

DMH FY20 Strategic Plan Mid-Year Progress Report

Goal 1: To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care

Objective 1.1 Ensure that hospitalizations and inpatient care, when necessary, is available to meet the demand now and in the future

Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals	On Track	3.4	The average wait time for acute psychiatric admissions during the first half of FY20 was 3.4 days. This is a decrease from 5.4 days in FY19. MSH: 3.6 days NMSH: 3 days SMSH: 2.5 days EMSH: 4.54 days
Outcome: Maintain readmission rates within national trends (National trend was 7.2% for FY19 for 0-30 days)	On Track	3.8%	MSH: 4% NMSH: 3.3% SMSH: 5% EMSH: 3%
Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services	Off Track	1,133	Acute psychiatric only MSH: 484 NMSH: 214 SMSH: 220 EMSH: 215 At mid-year FY20, total 1,133. At mid-year FY19, total 1,083.
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts	On Track	27	At mid-year FY20, the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts was 27 days. At the end of FY19, it was 83 days.
Outcome: Reduce average length of stay for people receiving competency services	Off Track	197	At mid-year FY20, there were 26 restorations at an average length of stay of 197 days. The national average is 180 days or 6 months. While 197 days is an increase above the 159-day average at FY19 mid-year, it is 17 days above the national average and approximately 100 days below the 300-day average that was occurring a few years ago.
Strategy 1.1.1 Analyze the average wait time and readmission rates of state hospitals			
Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)		2,664	MSH: 1,384 NMSH: 255 SMSH: 263 EMSH: 493 CMRC: 191 STF: 78 *This includes all services provided at the behavioral health programs.
Output: Average wait time for acute psychiatric admissions		3.4	The average wait time for acute psychiatric admissions during the first half of FY20 was 3.4 days. MSH: 3.6 days NMSH: 3 days SMSH: 2.5 days EMSH: 4.54 days

Output: % of occupancy — acute psychiatric care (all behavioral health programs)		89.88%	MSH: 85.3% EMSH: 98% NMSH: 90% SMSH: 96% STF: 80.1%
Output: % of occupancy — continued treatment (MSH)		92.9%	
Output: % of occupancy — MSH medical surgical hospital (MSH)		21.8%	
Output: % of occupancy — chemical dependency (MSH)		95.6%	
Output: % of occupancy — nursing homes (MSH and EMSH)		89.5%	MSH: 84% EMSH: 95%
Output: % of occupancy — children/adolescents (MSH)		78.1%	
Output: % of occupancy — transition unit (EMSH Kemper County Group Homes)		91.5%	
Output: % of occupancy — forensics (MSH)		94.6%	
Output: % of people readmitted 30 days after discharge		3.2%	MSH: 4% NMSH: 3.3% SMSH: 5% EMSH: 3%
Output: % of people readmitted 180 days after discharge		10%	MSH: 6.1% NMSH: 13.1% SMSH: 11% EMSH: 10%
Strategy 1.1.2 Utilize expanded community-based services to reduce the reliance on institutional care			In FY19, DMH further expanded community-based services by shifting an additional \$13.3 million from institutional budgets to the Service Budget to reduce the reliance on institutional care. \$8 million was for the expansion of crisis services including additional crisis stabilization beds in the community, court liaisons, crisis counselors, and an additional PACT team. This included 44 additional CSU beds. The beds offer time-limited residential treatment services designed to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient care. In FY20, DMH provided funding (\$1 million appropriated by the Legislature for the expansion of mental health community-based services) for four additional Intensive Community Outreach and Recovery Teams (ICORT) for areas that did not have a PACT team. See Strategy 1.3.3.
Output: Number of admissions to MSH (acute psychiatric only)		484	
Output: Number of admissions to EMSH (acute psychiatric only)		215	
Output: Number of admissions to NMSH		214	
Output: Number of admissions to SMSH		220	

<p>Strategy 1.1.3 Utilize community-based competency restoration services to reduce the wait time and length of stay for competency restoration services</p>			<p>Implementation of "Spanning" Services: In 2017, MSH piloted Jail-Based Competence Education Services in Hinds and Madison Counties that later expanded to Holmes, Harrison, Jackson, Lamar, and Forrest Counties. In those programs, the hospital contracted with CMHCs to provide jail-based services to defendants awaiting an inpatient bed at MSH. In the past two years, the number of individuals awaiting admission has decreased, but the apparent need for collaboration with stakeholders in the criminal justice system in Mississippi remains paramount. Because continued liaison with the courts, sheriffs, and jail administrators remains a top priority for Forensic Services, CMHCs have redirected resources previously allocated to jail-based competence education services to the development of "spanning" services. The purpose of these "spanning" services is to facilitate community mental health centers' relationships with stakeholders in the criminal justice system so that people with serious mental illness are not in jail without a plan for disposition.</p>
<p>Output: Average wait time for completed initial competency evaluation (Stage 1)</p>		27	27 days at mid-year in FY20 compared to 83 days in FY19.
<p>Output: Average length of stay for competency restoration</p>		197	
<p>Output: Number of competency restoration admissions</p>		26	
<p>Output: Number of counties served by a community-based competency restoration program</p>		11	<p>Jail based competency is transitioning to the Spanner Program. Currently spanners are active in 11 counties: Hinds, Madison, Holmes, Humphreys, Jackson, Harrison, Forest, Lamar, Hancock, Stone, and Pearl River.</p>
<p>Strategy 1.1.4 Expand forensic competency restoration bed capacity by conversion of current acute psychiatric treatment beds</p>			<p>A 21-bed acute services unit was converted to provide forensic services in FY19. Currently 17 of the 21 beds are staffed.</p>
<p>Output: % increase in forensic bed capacity</p>		21.4%	<p>In FY20 the staffed beds on Building 201, W2 increased from 14 to 17 out of 21 total beds. Incremental increase in staffed beds from FY19 to FY20 in competency restoration beds is 21.4%.</p>
<p>Objective 1.2 Enhance the transition process of people to a less restrictive environment</p>			
<p>Outcome: Improve the process for people transitioning from inpatient care to community-based care</p>	<p>On Track</p>		<p>DMH implemented a formal transition process and revised the Discharge/Transition Record in FY19. The new process is being utilized in FY20. DMH developed a formal discharge packet given to all people upon discharge from a state hospital. The packet includes Mobile Crisis Response Team contact information, community service options, CMHC overview, DMH overview, tips to take care of a person's mental and physical health, suicide prevention information, and more.</p>

Outcome: Ensure continuing care plans are transmitted to next level of care within 24 hours of discharge	Off Track	88%	MSH: 85.7% NMSH: 89% SMSH: 100% EMSH: 77%
Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes	On Track		MSH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi have partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. Region 8 opened a Community Transition Home for four females in Simpson County in April 2018 and have opened an additional house for four more females. Region 9 opened a Community Transition Home in May 2018 for four males in the Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in community.
Strategy 1.2.1 Expand the Peer Bridger project at behavioral health programs			The Peer Bridger Project in North Mississippi is intended to improve the transition process from inpatient care to a community-based level of care to decrease individuals' need for readmission and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. The pilot project consists of Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group. The Project will be expanded in FY20 to South Mississippi.
Output: Number of Peer Bridgers		5	
Output: Number of readmissions of people connected with a Peer Bridger		14	
Output: Number of first follow-up appointments attended		157	157 aftercare appointments were scheduled. Of those, 103 were attended (66%) and 54 were not (34%).
Strategy 1.2.2 Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group			
Output: % of people linked to community provider prior to discharge		100%	*This includes people linked to a community mental health provider or another service provider such as CMRC or another facility.
Output: % of people discharged with a two-week supply of medication and a prescription		99.75%	
Output: % of people who attend their first follow-up appointment with CMHC		58.6%	Significant delays in receiving data from CMHCs of individuals that attended their follow-up appointments contributed to the low percentage. Changes to the process will be made for the second half of FY20.
Output: % of people who were contacted by the discharging state hospital after seven days		93.25%	

Strategy 1.2.3 Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness			
Output: Number of Wellness Recovery Action Plans begun prior to discharge		928	A total of 1,133 acute psychiatric admissions
Strategy 1.2.4 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans			
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge		88%	
Output: Percentage of discharge plans that begin at the time of admission		100%	
Output: Percentage of discharge plans that include input from the person and/or family members		100%	
Strategy 1.2.5 Transition people who have been served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community-based services and supports			
Output: Number of people transitioned		1	
Output: Number of civilly committed people served in Continued Treatment beds		68	As of December 2019, a total of 25 individuals on Building 45 were forensic patients and one individual on Building 46.
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 PACT for people who have had multiple hospitalizations and do not respond to traditional treatment	Off Track	9%	A total of 140 clients were admitted to PACT during the first half of FY20. As of December 31, 2019, a total of 547 people were served. At the end of FY19, a total of 500 people were served. This is an increase of 9% for the first half of the year. Mississippi currently has 10 PACT teams operated by the following Community Mental Health Centers: Warren-Yazoo Behavioral Health, Life Help, Pine Belt Mental Healthcare Resources (operates two - one in Hattiesburg and one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core Health Group, Region 8 Mental Health Center, and Region 4 Mental Health Services (operates two - one in Desoto and one in Corinth).

<p>Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 people and make at least 175 referrals</p>	<p>On Track</p>	<p>DMH is finalizing a Memorandum of Understanding to continue the implementation of Supported Employment around the state with the Mississippi Department of Rehabilitation Services (MDRS). The collaboration will involve designated vocational rehabilitation counselors and CMHC staff coordination of employment as well as recovery services during this project. The CMHCs will hire or designate Supported Employment Specialists to work alongside the vocational rehabilitation counselors to monitor the behavioral health progress of the people employed. The Supported Employment Specialists working within the collaboration will come from Lifecore Health Group, Timber Hills Mental Health Services, Region 8 Mental Health Services, Hinds Behavioral Health Services, Southwest Mississippi Mental Health Complex, Singing River Services, and Warren-Yazoo Mental Health Services. In addition, DMH provides funding for four Supported Employment Programs of Individual Placement and Support (IPS) sites at Regions 2, 7, 10 and 12 - Communicare, Community Counseling Services, Weems Community Mental Health Center, and Pine Belt Mental Healthcare Resources.</p> <p>In the first half of FY20, a total of 157 people were employed and 211 referrals were made to MDRS.</p>
<p>Outcome: Develop Intensive Community Outreach Recovery Teams (ICORT) for adults with severe and persistent mental illness</p>	<p>On Track</p>	<p>In the first half of FY20, DMH provided four additional grants for ICORTs in regions that did not have a PACT Team - Regions 1, 7, 11, and 14. Region 6 has also started an ICORT. Region 2 began operating an ICORT in FY19. These teams can target more rural areas where there may be staffing issues or clients are spread out over a large geographical area. ICORT is an intensive, community-based rehabilitation service for adults with severe and persistent mental illness. ICORTs are mobile and deliver services in the community to enable an individual to live in his or her own residence. An ICORT has fewer staffing requirements and higher staff client ratios than a traditional PACT Team and can serve up to 45 people. An ICORT is staffed with registered nurse, a master's level Mental Health Therapist, a certified Peer Support Specialist, and an administrative assistant and can also utilize a part-time Community Support Behavioral Health. Services are provided 24-hours per day, 7-days a week just like PACT. Region 1 began operating in September 2019, serving Coahoma, Quitman, Tallahatchie, and Tunica Counties. Region 2's team is serving a catchment area of Panola, Tate, Lafayette, Marshall, Yalobusha, and Calhoun Counties. Region 7 began operating in October 2019, serving Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties. Region 11 has been conducting interviews for staff members of its team, which will serve Pike, Amite, Lawrence, Walthall, Franklin, Adams, Wilkinson, Claiborne, and Jefferson Counties. Region 14 began operating in October 2019, serving George and Jackson Counties.</p>

Strategy 1.3.1 Educate stakeholders about the option of PACT to help people who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services			DMH and CMHC staff provide PACT education at a variety of events and trainings including Pre-Evaluation Screening training, CIT classes, AMAP meetings, chancery clerks' conferences, and more. PACT information is being included on the MS Mental Health Resources website to launch in the 3rd quarter.
Output: Number of PACT teams		10	In FY19, DMH provided funding for two additional PACT Teams - Region 8 Mental Health Center and Region 4 Mental Health Services. Mississippi currently has 10 PACT teams operated by the following Community Mental Health Centers: Warren-Yazoo Behavioral Health, Life Help, Pine Belt Mental Healthcare Resources (operates two - one in Hattiesburg and one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core Health Group, Region 8 Mental Health Center, and Region 4 Mental Health Services (operates two - one in Desoto and one in Corinth).
Output: Number of admissions to PACT teams		140	140 admissions to PACT from July 1 through December 31, 2019.
Output: Number of patients referred to PACT teams by state hospitals		163	
Output: Number of patients accepted to PACT teams			There were 140 new admissions to PACT Teams. The number accepted from state hospital referrals will be tracked starting in the 3rd quarter.
Output: Number of readmissions to state hospitals of people being served by a PACT team		20	Out of 547 people being served by PACT Teams, 20 were readmitted to a state hospital.
Strategy 1.3.2 Emphasize supported employment opportunities for people with SMI			Supported Employment training for ICORT staff is being required as part of the grant. To expand the programs, in FY19, DMH provided funding to add seven more Supported Employment programs at Region 3, 4, 8, 9, 11, 14, and 15. In FY18, there were four Supported Employment sites, Region 2, 7, 10, and 12. Currently, there are a total of 11 Supported Employment programs across the state.
Output: Number of businesses contacted for employment opportunities		2,531	2,531 businesses contacted.
Output: Number of people employed		157	
Output: Number of referrals made to MS Department of Rehabilitation Services		211	
Strategy 1.3.3 Utilize iCORTs to keep people in the community and avoid placement in state hospitals			Five ICORTs were funded in the first half of FY20 and four are operational.
Output: Number of iCORTs operating		4	
Output: Number of admissions to iCORTs		86	86 admissions to ICORT during the first half of FY20.
Output: Number of patients referred to iCORTs by state hospitals		23	ICORT programs began accepting clients in the 2nd quarter of FY20.
Output: Number of patients accepted to iCORTs		0	ICORT programs have not been tracking this data. They will begin tracking it in the 3rd quarter.
Output: Number of readmissions to state hospitals of people being served		3	Out of 86 admissions to ICORTs, a total of 3 people were readmitted to a state hospital.

Objective 1.4 Strengthen the state’s crisis response system to maximize availability and accessibility of services

Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units	On Track		Due to expansion of crisis stabilization beds in FY19, Mississippi now has 13 CSUs that can be utilized to divert people in crisis. The diversion rate for the first half of FY20 was 90.45%.
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams	On Track		Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital. Out of the 18,699 calls and 11,586 face-to-face visits, a total of 3,076 people needed a higher level of care.
Outcome: Ensure successful continuation in the community by utilizing a community crisis home	On Track		Matt's House supports up to five individuals, 24 hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and has no place to live. Matt's House is a short-term (6 months or less) crisis transition home for males. Referrals to Matt's House can come from a multitude of locations, but the Specialized Planning, Options to Transition (SPOTT) Team has priority admission when Matt's House has vacancies. Residents must be 18 years of age, must not be violent, and not currently on the IDD Waiver. As soon as possible after admission, Boswell Regional Center's Diagnostic and Evaluation Department are contacted to conduct a psychological evaluation for the resident. Residents will be assisted by Matt's House staff with applying for government benefits, which can include SSI, Medicaid, and SNAP benefits, while long term placement is being sought.
Strategy 1.4.1 Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care (CSUs)			
Output: Diversion rate of admissions to state hospitals		90.45%	90.45% of all clients admitted to CSUs were diverted from state hospitals.
Output: Average length of stay		10.99	Average length of stay for CSUs is 10.99 days.
Output: Number of involuntary admissions vs. voluntary admissions		1,934	There were 954 involuntary and 980 voluntary. Total: 1,934
Output: Number of crisis stabilization beds		172	
Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations			
Output: Number of contacts/calls		18,699	18,699 contacts/calls
Output: Number of face-to-face visits		11,586	11,586 face-to-face visits
Output: Number referred to a CMHC and scheduled an appointment		4,270	4,270 referred to a CMHC and scheduled an appointment
Output: Number of encounters with law enforcement		1,428	1,428 encounters with law enforcement
Output: Number of people who need a higher level of care		3,076	3,076 people needed a higher level of care

Strategy 1.4.3 Offer short-term crisis supports by evaluating needs to ensure people are connected to appropriate services and supports			
Output: Number served in community crisis home		22	This number represents SUCCESS and Matt's House.
Output: Number transitioned with appropriate supports		11	
Output: Average length of stay		158.5	Matt's House is 115 days and SUCCESS is 202 days.
Objective 1.5 Connect people with serious mental illness to appropriate housing opportunities			
Outcome: Increase the number of people who have a serious mental illness who are living in Supportive Housing	On Track	150	150 people were placed in housing through CHOICE during the first half of FY20. CHOICE – Creating Housing Options in Communities for Everyone provides the assistance that makes the housing affordable and local Community Mental Health Centers provide the appropriate services, all based on the needs of the individual. The program is available in all CMHC regions. Referrals come through DMH or a CMHC, and Mississippi Home Corporation provides a housing voucher that helps individuals pay their rent. The number one priority is to aid people who are being discharged from a DMH program after a treatment period of at least 90 days. Other priorities include people who have had multiple hospital visits in the past year, who were arrested due to conduct associated with their mental illness, or who have had multiple periods of homelessness in the past three years.
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 communities of their choice by providing an adequate array of community supports/services			MUTEH connects people in their housing program with supports and services by providing every client with an intensive community support specialist.
Output: Number of assessments		148	
Output: Number of people maintained in Permanent Supportive Housing (CHOICE)		150	
Output: Number of people/days hospitalized		11	11 people housed in CHOICE vouchers had to be hospitalized.
Objective 1.6 Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process			
Outcome: Increase the number of CPSSs by 10%	On Track	27%	At mid-year FY20, Mississippi had 272 CPSSs. At the end of FY19, Mississippi had 201 CPSSs. This is an increase of 27% in the first half of FY20.
Outcome: Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track	4	

Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors			DMH continues to send training flyers to DMH Certified Providers, CPSS Supervisors and CPSSs. In FY20, DMH began sending training flyers to recovery groups and organizations. In the 2nd quarter, DMH participated in a strategic planning meeting with CPSSs to discuss strengths, weaknesses, opportunities, and threats in the area of peer support. DMH continues to utilize CPSS Ambassadors to support CPSSs and educate interested stakeholders about peer support. FY20 is the first year to utilize CPSS Ambassadors to support new CPSSs upon hire and provide individualized support for up to six months.
Output: Number of peers/family		24	Some CPSSs may have multiple certifications.
Output: Number of CPSSs employed		272	
Output: Number of DMH Certified Providers employing CPSSs		40	
Output: Number of CPSS supervisors trained		43	
Output: Number of CPSS supervisor trainings		2	
Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person-Centered Planning & System of Care Principles, etc.			DMH conducted four Golden Thread trainings.
Output: Number of trainings		4	
Output: Number of participants		32	
Objective 1.7 Provide community supports for children transitioning to the community to prevent out-of-home placements			
Outcome: Increase the participation of local representatives from CPS, school districts and juvenile justice on MAP teams	On Track		There were 281 representatives from Child Protection Services, local school districts, and youth court participated in the MAP Team meetings in the first half of FY20. A Making A Plan (MAP team) is made up of individuals from the local community agencies that work with children and youth. The priority of the MAP Team is to review cases concerning children and youth who have serious emotional/behavioral disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access to or availability of needed services and supports in the community.
Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations			
Output: % of representatives from local partners attending MAP teams quarterly		16%	MAP Team meetings are held once a month. There were 281 representatives from Child Protection Services, local school districts, and youth court participating in the MAP Team meetings in the first half of FY20.
Output: Number served by MAP teams		366	At end of mid-year, 366 children and youth were served by MAP teams.

Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth	On Track	23%	Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. There were 1,385 children and youth receiving Wraparound Facilitation at the end of FY20. In FY19, a total of 1,068 children and youth were served. This is an increase of 23%.
Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED			
Output: Number of people trained in Wraparound Facilitation		165	At the end of mid-year FY20, 165 individuals were trained in Wraparound Facilitation.
Output: Number of providers utilizing Wraparound Facilitation		15	15 providers are certified to provide Wraparound Facilitation at mid-year FY20.
Output: Number of children and youth served by Wraparound Facilitation		1,385	1,385 children and youth were served by Wraparound Facilitation by mid-year FY20.
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement		394	394 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement at mid-year FY20.
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement		287	287 children and youth were transitioned to Wraparound Facilitation from a more restrictive placement at mid-year FY20.
Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track		DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth courts.
Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community			
Output: Number served in detention centers from CMHC regions		982	By mid-year FY20, 982 youth were served in the juvenile detention centers.
Output: Number exiting detention center and continuing treatment with CMHC region		984	984 youth continued to receive mental health services after exiting the detention centers between July 1 - December 31, 2019.
Output: Number of re-entries into the detention center from CMHC regions		406	At the end of mid-year, 406 youth re-entered the juvenile detention center. This number includes those youth re-entering from inside the CMHC catchment area.

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	On Track	21%	NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, Gulf Coast Mental Health Center, and Region 8 Mental Health Services. At mid-year FY20, a total of 56 youth and young adults were being served. At mid-year FY19, a total of 45 were served.
Strategy 1.7.4 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			
Output: Number of appropriate referrals		25	At the end of mid-year, there were 25 appropriate referrals to NAVIGATE out of 38 total referrals.
Output: Number served that are employed or enrolled in school/educational courses		31	By the end of mid-year, there were 31 youth and young adults receiving NAVIGATE services that were employed or enrolled in school/educational courses.
Output: Number of youth and young adults maintained in his/her home and/or community		46	At the end of mid-year, 46 youth and young adults were maintained in his/her home and community. The total number served through NAVIGATE was 56.
Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track		Total served at mid-year was 78.
Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent			
Output: Number of youth referred to MYPAC aftercare		17	
Output: Number of youth referred to a local CMHC aftercare		20	
Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC		21	
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider		14	
Output: Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider		14	

Objective 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support services			
Outcome: Decrease the wait time by 5% for people who are court committed to DMH for alcohol and drug treatment by diverting people to community-based programs and providing indigent funds to reimburse a portion of the cost of treatment	On Track		Will be reported at end of fiscal year. At mid-year, the average wait was 30 days.
Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track	42%	At mid-year FY19, a total of 61 pregnant women were served compared to 104 at mid-year FY20 for an increase of 42%.
Outcome: Increase awareness of Mississippi's opioid abuse problem through a partnership focusing on high-risk occupational deaths	On Track		In 2019, Stand Up, Mississippi shifted its focus to occupations that have been proven nationally to have higher rates of opioid overdoses. These include the oil and gas, hospitality and restaurant management, farming, construction, and manufacturing---all of which employ thousands of Mississippians.
Outcome: Decrease the number of deaths from opioid abuse by providing an opioid antagonist	On Track		The number of deaths is reported at the end of the year.
Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH's chemical dependency unit			
Output: Number of people diverted		135	
Strategy 1.8.2 Develop a tracking system to monitor high risk service utilization			A tracking form for all SABG block grant services and other high-risk services has been developed and is in its first year of utilization. This is a trial year for the tracking program and improvements will come as feedback and forms are received.
Output: Number of pregnant women served		104	104 pregnant women were served during this time period. This data was collected directly from the DMH certified and funded SUD Providers.
Output: Number of pregnant intravenous (IV) women served		39	39 pregnant women using IV drugs were served during this time period. This data was collected directly from the DMH certified and funded SUD Providers.
Output: Number of parenting (underage of 5) women served		23	A total of 23 parenting women with their dependent children (housed with them during their treatment episode) were served during this time period. This data was collected directly from the DMH certified and funded SUD Providers.
Output: Number of intravenous (IV) drug users served		762	762 IV drug users were served during this time period. This data was collected directly from the DMH certified and funded SUD Providers.
Output: Number served utilizing Medication Assistance Treatment for opioid abuse		603	A total of 603 individuals were served during this time period. This data was collected directly from the DMH certified and funded SUD Providers.
Strategy 1.8.3 Expand bed capacity for substance use services		22	A total of 22 beds were expanded for the PPW population during this time period. Born Free expanded by 16 beds and Harbor House expanded by 6 beds.
Output: Number served in community residential treatment		2,628	

Output: % of occupancy for all certified community residential beds (includes all DMH certified community residential treatment beds operated by the CMHCs, private non-profit and private for-profit agencies)			Grant recipients will begin reporting occupancy percentage for community residential beds in FY21.
Output: Increase utilization of community residential beds by 5%			Grant recipients will begin reporting utilization of community residential beds in FY21.
Strategy 1.8.4 Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths			In 2019, Stand Up, Mississippi expanded its campaign and began focusing on occupations that have been proven nationally to have higher rates of opioid overdose. These occupations include construction, hospitality and restaurant management, oil and gas refinery, manufacturing and farming, all which employ thousands of Mississippians. Stand Up, Mississippi created a comprehensive awareness campaign, Opioid Workplace Awareness Initiative (OWAI), that includes an addition to the existing Stand Up, Mississippi website (owai.standupms.org) which houses interactive modules, toolkits, and additional resources for employees and employers of these industries. Recent outreach has been with industry leaders and advocates to raise awareness of risk of opioid addiction in these industries, and promote resources for recovery for employees.
Output: Number of presentations		4	DMH is working with the Mississippi Economic Council to promote the Opioid Workplace Awareness Initiative to their partners which include construction and manufacturing companies. Additionally, relationships have been established with the Mississippi Hospitality and Restaurant Association, the Equal Employment Opportunity Commission and the Mississippi Workers' Compensation Commission.
Output: Number and types of outreach developed		13	The Opioid Workplace Awareness Initiative website was developed along with interactive modules that teach employers the importance of recognizing the risk of opioid addiction in their industries. The website has 11,171 page views. Additionally, radio, billboard and television commercials and print ads have been produced and aired on statewide outlets. A social media toolkit and social media posts, along with employer/employee fact sheets, a poster for break rooms, and PowerPoint presentation are available for download on the site. Also highlighted are personal stories submitted by people who work in the high-risk occupations. As a result of a partnership with a restaurateur, envelop stuffers were developed to be placed in employees pay checks to bring attention to the risk for addiction and availability of treatment.
Output: Number of hits to website/downloads of toolkits		11,171	There were 5,510 unique users who initiated 6,301 sessions and 11,171 total page views.
Strategy 1.8.5 Educate and distribute an opioid antagonist to combat overdose deaths			Education and distribution of Narcan, an opioid antagonist, is ongoing as a priority of the State Opioid Response grant.
Output: Number educated on the use of opioid antagonist		2,550	There were 2,001 first responders and 549 community members trained on the use of opioid antagonist.

Output: Number distributed		3,929	There were 3,929 doses of Narcan distributed to first responders and Community Mental Health Centers to distribute to their communities during the first half of FY20.
Output: Number doses administered		13	Narcan was administered 13 times based on data reported from First Responders during the first half of FY20.
Goal 2: 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			
Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting			
Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs	On Track	33	A total of 33 persons transitioned to the community. 26 persons transitioned to the ICF/IID community home, 3 persons transitioned from ICF/IID program with IDD Waiver, 3 persons transitioned from ICF/IID community home with waiver, and 1 person transitioned to waiver from a group home.
Outcome: Decrease the number of people currently accessing ICF/IID level of care in an institutional setting	On Track	9.03%	Each Regional Program is reporting a decrease in people accessing ICF/IID level of care in an institution with a total of 9.03% at mid-year.
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	83%	83% of persons receiving services reside in a community setting, 17% are served on campus in an ID/DD Regional Program. (DMH Monthly data report, census data 12/31/19).
Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements			Using a Person-Centered approach, people receive transition services that offer community service and support options for living arrangements.
Output: Number of people transitioned from facility to ICF/IID Community		26	26 persons transitioned from the ICF/IID campus to the ICF/IID Community Home
Output: Number of people transitioned to the community with ID/DD Waiver supports		7	A total of 7 persons transitioned to the Community with ID/DD Waiver supports. 3 persons transitioned from ICF/IID Campus, 3 persons transitioned from ICF/IID Community Home, and 1 person transitioned from non-waiver group home to ID/DD Waiver.
Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD			
Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities	On Track		DMH began working with the IDD Advisory Council on education/outreach efforts for IDD Awareness Month in the 2nd quarter of FY20. The Month will be recognized in the 3rd quarter.
Strategy 2.2.1 Develop assessable web-based information targeting families in need of services			DMH has developed a page on the agency's website highlights services available with the ID/DD Home and Community Based Waiver and 1915i Community Support Program.
Output: Number of page hits		4,256	There were 4,256-page views at mid-year
Output: Number of agencies/partners that link to information			DMH will work on this in the 3rd quarter.
Output: Feedback from focus group			DMH will gather feedback in the 3rd quarter.

Strategy 2.2.2 Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents			DMH participated in a variety of school district events including the Autism Center Parent Support Event and Central MS Buddy Walk. More events are scheduled in 3rd and 4th quarter of FY20.
Output: Number of coordinators reached		0	
Output: Number of materials distributed		252	Materials provided information for ID/DD Waiver and the Community Support Program.
Output: Number of families/people reached		252	
Objective 2.3 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options			
Outcome: Increase number served through IDD Community Support Program	On Track	791	The 1915i offers support and services for people with IDD and Autism Spectrum Disorders. 791 people received CSP Services during the first half of FY20 according to the 372 Billing Report from Division of Medicaid. The number is less than the number reported at the end of FY19 due to discharges being removed and is an unduplicated number of people served in FY20. During the first half of FY20, there were 117 persons initially enrolled in CSP compared to 157 people for 12 months in FY19.
Outcome: Enroll an additional 180 people in the ID/DD Waiver Program	On Track	45	The ID/DD Waiver provides individualized support to people with IDD in living successfully at home and in the community.
Outcome: Ensure people are receiving a Person-Centered Plan of Services and Supports	On Track		
Outcome: Provide crisis services to people with intellectual and developmental disabilities	On Track		
Strategy 2.3.1 Increase the number of people receiving comprehensive community programs and services		4,109	This number is reflective of people receiving ID/DD Waiver, targeted case management services and comprehensive diagnostic evaluations.
Output: Number of total people receiving ID/DD Waiver services		2,714	source: 372 report
Output: Number of people receiving ID/DD Waiver Transition Assistance		8	source: 372 report
Output: Number of people receiving ID/DD Waiver in-home nursing respite		156	source: 372 report
Output: Number of people receiving ID/DD Waiver in-home respite services		250	source: 372 report
Output: Number of people receiving ID/DD Waiver behavior support services		118	source: 372 report
Output: Number of people receiving ID/DD Waiver crisis support services		14	source: 372 report
Output: Number of people receiving ID/DD Waiver crisis intervention services		18	source: 372 report

Output: Number of people receiving ID/DD Waiver supported employment services		380	source: 372 report
Output: Number of people receiving ID/DD Waiver supervised living services		774	source: 372 report
Output: Number of people receiving ID/DD Waiver shared supported living services		113	source: 372 report
Output: Number of people receiving ID/DD Waiver supported living services		134	source: 372 report
Output: Number of people receiving ID/DD Waiver host home services		0	Currently, we have no certified Host Home providers.
Output: Number of people receiving ID/DD Waiver day services adult		1,530	source: 372 report
Output: Number of people receiving ID/DD Waiver pre-vocational services		466	source: 372 report
Output: Number of people receiving ID/DD Waiver home and community support		1,136	source: 372 report
Output: Number of people receiving ID/DD waiver support coordination services		2,708	source: 372 report
Output: Number of people receiving ID/DD Waiver job discovery services		10	source: 372 report
Output: Number of people receiving ID/DD Waiver community respite		37	source: 372 report
Output: Number of people receiving IDD comprehensive diagnostic evaluations		428	
Output: Number of people receiving IDD employment related services		96	
Output: Number of people receiving IDD targeted case management services		967	source: 372 report
Output: Number of people receiving IDD community support services		791	source: 372 report - This number does not include people who only receive Targeted Case Management.
Output: Number of people receiving IDD community support program/day services adult		468	source: 372 report
Output: Number of people receiving IDD community support program/pre-vocational		372	source: 372 report
Output: Number of people receiving IDD community support program/supported employment		209	source: 372 report
Output: Number of people receiving IDD community support program/supported living		53	source: 372 report

Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)			
Output: Number of people who receive an assessment for person-centered services		3,681	source: 372 report for Waiver and CSP
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports		3,681	source: 372 report for Waiver and CSP
Strategy 2.3.3 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program			DMH continues to offer short-term crisis stabilization including persons diagnosed with intellectual and developmental disabilities
Output: Number served		15	15 total persons served, 7 persons admitted, 8 persons discharged, 6 persons discharged with ID/DD waiver services.
Output: Average length of stay		183	average 183 days for mid-year
Objective 2.4 Provide Supported Employment Services to people with IDD in partnership state agencies and providers			
Outcome: Increase number of people utilizing Supported Employment Services	On Track	589	
Strategy 2.4.1 Partner through a multi-agency taskforce to expand Supported Employment Services			Working with APSE partnership to expand SE and best practices.
Output: Number of people utilizing Supported Employment Services		589	DMH developed a video highlighting supported employment that was shared on Facebook in July and viewed 519 times.
Output: Number of persons referred to MDRS for Supported Employment Services		72	
Goal 3: To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery			
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			
Outcome: Increase the number of certified community-based service delivery agencies, services and programs	On Track	3	3 new providers were initially certified during the first half of FY20.
Outcome: Ensure DMH Certified Providers are meeting operational standards	On Track		DMH monitors Certified Providers on Operational Standards by conducting on-site visits, self-assessments and any ad hoc initial, follow-up or any other deemed verification visits.
Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision			Interested Provider Orientation was provided in August and November. DMH is developing an online Interested Provider Orientation with a goal of completion by the end of FY20.
Output: Number of interested provider agencies participating in interested provider orientation		124	

Output: Number of completed applications received by DMH for new provider agency certification		12	
Output: Number of new provider agencies approved		3	
Output: Number of new services added by a DMH certified provider agency approved		24	
Output: Number of new programs added by a DMH certified provider agency approved		49	
Strategy 3.1.2 Monitor the provision of services by conducting site visits with DMH Certified Providers			DMH is working on quality improvement measures to improve the certification experience for interested and certified providers.
Output: Number of full agency site visits		21	
Output: Number of program site visits		58	
Output: Number of on-site technical assistance		30	
Output: Number of provider self-assessments completed		19	
Objective 3.2 Ensure Mississippians have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided			
Outcome: Increase public knowledge about availability and accessibility of services and supports	On Track		DMH is in the final stages of development of a state mental health resources website. The comprehensive website will include options for mental health services in our state. Users will be able to find mental health services for children and adults in their counties, learn more about the Mobile Crisis Response Teams, Crisis Stabilization Units and other crisis services in their area, view Recovery Stories and learn about other service options and advocacy organizations. As services are expanding across the state, DMH wants to help Mississippians know what services are available and how to access those services. The website will launch in the 3rd quarter. Outreach efforts such as presentations, material distribution, social media, website views, press releases/media interviews, etc. all included the DMH Helpline number. The Helpline contact information is shared via social media posts at least three times per week. Social media posts have highlighted the expansion of community-based services including PACT, Mobile Crisis, Supported Employment, and CHOICE Housing. The Helpline number is prominently located on DMH's website.
Strategy 3.2.1 Develop comprehensive outreach efforts to inform Mississippians and stakeholders of how to access services, types of services available and how to file grievances related to services provided by DMH certified provider agencies			New posters were distributed to all DMH Certified Providers to be placed in all service locations displaying the procedures to file a grievance related to services. This includes reporting options of e-mail, telephone and mail. DMH also developed guides to the civil commitment process and videos to help loved ones understand the process.
Output: Number of DMH Helpline calls		3,015	

Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline		3,523	DMH and CONTACT the Crisis Line
Output: Number reached and type of outreach about the availability of services		33,042	Once the new mental health resources website goes live in the 3rd quarter, hits to the site will be reported. DMH's current website had 33,042 uses during the first half of FY20.
Output: Number of grievances filed through the Office of Consumer Supports		119	
Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		DMH partners with other agencies and providers for a specialized team that is focused on supporting people who have required treatment in inpatient programs on multiple occasions, linking them with additional services in the community to help them remain successful in their recovery. SPOTT was designed to help provide a person-centered, recovery-oriented system of care for all Mississippians in need of services. SPOTT grew out of services offered through The Arc of Mississippi, and was associated with services for intellectual and developmental disabilities, but has since grown to include mental health services. Members of the SPOTT team come from a variety of backgrounds and agencies including private providers and state agencies. Because of the SPOTT efforts, 91 people were connected with services/supports.
Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT) to help people access services			
Output: Number of referrals made to SPOTT		75	
Output: Number of people connected to services/supports through SPOTT		91	
Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers			
Outcome: Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	Not Started		A survey will be distributed in April 2020.
Strategy 3.3.1 Gather information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and DMH Certified Providers			A survey will be distributed in April 2020.
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers		0	Division of Outreach and Training and the Bureau of Certification and Quality Outcomes will work together to collect this information.
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence- based practices, best practices and promising practices			Survey is distributed in April.

Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs		0	Survey is administered in April 2020.
Objective 3.4 Provide trainings in evidence-based and best practices to a variety of stakeholders			
Outcome: Increase the number of stakeholders trained in evidence-based and best practices including criminal justice professionals, law enforcement substance use providers, school professionals, etc.	On Track	453	DMH continues to provide evidence-based training in Mental Health First Aid and ASIST. There were 372 people trained in Youth Mental Health First Aid, 40 people trained in Adult Mental Health First Aid, and 41 people trained in Suicide Risk Assessment offered by the Southeast Mental Health Technology Transfer Center during the first half of FY20. As part of the Southeast Mental Health Technology Transfer Center Network, DMH was able to offer an interactive no-cost, technical assistance opportunity provided by Georgia Hope and targeted to Master's level and licensed mental health clinicians who provide counseling and/or assessment in a variety of settings. The training highlighted the importance of suicide risk assessment and demonstrated ways clinicians can recognize, assess, and intervene when working with at-risk clients.
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	110	In FY19, a total of 170 officers were trained. In the first half of FY20, a total of 110 officers have been trained.
Outcome: Expand the number of Crisis Intervention Teams in Mississippi	On Track	7	In FY19, there were 6 CITs in the state. At mid-year FY20, there were 7 CITs.
Strategy 3.4.1 Offer free online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices			The Mississippi Behavioral Health Learning Network (MSBHLN) was established by the Mississippi Public Health Institute (MSPHI) in July 2017 in a partnership with the Mississippi Department of Mental Health, Division of Addictive Services, to provide professional and workforce development to behavioral health providers in the state of Mississippi. MSBHLN provides both in person and online trainings to professionals throughout the state at no cost.
Output: Number of trainings offered		7	The MS Behavioral Health Learning Network offered 7 no cost trainings to increase knowledge of evidence-based practices and best practices. These included Screening and Brief Intervention Referral Tool (SBIRT), Motivational Interviewing, Trauma Focused Cognitive Behavioral Therapy, DDC MHT, and the DLA 20. Of these 7 trainings, 4 were offered online and 3 were in person.
Output: Number of participants		78	There were 70 participants in the in-person trainings, and 8 people participated in online trainings.

Strategy 3.4.2 Offer Youth Mental Health First Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education			Youth Mental Health First Aid is being offered to educators, School Resource Officers and parent/caregivers as part of the Mental Health Awareness Training Grant received from SAMHSA. Additionally, DMH continues to provide Youth Mental Health First Aid aside from the MHAT grant to the general public.
Output: Number of trainings		30	There were 30 trainings in Youth Mental Health First Aid during the first half of FY20.
Output: Number of participants		423	423 people were trained in Youth Mental Health First Aid during the first half of FY20.
Output: Number of schools/districts		18	In the 30 Youth Mental Health First Aid trainings, the 423 participants represented 18 school districts.
Strategy 3.4.3 Increase knowledge of the importance of Trauma-Informed Care by offering trainings			Data is collected at end of year.
Output: Number of trainings		507	In September, DMH hosted the annual Trauma Informed Care Conference. The 3-day conference was attended by 507 participants who received training in best practices for Trauma Informed Care from over 40 presenters.
Output: Number trained in Trauma-Informed Care		0	Data is collected at end of year
Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training			
Output: Number trained in CIT		110	110 officers completed CIT training during the first half of FY20.
Output: Number of law enforcement agencies		37	110 officers from 37 different agencies.
Output: Number of trainings		7	Seven 40-hour classes held from July to November 2019.
Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams		6	DMH is currently working with agencies in Alcorn, Marshall, Lafayette, Warren, Adams, and Pearl River counties.
Output: Number of CIT Teams		7	
Output: Number of partnerships working towards CIT Teams		6	
Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs			
Outcome: Maintain a diverse taskforce to address recruitment and retention issues	On Track		
Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations			
Output: Number of taskforce meetings		2	Two meetings were held during the first half of FY20.
Output: Number of recommendations		2	The Taskforce is exploring two recommendations related to recruitment and retention.
Output: % of recommendations implemented			Will be reported at the end of FY20.

Outcome: Improve the turnover rate of employees providing direct care by 5%	On Track		This information will be obtained from SPB and reported at the end of FY20.
Strategy 3.5.2 Research different methods to increase the salary of direct care workers			DMH has researched methods and is awaiting appropriations for FY21 to determine next steps.
Strategy 3.5.3 Monitor staff turnover rate to track the impact of the restructure of the Direct Care Series			This information will be obtained from SPB and reported at the end of FY20.
Output: Turnover rate for direct care state service positions			This information will be obtained from SPB and reported at the end of FY20.
Output: Turnover rate for direct care contractual positions			This information will be reported at the end of FY20.
Output: Overall turnover rate for direct care positions			This information will be obtained from SPB and reported at the end of FY20.
Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health			
Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations	On Track		DMH expanded the types of Shatter the Silence trainings by developing trainings specifically for military, law enforcement and first responders, corrections officers, faith-based youth and adult, and general adult presentations. DMH expanded the number of Shatter the Silence instructors in the state by holding three Train-the-Trainer classes in the first half of FY20. Co-occurring Disorder Specialists from each Community Mental Health Center were trained along with staff from Pinelake Church and Mississippi Community Education Center.
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts	On Track	422	The State Department of Health data reflects a decrease in the number of suicides from 2017 (447) to 2018 (422).
Strategy 3.6.1 Develop customized messaging and suicide prevention literacy surveys for targeted Mississippians including military, law enforcement, older adults, schools/youth groups, faith-based, and correctional settings			Customized messaging has been created for these populations and presentations have been made to all groups during the first half of FY20, except for corrections officers.
Output: Number of partnerships created		6	Several partnerships were created in the first half of FY20 including training Co-Occurring Disorder Specialists from the 14 Community Mental Health Centers as instructors for Shatter the Silence so that they are equipped to provide the training in their own communities. Additionally, presentations were made at the MS Retired Troopers Association meeting thanks to a partnership with the Department of Public Safety. DMH also provided presentations at Yellow Ribbons events with the MS National Guard, and with Pinelake Church to train their youth staff. Additionally, a Train-the-Trainer was held in November in partnership with Mississippi Community Education Center.
Output: Number and type of presentations		8	Added to the existing youth and older adult Shatter the Silence presentations were presentations for military, law enforcement and first responders, faith-based youth and adult, correction officers, and general adult.

Output: Number trained		3,840	There were a total of 2,641 people trained in the youth Shatter the Silence presentation, 494 trained in the General Adult version, 70 trained in the Older Adult version, 18 trained in the Faith Based version, 137 in Law Enforcement and First Responders and 480 in the Military version.
Output: Number of people reached through social media		73,791	There were 73,791 people reached through social media posts to promote suicide prevention awareness. 73, 467 people were reached through Facebook posts alone and 324 likes were received through Instagram.
Strategy 3.6.2 Expand the Think Again campaigns to increase awareness that mental health care is a critical part of health care			Think Again is continually offered as an option for presentations to organizations requesting more information about general mental health awareness. In the summer of 2019, DMH developed a presentation called DMH Overview of Services. This presentation includes Think Again messaging that increases mental health awareness and encourages people to understand that their mental health is just as important as their physical health.
Output: Number of materials requested		520	There were 520 Think Again cards distributed via mailings or health fairs during the first half of FY20.
Output: Number of presentations		8	There were 8 Think Again presentations in the first half of FY20. These presentations included the DMH Overview of Services presentation where information about mental illness prevalence is shared along with awareness that mental health and physical health should be thought of as one in the same.
Output: Number of people reached through presentations		500	There were 500 people reached through 8 Think Again and DMH Overview of Services presentations.
Output: Number of people reached through social media		38,491	There were 38,491 people reached through 38 social media posts bringing awareness to mental health being a critical part of health care. 173 people were reached through Instagram and 38,318 people were reached through Facebook.
Strategy 3.6.3 Promote the Shatter the Silence suicide prevention mobile app to educate Mississippians on warning signs, risk factors, and resources available			The Shatter the Silence suicide prevention mobile app designed to educate Mississippians on warning signs, risk factors, and resources available to help a person in need was released in July 2019.
Output: Number of promotional opportunities		87	Promotion of the app occurs in all Shatter the Silence presentations. The Shatter the Silence app promotion card is distributed at each Youth Mental Health First Aid training, through requested mailings, and at exhibiting opportunities.
Output: Number of downloads		309	There were 309 downloads of the Shatter the Silence app in the first half of FY20.
Output: % increase in Lifeline calls		11.3%	From January 1, 2019 - June 30, 2019, there were 3,164 Lifeline calls. From July 1, 2019 - December 31, 2019 there were 3,523. This is an increase of 359 calls, or a 11.3% increase.

<p>Strategy 3.6.4 Educate on the critical need for responsible gun ownership and safety concepts related to suicide prevention through state and community partnerships</p>			<p>In 2019, DMH finalized messaging for the Responsible Gun Safety cards and posters. These will be to be given to the Department of Public Safety for distribution through the MS Bureau of Investigation with gun permits in January 2020. Prior to this, the cards were distributed to community groups and organizations through exhibiting opportunities and through mailings.</p>
<p>Output: Number of lethal means campaign posters distributed</p>		0	<p>Will be reported at the end of FY20.</p>
<p>Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications</p>		0	<p>Will be reported at the end of FY20.</p>
<p>Output: Number and type of partnerships</p>		3	<p>DMH has partnered with the MS Bureau of Investigation and Department of Public Safety who issue gun permits in our state. Additionally, DMH is partnering with Academy Sports in Hattiesburg, MS to distribute Responsible Gun Safety cards and posters. These will be distributed in 2020.</p>
<p>Objective 3.7 Develop an Electronic Health Records system to improve services provided to people served</p>			
<p>Outcome: Automate the interface from the electronic health records system to labs and pharmacies</p>	<p>On Track</p>		<p>The Tier electronic health records system has been approved by the ITS Board. DMH is in contract negotiations to begin the implementation at Ellisville State School. This system will be used by NMRC, SMRC, BRC, HRC, and MAC. While the lab and pharmacy interfaces were developed for NMSH, SMSH, EMSH, and MSH, DMH has logged a project at ITS, Information Technology Services to generate an RFP for a new electronic health records system for the DMH MH Providers.</p>
<p>Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system</p>	<p>On Track</p>		<p>The statewide bed registry system is being developed and training is planned for March 2020 with bed entry to begin in April 2020. This bed registry will include CSUs, state hospitals, IDD Crisis, Community Living, and safe beds.</p>
<p>Strategy 3.7.1 Utilize computerized provider order entry (CPOE) for medication orders</p>			<p>This item was completed with the past implementation of electronic health records and is a vital component of the new electronic health records systems selected.</p>
<p>Output: Report to CMS for Meaningful Use</p>			<p>We are no longer trying to meet the requirements for Meaningful Use for our DMH MH Hospitals.</p>
<p>Strategy 3.7.2 Enhance the development of a bed registry to track psychiatric and crisis stabilization bed availability data daily</p>			<p>The statewide bed registry system is being developed and training is planned for March 2020 with bed entry to begin in April 2020. This bed registry will include CSUs, state hospitals, IDD Crisis, Community Living, and safe beds. DMH received a grant from NASMHPD to enhance the bed registry tracking system.</p>
<p>Output: % of occupancy by program/service</p>			<p>We will be able to capture and report on this measure after the bed registry is being updated by the Providers. The project date is April 2020.</p>

<p>Outcome: Improve efficiency of client information sharing among DMH Programs</p>	<p>On Track</p>		<p>The Tier electronic health records system has been approved by the ITS Board. We are in contract negotiations to begin the implementation at Ellisville State School. This system will be used by NMRC, SMRC, BRC, HRC, and MAC. The DMH MH Providers will be selecting and implementing a new electronic health records system.</p>
<p>Outcome: Increase accessibility of client records from a person's electronic health record</p>	<p>Not Started</p>		<p>This item is dependent on the adoption and use of an electronic health records system.</p>
<p>Strategy 3.7.3 Automate an electronic process to transfer client information</p>			<p>This item is dependent on the adoption and use of an electronic health records system.</p>
<p>Output: Number of programs with the ability to automatically transfer client information</p>		<p>0</p>	<p>This item is dependent on the adoption and use of an electronic health records system.</p>
<p>Strategy 3.7.4 Implement a content/document management solution for scanning paper files into electronic health records</p>			<p>The IDD Programs will be implementing Perceptive which is a document management system for the Tier system.</p>
<p>Output: Number of DMH Programs viewing all client records electronically</p>		<p>7</p>	<p>7 of 12 DMH Programs can view client records in an electronic health records system.</p>