

Mississippi Department of Mental Health
FY16 – FY18 Mid-Year Progress Report



February 2016

Level	Name	Status	Current Value	Assigned To	Last Comment
Plan	DMH FY16-FY18 Strategic Plan	On Track			
Goal	To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care	On Track			
Objective	Provide psychiatric treatment to individuals that are civilly committed and analyze service capacity exists for the provision of services	On Track			
Outcome	Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity)	On Track		Marc Lewis	NMSH: 90% EMSH: 90% SMSH: 91% MSH: 80.77%
Outcome	Create an annual report analyzing occupancy percentage at each Program by service including recommendations for future provision of services	On Track		Marc Lewis	Data is being collected for the report in the 4th Quarter.
Outcome	Reduce overall readmissions to DMH behavioral health programs by 2%	On Track		Marc Lewis	An overall percentage will be reported in the 4th Quarter.
Strategy	Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists	On Track		Marc Lewis	

Strategy	Develop quarterly report by Program outlining occupancy percentage by service	On Track		Marc Lewis	Programs are entering data quarterly in AchieveIt.
Output	% of occupancy: acute psychiatric care (all behavioral health programs)	On Track		Marc Lewis	NMSH: 90% EMSH: 96% SMSH: 91% MSH: 81.98%
Output	% of occupancy: continued treatment (MSH)	On Track	87.43	Marc Lewis	87.43%
Output	% of occupancy: MSH medical surgical hospital (MSH)	On Track	22.27	Marc Lewis	22.27%
Output	% of occupancy: chemical dependency (MSH and EMSH)	On Track	0	Marc Lewis	MSH: 93.59% EMSH: 98%
Output	% of occupancy: adolescent chemical dependency (EMSH)	On Track	50	Marc Lewis	50%
Output	% of occupancy: nursing homes (MSH and EMSH)	On Track	0	Marc Lewis	MSH: 93.87% EMSH: 84%
Output	% of occupancy: children/adolescents (MSH and EMSH)	On Track	0	Marc Lewis	MSH: 46.9% EMSH: 63%
Output	% of occupancy: transition unit (EMSH)	On Track	72	Marc Lewis	This is the Kemper County group homes
Output	% of occupancy: forensics (MSH)	On Track	92.7	Marc Lewis	92.7%
Output	% of individuals readmitted between 0-59 days after discharge	On Track	0	Marc Lewis	NMSH: 8.4% EMSH: 3% SMSH: 8.4% MSH: 5.65%
Output	% of individuals readmitted between 60-89 days after discharge	On Track	0	Marc Lewis	NMSH: 5% EMSH: 1% SMSH: 2% MSH: 3.65%
Output	% of individuals readmitted between 90-119 days after discharge	On Track	0	Marc Lewis	NMSH: 3% EMSH: 0.7% SMSH: 1.1% MSH: 1.66%

Output	% of individuals readmitted after 120-365 days after discharge	On Track	0	Marc Lewis	NMSH: 0% EMSH: 16% SMSH: 9.5% MSH: 12.96%
Strategy	Utilize Wellness Recovery Action Plans (WRAP) at three of the six behavioral health programs by the end of FY16	On Track		Wendy Bailey	During the 2nd Quarter, three WRAP trainings were conducted at North MS State Hospital, South MS State Hospital and Central MS Residential Center. A total of 64 participants attended the three trainings.
Output	Number of staff trained in WRAP	Achieved	64	Wendy Bailey	A total of 64 staff from DMH Programs and surrounding CMHCs participated in the three WRAP trainings at NMSH, SMSH and CMRC.
Output	Number of WRAPs conducted	On Track	232	Wendy Bailey	204 at NMSH. 28 at CMRC.
Strategy	Educate Community Mental Health Centers (CMHCs) on the use of WRAP and integration of WRAP into supporting self-directed recovery	Achieved		Wendy Bailey	During the 2nd Quarter, DMH worked with MHA of South Mississippi to host three WRAP trainings. Participants included staff from DMH Programs and surrounding CMHCs. DMH also worked with MHA to distribute flyers to CMHCs about the value of developing WRAPs with the people we serve.
Output	Number of trainings/educational materials	Achieved	3	Wendy Bailey	Trainings at NMSH, SMSH and CMRC.
Objective	Enhance the transition process of individuals to a less restrictive environment	On Track			

Outcome	Establish a pilot utilizing Peer Bridgers to improve the process for people transitioning from inpatient care to community-based care	On Track		Wendy Bailey	In October, four grants were awarded to Region IV, LifeCore, Region II, and North MS State Hospital to begin the pilot project. The grant recipients began hiring CPSSs as Peer Bridgers in the second quarter and the pilot project will officially begin in the third quarter after training is complete. The services offered by Peer Bridgers will help individuals transition back into their communities and avert future potential crisis.
Outcome	Increase the percentage of continuing care plans that are transmitted to the next level of care within five days of discharge	On Track		Marc Lewis	NMSH: 96% EMSH: 80.4% SMSH: 96% MSH: 100%
Strategy	Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track		Marc Lewis	
Output	Number of individuals receiving services care plans that are transmitted to the next level of care within five days	On Track	1192	Marc Lewis	NMSH: 261 EMSH: 328 SMSH: 344 MSH: 259

Strategy	Begin a pilot project with Peer Bridgers at a behavioral health program and local Community Mental Health Centers utilizing WRAP and Whole Health Action Management (WHAM)	On Track		Wendy Bailey	In October, four grants were awarded to Region IV, LifeCore, Region II, and North MS State Hospital to begin the pilot project. The grant recipients began hiring CPSSs as Peer Bridgers in the second quarter and the pilot project will officially begin in the third quarter after training is complete. The services offered by Peer Bridgers will help individuals transition back into their communities and avert future potential crisis.
Output	Number of Peer Bridgers	On Track	3	Wendy Bailey	Additional Peer Bridgers will be hired and trained in the 3rd Quarter. One CMHC has already hired a Peer Bridger and NMSH is in the process of hiring two part-time Peer Bridgers.
Output	Number of Peer Bridgers trained in WRAP	On Track		Wendy Bailey	The WRAP facilitator training for Peer Bridgers will be held in the third quarter.
Output	Number of WRAPs conducted at pilot site	On Track	204	Wendy Bailey	This data will be gathered in the 4th quarter for the entire project. In the 1st and 2nd Quarters, NMSH conducted 204 WRAPs.
Output	Number of Peer Bridgers trained in WHAM	On Track		Wendy Bailey	The WHAM training for Peer Bridgers will be held in the third quarter.
Output	Number of WHAM plans conducted at pilot site	On Track		Wendy Bailey	This data will be gathered in the 4th quarter.
Output	Number of readmissions at pilot site	On Track		Wendy Bailey	This data will be gathered in the 4th quarter.
Objective	Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track			

Outcome	Develop alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment	On Track		Andrew Day	The 8 PACT Teams are all operational and admitting individuals.
Outcome	Develop employment options for adults with serious and persistent mental illness	Achieved		Thad Williams	Funds allocated during the FY 2016 legislative session were used to make available supported employment options for adults with mental illness. Implementation of services began July 1, 2015 at four pilot locations (Regions 2, 7, 10, and 12).
Strategy	Utilize Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services	Achieved		Andrew Day	
Output	Number of PACT Teams	Achieved		Andrew Day	We currently have funding for 8 PACT Teams. All 8 teams are in operation and admitting individuals into services.
Output	Number of admissions to PACT teams	On Track	83	Andrew Day	For the 1st and 2nd Quarters, there were 83 admissions.
Strategy	Fund three pilot employment sites for individuals with SMI	Achieved	4	Thad Williams	Each of the four pilot program sites (Regions 2, 7, 10, and 12) were funded at \$100,000.00 for FY16.
Output	Number of individuals employed	On Track	62	Thad Williams	For the 1st and 2nd Quarters, a total of 62 people are currently employed.
Output	Number of businesses contacted for employment opportunities	On Track	774	Thad Williams	In the 1st and 2nd Quarters, the four pilot sites made a combined 774 employer contacts on behalf of the individuals served in the Supported Employment program.

Objective	Expand access to crisis services and divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track			
Outcome	Increase the number of people served at Crisis Stabilization Units	On Track	1597	Andrew Day	For the 1st and 2nd Quarters, 1,597 people were served.
Outcome	Increase the number of people served by Mobile Crisis Response Teams	On Track	10046	Andrew Day	For the 1st and 2nd Quarters, 10,046 calls/contacts.
Strategy	Evaluate Crisis Stabilization Units based on defined performance indicators	On Track		Andrew Day	
Output	Diversion rate of admissions to state hospitals	On Track		Andrew Day	89.46% of all admissions diverted; 83.84% of involuntary diverted
Output	Average length of stay	On Track	10.36	Andrew Day	The average of length of stay is 10.36 days.
Output	Number of admissions	On Track	1597	Andrew Day	For the 1st and 2nd Quarters, 1,597 admissions.
Output	Number of involuntary admissions vs. voluntary admissions	On Track		Andrew Day	For the 1st and 2nd Quarters, 842 voluntary admissions vs. 755 involuntary admissions
Strategy	Evaluate Mobile Crisis Response Teams based on defined performance indicators	On Track		Andrew Day	
Output	Number of calls	On Track	10046	Andrew Day	For the 1st and 2nd Quarters, 10,046 calls.
Output	Number of face-to-face visits	On Track	6590	Andrew Day	For the 1st and 2nd Quarters, 6,590 face-to-face visits.
Output	Number referred to a Community Mental Health Center and scheduled an appointment	On Track	4367	Andrew Day	For the 1st and 2nd Quarters, 4,367 (of the face-to-face contacts) referred to a CMHC and scheduled an appointment.

Output	Number diverted from a more restrictive environment	On Track	7353	Andrew Day	For the 1st and 2nd Quarters, 7,353 people diverted from a more restrictive environment.
Objective	Provide community supports for people transitioning to the community to allow adults with serious mental illness access to appropriate and affordable housing	On Track			
Outcome	Increase the availability of community supports/services for people with a serious mental illness in order to implement the Permanent Supportive Housing model	On Track		Veronica Vaughn	
Strategy	Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services	On Track		Veronica Vaughn	Point of contacts have been identified at MSH, EMSH, NMSH and SMSH. MS United to End Homeless has trained MS Home Corp, all CMHCs and DMH on the prescreening tool. DMH Behavioral Health Programs are scheduled to be trained in January. HUD letter and supporting documents were submitted. Five pilot areas (Region 3, Region 4, Region 8, Region 12, and Region 14) were selected. A list of properties are being identified in the pilot areas. Waiting on approval from HUD. Continue to have monthly housing calls with DOJ.
Output	Number of assessments provided	On Track	267	Veronica Vaughn	For the 1st and 2nd Quarters, a total of 267 assessments have been completed for CABHI. MHC assessments have not yet begun.

Output	Number and type of supports/services provided	On Track		Veronica Vaughn	MHC project has not started.
Output	Level of intensity of supports/services needed	Not Started		Veronica Vaughn	MHC project has not started
Output	Number of people maintained in Permanent Supportive Housing	On Track	293	Veronica Vaughn	For the 1st and 2nd Quarters, a total of 293 people have been placed in housing under the CABHI grant. MHC will begin in 3rd and 4th quarters.
Output	Number of people/days hospitalized in last 0-59 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days hospitalized in last 60-89 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days hospitalized in last 90-120 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days admitted to an ER in last 0-59 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days admitted to an ER in last 60-89 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days admitted to an ER in last 90-120 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days in jail in last 0-59 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days in jail in last 60-89 days	Not Started		Veronica Vaughn	MHC project has not begun.
Output	Number of people/days in jail in last 90-120 days	Not Started		Veronica Vaughn	MHC project has not begun.
Objective	Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process	On Track			

Outcome	Increase the awareness of the Certified Peer Support Specialist program	On Track		Sherry Bouldin	Conducted two presentations: "Power of Sharing Your Story" and " Roles of Peers in the Public Mental Health System" at a statewide conference. The first edition of the Think Recovery newsletter was distributed. CPSS Ambassadors have monthly meeting to network and share information. A provider toolkit was sent to all DMH Certified Providers to increase awareness of the CPSS Program.
Outcome	Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track	4	Sherry Bouldin	Four trainings were held.
Outcome	Increase by 5% two Personal Outcome Measures (POM) that directly support community integration	On Track		Sherry Bouldin	This information will be provided after the 2015 POM Annual Report is complete.
Outcome	Develop a CPSS program for caregivers/parents and host two trainings	On Track		Sherry Bouldin	A workgroup met throughout the 1st and 2nd Quarters. Module topics were identified and the number of hours for the training. The curriculum will be developed in the 3rd Quarter and the first training will be held in the 4th Quarter.
Strategy	Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs	On Track		Sherry Bouldin	Conducted presentations at state conferences and provided TA to providers.
Output	Number of peers/family members trained as CPSSs	On Track		Sherry Bouldin	The first training will be held in the 4th Quarter.

Output	Number of CPSSs employed	On Track	136	Sherry Bouldin	136 of the peer support specialists who have been trained are now Certified Peer Support Specialists and are employed.
Output	Number of DMH Certified Providers employing CPSSs	On Track	26	Sherry Bouldin	There are 26 providers employing CPSSs.
Strategy	Provide training to service providers regarding Recovery Model, Person Centered Planning & System of Care Principals, etc	Achieved	4	Sherry Bouldin	There were four trainings provided to service providers - this doesn't include the three WRAP trainings.
Output	Number of trainings	On Track	4	Sherry Bouldin	There were four trainings conducted - not including the three WRAP trainings.
Output	Number of participants	On Track	79	Sherry Bouldin	There were a total of 79 participants for the PC-ROSC trainings conducted.
Strategy	Offer technical assistance to providers after their POM report is released	On Track		Sherry Bouldin	TA offered to all providers after POM reports were released.
Output	Number of providers that accept technical assistance	On Track	1	Sherry Bouldin	There was one TA request for Trauma Informed Recovery Using Peer Support.
Output	Number of individuals who participate in the technical assistance	On Track	23	Sherry Bouldin	23
Strategy	Establish a CPSS customized training for caregivers/parents	On Track		Sandra Parks	A workgroup met throughout the 1st and 2nd Quarters. Module topics were identified and the number of hours for the training. The curriculum will be developed in the 3rd Quarter and the first training will be held in the 4th Quarter.
Output	Number of trainings	On Track		Sandra Parks	Training scheduled for 4th Quarter.
Output	Number of participants	On Track		Sandra Parks	Training scheduled for 4th Quarter.
Output	Number of CPSS caregivers/parents	On Track		Sandra Parks	Number to be determined in 4th Quarter.

Objective	Provide community supports for children transitioning to the community and to prevent out-of-home placements	On Track			
Outcome	Increase the number of children and youth that are served by MAP teams	On Track	370	Sandra Parks	For the 1st and 2nd Quarters, a total of 370 children and youth were served.
Outcome	Increase the statewide use of Wraparound Facilitation with children and youth	On Track	1479	Sandra Parks	For the 1st and 2nd Quarters, a total of 1,479 were served.
Outcome	Pilot an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis	On Track		Sandra Parks	NAVIGATE is a Coordinated Specialty Care model that is team-based to include a Program Director, a Prescriber, an Individual Resiliency Trainer, a Family Education Clinician, a Supported Employment and Education Specialist and a Community Support Specialist or Peer Support Specialist. Life Help has received training and implements NAVIGATE through the PACT team. NAVIGATE has expanded the PACT team's multidisciplinary approach to benefit youth and young adults by intervening early to improve symptoms, reduce relapse episodes, and prevent deterioration that is associated with untreated episodes of psychosis.
Outcome	Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track		Marc Lewis	See data in Outputs below.

Strategy	Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		Sandra Parks	
Output	Number served by MAP teams	On Track	370	Sandra Parks	For the 1st and 2nd Quarters, a total of 370 were served.
Output	Number of MAP teams	On Track	55	Sandra Parks	55 teams serving 62 counties
Strategy	Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED	On Track		Sandra Parks	
Output	Number of individuals that have been trained in Wraparound Facilitation	On Track	274	Sandra Parks	For the 1st and 2nd Quarters, a total of 274 people were trained.
Output	Number of providers that utilize Wraparound Facilitation	On Track	10	Sandra Parks	For the 1st and 2nd Quarters, a total of 12 providers are certified and 10 are currently utilizing Wraparound Facilitation.
Output	Number of children and youth that are served by Wraparound Facilitation	On Track	1479	Sandra Parks	For the 1st and 2nd Quarters, a total of 1,479 children and youth were served by Wraparound Facilitation.
Output	Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement	On Track	1149	Sandra Parks	For the 1st and 2nd Quarters, a total of 1,149 children and youth were diverted from a more restrictive placement.
Outcome	Assist youth and young adults navigate the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team	On Track		Sandra Parks	This outcome is being accomplished through grant funding provided to LifeHelp for the Navigate pilot program.
Output	Number of appropriate referrals	On Track	3	Sandra Parks	For the 1st and 2nd Quarters, three appropriate referrals were made to the Navigate program.

Output	Number and type of supports/services provided	On Track	6	Sandra Parks	Six service types to include: Community Support, Peer Support, Physician/Nurse, Medication Management, Outpatient Therapy, Employment and Education Support
Output	Number of youth and young adults maintained in his/her home and/or community	On Track	3	Sandra Parks	For the 1st and 2nd Quarters, a total of three youth/young adults were maintained in their home/community due to the Navigate pilot program.
Strategy	Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent	On Track		Marc Lewis	
Output	Number of youth referred to MYPAC aftercare	On Track	19	Marc Lewis	
Output	Number of youth referred to a local Community Mental Health Center aftercare	On Track	12	Marc Lewis	
Output	Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center	On Track	4	Marc Lewis	
Output	Number of youth actually transitioned to MYPAC aftercare	On Track	10	Marc Lewis	
Output	Number of youth actually transitioned to a local Community Mental Health Center aftercare	On Track	5	Marc Lewis	
Output	Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	5	Marc Lewis	

Output	Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	5	Marc Lewis	
Strategy	Conduct discharge follow-up survey after 7 days and 30 days of transition to the community from STF	On Track		Marc Lewis	
Output	Youth successful after 7 days of transition to the community	On Track	21	Marc Lewis	
Output	Youth successful after 30 days of transition to the community	On Track	15	Marc Lewis	
Objective	Divert individuals from DMH Behavioral Health Programs chemical dependency services waiting lists to community-based programs by providing education to chancery courts and providing indigent funds for those individuals in need	On Track			
Outcome	Decrease the wait time by 5% for individuals who are court committed to DMH Behavioral Health Programs for alcohol and drug treatment by diverting individuals to community-based programs and providing indigent funds to reimburse some of the cost of treatment	On Track		DeeAnna Lechtenberg	EMSH average wait time is 18.66 days. MSH average wait time is 21.25 days.
Strategy	Provide bi-monthly reports of contact information of individuals on the DMH Behavioral Health Programs chemical dependency waiting list from each regional catchment area to the regional community mental health center's alcohol and drug treatment programs	On Track		DeeAnna Lechtenberg	Reports are being provided bi-monthly.

Output	Number of individuals diverted from DMH Behavioral Health Programs wait lists to community mental health centers	On Track	233	DeeAnna Lechtenberg	For the 1st and 2nd Quarters, a total of 233 people were diverted.
Output	Number of diverted individuals who complete treatment	On Track	151	DeeAnna Lechtenberg	For the 1st and 2nd Quarters, a total of 151 people completed treatment. A total of 11 are still currently in treatment.
Output	Number of diverted individuals who do not complete treatment and are placed back on wait list	On Track	53	DeeAnna Lechtenberg	For the 1st and 2nd Quarters, 53 people didn't complete treatment and were placed back on the wait list.
Output	Amount of indigent funds utilized on diverting individuals from DMH Behavioral Health Programs waiting lists	On Track	146200	DeeAnna Lechtenberg	For the 1st and 2nd Quarters, \$146,200 in indigent funds were utilized. Funds are from the Bureau of Alcohol and Drug Services.
Strategy	Provide education to chancery courts about community-based program services for committed individuals for alcohol and drug treatment in their catchment areas	On Track	3	DeeAnna Lechtenberg	Three presentations were made at statewide conferences.
Output	Number of educational programs offered per chancery court	On Track		DeeAnna Lechtenberg	Will be reported in 4th Quarter.
Goal	To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care	On Track			
Objective	Provide community supports and services for persons transitioning to the community from an institutional setting	On Track			

Outcome	Increase the number of people transitioning to the community from the ICF/IID Regional Programs by 3.6% each year	On Track		Renee Brett	ESS - 4.6% BRC - 14.1% HRC - 2.7% MAC - 17% SMRC - 6.5% NMRC - 2.15%
Outcome	Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track		Renee Brett	ESS - 91.8% BRC - 84.45% HRC - 95.5% SMRC - 95% NMRC - 91%
Strategy	Ensure people transitioning to the community have appropriate supports and services	On Track		Renee Brett	
Output	Number of referrals for transition planning	On Track	144	Renee Brett	ESS - 50 BRC - 76 HRC - 10 MAC - 6 SMRC - 1 NMRC - 1
Output	Number of people transitioned from facility to 10-bed ICF/IID program	On Track	22	Renee Brett	ESS - 3 BRC - 9 HRC - 1 SMRC - 7 NMRC - 2
Output	Number of people transitioned from facility to 4-bed ICF/IID home	On Track		Renee Brett	This service is not currently available.
Output	Number of people transitioned to community waiver home/apartment	On Track	24	Renee Brett	ESS - 11 BRC - 10 HRC - 0 SMRC - 1 NMRC - 2

Output	Number of people transitioned home with waiver supports	On Track	12	Renee Brett	ESS - 2 BRC - 0 HRC - 2 MAC - 5 SMRC - 1 NMRC - 2
Strategy	Educate families regarding the transition process from ICF/IID to ID/DD Waiver Services, including available certified providers in the community	On Track		Renee Brett	
Output	Number of family meetings attended by transition coordinator	On Track	207	Renee Brett	ESS - 86 BRC - 76 HRC - 33 SMRC - 6 NMRC - 6
Output	Number of referrals for transition planning	On Track	144	Renee Brett	ESS - 50 BRC - 76 HRC - 10 MAC - 6 SMRC - 1 NMRC - 1
Output	Number of contacts with family regarding the transition process	On Track	883	Renee Brett	ESS - 365 BRC - 268 HRC - 83 SMRC - 25 NMRC - 142
Objective	Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home	On Track			

Outcome	Increase percentage of people with IDD accessing community services	On Track		Ashley Lacoste	ESS - 54% BRC - 62% HRC - 48% SMRC - 55% NMRC - 33%
Outcome	Percentage of people accessing peer support, early intervention, employment, medical supports, case management, targeted case management and/or specialized services	On Track		Ashley Lacoste	ESS - 30.57% BRC - 17.64% HRC - 16.50% SMRC - 15% NMRC - 9.5%
Outcome	Percentage of people accessing diagnostic services from the DMH Regional Programs	On Track		Renee Brett	ESS - 100% BRC - 100% HRC - 100% SMRC - 100% NMRC - 100%
Outcome	Percentage of people accessing ID/DD Waiver services	On Track	56	Ashley Lacoste	56% of known eligible people who are wanting services are currently receiving Waiver services. A total of 2,293 people are currently accessing Waiver services. A total of 1,780 people are on the planning list.
Outcome	Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting (includes waiver and non-waiver; does not include ICF/IID homes)	On Track	57	Renee Brett	*This is DMH's regional programs

Strategy	To increase the availability of comprehensive community programs and services through both public and private providers to include home and community based supports, supported living, supervised living, behavior supports, crisis supports, day supports and employment options	On Track		Renee Brett	
Output	Number of people added from planning list to ID/DD Waiver Services	On Track	49	Renee Brett	A total of 49 people were added from the planning list to ID/DD Waiver services.
Output	Number of people living in community based settings	On Track	3123	Renee Brett	ESS - 827 BRC - 354 HRC - 824 SMRC - 560 NMRC - 558
Output	Number of people transitioned from ICF/IID Programs to the community	On Track	36	Renee Brett	ESS - 16 BRC - 14 HRC - 2 SMRC - 1 NMRC - 3
Output	Number of people receiving in home nursing respite	On Track	188	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving behavioral support services	On Track	35	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving crisis support services	On Track	20	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving supported employment services	On Track	231	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.

Output	Number of people receiving supervised living services	On Track	576	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving supported living services	On Track	135	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving day services adult	On Track	767	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving pre-vocational services	On Track	988	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving home and community support services	On Track	1126	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving ID/DD waiver support coordination services	On Track	2293	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving targeted case management services	On Track	489	Renee Brett	ESS - 109 BRC - 15 HRC - 297 SMRC - 22 NMRC - 46
Output	Number of people receiving Community Support Services/Case Management	On Track	127	Renee Brett	ESS - 65 BRC - 7 HRC - 23 SMRC - 32 NMRC - 0
Output	Number of people receiving comprehensive diagnostic evaluations	On Track	608	Renee Brett	ESS - 178 BRC - 97 HRC - 164 SMRC - 52 NMRC - 117

Output	Number of people receiving job discovery services	On Track	25	Renee Brett	This includes DMH's Regional Programs and DMH Certified Providers.
Output	Number of people receiving work activity services	On Track	151	Renee Brett	ESS - 13 BRC - 0 HRC - 82 SMRC - 3 NMRC - 53
Objective	Implement and enhance specialized person-centered services for individuals in need of medical, therapeutic and/or behavioral treatment in a specialized residential setting	On Track			
Outcome	Ensure 100% of people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs	On Track		Ashley Lacoste	ESS - 100% BRC - 100% HRC - 100% MAC - 100% SMRC - 100% NMRC - 100%
Strategy	Provide person-centered planning process to all individuals served within the specialized residential setting	On Track		Ashley Lacoste	
Output	Number of people receiving a specialized person-centered plan	On Track		Ashley Lacoste	
Output	Number of people served in residential IID programs	On Track	1086	Ashley Lacoste	ESS - 314 BRC - 127 HRC - 254 SMRC - 138 NMRC - 253
Objective	Provide community supports and services in order for persons to live in a community ICF/IID group home level of care	On Track			

Outcome	Percentage of people served in the community ICF/IID homes versus in an institutional setting	On Track	43.5	Renee Brett	*This is DMH's regional programs.
Strategy	Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system	On Track		Renee Brett	
Output	Number of people transitioning from the ICF/IID residential program	On Track	20	Renee Brett	ESS - 3 BRC - 9 HRC - 5 SMRC - 1 NMRC - 2
Output	Number of people referred to the transition coordinator for transition planning	On Track	69	Renee Brett	ESS - 10 BRC - 34 HRC - 11 SMRC - 0 NMRC - 14
Output	Number of people transitioning from Community 10 bed ICF/IID	On Track	13	Renee Brett	ESS - 1 BRC - 4 HRC - 0 SMRC - 1 NMRC - 7
Output	Number of people discharged into smaller service settings of choice	On Track	12	Renee Brett	ESS - 1 BRC - 4 HRC - 0 SMRC - 1 NMRC - 6
Output	Number of people served in the Community 10 bed ICF/IID	On Track	588	Renee Brett	ESS - 145 BRC - 55 HRC - 115 SMRC - 84 NMRC - 189
Objective	Provide Supported Employment Services to people with IDD	On Track			

Outcome	Number of people receiving Supported Employment Services in partnership with the Mississippi Department of Rehabilitation Services	On Track	26	Ashley Lacoste	
Strategy	Implement the Memorandum of Understanding developed in FY15	On Track		Ashley Lacoste	Three (3) joint trainings with MDRS and DMH on Supported Employment are scheduled for January and February 2016. Staff from MDRS, Medicaid, and DMH will be presenting.
Strategy	Train Vocational Rehabilitation Counselors, ID/DD Waiver Support Coordinators, and ID/DD Waiver Providers about MOU requirements	On Track		Ashley Lacoste	Three (3) joint trainings with MDRS and DMH are scheduled for January and February, 2016. Staff from MDRS, Medicaid, and DMH will be presenting. Those attending include MDRS Vocational Rehabilitation Counselors and ID/DD Waiver Support Coordinators, IDD Community Support Program Targeted Case Managers, and Transition Coordinators from DMH.
Output	Number of Vocational Rehabilitation Counselors, ID/DD Waiver Support Coordinators, and ID/DD Waiver Providers trained	On Track		Ashley Lacoste	Training will be conducted in 3rd Quarter. Number trained will be reported in 4th Quarter.
Output	Implemented MOU	On Track		Ashley Lacoste	
Goal	To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery	On Track			

Objective	Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards	On Track			
Outcome	Increase the number of certified community-based service delivery agencies	On Track		Shannon Rushton	Interested Provider Orientation held on November 3, 2015 with 52 registered participants and on August 4, 2015 with 44 participants.
Strategy	Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.	On Track	2	Natasha Griffin	There were two interested provider orientations held in the 1st and 2nd Quarters.
Output	Number of interested provider orientations held during fiscal year	On Track	2	Natasha Griffin	There were two interested provider orientations held during the 1st and 2nd Quarters.
Output	Number of interested provider agencies participating in interested provider orientation	On Track	39	Natasha Griffin	There were 39 agencies that participated in the two interested provider orientations.
Strategy	Facilitate the application process for community-based service delivery agencies seeking DMH certification	On Track		Shannon Rushton	11 Interested Provider applications received by agencies seeking DMH Certification
Output	Number of completed applications received by DMH for new provider agency certification	On Track	11	Shannon Rushton	11 Interested Provider applications received by the Division of Certification.
Output	Number of completed applications received by DMH for services added by a DMH certified provider agency	On Track	17	Shannon Rushton	17 New Service Applications were received from certified providers.
Output	Number of completed application received by DMH for programs added by a DMH certified provider agency	On Track	61	Shannon Rushton	61 New Program Applications were received from certified providers.

Strategy	Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards	On Track	33	Kimberly Wheaton	There have been 33 Certification visits conducted between July 2015 and December 2015 to ensure compliance with state standards. Certification visits will be conducted on an ongoing basis.
Output	Number of certification reviews conducted for DMH certified provider agencies	On Track	89	Kimberly Wheaton	In the 1st and 2nd Quarters, there was a total of 89 certification reviews conducted for DMH certified providers with written report of findings issued.
Output	Number of certification reviews conducted for new services added by DMH certified provider agencies	On Track	9	Kimberly Wheaton	In the 1st and 2nd Quarters, there were nine certification reviews conducted for new services added by DMH certified provider agencies.
Output	Number of certification reviews conducted for programs added by a DMH certified provider agency	On Track	49	Kimberly Wheaton	In the 1st and 2nd Quarters, there were 49 reviews for new programs added by DMH certified providers.
Objective	Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided	On Track			
Outcome	Increase number of positive grievance resolutions related to grievances received through the Office of Consumer Support	On Track		Veronica Vaughn	The Office of Consumer Support is in the process of revising practices to ensure the concerns from the person filing a grievance are accurately captured and investigated. During the reporting period, there was only one request for reconsideration.

Outcome	Increase public knowledge about services through information and referral	On Track		Veronica Vaughn	Education about information and referral offered through the Office of Consumer Support is an ongoing process.
Strategy	Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies	On Track		Veronica Vaughn	The toll-free number is made available to individuals receiving services and other stakeholders through multiple outlets. DMH publicizes the number of the DMH website, through educational campaigns, such as Shatter the Silence, and all other publications.
Output	Number of calls seeking information and/or referral received through DMH's toll-free number	On Track	2439	Veronica Vaughn	For the 1st and 2nd Quarters, 2,439 calls were received through DMH's Office of Consumer Support.
Output	Number of grievances filed through the Office of Consumer Support	On Track	94	Veronica Vaughn	For the 1st and 2nd Quarters, 94 grievances were received and resolved through DMH's Office of Consumer Support.
Output	Number of referrals made to the Specialized Placement Option to Transition Team (SPOT)	On Track	48	Veronica Vaughn	

Strategy	Educate individuals receiving services through the public mental health system and other stakeholders of the availability of DMH's toll-free number and process for filing a grievance related to services provided by DMH certified provider agencies	On Track		Veronica Vaughn	DMH requires that all certified providers educate individuals receiving services and their legal guardians of the process for reporting/filing a grievance with DMH. This education includes information individuals receiving services and their legal guardians of the toll-free number to the Office of Consumer Support. This is an ongoing educational process. Certified providers are also required to post the toll-free number to DMH's Office of Consumer Support in prominent service locations. DMH monitors compliance with this requirement through on-site visits for initial and ongoing certification.
Output	Number of program locations that have the grievance reporting information posted	On Track	60	Veronica Vaughn	This element is monitored for compliance during DMH on-site reviews. The number reflects the program locations which had an on-site review during the 1st and 2nd Quarters.

Output	Number of client interviews to assess knowledge of grievance reporting procedures	On Track	224	Veronica Vaughn	As a part of standardized interviews, utilizing the Personal Outcome Measures, individuals receiving services are asked if they are knowledgeable about their rights as a person receiving services. During the 1st and 2nd Quarters, 224 interviews were conducted. OCS will also be looking at additional ways to incorporate interviews with people receiving services to assess their knowledge of the grievance process.
Objective	Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation	On Track			
Outcome	Initiate changes to policies and practices to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation	On Track		Randy Foster	
Strategy	Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements	On Track		Randy Foster	
Output	Number of serious incident reports received	On Track	327	Randy Foster	For the 1st and 2nd Quarters, 327 serious incident reports were received.
Output	% of serious incident reports triaged that DMH required corrective action	On Track	100	Randy Foster	

Objective	Track and identify trends and patterns related to quality among all DMH certified providers	On Track			
Outcome	Utilize trend data to increase the quality of services throughout the public mental health system	On Track		Veronica Vaughn	Data regarding grievances, serious incidents and deficiencies in DMH Operational Standards is collected on a continuous basis.
Strategy	Collect certification data related to deficiencies in DMH Operational Standards and share data with DMH leadership team and Quality Management Workgroup	On Track		Brandy Andrews	
Output	Number of deficiencies reported by applicable DMH Operational Standard	On Track	349	Brandy Andrews	Only 36 site visits have been conducted this year. We will continue to gather data for this. A total will be gathered at the end of the certification year.
Strategy	Collect grievance data and share with DMH leadership team and Quality Management Workgroup	On Track		Veronica Vaughn	Grievance data is collected on a continuous basis. All grievances are tracked through the Office of Consumer Support.
Output	Number of grievances filed by provider and type	On Track	93	Veronica Vaughn	For the 1st and 2nd Quarters: Level 1: 74 Level 2: 11 Level 3: 8
Outcome	Increase the number of evidence-based and emerging best practices trainings by 5% each year	On Track	3	Michael Jordan	For the 1st and 2nd Quarters, 53 employees completed an evidenced-based or best practice training activity.
Objective	Increase by 2% the number of evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers	On Track		Michael Jordan	

Strategy	Promote at least six evidence-based and promising practices trainings offered through the DMH learning management system through internal communication efforts	On Track	9	Michael Jordan	The Division of Professional Development promoted nine evidenced-based practices and best practice trainings during the 1st and 2nd Quarters through internal communications. A total of 53 DMH staff completed an evidenced-based or best practice training activity during this time.
Output	Number of trainings promoted	On Track	9	Michael Jordan	The Division of Professional Development promoted nine evidenced-based practices and best practice trainings during the 1st and 2nd Quarters through internal communications.
Output	Number of participants	On Track	53	Michael Jordan	A total of 53 DMH Staff completed an evidenced-based or best practice training activity during the 1st and 2nd Quarters.
Strategy	Through the site visit process gather and verify information on all evidence-based practices, promising practices, or best practices actively used by all DMH Certified Providers	On Track		Shannon Rushton	26 Certification Site Visits conducted gathering information on practices used by certified providers.
Output	Number of evidence-based practices, promising practices, or best practices actively used	On Track	38.4	Shannon Rushton	Information gathered from certified providers was verified and an unduplicated list was provided to the DMH Bureau Directors. Information continues to be gathered through onsite review, policy review and grant submission review of certified providers.
Objective	Develop an Electronic Health Records system to improve services provided to individuals served	On Track			

Outcome	Implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs	On Track		Denise Jones	Electronic Health Records is implemented at EMSH, NMSH, SMSH, MSH-Whitfield Med, and Ellisville State Schools.
Outcome	Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First	On Track		Denise Jones	The lab and pharmacy interface are implemented at MSH. EMSH, NMSH, SMSH are using Dr. First for their medication reconciliation.
Outcome	Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds	On Track		Denise Jones	The DMH Programs are implementing Electronic Health Records and after completion, the data will be available for a centralized bed portal.
Strategy	Utilize computerized provider order entry (CPOE) for medication orders	On Track		Denise Jones	Computerized physician order entry is being used at EMSH, NMSH, SMSH, and MSH.
Output	Report to CMS for Meaningful Use	On Track		Denise Jones	The reporting for Meaningful Use to CMS will be in the later part of 2016 for EMSH, NMSH, SMSH and MSH. The programs are monitoring their data to make sure that they can meet the Meaningful Use objectives.
Strategy	Replace manual reporting with electronic online reporting	On Track		Denise Jones	MSH is currently creating reports and views that can be used by other programs.
Output	Number of permissible prescriptions and lab requests generated and transmitted electronically (eRx)	On Track	5	Denise Jones	Currently, MSH is the only Program with a pharmacy interface but they are ordering medications from their Electronic Health Records system that is being electronically sent to the pharmacy.
Output	Return on investment	Not Started	0	Denise Jones	If Meaningful Use reporting can be accomplished, EMSH will receive \$425,000 and MSH will receive close to \$600,000.

Strategy	Utilize client web portal for reviewing their health information	On Track		Denise Jones	The health vault accounts are being created for EMSH, NMSH, SMSH and MSH. The direct messaging interface is still being tested.
Output	% of clients served who view their health information online	On Track	0	Denise Jones	EMSH, SMSH, and NMSH are creating health vault accounts for their clients. The direct messaging interface is still under construction.
Strategy	Based on data from EHR, create centralized web portal for checking bed availability at Behavioral Health Programs	On Track		Denise Jones	The DMH Programs are implementing electronic health records which will have a bed portal. After all Programs have implemented electronic health records, we will design a statewide bed availability portal for the Behavioral Health Programs.
Output	Developed web portal	On Track		Denise Jones	“The DMH Programs are implemented Electronic Health Records and after completion, the data will be available for a centralized bed portal.
Objective	Maximize the efficiency of collecting and accessing Central Data Repository	Not Started			In June 2015, DMH was informed that the CDR developer at ITS would no longer be providing those services as of June 30, 2015. We began the new contract process in July and have interviews set up for the 3rd Quarter. As a result, the CDR projects have been postponed at this time. We hope to have a developer by March 2016.
Outcome	Increase the validity and timely reporting of data by 30% to meet federal, state and DOJ reporting requirements	Not Started	0	Jan Smith	

Outcome	Utilize a dashboard for 20% of service categories for CDR and URS tables	Not Started	0	Jan Smith	
Outcome	Increase access to all CDR reports and dashboard by create one central location	Not Started		Jan Smith	
Strategy	Establish CDR user groups for DMH Programs, CMHCs, and Private Providers that meet on a quarterly basis	On Track		Jan Smith	CMHC and Central Office groups meeting at least quarterly.
Output	% of participants in user groups compared to total DMH number of DMH Certified Providers	Not Started	0	Jan Smith	
Strategy	Develop a dashboard for DMH leadership to track progress and eliminate manual reporting	Not Started		Jan Smith	
Output	Number of service categories displayed on a dashboard	Not Started	0	Jan Smith	
Strategy	Develop a CDR website for viewing CDR reports and dashboard	Not Started		Jan Smith	
Output	Number of reports available	Not Started	0	Jan Smith	
Output	Number of people accessing reports	Not Started	0	Jan Smith	