Mississippi Board of Mental Health
and
Department of Mental Health

Strategic Plan
Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

Second Quarter
October 1, 2011 – December 31, 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 Continue to implement proven cost reduction measures across DMH programs/services
Progress – Quarter 2
Overall expenditure reduction using the Valley contract at EMSH, NMSH, and SMSH was approximately $517,230 during the second quarter of FY 2012 when compared to the quarterly estimate based on the fiscal year ended prior to the contract (FY 2009).

The report with actual expenditure reductions for food service costs at the ICF/MRs is expected mid-January 2012 from the vendor that coordinates the compilation.

Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year
Progress – Quarter 2
An assessment to gauge the potential for expenditure reductions and quality improvements in Pharmacy services at HRC, MSH, and SMSH was conducted by a private company. The results of the assessment were communicated to the facilities involved (HRC, MSH, SMSH) on December 16, 2012. Development of a plan to increase efficiencies was started late in the second quarter and is expected to be ready for implementation by the end of the third quarter.

A workgroup, tailored to Pharmacy services, will be established to formulate a plan and work to receive approval from the Action Team Members.

Action Plan: 1.1c Determine personnel needed to transform the service system
Progress – Quarter 2
During the second quarter, a workgroup was established made up of DMH staff involved with the type and nature of employees currently working in the community mental health system throughout the state. During the third quarter, this workgroup will develop the thumbnail sketches necessary to contribute to the development of a plan for staff utilization in the future.

Also during the second quarter (November 2011), four teams from the IDD facilities completed visits to four states (New Mexico, Oregon, Indiana, and Wisconsin) to view and learn about their various community-based systems. These visits enabled the team members to meet with staff and tour a variety of examples of supported community housing for individuals with all degrees of severity of developmental and intellectual disability. The members of the four teams reported their initial impressions from the visits to a group of DMH staff in December 2011.

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 based on established priorities
Progress- Quarter 2
A conference call with team members was held November 30, 2011, to discuss possible services that Mississippi might be interested in including in a 1915(i) Medicaid State Plan amendment.

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

Progress- Quarter 2

On 10/1/2011, the Administration on Developmental Disabilities (ADD) Project of National Significance was awarded on behalf of the MS Council on Developmental Disabilities. The awarded amount was $355,150 for a period of five years (Sept 2011- Sept 2016). The application had been submitted on 8/31/11. A conference call from ADD and a Consortium Meeting (MS Council on Developmental Disabilities, USM Institute of Disability Studies and Disability Rights MS) were both conducted in November 2011. This project is called MS Partnerships for Employment (MSPE).

On 10/19/2011, the Governor's Office submitted an application for the Race To The Top-Early Learning Challenge grant. This was a multi-state agency effort including the Department of Human Services, the Department of Health, the Department of Mental Health and the Division of Medicaid. DMH staff worked on a portion of this application during July-October 2011. On 12/16/2011, Mississippi learned it was not among the nine states to win the award.

DMH submitted two applications to NASMHPD on 10/27/11 - an Employment Development Initiative (EDI) and a Transformation Transfer Initiative (TTI). The responses are pending.

A Letter of Intent was submitted in mid-November to NASDDDS for participation in the ADD National Quality Measurement Project. Notification was received on 11/16/11 that Mississippi DMH would receive this Health and Human Services/Administration on Developmental Disabilities funding effective 7/1/2012 for the 2012-2013 fiscal year.

On December 15, 2011, DMH staff met with University of MS Medical Center staff and others as part of a CMS Health Care Innovation Grant Work Group. Other state agencies involved included the MS Department of Health, MS Department of Human Services, the MS Division of Medicaid, and the MS Department of Finance and Administration. Also involved are the MS Association of Community Mental Health Centers, the MS State Medical Association, and the MS Primary Health Care Association. The Health Care Innovation Grant Work Group is in pursuit of a Health Care Innovation Challenge grant for Mississippi. The Letter of Intent was submitted on December 19, 2011, and the deadline for a grant application submission is January 27, 2012. This is a possible $30 million grant to fund a project that will be spread over three years.

On November 29 and December 21, 2011, DMH staff met with Medicaid staff on a Health Homes Planning Project award available through CMS. They also discussed working on future projects concerning behavioral health/primary care integration.

In December 2011, DMH staff held initial discussions with staff from the MS Primary Health Care Association on future projects concerning behavioral health/primary care integration.

The Online communication tool, DMH Proposals, was updated on 11/30/2011 and again on 12/16/2011 to reflect the status of applications.

Action Plan: 1.2c Collaborate with Division of Medicaid 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 2

During the second quarter, DMH and CMHC staff continued to review and discuss the proposed Medicaid rules. DMH staff, CMHC staff, and a number of stakeholders attended the final public hearing on November 22, 2011 prior to the posting of the Medicaid Final Rules, which will be effective January 1, 2012.

DMH staff met with Division of Medicaid staff during the second quarter seeking further clarification on a number of the proposed Medicaid rules changes. CMHCs also provided questions and items of concern to DOM during this open comment period.

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

Progress- Quarter 2

The following are the percentage of clients at Garden Park Adult Day Services who attended under the Elderly and Disabled Waiver: 47% in October, 44% on November, and 44% in December.

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

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

Progress- Quarter 2

The established work group has begun to gather details about the structure and nature of various DMH-related committees and when and how stakeholders are included. The work group hopes to have a completed report by the end of quarter 3 that will include recommendations as to the more effective use of stakeholders in the overall committee structure and the feasibility of establishing a single stakeholder representative committee.

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

Progress- Quarter 2

On December 7, 2011, the Bureau of Alcohol and Drug Services sponsored "A Showcase Of Evidence-Based Substance Abuse and Mental Health Promotion Programs." This event attracted 115 participants and materials from over one dozen evidence-based programs were distributed at the Showcase. Several vendors staffed booths and/or provided presentations of programs and curricula. Among the participating partners were the Department of Health, Office of Tobacco Control, and Department of Human Services. The evidence-based programs that were presented through instructional sessions were: Building Skills; Communities Mobilizing for Change; Peer Assistance Learning (PALs); Positive Action; Residential Student Assistance Program (RSAP); TeenScreen; and Too Good for Drugs.

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 2

DMH established and filled a new position specific to addressing the community housing needs of individuals receiving services through all DMH programs and facilities. This reallocation of funds to specifically address housing needs is a major indicator of increased emphasis on housing as a priority service.

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

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

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

Progress – Quarter 2

DMH surveyed DMH Certified Providers and determined the mechanism used for individuals receiving services and/or family members to participate in the planning, evaluating and implementing mental health services. The data was analyzed and DMH determined the number of certified providers that utilize advisory council and the date, times and location of meetings. DMH obtained limited information on barriers to meaningful individual and family participation. DMH will interview council members in the following quarter.

Several providers did not respond to the survey. A large number of providers either did not complete the survey or did not respond to how individuals and family members were involved in all three areas of participation (planning, evaluating, and implement). DMH will have to review the survey to determine who should receive a follow-up survey. Upon completion of the follow-up survey, the results will be submitted for review. The information will be used to assist DMH certification team to identify and support Providers who do not have a system in place for individual and family participation.

Additionally, the goal team members plan to provide Individual and Family Participation Guides to DMH certification team and certified providers to deliver to providers and support efforts to increase individual and family participation. DMH will work with IDD, MH and A&D Stakeholder Groups to review current opportunities for individual and family participation in the state and local system, identify supports need to increase individual and family participation, and explore other opportunities for individual and family participation.

Information from Providers who completed the survey is available to place on the Recovery site, but this information is not inclusive of all certified provider. Not all Certified Providers responded to the survey. Upon the completion of the follow-up survey, this information will be placed on the site.

Established an IDD and MH Stakeholders group to determine the types of meaningful participation opportunities available to individuals and family members on the state and local level (this will include advisory councils) and what type of supports are needed.

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

Progress – Quarter 2

The Division of Medicaid's Proposed Medicaid Mental Health Remodel changes became effective January 1, 2012. The new Medicaid Plan Amendment allows for the reimbursement of Peer Support Specialist and Respite Services. This will allow certified peers to be employed within the mental health system. Respite services will allow much needed support for caregivers of individuals with disabilities.

DMH met with the Division of Medicaid on the final proposed State Plan Amendment for clarification. DMH is currently awaiting the clarification in writing. Once DMH has final clarification we will begin the process of revising the Operation Standards and the inclusion of Peer Support Specialist and Respite Services.

Training of providers on new Peer and Respite services will begin once the Operation Standards have been revised.

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 2
During the second quarter, the Arc of Mississippi prescreened potential applicants for an upcoming training of Personal Outcome Measures© Interviewers using a network of emails and contacts from DMH and other advocacy organizations.

On November 2, 2011, the CQL's Personal Outcome Measures Team Leaders conducted POM© training at the AIDD Conference. As of October 2011, one Personal Outcome Measure Interview was conducted at Region 7(October 10-14, 2011).

The draft of the pre and post assessment for participants for the CQL training is completed and was submitted to CQL team leaders for comments. Changes have been made to the document based on these comments. Pre and Post Assessment will e made available for potential applicants for upcoming POM Trainings.

The System of Care 101 training presentation was developed and presented to ten (10) new members of the Statewide Affinity Group on November 29, 2011.

Action Plan: 2.1d Determine system's responsiveness to individual needs and desired outcomes
Progress – Quarter 2
The draft plan to insure that Personal Outcome Measures© interviewers are representative of the population served will be approved in January 2012 by the Bureau of Quality Management, Operations & Standards.

Objective 2.2 *Develop a comprehensive crisis response system*

Action Plan: 2.2a Provide Crisis Stabilization Unit (CSU) services through each CMHC region
Progress – Quarter 2
Admission data by county has been collected from NMSH, MSH, EMSH, and SMSH for FY2009, FY2010 and FY2011. In the third quarter, data will be analyzed to determine which of the CMHCs that do not have a CSU in their region has the highest rate of admissions to DMH hospitals.

MSH has identified dollars in its budget to help fund a CSU for Hinds County. Hinds Behavioral Health Services is in the process of locating an appropriate building to house a CSU.

Timber Hills assumed operation of two ten-bed group homes in Tupelo near NMSH and was certified in December 2011 for a male CSU and a female CSU.

When Hinds Behavioral Health Services opens the CSU in Hinds County, this will leave five out of the fifteen CMHCs that do not have a CSU located in their region.

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

Progress – Quarter 2

Admission data by county has been collected from NMSH, MSH, EMSH, and SMSH for FY2009, FY2010 and FY2011. In the third quarter, data will be analyzed to determine the percentage of admissions to a DMH psychiatric hospital that did not go to a CSU first. Then a determination of the true diversion rate for each CMHC region and CSU will be available. Currently the diversion rate for CSUs only takes into account the admissions to a CSU that were diverted from a DMH psychiatric hospital.

During a CSU Director's Meeting in the second quarter, it was decided the primary performance indicator would be diversion from a state psychiatric facility. The length of stay has been consistent over the past year at around 10 days and thus is the length of stay performance indicator. Additionally, Medicaid is only giving prior authorization for 14 days at a time.

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

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

Progress – Quarter 2

During the second quarter, a new position of Director of Housing and Community Living was established and filled at DMH to specifically address the community housing needs of individuals receiving services through all the DMH programs and facilities.

DMH staff reviewed and consolidated much of the existing information and data regarding statewide housing and community living needs. This information will be used over the remainder of this year to continue planning and to begin implementing selected housing and community supports to increase appropriate community living options in Mississippi.

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

Progress – Quarter 2

During the second quarter, a new position of Director of Housing and Community Living was established and filled at DMH to specifically address the community housing needs of individuals receiving services through all the DMH programs and facilities.

Because of the direct involvement that DMH staff, including the Director of Housing and Community Living, have had with B2I and other community housing initiatives during the first and second quarters, the determination has been made that a separate statewide survey to identify community supports is not necessary at this time. DMH staff have concluded that the list of community supports included in B2I are representative of all the supports that we are aware of at this time that an individual might need in order to live successfully in the community. Additional supports can be added to the list as the need arises.

A number of the DMH facilities have hired or are in the process of hiring, transition coordinators to assist in identifying and accessing appropriate housing options for individuals being discharged from these facilities.

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

Progress – Quarter 2
During the second quarter, a new position of Director of Housing and Community Living was established and filled at DMH to specifically address the community housing needs of individuals receiving services through all the DMH programs and facilities.

DMH-DCS is continuing current funding of housing options such as group homes, supervised apartments and halfway houses.   As a priority for funding, BIDD continues to provide grant support for community living options for individuals with IDD.

Action Plan: 2.3d Provide bridge funding for supported housing
Progress – Quarter 2
Funds have been requested for Bridge funding for FY13.

During the second quarter, a new position of Director of Housing and Community Living was established and filled at DMH to specifically address the community housing needs of individuals receiving services through all the DMH programs and facilities.

DMH staff participated in several meetings conducted by the Division of Medicaid to discuss implementation of the newly-funded Bridge to Independence (B2I) program that is the Mississippi version of Money Follows the Person. A meeting was convened by Medicaid at Ellisville State School that included DMH staff, ESS staff, and local housing developers, owners, or providers to discuss the specific plans for implementing B2I for individuals being served at ESS who could successfully move out into the community if provided the necessary supports that are offered though B2I. Once fully established, this model can be replicated in other communities for other individuals receiving services.

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 2
DMH staff continues to attend Medicaid meetings regarding Money Follows the Person which is now referred to as Bridge to Independence (B2I). Transition Coordinators located at each of the five Regional Centers were trained on Person Centered Planning for the purposes of transitioning individuals from institutions to the community during three 1 ½ day workshops in November and December.

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 2
B2I informational material has been made available at the IDD facilities. Ellisville State School referred 18 individuals to B2I on December 1, 2011, the first day applications were accepted. To date, Medicaid has not acted on the referrals.   Using ID/DD Waiver reserved capacity slots, 14 have people transferred from institutional programs to the community in FY 2012.

Action Plan: 2.4c Increase number served in ID/DD Waiver each year from those on the waiting list
Progress – Quarter 2
ID/DD Waiver Support Coordination Directors were notified in October to begin enrolling 50 people from the ID/DD Waiver Statewide Planning List.

Action Plan: 2.4d Transfer people from nursing homes to community using Money Follows the Person services
Progress – Quarter 2
DMH continues to meet with the B2I staff. Medicaid has already developed target number of people to transfer based on claims data. The Bureau of IDD and MH have submitted job descriptions/scope of work to DOM for these positions. This contract has not been finalized.
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 2
Three trainings on person centered planning for the transition coordinators from the Regional Centers were conducted on November 2, December 7 – 8, and Person Centered training was conducted at Ellisville State School for their Interdisciplinary Teams on December 15 – 16, 2011. DMH has transitioned 14 individuals in FY 2012.
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 2
DMH has met with providers in Georgia, Wisconsin, New Mexico, and Oregon to review their community service provision. DMH is prepared to develop program/standards for Intensive Case Management Teams once funding streams or sources can be identified. Funds have been requested for Intensive Case Management in DMH's FY13 Budget Request.
Action Plan: 2.5b Expand PACT teams to support the integration and inclusion of persons needing long term psychiatric care
Progress – Quarter 2
As of January 1, 2012, PACT services are now reimbursable through Medicaid. It is anticipated that additional PACT Teams will be available across the state once DMH locates "start up" funds for these teams.
Action Plan: 2.5c Provide Community Support Teams to promote and support the independent living of individuals served
Progress – Quarter 2
DMH has met with providers in Georgia, Wisconsin, New Mexico and others to review their community service provision. DMH is prepared to develop program/standards for Intensive Community Support Teams once funding streams or resources can be identified. Funds have been requested for Community Support Teams in DMH's FY13 Budget Request.
Objective 2.6   *Provide supported employment services*
Action Plan: 2.6a Increase number of individuals assisted with employment
Progress – Quarter 2
Funds have been requested for funding for Employment Specialists in DMH's FY13 Budget Request. DMH will utilize the CMS definition for supported employment.

Action Plan: 2.6b Assist in the reentry of individuals with mental illness back in the workplace
Progress – Quarter 2
Funds have been requested for funding for Employment Specialists in DMH's FY13 Budget Request. DMH will begin Peer Recovery Specialist training in January 2012. Peers who are in recovery and are certified will be employed.
Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services
Progress – Quarter 2
Planning for a workforce development project for Regional Center staff around the practice of customized employment is on hold until funding can be obtained.
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 2
Information and data on number of adolescents with SED/A&D was collected through the Community Mental Health State Plan surveys. The fifteen Community Mental Health Centers served 956 youth with co-occurring disorders during federal fiscal year 2011.
Action Plan: 2.7b Provide additional services/programs to serve transition-aged youth and young adults with SED
Progress – Quarter 2
The two additional MTOP sites at Region 10 and Region 4 (Desoto County) were funded October 1, 2011. Implementation of services at these two sites will begin February 1, 2012.

A total of 19 youth were admitted during the second quarter with a cumulative total of 145 youth being served through MTOP. |

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 better identify types and locations of needed services/supports in order to increase options for home and community- based service provision

Progress – Quarter 2

Developing two work groups (one IDD focused; one MH focused) to develop procedures to integrate planning lists was discussed with the center directors at the Executive Staff meeting in December. BIDD staff is meeting with the center directors again in January 2012.

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

Progress – Quarter 2

DMH is in negotiation with the DOM on finalizing the DOM state plan amendment for mobile crisis services. DMH has requested funding for a central call in center, intensive case management teams and community support teams. DMH met with two providers to see how other states are operating their crisis call in and response teams. DMH is gathering information to examine the possibility of contracting with a provider to pilot this in the state.

The annual operational plans have been submitted to DMH. The group will meet to review these plans and make recommendations regarding how planning lists are maintained so that the process can be standardized.

In response to SB 2836, a discharge list is to be submitted to DMH from each facility monthly. That information will be utilized on site visits to ensure the individuals were seen by the CMHC according to the requirements of DMH standards. A DMH tracking policy has been developed that is being reviewed by the Bureau Directors. Once this is approved, it will be implemented.

The TTI pilot was finalized with Region 6 and will last for 8 months.

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

Progress – Quarter 2

Telemedicine was not included in the DOM State Plan amendment.

DMH and CMHC providers participated in a webinar "Telemedicine and Behavioral Health" sponsored by the National Council of Community Behavioral Healthcare on 10/13/2011.

A survey of the community mental health centers to ascertain the prevalence of telemedicine was conducted. Six of the fifteen CMHCs have telemedicine capacity and 710 people were served.

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 Choctaws Indians in assessment, planning, and service delivery process   **Progress – Quarter 2**   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 2**   Activities to begin in third quarter.
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 2**   Clearview Recovery Center has a five-year contract with the VA to provide substance abuse services to all veterans in MS.   Common Bond Recovery Center (I.S.I.A.H House) continues to provide substance abuse services to veterans statewide. The I.S.I.A.H House is specifically designed to serve veterans. Harbor Houses of Jackson, Inc. Chemical Dependency Services continues to provide substance abuse services to veterans statewide.   Denton House has a five-year contract with the VA to provide substance abuse services to all veterans in Mississippi.
Action Plan: 3.2d Expand MAP teams for children and youth with SED and IDD   **Progress – Quarter 2**   A MAP Team Coordinators meeting was held December 2, 2011. Resources for children with a SED and IDD diagnosis were discussed and shared among the Coordinators.   During the second quarter, data was collected and compiled for the first quarter. Forty-five (45) MAP Teams served 211 children/youth, of which 13 were diagnosed with both SED and IDD disorders.
Action Plan: 3.2e Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD   **Progress – Quarter 2**   "Introduction to Wraparound" training was conducted December 5-7, 2011, with children's staff from CMHC regions 4, 7 & 12. Another introductory training will be held January 11-13, 2012.   No training for certified Wraparound coaches/supervisors was held during the second quarter, but it will be conducted in the third quarter by University of Maryland, Innovations Institutes.
Action Plan: 3.2f Expand adult MAP teams   **Progress – Quarter 2**   Activities to begin in fourth quarter.

Action Plan: 3.2g Facilitate work with state and local partnerships to increase jail diversion programs
Progress – Quarter 2
The possibility of funding for a demographic survey has not been located. The committee must decide during the third quarter if new strategies need to be developed in an attempt to identify a funding source.

Action Plan: 3.2h Continue participation with the Mississippi Transportation Initiative
Progress – Quarter 2
DMH staff continue to collaborate with the Transportation Coalition.

DMH granted Transformation Transfer Initiative funds from SAMSHA to Region 6 to conduct a transportation project in Greenwood.   Region 6 will utilize the funds to provide needs assessments and rides to ten (10) individuals in one of their supervised apartment programs. The project will last approximately eight months and post assessment surveys will be conducted with participants to assess satisfaction and improved community inclusion.

Action Plan: 3.2i Adapt Operation Resiliency with the Veterans Administration care centers
Progress – Quarter 2
After meeting with two VA representatives, we decided to use the existing Operation Resiliency materials for the VA. We received approval from the National Guard. We will begin distributing materials in the third quarter to the VA care centers in North Mississippi.

The Director of Public Information and the Director of the Division of Professional Development met with two representatives from Army OneSource about the possibility of free online behavioral health trainings. The DMH Continuing Education Advisory Board reviewed planning forms submitted by Army OneSource for continuing education credit and approved the request for the following disciplines: Continuing Medical Education, Mental Health Therapist, IDD Therapist, Case Management Professional, Social Work, Nurse, Counselor, and Psychology credit. The "Treating the Invisible Wounds of War" courses include: Post Traumatic Stress Disorder and Brain Injury, Issues of Women Returning from Combat, and A Primary Care Approach. A follow-up conference call was held with Army OneSource on December 29. DMH will begin promoting the courses at all facilities and CMHCs in January 2012. Promotion will consist of a newsletter article, newsletter ad, flyer, brochure, and e-mail.

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

Progress – Quarter 2

Throughout October, November and December 2011, DMH staff continued to gather and review materials on integrated care to share with Integration Work Group (IWG) members.

An initial Integration Work Group (3 members) was formed in August 2011. This group met on 10/17/2011 and 12/12/2011. The IWG was expanded to include representation from all programmatic bureaus (4 additional members). The group met on 12/16/2011 for an orientation on the topic of behavioral health and primary care integration.

On 10/27/2011, DMH submitted a Transformation Transfer Initiative (TTI) grant application to NASMHPD for a MS Health Integration Readiness Initiative. We are waiting for a response.

On 11/29/2011 and 12/21/2011, DMH staff met with Medicaid staff to discuss working together on projects concerning behavioral health/primary care integration, including funding. Partnering with Medicaid is a necessity for any health integration project.

Action Plan: 3.2k Continue development of multi-agency comprehensive approach for substance abuse prevention among adolescents

Progress – Quarter 2

The Bureau of Alcohol and Drug Abuse currently has 6 members on the MAAUD subcommittee in various service and non-service positions. Through a concerted effort, the MAAUD committee successfully rallied for the adoption of a "Social Host Bill" which was signed into law in the 2011 session. A member of the Bureau of Alcohol and Drug Services was named a co-chair in October.

The Bureau of Alcohol and Drug Services Adolescent Services Coordinator provided training on September 29, 2011, to MS Drug Court professionals that identified and described available services throughout the state.

The Bureau of Alcohol and Drug Services in partnership with a planning committee made up of community services representatives continued planning for the 5th Annual MS School for Addiction Professionals to be held April 10-13, 2012.

A "Showcase for Evidence Based Prevention Programs" was held for community-based programs in December 2011.

The Bureau of Alcohol and Drug Services hosted trainings for the Department of Public Safety at the Annual Juvenile Justice Conference, the MS Association of Drug Court Professionals and the MS Department of Health on September 29, 2011.

Goal 4 Implement use of evidence-based or best practice models and service outcomes
Objective 4.1 *Implement EB/BP models in priority service areas as a community norm/standard of care to support positive outcomes for individuals*
Action Plan: 4.1a Select EB/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 2** Each committee has identified member responsibilities and reviewed the proposed timeline. The committee expressed commitment to promoting a no cost utilization of evidenced informed treatments through consultation, mentoring and modifying treatments based on application of current and relevant research. The Goal 4 Team members have identified the relevant population served and have solicited information on their needs, the organizational needs and staff needs. Goal Team 4 recognize that the core services are not practices, therefore to address the challenge of assigning EBPs to core services the Goal 4 Team endorsed the continuation of the EBPs surveyed in 2010 (those reported to SAMSHA). The 2010 survey will be repeated to evaluate progress in implementation of EBPs and to identify barriers and needs for training.
Action Plan: 4.1b Develop timelines for implementation of the selected models endorsed by DMH for core services and DMH priority services **Progress – Quarter 2** Activities to begin in third quarter after implementation of proposed changes in Medicaid services and in coordination with the efforts of the legislative mandated Strategic Planning and Best Practices Committee on developing performance measures.
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 2** Discussed encouraging all Mississippi MH service delivery programs to offer training opportunities related to EB/BP with the Director of Professional Development. All CE approved offerings for Nursing, Psychology or Medical credit must provide evidence of the training being based on evidenced informed treatments or practices by providing at least 2 current or relevant references. Discussed ensuring that any treatment/service model presented to workshop, conference or seminar attendees are well documented in terms of effectiveness for population with the Director of Professional Development. Most CE providers already provide statements concerning effectiveness to population served. This requirement will be discussed and determined if it will be required in the third quarter. During the second quarter, DMH co-sponsored four trainings on specific EBPs including Trauma-Focused Cognitive Behavioral Therapy, Structured Therapy for Adolescents Responding to

Chronic Stress (SPARKS), and a showcase of EBPs in A&D treatments.

Director of Professional Development and Clinical Services Liaison continue to be available for consultation and collaboration to implement EBPs.

A list of EBPs on-line trainings has been identified. The procedure for implementation will be developed during the third quarter.

Articles are being developed for the Spring publication of *Innovations in Practice*.

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 2

Senate Bill 2836, the Rose Isabel Williams Mental Health Reform Act, amended Mississippi Code Section 41-4-7 to establish new duties of the State Board of Mental Health. One of the Board's new duties was to establish a Strategic Planning and Best Practices Committee. This Committee has as one of it's responsibilities to establish measures for determining efficiency and effectiveness of services specified in 41-4-1(2) to be provided by the CMHCs. These performance measures are to be implemented by the Board no later than July 1, 2012. Therefore, during the second quarter, the Strategic Planning and Best Practices Committee began working on development of performance measures for the core services. Four subcommittees were formed: Adult MH Services, Children and Youth MH Services, IDD Services, and Alcohol and Drug Services. Work will continue through the fourth quarter. DMH staff assists the Committee as needed.

Goal 5	Utilize information/data management to enhance decision-making

Objective 5.1 *Maximize reporting potential of collected data*

Action Plan: 5.1a Refine/evaluate reports on client level data from CDR for appropriateness/ clinical and programmatic
Progress – Quarter 2
Creation of committee on hold until Central Office IT staffing needs is addressed. Activity rescheduled for third quarter.

Action Plan: 5.1b Modify CDR to allow for capturing length of wait data
Progress – Quarter 2
Activities to begin in fourth quarter.

Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)
Progress – Quarter 2
Activities to begin in fourth quarter.

Action Plan: 5.1d Generate other reports needed based on data elements currently collected for client tracking
Progress – Quarter 2
Activities to begin in fourth quarter.

Objective 5.2 *Develop/expand an electronic collection and reporting system for new reports*

Action Plan: 5.2a Determine what software/program will be used across all facilities
Progress – Quarter 2
No feedback received from the State of Louisiana on the development of the dashboard. Staff will continue to work on identifying a project lead. In-house development may be considered when IS staffing needs are met.

Staff contacted a vendor to provide DMH with a Statement of Work, deliverables and acceptance, project cost estimates, and budget to develop the application. Staff will review the information as well as continue to evaluate the possibility of in-house development.

Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcome, Managed Care, Disparity Data, etc.) and for whom (ie. Central office, C & Y Services, CMHCs, etc.)
Progress – Quarter 2
Activities to begin in third quarter.

Action Plan: 5.2c Define data for required report
Progress – Quarter 2
Activities to begin in fourth quarter.

Action Plan: 5.2d Design standardized reports with timelines for implementation
Progress – Quarter 2
Activities to begin in fourth quarter.

Action Plan: 5.2e Implement collection and reporting **Progress – Quarter 2** Activities to begin in fourth quarter.
Objective 5.3   *Establish an electric exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)*
Action Plan: 5.3a Determine DMH participation cost for MSHIN **Progress – Quarter 2** MSHIN Board continues to evaluate what providers, hospitals, and state agencies should pay for sustaining/maintaining the system. The current cost structure to participate is $15,000-$20,000 per interface plus maintenance. The goal of DMH is to minimize the number of interfaces needed to participate. Discussions continue with the Board on allowing DMH facilities read-only access.
Action Plan: 5.3b Determine DMH facilities for joining MSHIN **Progress – Quarter 2** DMH facilities must have a certified health record in place to exchange data with MSHIN. Currently, MSH is using Unicare/Profiler and ESS is using Sequest-Tier7. However, no interface with MSHIN exists for either system. At this time, DMH is looking for read-only access to MSHIN. At the DMH Executive Staff meeting on November 16, 2011, an outline of the strategic plan for DMH facilities to participate with exchanging information with MSHIN was presented.
Action Plan: 5.3c Report MSHIN Board actions quarterly **Progress – Quarter 2** The MSHIN Board continues to finalize sustainability cost requirements.
Action Plan: 5.3d Determine communication pathway among HIE and EHR **Progress – Quarter 2** DMH currently has in place two certified systems, Sequest -TIERS and Unicare/Profiler. Connectivity cost to HIN is based on number of individual interfaces. DMH is positioned to have two interfaces: Sequest-TIER and UniCare/Profiler.
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 2** On December 6, 2011, XPIO Health gave a presentation to CMHC Data Users Group. Presentation focused on Meaningful use (MU) and EP incentives. Feedback from participants felt it helped them understand the purpose of MU, gave them a guide on who was eligible for incentives and provided them with "next steps" toward movement to EHRs. On December 1, 2011, a high-level web demonstration of the Sequest-Tier v7.0 software, a certified electronic health record system, was presented to the Goal 5 team members. Answers were provided on billing, hardware, and connectivity.

Action Plan: 5.4b Evaluate usefulness and feasibility of Medicaid Electronic Health Record (MEHR) database **Progress – Quarter 2** On November 3, 2011, CMRC applied for access to the MEHRS database.
Objective 5.5 *Develop a Health Information Technology (HIT) strategy for DMH including policies, standard, and technical protocols while incorporating cost saving measures*
Action Plan: 5.5a Perform Network Security Audit **Progress – Quarter 2** CMRC, NMSH, and BRC have received quotes from vendors. HRC is currently conducting an internal audit EMSH has submitted a request for Statement of Work and bid from interested vendors. SMSH, STF, and MAC will contact vendors in Jan 2012. ESS, SMRC, and NMRC have requested quotes. MSH's network security audit was completed in the first quarter**.**
Action Plan: 5.5b Perform Standard and Technical Protocol Audit **Progress – Quarter 2** On December 13, 2011, the Goal 5 team members attended a presentation hosted by a Business Machine and Equipment vendor. Staff from ITS presented and discussed several topics regarding security and the risk assessment.