Mississippi Board of Mental Health
&
Department of Mental Health

Strategic Plan
Progress Report

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

First Quarter
July 1, 2012 – September 30, 2012

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** Estimates are still being developed since the Request For Proposals (RFP) for Pharmacy Management and Operational Support at the DMH programs is currently underway. Proposals for this RFP were due near the end of September and are expected to be evaluated during the second quarter of FY13. Actual expenditures reductions will not be reported for the Pharmacy RFP until there is a contract and work is underway.
Action Plan: 1.1b Implement at least one new Expenditure Reduction Project each year **Progress – Quarter 1** While ideas for the next expenditure reduction project have been discussed to a limited extent, the best project to gather information about is yet to be determined. This plan will be discussed further in Quarter 2.
Action Plan: 1.1c Determine personnel needed to transform the service system **Progress – Quarter 1** During Quarter 1, DMH staff met with 12 community service providers to discuss the number and type of additional community-based support staff that will be needed or are being added to meet the projected demand for increased community-based services.
Action Plan: 1.1d Increase efficient use of human resources by developing innovative cost-reduction measures concerning personnel (i.e., job sharing, flex scheduling of staff, etc.) **Progress – Quarter 1** An initial meeting was held on September 19, 2012 to discuss the practical and applicable efficiencies which can be obtained through development of cost reduction measures in human resources at DMH Programs and to begin development of a draft survey instrument. By the end of September, work had begun on identifying survey elements.
Objective 1.2 *Maximize funding opportunities*
Action Plan: 1.2a Assist the Division of Medicaid (DOM) with submission of a Medicaid State Plan Amendment to include services allowed under Section 1915i **Progress- Quarter 1** DMH staff met and/or communicated with Division of Medicaid representatives during Quarter 1 to discuss a variety of issues related to the 1915i Medicaid Plan amendment.
Action Plan: 1.2b Apply for at least two new grants or additional funding in targeted areas: infrastructure and capacity building **Progress- Quarter 1** Submitted Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination (MS SAT-ED Project) grant application on 7/11/2012. Submitted Strategic Prevention

Framework – Partnerships for Success II (MS Partnership Project) grant application on 7/17/2012. Received Notice of Award on 9/26/2012. Submitted Initiative to Improve Access to Needs-Driven, Evidence-informed Mental and Behavioral Health Services in Child Welfare (MS Tic-Toc Program) grant application on 7/20/2012. Submitted Juvenile Accountability Block Grant (JABG) grant application on 9/14/2012. Received Notice of Award on System of Care Expansion Planning Grant on 7/3/2012. The grant was originally submitted in 2011, but was reactivated by SAMHSA in June 2012. Received Notice of Award on State and Tribal Youth Suicide Prevention (MS Shatter the Silence) grant application on 8/3/2012. The grant was originally submitted in 2011, but was reactivated by SAMHSA in April 2012. Received Notice of Award on Projects for Assistance in Transition from Homelessness (MS PATH) grant on 8/27/2012. The application was submitted on 5/25/2012. Received Notice of Award for the Partnerships in Employment Systems Change (MS Partnerships for Employment) Year Two continuation on 9/28/2012. Awaiting notice on System of Care Expansion Implementation Cooperative Agreements (MS Project XPand) grant application. Grant application was submitted 6/19/2012. Submitted MS ASPIRE No Cost Extension application on 7/24/2012. Received Notice of Award 9/26/2012. This will give the MS ASPIRE grant a project period 9/2011 – 8/31/2013. Working on funding for Behavioral Health Medical Reserve Corp to train volunteers to respond to behavioral health needs after disasters. Funding will come through the Medical Reserve Corp and grant funds from ASPR. Received letter of denial on 8/28/2012 for MDMH's application to participate in SAMHSA's Olmstead Initiative Policy Academy. Approval would have included travel funds for staff to attend. Partnered with MS Department of Health on a Community Transformation Grant application with the CDC. The application was submitted on 7/31/2012. Waiting to hear on PBHCI grant applications submitted by Region 12 and Region 15. MDMH collaborated with the MS Primary Health Care Assoc. and CMHCs (Regions 12 and 15) on these submissions. Grants were submitted on 6/8/2012.

Action Plan: 1.2c Collaborate with Division of Medicaid (DOM) to amend the Medicaid State Plan initially for IDD services to provide a full array of person-centered services (respite services and MAP teams)
Progress- Quarter 1
There were no Division of Medicaid public comment periods during Quarter 1.

Action Plan: 1.2d Maximize use of Elderly/Disabled Waiver to provide services/programs for individuals with Alzheimer's Disease
Progress- Quarter 1
The following percentages indicate the individuals receiving services with Garden Park Adult Day Center who also receive services through the Elderly and Disabled Waiver; Footprints is not a provider under the E&D Waiver at the present time: July – 59%; Aug – 67%; Sept - 67%

Action Plan: 1.2e Expand use of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) program services for children and youth
Progress- Quarter 1
Activity to begin in Quarter 2.

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** During Quarter 1, DMH staff continued to develop and implement all aspects of the Peer Support process to include review and discussion of the use of stakeholders on task forces and steering committees. Increasingly, this strategy will be incorporated into the Peer Support Coordination structure.
Action Plan: 1.3b Increase effectiveness of coordinator of MAP teams **Progress- Quarter 1** Activity to begin in Quarter 3.
Action Plan: 1.3c Establish a DMH quality management council to assist DMH with identification of trends and patterns among all DMH certified providers **Progress- Quarter 1** The general role of the Quality Management Council has been identified. Specific responsibilities will continue to be defined. Systems to support the work of the Council are being reviewed for possible modifications to ensure efficiency.
Action Plan: 1.3d Implement resource allocation strategy to support EBP/BPs and service outcome models **Progress- Quarter 1** Activities to begin in Quarter 2.
Action Plan: 1.3e Publish an annual report that benchmarks like programs with established performance indicators/outcomes/national core indicators **Progress- Quarter 1** Activities to begin in Quarter 4.
Action Plan: 1.3f Increase percentage of funding allocation to priority services (crisis services, housing, supported employment, and early intervention/prevention) **Progress- Quarter 1** Activities to begin in Quarter 2.

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

Opportunities have been identified for individuals and/or family members to participate in the planning, evaluation, and implementation of services on the state level. A survey was out to all DMH certified providers and Central Office staff to identify the various opportunities for individual and family participation. This information will be used to support individuals and family members to have meaningful participation on the state and local level.

Based on the collaboration of individuals receiving services, family members, advocacy representatives, and mental health professionals, the role of advocacy organizations in recruiting, supporting and educating peers and family members has been defined.

A draft detailing the infrastructure to support peers and family members across all populations has been developed. Feedback was gathered from individuals receiving services, family members, advocacy representatives, and mental health professionals.

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

Progress – Quarter 1

DMH is currently developing a breakthrough series on a recovery-oriented system of care. DMH and the Mississippi Certified Peer Support Network developed a recovery campaign, *Think Recovery*. Campaign toolkits were distributed during National Recovery Month in September. The toolkits included community integration brochures, posters for each Component of Recovery, success stories, and press releases. The campaign will educate DMH Certified Providers on the 10 + 1 Components of Recovery. Providers will receive a memo each month detailing a component of recovery, activities to support that component, and additional resources.

A Family-Driven Summit was held during the first quarter in which System of Care principles were reviewed. Participants evaluated the Summit and developed an Action Plan to move forward with family support and partnership at the MTOP sites.

Providers continued to be educated on the 21 Personal Outcome Measures during POM Interviews. Additionally, information is available during Recovery Month through pamphlets mailed to all DMH providers. Workshops will be scheduled in the future.

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

Progress – Quarter 1

Council on Quality Leadership (CQL) Personal Outcome Measures interviews scheduled for calendar year 2012 have been completed. In January 2013, CQL Team Leaders will develop a

calendar for 2013 personal outcome measure interviews. CQL Team Leaders will collaborate with providers and review personal outcome measure interviews to continue to develop strategies to gain feedback from providers who received a POM visit. Currently, providers provide feedback after personal outcome measure interviews, at the end of the POM visit. Additionally, providers have the opportunity to provide feedback during the DMH certification visit.

Action Plan: 2.1d Incorporate Peer Recovery Supports Services into core services in DMH Operational Standards
Progress – Quarter 1
Two trainings were provided to DMH Certified Providers on Peer Support Services.

Action Plan: 2.1e Incorporate Peer Support Services into core services in DMH Operational Standards
Progress – Quarter 1
DMH continues to incorporate feedback from providers and Peer Support Specialists to enhance the Peer Support Specialist Training Curriculum. In the first quarter, the Peer Support Specialist Network elected officers and is currently working on bylaws. A third meeting is scheduled for the second quarter.

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
To date, nine CMHC Regions have a CSU. Funding ($4.5 million) for three additional CSUs will be included in DMH's FY14 budget request which will be presented to the State Legislature in January 2013. Funding has been identified for the development and support of a CSU in Hinds County. Catholic Charities has expressed interest in the development and operation of a CSU in Hinds County. Catholic Charities is in the process of requesting board approval, finding a location, and submitting an application.

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
It has been determined by the CSU Directors and DMH Director of Crisis Response that there are many external factors/variables which are out of the CSU's control which affect the length of stay and recidivism rate to be a valid measure of performance. These factors/variables can and should be addressed but should not be used as measures of performance. The diversion rate of admissions to CSU's from State Hospital admission continues to be from 80 – 90%.

Action Plan: 2.2c Provide readily available community crisis services
Progress – Quarter 1
DMH developed and implemented a survey which evaluates the events which actually take place at each CMHC when the after hour's emergency/crisis phone number is called. A summary report has been developed. Technical Assistance opportunities have been identified. DMH will initiate CMHC Emergency/Crisis Coordinator's meetings during Quarter 2 to address these issues.

Action Plan: 2.2d Investigate the feasibility and impact of providing crisis detoxification services at CSUs **Progress – Quarter 1** CSUs have begun tracking the number of individuals who test positive for substances at admission.
Action Plan: 2.2e Develop transition/step-down residential options for people leaving crisis stabilization units **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 2.2f Develop crisis support plans for individuals as a standard component of care and mitigation strategy **Progress – Quarter 1** Activity to begin in Quarter 2.
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 received a Notice of Award on Projects for Assistance in Transition from Homelessness (MS PATH) grant in August. During Quarter 1, DMH staff met with 12 community mental health providers to discuss and evaluate both current housing options as well as planned or prospective community housing options that are in the process of being added to the overall inventory of community living options. DMH is also exploring grant opportunities for housing.
Action Plan: 2.3b Identify and coordinate an array of supportive services needed to sustain individuals living in permanent housing in local communities **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 2.3c Provide bridge funding for supported housing **Progress – Quarter 1** Activity to begin in Quarter 2.
Objective 2.4 *Provide community supports for persons transitioning to the community through participation in the Bridge To Independence project*
Action Plan: 2.4a Expand ID/DD Waiver services to enable individuals with IDD residing in DMH facilities to transition into the community using Bridge to Independence services **Progress – Quarter 1** As of September 30, 2012, 54 people have transitioned from IDD programs to the community.
Action Plan: 2.4b Increase number served in ID/DD Waiver each year from those on the waiting list **Progress – Quarter 1** In Quarter 1, 27 people were enrolled from the Statewide Planning List and 54 from the institutional

programs for a total increase of 81 individuals.

Action Plan: 2.4c Transfer people with SMI from nursing homes to community using Bridge to Independence services
Progress – Quarter 1
During Quarter 1, the Transition Coordinator at Jaquith Nursing Home worked with the B2I Community Navigator on the development of a Person-Centered Plan for at least one individual who has expressed an interest in community living options.

Action Plan: 2.4d Transition Coordinators will establish interagency, multidisciplinary transition teams at the state ICF/MRs to assist individuals in making a seamless transition to community-based services
Progress – Quarter 1
One educational/support training was provided to a Transition Team. Ongoing meetings/debriefings are taking place between the individual served and the service providers following discharge to determine ways to ensure a seamless transition. Mississippi Adolescent Center hired a Transition Coordinator. Two trainings were held at that location.

Objective 2.5   *Provide long-term community supports*

Action Plan: 2.5a Expand PACT teams to support the integration and inclusion of persons needing long-term psychiatric care
Progress – Quarter 1
DMH met with the Division of Medicaid to discuss evaluating the current Medicaid reimbursement rate and guidelines for PACT. The current PACT providers have indicated that the current rate and guidelines are not conducive to the PACT model.

Action Plan: 2.5b Provide Community Support Teams to promote and support the independent living of individuals served
Progress – Quarter 1
Due to lack of funding, this action plan cannot be addressed.

Objective 2.6   *Provide supported employment services*

Action Plan: 2.6a Increase number of individuals assisted with employment
Progress – Quarter 1
Activity to begin in Quarter 2.

Action Plan: 2.6b Assist in the reentry of individuals with mental illness into the workplace
Progress – Quarter 1
DMH assessed the workforce to determine the number of Certified Peer Support Specialists currently employed. The total is 39.

Action Plan: 2.6c Increase supported employment for individuals with IDD and decrease reliance on Work Activity Services
Progress – Quarter 1
On July 31, BIDD staff made a presentation to the Vocational Rehabilitation Regional Managers

about the need for collaboration and cooperation in managing referrals from the ID/DD Waiver and from DMH institutional programs. Information on federal requirements was provided as well as general questions and answers.

Objective 2.7 *Expand specialized services when funds become available*
Action Plan: 2.7a Increase and improve integrated treatment service options for co-occurring disorders in adults with SMI and children/youth with SED (SMI/A&D, SED/A&D, SMI/IDD, SED/IDD)   **Progress – Quarter 1**   Activity to begin in Quarter 2.
Action Plan: 2.7b Increase the number of transition-aged youth/young adults with SED served in the four MTOP project sites   **Progress – Quarter 1**   During Quarter 1, a total of 45 youth were served at the MTOP project sites.
Action Plan: 2.7c Increase availability of in-home respite for caregivers of individuals with SED   **Progress – Quarter 1**   Activity to begin in Quarter 2.
Action Plan: 2.7d Expand early intervention assessments for children 0 – 5 years of age in CMHCs for identification of developmental disabilities including SED   **Progress – Quarter 1**   Activity to begin in Quarter 2.
Action Plan: 2.7e Initiate statewide guidelines to assess individuals with an intellectual/developmental disability for dementia to determine appropriate care approaches   **Progress – Quarter 1**   The Division of Alzheimer's partnered with two IDD programs to participate in field testing the National Task Group (NTG) Dementia Screening Tool. The screenings were completed with three individuals from Boswell Regional Center and three individuals from North Mississippi Regional Center. A total of six screenings using the Dementia Screening Tool were submitted to the National Task Group as part of their overall Field Testing of the DST. The screenings were submitted in August 2012.

Goal 3 **Improve access to care by providing services through a coordinated mental health system and in partnership with other community service providers**
Objective 3.1 *Establish equitable and timely access to services statewide*
Action Plan: 3.1a Implement integrated planning lists procedures to better identify the types and locations of needed services/supports in order to increase options for home and community-based service provision **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 3.1b Develop strategies to address barriers to timely access **Progress – Quarter 1** DMH Program Directors and Bureau Directors began reviewing current barriers to timely access. A meeting will be held in Quarter 3 to discuss strategies.
Action Plan: 3.1c Increase access to mental health care/services through expanded use of telemedicine **Progress – Quarter 1** The DMH annual narrative survey, which is sent to CMHCs to determine where telemedicine is being utilized and to target areas where it is not, will be sent out in Quarter 2. The results will be reported in Quarter 2.
Objective 3.2 *Expand and increase effectiveness of interagency and multidisciplinary approaches to service delivery*
Action Plan: 3.2a Increase partnership activities between local entities and community providers such as hospitals, holding facilities, CSUs and CMHCs to establish triage, treatment, and diversion plans **Progress – Quarter 1** DMH began collecting information and compiling a list of MOUs that currently exist between local entities and community providers.
Action Plan: 3.2b Collaborate with the Veterans Administration (VA) to increase the provision of A&D services to veterans within the local community **Progress – Quarter 1** DMH scheduled a meeting with the Director of Housing at the VA in November to discuss additional partnerships with alcohol and drug programs to provide services for veterans.

Action Plan: 3.2c Expand MAP teams for children and youth with SED and IDD
Progress – Quarter 1
DMH is working to improve data reporting and collection on children with SED and/or ID/DD who are served by MAP teams. Quarterly reports are collected from MAP teams, but many are using outdated forms and not documenting if a youth has an ID/DD. Training on using the appropriate form and on proper documentation methods will be held in Quarter 2.

Action Plan: 3.2d Increase the utilization and practice of Wraparound services for children and youth with SED and/or IDD
Progress – Quarter 1
Technical assistance was provided to the identified coaches in September. Coaches have been assigned to CMHC regions, Youth Villages and MS Children's Home Services to begin training local Wraparound Facilitators. Wraparound Coaches have been identified and assigned to CMHC regions. CMHC Regions 4 and 10 have received certificates for the provision of Wraparound Facilitation. Technical assistance on certification and implementation will be provided in Quarter 2 to all other CMHC Children's Coordinators.

Action Plan: 3.2e Expand adult MAP teams as funding is available
Progress – Quarter 1
Operational Standards for Adult MAP teams continued to be developed into Quarter 2.

Action Plan: 3.2f Facilitate work with state and local partnerships to increase jail diversion programs
Progress – Quarter 1
In Quarter 1, DMH contacted five counties to determine if these counties would like to have a certified Designated Mental Health Holding Facility (DMHHF). Four counties plan to take the information to their Board of Supervisors for review. DMH provided technical support to one county which is interested in becoming certified.

Action Plan: 3.2g Continue participation with the Mississippi Transportation Initiative
Progress – Quarter 1
The Greenwood (Region 6) Transportation Project officially began in January 2012 with Personal Outcome Measures (POM) interviews conducted with the original twelve (12) participants. In March 2012, LeFleur, the transportation provider for the project, began providing evening and weekend transportation services to participants as determined by needs assessments completed prior to the initiation of the project. Updates on the project were provided to the Transportation Coalition in Quarter 1. DMH is seeking additional funding to continue the project.

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

Progress – Quarter 1

The Integration Work Group (IWG) held a meeting in September. During Quarter 1, the IWG added three new members. The group identified potential new members which would broaden programmatic representation. In September, DMH staff shared the IWG Baseline Document with Federal Site Visit Reviewers. DMH activities concerning Primary and Behavioral Health Care Integration and the Baseline Document were well received. At the September IWG Meeting, the group identified a few areas on the Baseline Document that needed additional information, such as in the area of pharmacy services. In September, DMH staff and the President of the MS Association of CMHCs discussed the Baseline Document and decided to ask all CMHC Executive Directors to review the document for accuracy and clarification, if needed. In August, IWG members met with BCS staff responsible for the Annual Survey to discuss including questions about the integration of primary and behavioral health care.

DMH continues to collaborate with identified partners. DMH has representation on the MS Department of Health's Patient-Centered Medical Home Advisory Committee, Dr. Craig Escude from Hudspeth Regional Center.

Dr. Mary Currier, MS State Health Official, asked DMH for comments on a draft set of guidelines for medical homes developed by the Advisory Committee. An IWG member reviewed the draft document and provided comments on behalf of DMH.

The DMH Executive Director and Deputy Executive Director participated in the MS Department of Health's Health Summit held in August. Dr. David Dzielak, Medicaid Executive Director; Dr. Mary Currier, MS State Health Official; and, Therese Hanna, Executive Director of the MS Center for Health Policy, made presentations.

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

Progress – Quarter 1

The Bureau of Alcohol & Drug Services began work on a workforce development plan. In July, meetings were held with Dream Inc. of Jackson to produce the draft what will workforce development plan.

In July and September, training was conducted for the CIT (officer's mental health intervention training) on co-occurring disorders. One training was conducted in Jackson, and the other training was conducted in Meridian.

In July, MAAUD (Mississippians Advocating Against Underage Drinking) held a meeting at Region 8. BADS staff were present supporting their efforts.

Action Plan: 3.2j Conduct person-centered planning training at all DMH facilities and with all DMH certified providers and other interested parties (advocates, individuals, families) directed at developing resources for individuals transitioning from institutional care to the community
Progress – Quarter 1
An initial training was held at Mississippi Adolescent Center. A pilot training with MSH's treatment team was conducted.

Action Plan: 3.2k Implement person-centered planning as a tool to move people from institutional settings to the community
Progress – Quarter 1
During Quarter 1, a total of 40 transitions were reported.

Action Plan: 3.2n Begin work with the Department of Rehabilitation Services to increase supported employment services for people with IDD and SMI
Progress – Quarter 1
Activities to begin in Quarter 2.

Action Plan: 3.2o Continue to provide support and assistance to promote certification of holding facilities in each county
Progress – Quarter 1
In Quarter 1, DMH contacted five counties to determine if these counties would like to have a certified Designated Mental Health Holding Facility (DMHHF). Four counties plan to take the information to their Board of Supervisors for review. DMH provided technical support to one county which is interested in becoming certified.

Action Plan: 3.2p Initiate meeting with Department of Education to discuss ways in which school districts can provide support to students returning to the local districts from an institution
Progress – Quarter 1
In September, DMH's IDD programs conducted two, one-hour presentations at the MDE Leadership Institute to discuss, "Including IDD Individuals into the Community Schools." Another presentation has been scheduled for Quarter 3.

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

Progress – Quarter 1

DMH's Division of Alzheimer's staff consulted with NTG representatives to review the ID/DD and Dementia section of ADE Training. Division staff will continue to dialogue as the opportunity arises.

During Quarter 1, field testing for the Dementia Screening Tool was completed with three individuals from BRC and three individuals from NMRC. DST forms were sent to NTG for review.

NTG recommendations from "My Thinker's Not Working" were included in ADE Training held in Laurel on September 7, 2012.

An IDD/Dementia presentation was included as a concurrent session of the 13th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly. In addition, the MH/IDD Joint Conference Education Review Committee approved an ID/DD and Dementia Workshop as a conference breakout session in Quarter 2.

Goal 4 Implement use of evidence-based or best practice models and service outcomes
Objective 4.1 *Analyze the efficacy and cost benefits associated with implementation of evidence-based or best practices*
Action Plan: 4.1a Establish a DMH Evidence-Based and Best Practices Evaluation Council to analyze cost benefits of EBP/BP models, support implementation and training, and evaluate effectiveness and efficiency of models **Progress – Quarter 1** DMH Bureau Directors will serve on the DMH Evaluation Council to guide the Goal 4 subcommittee's activities in order to assist the DMH Board in meeting the responsibilities of the Department as stated in the Rose Isabel Williams Mental Health Reform Act of 2011 concerning EBP/BPs. This activity includes an analysis of cost-benefits, implementation and evaluation of effectiveness and efficiency of models. Subcommittees representing IDD, MH, and A&D services will conduct the analysis of cost-benefits, promote implementation and evaluation of effectiveness and efficiency of EBP/BP models utilized through the system of care in Mississippi. The development of subcommittees representing all services areas has begun. Meetings with IDD and A&D service providers took place in Quarter 1.
Action Plan: 4.1b Develop a summary of grant programs which currently use EBP/BP models – inventory of existing EBP/BPs **Progress – Quarter 1** Each subcommittee will collect data on programs receiving DMH grants to determine which programs are currently using EBP/BP models. The A&D programs have been contacted and are responding. IDD has identified Applied Behavioral Analysis as the major EB/BP model utilized.
Objective 4.2 *Support implementation and training of evidence-based or best practices*
Action Plan: 4.2a Increase the frequency of workforce development opportunities offered to providers (by DMH) focused on EBP/BP models **Progress – Quarter 1** The Division of Professional Development modified the Continuing Education Planning Form requesting development opportunities submitted to DMH be EBP/BP.
Action Plan: 4.2b Increase the use of e-learning to ensure Central Office staff are well informed and competent in EBP/BP models applicable to their division responsibilities **Progress – Quarter 1** The Director of the Division of Professional Development met with the Bureau Directors and determined that each Bureau would select their own approved courses for their staff to complete during FY13. The Bureau of A&D provided staff with their approved list.

Goal 5 Utilize information/data management to enhance decision making

Objective 5.1 *Maximize reporting potential of collected data*

Action Plan: 5.1a Refine/evaluate reports on client-level data from CDR for appropriateness/ clinical and programmatic
Progress – Quarter 1
The IT department at DMH Central Office received approval to add two additional IT positions. The staff will be responsible for collecting data from the CMHCs and coordinating reports across DMH. The University of Southern Mississippi has been contracted to develop a website to access/submit CDR reports and data.

Action Plan: 5.1b Modify CDR to allow for capturing length-of-wait data
Progress – Quarter 1
Activity to begin in Quarter 3.

Action Plan: 5.1c Disseminate monthly reports when/where necessary (admissions, discharges, recidivism)
Progress – Quarter 1
The IT department at DMH Central Office received approval to add two additional IT positions. The staff will be responsible for collecting data from the CMHCs and coordinating reports across DMH. The University of Southern Mississippi has been contracted to develop a website to access/submit CDR reports and data.

Action Plan: 5.1d Generate other needed reports based on data elements currently collected for client tracking
Progress – Quarter 1
The IT department at DMH Central Office received approval to add two additional IT positions. The staff will be responsible for collecting data from the CMHCs and coordinating reports across DMH. The University of Southern Mississippi has been contracted to develop a website to access/submit CDR reports and data.

Action Plan: 5.1e Expand reporting capabilities of the CDR by creating procedures for requesting one-time reports
Progress – Quarter 1
The IT department at DMH Central Office received approval to add two additional IT positions. The staff will be responsible for collecting data from the CMHCs and coordinating reports across DMH. The University of Southern Mississippi has been contracted to develop a website to access/submit CDR reports and data.

Action Plan: 5.1f Eliminate duplication in data collection and reporting (electronic and manual)
Progress – Quarter 1
Activity to begin in Quarter 3.

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

Action Plan: 5.2a Determine what software/program will be used across all bureaus/facilities **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 5.2b Determine what new reports are required (i.e., Annual Operational Plan, Certification Visit Reports, Provider Management System, Outcomes, Managed Care, Disparity Data, etc.) and for whom (i.e., Central Office, C & Y Services, CMHCs, etc.) **Progress – Quarter 1** Activity to begin in Quarter 3.
Action Plan: 5.2c Define data for required report **Progress – Quarter 1** Activity to begin in Quarter 3.
Action Plan: 5.2d Design standardized reports with timelines for implementation **Progress – Quarter 1** Activity to begin in Quarter 3.
Action Plan: 5.2e Implement collection and reporting **Progress – Quarter 1** Activity to begin in Quarter 3.

Objective 5.3 *Establish an electric exchange of health information between DMH facilities and programs, and MS Health Information Network (MSHIN)*

Action Plan: 5.3a Determine DMH participation cost for MSHIN **Progress – Quarter 1** All DMH programs received the MS-HIN Practice Enrollment Form. HRC, MSH, STF, and NMSH have submitted the form to Medicity for processing. DMH staff attended the MS-HIN Summit in September. MSDH has partnered with Medicity which will submit Meaningful Use reports to MSDH via Direct Solutions. Direct Solutions is an encrypted e-mail software solution.
Action Plan: 5.3b Determine DMH facilities for joining MSHIN **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 5.3c Report MSHIN Board actions quarterly **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 5.3d Determine communication pathway between HIE and EHR **Progress – Quarter 1** Activity to begin in Quarter 2.

Objective 5.4 *Establish electronic health record (EHR) systems at DMH facilities and programs (as mandated and approved by DMH)*
Action Plan: 5.4a Develop strategy and priority for implementing EHR systems at DMH facilities and programs **Progress – Quarter 1** DMH worked with the IDD programs and NetSmart to determine best pricing of Tier 7 software for the programs. The following information was gathered from all IDD programs: total number of user licenses at each program, the modules each program will order, number of HL7 connections at each program, and if billing module using 837/835 transmissions will be needed. Most IDD programs are in contact with NetSmart and are at various stages of discussion. MSH is currently working on the Unicare/CoCentrix lab interface. The interface is expected to be completed in Quarter 2. A meeting with Unicare/CoCentrix was also scheduled in Quarter 2.

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** Activity to begin in Quarter 2.
Action Plan: 5.5b Standardize IT Policies and disaster recovery Standard Operating Procedures (SOPs) **Progress – Quarter 1** Activity to begin in Quarter 2.
Action Plan: 5.5c Determine future technology needs **Progress – Quarter 1** CISCO provided a free training to DMH IT staff in September. ITS sponsored a Data Summit on September 25, 2012. Feedback from participants indicated that the Summit was relevant with current IT issues, security, and virtualization options. Several DMH staff attended the Summit which will be conducted yearly. DELL has proposed to conduct a webinar for DMH IT staff. The suggested topics will be forwarded to Central Office for consideration in Quarter 2.