

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

**Strategic Plan
Progress Report**



**First Quarter
July 1, 2011 – September 30, 2011**

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

Objective 1.1 Increase efficiency within DMH

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

Progress – Quarter 1

Estimated expenditure reductions for food services under the Valley contract (EMSH, NMSH, SMSH) are \$1,030,000 for the first actual service year ending January 2012. This contract is being estimated based on one year of operations and is being compared to the actual expenditures at the facilities in FY 2009. Since the reduction has resulted in a realignment of expenditures, there is less need to continue the comparison further than the third quarter of FY 2012. The third quarter will be partially reported because the service year ends during January.

Food service expenditures during FY 12 at the ICF/MRs (BRC, HRC, SMRC, NMRC, ESS) are roughly estimated to be reduced by \$150,000, of which \$95,000 is attributed to product selection and standardization. These estimated expenditure reductions are more difficult to gauge because efforts have already been made to reduce the cost of operating food services at these facilities. However, there are still efforts planned across these facilities as well as individual work specific to each of them.

Actual expenditure reductions using the Valley contract at EMSH, NMSH, and SMSH were approximately \$458,000 during the first quarter of FY 2012 when compared to the completed fiscal year ended prior to the contract (FY 2009).

The actual net expenditure reduction of food service costs at the ICF/MRs, through efforts of food services staff and administration at these facilities, was \$548,000 when compared from FY 2010 to FY 2011. Included in this amount is about \$20,000 of reduced costs associated with more economical product selection. For the first quarter of FY 2012, actual expenditures were approximately reduced by \$15,000 through standardization of products across these facilities.

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

Progress – Quarter 1

A workgroup has been established to gather information in evaluating pharmacy related expenditures at DMH facilities. In this evaluation, it may be there are untapped revenues available, which will also be explored. These additional revenues, if discovered, will be reported under this section since it is under the same service area.

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

Progress – Quarter 1

Establishment of a workgroup is expected during the second quarter to gather information about Mississippi's Mental Health Human Resources system. This should result in a thumbnail sketch of the system and the types/numbers of community based support staff currently being utilized.

Four teams from IDD facilities have been established to tour service delivery systems in four states. These states will offer information regarding intellectual/developmental disabilities systems intensively operated through community programs. This information will be gathered and reported to

the workgroup for use in sketching the personnel needs for Mississippi's transition to a more community based system.

Objective 1.2 Maximize funding opportunities

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

Progress- Quarter 1

Preliminary review of waiver options under section 1915 (i) of the Social Security Act have begun. A complete review will be compiled during the second quarter.

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

Progress- Quarter 1

During the first quarter, DMH submitted ADD Project of National Significance on behalf of the MSCDD - Mississippi Council on Developmental Disabilities (8/31/11). The response is pending.

DMH is working with the State Early Childhood Advisory Council and Governor's Office on the Race to the Top –Early Learning Challenge grant application. The application deadline is 10/19/2011.

DMH received notification on 8/29/11 that it was awarded the Statewide Prevention Enhancement Grant (submitted 6/3/11). This grant is for Alcohol and Drug prevention.

During the first quarter DMH received notification that Lauderdale County received the U.S. Department of Justice and Mental Health Collaboration Grant. DMH staff assisted in the development of this application. Funds will support CIT intervention.

DMH submitted Strategic Prevention Framework State Incentive Grant (A&D Prevention grant) extension request (1 year) on 7/11/2011, which was awarded on 9/22/2011. While there are no additional funds, this extension allows for expenditure of unspent dollars.

DMH staff attended an August meeting with Medicaid staff on development of a CMS Real Choice Systems Change Grant: Building Sustainable Partnerships for Housing. CMS is the lead agency. Application deadline was 8/14/11. On 9/30/2011, CMS announced that Mississippi won the grant.

The online communication tool, DMH Proposals, was updated between 9/28 and 9/30 of 2011 to reflect current status of applications.

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

Progress- Quarter 1

DMH received a copy of the changes proposed by DOM to the Medicaid State Plan in August, and they were reviewed by administrative staff. During the public comment period of the Division of Medicaid's Proposed Rules Changes—Part 206, officials and administrative staff of DMH attended meetings and had conversations with DOM officials to discuss the proposed changes and the effect they will have on community-based and other DMH services statewide.

DMH drafted a letter and an itemized response to the DOM draft plan and proposed changes that

included requests for clarification and definitions of terms as well as specific concerns that the proposed changes will have. This response was presented to DOM in writing on August 19, 2011.

DMH staff and staff from virtually all of the CMHCs participated in a question and answer session that was conducted by DOM on 9/9/2011. The questions, issues and concerns of all the mental health administrators and providers were expressed and feedback was received/provided by DOM.

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

Progress- Quarter 1

Activities to begin in second quarter.

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 1

The Action Plan Team members will constitute a workgroup to study the current system of task forces and steering committees with regard to the inclusion of stakeholders. This group will provide information and specific recommendations to DMH administration and other provider organizations regarding the use of stakeholders in a more organized, effective way. This group will begin meeting during the second quarter.

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

Progress- Quarter 1

During the first quarter, funds were made available to all 15 of the CMHCs with the recommendations that these one-time-only funds be used to purchase copies and/or sets of children's mental health curricula or service materials that have been approved by DMH Division of Children and Youth staff. Most of the CMHCs made use of these funds. Division of C&Y staff also provided special training in the use of these materials during the first quarter. Approximately \$10,000 was used for this purpose and almost 600 staff received introductory training in the use of EB/BPs in providing services for children with serious emotional disturbances.

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

Progress- Quarter 1

Some specific efforts to develop a funding allocation system that is directly tied to DMH priority services have been made in some DMH Divisions that issue RFPs and administer grants. A review of actual allocations will be completed during the second quarter to identify and quantify the allocation of funds.

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 1

During the first quarter, Policy and Procedures Manuals submitted to DMH were reviewed to determine if Certified Providers used advisory councils to obtain input from consumers and/family members per the DMH Operational Standards.

A survey on the role of individuals and family members on advisory councils will be conducted. Once information is obtained from certified providers about advisory council membership and location(s) and time(s) of meetings, the information will be available on the Recovery/Resiliency information site. Council members will be educated about the site and how it can help them in performing their duties. The site will also inform individuals interested in the work of the councils of the dates and times of meetings.

Based on results of survey, DMH will determine barriers to operating an effective advisory council and determine the means to support the councils.

DMH plans to educate advisory council contact person(s) about establishing competencies and/or pre-requisites for advisory council members (i.e., proficiency in reading, writing, and comprehension, experience, etc.) These competencies will prepare council members to participate in other avenues designed for consumer and family members such as Personal Outcome Measures© interviewer.

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

Progress – Quarter 1

DMH submitted a response to the Proposed Medicaid Mental Health Remodel on 8/19/2011. Where needed, DMH Operational Standards will be revised to align with final revisions to the Division of Medicaid's policies that affect community mental health services and peer and caregiver support services.

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

Progress – Quarter 1

In the first quarter, six Personal Outcome Measures© trainings were conducted across the State including training for the Mental Health Planning Council, Clubhouse Task Force, and Mississippi State Hospital, Community Services Program staff.

The development of A System of Care 101 training curriculum by Division of Children & Youth staff began in the first quarter.

Action Plan: 2.1d Determine system's responsiveness to individual needs and desired outcomes
Progress – Quarter 1

Since July 2011, CQL Personal Outcome Measures© Interviews were conducted with two certified providers.

A proposal is being made to increase funding for CQL Personal Outcome Measures© interviewers based on the proposed Personal Outcome Measures© Initiative. Interviewers who are certified as Personal Outcome Measures© Interviewer II will (if proposal is approved) be paid at a higher rate than POMI I. At this point, interviewers are paid \$50 per interview. An interview lasts for 1 ½ to two hours for the individual receiving services and 1 hour for the support staff. The support staff interview and individuals' interviews count as one interview. Each interviewer cannot conduct more than two interviews per day.

CQL Team Leaders are developing a plan to insure that Personal Outcome Measures© interviewers are representative of the population served.

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 1

Funding (\$1.5 million) for one additional CSU has been included in DMH's FY 13 budget request presented to Legislature.

Data will be collected from the DMH psychiatric hospitals to examine the admission rates to the hospitals from each CMHC region to determine which region has the greatest need for a CSU.

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

Progress – Quarter 1

The CSUs have been submitting monthly reports since they assumed operation of the units. For the period of 7/2010 – 6/2011 (first full year of operation) there have been 2,460 admissions. 1,468 were voluntary and 992 involuntary. The average length of stay was 9.99 days. 229 of the admissions were referred to DMH psychiatric facilities. 89.91% of all admissions were diverted from DMH psychiatric facilities.

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 1

DMH Housing Plan is completed. The Housing Plan will be reviewed during the second and third quarters to refine and evaluate data regarding the number/type/location of housing units needed.

A DMH Housing Coordinator will be identified and hired by January 2012 (third quarter).

Action Plan: 2.3b Identify support services to sustain individuals living in permanent housing
Progress – Quarter 1

Housing coordinator to be hired will conduct a state inventory of support services options for those persons with permanent housing. The housing coordinator will be tasked with conducting a

statewide survey to identify the supports necessary to allow the individual to be successful in the placement. Once the supports are identified, the housing coordinator will develop these supports and tailor them to each individual's needs.

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

Progress – Quarter 1

DMH Housing Coordinator to be hired will coordinate the housing efforts across the state.

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

Action Plan: 2.3d Provide bridge funding for supported housing

Progress – Quarter 1

Funds have been requested for Bridge funding for FY13.

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

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

Progress – Quarter 1

Activities to begin in second quarter.

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

Progress – Quarter 1

Money Follows the Person (MFP) was scheduled to begin in October 2011. The date has been pushed back to December 2011. DMH has participated in all the MFP meetings and will continue to work with DOM on this project. Money Follows the Person is now being referred to as Bridge to Independence (B2I). Introductory training for B2I will be provided to the Office of Consumer Supports (formerly Constituency Services) during the second quarter.

When the enrollment period for B2I begins (target date has been pushed back by DOM), residents of the DMH IDD facilities and their legal representatives (ex. guardians, surrogates) will be made aware of B2I and waiver opportunities during their annual meeting/discussion of their Individual Support/Program Plans. Residents of the DMH IDD facilities and their legal representatives will also be made aware of this option. The B2I project will accept self-referrals at any point in time.

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

Progress – Quarter 1

Activities to begin in second quarter.

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

Progress – Quarter 1

MFP was scheduled to begin in October 2011. The date has been pushed back to December 2011. DMH has participated in all the MFP meetings and will continue to work with DOM on this project.

During this quarter, BIDD submitted a job description/scope of work to DOM so that the development of a draft contract could begin. DOM will initiate the review of the contract. DOM has committed that administrative dollars from the B2I project will be utilized to support these two positions. BCS will

also submit a job description.

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

Progress – Quarter 1

Transition Coordinators have been established at the five IDD regional centers. The make-up of transition teams will be dependent upon the needs of the individuals.

Objective 2.5 Provide long-term community supports

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

Progress – Quarter 1

Funds have been requested for funding for Intensive Case Management in DMH's FY13 Budget Request.

DMH will review data and implementation of ICM teams that are operating in other states. DMH has been meeting with private providers to identify how to utilize ICM and Community Support Teams teams in their crisis response system.

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

Progress – Quarter 1

PACT team funding was requested in DMH budget proposal to the Legislature for FY13.

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

Progress – Quarter 1

Funds have been requested for funding for Community Support Teams in DMH's FY13 Budget Request.

DMH will review data and implementation of Community Support teams that are operating in other states. DMH has been meeting with private providers to identify how to utilize ICM and Community Support Teams in their crisis response system.

Objective 2.6 Provide supported employment services

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

Progress – Quarter 1

Funds have been requested for funding for Employment Specialists in DMH's FY13 Budget Request. Activities to begin in second quarter.

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

Progress – Quarter 1

Funds have been requested for funding for Employment Specialists in DMH's FY13 Budget Request.

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

Progress – Quarter 1

During this quarter, BIDD met with a representative of Marc Gold and Associates and the Arc of MS to begin planning for a workforce development project for Regional Center staff around the practice of customized employment. Planning will continue with the intent to begin the project during the third quarter.

Objective 2.7 *Expand specialized services*

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

Progress – Quarter 1

Training was provided on Co-Occurring Disorders on 9/16/2011; and 20 providers attended.

Data on number of adolescents with SED/A&D will be collected during the second and third quarters as well as specialized program descriptions.

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

Progress – Quarter 1

Two additional sites have been identified and will be awarded a Mississippi Transitional Outreach Program (MTOP) grant on 10/1/2011. The two sites are Region 10 and Region 4 (Desoto County).

70 youth were served and/or admitted during the first quarter.

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

Objective 3.1 Establish equitable and timely access to services statewide

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

Progress – Quarter 1

Activities to begin in second quarter.

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

Progress – Quarter 1

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

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

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

DMH will look for partnering opportunities with private mental health providers and primary healthcare providers to extend the service options and locations where services are available. DMH is finalizing a contract with Region 6 to conduct a TTI Transportation pilot with a small group of individuals in their catchment area.

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

Progress – Quarter 1

DMH will continue to look for funding opportunities that will allow the expansion of Tele-Health/ Tele-Medicine. This will assist programs in areas of the State where there is a shortage of psychiatrists.

DOM has proposed a state plan amendment to allow for the reimbursement of telemedicine. DMH has requested funds to assist in the cost of having all provider sites equipped to provide this service.

Questions regarding the use of telemedicine were added to the Adult State Plan Survey.

The responses are due by 10/14/2011. DMH and CMHC providers will participate in a webinar “Telemedicine and Behavioral Health” sponsored by the National Council of Community Behavioral Healthcare on 10/13/2011.

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

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

Progress – Quarter 1

Bureau Directors were contacted to determine current Tribal representation on DMH Councils. Representation is already present on the A&D Advisory Council, the FASD Advisory Council, and the State Mental Health Planning and Advisory Council. Representation is not required on the Alzheimer’s Advisory Council, the BIDD Advisory Council, or the Children and Youth Advisory Council.

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

Progress – Quarter 1

Activities to begin in second quarter.

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

Progress – Quarter 1

Region 12 (Clearview) was contacted and is in the process of making final revisions concerning their arrangements with the VA for an annual contract agreement to increase A&D services to veterans in their catchment area.

Common Bond has established an annual collaborative partnership with the VA to provide alcohol and drug services for veterans statewide.

Harbor Houses of Jackson, Inc. Chemical Dependency Services and the Veteran’s Administration have agreed on a 5-year contractual agreement to provide alcohol and drug services for veterans in Hinds County.

Denton House is in the process of constructing an agreement with the VA to provide bed space for veterans in Leflore, Montgomery, Attala, Carroll, Humphreys, and Sunflower Counties.

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

Progress – Quarter 1

During the first quarter, MAP Team Coordinators were given a copy of the BIDD Resource Directory. Specific training on resources will be conducted during the second and third quarters.

Additional MAP Team funding has been requested for FY 13.

MAP Team Coordinators are being trained on data collection for children/youth with IDD. The number of youth with IDD served by MAP Teams will be reported starting in the second quarter.

Funds for training MAP Teams on the birth to five population has been requested through the Race to the Top proposal. If funded, grant award notices will be made 1/1/2012.

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

Progress – Quarter 1

Wraparound 101 training was conducted 9/19-21/2011. The next scheduled training is 12/5-7/2011.

The number of certified Wraparound coaches/supervisors was expanded. Coaches were trained in Region 12 on 9/7-8/2011 using the required training from the University of Maryland, Innovations Institutes. Additional training for coaches in Regions 4, 7, and 10 will be held during the second quarter.

Funds for this training were included in the Race to the Top grant proposal.

Action Plan: 3.2f Expand adult MAP teams

Progress – Quarter 1

Activities to begin in fourth quarter.

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

Progress – Quarter 1

DMH staff contacted the MS Statistical Analysis Center at USM to request assistance with a demographic survey of the state. A survey can be done of 500-600 people for \$5000-\$10,000. Feasibility of getting this much funding for the project will be examined in second quarter.

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

Progress – Quarter 1

DMH staff continue to collaborate with the Transportation Coalition.

DMH participated as a sponsor in the 2011 Dept of Transportation Annual Summit on 7/12-13/2011. The DOT provides transportation grants to CMHC providers.

No new contracts for non-traditional transportation were entered into by the DMH this quarter. Will continue to seek out opportunities for partnership in the next quarter.

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

Progress – Quarter 1

Activities to begin in second quarter.

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

Progress – Quarter 1

Throughout September, DMH staff member has begun a review of previous activities and collected information on the topic of integrated care.

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

Progress – Quarter 1

The Bureau of Alcohol and Drug Abuse currently has 6 members on the Mississippi Advocating Against Underage Drinking (MAUUD) subcommittee in various service and non-service positions. Through a concerted effort, the MAUUD committee successfully rallied for the adoption of a “Social Host Bill” which was signed into law in the 2011 session.

Educate other agencies on access to Regional Alcohol and Drug Awareness Resource Center (RADAR Center). Through community trainings, five (5) new agencies have been trained. As a result, they have been able to access free literature and training aids.

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

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

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

Progress – Quarter 1

Each subcommittee (Adult MH, C&Y MH, A&D, and IDD) met by telephone conference call to review responsibilities and organize activities. Chairs were selected for the C&Y MH and IDD committees. A&D and Adult MH felt they were not ready to elect a chair yet. Introduction to the tasks and ideas for managing the responsibilities were discussed. Subcommittees are working on answering the questions regarding populations served, needs of populations, organizations and staff.

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

Progress – Quarter 1

Activities to begin in second quarter.

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

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

Progress – Quarter 1

The Fall 2011 “Innovations in Practice” was published and distributed. There will be a Spring edition this fiscal year. Members of subcommittees are gathering data on effective practices applicable to the public mental health system, and each member agreed to be responsible for submitting an article for “Innovations in Practice.”

Meeting held with Director of Professional Development to discuss activities for continuing education on EB/BPs for Central Office staff.

Objective 4.3 Evaluate and monitor outcomes of treatment models

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

Progress – Quarter 1

Activities to begin in second quarter.

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</p> <p>Progress – Quarter 1 Creation of committee on hold until Central Office IT staffing needs can be addressed. Activity rescheduled for second and third quarter.</p>
<p>Action Plan: 5.1b Modify CDR to allow for capturing length of wait data</p> <p>Progress – Quarter 1 Activities to begin in fourth quarter.</p>
<p>Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)</p> <p>Progress – Quarter 1 Activities to begin in fourth quarter.</p>
<p>Action Plan: 5.1d Generate other reports needed based on data elements currently collected for client tracking</p> <p>Progress – Quarter 1 Activities to begin in fourth quarter.</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 facilities</p> <p>Progress – Quarter 1 Goal Leader has been in contact with the State of Louisiana to get feedback on the development of the dashboard. Louisiana has completed such a project and is willing to assist if needed.</p> <p>The Goal 5 team members received a survey on 8/5/2012 and provided feedback on the usefulness of having access to performance improvement measurements via a web based dashboard. All committee members responded. The results of the survey were presented to Director of MSH and Director of Bureau of Mental Health. They will review the information and provide feedback to the Goal Leader on what performance measurements should be included.</p> <p>Staff attended a demonstration and participated in a webinar to evaluate software that could be used to address a web application. This activity is placed on hold until Central Office IT staffing needs are addressed, considering the possibility of in-house development.</p>
<p>Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcome, Managed Care, Disparity Data, etc.) and for whom (ie. Central office, C & Y Services, CMHCs, etc.)</p> <p>Progress – Quarter 1 Activities to begin in second quarter.</p>

<p>Action Plan: 5.2c Define data for required report Progress – Quarter 1 Activities to begin in second quarter.</p>
<p>Action Plan: 5.2d Design standardized reports with timelines for implementation Progress – Quarter 1 Activities to begin in second quarter.</p>
<p>Action Plan: 5.2e Implement collection and reporting Progress – Quarter 1 Activities to begin in second quarter.</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 1 DMH representative continues to participate on the MSHIN Board. The board is in the process of establishing guidelines on how providers can join/participate and how to pay/collect fees for services.</p> <p>The MH representative has inquired about the possibility of DMH facilities having read-only access to the Health Information Exchange (H.I.E.). MSHIN is considering this option, but currently, an agency/facility must have a certified electronic health record (E.H.R.) to participate/access/exchange information.</p> <p>Activities will begin as connectivity, access, and E.H.R.s issues are resolved.</p>
<p>Action Plan: 5.3b Determine DMH facilities for joining MSHIN Progress – Quarter 1 Update of the MSHIN task, goal, and expectations to be given at the October Facility Directors' Meeting.</p>
<p>Action Plan: 5.3c Report MSHIN Board actions quarterly Progress – Quarter 1 The MSHIN Board continues to meet monthly. See status notes for Objective 5.3 a.</p>
<p>Action Plan: 5.3d Determine communication pathway among HIE and EHR Progress – Quarter 1 Activities to begin in second quarter.</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 Provide education of federal and state policy on healthcare reform to DMH Electronic Health Record (EHR) committee members, facility directors and IT directors Progress – Quarter 1 An Electronic Health Record (EHR) Questionnaire to determine whether facilities or professionals are eligible for monies from Medicaid and/or Medicaid incentive programs was distributed on 7/14/2011. The objective was to determine whether a facility or professionals are eligible for incentive programs. Summary of results are:</p> <ol style="list-style-type: none"> 1. MSH/WMSH is qualified for CMS facility incentive payments with Medicaid and Medicare (dual eligibility). MSH/WMSH is currently applying for the ARRA incentive funding.

2. CMRC, ESS and MSH/Community Service appear to be eligible for CMS EP incentive payments; seeking clarification from CMS re “outpatient setting” to determine if NMSH, SMSH, HRC, NMRC, STF, BRC and ESS may be eligible. (An EP in an “outpatient setting” may only refer to those who are not in an acute medical inpatient setting.)
3. NMSH, SMSH, HRC, NMRC, and ESS* appear to be eligible for the eRX incentive payment program or the eRX incentive program. *Note: ESS can only participate in EP incentive. Research will continue on this incentive program.
4. MS MEHRS (Medicaid Electronic Health Record) can satisfy e-prescribe for eRx Incentive or CMS Meaningful Use incentive program.

The results of the EHR Questionnaire (see above) were presented to committee members on 9/30/11.

A presentation entitled *Meaningful Use for DMH Strategic Plan, Goal 5 Team*, was presented by outside expert consultant on August 5, 2011 to Goal 5 committee members.

Committee members completed a self-assessment entitled *Medicare and Medicaid EHR Incentives: What Do You Know and Do You Know Enough?* Committee members provided feedback from the assessment such as additional education/training opportunities on incentives, meaningful use, eligible professionals, etc.

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

Progress – Quarter 1

The questionnaire for the MS MEHRs was included in the EHR questionnaire. See 5.4(a). CMRC scheduled a demonstration with Shared Health/MS MEHRS on 10/6/2011.

STF and MSH are currently using MS MEHRS system.

Survey results discussed and presented to the Goal 5 committee members on 9/30/2011.

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 1

Goal team members completed a survey and provided a status on completion of an audit. Only MSH has completed an audit.

Facilities are making basic remediation prior to scheduling vendors.

Goal Leader provided team members with a copy of MSH Executive Information Security Plan. Team members were asked to review and to possibly use as a guideline in establishing facility security plans. Team members will be provided feedback as the MSH policy is reviewed by Legal, HR, and other committees.

Action Plan: 5.5b Perform Standard and Technical Protocol Audit

Progress – Quarter 1

Central Office and MSH are currently using the same vendor for printer /copier rental and maintenance support. CMRC uses another vendor for printer/copier support. Goal Leader encouraged facilities to conduct a cost analysis for vendor supplied printer/copier/toner/maintenance support.

Team members discussed pharmacy systems currently used by DMH facilities. Currently, MSH, SSMH, NMSH, and ESS use the same system, and Hudspeth is installing the same system on 10/4/2011.