

DMH FY 17 - FY 19 Strategic Plan Mid-Year Progress Report

Level	Name	Status	Current Value	Last Updated	Last Updates Comment
Plan	DMH FY 17 - FY 19 Strategic Plan	On Track		2/7/2017	
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	Objective 1.1 Enhance the effectiveness and efficiency of state hospital services for individuals who are civilly committed	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	95.5	1/24/2017	The average occupancy percentage for acute psychiatric care for the four state hospitals is 95.5%.
Outcome	Maintain readmission rates within national trends	On Track	7.05	1/31/2017	National average: 7.2% MSH: 6.5% EMSH: 6% NMSH: 5.9% SMSH: 9.81% Average: 7.05%
Strategy	Strategy 1.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists	On Track			
Strategy	Strategy 1.1.2 Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates	On Track			
Output	% of occupancy: acute psychiatric care (all behavioral health programs)	On Track		1/23/2017	EMSH: 95% MSH: 93.41% NMSH: 99.6% SMSH: 94%
Output	% of occupancy: continued treatment (MSH)	On Track	92.72	1/23/2017	
Output	% of occupancy: MSH medical surgical hospital (MSH)	On Track	19.76	1/23/2017	
Output	% of occupancy: chemical dependency (MSH)	On Track	100	1/23/2017	
Output	% of occupancy: adolescent chemical dependency (EMSH)	On Track	53	1/23/2017	
Output	% of occupancy: nursing homes (MSH and EMSH)	On Track		1/23/2017	EMSH: 87% - Beds were deduced to 105 per building. Staffing issues resulted in decreased occupancy. MSH: 90.18%
Output	% of occupancy: children/adolescents (MSH and EMSH)	On Track		1/23/2017	EMSH: 72% MSH: 35.72%
Output	% of occupancy: transition unit (EMSH)	On Track	53	1/27/2017	The EMSH Transition Unit currently has 26 beds. To increase capacity, they will begin accepting people from NMSH and SMSH.
Output	% of occupancy: forensics (MSH)	On Track	96.88	1/23/2017	

Output	% of individuals readmitted between 0-59 days after discharge	On Track	7.05	2/1/2017	EMSH: 6% MSH: 6.5% NMSH: 5.9% SMSH: 9.81% Average: 7.05%
Output	% of individuals readmitted between 60-89 days after discharge	On Track	2.8	2/1/2017	EMSH: 2% MSH: 2.43% NMSH: 3.6% SMSH: 3.32% Average: 2.8%
Output	% of individuals readmitted between 90-119 days after discharge	On Track	2.09	2/1/2017	EMSH: 2% MSH: 2.46% NMSH: 2.03% SMSH: 1.88% Average: 2.09%
Output	% of individuals readmitted after 120-365 days after discharge	On Track	12.83	2/1/2017	EMSH: 13% MSH: 11.99% NMSH: 14.5% SMSH: 11.83% Average: 12.83%
Objective	Objective 1.2 Enhance the transition process of individuals to a less restrictive environment	On Track			
Outcome	Improve the process for people transitioning from inpatient care to community-based care through Peer Bridgers	On Track	115	1/23/2017	
Strategy	Strategy 1.2.1 Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers	Achieved	5	1/25/2017	There are a total of five Peer Bridgers serving in three CMHCs and NMSH. The Bridgers have been trained as Certified Peer Support Specialist Professionals. They attend team meetings with other clinical staff.
Output	Number of Peer Bridgers	Achieved	5	12/31/2016	There are a total of five Peer Bridgers. One Bridger in three of the CMHCs located in North Mississippi and two Bridgers at North MS State Hospital.
Output	Number of WRAPs conducted at pilot site	On Track	135	12/31/2016	As reported by the CMHCs, a total of 135 WRAPs were conducted. WRAPs were not done for those people who did not report to their follow-up appointment.
Output	Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning	On Track		12/31/2016	Technical Assistance is offered to providers on a continuous basis, however, there have been no requests made.
Output	Number of readmissions at pilot site	On Track	34	1/23/2017	As reported by the CMHCs, there were 34 readmissions out of 208 individuals served.

Output	Number of first follow-up appointments attended	On Track	100	1/25/2017	As reported by the CMHCs, there were 208 people who were part of the Peer Bridger pilot project during the first half of FY17. Of those, 100 attended their first follow-up appointment with a CMHC. This excludes people who received treatment at a community provider other than one of the three CMHCs participating in the project, or who rescheduled their first follow-up appointment, or relocated to a county not participating in the project.
Outcome	Ensure continuing care plans are transmitted to the next level of care within five days of discharge	On Track			
Strategy	Strategy 1.2.2 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track			
Output	Percentage of individuals receiving services care plans that are transmitted to the next level of care within five days	On Track	0	1/23/2017	EMSH: 86% MSH: 77% NMSH: 98% SMSH: 100%
Output	Percentage of discharge plans that begin at the time of admission	On Track		1/24/2017	EMSH: 100% MSH: 100% NMSH: 100% SMSH: 100%
Output	Percentage of discharge plans that include input from the person and/or family members	On Track		1/24/2017	EMSH: 100% MSH: 100% NMSH: 100% SMSH: 100%
Objective	Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track			
Outcome	Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment	On Track		2/7/2017	PACT teams added 68 new admissions in the first half of FY17. During the same period, there were 18 people discharged bringing the total number served to 300.
Strategy	Strategy 1.3.1 Educate stakeholders about the options of 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	On Track		2/7/2017	There have been 68 new admissions in the first half of FY17. The total served has risen from 250 at the end of FY16 to 300 at the halfway point of FY17. There were 18 individuals discharged during the same period.
Output	Number of PACT Teams	On Track	8	2/7/2017	
Output	Number of admissions to PACT teams	On Track	68	2/7/2017	68 new admissions to the eight PACT Teams for the 1st half of FY17. There are currently 300 individuals receiving PACT services.
Output	Number of readmissions to a State Hospital of people already being served by a PACT Team	On Track	17	2/7/2017	

Outcome	Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals	On Track	78	2/7/2017	
Strategy	Strategy 1.3.2 Fund six pilot employment sites for individuals with SMI	On Track	6	2/7/2017	
Output	Number of businesses contacted for employment opportunities	On Track	2316	2/7/2017	
Output	Number of individuals employed	On Track	117	2/7/2017	
Objective	Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services	On Track			
Outcome	Utilize Crisis Stabilization Units to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track	87.82	1/27/2017	The Crisis Stabilization Units diverted 87.82% of admissions from a more restrictive environment in the first half of FY17.
Strategy	Strategy 1.4.1 Evaluate Crisis Stabilization Units based on defined performance indicators	On Track		1/20/2017	Performance measures listed below.
Output	Diversion rate of admissions to state hospitals	On Track	87.82	1/27/2017	The CSU diversion rate for the first half of FY17 is consistent with expectations at 87.82% of admissions diverted from further care at a state hospital.
Output	Average length of stay	On Track	9.89	1/27/2017	
Output	Number of admissions	On Track	1519	1/27/2017	There were 1,519 admissions in the first half of FY17.
Output	Number of involuntary admissions vs. voluntary admissions	On Track		12/31/2016	In the first half of FY17 there were 845 (55.6%) voluntary admissions and 674 (44.4%) involuntary admissions.
Outcome	Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	Achieved	14	1/24/2017	
Strategy	Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators	On Track		1/20/2017	Performance measures below.
Output	Number of contacts/calls	On Track	9742	12/31/2016	There were 9,742 contacts/calls in the first half of FY17.
Output	Number of face-to-face visits	On Track	6276	12/31/2016	Of the 9,742 contacts in the first half of FY17, 6,276 were face-to-face.
Output	Number referred to a Community Mental Health Center and scheduled an appointment	On Track	3872	12/31/2016	Of the 9,742 contacts made in the first half of FY17 (of which 6,276 were face-to-face), 3,872 were scheduled a follow-up appointment at a CMHC.
Output	Number of encounters with law enforcement	On Track	378	12/31/2016	Of the 6,276 face-to-face contacts made in the first half of FY17, only 378 required the assistance of law enforcement.
Output	Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)	On Track	2508	1/20/2017	Of the 9,742 contacts made in the first half of FY17, 2,508 individuals needed a higher level of care.
Objective	Objective 1.5: Provide appropriate and affordable housing opportunities for adults with serious mental illness	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		12/31/2016	
Strategy	Strategy 1.5.1 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		12/31/2016	Six pilot areas (Region 3, Region 4, Region 8, Region 9, Region 12, and Region 14) were selected in FY16. A list of properties were identified in the pilot areas. A total of 92 people were housed under the CHOICE Program. All outputs under this strategy are for the CHOICE Program.
Output	Number of assessments provided	On Track	185	1/23/2017	185 individuals have been assessed since March 2016.
Output	Number and type of supports/services provided	On Track		12/31/2016	The individuals are receiving housing and various services such as outpatient, peer support, PACT, physician services, community support, intensive case management, and Psychosocial Rehabilitation Services. During the first half of FY17, a total of 92 people received these supports and services. This includes the 44 people who received vouchers during the first half of FY17, and the people who had already received vouchers in FY16.
Output	Level of intensity of supports/services needed	On Track		12/31/2016	The average level of support/services is 2 (outpatient services). Levels of intensity are: PACT - 5, ICM - 4, PSR - 3, Outpatient - 2, CS - 1.
Output	Number of people maintained in Permanent Supportive Housing	On Track	92	12/31/2016	44 people were housed through CHOICE for the first half of FY17. The total number of housed individuals since March 2016 is 92.
Output	Number of people/days hospitalized in last 0-59 days	On Track	2	1/20/2017	There were two individuals hospitalized. One individual was discharged after one day of hospitalization and placed back in housing. One remained hospitalized at the end of the first half of FY17.
Output	Number of people/days hospitalized in last 60-89 days	On Track	1	1/20/2017	One individual was hospitalized in the past 60-89 days and remains hospitalized.
Output	Number of people/days hospitalized in last 90-120 days	On Track	1	1/20/2017	
Output	Number of people/days admitted to an ER in last 0-59 days	On Track	0	1/20/2017	
Output	Number of people/days admitted to an ER in last 60-89 days	On Track	0	1/20/2017	
Output	Number of people/days admitted to an ER in last 90-120 days	On Track	0	1/20/2017	
Output	Number of people/days in jail in last 0-59 days	On Track	1	1/20/2017	
Output	Number of people/days in jail in last 60-89 days	On Track	0	1/20/2017	

Output	Number of people/days in jail in last 90-120 days	On Track	0	1/20/2017	
Objective	Objective 1.6 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		1/24/2017	
Strategy	Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs	On Track		1/25/2017	CPSS Provider Toolkits were distributed to all DMH Certified Providers and interested individuals. Three statewide trainings (workgroups for CPSS supervisors) were held to understand the benefits of utilizing CPSSs. CPSSs conducted two presentations where they shared their personal stories.
Output	Number of peers/family members trained as CPSSs	On Track	26	1/25/2017	A total of 26 people were trained as peer support specialists and 12 were approved as CPSSs.
Output	Number of CPSSs employed	On Track	152	1/24/2017	
Output	Number of DMH Certified Providers employing CPSSs	On Track	31	1/24/2017	
Outcome	Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track	0	8/10/2016	
Strategy	Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person Centered Planning & System of Care Principals, etc.	On Track	0	8/10/2016	
Output	Number of trainings	On Track	12	1/25/2017	Trainings include: Person Centered Recovery Oriented System of Care, Personal Outcome Measures, Person Centered Assessment, Treatment Plan and Progress Notes, WRAP, CPSS Supervisor Workgroup Training, CPSS Training, and CPSS Personal Stories
Output	Number of participants	On Track	185	8/10/2016	
Outcome	Develop recommendations on how to best utilize Personal Outcome Measures (POM) data for adult mental health services	On Track		12/31/2016	Recommendations have been submitted to the Executive Leadership of DMH and will be discussed again in January 2017.
Strategy	Strategy 1.6.3 Establish a workgroup to review previous POM data	On Track		1/25/2017	Workgroup was established and visited five CMHCs to provide POM data and offer technical assistance.
Output	Number of recommendations on how to utilize data	On Track	0	1/25/2017	Recommendations on how to utilize data is part of the technical assistance. No technical assistance has been requested as of mid-year.
Output	Developed plan on how to implement recommendations	On Track	0	1/24/2017	
Outcome	Complete the development of a CPSS program for caregivers/parents and host two trainings	On Track		12/31/2016	The curriculum for caregivers/parents is complete. The train-the-trainer training has been conducted. The first CPSS caregiver/parents training is scheduled for March 28 - 31, 2017.

Strategy	Strategy 1.6.4 Establish a CPSS customized training for caregivers/parents	Achieved		12/31/2016	A customized CPSS training for parent/caregivers has been developed.
Output	Number of trainings	On Track		12/31/2016	The first Parent/Caregiver Support Specialist Training will be held in March 2017.
Output	Number of participants	On Track		12/31/2016	The first CPSS customized training for Parent/Caregivers will be held March 2017.
Output	Number of CPSS caregivers/parents	On Track		12/31/2016	A CPSS parent/caregiver training will be held March 2017.
Objective	Objective 1.7 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	549	1/20/2017	
Strategy	Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		1/20/2017	55 MAP Teams are utilized statewide to coordinate services among agencies to help children and youth remain in their communities.
Output	Number served by MAP teams	On Track	549	12/31/2016	549 children and youth were served by MAP Teams during the first half of FY17.
Output	Number of MAP teams	On Track	55	12/31/2016	There are 55 MAP Teams.
Outcome	Increase the statewide use of Wraparound Facilitation with children and youth	On Track	885	2/1/2017	Data collected in FY17 is an unduplicated count. In FY16, the numbers were duplicated.
Strategy	Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED	On Track			
Output	Number of individuals that have been trained in Wraparound Facilitation	On Track	178	1/17/2017	
Output	Number of providers that utilize Wraparound Facilitation	On Track	11	12/31/2016	11 providers are certified to provide Wraparound Facilitation.
Output	Number of children and youth that are served by Wraparound Facilitation	On Track	885	12/31/2016	885 were served in the first half of FY17. This is an unduplicated count as opposed to FY16.
Output	Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement	On Track	729	12/31/2016	729 youth were diverted during the first half of FY17.
Outcome	Increase by 10% access to an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis	Achieved	75	1/20/2017	In FY16, four youth were served. By mid-year of FY17, an additional three youth were served for a total of 7 currently receiving services through this program
Strategy	Strategy 1.7.3 Assist youth and young adults in navigating 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			
Output	Number of appropriate referrals	On Track	3	12/31/2016	3 appropriate referrals

Output	Number and type of supports/services provided	On Track	7	12/31/2016	Types of services provided include: crisis intervention, community support, peer support, physician/nurse, medication management, outpatient therapy, and employment/education support.
Output	Number of youth and young adults maintained in his/her home and/or community	On Track	7	12/31/2016	7 maintained in home/community
Outcome	Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track	86.3	1/23/2017	The mid-year total for percent of youth who successfully transitioned to the community with supportive wraparound aftercare is at 86.3%.
Strategy	Strategy 1.7.4 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent	On Track			
Output	Number of youth referred to MYPAC aftercare	On Track	14	1/23/2017	
Output	Number of youth referred to a local Community Mental Health Center aftercare	On Track	13	1/23/2017	
Output	Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center	On Track	8	1/23/2017	
Output	Number of youth actually transitioned to MYPAC aftercare	On Track	9	1/23/2017	
Output	Number of youth actually transitioned to a local Community Mental Health Center aftercare	On Track	7	1/23/2017	
Output	Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	8	1/23/2017	
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	8	1/23/2017	
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	Objective 2.1 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 5% each year	At Risk		2/1/2017	<p>ESS: 1.39% BRC: 5.19% HRC: 1.56% NMRC: 2.36% SMRC: 2%</p> <p>This Outcome is At Risk, due to the lack of providers and the increase of supports needed to live in the community for the people residing in the Regional Programs. DMH is waiting on approval of the IDD Waiver Amendment from CMS which includes an increase in service rates. With the increase in rates, more providers would be able to serve people currently residing in the Regional Programs. Some families are still concerned about the level of care provided in the community and prefer their loved ones remain at the Regional Programs. DMH continues efforts to educate and work with families to alleviate fears and increase knowledge of available services. DMH also continues to recruit new providers for community living service options.</p>
Outcome	Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track		12/31/2016	
Strategy	Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements	On Track		12/31/2016	
Output	Number of people transitioned from facility to ICF/IID community home	On Track	18	1/20/2017	
Output	Number of people transitioned to community waiver home/apartment/host home	On Track	15	1/20/2017	
Output	Number of people transitioned home with waiver supports	On Track	6	1/20/2017	
Objective	Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD	On Track		1/27/2017	
Outcome	Create a statewide public awareness campaign to increase knowledge of community services available to persons with intellectual and developmental disabilities	On Track		12/31/2016	
Strategy	Strategy 2.2.1: Establish a workgroup with representatives from all programs	On Track		1/24/2017	Currently, discussing who needs to serve on the workgroup. The workgroup will meet in 4th quarter.
Output	Number of educational materials developed	On Track	4	1/20/2017	Materials developed included a power point presentation, two handouts and a draft transition pamphlet.
Output	Number of public awareness events attended	On Track	15	1/27/2017	
Output	Number of materials/stories distributed	On Track	387	1/20/2017	

Objective	Objective 2.3: Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options	On Track			
Outcome	Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting (community is waiver/non-waiver/group homes and institutional is campus residential)	On Track	48.15	2/7/2017	ESS: 40.85% BRC: 70.64% HRC: 44% NMRC: 47.3% SMRC: 38%
Outcome	Serve 400 additional people through the 1915i (IDD Community Support Program)	At Risk		1/20/2017	Enrollment is 467. There were 25 discharges since July 1, 2016. Most of these are due to people being offered enrollment in the ID/DD Waiver. Some providers are refusing to enroll or limiting enrollment of persons on Community Support Program (CSP) due to the Day Habilitation rate not being sufficient to meet the cost of staffing needs. The Division of Medicaid has initiated a rate study, but has given no indication as to when it will be completed. The Division of Medicaid also has had issues with electronic billing for CSP requiring many providers to continue to send paper billing leading them not being willing to add additional people. The rates and billing problems have contributed to lack of new providers applying to provide CSP Services. Current providers are at capacity.
Outcome	Transition an additional 250 people from the Planning List to Waiver Services	On Track	59	1/24/2017	
Strategy	Strategy 2.3.1 To increase the availability of comprehensive community programs and services	On Track		2/1/2017	All of the outputs under this strategy include DMH's Regional Programs and DMH Certified Providers, with the exception of people receiving ID/DD waiver support coordination services which is DMH Regional Programs only.
Output	Number of people receiving Transition Assistance	On Track	7	1/20/2017	
Output	Number of people receiving in home nursing respite	On Track	184	1/20/2017	
Output	Number of people receiving in home respite services	Not Started		1/20/2017	
Output	Number of people receiving behavioral support services	On Track	52	1/20/2017	
Output	Number of people receiving crisis support services	On Track	31	1/20/2017	
Output	Number of people receiving intervention services	On Track	15	1/20/2017	
Output	Number of people receiving supported employment services	On Track	254	1/20/2017	

Output	Number of people receiving supported living services	On Track	152	1/20/2017	
Output	Number of people receiving host home services	Not Started		1/20/2017	
Output	Number of people receiving day services adult	On Track	927	1/27/2017	
Output	Number of people receiving pre-vocational services	On Track	1000	1/27/2017	
Output	Number of people receiving home and community support services	On Track	1217	1/20/2017	
Output	Number of people receiving ID/DD waiver support coordination services	On Track	2532	2/1/2017	DMH's Regional Programs only
Output	Number of people receiving targeted case management services	On Track	467	1/20/2017	
Output	Number of people receiving Community Support Services/Case Management	On Track	104	1/20/2017	
Output	Number of people receiving comprehensive diagnostic evaluations	On Track	482	1/20/2017	
Output	Number of people receiving job discovery services	On Track	38	1/20/2017	
Output	Number of people receiving work activity services	On Track	130	1/20/2017	
Output	Number of people receiving supervised living services	On Track	635	1/27/2017	
Objective	Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with the Department of Rehabilitation Services	On Track			
Outcome	Number of referrals for Supported Employment Services in partnership with the Mississippi Department of Rehabilitation Services	On Track	23	1/24/2017	
Strategy	Strategy 2.4.1 Develop a statewide plan to increase employment opportunities	On Track		1/20/2017	DMH staff have conducted a series of statewide meetings educating providers about the importance of employment services for people with disabilities. There were 13 meetings held across the state for both providers, people receiving services, and family members. The Centers for Medicare and Medicaid Services (CMS) has issued regulations that require all people receiving ID/DD Waiver or IDD Community Support Services must be offered the opportunity for community employment. DMH will continue to educate providers on how they can assist people with disabilities to access employment services from both DMH and the MDRS.
Output	Increase percentage of people utilizing supported employment services	On Track		1/20/2017	The number of people receiving Supported Employment increased from 224 to 254.

Output	Decrease percentage of people utilizing pre-vocational services	At Risk		2/1/2017	The utilization of Prevocational Services has not decreased during this half of the fiscal year. The reimbursement rate for Prevocational Services through the IDD Community Support Program is higher than the reimbursement rate for Day Habilitation. Therefore, providers are encouraging people to enroll in Prevocational Services. DMH has requested a rate increase from the Division of Medicaid. They have indicated they will conduct a rate study, but they have given no timeline. For the ID/DD Waiver, DMH has held a series of statewide meetings regarding decreasing the use of Prevocational Services, per requirements from the Centers for Medicare and Medicaid Services (CMS-Medicaid's federal governing authority). Providers have been asked to submit transition plans indicating how they will reduce the number of people and utilization rates for Prevocational Services.
Strategy	Strategy 2.4.2 Develop a curriculum for job coaches and job trainers in partnership with MDRS	On Track		1/20/2017	DMH staff and MDRS staff are continuing work on this project.
Output	Number of job trainers and job coaches trained	On Track		1/20/2017	Planning to conduct this training continues.
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	Objective 3.1 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, services, and programs	On Track		12/31/2016	Nine new agencies were certified by DMH; 48 new programs were added by 18 certified providers; eight new services were added by eight certified providers
Strategy	Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.	On Track	2	12/31/2016	Interested Provider Orientation was provided on August 9, 2016 and November 9, 2016
Output	Number of interested provider agencies participating in interested provider orientation	On Track	60	12/31/2016	44 participants from 30 agencies attended the August 2016 Interested Provider Orientation. 56 participants from 30 agencies attended the November Interested Provider Orientation
Output	Number of completed applications received by DMH for new provider agency certification	On Track	24	12/31/2016	DMH received 24 Interested Provider Applications from agencies seeking DMH certification.

Output	Number of new provider agencies approved	On Track	9	1/20/2017	
Output	Number of completed applications received by DMH for services added by a DMH certified provider agency	On Track	20	1/24/2017	20 new service applications were received from 16 certified providers.
Output	Number of new services added by a DMH certified provider agency approved	On Track	8	1/20/2017	
Output	Number of completed applications received by DMH for programs added by a DMH certified provider agency	On Track	64	1/20/2017	
Output	Number of new programs added by a DMH certified provider agency approved	On Track	48	1/20/2017	
Objective	Objective 3.2 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		12/31/2016	Ongoing
Outcome	Increase public knowledge about services through information and referral	On Track		12/31/2016	Ongoing outreach of the DMH Helpline includes postings at each DMH Certified Provider, the DMH website, DMH Facebook page, and other DMH publications.
Strategy	Strategy 3.2.1 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		12/31/2016	Ongoing. The DMH Helpline phone number is posted at each DMH certified program location which is monitored through certification visits. Additionally, it is advertised on the DMH website, Facebook page, and other DMH publications.
Output	Number of calls seeking information and/or referral received through DMH's toll-free number	On Track	3230	12/31/2016	
Output	Number of grievances filed through the Office of Consumer Support	On Track	94	12/31/2016	
Outcome	Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		12/31/2016	Ongoing through SPOTT referrals and connection to services.
Strategy	Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)	On Track		12/31/2016	Ongoing based on number of referrals and connections to services.
Output	Number of referrals made to the Specialized Placement Option to Transition Team (SPOT)	On Track	84	12/31/2016	
Output	Number of placements made through SPOTT	On Track	40	1/20/2017	
Objective	Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers for core services	On Track			

Outcome	Increase the number of evidence-based and emerging best practices trainings by 5% each year	On Track			
Strategy	Strategy 3.3.1 Promote at least six evidence-based, best practices and promising practices trainings offered through the DMH learning management system through internal communication efforts	Achieved		12/31/2016	DMH has compiled the list of practices for the six behavioral health programs and is currently compiling the list for the six IDD Programs. A total number will be available in the 3rd quarter.
Output	Number of trainings promoted	Achieved		12/31/2016	At mid-year, two flyers had been distributed to DMH and DMH Certified Providers promoting six evidence-based, best practices and promising practices trainings offered through Relias, DMH's learning management system.
Output	Number of participants	On Track	53	2/1/2017	At mid-year, a total of 53 DMH staff had participated in these training through Relias Learning. This is double the amount from FY16.
Outcome	Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	On Track			
Strategy	Strategy 3.3.2 Gather and verify information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and all DMH Certified Providers	On Track		12/31/2016	In August 2016, DMH distributed a survey to all 12 Programs to compile a list of the evidenced-based, best and emerging practices currently being used at the Programs. A final report will be available in the 4th quarter.
Output	Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers	On Track		1/20/2017	This information will be gathered during the site visit process beginning in January 2017.
Output	Distribute a survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices, at DMH Programs	Achieved		12/31/2016	In August 2016, DMH distributed a survey to all 12 Programs to compile a list of the evidenced-based, best and emerging practices currently being used at the Programs. The survey included service areas, practice utilized, fidelity monitored, and fidelity measurement. All 12 Programs responded to the survey and a list of the practices were compiled.
Output	Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs	On Track		12/31/2016	DMH has compiled the list of practices for the six behavioral health programs and is currently compiling the list for the six IDD Programs. A total number will be available in the 3rd quarter.
Objective	Objective 3.4 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	Achieved		12/31/2016	An electronic health records system has been implemented at all DMH Programs.

Strategy	3.4.3 Utilize client web portal for reviewing their health information	At Risk		12/31/2016	The electronic health record's vendor and ITS are unable to get direct messaging working on the Mississippi statewide network. If a resolution is not found, we will be unable to provide a client web portal.
Output	% of clients served who view their health information online	At Risk	0	1/12/2017	
Outcome	Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First	On Track		1/12/2017	Mississippi State Hospital is using a lab, pharmacy and radiology interface and are electronically submitting orders and receiving results in electronic health records. Interface implementation at the other DMH Programs is scheduled for 2017.
Strategy	3.4.1 Utilize computerized provider order entry (CPOE) for medication orders	On Track		1/12/2017	Mississippi State Hospital is using a lab, pharmacy and radiology interface and are electronically submitting orders and receiving results in electronic health records. Interface implementation at the other DMH Programs is scheduled for 2017.
Output	Report to CMS for Meaningful Use	On Track		12/31/2016	We were unable to meet Meaningful Use for EMHS and MSH in 2016. The plan is to report to CMS in 2017. NMSH and SMSH will not be reporting to CMS. They were found to be ineligible for this Program.
Strategy	Strategy 3.4.2 Replace manual reporting with electronic online reporting	On Track		12/31/2016	Online report development has begun for the IDD Programs and the MH Programs using electronic health records.
Output	Number of permissible prescriptions and lab requests generated and transmitted electronically (eRx)	Achieved	100	12/31/2016	The information below is from the Program's pharmacy. MSH - 2736 NMSH - 13030 SMSH - 9985 EMSH - 2371
Output	Return on investment	On Track	0	1/12/2017	Admissions data, census data, diagnosis, recorded services, and discharging are being done through electronic health records.
Outcome	Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds	On Track		12/31/2016	The analysis is being performed on census to begin the requirements for the bed registry.
Strategy	Strategy 3.4.4. Based on data from EHR, create centralized web portal for checking bed availability at Behavioral Health Programs	On Track		12/31/2016	The analysis is being performed on census to begin the requirements for the bed registry.
Output	Developed web portal	On Track		12/31/2016	The analysis is being performed on census to begin the requirements for the bed registry.
Objective	Objective 3.5 Maximize the efficiency of collecting and accessing Central Data Repository	On Track			
Outcome	Increase the validity and timely reporting of data by 30% to meet federal, state and DOJ reporting requirements	Achieved	40	12/31/2016	Timely CDR reporting has improved by 40% from November 2015 - November of 2016.

Outcome	Utilize a dashboard for 20% of service categories for CDR and URS tables	Achieved	100	12/31/2016	All CDR service categories report can be viewed from the CDR Dashboard.
Outcome	Increase access to all CDR reports and dashboard by create one central location	Achieved		1/12/2017	
Strategy	Strategy 3.5.1 Establish CDR user groups for DMH Programs, CMHCs, and Private Providers that meet on a quarterly basis	Achieved		12/31/2016	CDR user groups have been defined and meet on a quarterly basis.
Output	% of participants in user groups compared to total DMH number of DMH Certified Providers	On Track	20	12/31/2016	The number of participants in the user groups varies from quarter to quarter.
Strategy	Strategy 3.5.2 Develop a dashboard for DMH leadership to track progress and eliminate manual reporting	On Track		1/12/2017	A CDR dashboard has been created and resides on the DMH Intranet. This dashboard is available to DMH Central Office Staff.
Output	Number of service categories displayed on a dashboard	Achieved	100	12/31/2016	All CDR service categories are included in the monthly services by provider report.
Strategy	Strategy 3.5.3 Develop a CDR website for viewing CDR reports and dashboard	Achieved		1/12/2017	
Output	Number of reports available	Achieved	0	1/12/2017	
Output	Number of people accessing reports	Achieved	100	12/31/2016	The following reports are displayed on the CDR website. Number Served by Age, Gender, Race, Ethnicity Admissions/Discharge Overview by Provider Admissions/Discharge Totals by Provider Services by Provider by Month Monthly Data Submission Report.