Mississippi Board of Mental Health
&
Department of Mental Health

Strategic Plan
Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Second Quarter
October 1, 2012 – December 31, 2012

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

Objective 1.1   *Increase efficiency within DMH*

Action Plan: 1.1a Continue to implement proven cost reduction measures across DMH programs/services
Progress – Quarter 2
The Request for Proposals (RFP) for Pharmacy Management and Operational Support was in the evaluation stage at the end of Quarter 2. Questions remain on the potential benefit of such services being provided at DMH programs. More information is being gathered, and a decision on whether or not to proceed should be made in Quarter 3.

Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year
Progress – Quarter 2
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 2
DMH has anecdotal information that additional community-based staff have been hired and deployed by many of the community service providers. Because DMH expects this to be an ongoing effort for the foreseeable future, DMH will explore the possibility of completing a snapshot survey for a designated period of time to help describe and quantify the increase in community service staff.

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 2
Discussion continued on the practical and applicable efficiencies which could be obtained through development of cost reduction measures in DMH program human resource departments; work continued on the development of a draft survey instrument.

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 2
The proposed 1915i has been sent by the Division of Medicaid to the MS Band of Choctaw Indians for their required review. It is anticipated that the 1915i will be submitted to CMS in January 2013.

Action Plan: 1.2b Apply for at least two new grants or additional funding in targeted areas: infrastructure and capacity building
Progress- Quarter 2
DMH received notification of the Strategic Prevention Framework – Partnerships for Success II (MS Partnership Project) grant award. DMH received notification of the System of Care Expansion Planning grant award. DMH received notification of the State and Tribal Youth Suicide Prevention (MS Shatter the Silence) grant award.

In October, a carry-over request was submitted for the Partnerships in Employment Systems Change grant (MS Partnerships for Employment). DMH received approval of carry-over request in November 2012.

In October, DMH submitted a written proposal for a Robert Wood Johnson grant entitled, "Forward Promise for Innovation: Promoting Opportunities for the Health and Success of Young Men of Color." In November, DMH received notification that the proposal was not selected.

In Quarter 1, Regions 3, 12 and 15 submitted applications for SAMHSA's Primary and Behavioral Health Care Integration (PBHCI) grant. DMH collaborated with the MS Primary Health Care Association and Regions 12 and 15 on these submissions. In October, the official award notification was posted; none of the Mississippi applications received an award.

Throughout Quarter 2, DMH staff worked with a number of potential partners to develop an application for an innovative "Pay for Success Pilot Project" available through the US Department of Labor. In December, DMH learned that the private investors pulled out of the project, thereby ending all application efforts.

In December 2012, DMH staff attended a Regional Policy Academy meeting hosted by SAMHSA and CMS. As a result, DMH is in renewed discussion with the MS Department of Human Services to participate in a Chronic Disease Self-Management Program. If successful, a formal agreement would include funding.

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 2

No DOM public comment periods specific to the Medicaid State Plan revision took place during Quarter 2. DMH staff participated in four Public Listening Sessions for Renewal of the ID/DD Waiver Program in Mississippi. The Public Listening Sessions provided Mississippians with an opportunity to provide input about the renewal of the ID/DD Waiver. The purpose of the sessions is to obtain feedback from people who receive services, their family members, ID/DD Waiver providers, and other interested parties. Information gathered during the four listening sessions will be provided to state staff for use in refining and expanding ID/DD Waiver services and to promote more responsiveness and more flexibility in service provision.

The first quarterly meeting among DOM/CMHCs/DMH was held in October 2012. A follow up meeting was held in November 2012 to address a specific issue identified at the first quarterly meeting. The next quarterly meeting is scheduled for January 2013.

DMH participated in a conference call with DOM to discuss the status of the State Plan Amendment. Final approval from CMS is anticipated in Quarter 3. DMH and DOM are collaborating to determine needed revisions to administrative code based on final approvals from CMS.

It is DMH's understanding that the 1915i Medicaid State Plan Amendment is currently under review

at DOM pending submission to CMS for approval. The proposed 1915i has been sent by DOM to the MS Band of Choctaw Indians for their required review. It is anticipated that the 1915i will be submitted to CMS in January 2013.

Action Plan: 1.2d Maximize use of Elderly/Disabled Waiver to provide services/programs for individuals with Alzheimer's Disease
Progress- Quarter 2
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.
October – 66%
November – 63%
December – 63%

Action Plan: 1.2e Expand use of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) program services for children and youth
Progress- Quarter 2
No activity to report in Quarter 2.

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 2
DMH staff gathered information about stakeholders and current efforts taking place with peer support and involvement.

Action Plan: 1.3b Increase effectiveness of coordinator of MAP teams
Progress- Quarter 2
Funds for a state-level coordinator are included in the FY14 budget request.

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 2
Preparation activities are ongoing. The first meeting is expected to be held during Quarter 3.

Action Plan: 1.3d Implement resource allocation strategy to support EBP/BPs and service outcome models
Progress- Quarter 2
Several questions were added to the annual CMHS Block Grant Survey that collected information on EBP/BPs being utilized for children/youth. This information will be compiled into a report to be available during Quarter 3. Additionally, information on the use of EBP/BPs and training resources will be collected on all grant proposals submitted to the Division of Children & Youth Services in Quarters 3 and 4.

Action Plan: 1.3e Publish an annual report that benchmarks like programs with established performance indicators/outcomes/national core indicators
Progress- Quarter 2
The 2012 Perception of Care surveys for adult and children/youth receiving mental health services have been administered, and the results have been received. DMH is comparing 2012 results to 2011 results. URS tables for 2012 are in the process of final completion. Results for 2011 and 2012 are being analyzed. A feedback Web site for providers is being developed.

Personal Outcome Measures (POM) interviews for 2012 have been completed. DMH is planning 2013 schedule for POM interviews with Arc of MS.

Action Plan: 1.3f Increase percentage of funding allocation to priority services (crisis services, housing, supported employment, and early intervention/prevention)
Progress- Quarter 2
No activity to report in Quarter 2. Team members will meet early in Quarter 3 to review the rate of expenditure of Purchase of Service funding to date and the effect mobile crisis may be having on these limited funds.

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 2
A team was composed to determine support, education, and training needs in order to participate in the various opportunities at the state level.

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 2
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.

An overview of MTOP and the System of Care principles was provided at a breakout session at the 2012 29th Annual MH/IDD Conference. Approximately 50 people attended and evaluations were included as part of the CEU process. Additionally, one of the System of Care Core Values, Cultural/Linguistic Competence, was highlighted at DMH's Day of Diversity where approximately 75 staff participated. Evaluations were completed and indicated positive feedback. A SOC presentation was conducted for the social workers and several nurses from the Department of Health. Evaluations indicated that all participants learned new information and that the presentation was useful to their everyday job activities.

During POM interviews, providers continued to be educated on the 21 Personal Outcome Measures.

Action Plan: 2.1c Determine system's responsiveness to individual needs and desired outcomes
Progress – Quarter 2
A total of two POM visits are in the process of being scheduled and will be finalized in January 2013. Providers will be given an opportunity for feedback though POM exit interviews.

Action Plan: 2.1d Incorporate Peer Recovery Supports Services into core services in DMH Operational Standards
Progress – Quarter 2
Peer Recovery Support Services evaluation is ongoing.

Action Plan: 2.1e Incorporate Peer Support Services into core services in DMH Operational Standards
Progress – Quarter 2
Parts of the Peer Support training curriculum have been added to Essential Learning. Sections have been added to the training for Veterans and family members. A survey is being developed to evaluate needs and to determine CPSS roles and how training benefits them in performing these roles. The PSS network established bylaws and selected officers. The next meeting is scheduled for

January 2013.

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 2
Catholic Charities has received approval from their Board and is in the process of locating an appropriate building.

Action Plan: 2.2b Evaluate CMHC-operated crisis stabilization units based on defined performance indicators for diversion, length of stay, and recidivism
Progress – Quarter 2
In Quarter 2, strategies were developed to address barriers individuals might face when attempting to access CSU services prior to State Hospital admission.

Action Plan: 2.2c Provide readily available community crisis services
Progress – Quarter 2
During Quarter 2, an invitation announcing a January meeting of the CMHC Crisis Response Coordinators was distributed; meeting agenda items include: survey results, DMH Operational Standards, DMH Helpline, and expectations for CMHC emergency/crisis response.

Action Plan: 2.2d Investigate the feasibility and impact of providing crisis detoxification services at CSUs
Progress – Quarter 2
CSUs will continue tallying admissions who test positive for substances. The CSU database is still under repair. A report will be compiled in Quarter 3. Further, it was decided that the CSUs will not be required to be certified for Detox Services. However, each CSU may apply for this certification if so desired.

Action Plan: 2.2e Develop transition/step-down residential options for people leaving crisis stabilization units
Progress – Quarter 2
No activity to report in Quarter 2.

Action Plan: 2.2f Develop crisis support plans for individuals as a standard component of care and mitigation strategy
Progress – Quarter 2
No activity to report in Quarter 2.

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 2
DMH continues to explore grant and other funding opportunities to increase resources for safe and affordable housing. DMH staff reviewed occupancy/vacancy rates in group homes and other community-living settings which receive grant funding from DMH.

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 2
Several DMH staff volunteered to participate in a MS Access to Care (MAC) Learning Collaborative specific to community services availability. The purpose of the collaborative is to provide an avenue for assessing/gathering information about available community services.

Action Plan: 2.3c Provide bridge funding for supported housing
Progress – Quarter 2
DMH staff determined that a working definition of "bridge funding" can be derived from the services that are included in the Bridge to Independence project along with definitions that are commonly used by HUD and other federal or state agencies.

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 2
A total of 106 people transitioned in FY13 – 54 in Quarter 2.

Action Plan: 2.4b Increase number served in ID/DD Waiver each year from those on the waiting list
Progress – Quarter 2
A total of 30 people have been enrolled from the Statewide Planning List, and 106 have transitioned from institutional programs representing a total increase of 136 people to date in FY 13 (a total of 8 in Quarter 2).

Action Plan: 2.4c Transfer people with SMI from nursing homes to community using Bridge to Independence services
Progress – Quarter 2
No activity to report in Quarter 2.

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 2
Meetings were held with all six state ICF/MR teams for transitions follow up and needs assessment. Additional trainings are being planned for Spring 2013 which focuses on direct care worker instruction.

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 2**   Medicaid submitted an amendment to reimbursement rate for PACT which also clarifies the scope of services which can be provided and reimbursed by Medicaid. CMS did not approve the amendment during Quarter 2.
Action Plan: 2.5b Provide Community Support Teams to promote and support the independent living of individuals served   **Progress – Quarter 2**   Due to lack of funding, this action plan cannot be addressed.
Objective 2.6 *Provide supported employment services*
Action Plan: 2.6a Increase number of individuals assisted with employment   **Progress – Quarter 2**   More than 70% of youth and young adults with SED enrolled in the Mississippi Transitional Outreach Program have received employment assistance. Approximately 100 youth (50%) are currently employed. A DMH regional program developed a proposal for a pilot project aimed at increasing the availability of Vocational Rehabilitation services for individuals enrolled in the ID/DD Waiver.
Action Plan: 2.6b Assist in the reentry of individuals with mental illness into the workplace   **Progress – Quarter 2**   A total of 50 Certified Peer Support Specialists have been trained – six in Quarter 2. A CMHC MAP Team and Children's Services Coordinators' meeting was held in October. The DMH Director of Division of Children & Youth Services reviewed MAP Team quarterly reports; this review revealed deficits in the reporting of children/youth SED/IDD being served. The Director also reviewed the diagnoses that fall under the IDD designation on Axis II. The number of youth served with SED/IDD through the MAP Teams will be reported in Quarter 3.
Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services   **Progress – Quarter 2**   No activity to report for Quarter 2.
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 2**   A DMH regional program developed a proposal for a pilot project aimed at increasing the availability of Vocational Rehabilitation services for individuals enrolled in the ID/DD Waiver. The RFP for co-occurring services will be distributed to providers in January 2013.

Action Plan: 2.7b Increase the number of transition-aged youth/young adults with SED served in the four MTOP project sites
Progress – Quarter 2
During Quarter 2, 50 youth were served through the MTOP project.

Action Plan: 2.7c Increase availability of in-home respite for caregivers of individuals with SED
Progress – Quarter 2
No activity to report in Quarter 2.

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 2
No activity to report in Quarter 2. A webinar for the PECFAS administrators and the CMHC children's supervisors and clinicians will be scheduled 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 2
The NTG workgroup is currently reviewing data and plans to release its formal findings during Quarter 3.

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 2**   No activity to report in Quarter 2.
Action Plan: 3.1b Develop strategies to address barriers to timely access   **Progress – Quarter 2**   No activity to report in Quarter 2. A survey to determine barriers to timely access will be developed and distributed to CMHCs and DMH Programs in Quarter 3.
Action Plan: 3.1c Increase access to mental health care/services through expanded use of telemedicine   **Progress – Quarter 2**   A total of six CMHCs are equipped for telemedicine. Within these six regions, 22 primary locations exist. Approximately 778 individuals were served via telehealth in Quarter 2. Three CMHCs contract this service with local psychiatric nurse practitioners, and three CMHCs contract this service with the University of MS Medical Center.
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 2**   DMH is continuing to compile a list of MOUs which currently exist between local entities and community providers.
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 2**   BADA staff have scheduled a meeting for January with the VA Assistant Director of Housing to discuss partnerships with alcohol and drugs programs.

Action Plan: 3.2c Expand MAP teams for children and youth with SED and IDD
Progress – Quarter 2
In October, training was conducted on documenting youth with ID/DD on quarterly MAP team reports. Between July 1, 2012, and September 30, 2012, a total of 200 children/youth were served by the MAP teams, of which 14 were identified as having ID/DD. Technical Assistance on accurate reporting will continue during Quarter 3.

Action Plan: 3.2d Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD
Progress – Quarter 2
Technical Assistance and Training was provided to the identified coaches via the University of Maryland Innovations Institute on November 29, 2012, and December 4-6, 2012. CMHC Region 6 and MS Children's Home Services received certificates for the provision of Wraparound Facilitation.

Action Plan: 3.2e Expand adult MAP teams as funding is available
Progress – Quarter 2
Operational Standards for Adult MAP teams have been developed and will be submitted to the Board of Mental Health in Quarter 3.

Action Plan: 3.2f Facilitate work with state and local partnerships to increase jail diversion programs
Progress – Quarter 2
Hinds and Lauderdale counties have begun training CIT officers. As of the end of Quarter 2, neither county had a single point of entry system.

The Hinds CIT program has conducted two trainings involving the Hinds County Sheriff's Department and UMMC security officers. The trainings have been productive, and the Hinds CIT Coordinator is tracking the number of individuals being diverted from jail. Hinds County still does not have a single point of entry. UMMC has agreed to take only people from outside the Jackson City limits, if an MOU agreement can be reached with Hinds Behavioral Health. At this point, no MOU has been developed.

Lauderdale CIT has conducted two trainings involving the Lauderdale County Sheriff's Department and Meridian Police Department Lauderdale County still does not have a single point of entry, but does have all local hospitals involved in negotiations about providing physical space, resources, and/or funding to help establish a single point of entry system.

Action Plan: 3.2g Continue participation with the Mississippi Transportation Initiative
Progress – Quarter 2
Approval was obtained in October 2012 to continue the project until all funds are expended or until November 30, 2013. Updates will be provided to the Transportation Coalition at least twice during the next year. A small amount of additional funding was obtained. However, as stated above, permission was obtained to use all remaining funds. A total of 23 additional participants were added to the number of individuals eligible to access the transportation project. The total eligible is currently 49.

Action Plan: 3.2h Develop strategies to facilitate integration of mental illness, IDD, and addiction services with primary health care
Progress – Quarter 2
The Integration Work Group (IWG) met in December. At the December meeting, the group further discussed addition of new members. The group determined that membership expansion should be an ongoing process, not limited to the second quarter. Additional potential new members were identified. Further input will be sought from DMH leadership. IWG/DMH staff met in October to prepare survey questions concerning integrated behavioral and primary health care for both adult and children's services. Questions were used to update the DMH Bureau of Community Services' Annual Community Mental Health Center Services Survey (FY 2012). The survey was distributed on October 12, 2012, and responses were received by November 1, 2012. Once compiled, the responses to integrated care questions will be incorporated into the baseline document.

Throughout October, DMH staff collaborated with Region 12 CMHC staff to develop a conference presentation on integrated care. On October 26, 2102, DMH and Region 12 staff presented "PBHCI 101" at the Joint MH/IDD Conference. Content from the Baseline Document was shared.

IWG members were invited to attend a webinar presented by the SAMHSA/HRSA Center for Integrated Health Solutions to be held in November. The webinar was entitled, "Integrated Care within the Patient Centered Medical Home: The Health Center Perspective."

In December, an IWG member (DMH staff) attended a meeting of the Gulf Region Health Outreach Program's Primary Care Capacity Project hosted by the Louisiana Public Health Institute. This is an outgrowth of BP funding.

Throughout Quarter 2, DMH staff met regularly with MS Department of Health staff to plan for the "6th Annual Empowering Communities for a Healthy Mississippi Conference" to be held in May 2013. A complete track of sessions will be included on Patient Centered Care and Behavioral Health issues. This is the first time behavioral health has been addressed at this conference.

Throughout Quarter 2, DMH staff worked to develop plans for a Spring 2013 Symposium entitled, "Improving Quality of Life through Integrating Primary Care and Behavioral Health." The target audience is Physicians, Psychiatrists, Nurse Practitioners, Physician Assistants and Psychologists.

Action Plan: 3.2i Continue development of a multiagency comprehensive approach for substance abuse prevention among adolescents
Progress – Quarter 2
The Bureau of Alcohol & Drug Services edited and finalized the workforce development plan; implementation is forthcoming. On October 4, 2012, the Bureau of Alcohol and Drug Services attended a Mississippians Advocating Against Underage Drinking meeting and continued to play an active and supportive role in their efforts.

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 2
Follow-up meetings were held with all six IDD programs to assess current needs. An additional training which focuses on direct care worker instruction is scheduled for Spring 2013.

Action Plan: 3.2k Implement person-centered planning as a tool to move people from institutional settings to the community
Progress – Quarter 2
A total of 61 transitions were reported for August - December 2012.

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 2
BIDD staff has received copies of MOUs from several states and shared with MDRS. BIDD staff met with MDRS staff twice during Quarter 2 to discuss preliminary steps toward developing a MOU.

Action Plan: 3.2o Continue to provide support and assistance to promote certification of holding facilities in each county
Progress – Quarter 2
DMH contacted with five counties this quarter. Representatives from all five counties stated they would review certification criteria and respond as to whether or not their counties desired certification. None responded.

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 2
Staff from across the state attended two SPED meetings and discussed transitioning individuals with IDD into the community schools.

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 2

The NTG recommendations from "My Thinker's Not Working" were included in several trainings conducted during Quarter 2. Division staff presented "Dementia and ID/DD: What's Happening in Mississippi" as part of the MH/IDD 2012 Conference.

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 2** The IDD, Mental Health, and Alcohol and Drug subcommittees met in December to discuss gathering baseline data to begin cost benefit analysis.
Action Plan: 4.1b Develop a summary of grant programs which currently use EBP/BP models – inventory of existing EBP/BPs **Progress – Quarter 2** A&D programs have identified Cognitive Behavioral Therapy (CBT) as the major EB-BP model currently being utilized. Mental health programs have identified Cognitive Behavioral Therapy (CBT) and Wellness Recovery Action Plan (WRAP) as the major EBP/BP model utilized. IDD has identified Applied Behavioral Analysis as the major EBP/BP model 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 2** In order to receive continuing education credit through the Division of Professional Development, programs must adhere to the definition of continuing education which stipulates that qualified educational activities improve services to the public and enhance contributions to the specified profession. Citations to relevant peer-reviewed research must be included in the CE applications in order to receive approval.
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 2** A total of 35 Central Office employees have completed 180 hours of e-learning during the first half of FY13.

Goal 5 Utilize information/data management to enhance decision making
Objective 5.1 *Maximize reporting potential of collected data*
Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/ clinical and programmatic **Progress – Quarter 2** During Quarter 1, the Central Office IT Department received approval to add two additional IT positions. During Quarter 2, one of these positions was filled. The employee will be working data collection for the CDR. Interviews are underway for the second position. USM has the information necessary to create access to the web for the Central Data Repository. Web access will allow program and center staff to view their submissions and utilize this data in reports.
Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data **Progress – Quarter 2** No activity to report for Quarter 2.
Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism) **Progress – Quarter 2** See 1.5a.
Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking **Progress – Quarter 2** See 1.5a.
Action Plan: 5.1e Expand reporting capabilities of the CDR by creating procedures for requesting one-time reports **Progress – Quarter 2** See 1.5a.
Action Plan: 5.1f Eliminate duplication in data collection and reporting (electronic and manual) **Progress – Quarter 2** No activity to report in Quarter 2.
Objective 5.2 *Develop/expand an electronic collection and reporting system for new reports*
Action Plan: 5.2a Determine what software/program will be used across all bureaus/facilities **Progress – Quarter 2** No activity to report in Quarter 2.

Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcomes, Managed Care, Disparity Data, etc.) and for whom (i.e., Central Office, C & Y Services, CMHCs, etc.)
Progress – Quarter 2
No activity to report in Quarter 2.

Action Plan: 5.2c Define data for required report
Progress – Quarter 2
No activity to report in Quarter 2.

Action Plan: 5.2d Design standardized reports with timelines for implementation
Progress – Quarter 2
No activity to report in Quarter 2.

Action Plan: 5.2e Implement collection and reporting
Progress – Quarter 2
No activity to report in Quarter 2.

Objective 5.3 *Establish an electric exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)*
Action Plan: 5.3a Determine DMH participation cost for MSHIN
Progress – Quarter 2
All DMH programs completed the application form for view-only access to MSHIN. Follow-up will be conducted with Medicity to determine the status of setting up accounts and training during Quarter 3.
Action Plan: 5.3b Determine DMH facilities for joining MSHIN
Progress – Quarter 2
Completed. All DMH facilities are eligible for view-only rights to the MSHIN.
Action Plan: 5.3c Report MSHIN Board actions quarterly
Progress – Quarter 2
Minutes which report actions taken during the MSHIN Board meeting are posted to their Web site.
Action Plan: 5.3d Determine communication pathway between HIE and EHR
Progress – Quarter 2
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.

Objective 5.4 *Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)*
Action Plan: 5.4a Develop strategy and priority for implementing EHR systems at DMH facilities and programs
Progress – Quarter 2
ESS is currently reviewing a contract for an upgrade to Tier 7. MSH hosted a ProFiler

demonstration and discussion session for all mental health hospitals, STF and CMRC on December 13. DMH is organizing meetings with the hospitals to review each programs' needs in order to determine the most feasible and economical way to upgrade/proceed.

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 2
Completed.

Action Plan: 5.5b Standardize IT Policies and disaster recovery Standard Operating Procedures (SOPs)
Progress – Quarter 2
Completed. MSH updated its IT polices and disaster recovery SOPs. This information was shared with all DMH programs as guidelines.

Action Plan: 5.5c Determine future technology needs
Progress – Quarter 2
No activity to report in Quarter 2.