Mississippi Board of Mental Health
and
Department of Mental Health

Strategic Plan
Progress Report

Fourth Quarter
April 1, 2011 – June 30, 2011

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

Objective 1.1 *Increase efficiency within DMH*

Action Plan: 1.1a Finalize RFP for food services project and report related expenditure reductions
Progress – Quarter 4
The expenditure reduction report has been updated with information from fourth quarter operations. The fourth quarter was the first full quarter of reporting for food service operations at NMSH, SMSH, and EMSH. The total reduction in expenditures during the fourth quarter is approximately $474,000 for all three facilities.

Action Plan: 1.1b Develop and implement recommendations for two Expenditure Reduction Projects each year across DMH facilities
Progress – Quarter 4
Feedback from Hudspeth Regional Center was gathered during a meeting on June 27, 2011, which was after HRC outsourced pharmacy services for a little over a month. The local pharmacy that was handling HRC's pharmacy needs during this period of outsourcing has recently contacted HRC about discontinuation of serving the main campus operations. Representative of the local pharmacy said the reason was based on insufficient profit. With information gathered from facility staff, a recommendation will be issued to DMH Executive Staff. The recommendation will be for facilities to assess their operations, and the interest from local pharmacy providers, for possible outsourcing. With the recommendation will be a summary of pros, cons, and suggestions for facilities that decide to outsource pharmacy services.

ICF/MR food service expenditures decreased by $12,150 during the fourth quarter and are expected to be about $112,270 (annualized) during FY 2012. These particular decreases are related to product costs, mainly standardization of products across all ICF/MRs. A food cutting was held at Ellisville State School in late June so that the products could be sampled and voted on by facilities' dietary staff. Other areas of expenditure reductions related to food service at ICF/MRs will continue to be assessed during FY 2012, with subsequent reporting of these reductions.

Objective 1.2 *Maximize funding opportunities*

Action Plan: 1.2a Obtain at least two new grants annually
Progress- Quarter 4
Development continued on Proposal Library with the revision of the information on DMH Proposals on the common drive to include two folders – *Grants* and *Grant Proposals and Grant Readiness Tools*. Under the *Grants and Grant Proposals*, there are subfolders for FY 11 and FY 12. These subfolders contain updated DMH Proposal List Charts. Under the *Grants Readiness Tools*, there are subfolders for the following: DMH Description, Demographics, Legislation and Policies, Job Descriptions, Staffing Plans, Budget Samples and Information, Logic Models and Work Plans, Timelines, and FAQs. Information from current grants was reviewed, and a determination is being made as to specific information needed for each subfolder to serve as the best example of the topic that could be used by others when writing grants.

During the fourth quarter, two new grant applications were submitted.   Notification of Approval status is anticipated to occur in early FY 12.

Objective 1.3 *Revise system-wide management and oversight practices to improve accountability and performance*
Action Plan: 1.3a Perform standardized certification survey procedures for all DMH certified programs utilizing 2011 standards **Progress- Quarter 4** The protocol was completed in April, and training was held for all DMH review staff. The protocol was implemented as Review visits began in April 2011.
Action Plan: 1.3c Conduct revised 2010 consumer satisfaction surveys for DMH certified programs **Progress- Quarter 4** Summary reports of the results of the 2010 consumer satisfaction surveys were sent to providers.
Action Plan: 1.3d Establish core performance indicators and data base to be used as a means of benchmarking between like programs **Progress- Quarter 4** Prioritization of performance measures is being requested of Bureau Directors and DMH Executive Director.

Goal 2 **Strengthen commitment to a person-driven system of care**
Objective 2.1 *Develop and/or expand meaningful interaction of self advocates and families in designing and planning at the system level*
Action Plan: 2.1a Integrate a transformed, recovery/evidence-based, person-driven, community-based system into the philosophy of the Department of Mental Health (by virtue of the standards, policy and procedures, and education of DMH staff) **Progress – Quarter 4** Revised information describing DMH's recovery/resiliency oriented system of care is now ready for the website.   Awaiting date to provide this information to the public. Tentative meeting schedule in August with site administrator. Information on Recovery/Personal Outcomes was provided at a meeting of the Clubhouse Coalition in April and during meetings with three CMHCs (Regions 8, 12, and 15) in June. Two in-services on recovery and resiliency oriented system of care were held (Region 6 and MSH) in June as well. Also, developed information to distribute regarding recovery and resiliency. Training tentatively scheduled for DMH central office staff in August 2011. Education of staff continued through DMH newsletters, trainings on personal outcome measures and recovery components, provision of information on recovery website, and through the site visit process by following up on Personal Outcome Measures© report. Additional trainings will be scheduled after the initial four trainings are completed during the month of August. Met with certified providers to discuss barriers to recovery/resiliency oriented system of care within a medical model. Provided this information to bureau directors of IDD, MH, and A&D. Meeting scheduled in July 2011 to discuss barriers.
Action Plan: 2.1b Administer Recovery Self Assessment to DMH Central Office to determine movement towards a recovery/evidence-based, person-driven, community-based system. Upon completion of the assessment, implement an independent Recovery Self Assessment conducted by DMH certification review team and the peer review team (i.e., consumers, family members, mental health professionals, and interested stakeholders) **Progress – Quarter 4** Met with a group of certified providers to obtain feedback on the process. DMH will continue to use Personal Outcome Measures© to assess recovery oriented system.   Based on the meeting, met with CQL team leaders and representative from Bureau of IDD, MH, and A&D to address areas of concern such as how personal outcome measures impact the way programs are set up, philosophy of the program/service, etc. The areas are currently being addressed, and the group will meet again the first week of August to ensure that areas have been satisfactorily addressed prior to the onset of trainings in August.
Action Plan: 2.1c Administer the Recovery Self Assessment to DMH certified programs and an independent Recovery Self Assessment through the peer review process of programs certified by DMH **Progress – Quarter 4** Self Assessment has been placed on hold until Personal Outcome Measures© has been implemented. Peers have begun conducting interviews with providers using Personal Outcome Measures©. Reports are prepared after each provider visit and provided to the appropriate Bureau Directors.

Action Plan: 2.1d Develop infrastructure/formal methods to enhance communication between local advisory councils and state advisory councils
Progress – Quarter 4
The review of providers' Policies and Procedures for compliance with recovery and resiliency principles, the means that providers obtain feedback from individuals and family members, and advisory councils is on-going.   Personal Outcome Measures© interviews will not be completed with all providers until next fiscal year. Obtained list of all certified providers using advisory councils to obtain feedback from individuals and family members. The plan in upcoming year is to meet with advisory council representatives during peer reviews. Upon completion of certification visits this year, DMH will be able to determine the mechanism used by providers to obtain feedback from consumers and families.
Action Plan: 2.1e Utilize social network as an avenue to connect consumers and family members participating in delivery, planning, and evaluating services and provide training/education on recovery oriented system
Progress – Quarter 4
Update to website complete. Web site needs review by Bureau Directors prior to opening to public.
Objective 2.2   *Develop and or expand meaningful interaction of self advocates and families in monitoring services*
Action Plan: 2.2a Establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process
Progress – Quarter 4
Technical assistance visit from CQL is scheduled for July 14-15, 2007. One of the areas to be discussed during the visit is continuing education for peers and use of the recovery website to educate peers.
Action Plan: 2.2b Implement a peer review evaluation program certified by DMH using recovery principles and the recovery self assessment that will encompass clinical staff
Progress – Quarter 4
No additional clinical staff were trained during the fourth quarter.
Action Plan: 2.2c Train peer reviewers to evaluate a recovery oriented mental health system utilizing the recovery self assessment guide
Progress – Quarter 4
No trainings on Personal Outcome Measures© were conducted during the fourth quarter. All previously trained Personal Outcome Measures© interviewers are expected to have completed inter-rater reliability by August 2011. The inter-rater reliability will determine if they can conduct Personal Outcome Measures© interviews independent of one of the four team leaders.
Objective 2.3   *Develop and or expand meaningful interaction of self advocates and families in service delivery*
Action Plan: 2.3a Collaborate with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service
Progress – Quarter 4
Efforts continue with Medicaid to make the services provided by Peer Specialists reimbursable by Medicaid.
Action Plan: 2.3c Develop and implement a Peer Specialist certification and testing process
Progress – Quarter 4
Still awaiting Medicaid's decision to make Peer Specialist services reimbursable. Training will

continue at such time.
One individual receiving services has submitted an application to undergo the certified Peer Specialist training in Georgia in August.

Goal 3 Improve access to care

Objective 3.1 *Establish equitable access to services statewide*

Action Plan: 3.1a Develop plan for future expansion of targeted services in unserved/underserved areas utilizing established priorities and trends report

Progress – Quarter 4

SB 2836, The Rose Isabel Williams Mental Health Reform Act of 2011, was signed by the Governor and a Strategic Planning and Best Practices Committee was mandated. The members, as per the Legislation, are being appointed by the various entities tasked with making appointments to the Strategic Planning and Best Practices Committee.

The DMH Appropriation Bill for FY 2012 (SB 3055) was signed by the Governor and became effective July 1, 2011.

Objective 3.2 *Develop a comprehensive crisis response system*

Action Plan: 3.2b Evaluate CMHC-operated crisis intervention centers based on defined performance indicators

Progress – Quarter 4

For the reporting period January 1 – March 31, 2011, the CSUs had 667 admissions, 64% voluntary and 36% involuntary. There were 600 discharges. 91% of all admissions were diverted from DMH psychiatric facilities and 86% of all involuntary admissions were diverted from DMH psychiatric facilities. Data for the quarter ending June 30, 2011, will be available in July pending submission of monthly cash requests from the CSUs.

The group met on May 11, 2011, and discussed the current expenses as well as cost containment measures. The data report indicates the diversion rate remains constant and performance measures will be established in the first quarter of FY 2012.

Action Plan: 3.2c Establish services to divert individuals with SMI from entering the criminal justice system and require and support CMHCs' provision of assessment, triage, treatment and case management services to local county jails

Progress – Quarter 4

The Hinds County CIT steering committee met on April 28, 2011 at DMH. The CIT team for Hinds County has made arrangements for a "Train the Trainer" session with Major Sam Cochran in Memphis. That training will take place in July 2011.

The Lauderdale County Community Partnership still has not received notice from the Bureau of Justice Administration as to whether or not they will receive federal funding for a CIT Program. The group has decided to move forward with implementation of a CIT Program in Meridian regardless of federal funding. That group continues to meet every other month for the planning process.

Region 6 – Life Help and the Department of Mental Health met with a Municipal Court Judge to discuss implementation of a Behavioral Health Court in Greenwood. That group is making arrangements to meet with the Hattiesburg Behavioral Health Court planning council in July 2011 to gather information regarding applying for BJA funding and implementation of the court.

In the fourth quarter, jail diversion meetings were held with Warren County Holding Facility, Hinds County, Carroll-Montgomery County Regional Correctional Facility, Lauderdale County, Yazoo County, and Harrison County.

Objective 3.3 *Incorporate cultural competencies into DMH policies, procedures and practices*
Action Plan: 3.3a Incorporate components of the approved cultural competency plan into DMH policies, procedures, and practices **Progress – Quarter 4** In June 2011, the original list of "Translators and Interpreters in Mississippi" was revised with additional names. Also, a list of "Resources for Alternate Forms of Communication for Individuals with Hearing, Visual and/or Other Disabilities" was compiled. Both were sent from the respective bureau directors to MH facility directors, BIDD facility directors and A&D services program directors. At the beginning of July, the lists were sent to CMHC directors and DMH certified non-profit agencies, for a total of 110 programs. In addition, these lists were sent to the DMH Multicultural Task Force, DMH Cultural Competency Plan Implementation Workgroup, Office of Constituency Services, and Division of Public Information. In April 2011, a letter was sent from the Bureau Director of Community Services to request cultural competency policies from several CMHCs. These policies were received and reviewed. The CMHCs provided information related to training in the area of cultural diversity and how they are addressing the <u>2011 DMH Operational Standards.</u> In May and June 2011, the CMHCs were contacted regarding their policies and procedures and recommendations were made.
Objective 3.4 *Advance the use of nontraditional service delivery options*
Action Plan: 3.4a Increase the use of respite services to prevent out-of-home placement for children/youth with SED and adults with Alzheimer's/other dementia **Progress – Quarter 4** There has been no significant increase in the use of respite due to the lack of increased funding available and the temporarily inability of the provider of respite for children and youth to provide services.
Objective 3.5 *Address timeliness to services*
Action Plan: 3.5a Establish length-of-wait admission goals for all DMH certified programs **Progress – Quarter 4** The Governor signed SB 2836, and as per SB 2836, a process has been established in which the DMH's OCS will be provided the names of individuals discharged from DMH psychiatric facilities to CMHC services. This process goes into effect July 1, 2011.
Action Plan: 3.5d Incorporate changes in the pre-evaluation screening training for service providers **Progress – Quarter 4** Current information on preadmission screening will continue to be provided as needed or requested**.**
Action Plan: 3.5e Develop educational materials for families regarding the commitment process **Progress – Quarter 4** A pamphlet describing the commitment process is available.

Goal 4 Continue transformation to a community
Objective 4.1 *Increase system capacity for providing community living and community support options*
Action Plan: 4.1a Conduct statewide housing needs assessment for people in the DMH system **Progress – Quarter 4** Continued work with HUD to address gaps in information for some of the maps of affordable housing locations. To obtain perspectives of consumers with disabilities on an ongoing basis, questions about housing satisfaction and preferences are being addressed in conjunction with Personal Outcome Measures© interviews that are being initiated in the revised peer review process (administered by the DMH, working with the Arc of Mississippi). Additional information obtained since previous quarter (e.g., from ongoing communication with housing partners, other states) will inform final draft plan document.
Action Plan: 4.1b Develop Strategic Housing Plan based on results of statewide housing needs assessment **Progress – Quarter 4** Communication with state-level and local representatives from housing finance and assistance agencies/organizations and with administrative and service provider staff about the housing planning initiative and potential for increased collaboration continued in the fourth quarter. In June, DMH staff provided an overview of the strategic housing planning initiative at the Occupancy Workshop, hosted by the Mississippi Association of Housing and Redevelopment Officials (MAHRO) and HUD and attended the annual meeting of the Balance of State Continuum of Care. Regional community mental health center and DMH staff are also scheduled to present at a statewide Housing Summit hosted by HUD in August. DMH staff provided information/facilitated linkage of housing partners to support work of the Advisory Committee to the Money Follows the Person project (Bridge to Independence) and will chair project workgroup on housing; Efforts to obtain additional information for more detailed planning of bridge subsidy program continued. Communication with housing partners on potential for use of funding resources continued in the fourth quarter. Completion of Draft document projected to be in first quarter of FY 12. Framework of program planning to address affordability, support services and alignment of housing and supports at systems and individual service level.
Action Plan: 4.1c Based on Strategic Housing Plan, set operational goals and begin monitoring implementation **Progress – Quarter 4** Completion of Draft document projected to be in first quarter of FY 2012. Framework of program planning to address affordability, support services and alignment of housing and supports at systems and individual service level. Preliminary input incorporated in DMH's FY 2012 – 2016 Strategic Plan objectives.

Objective 4.2	*Expand interagency and multidisciplinary approaches to service delivery*

Action Plan: 4.2a Expand MAP Teams for children and youth
Progress – Quarter 4
The Wilkinson/Amite and Pike/Walthall County MAP Teams met in June 2011 and served 4 youth and their families. The Newton County MAP Team also met in June 2011, and the coordinator participates in the bi-monthly MAP Team Coordinators' meetings. Additional MAP Teams in Region 6 and 8 will be operational by December 2011.

Additional MAP Teams in the following counties are targeted for future development in FY 12 as funds permit: Humphreys, Holmes and Lawrence.

Data is being collected and compiled quarterly. Third quarter data was presented to the Interagency System of Care Council on May 4, 2011. Between January – March 2011, 119 children/youth were served by 37 MAP Teams. Flex funds in the amount of $47,044.62 were spent on non-traditional resources such as utility bill assistance, clothing, food assistance, graduation fees, alcohol & drug treatment, tutoring, health & wellness activities, school uniforms, extracurricular activity fees, medication, psychological evaluations, personal hygiene items, gas for transportation, respite and wraparound services. Participation from local agencies was also discussed at this meeting.

Action Plan: 4.2b Expand MAP teams to include children with IDD
Progress – Quarter 4
Existing MAP Teams will continue to staff children/youth with IDD. BIDD will continue to collaborate with the State Level Case Review Team and C&Y MAP Teams.

C&Y amended the MAP Team Monthly Report to include data pertaining to children/youth with IDD.

Existing MAP Teams will continue to provide services to children/youth with IDD during FY 2012.

Action Plan: 4.2c Expand adult MAP Teams as funding is available
Progress – Quarter 4
In the fourth quarter, funding was still unavailable to expand AMAP. In July 2011, DCS will attempt to restructure some of its FY12 funds in order to allocate funding for 5 additional AMAP sites. Possible expansion sites include Regions 1, 2, 10, 11, 13, and 14.

Regions 12 and 15 were granted Person Centered Planning funds to operate services similar to AMAP. Technical assistance was provided to Regions 12 and 15.

Objective 4.3	*Develop a plan to redistribute portions of DMH's budget from institutional to community based services*

Action Plan: 4.3a Expand number of funded ID/DD Waiver slots to enable individuals currently residing in DMH facilities who can appropriately and safely be served in the community and who desire, or families desire, that they be served through community supports/services
Progress – Quarter 4
Data on the number of individuals requesting community placement and number of individuals requesting information regarding community placement continues to be tracked. Further data collection elements may be defined as Transition Coordinators are put into place at each facility.

During budget request process for FY 13, DMH will request additional funding for ID/DD waiver to address needs of those utilizing reserved capacity slots and individuals participating in the MFP project.

Action Plan: 4.3b Develop and implement, using evidence-based/best practice guidelines, a program that will prepare individuals for transition to the community, and replicate at other facilities
Progress – Quarter 4
During the fourth quarter, 93% of the Community Integration Program participants successfully completed the program. For the year, 114 individuals participated in the program. During the fourth quarter, 23 of the program participants were discharged. The annual total of program participants discharged from MSH was 59 (52%). Discharge sites remain the same for the fourth quarter.

Opportunities for program replication are being considered. The Community Integration Program will continue during the next fiscal year.

Action Plan: 4.3c Implement pilot PACT team
Progress – Quarter 4
Region 6 PACT team has 12 individuals on roll as of May 31, 2011. 100% of the individuals served by the Region 6 Pact team have been diverted from admission to the State Hospital.

Region 15's PACT team was certified for services on June 16, 2011.

Action Plan: 4.3e Define future role of comprehensive facilities
Progress – Quarter 4
IDD Data was collected from stakeholders regarding characteristics and components of a comprehensive community based service delivery system. Report developed and submitted for review.

Objective 4.4 *Expand service options for special populations*

Action Plan: 4.4a Expand and improve service options for co-occurring disorders (COD) in adults with SMI, children/youth with SED, and individuals with intellectual/developmental disabilities
Progress – Quarter 4
Review of COD services was completed for regions who received COD training. Charts reflected COD services are more integrated. CMHCs have requested additional training.

Action Plan: 4.4c Complete a needs assessment and gap analysis of the nursing home population
Progress – Quarter 4
The questionnaires have been disseminated, but due to the low response rate, the team has decided that visits to the nursing homes to get the information needed to summarize the unmet mental health needs would be beneficial.

Goal 5 Emphasize use of evidence-based or best practice models and service outcomes
Objective 5.1 *Address barriers to the implementation of evidence-based and best practices in Mississippi Mental Health System of Care*
Action Plan: 5.1a Based on the EB/BP survey results, Subcommittees will address most frequently identified barriers to implementation and develop budget neutral strategies to address. **Progress – Quarter 4** All workgroups report that in order to get full implementation of a system-wide (all certified programs) endorsement of EB/BP that resources are needed for training, supervision and technical assistance. Articles addressing this program will be included in the "Innovations in Practice" newsletter. Workgroups determined that "Innovations in Practice" would be the best mechanism to use for dissemination of ideas for overcoming the barriers to full implementation of EB/BP in Mississippi.
Action Plan: 5.1b Develop networks and other mechanisms for sharing successes and addressing needs associated with implementation of EB/BPs in MS with a priority of cost containment in the provision of EB/BPs **Progress – Quarter 4** This is a well-established, ongoing activity. The most notable network sharing is through training opportunities, and numerous agencies continue to participate in offering cross-training activities. All training offerings are routinely evaluated for quality and effectiveness. This feedback is used for planning purposes.
Action Plan: 5.1c Promote information sharing through an e-mail newsletter that highlights successes and ideas about EB/BPs implementation, innovative ideas and staff who demonstrate cost savings through using EB/BPs **Progress - Quarter 4** Articles for "Innovations in Practice" newsletter have been gathered. Goal members have developed the first draft for review, and the first publication will be in FY12. There will be two publications a year beginning in FY12.
Objective 5.2 *Develop strategies for integration of evidence-based and best practices into system of care*
Action Plan: 5.2a Develop and distribute EB/BP compendium based on the needs identified from the MH, IDD and A&D subcommittee surveys. Compendiums will include information on national trends, research findings, available resources and impact on treatment outcomes, satisfaction and long term cost savings **Progress – Quarter 4** In an effort to offer current findings in the field, workgroups prefer to use "Innovations in Practice" as the mechanism for distribution of current ideas, technical assistance and research findings. "Innovations in Practice" newsletter will be disseminated in early FY 12.
Action Plan: 5.2b Provide follow-up consultation emphasizing use of free SAMSHA toolkits, local experts, and resource sharing to promote the integration of EB/BPs in all DMH operated and certified programs **Progress – Quarter 4** Efforts to identify local experts to add to Speaker's List continue. Invitations to publish in "Innovations in Practice" are being made. At this time, there is still very limited request for consultation. All requests have been honored.

Goal 6 Emphasize awareness/prevention/early intervention

Objective 6.1 *Increase community awareness and public education activities that focus on mental health issues, substance abuse, and DMH services*

Action Plan: 6.1a Implement and evaluate a public awareness campaign for prevention of Fetal Alcohol Spectrum Disorders (FASD) targeting mental health professionals

Progress – Quarter 4

DMH developed a press release, which was sent to all daily and weekly newspapers statewide on June 21, 2011. The Hattiesburg American contacted DMH after receiving the release to request permission to use the information as a guest column. The newspaper also followed up with a feature story. Due to the heightened media coverage from the press release, DMH received a request from MPB for a radio interview that was conducted on June 28, 2011.

Materials were distributed to 29 groups in the fourth quarter reaching 805 nursing and clinical students.

Furthermore, several hundred FASD None for Nine brochures and bookmarks were distributed to two MAP Teams, two statewide conferences, and one national FASD conference. FASD materials and information continued to be provided to all the CMHCs. Staff at all the DMH facilities have received information about FASD through statewide announcements and press releases. The 2011-2013 FASD State Plan was revised and the revised plan was approved by MS AC-FASD, the statewide task force. Under the revised plan, letters to key groups will be distributed by the end of 2011.

Action Plan: 6.1c Expand current prevention efforts through partnerships to reduce underage drinking and to reduce/prevent marijuana use by youth

Progress – Quarter 4

In the fourth quarter, more than 50 prevention providers were trained on the dangers of marijuana, which is an increase of 10%. A post-training evaluation was given to all participants of the trainings to determine how they will utilize the information provided during the trainings. The workforce development provider who conducted the post-training survey will provide an evaluation summary by September 1, 2011.

A workforce development survey was developed and disseminated in May to assess the needs of prevention professionals across the state. More than 60 professionals completed the survey. The results were compiled and utilized to develop the DREAM Substance Abuse Prevention Workforce Development Catalog for the next fiscal year.

More than 10 new members were added to Mississippians Advocating Against Underage Drinking (MAAUD) during this quarter. MAAUD's continued commitment to strengthen state laws was a success with the passing of the Social Host bill in May during the 2011 Legislative Session. The Social Host Law holds adults liable for knowingly permitting underage drinking parties on their property. The penalty is a misdemeanor with a maximum fine of $1,000 and/or jail time.

Current and most recent data show an overall decrease in alcohol related motor vehicle crashes as well as fatalities involving drivers under the age of 21. According to the Department of Public Safety, 122 alcohol related traffic fatalities and injuries involving drivers under the age of 21 were recorded for the state in 2010, a significant decrease from the recorded 422 Alcohol related fatalities and injuries in 2009. Data for the current fiscal year will not be available until later in the year. According to Smart Track, there were no significant differences in perceptions of risk of harm from

underage drinking. An estimated 69% of youth reported they felt at least some to great risk in trying alcohol in 2009 while only 68% reported the same in 2010. Data for the current fiscal year will not be available until later in the year.

Action Plan: 6.1e Educate the public about the correlation of Down's Syndrome and Alzheimer's disease and dementia
Progress – Quarter 4
Information about Down's Syndrome and Dementia was included in 7 of 18 (39%) of the presentations conducted in the fourth quarter. A presentation entitled, "Understanding Dementia in Individuals with Intellectual and Developmental Disabilities" was presented at the MS Planning and Development District Annual Conference on April 28, 2011.

The evaluation survey tool to assess and report results on enhanced knowledge of participants about the correlation between Down's Syndrome and Dementia as a result of standardized training was completed June 2011. Trainers will begin using the tool in FY 12.

Staff participated in 100% of activities identified on the Activity Stakeholders List that were held during the fourth quarter.

The National Task Group on Intellectual Disabilities and Dementia released a report at their annual Conference held late June 2011. It is anticipated that recommendations from this Group about universal screening practices or screening guidelines will be released during the first quarter of FY12.

Objective 6.2   *Increase efforts to de-stigmatize mental health issues and expand suicide prevention*

Action Plan: 6.2a Increase anti-stigma and suicide prevention presentations and collaborations with CMHCs, non-profits, schools and other groups in order to educate students and the community on mental health and suicide prevention
Progress – Quarter 4
In the fourth quarter, 74 presentations were conducted reaching more than 12,521 individuals. This included a presentation to more than 700 students at Ocean Springs High School and 600 students at Pearl River County Middle School.

A letter to the editor about children's mental health and stigma was submitted to all statewide newspapers on April 29. 15 newspapers published the letter to the editor.

After speaking to several college newspapers in April, a decision was made to wait until the new school year begins in August to submit the press release developed by the Central Office intern.

DMH received cost quotes for the mental health awareness/suicide prevention Web site targeting teenagers. Based on the cost quotes, Media-Shark was selected to develop the Web site. In May, surveys were distributed to teenagers to determine what information they would like to see on the Web site. Based on the survey results, copy for the Web site was completed in June. The goal is to have the Web site ready to launch in late August for the new school year. Information cards and posters promoting the Web site will be developed and provided to schools and colleges on the Gulf Coast and then to other areas of the state.

3,124 presentation evaluations were completed in FY11. Based on the evaluations, prior to the presentation 23.2% of students had a negative view of mental health. After the presentation, only 7.2% of students had a negative view. Prior to the presentation, only 44.7% of students had a

positive perception of individuals with mental illness. After the presentation, 76.5% of students had a positive perception. Based on the presentation, 83.8% of students believed they learned how to help a friend in need. Students reported that the media influenced their views/perceptions of mental illness the most.

Action Plan: 6.2c Partner with the Army and National Guard to coordinate and sponsor (with funds from MSH Friends Organization) a campaign for the military to increase their knowledge of mental health and suicide prevention

Progress – Quarter 4

A survey was developed in Survey Monkey and sent to the members of the National Guard Behavioral Health Task Force in the fourth quarter.

According to the survey results, 80% of the Task Force believes Operation Resiliency has been effective or somewhat effective to date. All members agreed that the campaign did meet the defined needs and believed that the layout and design of the materials was eye-catching and informative. 80% believe the suicide prevention posters have been useful and increased knowledge. 100% believe the Resource Guide has been helpful or somewhat helpful in referrals. 100% believe the stress brochure has been helpful to National Guard members and families. 100% believe the National Guard will continue to use the materials in the future. DMH received a request from the National Guard in June for additional materials. DMH has also received a request to expand the campaign to the VA.

Action Plan: 6.2d Implement and evaluate the "Possibilities through Abilities" campaign to educate Mississippi businesses about intellectual and developmental disabilities and possible employment opportunities through IDD community service programs

Progress – Quarter 4

The Committee chair and co-chair attended an APSE meeting in the third quarter in order to determine interest in the Ability Awareness Campaign. After reviewing the mission of APSE, it was determined that the campaign was duplicating what their organization was trying to accomplish. Thus, it was determined at the June 28 meeting that the Committee will change its focus from employing individuals to work to educating the media regarding the "R-word." This will be done by launching a campaign utilizing only DMH facilities PR departments.

Action Plan: 6.2e Develop youth leadership teams to help spread the anti-stigma and suicide prevention messages to other youth in their area by utilizing the Mississippi Transitional Outreach (MTOP) grant

Progress – Quarter 4

Three youth from each MTOP site have been identified to participate in the youth leadership chapter.

The development of training and a presentation individualized for youth from the leadership teams is in the final stages. A needs assessment is also being developed on topics of interest to the youth. Portions of the trainings will be on presentation skills including delivery, body language, technology, visual aids, etc.

MTOP staff met with the Think Again Network Chair to discuss a one-day training session. The youth will set a date to receive training from the Think Again Network prior to beginning of 2011-2012 school year.

There have been no trainings conducted by youth at this time. The development of training and a presentation individualized for youth is in the final stages.

Action Plan: 6.2f Expand Shatter the Silence suicide prevention efforts to the elderly population and their family by using current Alzheimer's and other Dementia resources to increase knowledge of suicide in the elderly

Progress – Quarter 4

Survey tool to assess and report results on elderly suicide prevention efforts was completed in June 2011. Division staff will utilize the survey tool beginning in the first quarter of FY 12.

Suicide prevention information was included in approximately 18 presentations with 863 in attendance. Presentations were conducted in conjunction with volunteer trainings, guest lectures at The University of Southern Mississippi and William Carey University, long term care centers and senior centers.

Cards were distributed to 34 tour groups/nursing student groups at MSH. In addition, cards were distributed at six health fairs in the fourth quarter. Approximately 880 suicide prevention cards were distributed by the Division of Alzheimer's.

Cards were distributed to 15 nursing student groups for a total of 597 students during the fourth quarter.

Objective 6.3   *Utilize technology to expand current awareness and prevention efforts*

Action Plan: 6.3a Develop two educational videos each year on mental health topics to share on YouTube as an effective and efficient way to reach new audiences

Progress – Quarter 4

A focus group was selected to evaluate the two suicide prevention videos and eight advocacy videos. The focus group was comprised of 58 nursing students from Jones County Community College ranging in age from 18 – 57, and consisting of nine males and 48 females. An evaluation form was developed in June. It is significant to note that after viewing, more than 54 of the 58 focus group members had positive to very positive views/perceptions on the topics. Prior to viewing, the numbers averaged about 40 for positive to very positive views. In addition, 44 students felt our goals were accomplished with the videos and 30 of those stated they would share the videos with friends and family - 17 stated that "maybe" they would share.

The second video (series of 8 advocacy spots) has had 887 hits. The first video (series of two suicide prevention spots) has had 1,041 hits. Total for all video spots is 1,928 hits.

Action Plan: 6.3b Increase usage of DMH's Talk About It program through promotion and evaluate the effectiveness of the program to access information and help

Progress – Quarter 4

In the fourth quarter, there were 291 log ins; 43 individual users; and 93 messages sent/received. The top three types of messages were: depression, relationship issues, and pregnancy.

A report was developed at the end of the fourth quarter. In FY11, there were 1,735 log-ins to Talk About It. In FY10, there were 1,050 log-ins. The report shows an increase of 685 log-ins during the fiscal year. In FY11, there were 215 individual users accessing Talk About It. In FY10, there were 84 individual users. The report shows an increase of 134 individual users during the fiscal year. Suicide and depression were the top two topics: 33% suicide and 22% depression with more than 440 messages sent.

Action Plan: 6.3c Develop a searchable database on DMH's Web site for the public to locate available services in their community

Progress – Quarter 4

Due to funding issues the database project has been postponed.

Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers
Objective 7.1 *Increase effectiveness of collaboration among community mental health providers (inclusive of CMHCs), state agencies, governmental entities and non-governmental entities*

Action Plan: 7.1a Develop mutual strategies to negotiate new system and service delivery arrangements

Progress – Quarter 4

Silver Alert information was included in 15 presentations and 14 health fairs/senior expos conducted in a variety of settings statewide. Approximately 863 brochures were distributed in the fourth quarter. 300 brochures were sent to Public Relations at MSH for inclusion in training opportunities and health fairs from an extra box located in late June 2011. Silver Alert will be included in the 2011 Alzheimer's Conference agenda and brochures will be included in participant Conference information.

Staff from the Resource Development Unit at Department of Human Services (DHS) continued to meet with various CMHC Children's Coordinators across the state to discuss access to mental health assessments for children/youth entering into DHS custody. An update on this collaboration was provided to the Interagency System of Care Council and the Interagency Coordinating Council on Children and Youth in May 2011. The ICCCY recommended that DHS and DMH continue to collaborate with the CMHCs in effort to access Mental Health Assessments for children and youth entering into foster care. Staff from DHS plans to continue to participate in quarterly DMH MAP Team/Children's Service Coordinator meetings.

Due to the lack of funds available from DHS, mental health personnel have not been able to be located in DHS offices; however, CMHC Region 13 has placed two personnel in the local county family/youth court to facilitate appropriate referrals and mental health services for those children/youth entering into DHS custody.

DMH and DHS staff are still receiving feedback from those CMHC regions that have improved access for children/youth entering into DHS custody with an update/report that will be available from DHS in October 2011.

DMH Staff continue to collaborate with the Division of Medicaid (DOM) on Money Follows the Person (MFP) Project. The final protocol has been approved. DMH Bureaus of IDD and Community Services are involved in planning through the MFP Stakeholders Group. Subcommittees/ workgroups have been developed for the project. DMH participates on the following workgroups: workforce development, meaningful day, and due process. DMH BIDD staff is chairing the workgroup that is charged with developing service definitions and requirements that meet the MFP protocol guidance.

A total of 6 peer reviews were conducted this quarter including, MSH, SMRC, EMSH, Region 6, Region 9, and Region 13. A&D programs from EMSH and Region 6 were also reviewed. A sample of all domains certified by DMH have been reviewed.

Action Plan: 7.1b Develop stronger voice related to issues affecting the public mental health system

Progress- Quarter 4

Advocacy groups are involved as stakeholders in the Money Follows the Person Project.

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

Objective 8.1 *Increase opportunities for direct support professionals*

Action Plan: 8.1a Provide increased educational opportunities for Direct Support Professionals (DSPs) through live and web-based training programs
Progress – Quarter 4
One additional facility began using the College of Direct Support (CDS) bringing the total to eight facilities participating. The number of participants increased by 267 for a total at the end of the fourth quarter of 692 Direct Care Workers actively participating in the CDS Program.

Recommendation from DSP Task Force is to continue providing the opportunity to Direct Care Workers to participate in the College of Direct Support. This can be achieved either through funding provided by the Arc of Mississippi or through the DMH On-line Training Program "Elevate".

Action Plan: 8.1b Identify new non-monetary incentives and support options for Direct Support Professionals
Progress – Quarter 4
After implementation of the pilots allowing flexible work schedules at two facilities, the Direct Support Professionals experienced reduced commuting time and fuel costs, avoidance of traffic and the stresses of commuting during rush hours, and depending on the flexible work schedule, decrease in number of childcare hours and costs. A negative identified by the DSPs was an increase in physical and mental exhaustion.

Objective 8.2 *Develop a comprehensive Human Resources plan*

Action Plan: 8.2a Increase employee retention rates
Progress – Quarter 4
Data was collected from East Mississippi State Hospital and South Mississippi State Hospital during the fourth quarter to evaluate the positive and negative effects of the flexible scheduling pilot. Positive factors identified were improved planning and prioritizing care, improved relationships with patients and family, easier communication between hand-offs when working 12 hour shifts since there are only two hand-off periods, quality time off work (extra day per week) and ease of traveling to work (carpooling, gas expenses).   Negative factors identified were difficulty in scheduling due to call-ins, higher stress levels, and physical and mental exhaustion.

The Retention Rate for nursing staff at the participating facilities/units for FY 2010's fourth quarter was 92.66%. The Retention Rate for nursing staff at the participating facilities/units for FY 2011's fourth quarter is 100%, which reflects an increased retention rate of 7.34%

The Retention Rate for direct care staff at the participating facilities/units for FY 2010's fourth quarter was 62.13%. The Retention Rate for direct care staff at the participating facilities/units for FY 2011's fourth quarter is 85%, which reflects an increased retention rate of 22.87%.

Action Plan: 8.2b Develop a comprehensive plan for using technology to improve the system of training and certification for DMH employees
Progress – Quarter 4
Data collected during the fourth quarter reflects that 213 different courses have been utilized by 688 users while completing 1,550.50 hours of training. To evaluate the effectiveness of the courses, the average of pre- and post-exam scores were compared. The pre-exam scores averaged 87% while the post exam scores averaged 94%. Surveys completed by participants noted that 63.64% strongly agree and 36.36% agree, that the course met the learning objectives, the course was appropriate for

their knowledge and skill level, and was presented effectively and clearly.

Of the 688 on-line users, 322 of those are professional staff whose license/certification requires them to obtain continuing education credits. The average continuing education credit earned per participant through Essential Learning was 6.0. The cost savings since implementation of Essential Learning is approximately $64,722.00. This is based on comparing the cost (registration, travel, meals, and lodging) of sending 322 professional staff off-site to obtain 6.0 continuing education hours with the cost for completing them on-line through Elevate.

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

Action Plan: 8.3a Increase internship and field placement opportunities throughout the agency
Progress – Quarter 4
DMH currently has 18 interns working in seven different facilities. Their fields of study include Occupational Therapy, Social Work, Psychology, Audiology, Communications, Accounting and Psychiatric Nursing. Evaluations completed by interns in the fourth quarter reflect that they were able to achieve the goals set by the University/College and the Department of Mental Health, and they would recommend the Department to other students.

For the year, there has been a 4% increase in internship and field placement opportunities throughout the agency over FY 2010.

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

Action Plan: 8.4a Increase cross-training initiatives among DMH staff to allow them to function in a community based setting
Progress – Quarter 4
DMH facilities offered 25 community inclusion courses with 420 participants utilizing the DMH On-line training program "Elevate" as a means of increasing cross training initiatives which equates to a 1.1% increase during the fourth quarter.

Surveys completed by participants noted that 75.09% strongly agree and 24.91% agree, that the course met the learning objectives, the course was appropriate for their knowledge and skill level, and was presented effectively and clearly.

Action Plan: 8.4b Provide updates to DMH staff about the Strategic Plan as changes occur
Progress – Quarter 4
Script writing has been drafted and will be sent for final approval in July.

Goal 9   Utilize information/data management to enhance decision

Objective 9.1   *Develop a department-wide data management system*

Action Plan: 9.1a Establish Data Task Force to enhance communication and share information on IT projects, plans and future directions, hardware, software, email, etc.
Progress – Quarter 4
The CMHC Data User's Group met on June 21, 2011. The primary focus of the meeting was to discuss correcting data errors prior to submitting new files. DMH's IT staff will provide instructions for error corrections as well as be available to assist with errors. Other agenda items discussed included 5010 Electronic Medicare billing effective January 2012, Medicaid rate changes, and new ICD-10 codes effective October 2013.

Action Plan: 9.1b Continue to build infrastructure and refine the ability to report client level data
Progress – Quarter 4
Data Submission Report of June 28, 2011, indicates the following:

CMHC Data Submission:
   6 of 15 CMHC reporting are current and under the 5% error rate - 40%
   11 of 15 CMHC reporting are under the 5% error rate - 73%
A&D Data Submission:
   11 of 14 A&D free-standing programs reporting are current and under the 5% error rate - 78%
State Hospital Data Submission:
   3 of 4 state hospitals are current and under the 5% error rate -75%
   3 of 4 state hospitals are under the 5% error rate -75%
IDD Facility Data Submission:
   2 of 5 IDD reporting are current and under the 5% error rate - 40%
   5 of 5 IDD are reporting and under the 5% error rate - 100%

Action Plan: 9.1c Integrate Bureau of IDD data into CDR
Progress – Quarter 4
All IDD facilities are submitting the "I" file (Core data) and NMRC and SMRC are also submitting the S file (Services). At the end of the quarter, 2 of 5 IDD facilities are current and under the 5% error rate and 5 of 5 IDD facilities are reporting and under the 5% error rate.

Objective 9.2   *Establish a road map for migration to an Electronic Health Record (EHR) and/or Health Information Exchange (HIE)*

Action Plan: 9.2a Work with ITS/other consultants to implement HIE
Progress – Quarter 4
By-laws completed for the MS Health Information (MSHIN) Board. The State signed a contract with Medicity, the vendor that will manage the state's H.I.E system. MSHIN Board members have been tasked with determining how to sustain the H.I.E. once the grant funds have been exhausted.

Action Plan: 9.2b Establish DMH-EHR task force comprised of clinical and IT staff to facilitate EHR migration
Progress – Quarter 4
Feedback received from the DMH's E.H.R. committee on the Gartner Group presentation indicated that there is a need to have a good understanding of the care and flow from all the facilities as well as a need to look at standardizing across DMH facilities. The group also agreed that DMH would benefit greatly by being involved with an outside consultant group to work through the process of implementing an E.H.R. Recommendations were presented to the Executive Director and Bureau Directors.

Action Plan: 9.2c Continue researching available funding **Progress – Quarter 4** Activities to begin when needed.
Action Plan: 9.2d Implement access to Medicaid Health Information Exchange (HIE) **Progress – Quarter 4** Mississippi State Hospital continues to participate.