Mississippi Department of Mental Health

FY15 – FY17 End of Year Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

July 16, 2015

FY15 - FY17 DMH Strategic Plan

Applied Filters

Showing Parking Lot Items

54 items

#	Level	Name	Status	Due	Metric	Current Value	Last Comment
	Plan	FY15 - FY17 DMH Strategic Plan	⊙ On Track	6/30/2017			
1	Goal	Goal 1: To increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care	⊙ On Track	6/30/2017			
1.1	Objective	Objective 1.1 Expand meaningful interaction/participation of self-advocates and families	⊘ Achieved	6/30/2017			
1.1.1	Performance Measure	Evaluate the effectiveness of the Certified Peer Support Specialist Provider and Consumer Toolkits	⊘ Achieved	6/30/2016			In FY15, DMH hosted three trainings to educate DMH Certified Providers about employing Certified Peer Support Specialists. Attendees were provided with a toolkit. The training was designed for organizations that (1) already employ CPSS; (2) are considering employing CPSS; and/or have decided to employ CPSS and would like to know how to introduce CPSS into the workplace successfully. The trainings focused on how to successfully integrate and support CPSS in an organization; the role of CPSS; supervision of CPSS; and CPSS training. More than 85 people attended the three trainings. Trainings were conducted by CPSSs. DMH distributed a survey after the training. A total of 29 people responded with 100% reporting the training met their needs and expectations. 88% reported that their knowledge of working with a CPSS increased due to the training. 97% reported they would recommend the training. A Provider Toolkit was given to every DMH Certified Provider. In FY15, a total of 250 Consumer Toolkits were distributed. In FY15, DMH hosted five Peer Support Specialist Trainings with 79 people completing the trainings.
1.1.2	Performance Measure	Expand Think Recovery efforts to help individuals and family members capture and develop their recovery stories by	⊘ Achieved	6/30/2017	Starting at 0 and tracking	29	DMH filmed 12 additional Think Recovery videos to highlight personal stories. Each month, one story has been featured via e-mail and sent to providers, staff, advocacy groups, peers, etc. Personal stories and recovery efforts were

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		utilizing the stories in at least 20 presentations, staff trainings, newsletters, etc. each year			to 20		highlighted in 22 trainings. In May, DMH and NAMI-MS partnered to host a Share Your Story workshop with 20 participants who learned how to share their personal story of recovery with others. Two Certified Peer Support Specialists had the opportunity to visit with Governor Bryant during the proclamation signing for National Recovery Month. Personal stories were also included in a statewide press release for Recovery Month in September and Mental Health Month in May.
1.1.3	Performance Measure	Develop a baseline using consumer surveys to determine access to services and satisfaction of community services	⊘ Achieved	6/30/2015			Adult Consumer Survey results: 88% reported positively about access to services. 91% reported positively about satisfaction with services. Child/Adolescent Survey Results: 92% reported positively about access to services. 90% reported positively about satisfaction of services for children.
1.2	Objective	Objective 1.2 Implement and increase availability of specialized services and supports	⊘ Achieved	6/30/2017			
1.2.1	Performance Measure	Develop two learning sites in Mississippi for evidence-based treatment for adolescents to strengthen the State's system to serve adolescents, ages 12 – 18, with co-occurring substance use and mental health disorders	⊘ Achieved	6/30/2017	Starting at 0 and tracking to 2	2	The two Local Community Partner Sites (Region 2 and Region 12) have obtained basic and full certification and are currently serving adolescents. In FY15, ADAPT Pine Belt served approximately 40 youth and ADAPT Communicare served 34 youth. A Behavioral Health Advisory Council was formed which includes mental health and substance use for adolescents - the first one in Mississippi. It is entitled the Executive Steering Council (ESC) and is fully operational.
1.2.2	Performance Measure	Expand work with youth, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services to prepare them for independent living by developing an additional NFusion project site	⊘ Achieved	6/30/2016			The NFusion XPand site opened in Philadelphia, MS on September 16, 2014. The site has served 50 youth/young adults since it opened.
1.3	Objective	Objective 1.3 Provide a comprehensive, recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements	⊕ On Track	6/30/2017			
1.3.1	Performance Measure	Implement person-centered planning discharge practices at all state-operated behavior health programs	⊘ Achieved	6/30/2016			All DMH mental health programs have implemented components of person-centered planning discharge practices. A more detailed report is available upon request.
1.3.2	Performance Measure	Increase supported employment for 75 individuals with IDD through a partnership with MS Department of Vocational Rehabilitation	⊕ On Track	6/30/2015 ⚠	Starting at 0 and tracking to 75	0	In June, DMH signed an interagency agreement with MDRS. Implementation will begin July 1, 2015.

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1.3.3	Performance Measure	Increase supported employment for 75 individuals with SMI by developing three pilot sites	⊘ Achieved	6/30/2015	Starting at 0 and tracking to 3	4	DMH decided to fund four supported employment pilot sites in FY15 to give greater diversity in geographic locations throughout the state. Each pilot site (Region 2, Region 7, Region 10, and Region 12) will provide employment services for 25 individuals. The initial kickoff meeting was held in February 2015. DMH also received a Technical Assistance Grant from SAMHSA via NASMHPD to help with the kickoff meeting and consultation calls every two months. Even though the pilot sites didn't begin until the third quarter, a total of 16 individuals have been employed due to the project.
1.3.4	Performance Measure	Develop two additional Programs of Assertive Community Treatment (PACT) Teams to enable individuals to remain in the community and avoid placement in a more restrictive environment	⊘ Achieved	6/30/2015	Starting at 0 and tracking to 2	6	A total of six PACT Teams were developed in FY15 in the following areas: Tupelo, Meridian, Desoto, Hinds, Gulfport/Biloxi, and Hattiesburg.
1.3.5	Performance Measure	Identify services to allow people to access appropriate and affordable housing for adults with SMI and IDD by actively engaging with a minimum of 10 non-state service providers	⊘ Achieved	6/30/2017	Starting at 0 and tracking to 10	13	Currently engaged with Life Help, Community Counseling Services, MUTEH CoC, Region 8 Mental Health Services, Mental Health Association of South MS, Timber Hills Mental Health Services, LifeCore Health Group, Communicare CMHC, Weems CMHC, Pine Belt Mental Healthcare Resources, Singing River Services, and Open Doors CoC regarding access to housing.
1.3.6	Performance Measure	Transition a minimum of 12 people to supervised settings in the community with all necessary supports and services at the ICF/IDD level of support and reimbursement though a pilot project	⊙ Not Started	6/30/2016	Starting at 0 and tracking to 12	0	The pilot project began in FY15 with the transition of three people to the home. The three people involved in the project are back at ESS due to private service provider licensing issues with MSDH. New information from Medicaid indicates proposed process with billing needs to be changed which prompts an RFP process to comply with legislation regarding PSCRB. The project should be started again in 2016.
1.3.7	Performance Measure	Develop a marketing plan to educate at least 300 healthcare providers about DETECT in order to provide clinical support and educational opportunities to medical providers to improve the health of those with disabilities in Mississippi by providing increased access to quality medical and dental care to foster successful integration into the community	⊘ Achieved	6/30/2015	Starting at 0 and tracking to 300	300	The DETECT program developed a marketing plan and educated more than 300 healthcare providers. A marketing plan was also developed to make healthcare providers aware of the DETECT program.
1.4	Objective	Objective 1.4 Improve equitable and timely access to services statewide	⊙ On Track	6/30/2017			
1.4.1	Performance Measure	Develop baseline measures to determine the utilization of Mobile Crisis Response Teams and need for increase in public awareness activities	⊘ Achieved	6/30/2015			The Average Admission Rate Per Month will be determined by analysis of previously submitted data for the last 3 fiscal years. The current average admission rate per month will be compared to the historical admission rate to determine the need for public awareness activities. From July 1, 2014 - April 29, 2015, the Mobile Crisis Response Teams had 7,894 face-to-face visits.

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1.4.2	Performance Measure	Develop a web-based acute psychiatric and crisis stabilization bed registry to track data daily to maximize the availability of DMH operated and funded program beds	⊙ On Track	6/30/2016			This project will be revisited after October 2015 Meaningful Use deadlines are accomplished for Electronic Health Records. These two projects tie together. This project is still on-track for the June 2016 due date.
1.4.3	Performance Measure	Divert individuals from state hospital chemical dependency services waiting lists to community-based programs by requiring funded programs to educate their community and market available alcohol and drug services to individuals conducting pre-screening evaluations such as chancery clerks and judges	⊘ Achieved	6/30/2017			The diversion of individuals from the two state hospitals' chemical dependency services waiting lists is facilitated at least monthly, often bi-monthly, by the Bureau of Alcohol and Drug Services. From August 2014 - June 2015, a total of 111 individuals were diverted from the two state hospitals' waiting lists. Community-based funded alcohol and drug treatment programs are continuously encouraged to look for educational and marketing opportunities to help educate chancery clerks and judges in their counties about community-based treatment options. The Bureau of Alcohol and Drug Services continues to seek and provide educational opportunities at the state level as well.
1.4.4	Performance Measure	Establish reimbursement rates for the ID/DD Waiver that are reflective of provider cost and individual need to ensure equitable access to services	⊙ On Track	6/30/2016			Burns and Associates completed its analysis and recommendations for changes to reimbursement rates for the ID/DD Waiver in August 2014. Implementation of the new rates is dependent upon adequate funding from the Mississippi Legislature.
1.5	Objective	Objective 1.5 Promote interagency and multidisciplinary collaboration and partnerships	⊙ On Track	6/30/2017			
1.5.1	Performance Measure	Increase the number of programs which provide integrated primary and behavioral health and IDD care by 10%	⊙ On Track	6/30/2016	Starting at 0% and tracking to 10%	33.3%	This evaluation is based upon compiled results of an Annual Community Services Survey; the data is one fiscal year behind the date of reporting. As of Year One of this Objective, June 30, 2014 (data as of June 30, 2013), there was one program which actually was providing integrated care. Six other programs, out of 23 programs reporting (26%), reported progress in their efforts to provide integrated care. As of Year Two of this Objective, June 30, 2015 (data as of June 30, 2014), there were three programs which were actually providing integrated care. At least eight other programs, out of 24 programs reporting (33.3%), reported progress in their efforts to provide integrated care.
1.5.2	Performance Measure	Develop strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental illness by creating a statewide awareness campaign about Crisis Intervention Training (CIT) and partnering with the Department of Public Safety to create a recognized joint certificate for CIT officer training	⊘ Achieved	6/30/2016			DMH developed a statewide awareness campaign in 2015. Since April, a total of 209 CIT information packets were sent to law enforcement agencies - 82 sheriff's departments and 127 police departments. The packets included a letter asking them to establish a CIT in their area, a information card explaining CIT, and a video featuring Lauderdale County Chief Deputy Ward Calhoun and comments from Governor Bryant at the CIT press conference in February. To date, four agencies have contacted DMH: Jackson Police Department Academy, Meridian Community College, Waveland Police Department, and Desoto County Sheriff's Office. Prior to the packets being mailed, DMH received requests from Moss Point Police Department and Jones County Sheriff's Office. These two contacts were a result of the media coverage from

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							the CIT awareness press conference with Governor Bryant. DMH also partnered with the Department of Public Safety to create a recognized joint certificate for CIT officer training.
2	Goal	Goal 2: To utilize information/data management to enhance decision making and service delivery	⊙ On Track	6/30/2017			
2.1	Objective	Objective 2.1 Maximize the efficiency of collecting and accessing the CDR/URS tables/data	⊙ On Track				
2.1.1	Performance Measure	Increase DMH Central Office IT staff to five	⊗ Canceled	6/30/2015	Starting at 4 and tracking to 5	4	No PINS were available to hire the fifth staff person.
2.1.2	Performance Measure	Provide four specialized reports to DMH Executive Staff	⊙ Achieved	6/30/2015	Starting at 0 and tracking to 4	4	Service data driven reports are generated weekly upon request.
2.1.3	Performance Measure	Establish CDR support with four DMH Programs/Certified Providers	⊙ Achieved	6/30/2015	Starting at 0 and tracking to 4	9	Since January 2015, support/training has been provided to nine DMH Programs/Certified Providers. Two additional providers have requested training.
2.1.4	Performance Measure	Develop data driven website of CDR and URS tables	⊙ On Track	6/30/2016			DMH has hired a contract worker to begin in July to develop the CDR website.
2.2	Objective	Objective 2.2 Establish Electronic Health Record (EHR) systems at all DMH Programs	⊙ On Track				
2.2.1	Performance Measure	Implement an EHR system at five DMH Behavioral Health Programs and six IDD Programs	⊙ On Track	6/30/2016	Starting at 0 and tracking to 11	0	EMSH, MSH, NMSH and SMSH are developing their pharmacy interfaces, data conversion or data upload from their existing databases, building out their organizations with their locations and service items, and attended forms technical training. The IDD programs have attended forms technical training, the HRC system has been built out in Azure for review by all programs, and IDD workflow analysis is scheduled for July 22, 2015.
2.2.2	Performance Measure	Register all DMH Programs for an Electronic Health Record (EHR) Incentive Program	⊙ On Track	6/30/2016	Starting at 0 and tracking to 6	6	There are 54 eligible professionals registered with the State for the Meaningful Use incentive plan. All six Behavioral Health Programs are registered.
2.2.3	Performance Measure	Four registered DMH Programs will attest to their Meaningful Use (MU) Incentive	⊙ On Track	6/30/2015 ⚠	Starting at 0 and	0	There are 54 eligible professionals registered with the State to receive Meaningful Use incentive money. These professionals work at EMSH, MSH,

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		Program			tracking to 4		NMSH and SMSH. All four registered DMH Programs will attest to their MU Incentive Program beginning October 1, 2015.
2.3	Objective	Objective 2.3 Continue the Health Information Technology (HIT) strategy for DMH	⊕ On Track				
2.3.1	Performance Measure	Increase DMH Program participation by 50% by developing an IT focused Business Continuity Plan	⊕ On Track	6/30/2016	Starting at 0% and tracking to 50%	10%	A sample business continuity plan has been sent to IT Directors to use as a guideline to develop their plans. DMH and NMRC use an appliance called DATTO that backups up everything to the Cloud. There was a demo of this technology at the June IT Director's meeting. MSH is going to place hardware at ITS to begin backing up their virtual environment to ITS. SMRC backs their data up to tape and takes the tapes to a bank vault. A few of the others have locations on their campus for backing up their data.
2.3.2	Performance Measure	Identify two future technology needs for DMH Programs each year	⊕ On Track	6/30/2017	Starting at 0 and tracking to 2	2	In 2015, a help desk system was implemented and configured at Central Office. This help desk system will be used by the DMH programs for logging electronic health record system changes so the other programs will be aware of those changes. Also, a secure file transfer service was implemented at Central Office for personal health information transfer between programs and outside entities.
2.3.3	Performance Measure	Complete one EHR security and privacy audit at DMH Programs	⊕ On Track	6/30/2015 ⚠	Starting at 0 and tracking to 0	5	A HIPAA gap analysis has been performed at 5 DMH programs which produces a report of deficiencies and items to correct or document. Those programs are working on these corrections. The analysis and workplan has been scheduled at the remaining programs.
3	Goal	Goal 3: To maximize efficient and effective use of human, fiscal, and material resources	⊕ On Track	6/30/2017			
3.1	Objective	Objective 3.1 Increase efficiency within DMH and maximize funding opportunities	⊕ On Track				
3.1.1	Performance Measure	Determine areas of need within non-professional and professional shortage areas by developing a report to Board of Mental Health describing gaps/shortages within the workforce and proposed actions to remedy the problem	○ Not Started	6/30/2015 ⚠			Due to program organizational changes, this performance measure was not started in FY15. The measure will be addressed in FY16.
3.1.2	Performance Measure	Develop and implement three expenditure reduction projects, along with relative projections and actual cost reductions being reported at the DMH Programs	⊕ On Track	6/30/2016			No progress to report. This performance measure has a 6/30/16 due date.
3.1.3	Performance Measure	Apply for at least five new or continuation grants/contracts each fiscal year across	⊘ Achieved	6/30/2016	Starting at 0 and	14	DMH applied for 14 new and/or continuation grants/contracts during FY15.

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		all populations			tracking to 5		
3.2	Objective	Objective 3.2 Revise system-wide management and oversight practices to improve accountability and performance	⊕ On Track				
3.2.1	Performance Measure	Gather and report trend data to the Quality Management Council from at least 85% of DMH Certified Providers reviewed during the year to assist DMH with identification of trends and patterns among all DMH Certified Providers	⊘ Achieved	6/30/2017	Starting at 0% and tracking to 85%	100%	Data collected during 2014 Certification Visits and reported to Quality Management Council on 4-28-15
3.2.2	Performance Measure	Develop and implement at least two system improvement projects based on the aggregated data reports collected through the National Core Indicators project for IDD population	⊕ On Track	6/30/2016	Starting at 0 and tracking to 2	0	"The timeline for completion of this measure is FY 16. However, NCI data is currently being collected. Data collected in FY 14 and 15 will be utilized to develop system improvement projects."
3.2.3	Performance Measure	Develop and implement at least two system improvement projects based on the aggregated URS Tables data reports collected through the SAMHSA Uniform Reporting System (URS) Tables	⊕ On Track	6/30/2016	Starting at 0 and tracking to 2	0	"The timeline for completion of this performance measures is FY 16. However, data for the URS tables has been collected and submitted. Data from the FY 14 tables will be utilized to develop system improvement projects."
3.3	Objective	Objective 3.3 Increase the use of evidence-based or best practices among DMH Certified Providers for core services	⊕ On Track				
3.3.1	Performance Measure	Increase the number of evidence-based and emerging best practices trainings through the use of the DMH learning management system by 5% each year by promoting six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts	⊘ Achieved	6/30/2017	Starting at 0% and tracking to 5%	5.47%	The number of evidence-based and emerging best practices trainings through the DMH-LMS system Relias increased by 5.47% in FY15. In the fourth quarter, the trainings increased by 12.44%. This increase may be due to the flyers DMH began distributing to DMH Programs, Community Mental Health Centers and other DMH Certified Providers highlighting three evidence-based and emerging best practices trainings offered through Relias Learning.
3.3.2	Performance Measure	Gather and verify information on all evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers	⊘ Achieved	6/30/2017	Starting at 0 and tracking to 0	100	Evidence-based Practices, Promising Practices and/or Best Practices were gathered for all DMH Certified Providers.
3.4	Objective	Objective 3.4 Analyze the current utilization rate for all inpatient DMH Programs and ensure sufficient capacity	⊕ On Track				

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		exists for the provision of services					
3.4.1	Performance Measure	Develop a method to analyze DMH Programs' capacity and utilization of services	⊘ Achieved	6/30/2015			The outputs and outcomes for this measure are complete and included in the FY16 - FY18 DMH Strategic Plan for tracking. These outputs and outcomes are also included in the Five Year Strategic Plan for the Legislative Budget Office. This includes an annual report analyzing occupancy percentage at each Program by service including recommendations for future provision of services.
3.4.2	Performance Measure	Develop a proposal for the reduction or addition of respective services based on the results of analysis of the capacity and utilization of the DMH Programs by the end of FY16	⊕ On Track	6/30/2016			This measure is due at the end of FY16. It will be determined by the outputs and outcomes in the FY16 - FY18 DMH Strategic Plan - Objective 1.1.