

**Mississippi Board of Mental Health
and
Department of Mental Health**

**Strategic Plan
Progress Report**



**First Quarter
July 1, 2010 – September 30, 2010**

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

Objective 1.1 Increase efficiency within DMH

Action Plan: 1.1a Finalize RFP for food services project and report related expenditure reductions
Progress – Quarter 1

Approval to proceed with intent to award was given by the Board of Mental Health at their meeting on September 16, 2010. Vendors involved in the RFP were notified of intent to award.

Almost all terms of the contract with selected vendor with specifics based on facility needs have been negotiated. Contract will be finalized in the second quarter. Personal Service Contract Review Board (PSCRB) approval will also be sought in the second quarter.

Action Plan: 1.1b Develop and implement recommendations for two Expenditure Reduction Projects each year across DMH facilities

Progress – Quarter 1

An Expenditure Reduction Committee was established. At this time, it consists of the Assistant Directors from the five ICF/MRs, because the targeted projects deal specifically with services provided by these facilities. Committee membership will be adjusted as changes are made to the areas chosen for evaluation/recommendation.

The targeted areas for FY 11 are: 1) food service costs, and 2) pharmacy costs. Feedback has been received, and will continue to be, regarding concerns on expenditure reduction projects. Revisions will be made as necessary.

Objective 1.2 Maximize funding opportunities

Action Plan: 1.2a Obtain at least two new grants annually

Progress- Quarter 1

The Executive Director appointed the Coordinator of Special Projects as single point of contact for DMH grant activities seeking outside funding sources.

Information requests to determine current grants along with their funding sources were sent to all Bureau and Division Directors in September with return date of October 22. The request also asks for information on the grants' Request for Proposal (RFP) components. Information received will be used to establish "proposal library" with commonly required RFP sections that would be available over the common network and be updated continually for use by staff in developing grant proposals across the DMH. Additionally, the "library" will contain a list of all grants from outside sources that are currently being implemented by any bureau/division. The information will be maintained for historical purposes in case similar RFPs are issued in the future. This will assist in consistency of proposals and allow past achievements to be included in RFPs, when requested.

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

Action Plan: 1.3a Perform standardized certification survey procedures for all DMH certified programs utilizing 2011 standards

Progress- Quarter 1

The 2010 Standards revisions were approved by DMH Board on September 16, 2010, to be released for public comment.

In July and August 2010, DMH staff met with representatives of three of the fifteen community mental health centers (Region 9,10,and 12), one Regional Center (Hudspeth Regional Center), three private providers (Shephearst Meadows, A Bridge to Recovery, and Imagine Behavioral Health), and one advocacy group (NAMI) to obtain input/feedback on proposed revised survey protocol procedures. Sixteen individuals were involved in these meetings. DMH Accreditation and Licensure staff has been meeting with representatives from the programmatic divisions on a weekly basis in order to continue developing the protocol and integrate recommended changes. DMH Accreditation and Licensure staff has met with representatives from the Bureau of Community Services and Bureau of Intellectual and Developmental disabilities to begin developing cross training methods for staff from these two bureaus.

The implementation of Tracer Methodology as a part of the onsite review protocol was discussed with DMH review staff. Staff from the different Bureaus participating in the development of the tracer methodology have provided overviews and updates of the proposed review protocol with their Bureau/Division Director and key review staff.

Action Plan: 1.3c Conduct revised 2010 consumer satisfaction surveys for DMH certified programs

Progress- Quarter 1

The revised 2010 consumer satisfaction survey tool and instructions was distributed to adult/child mental health community programs.

Action Plan: 1.3d Establish core performance indicators and data base to be used as a means of benchmarking between like programs

Progress- Quarter 1

Members met on August 23, 2010, and reviewed gathered national and federal performance outcome measures (SAMHSA National Outcome Measures for MH and Substance Abuse, MHSIP customer satisfaction surveys, National Core Indicators for IDD, Trac Measures, MDS for Nursing Homes, Joint Commission ORYX and Core Measures) and identified potential DMH core indicators.

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

Objective 2.1 *Develop and/or expand meaningful interaction of self advocates and families in designing and planning at the system level*

Action Plan: 2.1a Integrate a transformed, recovery/evidence-based, person-driven, community-based system into the philosophy of the Department of Mental Health (by virtue of the standards, policy and procedures, and education of DMH staff)

Progress – Quarter 1

Document completed describing DMH's recovery oriented system of care (i.e. definitions, principles, components, etc.). Implementation will begin upon final approval of Executive Director and Bureau Directors.

Action Plan: 2.1b Administer Recovery Self Assessment to DMH Central Office to determine movement towards a recovery/evidence-based, person-driven, community-based system. Upon completion of the assessment, implement an independent Recovery Self Assessment conducted by DMH certification review team and the peer review team (i.e., consumers, family members, mental health professionals, and interested stakeholders)

Progress – Quarter 1

To obtain feedback on elements needed to be included on the Recovery/Resiliency Self Assessment, staff met with the Clinical Directors from Pine Belt Mental Health Resources, Region 3, Community Counseling Center, Region 8, and Life Help; the Executive Directors of Pine Belt Mental Health Center and Community Counseling Services; representatives of Hudspeth Regional Center and ARC, and NAMI-Mississippi.

DMH Goal 2 representatives received feedback from Bureau Directors on assembling a group to develop the Recovery/Resiliency Self Assessment. The groups will be representative of all populations served to include individual and family representation. Meeting will be scheduled prior to the end of the second quarter.

Action Plan: 2.1c Administer the Recovery Self Assessment to DMH certified programs and an independent Recovery Self Assessment through the peer review process of programs certified by DMH

Progress – Quarter 1

Met with Information System (IS) Division Director about barriers to obtaining data and supporting documents. IS Division Director agreed to work with group once a decision is made on the data and supporting documents required.

Action Plan: 2.1d Develop infrastructure/formal methods to enhance communication between local advisory councils and state advisory councils

Progress – Quarter 1

The revised DMH Operating Standards now require providers to have a formal system to obtain meaningful participation of family and individuals. Upon implementation of these Standards, the mechanisms utilized by providers will be reviewed and evaluated during the first year by peer evaluators and the DMH Certification Team.

Action Plan: 2.1e Utilize social network as an avenue to connect consumers and family members participating in delivery, planning, and evaluating services and provide training/education on recovery oriented system

Progress – Quarter 1

Adjustments made to social network site based on feedback from pilot testers. Information regarding recovery and resiliency is ready to place on the site upon approval by Bureau Directors.

Meeting held with non-profits regarding the use of the network site for training. Meeting will be scheduled with CMHCs and state hospitals regarding utilization of the site for training during second quarter.

Met with Crisis Stabilization Unit Directors at monthly meeting and provided an overview of peer trainings and discussed possibility of incorporating peer training (i.e. wellness recovery action plan, peer to peer, etc.) on network site. Scheduling meetings, based on requests at facilities to discuss the peer training program in detail.

Objective 2.2 *Develop and or expand meaningful interaction of self advocates and families in monitoring services*

Action Plan: 2.2a Establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process

Progress – Quarter 1

Policies will be established upon final approval of recommendations from Executive Director, Bureau Directors, Hospitals, and IDD.

Action Plan: 2.2b Implement a peer review evaluation program certified by DMH using recovery principles and the recovery self assessment that will encompass clinical staff

Progress – Quarter 1

Feedback obtained from clinical peer reviewers recommending that DMH should continue to have peer review teams. Clinical representatives noted that they would like to evaluate performance and program outcome data and develop a review protocol that will allow them to utilize their clinical experience.

Action Plan: 2.2c Train peer reviewers to evaluate a recovery oriented mental health system utilizing the recovery self assessment guide

Progress – Quarter 1

Activities to begin in second quarter.

Objective 2.3 *Develop and or expand meaningful interaction of self advocates and families in service delivery*

Action Plan: 2.3a Collaborate with Division of Medicaid to make Peer Specialists a reimbursable Medicaid service

Progress – Quarter 1

Reviewing material from other states to determine peer specialist reimbursement by Medicaid.

Action Plan: 2.3c Develop and implement a Peer Specialist certification and testing process

Progress – Quarter 1

Activities to begin in second quarter.

Goal 3 Improve access to care

Objective 3.1 Establish equitable access to services statewide

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

Progress – Quarter 1

Analysis of OCS 2009 call data to identify trends in the nature and origin of calls completed. Narrative of trend analysis is available.

The work group identified core services and gaps in service within the service system and identified potential fillers. Input was requested from stakeholders outside of the DMH certified provider group, but little feedback was returned. Information provided was incorporated in the analysis which is available for review.

Impact statements were developed by all DMH Bureaus. DMH presented needs to the Joint Legislative Budget Committee in September 2010. The Directors of the Bureau of Administration and Mental Health are tracking reductions and their impact-spreadsheets are available for review.

Objective 3.2 Develop a comprehensive crisis response system

Action Plan: 3.2a Redefine catchment areas for the Crisis Stabilization Units (CSU), Assertive Community Treatment (ACT) Teams, and psychiatric hospitals

Progress – Quarter 1

CSU catchment areas were realigned by analyzing the 2008 Census estimates for MS counties and attempting to balance each CSU's catchment area based on CMHC regions and proximity to the CSU and the census for the counties in the CMHC regions. New catchment areas presented to Executive Director who in turn presented to the Board of Mental Health in June 2010. It was approved at that time for implementation July 2010.

The catchment area of South Mississippi State Hospital was enlarged to include the three coastal counties.

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

Progress – Quarter 1

Performance indicators were developed by Bureau of Community Services staff, in collaboration with Grenada CSU, in June 2010. CSUs began submitting data in August 2010 for July '10. Meeting held on September 1, 2010 with CSUs, State Facilities, and CMHC to discuss updates/issues following transition.

Monthly data report finalized and data is being submitted monthly.

Meeting held with Census Management Coordinators from all DMH facilities on September 29, 2010, to discuss admission policies. The process of developing a procedure to analyze admission rates will begin in second quarter.

Database has been completed. Reports and queries are under development.

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

Progress – Quarter 1

DMH staff continues their participation as members of the Hinds County overall CIT Steering Committee and its subcommittees. One DMH staff person is on Overall Steering Committee; one is on the training committee; one is on the data/research committee; and one is on the curriculum committee.

DMH staff attended the Sixth Annual Mind Matters Health Fair, September 23, 2010, in Memphis, TN where a CIT consultant was the speaker.

Lauderdale County Sheriff's Department and Community Partnership of Lauderdale County applied for and received a planning grant through the Justice and Mental Health Collaboration Program. A meeting is scheduled in November to begin planning for implementation.

Sheriff's offices in five counties were visited: Lafayette, Oktibbeha, Lauderdale, Jones, and Panola, to share information about the restructuring of the CSUs and how the CSUs can be used to eliminate/decrease the amount of time a person with a mental illness might have to stay in their jail.

Objective 3.3 *Incorporate cultural competencies into DMH policies, procedures and practices*

Action Plan: 3.3a Incorporate components of the approved cultural competency plan into DMH policies, procedures, and practices

Progress – Quarter 1

Recommendations submitted to PLACE Review Board on August 12, 2010, to include Principle III: Respect for People's Rights and Dignity and Continuing Education Requirements for cultural awareness and cultural competency. Also, staff met with BIDD Bureau Director regarding how cultural competency will be included in the DMH Operating Standards.

On September 14, 2010, the PLACE Review Board approved the recommendations in the area of cultural competency with some changes made by the Board.

Objective 3.4 *Advance the use of nontraditional service delivery options*

Action Plan: 3.4a Increase the use of respite services to prevent out-of-home placement for children/youth with SED and adults with Alzheimer's/other dementia

Progress – Quarter 1

Baseline data on the number of youth with SED who received respite services in FY 10 is being collected from Mental Health State Plan, MYPAC (Mississippi Youth Programs Around the Clock), and MAP Teams, and will be available by October 29, 2010.

Data is being collected through quarterly reports on the number of youth diverted from hospitalization by MAP Teams and MYPAC. Data will be available by October 29, 2010, for the first quarter of FY 11.

Objective 3.5 Address timeliness to services

Action Plan: 3.5a Establish length-of-wait admission goals for all DMH certified programs

Progress – Quarter 1

Activities to begin in second quarter.

Action Plan: 3.5c Educate Chancery, Youth, and Family Court judges, clerks and law enforcement regarding changes to law/ policies/Procedures/fees

Progress – Quarter 1

DMH staff provided training regarding changes to the commitment law on July 29, 2010 and September 17, 2010, for CMHC providers and staff in one hour sessions from Adams County Correctional Facility.

Action Plan: 3.5d Incorporate changes in the pre-evaluation screening training for service providers

Progress – Quarter 1

DMH Attorney incorporated changes into the written Module on pre-evaluation screening and described them in the law section of the training. Training was then held on July 29, 2010, with DMH Law Clerk presenting information on the revised law and changes in training

The Director of Bureau of Community Services sent a memo on July 16, 2010, to the fifteen CMHC directors with a link to and summary of the new law as well as a request for a list of current staff certified by DMH to do pre-evaluation. 100% of the CMHCs responded by August 27, 2010, with the responses indicating that there are 387 certified staff who are currently working, and that all 327 staff (100%) had been trained in the new law. Current information on preadmission screening will continue to be provided as needed or requested.

Action Plan: 3.5e Develop educational materials for families regarding the commitment process

Progress – Quarter 1

Flow chart of commitment process created. Distribution will begin in second quarter.

Goal 4 Continue transformation to a community

Objective 4.1 Increase system capacity for providing community living and community support options

Action Plan: 4.1a Conduct statewide housing needs assessment for people in the DMH system
Progress – Quarter 1

Continued mapping existing DMH-certified and other affordable housing options and identifying national and state-level indicators applicable to the gap analysis.

Began on-site meetings with CMHCs to discuss housing planning initiative, refine inventory of available housing options and gain local input on needs for housing options.

Action Plan: 4.1b Develop Strategic Housing Plan based on results of statewide housing needs assessment

Progress – Quarter 1

Building housing partnerships by continuing communication with representatives from housing finance and assistance agencies/organizations and with administrative and service provider staff about the housing planning initiative and potential for increased collaboration/partnerships

Action Plan: 4.1c Based on Strategic Housing Plan, set operational goals and begin monitoring implementation

Progress – Quarter 1

Activities to begin in fourth quarter.

Objective 4.2 Expand interagency and multidisciplinary approaches to service delivery

Action Plan: 4.2a Expand MAP Teams for children and youth

Progress – Quarter 1

Quarterly reports from the MAP Teams are still being collected. Data will be collected from those reports and be available October 15, 2010. Data will include number of children and families served, amount of flex funds spent, and MAP team activities.

Action Plan: 4.2b Expand MAP teams to include children with IDD

Progress – Quarter 1

Components/membership for a pilot team for service and support planning for individuals with IDD identified. In process of identifying an area to pilot MAP Team.

Action Plan: 4.2c Expand adult MAP Teams as funding is available

Progress – Quarter 1

Current data compiled on Adult MAP (AMAP) teams. DMH provides \$39,228 to four CMHCs for AMAP teams. During the first quarter, the AMAP teams served 48 people. CMHCs hold AMAP meetings specifically for consumers who are frequent users of state hospital inpatient treatment.

Expanded Adult MAP Teams into Region 4. A Technical Assistance (TA) teleconference was held with Region 4 to discuss AMAP regulations, reports, and service provision. Goal is to have at least one AMAP Team in each region. Expansion of AMAP teams is targeted for the next two regions that are awarded the MTOP funding, and Regions 12 & 5 have expressed interest in having an AMAP, but there is no funding available at this time.

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

Action Plan: 4.3a Expand number of funded ID/DD Waiver slots to enable individuals currently residing in DMH facilities who can appropriately and safely be served in the community and who desire, or families desire, that they be served through community supports/services

Progress – Quarter 1

The number of IDD clients in DMH institutions that the interdisciplinary team recommends community placement is tracked monthly by facility and is on file within the Bureau of Intellectual/Developmental Disabilities.

The amount and types of Waiver and non-waiver services needed by each individual to be successful in the community are assessed and tracked monthly by facility and is on file within the Bureau of Intellectual/Developmental Disabilities.

The number of Waiver slots needed in order to move identified IDD clients into the community is tracked monthly and is on file within the Bureau of Intellectual/Developmental Disabilities.

Action Plan: 4.3b Develop and implement, using evidence-based/best practice guidelines, a program that will prepare individuals for transition to the community, and replicate at other facilities

Progress – Quarter 1

The MSH Community Integration Program was implemented in July 2010 and began accepting individuals on July 6, 2010.

CIP staff met with all potential referral treatment teams to share information about the program and discuss the referral process.

Information about CIP was presented to the DMH Board on August 19, 2010.

During the first quarter, 93.4% of CIP participants successfully completed the program. Thirty-two percent of those who successfully completed the program have been discharged or are currently on discharge pass. Of those discharged from MSH, none have returned. Discharge sites for the individuals who have been discharged or who are on discharge pass include: MSH Community Services Residential Program, Central Mississippi Residential Center, personal care homes, and family.

Action Plan: 4.3c Implement pilot PACT team

Progress – Quarter 1

The Greenwood PACT team currently has 4 individuals participating in the program. One individual enrolled and then dropped out. None of the individuals enrolled in the program were hospitalized in the first quarter. 100% of the individuals served were diverted.

Data collection established and quarterly progress reporting begun.

A partial draft for Home and Community Based Services Waiver (HCBS) for PACT services was submitted to DOM for review. It was discovered DOM must have Legislative authority to submit HCBS Waiver request to Centers for Medicare & Medicaid Services (CMS). DOM will request Legislative authorization during the third quarter.

Action Plan: 4.3e Define future role of comprehensive facilities

Progress – Quarter 1

Two workgroups were established - IDD and Mental Health. Preliminary sampling plan developed for soliciting feedback from stakeholders across the state regarding components of a comprehensive community based service delivery system. Development of scheduling and data collection methodology is in progress.

Objective 4.4 *Expand service options for special populations*

Action Plan: 4.4a Expand and improve service options for co-occurring disorders in adults with SMI, children/youth with SED , and individuals with intellectual/developmental disabilities

Progress – Quarter 1

EBP training has been provided to Regions 1, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, MSH and SMSH through the Co-Occurring Disorders (COD) training. Training times are being scheduled for regions 2, 7, 8, EMSH and NMSH.

Action Plan: 4.4c Complete a needs assessment and gap analysis of the nursing home population

Progress – Quarter 1

Preliminary sampling plan developed for assessment of mental health needs in nursing home population.

Requests have been submitted to MSH and EMSH of nursing homes utilized by MSH and EMSH to discharge patients to in the last 2 years.

Scheduling and data collection methodology is in progress.

Goal 5 Emphasize use of evidence-based or best practice models and service outcomes

Objective 5.1 Address barriers to the implementation of evidence-based and best practices in Mississippi Mental Health System of Care

Action Plan: 5.1a Based on the EB/BP survey results, Subcommittees will address most frequently identified barriers to implementation and develop budget neutral strategies to address.

Progress – Quarter 1

The EB-BP workgroup meet on September 23, 2010, to review the results of the subcommittee surveys conducted in FY10 and the FY11 goals and objectives. The barriers to implementation of EBT being addressed are: applicable trained staff shortage, financial issues, modifications of EBP model needed to meet local needs, attainment or maintaining fidelity to EBP model standards, and resistance to implementation. The workgroup elected chairs for each of the sub-committees and developed the next steps to address identified barriers. The next step is for each subgroup to meet as individual groups to refine a process based on survey data.

Action Plan: 5.1b Develop networks and other mechanisms for sharing successes and addressing needs associated with implementation of EB/BPs in MS with a priority of cost containment in the provision of EB/BPs

Progress – Quarter 1

Activities to begin in second quarter.

Action Plan: 5.1c Promote information sharing through an e-mail newsletter that highlights successes and ideas about EB/BPs implementation, innovative ideas and staff who demonstrate cost savings through using EB/BPs

Progress - Quarter 1

Activities to begin in second quarter.

Objective 5.2 Develop strategies for integration of evidence-based and best practices into system of care

Action Plan: 5.2a Develop and distribute EB/BP compendium based on the needs identified from the MH, IDD and A&D subcommittee surveys. Compendiums will include information on national trends, research findings, available resources and impact on treatment outcomes, satisfaction and long term cost savings

Progress – Quarter 1

The EB-BP workgroup meet on September 23, 2010, to review the results of the subcommittee surveys conducted in FY10 and the FY11 goals and objectives. The workgroup elected chairs for each of the sub-committees, and determined the next steps to address in collecting the information needed for an EB-BP compendium. The next step is for each subgroup to meet as individual groups to refine a process based on survey data.

Action Plan: 5.2b Provide follow-up consultation emphasizing use of free SAMSHA toolkits, local experts, and resource sharing to promote the integration of EB/BPs in all DMH operated and certified programs

Progress – Quarter 1

Activities to begin in third quarter.

Goal 6 Emphasize awareness/prevention/early intervention

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

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

Progress – Quarter 1

Researched FASD campaigns in other states and reviewed a report on key Canadian FASD public awareness campaigns.

Worked with DREAM to design logo, slogan, bookmark and brochure in August 2010.

The new FASD campaign, *None for Nine*, was launched at the 7th Annual FASD Symposium on September 3, 2010, with approximately 200 attendees. Brochures and bookmarks were included in all bags. Information on FASD was included in the DMH newsletter, and a *None for Nine* campaign page was added to DMH's web site that explains the campaign and has links to the brochure and bookmark.

FASD campaign information was on WLBT's Midday Mississippi show on August 30, 2010 and MS Public Broadcasting on September 1, 2010.

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

Progress – Quarter 1

Met with Region 11 to discuss implementing an evidence-based curriculum in the Adolescent Offender Program.

Action Plan: 6.1e Educate the public about the correlation of Down's Syndrome and Alzheimer's disease and dementia

Progress – Quarter 1

A list of stakeholders and stakeholder activities was generated and will be reviewed with the Alzheimer's Planning Council on October 14, 2010.

Slides about Down's Syndrome and Dementia have been included in the *Advanced Topics in Dementia Care (ATD)* workshop provided by the Division of Alzheimer's Disease. An information sheet entitled, *Adults with Down's Syndrome and Dementia* was developed and included in FY11 ATD packets.

Information about the correlation of Down's Syndrome and Dementia was included in 100% of ATD workshops conducted in Quarter 1 and approximately 75% of additional Division educational activities.

Division staff participated in 4 of 5 educational opportunities identified on the original Stakeholder Activity List resulting in 80% attendance.

Survey tool is being developed to assess and report results on enhanced knowledge of

participants about the correlation between Down's Syndrome and Dementia as a result of standardized training

Handout *Adults with Down's Syndrome and Dementia* distributed to 350 workshop attendees.

Information about Down's Syndrome and Dementia was included in eight presentations including a presentation at the Annual Arc of MS Conference.

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

Action Plan: 6.2a Increase anti-stigma and suicide prevention presentations and collaborations with CMHCs, non-profits, schools and other groups in order to educate students and the community on mental health and suicide prevention

Progress – Quarter 1

The North Mississippi Think Again Network is discussing hosting a “festival” the first weekend in May. The group is also planning to offer brown bag lunches on mental health topics for parents. A suicide prevention ad for youth/elderly/military ran in *Rankin County News* and the *Rankin Record* during suicide prevention week. CMRC added four new schools to their Annual Mental Health Awareness Day.

In July 2010, DMH worked with IHL and the State Board for Community Colleges to obtain a contact list for colleges. Colleges received an e-mail offering Think Again/Shatter the Silence cards for freshman orientation packets. Six colleges responded. In July and August, these six colleges across the state included the Think Again/Shatter the Silence cards in their freshman orientation packets for 5,400 cards.

MSH created 30-second suicide prevention PSA for the “donut” spot that aired through Comcast in September. The PSA aired 272 times. A 60 second spot was developed for YouTube and shared on social media sites, websites, and electronically statewide. As of September 30, 2010, the video had received 536 hits since posting on September 20, 2010.

In conjunction with DMH and Friends of MSH, the PR Department at MSH expanded anti-stigma and suicide prevention efforts to the military by developing a prevention poster (1,500), brochure (15,000), and resource guide (500) to be distributed at National Guard units statewide. See 6.2c for more information.

A total of 37 presentations were conducted in the first quarter reaching more than 3,965 individuals including 300 nursing students at MSH and 80 students in Meridian Community College's LPN program. CMRC hosted its annual Mental Health Awareness Days for students. A total of 11 schools and 1,800 students participated in the event.

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

Progress – Quarter 1

Met with National Guard in July and August 2010 to develop an awareness campaign for the military that would consist of several components including a resource guide for accessing services, a stress/mental health brochure, and suicide prevention posters to hang in restrooms at units statewide.

Copy was developed and approved. The National Guard provided photos for the materials, suicide information and resiliency information. After a meeting in August, the campaign was named *Operation Resiliency*.

A draft resource guide, poster and brochure were distributed at the Joint Behavioral Task Force meeting on August 24, 2010 for approval. After approval was received, printing began. The National Guard was provided with 15,000 brochures, 1,500 posters, 500 resource guides in September to begin distributing at units statewide with a letter from the General promoting suicide prevention and mental health awareness. The National Guard will distribute the information to 12,000 army and 2,500 air members. Information was included in DMH's newsletter and the National Guard's newsletter. The campaign was also launched at Weems Community Mental Health Center's Mind Matters event for military and family members in Meridian on September 23, 2010.

A letter was sent by the DMH Executive Director on September 13, 2010, to all CMHCs encouraging them to participate in the campaign and contact their local National Guard units. A sample resource guide and brochure was included in the letter.

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

Progress – Quarter 1

The MS Ability Awareness Council met on July 13, 2010, and decided to invite a representative from the Department of Health to join.

On July 13, 2010, BRC Employment Services provided information to the Council on how businesses respond to hiring individuals with IDD. A committee was formed to undertake the development of a packet that would contain general information regarding employing individuals with IDD and could contain information that was facility specific.

A logo design was developed by Ellisville State School, and the committee charged with developing materials for the Possibilities Through Abilities campaign will meet on October 6, 2010, to discuss ideas for the brochure.

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

Progress – Quarter 1

MSTOP grants were awarded to Region 4 and Region 7.

On September 14 – 15, 2010, the MTO grant team met with community stakeholders, CMHC employees, families and youth to train and begin identifying transition aged youth with SED.

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

Progress – Quarter 1

Information from the Department of Health and Human Services and the National Alzheimer's Association was used in the development of the copy for a Shatter the Silence educational card. The MSH graphic artist designed the card in August.

A press release was sent statewide on September 2, 2010 in conjunction with National Suicide Prevention Week. The article was published in 11 newspapers. On August 5, 2010, the MS Public Broadcasting discussed the campaign during their Mississippi Edition broadcast. Jaquith Nursing Home used information from the campaign for a suicide prevention ad targeting the elderly, which was published in the *Rankin County News's* Senior Lifestyles edition.

Information cards were distributed to participants of the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly. Additional cards were available to participants for distribution as well.

The Shatter the Silence page on DMH Web site was updated in September 2010 to include information about the elderly campaign.

Suicide prevention slides for the elderly were developed and included in the *Advanced Topics in Dementia Care* presentation September 2010.

Information was presented at the Jaquith Nursing Home Family Day on September 1, 2010. Staff also met with family members following the presentation to discuss suicide prevention strategies.

Survey tool being developed to assess enhanced knowledge of elderly suicide prevention.

Suicide Prevention cards were distributed through the Alzheimer's Division activities including the ATD workshop, caregiver support groups, and health fairs in Q1. Approximately 1,775 Suicide Prevention information cards were distributed. Suicide Prevention information was included in eight presentations conducted by Division staff. Campaign cards were included in 295 MSH tour packets to 17 groups. An additional 492 cards were distributed at five community events, and an additional 300 cards were distributed in the first quarter to nursing students who participate in rounds and tours at Mississippi State Hospital.

Objective 6.3 Utilize technology to expand current awareness and prevention efforts

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

Progress – Quarter 1

The decision was made to include information on elderly, youth, and military suicide prevention in the video. Copy was developed and images selected.

Video was posted on YouTube and DMH Web sites on September 20, 2010. As of September 30, 2010, the video has received 536 views.

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

Progress – Quarter 1

A list of places to distribute Talk About It information was developed.

In July 2010, DMH worked with IHL and the State Board for Community Colleges to obtain a contact list for colleges. Colleges received an e-mail offering Talk About It cards for freshman orientation packets. Six colleges across the state responded, and included the Talk About It cards in their freshman orientation packets for 5,400 cards.

Talk About It information was included in the *Operation Resiliency* brochure and resource guide. In quarter 1, there were 551 log ins, 40 individual users, and 21 total messages. The top three types of messages were suicide, depression and relationship issues.

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

Progress – Quarter 1

Discussions began on how to create access for individuals/families to local services using a database on DMH's Web site. After researching different web sites, a decision was reached to model the program after Ohio Department of Mental Health's section on their web site.

Goal 7 Share responsibility for service provision with communities, state and local governments, and service providers

Objective 7.1 Increase effectiveness of collaboration among community mental health providers (inclusive of CMHCs), state agencies, governmental entities and non-governmental entities

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

Progress – Quarter 1

Assisted in transition of operation of Crisis Stabilization Units (CSUs) from Mental Health facilities to CMHCs. Transition of CSUs began July 1, 2010, with final CSU transition on August 1, 2010. This is also addressed in Goal 3.

The Board of Mental Health gave approval for submission of the 2010 Standards revisions for public comment at their meeting on September 16, 2010.

HB 664 went into effect July 1, 2010. The Silver Alert (SA) Training Initiative was launched at the 2nd Annual MS Physician's Conference on Alzheimer's Disease on August 17, 2010, and at the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly on August 20, 2010. An information booth was part of the vendor displays at both events. Silver Alert Awareness pins distributed to Conference attendees.

The Silver Alert informational brochure was finalized and printed in August 2010. Brochures were distributed to collaborative partners for dissemination August 2010. Dissemination opportunities will be identified on ongoing basis. Partners continue to collaborate on program and product development. Additional funding sources/sponsors are being sought to defray costs of products.

Initial Silver Alert presentation developed for the Alzheimer's Annual Conferences. The Planning Committee determined the need to develop a variety of presentations that vary in length and information covered pending needs and requests of the target audience. This will continue into the second quarter.

The Director of Division of Children & Youth Services met with DHS and the Division of Medicaid in July 2010 to discuss the mental health needs for children/youth in the Child Welfare system and to begin the development of a resource guide for county social workers. The next meeting is scheduled for October 19, 2010.

All CMHCs assessed expressed interest in collaborative effort with DHS to determine need for specialized services for children in Child Welfare system. The following counties will be targeted initially for the pilot project: Coahoma (Region 1), Lafayette, Calhoun (Region 2), Union, Lee, Ittawamba, Pontotoc, Chickasaw, Monroe (Region 3), Bolivar, Washington (Region 5), and Sunflower, Humphreys (Region 6).

Initial plan to address avenues for flexible funding (i.e. Money Follows the Person, ID/DD Waiver amendments, Medicaid state plan options) to meet the identified needs of individuals with IDD and

to identify the roles of stakeholders was developed this quarter. DMH collaborated with Division of Medicaid on submission of Money Follows the Person planning grant. DOM was awarded this grant during the first quarter.

Collaboration began with BIDD, advocacy groups, family members and service providers to identify and incorporate person centered quality measures into the peer review process.

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

Progress- Quarter 1

Legislative Forum was held at the 11th Annual Conference on Alzheimer's Disease on August 18, 2010. Seven Legislators attended the forum including one Senator and six Representatives.

The DMH created a FY12 Budget Impact flyer to provide education to community stakeholders statewide on the impact of decreases in funding for DMH operated facilities and services. The flyer was distributed to DMH facilities, state agencies, non-profits, legislators, etc. The flyer also contained information about funding for the overall public mental health system and the impact of services.

The provision of information to community stakeholders statewide on the impact of the phasing down of the enhanced Medicaid match rate was accomplished through press releases issued in the first quarter; information was also provided at the MH Planning Council and BIDD Advisory Council meetings. Informal opportunities occur regularly among agency leadership staff.

Educational information was provided to the leadership and members of the Mississippi Legislature on the impact of decreases in funding and level funding for FY 2012 on DMH operated facilities and services via a presentation made to the Legislative Budget Committee in September 2010. Budget Impact flyer was included in this presentation.

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

Objective 8.1 Increase opportunities for direct support professionals

Action Plan: 8.1a Provide increased educational opportunities for Direct Support Professionals (DSPs) through live and web-based training programs

Progress – Quarter 1

Report prepared on the benefits of using the web based training provided through the College of Direct Support and recommendation made to Goal Leader about implementation.

Action Plan: 8.1b Identify new non-monetary incentives and support options for Direct Support Professionals

Progress – Quarter 1

Established task force with representation from across DMH to participate in identifying incentives for DSPs. There are four members of the task force with two from MH and two from IDD.

Objective 8.2 Develop a comprehensive Human Resources plan

Action Plan: 8.2a Increase employee retention rates

Progress – Quarter 1

Information being collected from the existing exit interview process. Each facility's HR Department reviews exit interview. Any concerns/issues brought up during the exit interview are sent to the supervisor or department director. These concerns will be collected during the first and second quarter. A report will be prepared in the third quarter to identify any areas affecting retention that need further review and analysis.

Support continues of sponsorship by EIRC (Employee Incentive & Recognition Committee) and FRIENDS organizations of activities to promote retention. Activities occurring during the first quarter included: free lunch day; pizza parties; Direct Care Support Week Gifts; discounted jewelry/scrub sales; discounted agency logo t-shirt sale; employee appreciation breakfasts; patient watermelon party; service award pins; and monetary gifts for perfect attendance and employee of the month and quarter (EOM/EOQ) as well as non-monetary awards including a reserved parking place, letter of gratitude from agency director and recognition in campus/agency newsletter.

Action Plan: 8.2b Develop a comprehensive plan for using technology to improve the system of training and certification for DMH employees

Progress – Quarter 1

Research conducted on cost savings when using technology to provide on-line training as compared to live on-site presentations and possible use for certification and re-certification for PLACE credentialed staff.

Research conducted on how many programs/companies offer on-line training and which company will best meet DMH needs. Report prepared.

Presentation given about on-line training program to Central Office Bureau Directors on July 30, 2010, and to Facility Directors on August 18, 2010.

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

Action Plan: 8.3a Increase internship and field placement opportunities throughout the agency

Progress – Quarter 1

Compiled finalized internship contact information from each Facility by field/discipline as well as university/college contact information of available internships by field of study/discipline.

Electronic listing of contact lists compiled and distributed to facilities through Human Resource offices.

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

Action Plan: 8.4a Increase cross-training initiatives among DMH staff to allow them to function in a community based setting

Progress – Quarter 1

Community Inclusion and Community Integration were the training topics identified that would be of most value to the individual and the organization in providing services in the community.

Objectives have been identified and specify what the participant will be able to “do” and “understand” when supporting individuals in the community.

Action Plan: 8.4b Provide updates to DMH staff about the Strategic Plan as changes occur

Progress – Quarter 1

Strategic Plan content selected to be provided to all DMH staff and method for distribution of information determined. In October, discussions will be held with Facility Directors about the methods of distribution as well as contact made with employees selected for distribution team to schedule a “train the trainer” date.

Goal 9 Utilize information/data management to enhance decision

Objective 9.1 Develop a department-wide data management system

Action Plan: 9.1a Establish Data Task Force to enhance communication and share information on IT projects, plans and future directions, hardware, software, email, etc.

Progress – Quarter 1

Data Task Force groups have been established for IDD and CMHCs. Creation of Task Force groups for CO & MH is in progress.

The IDD Task Force group met on August 11, 2010. The group discussed plans to include BIDD data into the Central Data Repository (CDR).

The CMHC Task Force group met on September 14, 2010. The group discussed: (1) The error rate for data submitted into the CDR must be below 5%, (2) Facilities will review CDR data manual to verify that facility codes/fields are accurately cross walked with the data manual, and (3) USR tables will not change this year.

Status report given to Bureau Directors and Executive Director.

Action Plan: 9.1b Continue to build infrastructure and refine the ability to report client level data

Progress – Quarter 1

Meeting held in August 2010 with BIDD task force group to discuss implementing the CDR.

Work continues with the CMHCs, ITS, and CMHC vendors in lowering the error rate on data submission to the CDR.

Action Plan: 9.1c Integrate Bureau of IDD data into CDR

Progress – Quarter 1

Meeting held in August 2010 with IDD Task Force Group to discuss implementation, data collection, and reporting.

The file layout/structure for data submission was submitted to the BIDD facilities. BIDD facilities will begin testing electronic data submission in January 2011.

Assessments will be made on: collection and reporting of data and services provided to individuals.

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

Action Plan: 9.2a Work with ITS/other consultants to implement HIE

Progress – Quarter 1

Work began in June to conduct public meetings with healthcare stakeholders throughout the state. Meetings were held in Tupelo, Oxford, Jackson, Biloxi, and the Delta region.

Several teams/work groups were established: Governance, Legal and Policy, Technical Infrastructure, Finance, Business, and Technical Operations.

Team meetings were held and a draft strategic and operational plan was developed. The draft

documents were then reviewed/ revised and a final strategic and operational plan was finished in September.

Action Plan: 9.2b Establish DMH-EHR task force comprised of clinical and IT staff to facilitate EHR migration

Progress – Quarter 1

Approval received from the Executive Director to work with Gartner Group, an information technology research and advisory company. Members/attendees for consultation session(s) will be determined in the second quarter.

Action Plan: 9.2c Continue researching available funding

Progress – Quarter 1

Activities to begin when needed.