

**Mississippi Board of Mental Health
&
Department of Mental Health**

**Strategic Plan
Progress Report**



**Fourth Quarter
April 1, 2012 – June 30, 2012**

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

Objective 1.1 Increase efficiency within DMH

Action Plan: 1.1a Continue to implement proven cost reduction measures across DMH programs/services

Progress – Quarter 4

Through standardization and product selection adjustments, the ICF/MRs have collectively reduced costs associated with food service operations by an estimated \$24,093 during the fourth quarter. Proposals for additional expenditures reductions, again through standardization and product selection adjustments, have been sent to facilities for consideration.

Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year

Progress – Quarter 4

A Request for Proposals (RFP) document regarding pharmacies is still being finalized and is expected to be advertised in the month of July 2012.

Action Plan: 1.1c Determine personnel needed to transform the service system

Progress – Quarter 4

Based on the information that has been gathered to date, the current plan of the Goal 1 workgroup is to track the results of service providers that have been proceeding with increasing community-based services so that progress toward the performance indicator can be reported.

Because of the diversity in services and the individual plans per entity, it seems impractical to coordinate this effort through the Strategic Plan, but does seem reasonable to track the increase in the number of community-based support staff. This effort will be continued and reported on during FY 2013.

Objective 1.2 Maximize funding opportunities

Action Plan: 1.2a Request and assist the Division of Medicaid (DOM) with submission of at least one new community-based waiver option built on established priorities

Progress- Quarter 4

During the fourth quarter, DMH staff continued to respond to Division of Medicaid requests for information on the 1915(i) proposal that was previously submitted.

Action Plan: 1.2b Obtain at least two new grants or additional funding in the targeted areas of infrastructure and capacity building

Progress- Quarter 4

In March 2012, DMH submitted an application to SAMHSA for a project entitled, “Improving Diversion Policies & Programs for Justice-Involved Youth with Co-Occurring Mental Health and Substance Abuse Disorders: An Integrated Policy Academy/Action Network Initiative.” This is a combination of federal/private funding through SAMHSA and the John D. and Catherine T. MacArthur Foundation. DMH received notification that Mississippi’s application had been selected for funding.

In March 2012, DMH learned that the DMH 2011 State and Tribal Youth Suicide Prevention Grant Application had been reopened for consideration for funding in 2012. DMH submitted additional information and is awaiting a response. The DMH 2011 System of Care Expansion Planning Grant

Application has also been reopened for consideration for funding in 2012. DMH submitted additional information and is awaiting a response.

DMH submitted an application to continue funding for the PATH Program (Projects for Assistance in Transition from Homelessness), and is waiting to receive information regarding this program. In June 2012, DMH submitted an application for the System of Care Expansion Implementation Cooperative Agreement Grant program and is awaiting a response.

In February 2012, DMH submitted a Data Infrastructure Grant (DIG) continuation application, which was submitted to SAMHSA to continue the DIG grant first awarded in 2010. In June 2012, DMH received notification that DMH had received the extension and award.

In June 2012, DMH submitted an application to SAMHSA for inclusion in an Olmstead Initiative Policy Academy. If Mississippi wins this award, funding will be provided for a team of up to seven members to attend a special training event in Washington, D.C. DMH is waiting for a response.

During the third quarter, the DMH Division of Children & Youth staff and the DMH Bureau of Alcohol and Drug Services staff collaborated with the MS Department of Public Safety, the Division of Medicaid, Hinds County Court and Youth Drug Court, and the Community Mental Health Centers, etc., to develop the "Improving Diversion Policies & Programs for Justice-Involved Youth" program. In April 2012, DMH received an award notification.

In May 2012, the continuation application paperwork was submitted for the Administration on Developmental Disabilities (ADD) Project of National Significance program (the second year of funding). DMH is the grant administrator for a partnership among the MS Council on Developmental Disabilities, the USM Institute of Disability Studies and Disability Rights MS to develop the infrastructure to support employment opportunities for persons with intellectual or developmental disabilities. This project is called MS Partnerships for Employment (MSPE).

DMH staff collaborated with the Executive Director of the MS Primary Health Care Association (MPHCA) and five Community Mental Health Center Executive Directors concerning a federal funding opportunity to provide Primary Care at CMHC sites. A number of meetings were held with DMH, MPHCA and CMHC staff during this time frame. By the application deadline in June, two CMHCs had submitted applications to SAMHSA for this Primary and Behavioral Health Care Integration (PBHCI) funding opportunity. DMH is waiting for responses.

In February 2012, the DMH Alzheimer's Division was invited by the MS Department of Human Services to partner to provide training as part of a federal 2010 ARRA Chronic Disease Self-Management Program Grant. Before DMH can agree and participate, DHS must obtain an extension on its original grant. This request was submitted by DHS in June 2012. DMH is awaiting a response.

In June 2012, DMH staff began a conversation with MS Department of Health staff concerning collaboration on a Community Transformation Grant (CTG) application and on future projects concerning behavioral health/primary care integration.

The online communication tool, *DMH Proposals*, was updated in the fourth quarter to reflect the current status of applications.

Action Plan: 1.2c Collaborate with Division of Medicaid (DOM) to amend the Medicaid State Plan to provide an array of person-centered services (crisis intervention, peer/caregiver support, respite services, Wraparound facilitation, MAP teams)

Progress- Quarter 4

During the fourth quarter, DMH Operational Standards/performance indicators were revised to reflect changes in Medicaid reimbursed services.

Action Plan: 1.2d Maximize use of Elderly Disabled Waiver to provide services/programs for individuals with Alzheimer's Disease

Progress- Quarter 4

During the fourth quarter, information was gathered regarding the Elderly and Disabled Waiver that clarifies DMH's role in working with individuals who are eligible for the waiver.

The following are the percentages of clients at Garden Park Adult Day Services who attended under the Elderly and Disabled Waiver: 45% in April, 55% in May, and 59% in June.

Objective 1.3 *Revise system-wide management and oversight practices to improve accountability and performance*

Action Plan: 1.3a Maximize stakeholder input by streamlining the number of required task forces and steering committees

Progress- Quarter 4

A plan was formulated in conjunction with the Peer Review and Peer Certification process which takes into consideration the requirements of the three DMH State Plans, which are continually maintained, that will result in a more effective use of stakeholders in order to more effectively inform these plans through their respective Planning Councils. This plan will be finalized and implemented during FY 2013.

Action Plan: 1.3b Implement resource allocation strategy to support EBP/BPs and service outcome models

Progress- Quarter 4

During the fourth quarter, RFPs included a requirement for the use of EBP/BPs and service outcome models.

Comparable RFP scoring tools that incorporated use of EBP/BPs were used by all relevant divisions. Grant service reports and budgets were reviewed by DMH as a key part of the grant application and funding process.

Action Plan: 1.3c Increase percentage of funding allocation to priority services (crisis services, housing, supported employment, case management, and early intervention/prevention)

Progress- Quarter 4

During the fourth quarter, spending patterns were reviewed with regard to priority services.

Goal 2 Strengthen commitment to a person-driven, community-based system of care

Objective 2.1 Expand meaningful interaction of self-advocates and families in designing and planning at the system level

Action Plan: 2.1a Provide opportunities for individuals and family members to participate in program development, service planning and recovery training

Progress – Quarter 4

Results have not been generated from the survey of certified providers to determine provider mechanisms for involving individuals and/or family members in the planning, evaluation and implementation of mental health services due to low participation.

A list of advisory councils has been added to the Recovery Web site to educate individuals and family members on advisory council meetings (meeting dates, time and contact person). The Web site will not be open to the general public until September 2012.

The survey for meaningful individual and family participation has been developed. Survey will be administered in the next quarter.

Action Plan: 2.1b In collaboration with the Division of Medicaid (DOM), develop an array of reimbursable peer and caregiver support services

Progress – Quarter 4

During the fourth quarter, the revised Operational Standards were approved by the Board of Mental Health and will be implemented July 1, 2012. Training on the new service areas and revised DMH Operational Standards will begin in FY13.

Action Plan: 2.1c Provide statewide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values

Progress – Quarter 4

The System of Care 101 training was presented to two new MAP Team Coordinators and 15 additional mental health professionals at the “Lookin’ to the Future Conference” in June 2012.

Action Plan: 2.1d Determine system’s responsiveness to individual needs and desired outcomes

Progress – Quarter 4

Since July 2011, CQL Personal Outcome Measures interviews were conducted with seven certified providers. Mississippi conducted a CQL Personal Outcome Measures training on February 14-17, 2012. Nine individuals were trained.

Department of Health staff participated in Personal Outcome Measures training to provide insight on the quality of life measure, “People have best possible health.” DMH will continue to target specific populations based on identified needs through the Personal Outcome Measures process.

Objective 2.2 Develop a comprehensive crisis response system

Action Plan: 2.2a Provide Crisis Stabilization Unit (CSU) services through each CMHC region

Progress – Quarter 4

DMH funding was decreased by the Legislature; therefore, no additional funding will be available for a CSU.

Region 9 rejected the proposal to operate a CSU in Hinds County due to financial instability. The

search for a new provider has begun.

Action Plan: 2.2b Evaluate CMHC-operated crisis stabilization units based on defined performance indicators for diversion, length of stay, and recidivism

Progress – Quarter 4

Potential barriers to CSUs providing crisis stabilization and diversion from DMH psychiatric hospitals were identified. Barriers include: variability among Chancery Court procedures; certain sheriffs' offices only transport on specified days of the week and/or have limitations regarding length of transport; and, some counties have contracts with private psychiatric hospitals. DMH has begun developing strategies to overcome these barriers.

Objective 2.3 Increase statewide availability of safe, affordable and flexible housing options and other community supports for individuals

Action Plan: 2.3a Acquire sufficient staff time, training and resources to continue the development of service linkages with multiple housing partners at the state and regional levels

Progress – Quarter 4

During the fourth quarter, DMH staff toured a number of potential housing locations and properties particularly in Hattiesburg, Gulfport, and Ellisville in order to identify appropriate housing options for individuals seeking to live independently in these and other areas of the state.

Action Plan: 2.3b Identify support services to sustain individuals living in permanent housing

Progress – Quarter 4

During the fourth quarter, approximately three individuals moved from an institutional setting to community housing using Bridge to Independence funding.

Action Plan: 2.3c Provide an array of supported housing services

Progress – Quarter 4

During the fourth quarter, DMH staff and Peer Interviewers met with individuals residing in a number of housing options in the community to review the nature and intensity of services they were receiving. Associated reports were completed and submitted.

Action Plan: 2.3d Provide bridge funding for supported housing

Progress – Quarter 4

During the fourth quarter, DMH staff continued to meet with housing providers in the state to assess the readiness for more independent housing as well as the availability of more independent housing in various areas of the state. DMH worked with the Division of Medicaid and MS Home Corp to develop an application for the new HUD Section 811 Project Rental Assistance voucher program that will provide rent subsidies for individuals with a disability who are transitioning from a facility into the community. This program is just one of a number of options for rental assistance or other community supports being identified to help individuals transition into community living.

Objective 2.4 Provide community supports for persons transitioning to the community through participation in Money Follows the Person project (B21)

Action Plan: 2.4a Expand funded Waiver Services to enable individuals with IDD residing in DMH facilities to transition into the community

Progress – Quarter 4

As of the end of the fourth quarter, 94 individuals have been enrolled in the ID/DD Waiver.

Action Plan: 2.4b Use ID/DD Waiver Services Reserve Capacity slots and Money Follows the Person (B2I) services to transfer people from ICF/MRs to the community

Progress – Quarter 4

Staff at DMH's IDD programs has been trained on B2I opportunities. The Office of Consumer Supports staff will be trained in FY 2013.

As of the end of the fourth quarter, two individuals have been transitioned from ICF/MRs using B2I Services. A total of 39 people have been transitioned from ICF/MRs.

Action Plan: 2.4c Increase number served in ID/DD Waiver each year from those on the waiting list

Progress – Quarter 4

At the end of the fourth quarter, 94 new individuals were enrolled in the ID/DD Waiver.

Action Plan: 2.4d Transfer people from nursing homes to community using Money Follows the Person services

Progress – Quarter 4

During the fourth quarter, DMH staff participated in Money Follows the Person (MFP) meetings as well as in other transition activities. DMH has again requested the claims data from the Division of Medicaid and has not received it.

Action Plan: 2.4e Establish interagency, multidisciplinary transition teams at the state ICF/MRs to assist individuals in making a seamless transition to community-based services

Progress – Quarter 4

A total of 39 people were transitioned during FY12.

Objective 2.5 Provide long-term community supports

Action Plan: 2.5a Expand Intensive Case Management (ICM) services to enhance the diversion of persons in crisis away from inpatient treatment until less intensive services are needed

Progress – Quarter 4

DMH has received discharge information from MSH to review utilization and recidivism rates. Once the information is reviewed, DMH will review the RFP for Intensive Case Management to target these areas during the next grant cycle period.

Action Plan: 2.5b Expand PACT teams to support the integration and inclusion of persons needing long-term psychiatric care

Progress – Quarter 4

Funding for additional PACT teams was not included in the DMH Budget for FY13.

Action Plan: 2.5c Provide Community Support Teams to promote and support the independent living of individuals served

Progress – Quarter 4

DMH will continue to visit other states that provide Community Support Services. DMH is expected to visit community service providers in Boston at the end of July 2012. DMH has received discharge information from MSH to review utilization and recidivism rates. Once the information is reviewed, DMH will review the RFP for Community Support Teams to target these areas during the next grant cycle period.

Objective 2.6 Provide supported employment services

Action Plan: 2.6a Increase number of individuals assisted with employment

Progress – Quarter 4

DMH revised the Operational Standards to include Community Support Services. Employment assistance activities will be examined in FY 2013 to determine appropriateness as a Community Support Service activity.

Action Plan: 2.6b Assist in the reentry of individuals with mental illness into the workplace

Progress – Quarter 4

No additional funds were awarded to support Employment Specialists in each CMHC. However, employment assistance activities will be examined in FY 2013 to determine appropriateness as a Community Support Service activity.

Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services

Progress – Quarter 4

Training on customized employment was held June 6-7 for transition teams from DMH's IDD Programs. DMH continues to work with the Department of Rehabilitation Services. A meeting was held on May 22 to further refine information to be included on the flow chart.

Objective 2.7 Expand specialized services

Action Plan: 2.7a Increase and improve integrated treatment service options for co-occurring disorders in adults with SMI and children/youth with SED (SMI/A&D, SED/A&D, SMI/IDD, SED/IDD, etc.)

Progress – Quarter 4

DMH sponsored the annual "Looking to the Future" Conference for children/youth service providers and professionals. A track including seven workshops was offered including how drugs and alcohol affect adolescents; updates on street drugs and synthetic drugs; and, challenges to sobriety for youth.

DMH is participating in a Policy Academy Initiative to develop and expand evidence-based practices for youth with co-occurring disorders. A juvenile justice co-occurring team has been established in Hinds County to select and implement an EBP for youth with co-occurring disorders who come into contact with the Youth Court.

Action Plan: 2.7b Provide additional services/programs to serve transition-aged youth and young adults with SED

Progress – Quarter 4

During the 3rd quarter, a total of 32 youth were enrolled in the MTOP program, and 20 were enrolled in April and May 2012.

Goal 3 Improve access to care by providing services through a coordinated mental health system and in partnership with other community service providers

Objective 3.1 Establish equitable and timely access to services statewide

Action Plan: 3.1a Design integrated planning lists procedures to improve identification of types and locations of needed services/supports in order to increase options for home and community-based service provision

Progress – Quarter 4

Once the DMH Web site is redesigned, it will be utilized for data collection.

Action Plan: 3.1b Develop strategies to address barriers to timely access

Progress – Quarter 4

Due to the July 1 implementation of the 2012 DMH Operational Standards and changes to the “core services,” the 2012 Annual Operational Plans from CMHCs will be returned in the 1st quarter of the next reporting year.

DMH and ITS have finalized the discharge report. Discharges from reporting state-operated facilities have been analyzed from July 2010 to June 2012. Trends have been identified in the number of discharges and follow-ups in the community. Facilities report discharge information on a monthly basis, and discharge reports will be generated quarterly for analysis.

Action Plan: 3.1c Increase access to mental health care/services through expanded use of telemedicine

Progress – Quarter 4

No activities to report this quarter.

Objective 3.2 Expand and increase effectiveness of interagency and multidisciplinary approaches to service delivery

Action Plan: 3.2a Increase participation of the MS Band of Choctaw Indians in assessment, planning, and service delivery process

Progress – Quarter 4

A representative from Choctaw Behavioral Health was added to the MS Prevention Network.

Action Plan: 3.2b Increase partnership activities between local entities and community providers such as hospitals, holding facilities, CSUs and CMHCs to establish triage, treatment, and diversion plans

Progress – Quarter 4

Surveys were sent to CMHC directors during the first week in April to identify prospective beneficial partnerships; to determine how the service delivery system might better utilize existing potential partners (holding centers, hospitals, etc.); and, to ascertain the components of an ideal partnership agreement.

In collaboration with Mississippi State Hospital and community services providers, the Bureau of Alcohol and Drug Services implemented a diversion plan for individuals with substance abuse problems.

The Bureau of Alcohol and Drug Services has added the Recovery Support Services Director at the VA to the Bureau's Advisory Council. The Council now has two staff persons from the VA actively serving on the Council.

Action Plan: 3.2c Collaborate with the Veterans Administration (VA) to increase the provision of A&D services to veterans within the local community

Progress – Quarter 4

Region 12 provides primary and transitional services for 64 homeless (males/females) veterans. Included are 12 apartments which house 24 male veterans. Region 12's goal is to take the veterans from detox to permanent housing. At present, Region 12 is providing services to 47 veterans, and 17 beds are available.

Harbor House continues to provide treatment to veterans (males/females) who are in the program's primary unit. In addition, Harbor House provides support services for veterans who have appointments at the VA hospital. Also, a Trauma Recovery Program and an Addictive Disorder Treatment Program is available.

Action Plan: 3.2d Expand MAP teams for children and youth with SED and IDD

Progress – Quarter 4

MAP Team Coordinators continue to be provided with technical assistance on resources for children/youth presenting with IDD.

Although no additional funds are available, Region 2 began developing MAP Teams for Tate, Panola and Calhoun counties. The Region 6 MAP Team (Leflore County) also serves Sunflower, Grenada, Carroll, Holmes and Humphreys Counties. Region 10 continues to operate Lauderdale and Newton County MAP Teams, and Region 11 continues to operate MAP Teams in Franklin, Lawrence, Walthall, Pike and Amite counties.

Data has been collected and compiled for the third quarter. A total of 45 MAP Teams served 112 children/youth, of which seven were diagnosed with both SED and IDD disorders. This data, as well as technical assistance on appropriately identifying children/youth with IDD, will continue in FY 2013.

Action Plan: 3.2e Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD

Progress – Quarter 4

An Introduction to Wraparound training was conducted March 27-29 and June 4-6, 2012. Children's staff from CMHCs Regions 3, 4, 8, 10, and 12 attended.

Fifteen (15) Wraparound Coaches continue to be trained by the University of Maryland, Innovations Institutes via monthly phone calls and on-site technical assistance.

Action Plan: 3.2f Expand adult MAP teams

Progress – Quarter 4

No additional funding is available for Adult MAP Teams. In FY13, strategies will be developed to implement the MAP team model without funding.

Action Plan: 3.2g Facilitate work with state and local partnerships to increase jail diversion programs

Progress – Quarter 4

This action plan will be carried over into FY13. There are no updates for this quarter.

Action Plan: 3.2h Continue participation with the Mississippi Transportation Initiative

Progress – Quarter 4

No activities to report this quarter.

Action Plan: 3.2i Adapt Operation Resiliency with the Veterans Administration care centers

Progress – Quarter 4

DMH continues to receive requests for Operation Resiliency materials. More than 200 DMH employees completed the behavioral health military training.

Action Plan: 3.2j Develop strategies to facilitate integration of mental illness, IDD, and addiction services with primary health care

Progress – Quarter 4

The Integration Workgroup (IWG) met during the fourth quarter on May 22, 2012. During the fourth quarter, the IWG has continued to learn about integrated care by participating in several free webinars offered through the SAMHSA-HRSA Center for Integrated Health Solutions. The webinars were offered on May 23, May 30, June 12 and June 14, 2012. The IWG continued to work on a baseline document which will provide a statewide snapshot of the availability of integrated primary care and behavioral health and IDD services throughout the state mental health system. DMH staff continued to work on the baseline document through the fourth quarter and a draft proposed final was created by the end of June 2012. The IWG continued to expand its list of potential partners/systems for development of integrated state services. The group also discussed its desire to expand IWG membership to include some of these potential partners. On June 26, 2012, DMH staff met with the DMH Executive Director concerning identification of potential members and expansion of the IWG. The DMH Executive Director supported this expansion.

On April 16, 2012, the DMH Executive Director provided a Letter of Support to the MS Primary Health Care Association in support of its application for continued funding by HRSA. On April 20, 2012, two IWG members met with a representative of local FQHCs concerning their interest in providing behavioral health services. The FQHC representative was in search of collaboration and of possible funding. From May 3 through June 8, 2012, DMH staff collaborated with the Executive Director of the MS Primary Health Care Association (MPHCA) and five Community Mental Health Center Executive Directors concerning a federal funding opportunity to provide primary care at CMHC sites. A number of meetings were held with DMH, MPHCA and CMHC staff during this time frame. By the application deadline (June 8th), two CMHCs had submitted applications to SAMHSA for this funding opportunity.

Action Plan: 3.2k Continue development of a multiagency comprehensive approach for substance abuse prevention among adolescents

Progress – Quarter 4

The Bureau of Alcohol and Drug Services currently has six members on the MAAUD subcommittee in various service and non-service positions.

The Department of Mental Health and Developing Resources for Education in America, Inc. (DREAM) collaborated to host a Town Hall Kick Off press conference at the State Capitol to provide educational awareness about underage drinking consequences, and to introduce the upcoming Town Hall meetings across the state. This year, 32 Town Hall meetings were conducted in Mississippi during the months of March and April that mobilized communities around the issue of underage drinking prevention. The theme of the 2012 Town Hall Meetings initiative was “Getting to Outcomes.”

In 2012, to meet the changing needs and scope of the substance abuse prevention field, the MS Executive Prevention Council was renamed the Mississippi Prevention Network. The MPN includes over 20 member organizations including representation from the Governor’s office and the Center for Substance Abuse Prevention. MPN holds quarterly meetings to address its mission of strengthening substance abuse prevention in Mississippi through collaboration as well as its goals of coordinating prevention programming and minimizing duplication of services, advocating for prevention issues at the state and federal levels, and helping to build the capacity of prevention professionals.

Goal 4 Implement use of evidence-based or best practice models and service outcomes

Objective 4.1 Implement EBP/BP models in priority service areas as a community norm/standard of care to support positive outcomes for individuals

Action Plan: 4.1a Select EBP/BP where identified models are available that meet state specific criteria for each of the required core services and DMH-identified priority services including crisis services, supported employment, and person-centered planning

Progress – Quarter 4

Each subcommittee reviewed the Strategic Planning and Best Practices Committee findings and recommendations. The subcommittees all began making preliminary plans to carry out the specific activities of those recommendations. It was determined that implementation will be part of next year’s plan.

Action Plan: 4.1b Develop timelines for implementation of the selected models endorsed by DMH for core services and DMH priority services

Progress – Quarter 4

This objective was not able to move forward during this FY as it is contingent on the Strategic Planning and Best Practices Committee’s findings, as well as the recommendations and approval of the State Board of Mental Health.

Objective 4.2 Develop service outcomes in service areas as a community norm/standard of care to support positive outcomes for individuals

Action Plan: 4.2a Provide opportunities for consultation, training and review of emerging or promising models found to be effective

Progress – Quarter 4

The Division of Professional Development has made great progress in promoting training activities that are evidenced-based. Current and relevant references are now a part of the application process for CE approval, and the Division of Professional Development makes every effort to ensure professional representation on all planning committees. Additionally, this division continues to encourage and promote the concept that only evidenced-informed training will be supported by DMH, with this being a requirement for professional CEs to be awarded.

DMH Central Office staff completed EBP/BP training through the Essential Learning on-line program.

Articles have been submitted, and final details for the *Innovations in Practice* newsletter are being completed.

Objective 4.3 Evaluate and monitor outcomes of treatment models

Action Plan: 4.3a Establish evaluation criteria for each of the core services and DMH priority services to address efficacy and effectiveness

Progress – Quarter 4

No activities to report this quarter.

Goal 5 Utilize information/data management to enhance decision making

Objective 5.1 Maximize reporting potential of collected data

Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/clinical and programmatic

Progress – Quarter 4

The IT department is developing reports as requested for executive staff at the Central Office. Such reports include: “Follow-Up Care,” which tracks individuals discharged from the Behavioral Health facilities to see when/if they receive follow-up care and what services they received, and “Number of Persons Served” (unduplicated count) for A&D, by age, sex, race/ethnicity.

Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data

Progress – Quarter 4

Activities to begin in the first quarter of FY13.

Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)

Progress – Quarter 4

See Action Plan 5.1a.

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| <p>Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking</p> <p>Progress – Quarter 4 Approval was received to work with the University of Southern Mississippi to develop a Web-based application for reviewing, querying and reporting from the CDR database. Activities will begin by the second quarter in FY13.</p> |
| <p>Objective 5.2 <i>Develop/expand an electronic collection and reporting system for new reports</i></p> |
| <p>Action Plan: 5.2a Determine what software/program will be used across all facilities</p> <p>Progress – Quarter 4 No activities to report in this quarter.</p> |
| <p>Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcomes, Managed Care, Disparity Data, etc.) and for whom (i.e., Central Office, C & Y Services, CMHCs, etc.)</p> <p>Progress – Quarter 4 No activities to report in this quarter.</p> |
| <p>Action Plan: 5.2c Define data for required report</p> <p>Progress – Quarter 4 No activities to report in this quarter.</p> |
| <p>Action Plan: 5.2d Design standardized reports with timelines for implementation</p> <p>Progress – Quarter 4 No activities to report in this quarter.</p> |
| <p>Action Plan: 5.2e Implement collection and reporting</p> <p>Progress – Quarter 4 No activities to report in this quarter.</p> |
| <p>Objective 5.3 <i>Establish an electronic exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)</i></p> |
| <p>Action Plan: 5.3a Determine DMH participation cost for MSHIN</p> <p>Progress – Quarter 4 A webinar was presented on June 13, 2012, to MH/IDD facilities. The webinar was a demonstration on accessing health records as well as the direct services email option. An application will be forwarded to DMH facilities for participation. Cost to participate in the health exchange record is \$100 per year for one access point. Cost to participate in the direct services email is also \$50 per year for one access point. Each facility will have a database administrator to oversee site access.</p> |
| <p>Action Plan: 5.3b Determine DMH facilities for joining MSHIN</p> <p>Progress – Quarter 4 No activities to report this quarter.</p> |
| <p>Action Plan: 5.3c Report MSHIN Board actions quarterly</p> <p>Progress – Quarter 4 No activities to report this quarter.</p> |
| <p>Action Plan: 5.3d Determine communication pathway between HIE and EHR</p> <p>Progress – Quarter 4 This activity will be addressed in FY13 under Objective 5.1.</p> |

Objective 5.4 Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)

Action Plan: 5.4a Provide education of federal and state policy on healthcare reform to DMH Electronic Health Record (EHR) committee members, facility directors and IT directors

Progress – Quarter 4

DMH continues to work with the IDD facilities. Tier 7 is developing pricing options to present to the facilities. A Profiler demonstration will be scheduled for the first quarter of FY13 for the MH facilities.

MSH is in the final stages of completing/testing interfaces, with the exception of Radiology. Physicians have completed training on the escript program, and the clinical record database will be complete in early July.

Action Plan: 5.4b Evaluate usefulness and feasibility of Medicaid Electronic Health Record (MEHR) database

Progress – Quarter 4

No activities to report this quarter.

Objective 5.5 Develop a Health Information Technology (HIT) strategy for DMH including policies, standard, and technical protocols while incorporating cost-saving measures

Action Plan: 5.5a Perform Network Security Audit

Progress – Quarter 4

All facilities have completed the security audit and are in the process of reviewing recommendations.

Action Plan: 5.5b Perform Standard and Technical Protocol Audit

Progress – Quarter 4

No activities to report this quarter. Activities will begin in FY13.