Strategic
Plan
Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Second Quarter
October 1, 2009 – December 31, 2009

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

Action Plan 1.1.a   Clearly define populations to be served

Progress: Q 2 – The work group met on 10/06/09. Assignments were made to review current statutes for definitions of service populations and eligibility criteria and to gather information on eligibility criteria from program level. This information was submitted to the work group leader in chart form by each major population represented; Mental Health, Alcohol and Drug Abuse, Intellectual and Developmental Disabilities. The chart outlines all programs offered on a facility and community level including specific program definition, eligibility criteria, barriers to service, and number served or available beds. The information gathered will be analyzed in the third quarter and a report developed and submitted to the Executive Director.

Action Plan 1.1.b   Identify unserved/underserved populations

Progress: Q 2 – The work group met on 10/06/09, and discussed the specific information that will need to be gathered and the best method for gathering. It was determined that a survey of identified stakeholders would be used to gather information on unserved/underserved populations and explore barriers to services. Each work group member was asked to submit the names of 5 stakeholders that would provide useful feedback. To date, 10 individuals or groups have been identified to receive the survey which will be created and disseminated in the third quarter.

The work group also discussed the development of a mechanism for follow-up to calls to the OCS Helpline in order to identify individuals that are not able to access services after referrals are made by OCS. The decision was made to request suggestions from the OCS Advisory Council. The OCS Advisory Council met on 11/17/09, and made a recommendation for a follow up mechanism. This recommendation will be reviewed at the next meeting of the work group meeting in the third quarter, and a plan made for possible implementation, pending approval by the Executive Director.

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

Progress: Q 2 - Actions to begin in third quarter.

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

Progress: Q 2 - Actions to begin in third quarter.

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

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

Progress: Q 2 - Group met on 11/9/09. Existing performance indicators for DMH community programs and services are being compiled. The information will be reviewed in the third quarter.

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

Progress: Q 2 - Performance evaluations will be conducted when 1.2 (a) accomplished.

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

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

Progress: Q 2 - The work group decided that Joint Commission Accreditation will be accepted as the uniform performance evaluation for North Mississippi State Hospital, South Mississippi State Hospital, and Mississippi State Hospital. Uniform performance evaluation parameters for East Mississippi State Hospital (which is pursuing Joint Commission Accreditation) and the five Regional Centers are being investigated, and a report will be developed in the third quarter.

Action Plan 1.2.d   Conduct cost analysis of individual services

Progress: Q 2 - This analysis will begin at the end of the state fiscal year and be based on FY 2010 costs.

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

Progress: Q 2 - Information about service delivery sites was obtained from the Office of Constituency Services. At this time, the group recommends waiting on the results of the 2010 U.S. Census to establish performance measures related to service needs of the population in the different geographic regions of the state. Action plan work group will work with Objective 3.1(a) to continue analyzing existing service locations and the availability of and accessibility to required core services to determine strategic areas and services to target for increases.

Objective 1.3   *Maximize funding opportunities and property utilization*

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

Progress: Q 2 - A fiscal resource committee was established. Fiscal resource information including Federal/State Grants received by the DMH Central Office and Facilities has been gathered. The information will be analyzed to determine effective use of funding and a report developed in third quarter.

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

Progress: Q 2 - A property committee was established. Property detail reports have been received from the State Auditor's Office listing all property resources (furniture and equipment with a cost of $1000.00 or more) of all DMH facilities and Central Office. This information is being analyzed to determine most efficient use of property by DMH, and a report will be developed in third quarter.

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

Progress: Q 2 - Actions to begin in third quarter.

Objective 1.4   *Review and revise resource allocation methods*

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

Progress: Q 2 - A Resource Allocation committee was formed. The Committee met on 12/14/09, and discussed the current funding allocation methods used by the different Bureaus for Service Budget funds supporting community programs. The committee is working on developing recommendations for methods to be used in future allocations.

Objective 1.4   *Review and revise resource allocation methods*

Action Plan 1.4.b   Determine priorities for funding allocation

Progress: Q 2 - Discussions began on critical community services during the meeting on 12/14/09, of the Resource Allocation Committee. A review of all community services included in the Strategic Plan and state plans will be conducted in the third quarter to determine services' alignment with DMH Vision and capability of assisting people to remain in their community.

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

Progress: Q 2 - A Resource Allocation committee was formed. The Committee met on 12/14/09, and discussed the current grants review and approval processes used by the different Bureaus for funds supporting community programs. The committee is meeting in the third quarter to make recommendations for items to include in grants reviews and for a standardized grants review/approval process.

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

Progress: Q 2 - Actions to begin in third quarter

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

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

Progress: Q 2 - A review of the existing state statutes reveals there are no other items requiring Board action than those already in place. A discussion with Board members will be conducted in the third quarter to determine any new practices needed by the Board to help them in fulfilling their duties.

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

Progress: Q 2 - To provide more clinical input, the Clinical Director of MSH has been asked to attend all Legistlative Study Committee meetings. On behalf of the DMH, the Clinical Director made a presentation to the Legislative Study Committee at their meeting on September 14, 2009.

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

Progress: Q 2 - To support the DMH's transformation to a community-based service system, all Bureau Directors responsible for direct services have started meeting on a regular basis to communicate across bureaus regarding standards, surveys, grants, and budget issues. Also, a Review Committee was established of all the Bureau Directors and the Division Director of Accreditation to enhance the uniformity and timeliness in approval of applications and waivers of DMH Standards. The Review Committee will meet weekly if needed.

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

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

Progress: Q 2 - The two existing divisions were consolidated in the second quarter. Point persons in each programmatic division (MH adult, IDD, Child/Youth, A & D) were identified to work with this division to increase coordination and collaboration of survey activities and improve standardization of survey processes. To assess current surveyor manpower, a listing of available surveyors by job title, the programs they are qualified to monitor, and the average number of days they devote to surveys was initiated and is in the process of being completed.

DMH certifies 107 service providers at approximately 585 locations. A listing of potential ways to use staff more efficiently and decrease travel was generated, including which survey activities could be conducted by "desk review."

Furthermore, a DMH Review Committee comprised of the Bureau Directors has been established that has the authority to approve/deny waivers of DMH Standards and new licensure applications to promote consistency.

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

Progress: Q 2 - Meetings were held on October 12, 2009 and December 1, 2009. Items discussed included ways to expand scope of survey process by including results of peer reviews and self-assessments while decreasing the number frequency of formal survey visits. A list of potential criteria that could be used in a program assessment/scoring system to determine frequency of monitoring requirements was developed.

The group also reviewed tracer survey methodology used by CMS and Joint Commission for possible help in strengthening and standardizing monitoring procedures.

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

Progress: Q 2 - Actions to begin in fourth quarter.

Objective 1.6   *Strengthen the partnership between clinical and administrative staff for planning and decision making*

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

Progress: Q 2 - Members of the group met on 12/9/09, and determined that Objective1.6 (a) should be subdivided into: (1) communication and (2) partnership/collaboration. Members discussed impediments to effective communication across the system. One solution offered was to hold after-action briefings to explain decisions which were required to be made on an urgent basis without being able to involve all levels of staff. A few identified issues for shared decision-making included patient safety, resource allocation, and prioritization of equipment purchase.

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

Progress: Q 2 - Actions to begin in third quarter.

Objective 1.6   *Strengthen the partnership between clinical and administrative staff for planning and decision making*

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

Progress: Q 2 - The group met on 12/9/09, and recommended creating a survey to be distributed among MH and IDD facilities, as well as Community Services. The survey will be made available to both the senior administrator and senior clinical services staff member at each facility, with the proviso that they collaborate and produce one document to be returned to the subcommittee. Topics to be addressed include: How are shared decisions made within the organization? What is the membership of the facility's leadership team? What channels of formal/informal communication are utilized at the facility (e.g., e-mail, focus groups, lunch 'n' learn, formal meetings)? Which, if any, system of communication would you like to enhance? Identify areas where clinical and administrative staff do and do not collaborate in your organization.

Objective 1.7   *Maximize clinical staff time*

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

Progress: Q 2 - A work group meeting was held 12/10/09, with representation by two physicians, two psychologists and one nurse. The group reviewed a preliminary draft of what data is needed to evaluate the use of extenders in psychiatry at mental health service sites in Mississippi. A telephonic survey will be completed within the next month to gather information on the scope of practice in community mental health centers and state facilities for nurse practitioners, hours of operations for emergency services at community mental health centers and specific areas in which another professional could assume responsibilities often delegated to a psychiatrist.

The actual survey is scheduled to be completed and analyzed in the third and fourth quarters. The use of physician extenders in other states will be evaluated during third and fourth quarters also.

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

Progress: Q 2 - The actual evaluation of the effectiveness of physician extenders within the mental health system of care cannot take place until the preliminary data collection and analysis has been completed. This step is scheduled to be completed in the fourth quarter.

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

Progress: Q 2 - Research has begun to analyze the utilization of psychiatric residents within the MS mental health system. Affiliation agreements between MS State Hospital and University of Mississippi Medical Center (UMC) Department of Psychiatry have been made for psychiatry residents to begin in January 2010, with senior level residents from UMC Department of Psychiatry. The residents will begin rotations on the Receiving Units at MS State Hospital. The rotations will be monitored for quality, both by MSH staff as well as the UMC Residency Training Director.

Objective 1.8   *Continue Strategic Planning process*

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

Progress: Q 2 - "Draft" administrative policy on Strategic Plan monitoring and reporting developed in December 2009. It is being reviewed with approval expected by the end of the third quarter.

Data base revisions made and will continue as needed to produce quarterly reports. The Strategic Plan Progress Reports are now available on the DMH web site (www.dmh.ms.gov).

Objective 1.8   *Continue Strategic Planning process*

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

Progress: Q 2 - Goal team members continue to be added as needed. At the end of the second quarter, there were 182 people participating on the nine goal teams. There was an increase in the number of individuals participating who are providers of community services.

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

Progress: Q 2 - The action plan work group met two times during the quarter. The first meeting was of the work group was on October 19, 2009, where the strategies needed to accomplish a state plan review were discussed. It was decided that since the work group included members from each Bureau/Division with an annual operational plan, that this group would function as the peer reviewers. General information was provided to the group on each of the existing DMH State Plans: the Community Mental Health (MH) State Plan, the Alzheimer's State Plan, the Bureau of Intellectual and Developmental Disabilities State Plan, and the Bureau of Alcohol and Drug Abuse State Plan. The group discussed the history of these plans as well as the commonalities/differences among the plans. There was general discussion among the group regarding the potential for consolidating the historical and background information common among the various plans. The group also discussed the general need to edit and consolidate existing plans where possible while ensuring that relevant, necessary information is preserved and that critical elements are included. The group further discussed the need to examine planning challenges across Bureau lines (e.g., data management, access, integrated funding, etc.). It was determined that the first step in the State Plan review process would be to develop a Review Tool for peer reviewers' use. Assignments were made to research current best practices in developing operational plans, research other states' operational planning/review methods, and review DMH policies/procedures pertaining to state plans.

The next meeting was held on November 16, 2009. The main goal of the November meeting was to discuss and utilize the research gathered to develop a Review Tool. The group reviewed actions and information gathered since the October meeting on policies, research on current practices in developing operational plans, other States' plan reviews, and identified challenges across bureau lines. After the presentation of this information, the group discussed possible items to include in the review tool related to DMH Strategic Plan such as compatibility with DMH Mission/Vision/Values, overarching themes, inclusion of critical elements such as outcome measures, ensuring accountability, efficient use of resources, and any needed state plan specific requirements. The type of tool to be developed was also discussed.

The final version of the State Plan Review Tool was sent to members on 11/19/09. The State Plan Review Tool was to be used when reviewing each of the four current State Plans. The State Plan Review Tool was divided into three major parts; Inclusion of Strategic Plan Information, Current Plan Components, and Possible New Components. Reviewers were to determine if information was present and to make recommendations on whether or not to include new items from the Strategic Plan, to keep existing items in a state plan, to include a new item in the state plan, and if existing information needs updating or other changes. Timeline for completion of reviews was set for 12/30/09. The results from the reviews will be compiled, and a report developed based on the results with recommendations for the future content of the state plans developed in the third quarter.

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

Progress: Q 2 - Actions to begin in third quarter.

Goal 2 — Strengthen commitment to a person-driven system of care

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

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

Progress: Q 2 - The members of Goal 2 have reviewed and are considering endorsing the nationally accepted philosophy of a person-driven community-based system of care. The diverse membership of the group all support the idea that individuals receiving services must have a voice in the decisions that affect their lives and treatment, must have choices in the services they receive and where they live. The group continues to refine a draft definition of recovery, along with developing a list of key components necessary for recovery. Once the group votes to endorse a draft definition, members will be evaluating the community response to these concepts and determining steps to reach consensus on the definition and key concepts among stakeholders during the third quarter.

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

Progress: Q 2 - Group members conducted phone interviews to discuss comparisons initiatives and responsibilities of DMH's Bureau of Consumer and Family Affairs as compared to equivalent Divisions in Mental Health Services around the United States. Survey results indicated that Mississippi DMH's Bureau of Consumer and Family Affairs is progressive in hiring practices and many of the states surveyed have not embraced consumer oriented services and programs as vigorously as Mississippi.

Group representatives met with the Executive Director and programmatic Bureau Directors to discuss the purview of the Division of Consumer and Family Affairs to work with all DMH Bureaus. The group has developed preliminary recommendations concerning expansion and will finalize in the third quarter for presentation to the Executive Director.

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

Progress: Q 2 - Group members worked on developing a comprehensive communication plan that identifies targeted groups/audiences and methods of information dissemination. Final development and implementation should take place during third quarter.

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

Progress: Q 2 - Group members collected information on all DMH task forces, advisory councils, work groups, grant reviewers, and coalitions to determined if there is adequate consumer and family representation. As a result of the data collected, further collaboration is warranted. During the third quarter, the group will request qualifications for participation and copies of bylaws from the above mentioned entities for review. Following the review, recommendations will be made to DMH leadership to encourage better adherence to the "DMH Consumer Participation Policy."

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

Progress: Q 2 - Group agreed to obtain information from Community Mental Health Centers about the role of advisory councils and obtained information from DMH about the role of DMH advisory councils. Group has requested information about consumer and family participation on advisory councils. The workgroup is working on a survey to determine the role of council members and leadership opportunities. Information will be used to determine potential roles of consumers and family members on advisory councils and to provide input to consumer and family members about leadership roles.

Objective 2.2   *Develop and/or expand meaningful interaction of self advocates and families in monitoring services*

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

Progress: Q 2 - Workgroup continues to evaluate the effectiveness of the peer review process through meetings with peer reviewers and community mental health center staff. A change in membership has created some delay in activities for this action plan.

Objective 3.1   *Establish equitable access to services statewide*

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

Progress: Q 2 - Each member of the team was asked to submit a list of core services and the eligibility requirements for those services according to their specific discipline/service population that are made available to those in need of services. This generated list of core services is being reviewed/compared/contrasted against the spreadsheet list of services provided in the Department of Mental Health's Educational Overview Book of Services. Each member will identify gaps, missing services, and barriers. The reports generated from core services deficiency review will serve as the foundation for formulating the recommendations for the Gaps in Services Plan that will be submitted during the third quarter.

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

Progress: Q 2 - Members met on 11/03/09, and all members of the committee brought information on core services for their respective areas. Needed data and information for the team to meet our objectives, including OCS data on calls by county and problem needs was discussed along with the need for information from the services system, including service locations and operational information. Team members were assigned legislative statutes to review for core services before the next meeting. Also, team members will review the DMH Educational Overview Handbook and Excel spreadsheet of Service Locations to look for gaps in the system and identify potential areas of interest before the next meeting in early January(TBA)

Objective 3.2   *Develop a comprehensive crisis response team*

Action Plan 3.2.a   Define criteria for "psychiatric crisis"

Progress: Q 2 - The team developed, reviewed, received input from all four programmatic bureau directors and their staff, agreed upon and now submit as a work product the following as a definition for "Psychiatric Crisis": A psychiatric crisis is any situation which, if not addressed, could place the individual (with or possibly without a prior diagnosis of intellectual or developmental disability, a child with a serious emotional disturbance, an individual with substance abuse problems or an adult with serious mental illness) at imminent risk of hospitalization or other inappropriate placement (i.e., jail, inpatient facility or other holding area).

The goal is to recognize warning signs and symptoms which, if not addressed, would result in marked or severe impairment in multiple areas of daily living severe enough to warrant hospitalization and to treat those symptoms as soon as possible within the community before a more intense level of service is required. The definition will serve as a foundation for future services development activities as the DMH seeks to develop crisis response teams (CITs) which are contingent upon legislative authorization. It is expected that several bills will be introduced at the beginning of the 2010 Legislative session in January and their status will be tracked.

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

Progress: Q 2 - On 12/16/09, the team completed the development of a DMH comprehensive wish list of Psychiatric Community Based Crisis Services to reduce the need for inpatient treatment. The comprehensive wish list will be presented to the Executive Director for approval and will be used as a guide in transitioning our service delivery system to a more community-based system.

Objective 3.2   *Develop a comprehensive crisis response team*

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

Progress: Q 2 - Legislation has been introduced during the 2010 legislative session to have the six remaining crisis centers' funding reallocated to community mental health centers so that they can be operated similarly to the Grenada Crisis Center Pilot program. Staff of the six centers have been asked to submit their questions/concerns pertaining to the redesign. Staff of the Bureau of Community Services will meet with them to have question and answer sessions the last week in January.

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

Progress: Q 2 - The Division of Disaster Preparedness and Response has been working to increase the number of DMH certified programs which work with MEMA. The DMH has been in contact with all of our facilities to converting their disaster plan manuals to the Department of Health's Emergency Operations Format templates. All DMH facilities have been coordinating with their local Emergency Management Agency their area, the Emergency Response Coordinator from Department of Health, and MEMA to insure all requirements of the conversion process are being met.

The Division of Disaster Preparedness and Response began discussion with Department of Health about providing six training sessions in Psychological First Aid over the next year and to continue working to identify people who are already in the Department of Health Volunteer Database who could be utilized for mental health response purposes. The Department of Health Database will be utilized to keep a list of all available volunteers and the DMH will maintain a database of people who have been trained in Psychological First Aid. In the event of a disaster, both databases will be used to determine if any of the Department of Health's deployed volunteers have been trained in Psychological First Aid and if there is a need for additional volunteers with this training. The Department of Mental Health's database would be utilized to locate additional volunteers.

During the third quarter, staff will begin calling all DMH certified programs to expand the DMH volunteer database.

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

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

Progress: Q 2 - No other potential funding sources other than Medicaid have been identified as of this progress report date.

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

Progress: Q 2 - Awaiting completion of prerequisite Action plan that will lead to the Division of Medicaid introducing a bill which will give them the authority to make TelePsychiatry a Medicaid reimbursable service. The prerequisite action is to be completed by 1/18/10 which is the deadline to have the legislation introduced.

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

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

Progress: Q 2 - Data collection table developed and submitted to DMH for distribution to all DMH facilities and associated agencies to identify current means and methods of receiving/making referrals. This form will be disseminated to providers as part of a cumulative Data Information Request. Awaiting receipt of information before moving forward with action plan activities.

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

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

Progress: Q 2 - All DMH facilities completed data collection tables regarding current information included on their websites, and made recommendations for changes/improvements to ensure that all DMH websites provide relevant, consistent information about access to services and supports . Data was compiled and shared with workgroup on 10/2/2009.

*Workgroup met to review complied data and formalized the recommended key information list.(see generated work product available for review)

*Recommended key information list was distributed to workgroup for review by selected consumers/service providers for recommendations.

Information will be compiled and presented to the Executive Director for approval. Upon approval, the plan will be disseminated to facility directors for implementation. Changes will be made to web sites in the third quarter.

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

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

Progress: Q 2 - Ongoing research continues and includes an interview with a staff member of Catholic Charities Immigration Clinic who is a member of the Hispanic community. Contacted other states' Cultural and Linguistic Coordinators and received a document from Director of Cultural Competency at Coordinated Care Services Inc. in Rochester, New York, and a plan for Cultural and Linguistic Competency in Behavioral Health and Developmental Services from the Virginia Department of Behavioral Health and Developmental Services. Research will continue and a work document will be submitted by fourth quarter.

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

Progress: Q 2 - A work product was developed by team members as a result of the research to answer the question of what resource materials are required by the federal government to be available in translation.

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

Progress: Q 2 - Members met via conference call on 12/8/09. It was reported that a member attended "How to Find and Use Health-Related Resources for Spanish speaking Communities" on 11/3/09.

To conduct further research, the following assignments were made: 1) explore how neighboring states disseminate information to non-English speaking populations (ex. Clearinghouse), 2) explore what literature is currently available for non-English speaking populations, i.e. translation, 3) identify non-English speaking populations in the state other than Hispanic, 4) follow- up with agencies that serve non-English speaking populations regarding points of dissemination, and 5) seek suggestions from members of the Anti-Stigma committee regarding literature for non-English speaking populations.

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

Progress: Q 2 - A list of local and national interpreter services which includes the names of contact people, scope of services, and years of experience was compiled/developed by team. Additional information will be obtained in the third quarter. Upon completion, information will be made available to service providers.

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

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

Progress: Q 2 - Representatives from the Multicultural Task Force (MCTF) met with the DMH Executive Director on 11/23/09, and received feedback on the draft plan. On 11/25/09, a memo was sent by the Executive Director to Bureau and Division Directors requesting their review and feedback on the draft Cultural Competency Plan by 12/31/09. The Executive Director also instructed the Bureau Directors to appoint someone from their Bureau to work on implementation of the plan. Task groups will be formed in January 2010.

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

Progress: Q 2 - Actions to begin in fourth quarter.

Objective 3.6   *Address timeliness to services*

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

Progress: Q 2 - Obtained information from the Arc of Mississippi regarding barriers to services for people with ID/DD. Obtained information from the FY 2010 Mississippi State Plan for Community Mental Health Services for Children with Serious Emotional Disturbances and Adults with Serious Mental Illness regarding barriers to services. Report to be prepared during the third quarter.

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

Progress: Q 2 - Request for needed information submitted for Master Data Request. Will analyze and compile information when received and develop a report (target date is during the third quarter).

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

Progress: Q 2 - Request for needed information submitted for Master Data Request. Will analyze and compile information when received and develop a report (target date is during the third quarter).

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

Progress: Q 2 - Request for needed information submitted for Master Data Request. Will analyze and compile information when received and develop a report (target date is during the third quarter).

G o a l 4   Continue transformation to a community-based service system

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

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

Progress: Q 2 - Goal Team developed a list of the MS Primary Healthcare providers and their contact information and are exploring methods to disseminate the resource guide to DMH facilities, hospitals, funded and/or certified providers, and mental health advocacy organizations in the fourth quarter.

Information was gathered through the State Block Grant Survey on the level of collaboration and disseminated to members of this objective team. Analysis of this information will take place in the third quarter.   The action plan team will also collect information on existing projects integrating primary and mental health care during the third quarter.

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

Progress: Q 2 - DMH designated staff will continue to participate on the MS AAP Task Force.

A referral flow chart identifying components of a standard referral process is available to pediatricians as well as the public on the website: http://msaap.umc.edu. Information about this website was disseminated at the Joint Conference in November 2009, and the website has been posted as a link on the DMH website under DMH Links.

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

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

Progress: Q 2 - Meeting held 12/15/09 of Housing Workgroup. Composition of the task force to date was reviewed and additional entities were identified for participation in the group which included consumers and family members as well as staff from the Department of Health, USM, City of Jackson, and other service providers.
Division of Planning staff will finalize task force membership and schedule first task force meeting in the third quarter with assistance from the objective workgroup as needed.

Technical assistance on supported/supportive housing was applied for through the New Freedom Initiative State Coalitions to Promote Community-Based Care, funded by the federal Center for Mental Health Services (CMHS).   Technical assistance was approved and a one-day site visit and consultation will be scheduled in January 2010.

DMH has also applied for and in December 2009 was approved for federal Transformation Transfer Initiative funding, which will support technical assistance for strategic planning for housing and be available into the first quarter of Year 2.

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

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

Progress: Q 2 - Housing workgroup met on 12/15/09. Housing Workgroup members were invited to respond to the 2009 Housing and Community Development Survey, a step in the Mississippi Development Authority's process to develop the five year plan for administration of the CDGB, HOME, ESG and HOPWA housing/assistance programs.

DMH Division of Planning staff also participated in a focus group on housing/public facilities conducted as part of MDA's planning process in early December.

Workgroup targeted compilation of information on current housing resources such as a list of resources compiled by the three Continuum of Care committees in the state and maps of housing options certified by DMH and Department of Health. This activity will be ongoing.

Department of Health Licensure and Certification staff have agreed to join Housing Workgroup and in turn, DMH staff have agreed to attend meetings relevant to this issue hosted by the Department of Health. Additional meetings to discuss this issue in more detail are targeted for the third quarter.

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

Progress: Q 2 - Representatives from BCS and BIDD continue to attend these meetings.

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

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

Progress: Q 2 - DMH Central Office staff member appointed to assist with review of Intensive Case Management (ICM). A request for information was sent to the CMHCs regarding ICM. The information has been returned, and compilation and analysis will take place during the third quarter.

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

Progress: Q 2 - The Bureau of Alcohol and Drug Abuse has a needs assessment that is already in use - MSAMIS. The MSAMIS instrument has been modified to include checkpoints at 30 days, 90 days and 6 months. Collection of this data will begin in the third quarter.

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

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

Progress: Q 2 - Objective Team met on 12/1/09, and identified that the specific targets for expansion of MAP (Children & Youth) Teams will be in Lafayette, Leake, and Pike counties in the third and fourth quarters.

The Division of Children and Youth and the Division of Community Services are planning a MAP Team 101 Training session during the fourth quarter.

The MAP Team Coordinators will identify additional outcome measures to be collected including client improvement and family satisfaction.

The action plan team requested the involvement of IDD representatives in future activities.

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

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

Progress: Q 2 - Feedback from Regions 6, 7 & 8 with regard to AMAP teams funded last year has been positive. They held 21 meetings and served 35 individuals. With the current budget situation it is unlikely that there will be expansion and the objective will be to continue funding those currently in place.

Division of Community Services will work with Division of Children and Youth to provide training the MAP Team 101 training to AMAP team members.

Minimum Standards for Children and Youth MAP teams have been distributed to MAP teams and are being reviewed. These standards will provide the basis for the development of minimum standards for Adult MAP teams.

AMAP team members will be invited to participate in the MAP Team Policy Academy in the spring.

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

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

Progress: Q 2 - Work group established and divided into two subcommittees; one focusing on mental health and the other on intellectual/developmental disabilities. Work group met on 10/23/09 and research has been initiated and is ongoing.

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

Progress: Q 2 - Proposal for shifting funds from the IDD centers to community was reviewed and discussed by work group. The proposal was forwarded to IDD facility directors for comment and feedback. A report evaluating the shifting of funds from the psychiatric facilities to community was completed but has not yet been reviewed by the workgroup. Analysis and actions related to this report will be included in the third quarter report.

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

Progress: Q 2 - Objective team determined that if DMH were given "lump sum appropriation," then the need to introduce "Money Follows the Person" legislation would not be necessary; money shifted away from institutional budgets could be moved into unfunded ID/DD Waiver slots. Therefore, it is recommended that emphasis be placed on support of "lump sum appropriation" vs. "Money Follows the Person" at this time.

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

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

Progress: Q 2 - The MH, IDD and A&D subcommittees of the EB/BP Workgroup have completed literature reviews to identify evidence based or best practices for each of the populations served in the MS Department of Mental Health System of Care. These subcommittees will continue to assist in promoting the use of EB/BP treatments in Mississippi.

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

Progress: Q 2 - Each of the subgroups: MH, IDD and A&D presented their Evidence Based/Best Practice Report on their literature review for the specific population groups to the EB/BP Workgroup at the meeting on 12/15/09. Each subgroup discussed their findings and gaps in the literature. The Mental Health subgroup presented treatment data for adults, adolescents and children. They found a variety of treatments for specific diagnoses that are relevant to the populations served by the Department of Mental Health. Within the IDD literature, it is difficult to find specific evidence-based treatments utilized in the IDD settings. Most of the treatments must be individualized, accounting for a multitude of contributing factors, such that the philosophical bases for treatment are based on sound evidence rather than specific treatment models that are easily generalizable. The IDD subgroup explained that their approach was unique. The A&D subgroup discussed some of the nationally recognized evidence-based treatments and reported that some programs in Mississippi have implemented them. The subgroups will now begin their work on developing a survey to determine which EB/BP are used in Mississippi.

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

Progress: Q 2 - Each subgroup discussed the format for developing a survey to identify evidence-based/best practice models currently used in the mental health system of care. A survey will be finalized in the third quarter.

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

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

Progress: Q 2 - Survey developed in 5.1c will include the identification of services for which EB/BP have not yet been established. The survey will be finalized in the third quarter.

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

Progress: Q 2 - Each of the Subcommittees (MH, IDD and A&D) reviewed the National Core Indicators and other National Outcome Measures relevant to their specific population studied. The National Core Indicator Domains include: Consumer Outcomes, System Performance, Health and Welfare, Rights, Staff Stability, and Family Indicators (Human Services Research Institute www.hsri.org). The National Outcome Measures are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities. 5.3b has been combined with efforts in 5.1.

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

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

Progress: Q 2 - Will be completed in fourth quarter.

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

Progress: Q 2 - Will be completed in fourth quarter.

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

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

Progress: Q 2 - Information sharing and resource development continues through networking among clinical disciplines. A clinical discipline meeting is being planned for the Spring 2010 to facilitate treatment evaluation and clinical skills improvement.

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

Progress: Q 2 - Review of the findings from the EB/BP Workgroup Subcommittees is scheduled for third quarter with development of a statewide plan to be completed in the fourth quarter.

Goal 6   Emphasize awareness/prevention/early intervention

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

Action Plan 6.1.a   Evaluate current statewide awareness efforts

Progress: Q 2 - Public awareness data collection tables were developed and distributed for review/completion to all workgroup members. The workgroup met on 11/12/09, to review compiled data and discuss successful practices.

The final report will be completed by the fourth quarter.

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

Progress: Q 2 - Workgroup members attempted to locate sample surveys, but were unsuccessful. Research did reveal an APA journal article on research of this topic using a survey, but the article was published in 1999 and the workgroup was unable to reach the authors.

A workday will be held for the workgroup in the third quarter to develop the survey and set a date for dissemination.

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

Progress: Q 2 - Even though the survey will not be completed until the third quarter, the workgroup has already begun researching conferences and workshops which target law enforcement/courts and exploring the possibility of presenting or displaying at the conferences. The MS Sheriff's Association and the MS Association of Chiefs of Police will hold conferences in December 2010. The MS Judicial College holds conferences for Judges and Court Clerks throughout the year. The MS Bar Association has their annual meeting in July 2010.

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

Progress: Q 2 - The MS Advisory Council FASD met in November and December and appointed a member to chair the task force's Prevention Subcommittee. The Subcommittee includes representatives from MS Dept. Health, MS Dept. of Education, MS Dept. of Human Services, MS Dept. of Public Safety, and several local non-profit agencies who are exploring ways to provide FASD and other mental health information to individuals and agencies throughout the state.

Public awareness campaigns from three states were reviewed during the second quarter. A campaign plan will be developed in the third quarter.

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

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

Progress: Q 2 - A workgroup meeting was held 11/12/09, to discuss current methods of public awareness/education currently being used throughout the state. A chart was developed to include the current efforts by each workgroup member. The chart will assist the workgroup in developing a list of strategies to improve current methods which will be developed by the fourth quarter.

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

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

Progress: Q 2 - During the second quarter, DMH facilities and Central Office worked to expand public education through a variety of outlets. DMH began tracking public education efforts this quarter via a database created in the first quarter. While there are still minor issues with the database; by the end of the third quarter the database will be complete and all facilities will be utilizing the database to track public education efforts.

A total of 11 radio interviews and 11 television interviews were conducted statewide. A total of 351 news articles were printed statewide. The media coverage included information on a variety of topics including facility and patient/client activities, stigma, suicide prevention, budget, grants, and general mental health information among other topics.

A total of 117 presentations were given including 16 presentations on fetal alcohol syndrome disorder. Other presentations discussed topics such as mental illness, stigma, suicide prevention, alcohol and drug abuse, Alzheimer's, and IDD. DMH set up displays at 34 events across the state.

DMH also partnered with the Mental Health Association on the Gulf Coast to provide a training session for 18 individuals. Participants, which included representatives from a local bank, casino, real estate firm and consumers, received training on mental health stigma and suicide prevention. DMH also partnered with Weems Community Mental Health Center to provide two speakers and educational materials for the 2009 Mind Matters community event. Central Mississippi Residential Center and Mississippi State Hospital hosted events for parents in October to discuss mental health topics such as stigma, suicide prevention and alcohol and drug abuse. More than 100 parents attended the two events.

Clear Channel Radio agreed to air a public service announcement about depression during the holidays throughout the month of December. A press release was distributed statewide to educate the public on prescription drug abuse among teenagers in Mississippi.

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

Progress: Q 2 - The Division of Alzheimer's Disease and Other Dementia conducted 15 trainings during the second quarter with 794 attendees. The Division participated in seven health fairs, 109 memory screenings, seven caregiver support groups, four support groups for individuals with Alzheimer's, and received 70 calls/consultations to caregivers. More than 1,260 resource guides and 1,560 division brochures were distributed. The Division had nine networking opportunities which resulted in 268 individual contacts.

Objective 6.3   *Increase efforts to de-stigmatize mental health issues*

Action Plan 6.3.a   Revise and expand anti-stigma efforts regarding people who have mental illness by developing a campaign specific for Mississippi

Progress: Q 2 - DMH and the Think Again Network launched the Think Again campaign October 5-9, 2009, during Mental Illness Awareness Week. Think Again Network members utilized the toolkit to send local press releases to the media in their area of the state announcing the launch of the campaign.

More than 40 news articles were published about the campaign launch. A total of eight radio interviews and seven television interviews were conducted during the campaign launch.

Mississippi State Hospital hosted a launch event, "Games Your Children Play Part II" on Oct. 5 to educate parents on mental health issues and suicide prevention. Central Mississippi Residential Center hosted a launch event on Oct. 8 for parents to discuss mental health and suicide prevention issues. More than 100 parents attended the two events. DMH partnered with Weems Community Mental Health Center to host a launch event at Mind Matters on Oct. 6. Two DMH representatives spoke at the event about Think Again and suicide prevention.

During the launch week, Tougaloo College sent a text message to all students discussing mental health issues and how to seek help. The college also ordered Think Again t-shirts for students.

In conjunction with the launch week, DMH mailed more than 1,200 informational packets to 6th - 12th grade public school nurses and school counselors in Mississippi. The packets included a letter explaining the Think Again campaign and a brochure from the campaign. The letter also offered additional brochures to the schools and presentations to faculty and students. The Mississippi Department of Education Office of Healthy Schools provided the mailing list and also included a brochure in the packet. As a result of the mailout, DMH received more than 30 requests for presentations and requests for more than 3,400 Think Again brochures for students at schools throughout the state. Think Again brochures were also distributed to 20 libraries in the tri-county area.

Several newsletters included information about the launch including NAMI Meridian, Warren-Yazoo Mental Health Services, Mississippi Profile, MSH's Take Note, and others. Also, several members of the Think Again Network included information on their web sites including MS State Hospital, Specialized Treatment Facility, and others.

The Think Again chairperson met with two representatives from the Institutes of Higher Learning (IHL) to discuss their involvement in the Network. IHL agreed to become Network members will encourage student body presidents from all colleges to become involved. During this quarter, the Graduation Rate Task Force, established by the Mississippi Legislature during the 2009 regular session, included the Think Again campaign in its mental health services recommendations. The Task Force is proposing that colleges participate in the Think Again Network and other activities to engage faculty, staff and students in activities to support mental health education and eliminate stigma associated with seeking help and support.

Action Plan 6.3.b   Continue anti-stigma presentations at schools statewide and provide teacher education and informational packets to all school districts

Progress: Q 2 - Members of the Think Again Network continued to provide presentations at schools statewide. Presentations discussing mental health issues were conducted at 16 schools reaching more than 1,100 students and faculty.

DMH mailed more than 1,200 informational packets to 6th - 12th grade public school nurses and school counselors in Mississippi. The packets included a letter explaining the Think Again and Shatter the Silence campaigns and a brochure from each campaign. The letter also offered additional brochures to the schools and presentations to faculty and students. The Mississippi Department of Education Office of Healthy Schools provided the mailing list and also included a brochure in the packet. As a result of the mailout, DMH received more than 30 requests for presentations and requests for more than 8,500 brochures from the two campaigns.

Objective 6.3 *Increase efforts to de-stigmatize mental health issues*

Action Plan 6.3.c Develop a statewide "Ability Awareness" campaign to educate Mississippians about intellectual and developmental disabilities by focusing on the abilities of the individuals

Progress: Q 2 - The Ability Awareness Council met in December. The Council developed a brochure that was distributed at the 2009 Joint Conference and also developed a display board. The Council began preparations to participate in the "Day at the Capitol" to be held March 3, 2010, by distributing brochures.

Objective 6.4 *Increase substance abuse prevention activities*

Action Plan 6.4.a Increase the capacity of the substance abuse prevention workforce to deliver services utilizing the latest technology

Progress: Q 2 - Bureau of Alcohol and Drug Abuse's funded workforce development provider conducted 10 trainings throughout the quarter with a total of 126 prevention specialists attending. Topics included: Ethics, Co-Occurring Disorders, Prescription Drug Abuse, Prevention 101, Media Literacy, and Cultural Competence.

Underage Drinking Enforcement Training Centers provided three webinar presentations during November and December. All providers on the listserve were notified of the trainings.

BADA prevention staff met with the SURETool coordinator in November to discuss updates to the current internet-based data system.

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

Progress: Q 2 - Bureau of Alcohol and Drug Abuse prevention staff conducted eight site visits to monitor compliance. All agencies were in compliance.

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

Progress: Q 2 - Mississippi Executive Prevention Council met in November 2009. The Mississippians Advocating Against Underage Drinking (MAAUD) task force established a Steering Committee in October 2009, made up of state agency representatives and grassroots programs to serve as the advisory board members for MAAUD. The State Epidemiological and Outcomes (SEOW) Workgroup met in October 2009.

Bureau of Alcohol and Drug Abuse staff met with the Office of Tobacco Control to discuss collaboration efforts in October 2009.

The SEOW director, the Department of Education, and the SmartTrack developers met in November 2009, and completed changes to the online student survey. SmartTrack is a youth web-based data collection tool which provides needs assessment data related to the Center for Substance Abuse Prevention core measures. It collects data on severity of substance abuse, risk and protective factors and identification of the most pressing prevention issues. Revisions for SmartTrack included adding questions related to:

- Methamphetamines and prescription drugs
- Prevention media exposure
- Parent-child prevention discussions
- School punishment and recess/P.E.

Objective 6.4   *Increase substance abuse prevention activities*

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

Progress: Q 2 - The State Epidemiological Outcomes Workgroup (SEOW) met in October 2009, to welcome the new SEOW director. The SEOW director discussed upcoming questions to add to Smarttrack and her meeting with the developers.

Pamphlets marketing the substance abuse data web site Snapshots were completed and will be distributed beginning in the third quarter.

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

Progress: Q 2 - Bureau of Alcohol and Drug Abuse staff continues to co-chair the Mississippians Advocating against Underage Drinking (MAAUD) task force.

MAAUD members and their community coalitions conducted "Sticker Shock" through the month of October 2009. Project Sticker Shock's purpose is to reduce youth access to alcohol through educating adult providers. Over 10,000 stickers were put on cases of beer and wine coolers throughout the state at various convenience stores, gas stations and supermarkets.

Bureau of Alcohol and Drug Abuse staff provided seven trainings and technical assistance to prevention agencies.

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

Progress: Q 2 - A network of prevention services providers was maintained in the second quarter. All DMH funded prevention programs continued to implement an evidence-based curriculum as defined by SAMHSA's Center for Substance Abuse Prevention National Registry of Evidence Based Programs Practices (NREPP). Curriculums include, but are not limited too: Life Skills, Project Alert, Project Northland, Too Good for Drugs, and Creating Lasting Family Connections.

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

Progress: Q 2 - The Annual Synar Report was completed in December 2009. Federal lawmakers passed Section 1926 of Title XI of the Federal Public Health Service Act, commonly called the Synar Amendment, in 1992. The Synar Amendment requires each state to have laws in place prohibiting the sale and distribution of tobacco products to minors, and to enforce these laws effectively. The Mississippi Department of Mental Health, Bureau of Alcohol and Drug Abuse is the agency responsible for compliance with the Synar Amendment. The Annual Synar Report is submitted to the Substance Abuse and Mental Health Administration (SAMHSA)/Center for Substance Abuse Treatment. The Annual Synar Retailer Violation Rate (RVR) for FFY 2010 is 3.8%, one of the lowest RVR rates in the country.

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

Progress: Q 2 - The Adolescent Services Alcohol and Drug State Coordinator provided four trainings in October 2009, on "The Neurochemical Effects of Marijuana on Adolescents." More than 200 total individuals attended the workshops.

Objective 6.5   *Expand suicide prevention efforts statewide*

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

Progress: Q 2 - No new requests for proposals have been identified for suicide prevention efforts. An RFP is anticipated this Spring. We have reviewed the feedback from the previous proposal to respond to the Spring RFP. In order to support suicide prevention efforts, the Office of Constituency Services is adding the AnComm feature to the Helpline service array in order to increase outreach to young adults.

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

Progress: Q 2 - No new members were added to the Mississippi Youth Suicide Prevention Council this quarter.

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

Progress: Q 2 - Year 1 Objective is complete as reported in the first quarterly report. Trainers are looking at the feasibility of the Northern MS TF-CBT which was being planned for year two of the strategic plan, pending funding and available trainers. Information has been distributed to providers regarding application for a learning collaborative model for an additional trauma informed practice.

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

Progress: Q 2 - DMH mailed more than 1,200 informational packets to 6th - 12th grade public school nurses and school counselors in Mississippi. The packets included a letter explaining the Shatter the Silence campaign and included a sample brochure. The letter also offered additional brochures to the schools and presentations to faculty and students. The Mississippi Department of Education Office of Healthy Schools provided the mailing list and also included a brochure in the packet. As a result of the mailout, DMH received more than 30 requests for presentations and requests for more than 5,900 Shatter the Silence brochures from schools throughout the state.

During the second quarter, a total of 41 presentations were conducted which discussed the Shatter the Silence campaign. Mississippi State Hospital hosted Games Your Children Play Part II for parents in October and focused on youth suicide prevention. Central Mississippi Residential Center also hosted an event for parents in October which focused on youth suicide prevention. More than 100 parents were educated on suicide prevention during the two events.

A joint press release with the MS Department of Education was distributed statewide announcing the mandated suicide prevention training for educators beginning in January 2010. The training will be reported in the third quarter.

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

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

Progress: Q 2 - DMH leadership will attend meetings when invited by the Association. The Director of the CMHC Directors' Association attended the October – December 2009 meetings of the Board of Mental Health.

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

Progress: Q 2 - The Long Range Planning Committee did not meet during this quarter.

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

Progress: Q 2 - The Long Range Planning Committee did not meet during this quarter.

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

Progress: Q 2 - The MS Association of Addiction Services met in October 2009.   An overview and update of Prevention Services was provide by BADA Prevention staff.

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

Progress: Q 2 - Actions are ongoing.

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

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

Progress: Q 2 - Information request was submitted to Bureau of Interdisciplinary Programs for inclusion in the overall information request being sent to DMH facilities and Bureaus. Additional activities are dependent upon receiving information requested.

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

Progress: Q 2 - Awaiting information received through information request

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

Progress: Q 2 - Goals for establishing new partnerships with state agencies were identified during the first quarter. A review of interagency agreements to identify existing formal partnerships and information reported on informal partnerships will take place prior to the end of year one. Additional goals for partnerships may result from this review.

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

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

Progress: Q 2 - A survey of participation on interagency task forces, work groups, councils and committees has been completed by each bureau. Staff from DMH spends a significant amount of time participating on interagency groups to support and promote the mission of the agency.

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

Progress: Q 2 - In addition to participating on interagency groups, DMH invites and welcomes other agencies to participate on DMH initiated task forces, workgroups, etc. Evidence of this interagency collaboration is documented in meeting minutes

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

Progress: Q 2 - The Bureau Of Alcohol And Drug Abuse Advisory Council met in October 2009. Agencies/entities represented on that council have an interest in substance abuse prevention.

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

Progress: Q 2 - The State Level Interagency Case Review Team continues to meet on a monthly basis. The DMH Division of Children and Youth Services coordinates and participates in all meetings. Additionally, the Bureau of Intellectual and Developmental Disabilities participates on an as needed basis.

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

Progress: Q 2 - The DMH Executive Director serves as the chair of the Interagency Coordinating Council for Children and Youth. The Director of the DMH Division of Children and Youth serves as the chair of the Interagency System of Care Council. Both will serve in these capacities until April 2010. The Bureau of Intellectual and Developmental Disabilities also participates on the Interagency System of Care Council.

Objective 7.3   *Engage nontraditional community partners to secure funds, donations, and/or volunteers*

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

Progress: Q 2 - The Bureau of Alcohol and Drug Abuse maintains their relationship with the MS National Guard. Training for the Community Anti-Drug Coalitions of America members is made available by the National Guard. The National Guard is also represented on the BADA Advisory Council.

Goal 8   Empower workforce to face the challenges of an evolving system of care

Objective 8.1   *Increase opportunities for direct support professionals*

Action Plan 8.1.a   Develop strategies to provide competitive salaries for Direct Support Professionals

Progress: Q 2 - Annual Salary survey has been received from the State Personnel Board and now awaiting action from Legislature concerning funding for FY 2011.

Action Plan 8.1.b   Provide increased educational opportunities for Direct Support Professionals (College of Direct Support, life skills training, leadership/supervisory training, GED programs, Basic Supervisory Course)

Progress: Q 2 - Data collected by the task force relating to current opportunities for Direct Support Professionals (DSP) were positive, especially concerning the College of Direct Support. The task force's next step is to gather information and submit a proposal for a program that can incorporate the College of Direct Support in the public mental health system. The task force will also seek resources to support a statewide DSP system and on how to best utilize those resources.

Objective 8.2   *Develop a comprehensive Human Resources plan*

Action Plan 8.2.a   Enhance recruitment activities

Progress: Q 2 - A questionnaire pertaining to current recruitment activities was developed this quarter. This document was sent to all HR Directors at the end of December 2009. Data from the questionnaire will be collected, compiled, and analyzed during the third quarter.

Action Plan 8.2.b   Examine the future personnel needs of the agency with respect to transformation of the service system

Progress: Q 2 - A questionnaire addressing future personnel needs of each facility was developed this quarter. This document was sent to all HR Directors at the end of December 2009. Data from the questionnaire will be collected, compiled, and analyzed during the third quarter.

Action Plan 8.2.c   Increase employee retention rates

Progress: Q 2 - A questionnaire pertaining to current retention rates was developed this quarter. The questionnaire was sent to all HR Directors at the end of December 2009. Data from the questionnaire will be collected, compiled, and analyzed during the third quarter.

Action Plan 8.2.e   Incorporate information from the DMH Anti-stigma and Abilities Awareness campaigns into new employee orientation

Progress: Workgroup members will review materials from the two campaigns in addition to the Shatter the Silence, youth suicide prevention campaign.

In the third quarter, workgroup members will develop an overview of information from the campaigns to be used in new employee orientation. The purpose of including the information is to make new employees aware of our public awareness efforts and also to address suicide prevention. A representative from the workgroup will attend the Staff Development quarterly meeting to discuss the information which will be used in orientation.

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

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

Progress: Q 2 - Academic linkages at the local level continued in FY 2009, with CMHCs and the Community Services Divisions at East Mississippi State Hospital, Mississippi State Hospital and Central Mississippi Residential Center reporting contacts with state universities and/or state community colleges, as well as private colleges. Areas of training/disciplines represented included: community counseling, social work, psychology, counseling education, school counseling, sociology/criminal justice, rehabilitation counseling, education, family and human development, public policy and administration, nursing, family studies, nurse practitioners, counseling social work, counseling psychology, Center for Civic Engagement and Social Responsibility program at a private college, a Faith and Work Initiative at a private college, nursing, marriage and family counseling, industrial counseling, and human services.

The Department of Psychiatry and Human Behavior at the University of Mississippi Medical Center (UMMC) has continued efforts to integrate psychiatry residents in public mental health settings. Rotations for residents in adult psychiatry continue at Mississippi State Hospital (MSH); these residents also complete rotations on the child/adolescent acute psychiatric unit (Oak Circle Center). A rotation for psychiatry residents has been established in the public community mental health setting in Region 9 at Hinds Behavioral Health Services in Jackson, and planning is proceeding to establish a rotation in Region 15 (Warren-Yazoo Mental Health Services). The medical director in Yazoo County is also on the clinical faculty at UMMC, as are several of the psychiatrists and psychologists at MS State Hospital. Additionally, a rotation in outpatient substance abuse treatment has been developed with Region 8 mental health center. The UMMC Department of Psychiatry received a grant from the Delta Health Alliance and began implementing a telepsychiatry service with two sites in the Delta region in FY 2009. They initiated services in early August 2008 for two community mental health centers (in Greenwood and in Clarksdale). In addition, the telepsychiatry service will link with the telepsychiatry unit based at MS State Hospital to provide continuity of care for those individuals admitted to the MS State Hospital from the designated delta community mental health centers. The Department of Psychiatry will also use the telepsychiatry system to train front line providers at the community mental health centers in the latest evidence-based interventions (e.g., motivational interviewing). The telepsychiatry project will receive additional funding from the Delta Health Alliance during FY 2010 to expand services to satellite sites in the Delta Region (in CMHC Regions 1 and 6) and to expand training opportunities for staff. In addition, the Department of Psychiatry is looking into ways of sponsoring educational activities for other community mental health centers and state hospitals through a telehealth system.

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

Progress: Q 2 -The committee will spend the second half of the fiscal year identifying strategies to enhance collaborative efforts with universities, community colleges, and outside entities.

The committee will also identify curriculum criteria for internship/practicum/residency of any new programs that have been identified and to share with interested entities.

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

Progress: Q 2 - Resource List of contact persons at universities, colleges, etc. being developed. This resource list will be shared with facilities so that they can make contact with the designated person to enhance their relationships and placement opportunities.

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

Action Plan 8.4.a   Continue Educational Leave and Enhancement programs

Progress: Q 2 - A questionnaire pertaining to Educational Leave and Educational Enhancement has been developed this quarter. This document will be sent to all HR Directors by the end of December 2009. Data from the questionnaire will be collected and analyzed during the third quarter.

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

Action Plan 8.4.b   Continue Focus Program

Progress: Q 2 - Class IV has started and completed their first retreat December 2 - 4, 2009. They will graduate November 2010. There are 32 participants in this group.

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

Progress: Q 2 -This task force was asked to report the number of employees currently enrolled in each State Personnel Board training courses. The group reviewed and selected various avenues the facilities can use to acknowledge the accomplishments of SPB participants. During the third quarter, the selected avenues will be provided to the Staff Development Directors for feedback and to see if each recommended avenue can be implemented by the facilities.

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

Progress: Q 2 - Collection of data has begun with a survey developed, and disseminated to each Staff Education Director for completion. The survey looks at the different methods used by the facility to train employees.

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

Progress: Q 2 - Information has been collected and compiled. The data will be reviewed in the third quarter and a plan developed to incorporate more cross-training initiatives for the provision of community based services.

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

Progress: Q 2 - Mississippi State Hospital presented "Tuberculosis: Diagnosis, Treatment and Challenges" to the Medical Staff on September 14, 2009.

The CME Committee elected Dr. Lydia Weisser, Medical Director of Mississippi State Hospital as Chair.

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

Progress: Q 2 - See on 8.4.e

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

Progress: Q 2 - The following number of training hours were offered that would enhance clinical competencies:

Nursing: 15 hours; Psychology: 45 hours; Social Work: 45 hours.

Just prior to June 2010, each facility will be asked what they offer on campus to enhance clinical competencies for Nursing, Psychology and Social Work.

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

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

Progress: Q 2 - A presentation on the DMH Strategic Plan was conducted during the 28th Annual Joint Conference in October 2009. Furthermore, the Mission, Vision, Core Values and the Goal and Objectives will be incorporated into the General Orientation schedule for each facility during the third quarter.

Objective 9.1 *Establish centralized IT management structure for DMH*

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

Progress: Q 2 - The IS Task force had a conference call on 12/22/09, to discuss the ITS report. The task force discussed its possible purposes and outcomes. The task force leader met with the Executive Director and other executive staff to get perspective on this objective. Some of the items discussed at the meeting included centralizing the use and coordination of state resources, establishing quarterly IT meetings, and creating a database to capture agency wide IT activities/projects. The task force will begin working on these issues in the third quarter.

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

Progress: Q 2 - Actions to begin in fourth quarter.

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

Progress: Q 2 - Actions to begin in fourth quarter.

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

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

Progress: Q 2 - The DMH Central Data Repository (CDR) has been implemented and all of the CMHCs are currently submitting data. Each CMHC is working to meet the maximum submission error rate of 5%.

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

Progress: Q 2 - The DMH Central Office IS Division is currently developing additional reports to add to the existing Uniform Reporting Standards (URS) reports required by SAMSHA. The IS Division continues to develop adhoc and annual reports for each DMH Central Office Bureau.

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

Progress: Q 2 - The integration of Bureau of Alcohol and Drug Abuse data into the CDR for the substance abuse free-standing, psychiatric and correctional treatment providers started in July 2009 and was completed in August 2009. The CMHCs are the only substance abuse service providers not sending data 100% electronically to the CDR but they all will be integrated in Year 1.

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

Progress: Q 2 - The browser-based data entry system is complete for alcohol & drug service providers. Work will continue for children's non-profit entities.

Objective 9.3   *Integrate and share existing DMH data*

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

Progress: Q 2 - Surveys/interviews of all DMH Central Office Bureaus regarding current data collection efforts completed.   Results of surveys analyzed and areas of duplication of effort identified.   Follow-Up meetings are being set with Bureau and/or Division Directors, as appropriate, in the third quarter to convey survey results and collaborate on methods for duplication reduction.

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

Progress: Q 2 - Actions to begin upon completion of 9.3a.

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

Progress: Q 2 - Actions to begin upon completion of 9.3a and 9.3b.

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

Progress: Q 2 - Actions to begin in third quarter.

Objective 9.4   *Establish and standardize an Electronic Health Records(EHR) System for all DMH facilities*

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

Progress: Q 2 - Required components of an EHR were researched and discussed on 9/24/09. These items included Health Information, Results Management, Order Management, Decision Support, Electronic Communication and Connectivity, Patient Support, Administrative Process, and Reporting. The needs/expenses associated with an EHR will include software, hardware, interfaces, implementation fees, and software license/maintenance fee and support.

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

Progress: Q 2 - DMH facilities were surveyed to determine current status of EHR. Results of the survey will be analyzed and report developed in the third quarter.

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

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

Progress: Q 2 - Objective team has contacted other states (AL, TN, and LA) concerning their client tracking system. Several states did not have such a system and little detailed information could be obtained concerning components of those with a system. A questionnaire is being developed to ascertain users' requirements for a system. Furthermore, analysis of the CDR will be undertaken to determine its applicability to provide such information. Upon completion of the analysis, the questionnaire will be finalized and will be disseminated in the third quarter.

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

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

Progress: Q 2 - Team has reviewed the components of other states, and it has been determined that two systems are being utilized, Avatar and OMHIS. It was reported that both systems are user-friendly; however, they are very costly and/or require a substantial amount of hardware/software technical support to implement and manage. Further activities will occur upon completion of 9.5a and a determination will be made for system needs.

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

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

Progress: Q 2 - Surveys have been sent to the DMH Central Office Bureaus. When all information is obtained, the data will be analyzed to determine the need for web-based reporting. A report will be prepared and submitted in the third quarter.

Action Plan 9.6.d   Develop agency intranet system

Progress: Q 2 - Actions to begin in fourth quarter.