Strategic Plan Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Third Quarter
January 1, 2010 – March 31, 2010

| **G o a l   1** | **Maximize efficient and effective use of human, fiscal, and material resources** |

<u>**Objective 1.1**</u>   *Specify target populations and levels of care with corresponding fiscal support*

Action Plan 1.1.a   Clearly define populations to be served

Progress: Q 3 - The work group met on 02/09/10. Information previously submitted to the work group leader by each major population represented (Mental Health, Alcohol and Drug Abuse, Intellectual and Developmental Disabilities) was disseminated in chart form. 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 is now being analyzed and finalized with a report to be developed and submitted to the Executive Director in the fourth quarter.

Action Plan 1.1.b   Identify unserved/underserved populations

Progress: Q 3 - The work group met on 02/09/10, and finalized a list of identified stakeholders who would be used to gather information on unserved/underserved populations and explore barriers to services. A letter, which is currently being developed, will be mailed to the current list of 25 identified individuals or groups. The returned information will be summarized and distributed to the work group at the next meeting and a report developed in the fourth quarter. The work group also approved a mechanism for follow-up calls to the Office of Constituency Services (OCS) Helpline in order to identify individuals that are not able to access services after referrals are made by OCS. The mechanism was suggested by the OCS Advisory Council and will be implemented with callers beginning 3/15/10, pending approval by the Executive Director. This mechanism will generate quarterly reports for tracking purposes which will be provided to Bureau Directors and the Executive Director.

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

Progress: Q 3 - Accomplishment of this action plan will be based on having a finalized list of target populations, which is expected in the fourth quarter. When that list is finalized, recommendations for prioritization will follow.

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

Progress: Q 3 - Accomplishment of this action plan will be based on a finalized list of populations to serve. It is expected to occur during the fourth quarter.

<u>**Objective 1.2**</u>   *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 3 - The workgroup met in the third quarter to discuss existing performance indicators for facilities and community service providers. There are many types of community services offered through, and regulated by, the Department of Mental Health. The group has worked on narrowing down the most essential evaluation measures that are applicable across most of these services. The workgroup is also considering using the DMH Minimum Standards (currently being revised) as a base for measuring performance. Workgroup also determined there are performance measures for Community Services in the State Plan, but will need to be refined to be more specific.

For the DMH facilities, performance indicators are included in their budget submission. Some are specific to each facility, and others are uniform across facilities. The number of patient/resident/client days, percentage of support staff to total staff, and cost per patient/resident/client day are just a few. A list of these facilities' performance measures will be reviewed for effectiveness and considered for the recommendations on program evaluation.

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.b   Conduct uniform performance evaluations of community services

Progress: Q 3 - A small workgroup met on 1/20/10, to continue the review process of the adult community mental health surveys and children's surveys. During the review, questions of accuracy, usefulness, and utility were all considered. During the fourth quarter, the parameters for performance/assessment should be completed and can be incorporated in these surveys as well as other tools of follow-up measures.

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

Progress: Q 3 - Using the institutions/hospitals' existing performance indicators for efficiency and effectiveness, the facilities could be evaluated for many clinical and administrative targets. Along with these performance indicators, most of the facilities are regulated on performance regarding standards of care and treatment through the Joint Commission, the Department of Health, and the Department of Mental Health. All are being considered in action plan 1.2a with the evaluations to follow in the fourth quarter.

Action Plan 1.2.d   Conduct cost analysis of individual services

Progress: Q 3 - The facilities' cost analysis will be captured to a degree in the performance indicators related to efficiency. It is anticipated that these will be assessed after the fourth quarter concludes. The cost analysis of community services will require more information from other action plans in Objective 2. Formulating the criteria for analyzing community services will be done during the fourth quarter.

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

Progress: Q 3 - It has been suggested that this action plan be incorporated under Goal 3, specifically action plan "a" under the first objective. 3.1.a involves analyzing service locations and accessibility, which relate to the delivery structure and capacity. Therefore, duplication of examining this area can be avoided.

Objective 1.3   *Maximize funding opportunities and property utilization*

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

Progress: Q 3 - A fiscal resource committee was established in the 2nd quarter, and fiscal resources details (Federal, State, Grants, and other) have been gathered. There is a consolidated fiscal resources report that is presented to the Board of Mental Health each month. The committee decided that this format would be appropriate to use in the review and determination of priorities for the Department of Mental Health.

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

Progress: Q 3 - A property committee has been established, and a detailed list of property owned by the Department of Mental Health has been received from the Office of the State Auditor. The list is comprehensive, and is currently grouped by facility and not necessarily in any order of its function (maintenance, information technology, medical). During the fourth quarter, a paring of this list will be conducted, from which items can be identified as the most useful, portable, and cost effective to be possibly shared by facilities/entities.

Objective 1.3   *Maximize funding opportunities and property utilization*

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

Progress: Q 3 - Once the report for property resources is refined, a committee will be formed to work toward accomplishing this action plan. This committee will consist of staff from Central Office and facilities. It will be responsible for evaluating the property and fiscal resources and preparing requested reports for Board actions.

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 3 - The Resource Allocation Committee met on 2/16/10, and discussed ways to standardize evaluations of programs that receive funds from the Service Budget. Requests for Proposals (RFP) were among many tools that could be used for such evaluation. Because of the various interests and activities associated with the provisions in the Service Budget, the committee will need more time than anticipated to make recommendations of possible changes in the allocation method.

Action Plan 1.4.b   Determine priorities for funding allocation

Progress: Q 3 - This action plan will involve assigning priority to programs and services that receive Service Budget funds. This list of allocating resources will be derived from the changes in 1.1c and 1.4a, if any changes are deemed necessary.

Objective 1.4   *Review and revise resource allocation methods*

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

Progress: Q 3 - At the first group meeting on December 14, 2009, a discussion took place regarding the current funding allocation methods used in the various DMH divisions. These methods discussed will be taken into consideration later as any changes to the methods are recommended for better utilization of Service Budget dollars in maximizing efficient and effective use of our fiscal resources. Those who are currently involved in the grant award process also shared information with the group as to how their division/bureau evaluates grant proposals and makes decisions about who receives the grants.

Apparently, each service area has different methods for allocating funds. Since there are many factors that must be considered such as the type of funds, the services being funded, and whether the grant is for a new program or continuation of an existing program, it was never determined that we could come to an agreement on one method for allocation of grant funds. There is also no standard method for which any of the service areas determine how to handle a reduction of grant funds or an influx of them.

During a follow up meeting on February 16, 2010, the committee members were asked to come prepared to discuss the following related to this action plan:

1. Items that they felt should be or should not be included in an RFP review process including any ideas they have regarding a standardized grant review process.
2. A prioritized ranking of the services funded by their division. In ranking these services, they were asked to take into consideration whether they think the services align with the vision for DMH, the other goals of the DMH Strategic Plan, and the various state plans prepared by the different services areas.

After much informative discussion, the general consensus seemed to be that it would not be possible to have a completely standardized RFP review process since there are so many varying factors that have to be considered. But, many of the members did feel that it would be possible and helpful to have a group of core components that would be required for new RFP's and then allow each service area to have additional RFP requirements depending on the other factors of that particular service area or funding source while keeping in mind the vision of DMH.

A sub-committee was formed and met on March 3, 2010, to devise a list of RFP core components that would be sent to the entire committee for comments.   After taking the comments into consideration, a finalized list will be put into a report for the Executive Director's approval.

The list of RFP core components that the sub-committee agreed should be in every RFP for new grants are:

Program capacity
Number of individuals to be served
Proposed cost including unit cost (cost efficient)
Waiting list information
Service area
Service outcomes – Detailed description
Use of evidence-based or best practices
Person centered goals, objectives, activities and evaluation
  (Evaluation criteria is quantifiable and specific)
Community maintenance emphasis (tailored to specific service and division)
Fiscal Resources available

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

Progress: Q 3 - This action plan is closely associated with 1.4c and will be addressed as the process of services grants review and approval for services continues into the fourth quarter. It is anticipated that a mechanism will be incorporated for options to reallocate funding to necessary community services based the DMH vision and guidance from DMH executive staff. These options will then be presented in a supposition to the appropriate DMH Bureau Directors and the DMH Executive Director.

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 3 - The Board Chair reestablished the Strategic Planning Subcommittee in January 2010. The Subcommittee met in February and March to review this fiscal year's progress. The subcommittee began looking at ways for the DMH to take the work that has been done and turn that into specific, measurable, and observable outcomes. The subcommittee will also begin looking at new ways of delivering services. The Board will be reviewing additional processes during the fourth quarter.

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

Progress: Q 3 - To provide more clinical input, the Clinical Director of MSH was asked to become a member of the Board Strategic Planning Subcommittee in January 2010. The Clinical Director has participated in the February and March Board Strategic Planning Subcommittee meetings as well as other meetings and activities involved in the revision of the Strategic Plan.

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 3 - The Review Committee made up of the all the Bureau Directors and the Division Director of Accreditation continues to meet to approve applications and waivers of DMH Standards.

A State Plan Review Team was established to ensure coordinated planning efforts among the four Bureaus with State Plans. The four plans reviewed were DMH State Plan for Community Mental Health Services for Children with Serious Emotional Disturbances and Adults with Serious Mental Illness, Bureau of Intellectual and Developmental Disabilities State Plan for Services and Supports for Individuals with Intellectual/ Developmental Disabilities, Bureau of Alcohol and Drug Abuse State Plan, and State Plan for Alzheimer's Disease and Other Dementia.   Upon approval of recommendations of common sections needed in all plans by the Executive Director, each State Plan for FY 2011 will include these sections.   Members of the Review Team will develop general sections such as the Purpose, Overview of the State MH system and DMH, Description of Ideal System Model, Challenges/issues across Bureaus, and Challenges to Implementation so that they are standardized and concise. They will be used in all four of the state plans. The State Plans may also include any other information deemed necessary by Federal requirements, DMH, or Advisory Councils.   The Bureau Director of Interdisciplinary Programs will facilitate the coordination and collaborative planning efforts. Furthermore, members of the Review Team will conduct a final review of the completed draft FY 2011 state plans for inclusion of this information prior to presentation to the Board of Mental Health. It was the conclusion of the Review Team that the inclusion of information from the Strategic Plan, which is applicable to the entire DMH, and other common and standardized information would strengthen each State Plan, show more cohesiveness as a whole to the MH system, and increase collaboration among Bureaus as we all move toward the Vision.

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

Progress: Q 3 - Completed in the second quarter.

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

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 3 - To accomplish this action plan, the monitoring procedures should be strengthened and standardized across services (Alcohol and Drug, Children and Youth, IDD, etc.), and should be done while considering Joint Commission, CMS, and MS Department of Health standards. In considering other entities' standards, there will be a need to continue this Action Plan through Year 2 (FY 2011), for monitoring staff to develop and refine the review process.

During this quarter, Central Office staff met with Mississippi State Hospital's Community Services Division staff following Joint Commission survey to discuss tracer survey processes. A portion of the Joint Commission's Behavioral Health standards were provided for review. Training for DMH Certification Review Staff on new standards and monitoring procedures will be complete by December 2010. New monitoring procedures with revised standards will be implemented in January 2011.

Staff within the Department of Mental Health are drafting revised DMH licensure standards and obtaining input on drafts. Target date for completion is July 2010.

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

Progress: Q 3 - This will not be addressed until new monitoring processes have been finalized in Year 2 (FY 2011), and a web-based system has been developed. This action plan and action plan "g" (not in this report because no action in year 1) require web-based reports, and it is recommended they be moved to Goal 9 in the "development of a web-based data management system."

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 3 - Clinical and administrative staffs within DMH are utilizing the structure of the Strategic Plan as a basis for collaboration. This sharing of knowledge and expertise has served to direct discussions to promote alignment of the goals and visions of both administrators and clinical staff.

Examples identified from state and national organizations cite clinical-administrative collaboration as a leading strategy in addressing facility responses to changes in reimbursement and fiscal constraints. Balancing quality and financial goals requires sharing of information and organizational priorities to eliminate barriers to care and promote access to services.

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

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

Progress:　　　　Q 3 - After researching available programs, the following list was compiled and is a snapshot of programs currently available within DMH:

MSH Staff Education- Programs focus primarily on management development:
• Planning for Individual Employee Development
• Legal Aspects of Hiring Process
• How to be an Effective Leader
• Managing Conflict at Work
• Development of Future Leadership: Mentoring and Developing Talent
• Nursing Leadership Development Training

Clinical-based educational programs include:
• MRSA Management in Hospital Settings
• Advanced Practice HIV Update
• Early/timely identification of tuberculosis clinical presentation

DMH initiatives include the involvement of both clinical and administrative staff in developing collaborative goals to achieve strategic objectives. DMH also offers Professional Licensure and Certification (PLACE) Programs.
• Focus Program
• Mental Health Therapist
• IDD Therapist
• Case Management Certification
• Addiction Counselor Program

State Personnel Board/Office of Training targets professional development:
• Administrative Support and Basic Supervisory Course
• Certified Public Management
• Human Resource Competency Program

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

Progress:　　　　Q 3 - Clinical and administrative staffs within DMH are utilizing the structure of the DMH Strategic Plan as a basis for collaboration. Also, DMH facilities will be able to incorporate shared decision making into their strategic planning processes. By communicating ideas and perspectives through the strategic planning process, clinical and administrative staff will have a joint decision making forum. The shared knowledge and expertise serve to direct discussions to promote alignment of the goals and visions of both administrators and clinical staff. The American College of Healthcare Executives (ACHE) offers self-study courses in Collaborating with Clinical Staff. This program outlines methodology for optimizing the contributions of medical staff and encouraging physician participation in setting clinical priorities.

The Mississippi Hospital Association offers the Patient Safety Summit where discussions are conducted about administrative allocation of resources related to safety initiatives and clinical components of patient safety.

Recent initiatives cited by MHA involve the CFO in clinical quality improvement measures. QI strategies are reflected in annual budget plans, prioritization of capital investments, changes in operational costs or cost reduction by improving efficiency.

MSH has established access to both organizations for educational partnerships.

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 3 - A telephonic survey was conducted across DMH facilities and regional Community Mental Health Centers to explore the use of Nurse Practitioners in various settings for both this action plan as well as 1.7b.   Calls were initiated to 8 entities within the Mental Health Bureau of DMH (MSH and its two Crisis Intervention Centers, MAC, STF, EMSH, SMSH, NMSH), 11 Community Mental Health Centers and 5 Regional Centers (ICF/MRs). A memorandum with the results of this survey has been issued and a summary of this survey's results is included in 1.7.b.

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

Progress: Q 3 - A survey on the use of Nurse Practitioners(NP) and Psychiatric Nurse Practitioners (PNP) across the mental health system was completed. A summary of data collection indicates:
•5 of 8 DMH Facilities surveyed utilize NP staff. Two facilities use FNPs exclusively and 3 facilities use dually-certified FNP/PNPs.
•5 of 9 Community Mental Health Centers utilize NP
staff. Three centers use PNPs exclusively and 2 centers
use dually-certified FNP/PNP
•2 of 5 Regional Centers utilize NP staff. Both centers
use FNPs exclusively but all respondents agree the PNP role would be more valuable within the clinical setting
•NP practice settings include county-based mental health clinics, nursing homes, crisis centers, and DMH inpatient care areas
•No facilities had quantitative cost-benefit data available but all believed the NP model decreased medical staff salary costs

Results indicate that DMH is currently maximizing the use of physician extenders where applicable. One venue which could benefit from expanded use of PNPs is the Community Mental Health Centers, especially those with limited availability of a psychiatrist.

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

Progress: Q 3 - Senior level psychiatry residents began 1-2 month clinical rotations on the inpatient receiving services at MSH in February 2010. This will become a permanent rotation within the psychiatric residency curriculum at UMMC. Additionally, DMH representatives met with faculty from William Carey University School of Osteopathic Medicine in March 2010 to discuss potential educational opportunities in mental health for their incoming medical school class.

Per group consensus, action plans for Objective 1.7 have been completed. It is recommended that facilities continue to seek opportunities to expand the use of physician extenders, as well as expanding the use of psychiatric residents and medical students.

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 3 - Administrative policy on Strategic Plan monitoring and reporting approved 3/18/10.

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 3 - Last year key stakeholders were asked to provide input regarding their vision of how the DMH's service system would look in the year 2020. The responses received were compiled into 20 common themes. These themes were then used in the development of the vision and goals/objectives of the Strategic Plan.

The Board of Mental Health intends for the Strategic Plan to be a flexible, living document that has the ability to meet the needs of the people we support and face the challenges of an ever-changing environment. The Board's Strategic Planning Subcommittee proposes to move from our year one objectives, which focused largely on study, to more action oriented objectives. The Board Strategic Planning Subcommittee decided to again contact key stakeholders as we embark on revising the plan to see if they thought the themes identified for last year's Strategic Plan are still as relevant and necessary to meet the vision for the future of the DMH.   A web-based survey was sent via email 3/17/10.   There were 70 surveys emailed. They were sent to DMH Board members, DMH Executive Director, DMH Bureau Directors, DMH Facility Directors, CMHC Directors, NAMI-MS, Mental Health Association of the Capitol Area, Mental Health Association of Gulf Coast, MH State Plan Advisory Council, IDD State Plan Advisory Council, A&D State Plan Advisory Council, Alzheimer's State Plan Advisory Council, Arc of MS, MS Council on Developmental Disabilities, MS Families as Allies, UMC, and USM. Completed surveys are due by April 9, 2010.   Results of the survey will compiled and used in the Strategic Plan's revision.

A letter was also sent 3/22/10, asking for input from the MS Sheriff's Association, the Chancery Clerks Association, a Chancery Clerk, two Youth Court Judges, and a special assistant at Attorney General's Office for recommendations about actions they would like to see occur in the DMH over the next five to ten years. The target date for comments was set for 4/9/10.

Furthermore, stakeholders have been asked to participate in goal reviews. All goal leaders were asked on 3/1/10, to review their goal's objectives and action plans with their team members. Each goal team includes representation from consumer/advocates; community mental health centers; DMH facility and Central Office Staff; private providers; DMH Advisory Councils; and other state agencies. Goal team members were asked for their input for revised objectives/action plans for 2011-2021. The Board Strategic Planning Subcommittee wanted to give everyone who has been working on a goal the opportunity to share his or her ideas. This initial step was completed with comments submitted by 3/12/10. Additional instructions for the goals' revision were sent 3/24/10, with a target completion date set for the end of April.

Objective 1.8   *Continue Strategic Planning process*

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

Progress: Q 3 - Review completed 12/30/09. The four plans reviewed were DMH State Plan for Community Mental Health Services for Children with Serious Emotional Disturbances and Adults with Serious Mental Illness, Bureau of Intellectual and Developmental Disabilities State Plan for Services and Supports for Individuals with Intellectual/Developmental Disabilities, Bureau of Alcohol and Drug Abuse State Plan, and State Plan for Alzheimer's Disease and Other Dementia. The intent of this action plan was to promote inclusion of information from the Strategic Plan into the DMH's four state plans, increase cross-Bureau interaction and collaboration, and condense and standardized general information included in the plans. A report of results was completed on 3/15/10. The report contains recommendation of sections to be included in all four DMH State Plans.   The report has been provided to the Executive Director, and upon approval, each State Plan for FY 2011 will include these sections. Members of the Review Team will develop general sections such as the Purpose, Overview of the State MH system and DMH, Description of Ideal System Model, Challenges/issues across Bureaus, and Challenges to Implementation so that they are standardized and concise to be used in all four of the state plans. The State Plans may also include any other information deemed necessary by Federal requirements, DMH, or Advisory Councils.   The Bureau Director of Interdisciplinary Programs will facilitate the coordination and collaborative planning efforts. Furthermore, members of the Review Team will conduct a final review of the completed draft FY 2011 state plans for inclusion of this information prior to presentation to the Board of Mental Health.

It was the conclusion of the Review Team that the inclusion of information from the Strategic Plan, which is applicable to the entire DMH, and other common and standardized information would strengthen each State Plan, show more cohesiveness as a whole to the MH system, and increase collaboration among Bureaus as we all move toward the Vision.

<u>Objective 1.8</u>   *Continue Strategic Planning process*

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

Progress: Q 3 - The 2010 Strategic Planning Subcommittee was established in January 2010. Members include four DMH Board Members and three DMH staff. The Subcommittee met for the first time on 2/18/10. The purpose of the meeting was to determine how best to approach the revision of the initial Strategic Plan. A recap of the strategic planning activities that took place last year was given which included a SWOT analysis, gathering of stakeholders' vision of the future of DMH, development of a DREAM report, and the development of the vision, values, core competencies, goals, objectives, and action plans.

The Subcommittee reached an agreement that that our mission, vision, values, and core competencies remain as the foundation upon which the nine goals are based. The themes of the nine goals (accountability, person-centeredness, access, community, outcomes, prevention, partnerships, workforce, and information management) remain critical. The objectives/action plans can definitely be revised, extended, or deleted based on today's economic realities and the revision needs to include more observable and measurable actions.

The subcommittee determined what the strategic planning annual review/revision process will encompass (elements). The possible actions needed for the revision are:

1. A review of SWOT report in relation to environmental scan of current economic, political, and social issues; use of existing information about the DMH to evaluate if current statements are still true and add to or develop new scan parameters; clearly identify any new influences on DMH's ability to provide services.
2. A review of feedback previously received from stakeholders on the vision for the future.
3. A detailed review of feedback from last year's draft Strategic Plan.
4. Gathering of issues Board members want to see addressed.
5. Information on new issues that must be addressed (such as new legislation)
6. A review of feedback from Goal Teams concerning objectives, action plans, and need for changes especially in light of current funding challenges and accomplishments thus far.
7. Review of quarterly progress reports.
8. Ensure active consumer/stakeholder involvement and feedback about their concerns/ issues, existing goals, and feedback on draft revision.

Sections needing updating were discussed, and tentative timelines were established for completing the draft in May with approval from Board in June.

The Subcommittee Chair and the three DMH staff members met on 3/10/10. Actions DMH staff are taking toward revision, the manner to gather Vision and SWOT feedback, new ideas for 2011, and quarterly timelines for current year action plans were discussed.

A second meeting of the Board Strategic Planning Subcommittee took place 3/18/10. At the meeting, the following occurred:

1. Report given on decisions made at meeting on 3/10/10, including using email and Survey Monkey to conduct VISION feedback and SWOT Review. Also, expanded request for recommendations on future activities to include MS Sheriff's Association, Chancery Clerks Association, a Chancery Clerk, two Youth Court Judges, and a special assistant at Attorney General's Office.
2. Requested information on CMHC services provided.
3. A preliminary discussion held on a request for information on other states' CMHC structure.
4. Update given on initial review of Goals, Objectives, and Action Plans.
5. Budget update given.
6. Upcoming activities in April discussed including the completion and reporting of results from the VISION and SWOT Surveys.

G o a l   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 3 - The draft definition of a person-driven, community-based system, and a definition of recovery and principles of recovery were agreed upon by the group. The definition of person-driven system, recovery, and the components of recovery is under review by the Bureau Directors.

The components of recovery, under review at present, are from the adult mental health perspective; the Children and Youth Division, Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual/Developmental Disabilities are currently reviewing this information to ascertain whether these fit for their population or if additions are needed. The group is not yet ready to seek consensus from the larger community (family members, consumers, mental health professionals). Consensus must first be reached across populations within the DMH.

Mechanisms to measure Recovery are currently be researched.

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 3 - The division is working on several projects that will expand to all bureaus, specifically, the Division is dialoguing with Bureau Directors about expanding the following activities to other bureaus:

Procedures to strengthen the role of consumers and family members on advisory councils. Peer reviewers will review these roles for adherence to DMH Standards during the annual peer review process and will provide training to council members and CMHC staff regarding roles of consumer and family members.

Standardized Peer Review Process. The Division is working on peer review guidelines/toolkit to be used by other bureaus in developing a peer review process and training and support for peer reviewers.

Participation and involvement of individuals receiving services and family members in the evaluation, planning, and delivery of services within the mental health system. The division is working with other bureaus to establish a definition of consumer and family members that is agreed upon across Bureaus. The division is working on a Participation and Involvement policy and guidelines to support the evaluation, planning, and delivery of services within the mental health system.

The specifics of how the above procedures will be expanded across bureaus is being reviewed by the Bureau Director of Community Services.

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 3 - Action Plan 2.1 c will be merged with the Action Plan 2.1 d since both deal with strategies to develop brochures and communicating about advocacy and participation.

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.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 3 - Copies of bylaws from the above mentioned entities were requested and received for review. Group leaders will be provided a copy of the DMH consumer and family participation policy upon approval by the Executive Director. During the fourth quarter, the bylaws from the above named entities will be evaluated to determine the role of consumers and family members. Group leaders and members will be provided an evaluation/survey to determine meaningful interaction and leadership roles of consumers and family members.

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 3 - A draft guideline for CMHC advisory councils was developed. The group is currently working to include information in the revised DMH Standards regarding the role of consumers and family members on advisory councils to ensure meaningful interaction in designing and planning at the system level. A training manual to educate consumers and family members on advisory councils regarding recovery and their role is being developed and should be completed in the fourth quarter. Research into the roles of advocates/family members on councils in surrounding states continues.

Objective 2.2

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

Progress:　　　　Q 3 - Workgroup has reevaluated the peer review process through meetings with peer reviewers and community mental health center staff. Peers will receive standardized training on the review process and recovery concept. The Peer Manual will be updated to reflect inclusion of the definition and principles of recovery. In order to introduce recovery to the evaluation system, the peers have drafted a recovery assessment to be provided to the community mental health centers for completion. After the assessment is completed during the site visit process, peers will evaluate the community mental health center based on components of the assessment.

G o a l   3   Improve Access to Care

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 3 - A meeting of the workgroup was held on 2/11/10, and the completed list of core services was finalized. This document is available for review. The information compiled in this report was compared to service location and operational information for identification of potential gaps in the service system. The draft version of this list is ready for final review by the workgroup in the April meeting. The workgroup has been asked to brainstorm on potential gap fillers to identified issues. This process was started in the 02/11/10 meeting and will be completed before the next meeting in April.

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

Progress: Q 3 - OCS data information was provided to the group at the 2/11/10 meeting for analysis. The workgroup requested that additional data including an annual call data report be ready for review at the next meeting in April. OCS Call Volume and Problem Need Quarterly Reports from January to December 2009 were presented and discussed at the 2/11/10 meeting for analysis of trends. Work will begin on the final analysis report for the Board at the April meeting.

Objective 3.2   *Develop a comprehensive crisis response team*

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

Progress: Q 3 - Two bills, HB 965 and HB 1049, introduced this January during the 2010 Legislative Session which have a significant impact on the development and Implementation of our Psychiatric Crisis Services System, have survived the process thus far. Progress reports on HB 965 and HB 1049 are as follows:

House Bill 1049 set forth defining and describing Crisis Intervention Teams, CIT Officers, and single points of entry. It provides for the establishment of county Crisis Intervention Teams and states individuals may be referred to CITs for services at a licensed medical facility designated as a single point of entry. It designates that CMHCs will have oversight of CITs operating in their areas upon approval by DMH. The bill also provides for extension of the 72 hour hold timeline until the Chancery clerk's office is open and also provides guidelines for discontinuing the 72 hour hold. Both the Senate and the House have adopted the conference report. The bill now needs the signatures of both the President of the Senate and the Speaker of the House, then the signature of the Governor for final approval.

House Bill 965 contains Crisis Intervention Center redesign language. It permits closure of the remaining six CICs for the purpose of contracting with suitable entities, preferably with CMHCs, to operate them.   Both the Senate and the House have adopted the conference report. The bill needs the signatures of both the President of the Senate and the Speaker of the House, then the signature of the Governor for final approval.

Objective 3.2   *Develop a comprehensive crisis response team*

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

Progress: Q 3 - Significant progress has been made towards making more service options available as part of our comprehensive psychiatric crisis system: The PACT team model/concept (program of assertive community treatment) is being piloted in Region 6 CMHC. The initial staff has been hired and we expect to begin enrollment of service recipients in April 2010. Region 6 staff attended PACT Technical Assistance training in Tulsa, Oklahoma in February 2010. Minimum Standards of Operation have been developed and will go to the Board of Mental Health for approval in May 2010. DMH staff met with Medicaid in March 2010 regarding the development and application for a HCBS Waiver through Medicaid for PACT services. Contingent upon Medicaid approval, Community Services staff has set a target date of January 2011 to have this process completed and implemented.

There is no progress to be reported on the status of our request for Medicaid approval/reimbursement for Mobile Crisis Services, Peer Support Services, or Jail Diversion Services.

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

Progress: Q 3 - House Bill 965 contains Crisis Intervention Center redesign language. It permits closure of the remaining 6 CICs for the purpose of contracting with suitable entities, preferably with CMHCs, to operate them. Both the Senate and the House have adopted the conference report; we await the signatures of the President of the Senate and the Speaker of the House and then the Governor for final approval. The next step after the Governor's approval will be to enter into contracts with the suitable entities and issue start up grants to them to operate the facilities.

A proposed catchment area map has been developed to serve as a guide in determining which CMHCs would be most appropriate for operating the Crisis Intervention Centers based on their proximity to the Crisis Intervention Centers. This proposed plan requires Legislative Study Committee input and awaits DMH Board approval.

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

Progress: Q 3 - The Department of Mental health has authorized two members of the Department of Mental Health Disaster Team to attend a train-the-trainer weeklong training provided by the Federal Emergency Management Agency in June. This training provides participants with the knowledge and skills to train Crisis Counselors in the state to be ready in the event of a disaster. This will allow us to further expand the Department of Mental Health's list of possible volunteers as well as our capacity to respond to a disaster.

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 3 - Dialogue between the DMH's Division of Community Services Director, Bureau Director of Mental Health, and Janssen Pharmaceutical representative has began via conference calls regarding the establishment of a grant to provide Tele-Psychiatry in the rural areas of Mississippi's CMHC's regions. This grant is being sought to pay for the cost of staff time at the provider location (spoke site). Further discussions and work towards implementation is expected to take place during the fourth quarter.

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

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

Progress: Q 3 - An additional step for the advancement of telemedicine with the CMHCs took place with the passing of HB 965 by the Legislature. The bill needs the Governor's signature to become official. The Crisis Centers are already "telemedicine capable/ready" and the CMHCs can take advantage of this technology once the operation of the Crisis Centers is transferred to them. The Division of Medicaid is trying to determine how the provider's time (who and at what rate) at the spoke site (provider location) can be reimbursed.

Also, a programmatic team from the Central Office has begun work on developing telemedicine minimum standards of operations which will be ready to present to the DMH Board in June for approval.

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 3 - Arrangements have been made to gather the information needed from the data/information request submitted by workgroups 3.6 and 3.1, primarily because all three workgroups were reviewing data to determine if opportunities for improvements existed in the areas of access to services, referral to services, and timeliness of services rendered. The three workgroups will work together and report their findings in the fourth quarter.

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

Progress: Q 3 - The recommendations for changes/improvements to ensure that all DMH websites provide relevant, consistent information about access to services and supports were received and compiled into a report and submitted to DMH Executive Director for approval on March 19, 2010. Upon his approval of the recommendations, the final step will be to send it out to all facilities for implementation of the uniform requirements. Implementation will be completed in the fourth 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 3 - Contact was made to Cultural Competency Directors in Arkansas, Louisiana, Texas, California and Oklahoma to research other states' methods in an effort to learn about their approaches to possibly incorporate into ours.   Thus far, Oklahoma has been the only state to respond.

The group will continue to compile and review information as received. The completed results will be submitted in the fourth quarter.

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

Progress: Q 3 - A report has been developed that identifies resources available for translation services in Mississippi. These resources vary in accessibility from being actual face-to-face delivery to on-line translation services.

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

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

Progress: Q 3 - A subcommittee was formed to identify possible distribution points for resource dissemination to non- English speaking persons. Based on a review of 2008 U.S. Census Data Report, the five major distribution points/outlets identified which could be used for resource dissemination are: churches/faith based organizations; employers/companies that employ a large number of non-English speaking workers (i.e., chicken processing plants); typical local locations (library, health departments, local specialty markets, emergency rooms); medical offices of physicians who have a large number of non-English speaking patients; and agencies/organizations that provide services specifically for non-English speaking individuals. A report has been developed that provides more details regarding the review including additional comments regarding how DMH could further augment its efforts to make information available.

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

Progress: Q 3 - During the third quarter, the DMH, through an Interagency Agreement with the University of Southern Mississippi, provided two placements for practicum students from USM's Department of Family and Children Studies. These two students contacted several hospital systems, geri-psych centers, and elder law firms to identify translation services available. A report of the results of this assessment was developed. In the fourth quarter, students will contact other major health care provider systems throughout the state to determine their procedures for accessing translation services.

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 3 - The Central Office Cultural Competency Plan Implementation Group has been formed at the Executive Director's request with the directive to solicit, receive, and review comments/recommendations made by Directors of Bureaus and Divisions. This group has met twice and continues their work of analyzing feedback and submitting their recommendations for revision to the CC Plan chairperson. The final draft will be submitted to the Executive Director in the fourth quarter.

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

Progress: The Cultural Competency Plan Committee and DMH leadership have decided to make it a policy to incorporate cultural competency in each of our four state plans.

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 3 - A compilation report that identifies barriers to accessing DMH services was completed on 3/29/10. The report includes barriers identified through the review of the 2009 NAMI Review of States Report Card, DMH Provider's Implementation Report, DMH Site Visit Peer Review Reports, Alzheimer's programs, and IDD Regional Centers and Community Services Programs. Some of the identified barriers that pertain to all service categories were lack of funding, persons not seeking services due to the associated stigma, lack of transportation to and from service locations, lack of availability of certain services in certain counties and/or regions, and predetermined limits for Medicaid reimbursable services. Barriers identified for each service are listed in the full report.

Objective 3.6   *Address timeliness to services*

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

Progress: Q 3 - A list of questions for the service evaluation survey were developed with input by all objective team members. The survey asked such questions as does the program have waiting lists; for which services are there waiting lists; what is the average length of wait for admission; has the program received complaints about waiting times; barriers to access; and the type of support options available for people on waiting lists. The survey was emailed to MH Facility Directors/IDD Regional Facility Directors/Alzheimer's Programs Directors on 3/16/10, with request for response by April 1, 2010. The submitted data will be reviewed and analyzed and a report of findings completed by 4/16/10.

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

Progress: Q 3 - See 3.6.b.

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 3 - The objective subcommittee met on 2/23/10. The subcommittee discussed the information provided in the FY 09 Block Grant surveys regarding partnerships between local CMHCs and local primary health care providers. The information obtained was not reflective of activities or partnerships; therefore, the subcommittee developed a telephone survey. The subcommittee leader will contact the Executive Directors via email to obtain the appropriate contact person for the telephone interview. The subcommittee will call the contacts to ask the questions. The interviews will be conducted during the fourth quarter and will include a question regarding primary screening tools. The information gathered will be compiled in a report for review by Goal 4 team. Any collaborative activities with state level medical organizations will be identified through Goal 7.2 in "reviewing existing interagency agreements and Memorandums of Understanding" and identifying the current partnerships on existing task forces, councils, and committees.

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 3 - DMH staff participated in a meeting held on 1/28/10, where the following issues were discussed: obstacles to accessing mental health services for young children and concerns with CHHIP and health coverage. The January meeting included physicians and other health care providers who refer to Hinds Behavioral Health Services (HBHS) and provide health services to those children/youth also served by HBHS. The next meeting is scheduled for 4/29/10.

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 3 - Housing Task Force met on 3/30/10. Members were informed that agreements had been reached with USDA (Office of Rural Development) and Mississippi Home Corporation to collaborate with the Housing Task Force.

Other activities for the quarter included: DMH staff attended national Kick-off Planning Conference for TTI (Transformation Transfer Initiative) project, which addresses strategic planning for housing as one of three components; Housing Task Force and other DMH/CMHC staff participated in a one-day on-site technical assistance visit on supportive housing, funded through the Bazelon Center for Mental Health Law and DMH staff were referred to the Strategic Housing Plans for Tennessee and Alabama; and DMH staff participated in NASMHPD (national) Housing Task Force conference call.

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 3 - See 4.3.a

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

Progress: Q 3 – BCS and BIDD staff continue to support and participate in monthly MS Coordinated Transportation Coalition 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 3 - Analysis of information regarding the use of Intensive Case Management (ICM) indicated need for clarification on intent of service. Further follow-up with service providers was completed. As a result of the information obtained, specific/clear service definition and instructions for the use of ICM services have been written and recommendations made for revisions to the DMH Community Services standards. This information has been submitted to the Director of the Bureau of Community Services for review and approval.

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 3 - Data collection has been initiated. Report will be developed in the fourth 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 3 – Training was provided to the Lafayette County MAP team on 1/26/10. This MAP Team began providing services in February 2010. Technical assistance continues to be provided to Region 11 CMHC for the continued development of the Pike County MAP Team. A new MAP Team Coordinator was designated for Region 10 CMHC; therefore, the Leake County MAP Team development will be delayed into Year 2 (FY2011). The Division of Children & Youth, MS Families As Allies, and Community Counseling (Region 7 CMHC) are coordinating a MAP Team 101 training scheduled for 4/15/10. Representatives from the Division of Community Services and the Bureau of Intellectual & Developmental Disabilities continue to participate in the bimonthly MAP Team Coordinators' meetings to discuss the integration of IDD and transition aged services/supports into the existing MAP Teams.

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

Progress: Q 3 – Proposed standards for AMAP Teams have been submitted to the DMH
Standards workgroup for inclusion in the revision of DMH Community Services Standards. The pilot sites in Regions 6, 7, and 8 remain in operation, with no further budget cuts. Expansion of AMAP Teams at this time seems unlikely given budget concerns. However, transition age MAP Teams may be developed as Children and Youth Services recently received the MS TOPS (Mississippi Transitional Outreach Program)
grant. DMH is continuing to explore reimbursement avenues for AMAP and Children's MAP Teams with Medicaid.

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 3 - Actions continuing in conjunction with 4.6.b.

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

Progress: Q 3 - HB 965 was passed allowing DMH to contract with "Community Mental Health Centers" or "Suitable Entities" to operate the Crisis Centers. This will result in $9 million ($1.5 million per crisis center) being transferred from institutional budgets to community budgets. The Crisis Center Redesign will be presented to the DMH Board for approval at the April 2010 meeting. Life Help has begun hiring staff in order to implement their PACT team. DMH sent staff to Tulsa Oklahoma for PACT team training. The Bureau of Community Services is currently developing standards for PACT teams based on the National NAMI Model. DMH continues to work with Medicaid on reimbursement ability and hopes t begin serving clients with the PACT team prior to the end of this fiscal year.

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 3 – Additional recommendations related to the transfer of the money from facilities for use in community based services have been developed. This proposal supports individuals transitioning from institutional to community placement and is based on the principles of "money follows person". This proposal will be submitted to the Bureau Directors for review and approval.

Goal 5   Emphasize use of evidence-based or best practice models and service outcomes

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 3 - Action taken in Quarter 1. EB/BP workgroup established and subcommittees developed to concentrate on MH, IDD and A&D separately. The subcommittees continue to work on action plans.

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

Progress: Q 3 - This action plan has been completed by each of the EB/BP subcommittees. Each subcommittee developed a document of a representative collection of EB/BPs reviewed for MH, IDD and A&D.

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

Progress: Q 3 - Each subcommittee has developed a rough draft of a survey about what EB/BPs are being used throughout the state. The final revisions will be made early in the fourth quarter and will be distributed to all DMH providers and DMH certified providers during the fourth quarter.

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

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

Progress: Q 3 - This objective is awaiting the revision of the DMH standards. The results of the Objective 5.1 survey will be compared to the core MH services required by the DMH Standards to try to match EBP/BPs with the required cores services. This cannot be attempted until DMH Standards are finalized.

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

Progress: Q 3 - Each subcommittee reviewed the National Core Indicators and other National Outcome measures as they reviewed the literature concerning EB/BPs.

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

Progress: Q 3 - Awaiting the Standards Revisions. This action plan cannot take place until the Standards are revised and services are determined. This task must be coordinated with the committee who develops the Standards.

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

Progress: Q 3 - Awaiting Standards Revision. This action plan cannot take place until the Standards are revised and must be done in conjunction with the Standards Revision Committee.

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

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

Progress: Q 3 - This action plan is an ongoing process for the Department of Mental Health. Each Division is continuously encouraging and promoting the use of EB/BPs throughout the system of care. Goal 8 of the Strategic Plan addresses training specifically and reports on training opportunities throughout the year.

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

Progress: Q 3 - The core services required by the DMH Standards and other regulatory bodies provide feedback to providers on the nationally recognized proven strategies. Training opportunities and professional collaboration help support the use of effective therapeutic strategies.

G o a l 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 3 - A final report that will discuss the evaluation of DMH's current statewide awareness efforts, will be completed in 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 3 - During the third quarter, survey questions were elicited from the Law Enforcement Education Taskforce. The survey is the final stages of development and will be distributed by 4/09/10. It will be distributed to all MS Sheriffs, Municipal & Circuit Courts.

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 3 - The survey results will not be available until the fourth quarter.

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

Progress: Q 3 - MS Advisory Council-FASD met on 3/19/10, to discuss the FASD public awareness campaign at length. A FASD Campaign Plan and budget was developed The Plan includes communication objectives, strategies, educational materials, and evaluation/tracking. One item included in the Plan is to develop a brochure to distribute to Ob/Gyns, pediatricians, schools and mental health providers. The Council discussed a possible theme and logo idea. The Council decided to target mental health providers in Year 2 (FY2011) and extend the campaign to other audiences in Years 3 (FY 2012) and 4 (FY2013).

In addition, the date for the 2010 7th Annual FASD Symposium was announced - September 3, 2010 with the location to be determined. The new FASD campaign targeting mental health providers will be launched at this year's Symposium.

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 3 - A list of strategies to improve current methods of educating the public and medical professionals will be completed in 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 3 - DMH and MS Families As Allies began planning a health fair, reception and media coverage for Children's Mental Health Week which will be in May 2010. DMH helped develop a toolkit to distribute to partners which includes a sample press release, proclamation, Q&A, and other materials. DMH also developed a logo for the "Paint Your Community Green" campaign.

South Mississippi State Hospital strengthened their partnership with The Hattiesburg American newspaper by meeting with the Editorial Board to discuss the Governor's recommendation to close SMSH. The impact such a closure would have on the community in terms of patient care, jobs and economic impact was also discussed. SMSH took this opportunity to educate the daily newspaper on mental health. After the meeting, one of the members of the Editorial Board scheduled a tour of SMSH to learn more about the facility and mental illness.

During the third quarter, DMH added a new feature to its' statewide Helpline services which offers individuals the option of sending a text or online message to a member of the Helpline staff. DMH is partnering with AnComm's 'Talk About It' program which is an anonymous online messaging and emergency notification service which provides this new feature. Staff are available to provide help with mental health issues and suicide intervention around the clock. Because of the stigma associated with mental health, many young adults are afraid or embarrassed to seek help. 'Talk About It' offers young adults a more comfortable and easy way to initiate contact with the Helpline while remaining anonymous. 'Talk About It' is another way DMH can educate the public about mental health.

All IDD facilities and Central Office participated in activities to promote IDD Awareness Month in March. One of the activities was the annual IDD "Day at the Capitol" on March 3, 2010. The goal of the event was to increase the public's knowledge and awareness of individuals with IDD and how they participate in their communities. DMH publicized the event and discussed IDD on WLBT's Midday Mississippi show. A letter to the editor from DMH's Executive Director was sent to newspapers statewide. To date, more than 35 newspapers have published the letter. Ellisville State School partnered with several local businesses to include a message about IDD Awareness Month on their billboards or marquees.

A six-page spread in the February 2010 issue of Portico Jackson magazine was an effort to help expand the public's knowledge of Mississippi State Hospital and mental health. The story was very positive and included a brief history of the hospital, comments from MSH's Director and Community Affairs Coordinator, and photographs of the campus and employees. A dollar value for this coverage is not known, though it reached an estimated 2,800 readers.

Trainers from the Division of Alzheimer's conducted 25 trainings, participated in five health fairs, and exhibited at two conferences. Through these events, information was provided to 2,419 individuals. A total of 973 "Living With Alzheimer's: A Resource Guide" were distributed, along with approximately 1,066 Alzheimer's Division brochures, and 6,381 additional educational materials were distributed.

More than 305 newspaper articles were published in the third quarter. A total of 26 television interviews were conducted which is more than double the total from the second quarter. The media coverage included topics such as FASD, alcohol and drug abuse, Alzheimer's Disease, facility information, suicide prevention, IDD activities, budget, etc.

Hudspeth Regional Center's Director of the Customized Employment Strategy grant from the Council on Developmental Disabilities, was a guest on WLBT's Midday Mississippi on March 30, 2010, to talk about the grant. The first person with IDD to benefit from the grant that matches employers with individuals according to the individual's strengths and talents, also participated in the interview. The grant eliminates many of the obstacles for the individual with IDD because someone is there helping them get through the employment process hence helping the individual obtain work to make his/her own money.

North Mississippi State Hospital participated in two television interviews discussing budget issues and the need for services. NMSH had an opportunity to talk about the impact the facility has had on the area in the last 11 years and the people they serve. The two television interviews reached more than 12,000 households.

A total of 121 presentations were conducted covering topics such as facility information, Alzheimer's Disease, FASD, disaster preparedness, IDD, alcohol and drug abuse, anti-stigma, suicide prevention among others.

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

Progress: Q 3 - The Division of Alzheimer's Disease and Other Dementia increased education and support by partnering with the Alzheimer's Association and the Hattiesburg Neurological Research Center to begin planning for a six-week support group for people with early stage Alzheimer's disease or other early-stage dementia. The group is for people who have been recently diagnosed or are in the diagnosis process. The group will meet every other week beginning 4/7/10. A press release announcing the support group was published in Hattiesburg newspapers in March. Enrollment for the group has begun at Hattiesburg Clinic.

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

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

Progress: Q 3 - A Think Again Network meeting was held on 1/12/10, to discuss previous launch activities and upcoming events. The Network began developing ideas to reach out to the faith-based community in the upcoming fiscal year. The Network also discussed working with the Mississippi Graduation Rate Task Force to get information into colleges across the state.

DMH expanded its efforts to the faith-based community during the third quarter by hosting an event at First Baptist Church Gulfport on 3/9/10. The community event utilized the Think Again and Shatter the Silence campaigns to educate parents on mental health and youth suicide prevention. More than 40 people attended the event.

Work began in the third quarter to transform the Think Again brochure into a card that will contain information about Think Again on one side and Shatter the Silence on the other side. There are several benefits including costs savings by only having to print one educational material which will cover anti-stigma/mental health awareness and youth suicide prevention. The cost to print 15,000 Shatter the Silence and 15,000 Think Again brochures is $3,100. The cost to print 15,000 of the two-sided cards is $1,050 which is a cost savings of $2,050. The materials are paid for through a grant. It will also save on mailing costs when schools request educational materials. Having one card instead of two brochures can also be more discreet for students and easier to read and carry with them. The card was designed in the third quarter and will be printed in the fourth quarter.

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

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 3 - A total of 42 Think Again presentations were conducted at schools and colleges across Mississippi in the third quarter including Hinds Community College, Touglaoo College, Meridian High School, Lafayette High School, Pelahatchie Junior High and others.

A comprehensive report from the pre/post surveys will be developed in the fourth quarter.

Central Mississippi Residential Center hosted five "Mental Health Days" for 8th and 10th grade students. More than 800 students attended the event which discussed suicide prevention, mental health awareness, alcohol and substance abuse, self-injury and dating violence.

A Think Again and Shatter the Silence presentation was conducted for Hinds County School Counselors on 2/3/10, and for the Gulf Coast Counseling Association on 3/ 6/10. DMH also partnered with Hinds Community College to conduct presentations for four Allied Health classes in February.

A Think Again/Shatter the Silence presentation workshop was held at Mississippi State Hospital on 3/12/10, to train individuals to present the information to students, teachers and the general public across the state. A total of 13 people participated in the training including five individuals from Alcorn State University and one individual from Tougaloo College. The training provided an opportunity to strengthen our partnerships with these two colleges.

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 3 - The Abilities Awareness Council met on 3/30/10, to discuss changing the direction of the "Possibilities Through Abilities" campaign from focusing on students to focusing on businesses. During the fourth quarter, the Council will gather information from each IDD facility and other community service providers' activities to educate businesses about intellectual and developmental disabilities and possible employment opportunities through IDD community service programs. By the end of the fourth quarter, the Council will have developed a marketing plan. During Year 2 (FY2011), the Council has decided to develop and implement a coordinated campaign among all IDD facilities and other community service providers to improve partnerships with businesses in order to find more employment opportunities for individuals. The campaign will focus on educating business on the abilities – not disabilities – of the individuals.

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 3 - As a way to increase the capacity of the substance abuse prevention workforce, BADA funded and participated in the 3rd Annual MS School for Addiction Professionals held February 23-26, 2010, in Hattiesburg. The conference had 264 participants.

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

In March 2010, BADA participated on the planning committee for The Annual Summer School, which is an alcohol and drug prevention conference offered through Jackson State University. The conference will be held in Tunica in July 2010.

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

Progress: Q 3 - BADA prevention staff conducted one site visit for certification, and agency was in compliance.

<u>Objective 6.4</u>   *Increase substance abuse prevention activities*

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

Progress: Q 3 - In March 2010, BADA staff met with the Office of Tobacco Control to begin the development of the 2010 – 2015 Mississippi Tobacco Control Strategic Plan.

In February 2010, Mississippians Advocating Against Underage Drinking (MAAUD) developed a Steering Committee to oversee the goals and objectives of the statewide coalition. The Steering Committee has state level representatives (Dept. of Public Safety, Dept. of Education, Dept. of Mental Health, Attorney General's Office, etc) as well as one representative from a community organization.

In January 2010, the State Epidemiological Outcomes Workgroup (SEOW) director attended the MS Kids Count Summit. Mississippi KIDS COUNT is the leading resource for comprehensive information on Mississippi's children and serves as a catalyst for improving outcomes for children, families, and communities. MS KIDS COUNT is funded, in part, by the Annie E. Casey Foundation.

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 3 - In March 2010, the State Epidemiological Outcomes Workgroup (SEOW) meeting was held.   The SEOW director reported involvement in evaluation activities including working with project evaluators to train subgrantees in completing the Community Level evaluation instruments as well as providing epidemiological outcomes data for evaluation purposes. SEOW purchased stickers for Project Sticker Shock, an environmental project strategy meant to educate the community that it is illegal to purchase alcohol for minors and also developed the evaluation instruments for this project.

The Snapshots data repository was uploaded and launched on January 5, 2010. A marketing brochure was developed and distributed through conferences and coalition meetings as well as to sub-grantees during progress and reporting meetings. To date, approximately 500 brochures have been distributed.

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

Progress: Q 3 - BADA staff continues to co-chair Mississippians Advocating against Underage Drinking task force.

On March 9, 2010, an Underage Drinking Town Hall Press Conference was held at the Capitol to educate the public about the risks associated with underage drinking as well as alert communities about additional town hall meetings in Mississippi. Three out of four Jackson television news stations attended the press conference. After the press conference, representatives from DMH and DREAM participated in a live radio interview with Mississippi Public Broadcasting to discuss underage drinking.

In March 2010, the following Town Hall Meetings were held around Central Mississippi: Hinds Behavioral Health Underage Drinking Town Hall meeting at Hinds Behavioral Health; MUDPC-Rankin & Madison County Underage Drinking Meeting at Madison Square Center for the Arts; and MUCPC-HC &JSU Underage Drinking Town Hall meeting at Jackson State University. More than 200 participants attended these meetings.

BADA staff provided three one-day trainings on Feb. 2 - 4 on "Alcohol and Drug Abuse" to eighth grade classes at the Mental Health Day at Central Mississippi Regional Center. A total of 443 students attended the three trainings.

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 3 - BADA prevention staff along with other prevention providers met with the SURETool coordinator to update SURETool (the current internet-based data system) to collect state/federal data.

Objective 6.4 *Increase substance abuse prevention activities*

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

Progress: Q 3 - The Annual Synar Report was approved in February 2010.

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 3 - The Adolescent Treatment Services Coordinator presented "Alcohol and Drug Abuse" to 10th grade students at the Mental Health Day at Central Mississippi Regional Center on Feb. 2 - 4. A total of 430 students attended the training which discussed marijuana use and prevention.

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 3 - Utilizing existing resources, the DMH partnered with the MDE, Office of Healthy Schools, to provide four regional training sessions on youth suicide prevention as outlined in MS Code 37-3-103. A total of 95 public school districts, in addition to the MS School for the Arts, MS School for Math and Sciences, the MS Schools for the Blind and Deaf, and MDE personnel were trained during this quarter. There were a total of 332 training participants.

In January 2010, DMH added a new resource to its' statewide Helpline services which offer individuals the option of sending a text or online message to a member of the Helpline staff. This resource will help support suicide prevention efforts because staff will be available to provide help with mental health issues and suicide intervention around the clock not only through the toll-free Helpline number, but also via text and online messaging. DMH is partnering with AnComm's 'Talk About It' program which is an anonymous online messaging and emergency notification service to provide this new feature. Because of the stigma associated with mental health and suicide, many young adults are afraid or embarrassed to seek help. 'Talk About It' offers young adults a more comfortable and easy way to initiate contact with the Helpline while remaining anonymous. Mental health issues are on the rise among young adults in Mississippi. In 2007, more than 50 young adults died by suicide. Many young adults are in need of someone to talk to who can provide support and resources. Individuals who access the 'Talk About It' program can discuss a variety of topics including depression, bullying, suicide, stress, grief, death of a loved one, relationship issues, self-esteem, physical/emotional/verbal abuse, cutting/self-injury, drugs, alcohol, and peer pressure among other topics.

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

Progress: Q 3 - No new members were added to the MS Youth Suicide Prevention Council during this quarter. Election of new officers should take place during the fourth quarter.

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

Progress: Q 3 - Interest in trauma-informed evidence-based practices has continued to increase. Providers expressed interest in a learning collaborative model for a group model of practice, SPARCS. Agencies participating are: Specialized Treatment Facility, Warren-Yazoo MH, Region III MH, Solomon Counseling Center and Hope Haven Residential at Catholic Charities of Jackson, Pine Belt MH, and Weems MH.

Objective 6.5   *Expand suicide prevention efforts statewide*

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

Progress: Q 3 - A Think Again/Shatter the Silence presentation workshop was held at Mississippi State Hospital on March 12 to train individuals to present the information to students, teachers and the general public across the state. A total of 13 people participated in the training including five individuals from Alcorn State University and one individual from Tougaloo College. The training provided an opportunity to strengthen our partnerships with these two colleges.

Work began on transforming the Shatter the Silence brochure into a card that will contain information about Think Again on one side and Shatter the Silence on the other side. There are several benefits including costs savings by only having to print one educational material which will cover anti-stigma/mental health awareness and youth suicide prevention. It will also save on mailing costs when schools request educational materials. Having one card instead of two brochures can also be more discreet for students and easier to read and carry with them.

A total of 57 presentations about Shatter the Silence were conducted at schools and colleges across Mississippi in the third quarter including Hinds Community College, Touglaoo College, Meridian High School, Lafayette High School, Pelahatchie Junior High and others. A comprehensive report from the pre/post surveys will be developed in the fourth quarter.

The "Shatter the Silence" Youth Suicide Prevention Campaign was incorporated into the DMH/ MDE Youth Suicide Prevention Training for school districts. Over 95 school districts were trained in youth suicide prevention during this quarter. Public School Districts received "Shatter the Silence" educational materials, in addition to the Yellow Ribbon Curriculum for Elementary Schools and the Signs of Suicide (SOS) curriculum for middle and high schools. A summary of training evaluations includes the following:
Well organized   90% rating of high or very high
Clearly presented 90% rating of high or very high
Open to questions/ discussion   92% rating of high or very high
Useful information   88% rating of high or very high
Met needs of participants 84% rating of high or very high
Supplies readily available   95% rating of high or very high

Goal 7	Share responsibility for service provision with communities, state and local governments, and service providers

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 3 - Representatives of the CMHC Directors' Association attended the January, February and March meetings of the Board of Mental Health. Additionally, the MH Bureau of Community Services has continued to work with individual CMHC directors regarding the crisis center redesign.

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 3 - The Long Range Planning Committee will meet 4/13/10.

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 3 - The Long Range Planning Committee will meet 4/13/10.

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

Progress: Q 3 - The MS Association of Addiction Services Directors Meeting was cancelled due to the water crisis in Jackson. The next meeting is schedule for 4/9/10.

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: Actions to begin in fourth quarter.

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 3 - A request for MOUs was sent to members of the Central Office. Responses have been received. Formal MOUs have been identified with the following areas: BIDD - MOUs with Division of Medicaid and MS Dept. of Health; MH Community Services/ Division of Children and Youth - MOUs with Division of Medicaid and MS Dept. of Education; Office of Constituency Services - MOUs with Link2Health Solutions and AnComm; and Division of Alzheimer's - MOU with the University of Southern MS, Dept. of Child and Family Studies.

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 3 - A meeting was held with workgroup members. It was determined that MOUs should be obtained in a two pronged approach: Phase 1 from Central Office, and Phase 2 from facilities if necessary. Topics discussed included determining the need to clarify formal and informal agreements between agencies, developing streamlined process for contracts including a contract approval checklist, and recognizing that Federal contracts may have specific requirements that need to be included as well. Members agreed that information is needed as to what monitoring agreements are necessary. Group members also agreed that informal agreements should be left as is unless a legal reason for formalization is determined.

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

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

Progress: Q 3 - A request was sent to Central Office to identify formal MOUs. State agency partners are invited to participate in projects as opportunities for collaboration arise. More specifically, HB 1529 was signed by the Governor in March which reauthorizes and expands the ICCCY and ISCC. The ISCC will meet April 15, 2010, to discuss implementation of HB 1529.

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

Progress: Q 3 - Involvement in interagency task forces, work groups, councils, etc., is identified by each Bureau. The potential for future involvement is also identified by Bureau. Staff continues involvement in interagency groups.

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

Progress: Q 3 - An updated list of task forces, committees, councils and work groups within the Department of Mental Health has been obtained, and 54 groups are identified in this document. The document includes groups that fall under the jurisdiction of the Board of Mental Health and those that do not. Information that identifies membership and collaborations are included when applicable.

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

Progress: Q 3 - The 3rd Annual MS School was held February 23 – 26, 2010, at the Hattiesburg Convention Center in Hattiesburg, MS. The MS School had over 250 participants with 14 vendors. Continuing Education Credits were offered in a variety of disciplines. Conference evaluations are being tabulated. The MS School Planning Committee has membership from several state agencies and private and non-profit organizations. The BADA Advisory Council meeting was cancelled due to the water crisis in Jackson, MS. The meeting is scheduled for 4/9/10.

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

Progress: Q 3 - The State Level Case Review Team continues to meet the third Thursday of each month. During the third quarter, four new children or youth were referred and served. Follow-up on services/resources were discussed for three youth. A representative from the Bureau of Intellectual and Developmental Disabilities participated in the March 2010 meeting to assist in finding services and supports for two youth identified with an IDD.

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 3 - The DMH Executive Director and the Division Director of Children & Youth Services continue to serve as chairs of the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency System of Care Council (ISCC). The ICCCY met in December 2009, to authorize the introduction of revised legislation for Mississippi's System of Care. The ISCC met twice via telephone in January and March 2010, to discuss the status of HB 1529 (revised MS System of Care bill). HB 1529 was signed by the Governor in March 2010, which reauthorizes and expands the ICCCY and ISCC. The ISCC will meet April 15, 2010 to discuss implementation of HB 1529.

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 3 - The MS National Guard Counterdrug Task Force Drug Demand Reduction Program (DDRP) assisted BADA with the 3rd Annual MS School held February 23-26th in Hattiesburg, MS. The DDRP program supports law enforcement agencies and community based organizations in their role of educating the public and youth about current drug trends and drug abuse. DDRP operations include both educational and prevention programs.

G o a l   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 3 - 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 3 - A member of the task force will be attending the College of Direct Supports Administrators Forum; April 11, 2010, in New Orleans Louisiana in order to gather information for submission of a proposal that can incorporate the College of Direct Support in the public mental health system and continue to seek resources to support a statewide DSP system.   Proposal will be ready in the fourth quarter.

Objective 8.2   *Develop a comprehensive Human Resources plan*

Action Plan 8.2.a   Enhance recruitment activities

Progress: Q 3 - Due to current economic downturn, recruitment activities have been reduced by each facility.

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

Progress: Q 3 - Awaiting fiscal resources

Action Plan 8.2.c   Increase employee retention rates

Progress: Q 3 - Information is being compiled from each facility and provided to the Bureau of Workforce Development and Training and the Bureau of Administration for review.

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

Progress: Q 3 – Information that has been developed by the team has been provided to each facility's Staff Development Director for inclusion in general orientation for all new employees. This action will be implemented by May 1, 2010.

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 3 - The task force has been in contact with and is continuing to contact each college or university reported in the second quarter, to inquire about their interest in continuing or expanding the partnerships that currently exist. The data is currently being compiled and a report completed in the fourth quarter.

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

Progress: Q 3 - Resource list has been updated and a list will be provided to each facility during the fourth quarter.

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

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

Progress: Q 3 - Resource list has been updated and a list will be provided to each facility during the fourth quarter.

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

Progress: Q 3 - Resource list has been updated and a list will be provided to each facility during the fourth quarter.

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

Action Plan 8.4.a   Continue Educational Leave and Enhancement programs

Progress: Q 3 - Due to the current economic downturn, educational leave and enhancement programs are continuing at a decreased rate.

Action Plan 8.4.b   Continue Focus Program

Progress: Q 3 - Group IV attended the Knowledge Transfer component, Regulatory Oversight, March 4 - 5, 2010, at Mississippi State Hospital.

They also began planning their 2nd FOCUS Retreat which will be held April 21 - 23, 2010.

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

Progress: Q 3 - Due to current economic downturn, new participants are not being added to the SPB programs at this time.

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 3 - Awaiting data from survey reported in second quarter.

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 3 - A plan has been developed to incorporate more cross-training initiatives for the provision of community based services into each facility's training program. The Bureau of Intellectual and Developmental Disabilities provided training for MSH Social Workers and Census Nurses on 3/24/10. In the fourth quarter, training will be held at Mississippi State Hospital and be presented by Region 8 Mental Health.

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

Progress: Q 3 - Two vacant seats on the CME Advisory Board have been filled, bringing our total back up to six.

Mississippi State Hospital presented "Industry and Psychiatry: Undue Influence?" by Dr. Victor Dostrow; March 23, 2010, and had 27 participants.

The CME Advisory Board has also scheduled two CME activities in the fourth quarter, one in April and the other in May.

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

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

Progress: Q 3 - A plan has been developed to incorporate more cross-training initiatives for the provision of community based services into each facility's training program for staff who work in community based settings. Training will begin in the fourth quarter. The first will be held at Mississippi State Hospital and presented by Region 8 Mental Health.

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

Progress: Q 3 - Skills enhancement training is being provided to staff on a monthly basis for each discipline.

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 3 - Information pertaining to the DMH Strategic Plan has been provided to the Staff Development Directors for implementation into General Orientation with an implementation date of May 1, 2010.

Goal 9   Utilize information/data management to enhance decision-making and service delivery

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 3 - The team leader met with the Bureau Directors for MH and IDD and is in the process of identifying who should be on the Data User Group for each Bureau. Once decided, quarterly meetings will be established.

The questionnaire was completed in the second quarter. The data shows several facilities are without a data collection system (EHR).

Research continues on centralization of IT to the greatest level possible.

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

Progress: Q 3 - 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 3 - 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 services

Progress: Q 3 - Work continues with the CMHCs, ITS, and CMHC vendors in lowering the error rate on data submissions to the CDR.

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

Progress: Q 3 - DMH's Information Systems division used the CDR to develop SADAP, TEDS and SSBG reports to meet some of the current Bureau of Alcohol and Drug Abuse federal data submission requirements.

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

Progress: Q 3 - Action plan completed.

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 3 - Work continues 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 3 - Meetings with division directors have been held. Areas of potential duplication have been identified. In some cases, a determination has not yet been made regarding whether the duplication serves as a check and balance performed by two independent divisions.

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

Progress: Q 3 - Completed. It is recommended that a review be conducted periodically (annually). An annual review with directors will ensure that divisions are aware of the resources available to them as well as what data collection systems might be shared.

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

Progress: Q 3 - At this time, all DMH Central Office divisions are utilizing programs from the Microsoft Office Suite (Excel, Access, etc.). Programs from the Microsoft Office Suite are compatible with one another, and at this time there does not appear to be a need for purchase of additional software (for central office needs only). Depending on decisions made regarding EHR and data sharing in general on a Statewide basis, additional software may be needed.

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

Progress: Q 3 - Core Processes identified for central office regarding data collection needs will include the items used in the initial survey – What data is being collected? When is it collected (how often)? Who is entering the data? Where is the database maintained (within the division or on a shared network)? Also, information will be provided concerning how many data entry or data maintenance systems are duplicated, without justification, within the Department. A report will be developed in fourth 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 3 - Research continues on implementing an EHR (at agency or facility level) as well as participating in a Health Information Exchange.

It has been determined that Behavioral Health hospitals do not qualify for ARRA money.

Central Office staff is working with the Medicaid office to determine if DMH will suffer from penalties if an EHR is not implemented in required timeframe.

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

Progress: Q 3 - The questionnaire was completed in the second quarter. The data shows that several facilities are without a data collection system (EHR).

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 3 - The questionnaire was completed and submitted to Goal Leader and Team. A meeting was held with Central Office staff in February to discuss the CDR. Central Office staff have the ability to track patient activity through the CDR. Legal and technical issues must be addressed before the CDR could be utilized for sharing patient data between facilities.

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

Progress: Q 3 - Other states' systems have been reviewed, 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 about of hardware/software technical support to implement and manage.

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 3 - Survey was submitted to Bureaus for information.   Data will be analyzed to determine which requirements can be reported via the web. Final report to follow in fourth quarter.

Action Plan 9.6.d   Develop agency intranet system

Progress: Q 3 - Actions to begin in fourth quarter.