

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

**Strategic Plan
Progress Report**



**Fourth Quarter
April 1, 2013 – June 30, 2013**

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

The intent to award has been stalled with the Request for Proposals, but is still alive and being coordinated through the members of the committee proposed to grade the responses. If the intent to award is issued, a contract will be negotiated and considered for execution.

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

Progress – Quarter 4

No plans were developed for implementing cost reductions across DMH Programs. This goal has been modified for FY14 to allow flexibility for each DMH Program to assess and design cost reduction measures, the results of which will flow through the DMH Strategic Plan. Most of the proposed cost reduction measures were too intricate and difficult to blanket over the Programs' services.

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

Progress – Quarter 4

This will continue to be an ongoing effort as community support staff is hired to achieve and maintain the staffing ratios required for each community-based service.

Action Plan: 1.1d Increase efficient use of human resources by developing innovative cost-reduction measures concerning personnel (i.e., job sharing, flex scheduling of staff, etc.)

Progress – Quarter 4

In April 2013, the Action Plan Team's list of identified areas of concern and possible replication was used to create a preliminary implementation plan/report to be shared with HR Offices. Final Action Plan Team approval of the plan/report was obtained on July 11, 2013.

Objective 1.2 Maximize funding opportunities

Action Plan: 1.2a Assist the Division of Medicaid (DOM) with submission of a Medicaid State Plan Amendment to include services allowed under Section 1915i

Progress- Quarter 4

The 1915i Medicaid State Plan Amendment is in the final stages of internal review at DOM as of July 2013. Submission to CMS is anticipated during the next reporting period.

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

Progress- Quarter 4

The Division of Alzheimer's Disease applied for the Alzheimer's Foundation of America Innovation Grant of \$25,000. The project called for Virtual Dementia Tour kits to be purchased and distributed to caregiver support group leaders statewide, AAAs, and CMHCs. The program was not funded.

On June 13, DMH submitted an application for SAMHSA's Projects for Assistance in Transition from Homelessness grant (MS PATH Grant Program) and are waiting to hear more information.

In April, DMH was notified we were awarded the 2013 Policy Academy Award entitled: Bringing Recovery Supports to Scale-Technical Assistance Center Strategy (BRSS-TACS).

In April 2013, DMH learned that the grant was renewed to extend the MS Shatter the Silence grant program through July 31, 2014.

In April 2013, we learned that the grant to extend the MS Partnership Project grant program was automatically renewed.

Action Plan: 1.2c Collaborate with Division of Medicaid (DOM) to amend the Medicaid State Plan initially for IDD services to provide a full array of person-centered services (respite services and MAP teams)

Progress- Quarter 4

DMH staff collaborated with DOM on the ID/DD Waiver Renewal which was submitted to CMS in Q4 to be effective July 1, 2013. DMH staff drafted revised *DMH Operational Standards* which reflect changes to the ID/DD Waiver services and which were posted on the Secretary of State's website. During the 30-day SOS posting period, public listening sessions were held in Jackson, Hattiesburg and Tupelo to obtain public comment for review.

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

Progress- Quarter 4

The following percentages indicate the individuals receiving services at Garden Park Adult Day Center who also receive services through the Elderly and Disabled Waiver. Footprints is not a provider under the E&D Waiver at the present time.

April – 66%

May – 66%

June – 66%

Two additional Alzheimer's day programs submitted a request for funding from DMH. Both Memory Makers in Oxford and First Friends in Amory will receive DMH grants in FY14.

Action Plan: 1.2e Expand use of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) program services for children and youth

Progress- Quarter 4

Technical assistance and training sessions were held on April 3 - 4, 2013 for children's mental health coordinators across the state. The training addressed infant and young child mental health care as well as the EPSDT process in Mississippi.

On May 30, 2013, a special meeting was held with two Division of Medicaid representatives, a Department of Health representative, a national consultant, and representatives of MS Families As Allies to discuss the EPSDT screeners, access to EPSDT, qualified providers and process from screening to providing services. After discussion of the process, it was determined that a specialized social/emotional screener needed to be added (i.e., Ages & Stages). The process for determining "medical necessity" needed to be more clear for families and providers as well as how the services are administered. A goal and two strategies have been added to the MS strategic plan for Building a Birth to 5 System of Care to further redefine how MS utilizes EPSDT.

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

This activity has been incorporated into the DMH Peer Support Initiative. Through the implementation of the Recovery Breakthrough Series, DMH is formalizing a system for ongoing stakeholder input.

Action Plan: 1.3b Increase effectiveness of coordinator of MAP teams

Progress- Quarter 4

Funds were requested; however, no additional State of CMHS Block Grant funds were awarded for FY14.

Action Plan: 1.3c Establish a DMH quality management council to assist DMH with identification of trends and patterns among all DMH certified providers

Progress- Quarter 4

The Quality Management Council had its first meeting on April 30, 2013. The QM Council will meet again on July 30 at which time the draft By-Laws will be presented. Data sources were identified during the first meeting. This will be ongoing.

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

Progress- Quarter 4

Requirement of the use of EBP/BPs and training resources were included in the Request for Proposals submitted in March and June 2013. Reallocations were made for the provision of Wraparound Institute and Training Center at the University of Southern Mississippi and additional Learning Collaboratives for TF-CBT and SPARCS.

Action Plan: 1.3e Publish an annual report that benchmarks like programs with established performance indicators/outcomes/national core indicators

Progress- Quarter 4

National Core Indicators interviews will be completed by August 1, 2013. All interviews are being entered into the online data system. The Human Services Research Institute (HSRI) will generate a summary report for MS and state-to-state comparisons.

The 2012 Report of URS tables has been developed and shared with DMH leadership and strategic planning and best practices.

The feedback website for providers to access is in development with an estimated completion date of September 2013.

The 2013 Personal Outcome Measures schedule is complete. The 2014 POM schedule will be developed in conjunction with Arc of MS.

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

Progress- Quarter 4

The State Legislature has allocated DMH funding to expand community-based services. Some of this funding will be used to establish Mobile Crisis Teams. A Request for Applications will be released in early FY14 to begin the process of allocating funds and developing crisis response capabilities throughout the state.

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

The various opportunities for individual and family participation at the state level were identified. The Breakthrough Recovery Series was launched and the first learning collaborative was completed.

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

Progress – Quarter 4

Presentations on a recovery-oriented system of care were conducted for five conference/workshops and one DMH IDD Program. An overview of MTOP and the System of Care principles was provided at the MS Annual School of Addiction Professionals on April 10, 2013. Evaluations were included as part of the CEU process. During Quarter 4, a Personal Outcome Measures training was held and two Personal Outcome Measures visits were conducted. In addition, five presentations were conducted at various conference/workshops. The Recovery Breakthrough Series Collaborative is focusing on practice change in the areas of assessment and person-centered planning. Seven teams from throughout the State, representing the mental health, substance abuse and intellectual/developmental disabilities service areas, are participating in this learning collaborative and quality improvement model. The first learning session was held May 30-31.

Action Plan: 2.1c Determine system's responsiveness to individual needs and desired outcomes

Progress – Quarter 4

Two Personal Outcome Measures visits and exit interviews were conducted with both providers. The annual report will be developed in September 2013 at the end of the grant cycle to show the impact of Personal Outcome Measures.

Action Plan: 2.1d Incorporate Peer Recovery Supports Services into core services in DMH Operational Standards

Progress – Quarter 4

The first learning session of the Recovery Breakthrough Series Collaborative included two, eight-hour trainings for peers.

The SAMHSA funded Bringing Recovery Support to Scale Policy Academy team conducted a SWOT analysis of current recovery related initiatives in the State, developed a vision statement for MS for a recovery system, and began development of an action plan. The action plan will be completed and submitted to SAMHSA for feedback in the next reporting period.

Action Plan: 2.1e Incorporate Peer Support Services into core services in DMH Operational Standards

Progress – Quarter 4

The Certified Peer Support Specialist Supervisor training is being updated and a Peer Support tool kit is being developed.

The survey to evaluate needs and determine roles as CPSSs was completed. Trainings are being

provided at the Peer Network quarterly meetings.

Revisions were made to the final draft document explaining benefits, barriers, and roles of CPSSs within the mental health system.

A meeting was held with the CPSS Network Board to discuss roles, responsibilities, future goals and objectives of the Network.

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

There is no additional funds allocated to DMH for the development of additional CSUs in the FY14 Budget. The Division of Crisis Response will continue to attempt to secure funding to assist in the development of additional CSU's as a normal course of action.

Region 7 is contemplating the use of the old CART House location as a CSU for their catchment area. The Division of Crisis Response will give a preliminary review of the building early in FY14 for appropriateness prior to initiation as a CSU.

Catholic Charities has identified a building that may have potential to be converted into a CSU for Hinds County. The Division of Crisis Response will give a preliminary review of the building early in FY14 for appropriateness prior to Catholic Charities purchase. The Division of Crisis Response will continue to work with Catholic Charities or other providers to develop a CSU for Hinds County.

A minimal amount of CSU grant funding will be reallocated from each CSU and provided to Gulfport CSU to sustain its operation beginning in FY14.

The Division of Crisis Response will continue to analyze the level of Medicaid reimbursement for Crisis Residential Services provided at the CSU's and if necessary reallocate CSU funding for new CSU funding.

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

DMH developed a brochure explaining crisis services in the state. The brochures will be distributed to the CSU Directors at the CSU Director's meeting in July 2014. The brochures will be used to market and educate potential referral sources about how to access the CSUs as an alternative to State Hospital admission. The Division of Crisis Response will continue to focus on the most effective way the CSU's can divert the greatest number of individuals from State Hospital Admission.

Action Plan: 2.2c Provide readily available community crisis services

Progress – Quarter 4

Emergency/Crisis Response capabilities have been and will continue to be reviewed at the CMHC Site Visits to determine the level of appropriateness of each CMHC Emergency/Crisis Response capabilities. Funding has been secured from the State Legislature to fund the development of Mobile Crisis Teams. A Request for Proposals will be issued in early FY14. This funding will greatly enhance the CMHCs ability to respond to individuals in crisis. Mobile Crisis Teams will continue to be a focus on the revised Strategic Plan beginning in FY14.

Action Plan: 2.2d Investigate the feasibility and impact of providing crisis detoxification services at CSUs

Progress – Quarter 4

Completed.

Action Plan: 2.2e Develop transition/step-down residential options for people leaving crisis stabilization units

Progress – Quarter 4

There was additional funding allocated by the State Legislature for crisis apartment beds.

Action Plan: 2.2f Develop crisis support plans for individuals as a standard component of care and mitigation strategy

Progress – Quarter 4

Crisis Support Plans will be reviewed during the CMHC Site Visits for appropriateness. In the revised Strategic Plan for FY14, the development and implementation of CSP's will primarily focus on individuals who are being transitioned from inpatient care into the community. However, the CMHC's will continue to develop CSP's for anyone considered "at risk" for psychiatric crises.

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

Efforts are ongoing to seek additional resources for safe and affordable housing.

There is ongoing effort to maintain and expand a directory for affordable and flexible housing options.

Action Plan: 2.3b Identify and coordinate an array of supportive services needed to sustain individuals living in permanent housing in local communities

Progress – Quarter 4

The BIP Housing Work Group agreed to support a plan to have/become a permanent housing work group to help address community living needs.

Action Plan: 2.3c Provide bridge funding for supported housing

Progress – Quarter 4

Bridge funding comparable to the transition assistance included in B2i will become a new ID/DD Waiver Service under the revised ID/DD Waiver Plan that will be effective July 1, 2013.

Objective 2.4 *Provide community supports for persons transitioning to the community through participation in the Bridge To Independence project*

Action Plan: 2.4a Expand ID/DD Waiver services to enable individuals with IDD residing in DMH facilities to transition into the community using Bridge to Independence services

Progress – Quarter 4

A total of 169 people were transitioned into the community in FY13.

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

Progress – Quarter 4

A total of 89 people were enrolled in FY13 in the ID/DD Waiver. Another 100 people were enrolled

using BIP funds.

Action Plan: 2.4c Transfer people with SMI from nursing homes to community using Bridge to Independence services

Progress – Quarter 4

Bridge funding comparable to the transition assistance included in B2i will become a new ID/DD Waiver Service under the revised ID/DD Waiver Plan that will be effective July 1, 2013. This information is available upon request from DOM as needed.

Action Plan: 2.4d Transition Coordinators will 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

Transition teams are in place and operating at the five IDD regional programs and MAC.

Objective 2.5 Provide long-term community supports

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

Progress – Quarter 4

Additional funding was not authorized for FY14 by the State Legislature for expanding PACT teams. There continues to be issues regarding prior authorization, the authorization level of units, and the reimbursement rate with Medicaid and the managed care providers. This will continue to a focus of the Division of Crisis Response who is currently charged with the development of PACT services in Mississippi.

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

Progress – Quarter 4

Due to lack of funding, this action plan could not be addressed.

Objective 2.6 Provide supported employment services

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

Progress – Quarter 4

A total of 33% of youth and young adults with SED enrolled in the MTOP Initiative received employment assistance.

Approximately 225 people received Supported Employment services through the ID/DD Waiver. VR and DMH staff continues to work on methods of increasing the number of people receiving Supported Employment services in partnership with both agencies.

Data on the number of youth with SED who obtained jobs during FY13 was not gathered except for the MTOP initiative mentioned above.

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

Progress – Quarter 4

There were 25 Certified Peer Support Specialists trained in Quarter 4. Currently, PLACE Review Board has certified 65 peer specialist. In order to be certified by PLACE, the peer specialists are required to submit a verification of employment form. Thus, verifying that they are employed by a

DMH Certified Provider.

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

Progress – Quarter 4

The Employment First Initiative bill did not pass, but efforts to introduce the bill in the FY14 legislative session have already begun through a partnership with DMH, MDRS, DRMS, IDS, and the CDD.

Collaboration activities continue with the Arc of MS. Efforts to place two ladies with disabilities at DMH's Central Office for a trial work experience stalled because of issues between the parents and Jackson Public School District.

The 1915i Medicaid State Plan Amendment, which is currently under DOM review prior to submission to CMS for approval, includes Supported Employment as a covered service for individuals with IDD who do not meet the eligibility requirements for the ID/DD Waiver. Upon approval, this will represent a service that has previously not existed for a specific portion of the IDD population.

Objective 2.7 *Expand specialized services when funds become available*

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)

Progress – Quarter 4

MAP Team coordinators continue to document those children/youth with SED/IDD that are reviewed by the team. A statewide training was held April 3 – 4, 2013 that addressed identifying and recognizing SED/IDD in children, ages 0-5 years.

DMH applied for The Mississippi State Adolescent Enhancement and Dissemination (MS SYT-ED) project which will strengthen the State's systems to serve adolescents with substance abuse and co-occurring mental health disorders.

Action Plan: 2.7b Increase the number of transition-aged youth/young adults with SED served in the four MTOP project sites

Progress – Quarter 4

From January to May 2013, 66 youth were served at the MTOP Project sites.

Action Plan: 2.7c Increase availability of in-home respite for caregivers of individuals with SED

Progress – Quarter 4

In-home respite services for children/youth with SED is currently being restructured; therefore quarterly updates were not available.

Action Plan: 2.7d Expand early intervention assessments for children 0 – 5 years of age in CMHCs for identification of developmental disabilities including SED

Progress – Quarter 4

Training on how to utilize the PECFAS was conducted during Quarter 4; therefore PECFAS was not used during Q4.

Action Plan: 2.7e Initiate statewide guidelines to assess individuals with an intellectual/developmental disability for dementia to determine appropriate care approaches

Progress – Quarter 4

This is an activity included in the FY14 State Operational Plan for the Division of Alzheimer's. Field testing for the NTG Dementia Screening Tool was completed in Quarter 2. NTG released primary training information in Quarter 4. This will continue to be an activity of FY14.

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 Implement integrated planning lists procedures to better identify the types and locations of needed services/supports in order to increase options for home and community-based service provision

Progress – Quarter 4

No activity to report.

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

Progress – Quarter 4

A meeting was held in Quarter 4 to discuss the survey results and begin development of appropriate strategies.

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

Progress – Quarter 4

DMH will have updated information to present on telemedicine use in October 2013 after surveys are returned.

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

Action Plan: 3.2a 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

A list of MOUs that currently exists between local entities and community providers is still being compiled.

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

Progress – Quarter 4

Harbor Houses of Jackson is providing services for veterans through a VA contract agreement. Metro Counseling Center is interested in establishing a relationship with the VA to provide bed space and/or other resources.

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

Progress – Quarter 4

State funds continued to be granted to CMHC Regions 2, 6, and 10.

Data reporting continues to improve on identifying children with SED and/or ID/DD.

The MAP Team Coordinators participated in training April 13, 2013 that focused on infant and early childhood mental health programs/resources.

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

Progress – Quarter 4

Technical assistance was provided to all 15 Children’s Services Coordinators in April and to Wraparound Facilitation Supervisors in June.

Action Plan: 3.2e Expand adult MAP teams as funding is available

Progress – Quarter 4

Operational Standards for Adult MAP Teams were submitted to the Board of Mental Health in Quarter 4.

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

Progress – Quarter 4

Hinds CIT is now promoting the CIT program around the state. DMH started collaboration with MDOC to begin a Pre-release Mentally Ill Offender Program to reduce repeated incarceration of that population.

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

Progress – Quarter 4

A report was prepared for presentation at the June 12, 2013 Coalition meeting. However, the meeting had to be cancelled due to an emergency. The report will be presented at the next meeting on August 7, 2013.

Seven individuals were added to the total eligible to use the transportation services with the Greenwood Transportation Project. This brings the total to 56. The Project will continue due to funds still being available. Assessments will be done at conclusion of the Project.

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

Progress – Quarter 4

The IWG met on June 7, 2013. The membership of the IWG was expanded to add representation from the Bureau of Quality Management, Operations and Standards. QMOS representation was deemed appropriate due to the Bureau's successful application for the *2013 Policy Academy Award: Bringing Recovery Supports to Scale in the Context of the Affordable Care Act Implementation* (otherwise known as the BRSS TACS project). The BRSS TACS initiative promotes treating the whole person within a recovery-based model and moving away from funding driving services.

Responses to integrated care questions were incorporated into the Baseline Document and the Final Baseline Document was presented to the IWG at its meeting held in June. At the June meeting, IWG members reviewed and analyzed the document to: 1) determine what information needs to be added for next year's updated document (as of June 30, 2013); and, 2) determine how to use the information contained in the Baseline Document to develop strategies for the future. Developments over the fourth quarter are:

IWG members worked with the Mental Health Planning and Advisory Committee to develop a new goal for the State's Mental Health State Plan. The goal is "to increase access to community-based, co-integrated, holistic care and supports through a network of service providers committed to a resiliency and recovery-oriented system of care." IWG meetings and activities, the Baseline Document and Grants activities are key to successfully meeting this goal.

At the June IWG meeting, it was reported that on March 26-29, 2013, three DMH Alzheimer's Division staff members participated in Stanford University's Chronic Disease Self-Management training program. This was made possible through collaboration with the MS Department of Human Services, Division of Aging. These DMH staff members are now certified to replicate the training across the state.

The MS Department of Health invited DMH to partner with them in presenting the Empowering Communities for a Healthy MS Conference on May 21-24, 2013. This is the first time in the history of the conference that behavioral health topics have been included. DMH staff participated on the conference planning committee and designed a specific behavioral health track for participants to follow.

In May 2013, DMH hosted the presentation of Mental Health First Aid Training which would result in training certification for participants. DMH specifically invited FQHC participation and met with MS Primary Health Care Association staff and G.A. Carmichael Community Health Center staff about this opportunity. One G.A. Carmichael CHC staff member completed the two weeks of training and is now certified to offer this training throughout the CHC system.

In April 2013, it was reported that the DMH Alzheimer's Division had partnered with the MS Department of Human Services on a federal grant application. MDHS was awarded the grant and the DMH Alzheimer's Division benefited by: 1) inclusion in the Stanford University's Chronic Disease Self-Management training program held in March 2013; and, 2) receiving funding for reprints of the Living with Alzheimer's Resource Guides.

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

Progress – Quarter 4

On May 3, 2013 a member of BADS in conjunction with CMRC and Holmes Community College in Goodman hosted an “I Got You” youth presentation for 200 participants. On June 26, DMH’s Bureau of Alcohol and Drug Services participated in a consortium meeting for the “I Got You” adolescent prevention campaign hosted by CMRC.

On May 9, members of BADS participated in the MAAUD (Mississippians Advocating Against Underage Drinking) hosted at Dream of Jackson.

On May 14, members of BADS participated in the Mississippi Prevention Network meeting hosted at Dream of Jackson.

On May 15, the Mississippi Policy Academy including Mental Health, Juvenile Justice, Department of Human Services and local community partners met at the Henley Young Juvenile Justice Center to discuss implementation of the next steps to sustain future work and discuss recommendations include in the final report.

On June 12, a member of BADS spoke at a JSU conference on issues faced by social workers working with substance abuse population.

On June 12, a member of BADS spoke to the youth at Hanging Moss Road Church of Christ on recent use patterns in adolescent population.

On June 13-14, 2013, DMH offered WRAP (Wellness Recovery Action Plan) training at DMH Central Office. On June 27-28, 2013, DMH offered WRAP (Wellness Recovery Action Plan) training at the Community Counseling Services in West Point.

On June 20, DMH with cooperation from the Department of Human Services applied for a federal grant to increase use of Evidenced Based Programming for Adolescents with co-occurring disorders and their families. This grant will increase the availability of Outpatient and Intensive Outpatient services in rural communities allowing our two agencies to work together toward recovery of these individual.

On June 26, Truth in Action Ministries (Jackson Metro Christian Coalition) met with participation of a representative of DMH at the Jackson Marriott.

On June 27, SAMSHA (MS Community Leaders & Interfaith Partners MCIP) met to discuss future projects of the faith based initiative.

Action Plan: 3.2j Conduct person-centered planning training at all DMH facilities and with all DMH certified providers and other interested parties (advocates, individuals, families) directed at developing resources for individuals transitioning from institutional care to the community

Progress – Quarter 4

In June 2013, Person Centered Planning training was conducted by DMH's Office of Consumer Support and Dr. Linda McDowell at North Mississippi State Hospital. Participants from NMSH, Region 2, Region 3 and Region 4 were in attendance for the second day of training. Individual on-site meetings were held at each individual site. Action plans were developed and customized training will be delivered over the next few months.

Action Plan: 3.2k Implement person-centered planning as a tool to move people from institutional settings to the community

Progress – Quarter 4

A total of 80 transitions during Quarter 4.

Action Plan: 3.2n Begin work with the Department of Rehabilitation Services to increase supported employment services for people with IDD and SMI

Progress – Quarter 4

Staff from BIDD and MDRS continue to meet to develop an MOU for methods for DMH and MDRS to collaborate to provide Supported Employment Services to Individuals with IDD.

Action Plan: 3.2o Continue to provide support and assistance to promote certification of holding facilities in each county

Progress – Quarter 4

During Quarter 4, seven sheriffs were contacted – two requested to have further discussion about being certified and five are not ready to proceed with certification.

Two requests for TA were received in June and will be provided in early FY14.

Action Plan: 3.2p Initiate meeting with Department of Education to discuss ways in which school districts can provide support to students returning to the local districts from an institution

Progress – Quarter 4

Staff from the IDD programs continues to coordinate services with the Department of Education and other agencies as needed, to transition students to local school districts.

Action Plan: 3.2q Partner with appropriate agencies to develop educational materials to educate DMH and CMHC staff, adults with an intellectual/developmental disability, and families/caregivers on the signs of dementia and related disorders

Progress – Quarter 4

Information was distributed at four health fairs.

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

Objective 4.1 Analyze the efficacy and cost benefits associated with implementation of evidence-based or best practices

Action Plan: 4.1a Establish a DMH Evidence-Based and Best Practices Evaluation Council to analyze cost benefits of EBP/BP models, support implementation and training, and evaluate effectiveness and efficiency of models

Progress – Quarter 4

The subcommittees received baseline data from 34 DMH certified providers/programs receiving DMH grants to be able to analyze the cost benefit of the EBP/BP utilized.

Action Plan: 4.1b Develop a summary of grant programs which currently use EBP/BP models – inventory of existing EBP/BPs

Progress – Quarter 4

The subcommittees received baseline data from 34 DMH certified providers/programs receiving DMH grants to be able to analyze the cost benefit of the EBP/BP utilized.

Objective 4.2 Support implementation and training of evidence-based or best practices

Action Plan: 4.2a Increase the frequency of workforce development opportunities offered to providers (by DMH) focused on EBP/BP models

Progress – Quarter 4

Completed

Action Plan: 4.2b Increase the use of e-learning to ensure Central Office staff are well informed and competent in EBP/BP models applicable to their division responsibilities

Progress – Quarter 4

A total of 23 DMH Central Office employees completed 46 hours of e-learning during Quarter 4.

Goal 5 Utilize information/data management to enhance decision making
Objective 5.1 Maximize reporting potential of collected data
<p>Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/clinical and programmatic Progress – Quarter 4 Interviews are underway to fill remaining open position.</p>
<p>Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data Progress – Quarter 4 No activity to report.</p>
<p>Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism) Progress – Quarter 4 As reported in Action Plan 5.1a.</p>
<p>Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking Progress – Quarter 4 As reported in Action Plan 5.1a.</p>
<p>Action Plan: 5.1e Expand reporting capabilities of the CDR by creating procedures for requesting one-time reports Progress – Quarter 4 As reported in Action Plan 5.1a.</p>
<p>Action Plan: 5.1f Eliminate duplication in data collection and reporting (electronic and manual) Progress – Quarter 4 No activity to report.</p>
Objective 5.2 Develop/expand an electronic collection and reporting system for new reports
<p>Action Plan: 5.2a Determine what software/program will be used across all bureaus/facilities Progress – Quarter 4 As reported in Action 5.1a.</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.) Progress – Quarter 4 No activity to report.</p>
<p>Action Plan: 5.2c Define data for required report Progress – Quarter 4 No activity to report.</p>

<p>Action Plan: 5.2d Design standardized reports with timelines for implementation Progress – Quarter 4 No activity to report.</p>
<p>Action Plan: 5.2e Implement collection and reporting Progress – Quarter 4 No activity to report.</p>
<p>Objective 5.3 <i>Establish an electric 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 Progress – Quarter 4 NMSH and MSH worked with Medicity to test the Direct Services email system. Medical chart and patient information was successfully submitted via email. Medicity will contact other DMH Programs to schedule training and access for MS-HIN (view only) and Direct Services.</p>
<p>Action Plan: 5.3b Determine DMH facilities for joining MSHIN Progress – Quarter 4 No activity to report.</p>
<p>Action Plan: 5.3c Report MSHIN Board actions quarterly Progress – Quarter 4 No activity to report.</p>
<p>Action Plan: 5.3d Determine communication pathway between HIE and EHR Progress – Quarter 4 No activity to report.</p>
<p>Objective 5.4 <i>Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)</i></p>
<p>Action Plan: 5.4a Develop strategy and priority for implementing EHR systems at DMH facilities and programs Progress – Quarter 4 Cocentrix has submitted a proposal and timeline for IDD Programs which is under review at each program.</p> <p>In April, Cocentrix submitted a proposal and timeline for the MH programs. NMSH, SMSH and STF attended a demo on May 21 at MSH on the Admit, Discharge, and Transfer Profiler module. EMSH and CMRC attended a demo on June 13 at MSH on the Admit, Discharge, and Transfer Profiler module. MSH is currently working on Radiology interface and the Pharmacy interface. NMSH, SMSH, and STF began working with ITS to receive a CP-1 approval for software purchase. Hardware specifications will be submitted to Unicare/CoCentrix for review.</p>

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

Completed.

Action Plan: 5.5b Standardize IT Policies and disaster recovery Standard Operating Procedures (SOPs)

Progress – Quarter 4

Completed.

Action Plan: 5.5c Determine future technology needs

Progress – Quarter 4

An overview of a statewide hosted enterprise email system was given to the Goal 5 Team. ITS is currently developing an RFP.

Venture Technology will demo a hosted Microsoft Exchange solution to BRC.