disease, etc.
3.2.2. By the end of FY14, at least 60% of individuals served in Garden Park and other Adult Day Center programs are referred to the Elderly and Disabled Waiver funds	60.00 %	60.00 %	81.00 %	135%	6/30/2014	Trisha Hinson	🟩	Participants that received Waiver services through Garden Park : Dec: 83%, Jan 77%, Feb 83%, March 80%, April 85%; May 81%, June 80%. For the second half of FY14, the average percentage of participants receiving Medicaid waiver services was 81% which significantly exceeds the target that was set.
3.3. Revise system-wide management and oversight practices to improve accountability and performance					6/30/2014			
3.3.1. Each year, trend data will be generated and reported to the Quality Management Council from at least 85% of DMH certified providers reviewed during the year.	85.00 %	85.00 %	48.00 %	56%	6/30/2014	Trisha Hinson	🟨	Based on a total of 99 DMH Certified Providers, trend data on 48 of the certified providers for FY14 was reported to the Quality Management Workgroup for review.

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3.3.2. CQL Personal Outcome Measures will be incorporated in 10 DMH Monitoring visits annually	10.00	10.00	6.00	60%	6/30/2014	Trisha Hinson	🟨	CQL Personal Outcome Measures (POM) were incorporated into a total of six DMH monitoring visits during FY14. While this is less than the projected target number for the year, it represents the implementation of a new and meaningful means of monitoring accountability related to reporting follow-up of serious incidents.
3.3.3. By FY16, aggregated data reports will be used to develop and implement at least 2 system improvement efforts	2.00	0.66	0.00	0%	6/30/2016	Trisha Hinson	🟥	Data collection for the first year for the national Core Indicators was completed July 1, 2013. Data has been submitted to the Human Services Research Institute (HSRI) for compilation and analysis. State reports are expected to be returned to DMH from HSRI in 2014.
3.3.4. By FY16, aggregated URS Tables data reports will be used to develop and implement at least 2 system improvement efforts	2.00	0.00	0.00	0%	6/30/2016	Trisha Hinson	🟩	Data elements have been identified for collection and analysis of trend data by the Quality Management workgroup to help identify and track system improvement efforts.
3.4. Increase the use of evidence-based or best practices among DMH Certified Providers for core services					6/30/2014			
3.4.1. By the end of FY15, increase the use of the DMH learning management system by 10%	10.00 %	2.51 %	4.00 %	159%	6/30/2015	Trisha Hinson	🟩	We currently have 25% out of 96 DMH Certified Providers utilizing the LMS-Relias Learning System. This is an increase of 4% since the beginning of the current fiscal year. We will continue to provide this opportunity to all DMH Certified Providers in Mississippi.
3.4.2. At least four trainings each year on selected evidence-based or best practices will be provided to staff at DMH certified providers	4.00	4.00	40.00	1,000%	6/30/2014	Trisha Hinson	🟩	Approximately 40 evidence-based or best practices trainings were provided to staff. Additional trainings were provided at conferences.
3.5. Analyze the current utilization rate for all inpatient DMH Programs and ensure sufficient capacity exists for the provision of services					6/30/2014			

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Name	Target	YTD Target	Actual	Complete	Due	Assigned	Status	Notes
3.5.1. By FY15, method developed to analyze DMH Programs" capacity and ulitization of services	100.00 %	49.93 %	40.00 %	80%	6/30/2015	Kelly Breland		A work group has been established to look at the occupancy of the DMH Programs. This work group met and has given feedback for the reporting of the information in further development of a system of submitting occupancy information. This system will be honed by the work group during FY15 with actual information for each of the DMH Programs.
3.5.2. By FY16, proposal developed for the reduction or addition of respective services based on the results of analysis of the capacity and utilization of the DMH Programs	100.00 %	33.24 %	0.00 %	0%	6/30/2016	Kelly Breland		Substantial work on this performance measure will begin in July 2014.