Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders and intellectual/developmental disabilities, one person at a time.

FY20 End-of-Year Progress Report

FY20 – FY22 Mississippi Department of Mental Health Strategic Plan

September 2020

DMH
Mississippi Department of Mental Health
Supporting a Better Tomorrow...One Person at a Time

DMH Strategic Plan FY20 End-of-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	5.09	MSH: 3.7 days NMSH: 5 days SMSH: 5 days EMSH: 6.7 days The average wait time for acute psychiatric admissions in FY20 was 5.09 days. In FY19, it was 5.4 days. This figure was impacted in FY20 due to COVID-19 pandemic operational changes.
Outcome: Maintain readmission rates within national trends (National trend was 7.2% for FY19 for 0-30 days)	On Track	3.83%	MSH: 4.3% NMSH: 4% SMSH: 5% EMSH: 2%
Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services	On Track	1,938	MSH: 745 EMSH: 336 NMSH: 434 SMSH: 423 There was a 12% reduction in the number of admissions for adult acute psychiatric services. In FY20, there were 1,938 admissions to DMH programs for acute adult psychiatric services. In FY19, there were 2,212 admissions to DMH programs for acute adult psychiatric services. Four MSH admissions were transfers from another hospital service. This figure was impacted in FY20 due to COVID-19 pandemic operational changes.
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts	On Track	32	There was a 61% reduction in the amount of time for completed initial competency evaluations and reporting in FY20. In FY20, the average length of wait was 32 days. In FY 19, the amount of time for completed initial competency evaluations and reporting of findings was 83 days.
Outcome: Reduce average length of stay for people receiving competency services	Off Track	179	FY19: 138 days, 44 evaluations completed FY20: 179 days, 47 completed This value is in line with the national average of 180 days for 6 months and is significantly below the 300-day average that was occurring at MSH only 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)		3,687	3,687 people were served at DMH's behavioral health programs in FY20. MSH and EMSH include nursing homes, and MSH includes the Chemical Dependency Unit. MSH: 1,866 SMSH: 466 EMSH: 593 STF: 110 NMSH: 475 CMRC: 177

Output: Average wait time for acute psychiatric admissions		5.09	MSH: 3.7 days EMSH: 6.7 days NMSH: 5 days SMSH: 5 days This is a reduction from 5.4 days in FY19.
Output: % of occupancy — acute psychiatric care (all behavioral health programs)		87.65%	MSH: 80.12% EMSH: 96% NMSH: 89% SMSH: 93.5% STF: 79.63% These measures were affected by operational changes due to the COVID-19 pandemic.
Output: % of occupancy — continued treatment (MSH)		91.23%	
Output: % of occupancy — medical surgical hospital (MSH)		21.01%	
Output: % of occupancy — chemical dependency (MSH)		88.3%	This measure was affected by operational changes due to the COVID-19 pandemic.
Output: % of occupancy — nursing homes (MSH and EMSH)		87.74%	MSH: 84.47% EMSH: 91%
Output: % of occupancy — children/adolescents (MSH)		69.8%	
Output: % of occupancy — transition unit (Kemper County Group Homes)		90.75%	The overall occupancy rate for the CMRC Newton campus and the Kemper County Group Homes is 92.33%.
Output: % of occupancy — forensics (MSH)		92.29%	
Output: % of people readmitted 30 days after discharge		3.83%	MSH: 4.3% NMSH: 4% SMSH: 5% EMSH: 2%
Output: % of people readmitted 180 days after discharge		6.65%	MSH: 6.93% NMSH: 1.15% SMSH: 9.5% EMSH: 9%
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 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		745	This number represents acute psychiatric services only. Four MSH admissions were transfers from another hospital service.
Output: Number of admissions to EMSH		336	This number represents acute psychiatric services only.
Output: Number of admissions to NMSH		434	
Output: Number of admissions to SMSH		423	

Strategy 1.1.3 Utilize community-based competency restoration services to reduce the wait time and length of stay for competency restoration services			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 Community Mental Health Centers 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.
Output: Average wait time for completed initial competency evaluation (Stage 1)		32	32 days in FY20 compared to 83 days in FY19.
Output: Average length of stay for competency restoration		179	
Output: Number of competency restoration admissions		47	
Output: Number of counties served by a community-based competency restoration program		11	Jail based competency has transitioned to the Spanner Program. Currently spanners are active in 11 counties: Hinds, Madison, Holmes, Humphreys, Jackson, Harrison, Forest, Lamar, Hancock, Stone, and Pearl River. This is an increase from seven counties in FY19.
Strategy 1.1.4 Expand forensic competency restoration bed capacity by conversion of current acute psychiatric treatment beds			To aid in decreasing wait times, MSH converted a 21-bed unit on the campus and designated additional clinical staff for use by Forensic Services to provide competency restoration services. In FY20, the staffed beds on this unit increased from 14 to 17 beds, for a 21% increase in the number of available beds for this service.
Output: % increase in forensic bed capacity		21.4%	In FY20 the staffed beds on Building 201, Ward 2 increased from 14 to 17 out of 21 total beds. This is an incremental increase in staffed beds from FY19 to FY20 in competency restoration beds of 21.4%.
Objective 1.2 Enhance the transition process of people to a less restrictive environment			
Outcome: Improve the process for people transitioning from inpatient care to community-based care	On Track		DMH implemented a formal transition process and revised the Discharge/Transition Record in FY19. The new process was 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.
Outcome: Ensure continuing care plans are transmitted to next level of care within 24 hours of discharge	Off Track	86.25%	MSH: 80% NMSH: 90% SMSH: 93% EMSH: 82%

Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes	On Track		At the end of FY20, there were 3 Community Transition Homes in operation. 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 so as 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 consisted of Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group. The South Mississippi Peer Bridger Incentive Project began development during the fourth quarter of FY20, with full implementation to begin in the first quarter of FY21. The program aims to increase the number of people who attend follow-up appointments by incentivizing care compliance and offering peer support services through a Peer Bridger, a Certified Peer Support Specialist who will serve as an outreach liaison to support people transitioning from South Mississippi State Hospital into outpatient care at their local Community Mental Health Center.
Output: Number of Peer Bridgers		5	
Output: Number of readmissions of people connected with a Peer Bridger		21	This information is submitted by Regions 2, 3, and 4.
Output: Number of first follow-up appointments attended		210	298 aftercare appointments were scheduled. Of those, 210 (70%) were attended and 88 (30%) were not. This information is reported by Regions 2, 3, and 4.
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		99.88%	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		99.88%	

Output: % of people who attend their first follow-up appointment with CMHC		68%	Significant delays in receiving data from CMHCs of individuals that attended their follow-up appointments contributed to the low percentage.
Output: % of people who were contacted by the discharging state hospital after seven days		94.75%	
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		734	NMSH: 358 SMSH: 325 EMSH: 51 (EMSH had delays in receiving WRAP booklets) MSH does not use the WRAP program, but it does use Illness Management Recovery (IMR) which is a free relapse prevention plan through SAMSHA that is an evidence-based program. Use is tracked by number of IMR Groups held. MSH held 1,253 IMR groups during FY20. The number reported at mid-year included MSH's IMR group numbers reported as WRAP.
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		86.25%	MSH: 80% NMSH: 90% SMSH: 93% EMSH: 82%
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		76	This number represents people who are civilly committed and served on CTS. The mid-year value of 68 has increased because some of the 68 individuals from the first half of the year were discharged and there were new admissions in the second half of the year.

Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements			
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	7%	At the end of FY20, there were 535 people enrolled in PACT. The percentage of people enrolled in PACT is not increasing significantly due to the number of discharges, which are occurring at almost the same rate as admissions. In FY20, there were 215 admissions to PACT teams and 180 discharges. In FY19, there were 205 new admissions to PACT teams. There has been a 7% increase in the total number of people enrolled in PACT in FY20 - 535 individuals at the end of FY20 and 500 individuals at the end of FY19. In addition to PACT, DMH funded five new ICORT teams for a total of six in FY20. Region 2 began operating an ICORT in FY19. Additional ICORTs are operational in Regions 1, 6, 7, 11, and 14. These Teams also provide intensive, mobile services to people who have had multiple hospitalizations and do not respond to traditional treatment. With PACT and ICORT combined, there was a 30% increase in the number receiving these types of intensive support services in FY20.
Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 people and make at least 175 referrals	On Track	280	There were 280 people employed through supported employment programs in FY20. This includes 202 people employed through a Supported Employment Expansion program that began in FY20. The Supported Employment Expansion program has been developed through a MOU with the Mississippi Department of Rehabilitation Services (MDRS) to continue the implementation of Supported Employment around the state. The collaboration involves designated vocational rehabilitation counselors and CMHC staff coordination of employment as well as recovery services during this project. The CMHCs 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. There were also 202 referrals to MDRS from CMHC's. Some of the CMHC Supported Employment Specialist helped secure jobs for their clients; this is why the number employed and the referrals is the same. 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. Due to the pandemic, there was a significant decrease in the number employed in the last quarter of FY20.

Outcome: Develop Intensive Community Outreach Recovery Teams (ICORT) for adults with severe and persistent mental illness	On Track		DMH funded five new ICORT teams for a total of six in FY 20. Region 2 began operating an ICORT in FY19. Additional ICORTs are operational in Regions 1, 6, 7, 11, and 14. 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.
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			
Output: Number of PACT teams		10	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		215	There were 215 admissions to PACT teams and 180 discharges in FY20.
Output: Number of patients referred to PACT teams by state hospitals			This information will be tracked in FY21.
Output: Number of patients accepted to PACT teams			This information will be tracked in FY21.
Output: Number of readmissions to state hospitals of people being served by a PACT team		24	
Strategy 1.3.2 Emphasize supported employment opportunities for people with SMI			DMH has expanded ICORT and Supported Employment programs in FY20.
Output: Number of businesses contacted for employment opportunities		7,659	There were 7,659 business contacts by Supported Employment Specialists in FY20.
Output: Number of people employed		280	This value includes 202 people who gained employment through the Supported Employment expansion program in partnership with MDRS, as well as individuals who participated in the IPS Supported Employment program through Regions 2, 7, 10, and 12.
Output: Number of referrals made to MS Department of Rehabilitation Services		202	There were 202 referrals made to MDRS during FY20. The number reported at mid-year was inaccurate and should have been reported as 93.
Strategy 1.3.3 Utilize ICORTs to keep people in the community and avoid placement in state hospitals			DMH added 5 new ICORTs in FY20 for a total of 6 teams.
Output: Number of ICORTs operating		6	At the end of FY 20, MS had 6 ICORT Teams.

Output: Number of admissions to ICORTs		115	There were 115 admissions to ICORT in FY20.
Output: Number of patients referred to ICORTs by state hospitals			This information will be tracked in FY21.
Output: Number of patients accepted to ICORTs			This information will be tracked in FY21.
Output: Number of readmissions to state hospitals of people being served by ICORT		11	
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 and 172 beds that can be utilized to divert people in crisis. The diversion rate for FY20 was 91.5%.
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. In FY20, out of 36,921 calls, 31,017 individuals were diverted from a higher level of care. This means 5,904 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 who are either in crisis or at risk of being in crisis 24 hours per day, seven days per week. 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 Team (SPOTT) 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 is 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)			An eight-bed Crisis Stabilization Unit in Marks opened in July 2019. With the expansion of the CSUs that occurred during FY19, there are now 172 crisis stabilization beds in the state.
Output: Diversion rate of admissions to state hospitals		91.5%	Of the 3,525 admissions to CSUs in FY20, 298 were referred to state hospitals.
Output: Average length of stay		10.99	The average length of stay for CSUs in FY20 was 10.99 days.
Output: Number of involuntary admissions vs. voluntary admissions		3,525	There were 1,746 involuntary admissions and 1,779 voluntary admissions, for a total of 3,525 admissions to CSUs in FY20.
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		36,921	36,921 contacts/calls in FY20. This is an increase from 27,349 in FY19.
Output: Number of face-to-face visits		20,322	20,322 face-to-face visits in FY20. This is a slight decrease from 20,529 in FY19.

Output: Number referred to a CMHC and scheduled an appointment		8,640	8,640 referred to a CMHC and scheduled an appointment in FY20. This is a slight decrease from 9,612 in FY19.
Output: Number of encounters with law enforcement		2,590	2,590 encounters with law enforcement in FY20. This is an increase from 1,895 in FY19.
Output: Number of people who need a higher level of care		5,904	5,904 people needed a higher level of care in FY20. This is a slight decrease from 5,983 in FY19.
Strategy 1.4.3 Offer short-term crisis supports by evaluating needs to ensure people are connected to appropriate services and supports			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 Team (SPOTT) 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.
Output: Number served in community crisis home		24	In FY20, Matt's House served nine individuals and SUCCESS served 15.
Output: Number transitioned with appropriate supports		14	In FY20, three individuals transitioned from Matt's House and 11 transitioned from SUCCESS. People who are admitted to the program participate in a Person-Centered Planning meeting along with any family or friends who may be able to participate. The topics discussed include but are not limited to: the person's interests, preferences, abilities, skills, character, typical day, expectations, employment history, important goals, typical frustrations, plan of action, their concerns, and their dreams.
Output: Average length of stay		221.5	In FY20, average length of stay was 240 days at Matt's House and 203 days at SUCCESS.
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	258	In FY20, a total of 258 people were housed with CHOICE housing vouchers. The number of people housed is reported by Mississippi Home Corporation. Of the 258 housed, only 6 had to be admitted to a state hospital for treatment. The number changes daily due to clients discharging. 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 provide assistance to 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			Although there were many discharged during FY20, 258 individuals were housed during the year. This number is much lower than expected due to the pandemic. Many apartment complexes shut down March - May 2020, but housing numbers are going back up as of June 30.
Output: Number of assessments		353	353 people out of 426 referrals were assessed during FY20. The 73 not assessed were either too violent, did not qualify for CHOICE, or could not be located after referral. These numbers are reported by Mississippi United to End Homelessness and Open Doors Homeless Coalition.
Output: Number of people maintained in Permanent Supportive Housing (CHOICE)		258	CHOICE had more discharges than admissions from January to June of 2020 due to the pandemic. During FY20, a total of 258 individuals were housed with CHOICE housing vouchers. This number is reported by Mississippi Home Corporation.
Output: Number of people/days hospitalized		6	The mid-year report stated 11, but that number mistakenly included days spent in CSUs and should have reported two people hospitalized at state hospitals. After clarification, there were only six people hospitalized for the entire year.
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	35%	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. On June 30, 2020, there were 271 CPSSs employed in Mississippi. This is an increase of approximately 35% over the 201 CPSSs who were employed at the end of FY19.
Outcome: Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track	9	Due to the pandemic and limitations on in-person groups, technical assistance was suspended beginning in March. DMH is currently offering CPSS Virtual Training. The first CPSS Virtual Training was conducted in May 2020. DMH is working to convert several trainings to a virtual format.
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. Funding has been gained for outreach and further outreach will be addressed in FY21.
Output: Number of peers/family		30	Some CPSSs may have multiple certifications.
Output: Number of CPSSs employed		271	
Output: Number of DMH Certified Providers employing CPSSs		41	
Output: Number of CPSS supervisors trained		68	
Output: Number of CPSS supervisor trainings		4	The first CPSS Supervisor Virtual Training was May 2020.
Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person-Centered Planning & System of Care Principles, etc.			

Output: Number of trainings		9	
Output: Number of participants		49	Due to the pandemic, DMH implemented a train the trainer model and limited the number participating in Golden Thread trainings to supervisory staff who could return to their agencies and train their staff.

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 463 representatives from Child Protection Services, local school districts, and youth courts participating in MAP team meetings by the end 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/behavior disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access or availability of needed services and supports in the community. This is an increase from 302 representatives in FY19.
Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth.	On Track	19%	There were 2,080 children and youth receiving Wraparound Facilitation at the end of FY20. In FY19, a total of 1,752 children and youth were served. This is an increase of approximately 19%.
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.
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	Off Track	-9%	During FY20, a total of 63 youth and young adults were served in the NAVIGATE Program. This is a decrease from 69 youth served during FY19.
Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track		
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 463 representatives from Child Protection Services, local school districts, and youth courts participating in the MAP Team meetings by the end of FY20. The total number of participants was 2,926. Approximately 16% of those participants were from CPS, local school districts, and youth courts.
Output: Number served by MAP teams		500	At end of FY20, 500 children and youth were served by MAP teams. This is a decrease from 753 served in FY19.
Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED			Wraparound Facilitation is family and youth-guided and provides intensive services to allow children and youth to remain in their homes and community. By the end of FY20, 2,080 children and youth received Wraparound Facilitation. In FY19, a total of 1,752 children and youth were served.

Output: Number of people trained in Wraparound Facilitation		324	
Output: Number of providers utilizing Wraparound Facilitation		16	This is an increase of two providers in FY20.
Output: Number of children and youth served by Wraparound Facilitation		2,080	By the end of FY20, 2,080 children and youth were served by Wraparound Facilitation.
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement		601	
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement		630	This is an increase from 363 in FY19.
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			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 also to prevent future contacts between them and the youth courts.
Output: Number served in detention centers from CMHC regions		2,111	In FY20, 2,111 youth were served in the juvenile detention centers.
Output: Number exiting detention center and continuing treatment with CMHC region		2,011	In FY20, 2,011 youth continued to receive mental health services after exiting the detention centers.
Output: Number of re-entries into the detention center from CMHC regions		873	In FY20, 873 youth re-entered the juvenile detention centers. This number includes those youth re-entering from inside the CMHC catchment areas.
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			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.
Output: Number of appropriate referrals		47	In FY20, there were 47 appropriate referrals to NAVIGATE out of 78 total referrals.
Output: Number served that are employed or enrolled in school/educational courses		35	In FY20, there were 35 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		61	In FY20, 61 youth and young adults were maintained in his/her home and community. The total served through NAVIGATE in FY20 was 63.
Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent			As part of the transition planning process, treating staff provides information on available aftercare options to parents/guardians. Staff works with the parents/guardians to determine the most appropriate aftercare options based on the needs of the youth and his/her primary caretakers. Staff usually makes, or ensures that the parent/guardian makes, the initial or intake appointment with the chosen provider while the youth is still receiving treatment at STF.
Output: Number of youth referred to MYPAC aftercare		28	
Output: Number of youth referred to a local CMHC aftercare		39	

Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC		20	
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider		21	
Output: Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider		21	
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	Off Track	+15%	The wait time for substance use services at MSH was 35.73 days in FY20. The wait time in FY19 was 31 days. This represents an approximate 15% increase in wait time. Wait times at MSH increased during the fourth quarter of FY20 due to operational changes caused by the COVID-19 pandemic. However, 213 people were diverted in FY19 compared to 272 people in FY20, which represents an approximate increase of 28% in the number of people diverted.
Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track	29%	Baseline data from FY19 represented priority populations that included pregnant women, parenting women, and IV drug users for a total of 1,171 served. In FY20, priority populations that were served included 137 pregnant women, 131 parenting women, and 1,237 IV drug users. This is a total of 1,505 people, an increase of 334, or approximately 29%, over FY19.
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 industry, 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	154	The Mississippi Bureau of Narcotics reports 154 deaths as a result of an opioid overdose from July 1, 2019 through June 30, 2020. In FY19, there were 393 overdose deaths reported.
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		272	272 individuals were diverted in FY20, compared to 213 in FY19.
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		137	A total of 137 pregnant women were served in FY 20. The mid-year report for this measure included incorrect information and should have been reported as 86.
Output: Number of pregnant intravenous (IV) women served		54	A total of 54 pregnant IV drug users were served during FY20. The mid-year report for this measure included incorrect information and should have been reported as 34.
Output: Number of parenting (underage of 5) women served		131	131 parenting women were served during FY20.

Output: Number of intravenous (IV) drug users served		1,237	1,237 IV drug users were served in the following residential programs: Regions 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 14, 15, Alcohol Services Center, Harbor House, and Center for Independent Learning.
Output: Number served utilizing Medication Assistance Treatment for opioid abuse		2,416	2,416 individuals received Medication Assistance Treatment during FY20.
Strategy 1.8.3 Expand bed capacity for substance use services			There are 646 residential beds in the state. Born Free expanded Pregnant and Parenting Women with Dependent Children (PPWDC) bed capacity by 16, Harbor House expanded PPWDC bed capacity by 6. Region 8 reported increasing bed capacity by 1 bed. Region 15 indicated increasing bed capacity by 50 beds.
Output: Number served in community residential treatment		4,458	4,458 people were served in community residential treatment services as reported by Regions 1, 2, 3, 4, 6, 8, 10, 12, 13, 14, 15, Harbor House and Center for Independent Learning.
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 occupancy percentage for 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 of which employee 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. Stand Up, Mississippi's 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 (MEC) 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 Worker's Compensation Commission. In response to the COVID-19 pandemic, Stand Up, Mississippi created online trainings to be used by businesses around the state. The Opioid Workplace Awareness Initiative training was completed in online format to be easily accessible through Stand Up, Mississippi's website. The partnership with MEC has been delayed because of the COVID-19 pandemic and the cancellation of their yearly conference.

Output: Number and types of outreach developed		17	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 29,044 page views. Additionally, radio, billboards, television commercials and print ads have been produced to air 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, envelope inserts were developed to be placed in employee pay checks to bring attention to the risk for addiction and availability of treatment. In response to the COVID-19 pandemic, Stand Up, Mississippi recorded the Opioid Workplace Awareness Initiative and Narcan trainings to be accessed through Stand Up, Mississippi's website. The online OWAI training educates employers on the effects of opioid use, the cost to the employer, signs of addiction and overdose, and how to incorporate recovery into the workplace. The online Narcan training is made available to law enforcement and first responders who need new or refresher training during the pandemic. In addition to online trainings, direct mail pieces were distributed inform industries that have higher risk for opioid overdoses (farming, construction, manufacturing, hospitality, and oil and gas refinery) of available Stand Up, Mississippi resources.
Output: Number of hits to website/downloads of toolkits		29,044	There were 15,980 unique users who initiated 18,074 sessions and 29,044 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. As a result of the COVID-19 pandemic, Narcan training was moved to a virtual platform and will be provided upon request by completing a form or via contact with the Stand Up, Mississippi Outreach Coordinator.
Output: Number educated on the use of opioid antagonist		2,697	There were 2,148 first responders and 549 community members trained on the use of opioid antagonist.
Output: Number distributed		5,437	5,437 doses of Narcan were distributed to first responders and Community Mental Health Centers.
Output: Number doses administered		24	Narcan was administered 24 times based on data reported from first responders during 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	54	A total of 54 persons transitioned to the community in FY20. 28 people transitioned to the ICF/IID community homes and 26 people transitioned with ID/DD Waiver services: 16 people from ICF/IID program and 10 people from the ICF/IID community homes. In addition to this total, 6 people from private ICF/IIDs were transitioned with ID/DD Waiver services by the regional programs' transition coordinators.
Outcome: Decrease the percent of people currently accessing ICF/IID level of care in an institutional setting	On Track	14.35%	The regional programs average decrease in accessing ICF/IID level of care is 14.35%.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	84%	84% of persons receiving services reside in a community setting, 16% are served on campus in an ID/DD Regional Program. (DMH Monthly data report, census data 6/30/20).
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		28	A total of 28 people transitioned from ICF/IID Campus to the ICF/IID Community Homes.
Output: Number of people transitioned to the community with ID/DD Waiver supports		26	A total of 26 persons transitioned to the Community with ID/DD Waiver supports. 16 persons transitioned from ICF/IID Campus, and 10 persons transitioned from ICF/IID Community Home.
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 in the first half of FY20. Plans for IDD Awareness Month in March 2020, including IDD Day at the Capitol, were hindered due to the COVID-19 pandemic. However, the Celebrating Mississippians campaign information was still shared through email, in DMH newsletters, and on DMH social media. The Celebrating Mississippians campaign had a reach of more than 47,000 on Facebook.
Strategy 2.2.1 Develop assessable web-based information targeting families in need of services			DMH developed a page on the agency's website highlighting services available through the ID/DD Home and Community Based Waiver and 1915i Community Support Program.
Output: Number of page hits		7,019	The IDD Services page of the DMH web site had 7,019 views in FY20.
Output: Number of agencies/partners that link to information		0	Collaboration efforts with other agencies/partners were intended to begin in the third quarter but were postponed due to the COVID-19 pandemic.
Output: Feedback from focus group			Collaboration efforts with other agencies/partners were intended to begin in the third quarter but were postponed due to the COVID-19 pandemic. The focus group did not meet or provide feedback due to the pandemic.
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 Mississippi Buddy Walk. DMH also presented to students and parents at four Public School Transition Fairs.
Output: Number of coordinators reached		6	DMH had planned to present to State Exceptional Education Coordinators at the "Autism Through New Eyes Conference" at University of Southern Mississippi on April 3, 2020, but the event was postponed until fall of 2020 due to the pandemic.
Output: Number of materials distributed		428	428 brochures on ID/DD Waiver and IDD Community Support Program were distributed at Central Mississippi Buddy Walk, Autism Center Parent Support Group meeting, and Transition Fairs at public school districts.
Output: Number of families/people reached		428	This does not include the number of people reached via social media, the DMH web site, or newsletters.

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	851	The 1915i offers support and services for people with IDD and Autism Spectrum Disorders. 851 people received CSP services during FY20 according to the 372 Billing Report from the Division of Medicaid. This number reflects people receiving services through IDD Community Support Program and does not include persons receiving Targeted Case Management only.
Outcome: Enroll an additional 180 people in the ID/DD Waiver Program	Off Track	101	ID/DD Waiver enrolled 101 people in the ID/DD Waiver in FY20. The increase in the number of people enrolled was not attained due to the COVID-19 pandemic. With shelter-in-place restrictions, diagnostic and evaluation teams could not complete all evaluations, and providers were delayed in opening new program settings and/or discontinued new enrollment due to issues related to the pandemic.
Outcome: Ensure people are receiving a Person-Centered Plan of Services and Supports	On Track		A person-centered Plan of Services and Supports was developed for all 3,804 people served through ID/DD Waiver (2,759 people) and IDD Community Support Program (1,045 people). 100% of Plan of Services and Supports are reviewed by BIDD staff.
Outcome: Provide crisis services to people with intellectual and developmental disabilities	On Track		ID/DD Waiver provided Crisis Support or Crisis Intervention to 35 people.
Strategy 2.3.1 Increase the number of people receiving comprehensive community programs and services		4,596	4,596 people took part in comprehensive community programs and services in FY20. This number is reflective of people receiving ID/DD Waiver, Targeted Case Management, and comprehensive diagnostic evaluations.
Output: Number of total people receiving ID/DD Waiver services		2,759	2,759 people received ID/DD Waiver services in FY20. Source: 372 report
Output: Number of people receiving ID/DD Waiver Transition Assistance		15	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home nursing respite		159	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home respite services		370	Source: 372 Report
Output: Number of people receiving ID/DD Waiver behavior support services		144	Source: 372 Report
Output: Number of people receiving ID/DD Waiver crisis support services		25	Source: 372 Report
Output: Number of people receiving ID/DD Waiver crisis intervention services		14	Source: 372 Report. At mid-year, this value was mistakenly reported as 18 when it should have been 10. In FY20, a total of 14 people received ID/DD Waiver crisis intervention services.
Output: Number of people receiving ID/DD Waiver supported employment services		424	Source: 372 Report. This includes 178 persons receiving Job Development (searching for jobs) and 246 persons receiving Job Maintenance (has community employment and job coach). Some people could have received each type of support.
Output: Number of people receiving ID/DD Waiver supervised living services		817	Source: 372 Report

Output: Number of people receiving ID/DD Waiver shared supported living services		116	Source: 372 Report
Output: Number of people receiving ID/DD Waiver supported living services		139	Source: 372 Report
Output: Number of people receiving ID/DD Waiver host home services		0	Currently, DMH has no Host Home providers.
Output: Number of people receiving ID/DD Waiver day services adult		1,615	1,615 people received ID/DD Waiver day services adult during FY20. Source: 372 Report
Output: Number of people receiving ID/DD Waiver pre-vocational services		479	Source: 372 Report
Output: Number of people receiving ID/DD Waiver home and community support		1,177	1,177 people received ID/DD Waiver home and community support during FY20. Source: 372 Report
Output: Number of people receiving ID/DD waiver support coordination services		2,753	2,753 people received ID/DD Waiver support coordination services during FY20. Source: 372 Report
Output: Number of people receiving ID/DD Waiver job discovery services		15	Source: 372 Report
Output: Number of people receiving ID/DD Waiver community respite		41	Source: 372 Report
Output: Number of people receiving IDD comprehensive diagnostic evaluations		792	
Output: Number of people receiving IDD employment related services		81	These individuals are not on the ID/DD Waiver or the 1915i Community Support Program, but are reported in census data from December and June. Many of them may enroll in the CSP or Waiver and are then counted in those services, which is why this number may decrease from the mid-year report.
Output: Number of people receiving IDD targeted case management services		1,045	1,045 people received IDD targeted case management services during FY20. Source: 372 Report
Output: Number of people receiving IDD community support services		851	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		539	Source: 372 Report
Output: Number of people receiving IDD community support program/pre-vocational		388	Source: 372 Report
Output: Number of people receiving IDD community support program/supported employment		226	Source: 372 Report
Output: Number of people receiving IDD community support program/supported living		65	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		3,804	3,804 people received an assessment for person-centered services during FY20. Source: 372 Report

Output: Number of people given a choice of providers as documented in their Plan of Services and Supports		3,804	3,804 people were given a choice of providers as documented in their Plan of Services and Supports during FY20. Source: 372 Report
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		24	24 people were served in FY 20. 16 total admissions and 12 people discharged into the community with ID/DD Waiver services and supports.
Output: Average length of stay		138	138 days was the average length of stay.
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	650	Source: 372 Report. Includes ID/DD Waiver and IDD Community Support Program. This is an increase from 634 in FY19.
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		650	Source: 372 Report. Includes ID/DD Waiver and IDD Community Support Program.
Output: Number of persons referred to MDRS for Supported Employment Services		96	96 persons have been referred to MDRS through ID/DD Waiver or IDD Community Support Program.
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	164	A total of 164 new agencies, services, and programs were certified during FY20. This is compared to 188 in FY19.
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			DMH conducted three in-person orientations during FY20 (August 2019, November 2019 & February 2020). The scheduled May 2020 orientation was cancelled due to the COVID-19 pandemic. DMH is currently transitioning to an online orientation format and anticipates it to be completed and ready for providers in September 2020.
Output: Number of interested provider agencies participating in interested provider orientation		203	This is an increase from 139 in FY19.
Output: Number of completed applications received by DMH for new provider agency certification		25	
Output: Number of new provider agencies approved		10	
Output: Number of new services added by a DMH certified provider agency approved		65	

Output: Number of new programs added by a DMH certified provider agency approved		89	
Strategy 3.1.2 Monitor the provision of services by conducting site visits with DMH Certified Providers			DMH Certification took the necessary precautionary measures to ensure providers are meeting operational standards during the COVID-19 pandemic, where permissible (i.e. desk reviews and limited participants with site-visits).
Output: Number of full agency site visits		30	
Output: Number of program site visits		67	
Output: Number of on-site technical assistance		42	
Output: Number of provider self-assessments completed		41	
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		In FY20, DMH developed a state mental health resources website that serves as a comprehensive hub of options for mental health services in our state. Users are 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 launched in March 2020 in conjunction with Mental Health Day at the Capitol. During the year, 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. As a result of the COVID-19 pandemic, social media messaging and graphics were developed and shared throughout the second half of FY20 that included information about the Mental Health Mississippi web site, the DMH Helpline, the SAMHSA Disaster Distress Line, and more. Messaging with this information was shared on a near daily basis during the last quarter of the year.
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, 171 people were connected with services/supports.

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			During FY20, 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.
Output: Number of DMH Helpline calls		6,174	6,174 total calls to the DMH Helpline in FY20. This is an increase from 5,767 in FY19.
Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline		5,839	6,945 total calls answered by DMH and CONTACT the Crisis Line in FY20. This is an increase from 4,902 in FY19.
Output: Number reached and type of outreach about the availability of services			The DMH web site had 62,407 users and 264,346 page views during FY20. The Mental Health Mississippi web site had 1,634 users and 3,479 page views from its launch in March through the end of the fiscal year.
Output: Number of grievances filed through the Office of Consumer Supports		184	
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		160	
Output: Number of people connected to services/supports through SPOTT		171	The number of people connected to services/supports through SPOTT is higher than the number of referrals due to referrals made before the fiscal year began, with connections taking place after July 1, 2019.
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	On Track		The annual survey to assess the use of evidence-based, best and promising practices was distributed to DMH Programs in April. Data was compiled and DMH Programs are utilizing 137 unique evidence-based, best, and promising practices. This is an increase from 126 in FY19. The Bureau of Certification and Quality Outcomes began surveying DMH Certified Providers for use of these programs and practices on July 1, 2020. Data will be reported for FY21.
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 of the use of evidence-based or best practices being used among DMH Programs was distributed in April 2020. The Bureau of Certification and Quality Outcomes will begin surveying DMH Certified Providers in July 2020.
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers			The Bureau of Certification and Quality Outcomes began collecting this information July 1, 2020.
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence- based practices, best practices and promising practices			In April 2020, a survey was distributed to all DMH programs to compile a list of evidenced-based, best practices and promising practices actively being used by the programs. A report has been compiled. There are currently 137 evidence-based, best and promising practices being used in DMH programs. A few of these include: Cognitive Behavioral Therapy, Columbia Suicide Severity Rating Scale, Applied Behavior Analysis, and Dialectical Behavior Therapy.

Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs		137	

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	599	DMH continues to provide evidence-based training in Mental Health First Aid and ASIST. There were 558 people trained in Mental Health First Aid (518 in Youth and 40 in Adult) and 41 people trained in Suicide Risk Assessment offered by the Southeast Mental Health Technology Transfer Center during 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	143	At mid-year, there were 110 officers trained. Two more classes were conducted in the third quarter for a total of 143 officers trained for the year. There are normally several CIT trainings held in the last quarter of the year, but no classes were conducted in the last quarter of FY20 due to the COVID-19 pandemic.
Outcome: Expand the number of Crisis Intervention Teams in Mississippi	On Track	7	The restructuring of Region 13 affected staffing levels and the number of CMHC staff members who were available to participate in CIT training in that area. There are now seven fully functioning Crisis Intervention Teams in the state.
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 DMH to provide professional and workforce development to behavioral health providers in Mississippi. MSBHLN provides both in person and online trainings to professionals throughout the state at no cost.
Output: Number of trainings offered		16	There were 6 virtual trainings and 10 in-person trainings to increase knowledge of evidence-based and best practices offered by the Mississippi Behavioral Health Learning Network. Some of these include Screening and Brief Intervention Referral Tool (SBIRT), Motivational Interviewing, ASAM criteria, Mental Health First Aid and Trauma Focused Cognitive Behavioral Therapy.
Output: Number of participants		261	The Mississippi Behavioral Health Learning Network offered a total of 16 trainings to increase the knowledge of evidence based or best practices to 261 people. Ten of the trainings were offered in-person with 162 people and 6 offered online with 99 people.

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		35	There were 30 trainings in Youth Mental Health First Aid during the first half of FY20 and 5 trainings in Youth Mental Health First Aid during the second half of FY20. Training was halted by the COVID-19 pandemic. As DMH awaited the release of a virtual Mental Health First Aid training (released in June, 2020), Mental Health Awareness Training Grant staff developed two virtual trainings, "Helping Youth During COVID-19" and "Focusing on Your Mental Health during COVID-19," which have respectively reached 1,100 people and 234 people as of June 30. The trainings were also sent to the 900 prior participants of the Youth Mental Health First Aid course.
Output: Number of participants		518	423 people were trained in Youth Mental Health First Aid during the first half of FY20 and 95 people were trained in Youth Mental Health First Aid during the second half of FY20.
Output: Number of schools/districts		24	In the 35 Youth Mental Health First Aid trainings offered under the Mental Health Awareness Training grant, there were 24 school districts represented.
Strategy 3.4.3 Increase knowledge of the importance of Trauma-Informed Care by offering trainings			Trauma-informed care trainings continued to be offered. In FY20, the Mississippi Behavioral Health Learning Network and DMH's Trauma-Informed Care Conference educated stakeholders on the importance of trauma informed care.
Output: Number of trainings		52	There were nine trainings provided by the Mississippi Public Health Institute's Behavioral Health Learning Network that addressed trauma and the importance of trauma-informed care. In September 2019, the Trauma Informed Care Conference was hosted. The 3-day conference was attended by 507 participants who received training in the best practices for trauma-informed care, with 43 sessions taking place during the conference.
Output: Number trained in Trauma-Informed Care		672	There were nine trainings with 165 participants provided by the Mississippi Public Health Institute's Behavioral Health Learning Network that addressed trauma and the importance of trauma-informed care. In September 2019, the Trauma Informed Care Conference was hosted. The 3-day conference was attended by 507 participants who received training in the best practices for trauma-informed care, with 43 sessions taking place during the conference.
Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training			DMH has partnered with East Mississippi CIT and Pine Belt CIT to expand CIT programs throughout the state. East Mississippi CIT helped get the Lee County CIT program fully functional by training officers in the 40-hour course and then teaching officers and clinicians to be trainers of the Memphis Model CIT curriculum. East Mississippi CIT is currently working with Lafayette County/Oxford and Alcorn County/Corinth to establish CIT programs. Both of these areas still need a single point of entry and a local hospital partner. Pine Belt CIT has helped Pike County and Harrison County establish fully functional programs. In the coming year they will begin helping Pearl River County get a CIT program established. The next targeted county for them will be Adams County, as soon as a CSU that can serve as a single point of entry is opened in Natchez, which will hopefully be before the end of 2020.
Output: Number trained in CIT		143	There were 143 officers trained in FY20.

Output: Number of law enforcement agencies		44	In FY20 there were 44 agencies represented even with no classes held in the last quarter due to the pandemic. This is an increase over 42 agencies represented in FY19.
Output: Number of trainings		9	There were nine CIT classes in FY20. In FY18 & FY19 there were 11, with three in the last quarter of FY19 and four in the last quarter of FY18. With the COVID-19 pandemic canceling all classes in the last quarter of FY20, progress was still made.
Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams		7	There are now seven fully functional CIT programs and DMH is working with four other communities to establish CIT.
Output: Number of CIT Teams		7	There are currently 7 fully functional CIT programs in Mississippi: East Mississippi CIT serves Lauderdale, Kemper, Clarke, Smith, Scott, Newton, Neshoba, Leake, and Jasper Counties; Pine Belt CIT serves Forrest, Lamar, Marion, Perry, Covington, Jeff Davis, Jones, and Pearl River Counties; Lifecore Health Group CIT serves Lee and Ittawamba Counties; Hinds County CIT serves Hinds County; Harrison County CIT serves Harrison County; Pike County CIT serves Pike County; and Northwest Mississippi CIT serves DeSoto County.
Output: Number of partnerships working towards CIT Teams		4	The Lee County/Tupelo CIT Team has become fully functional. Warren/Yazoo Mental Health is not able to divert their resources toward implementation of CIT at this time. There are now four partnerships working toward CIT: East Mississippi CIT is currently working with Lafayette County/Oxford and Alcorn County/Corinth to establish CIT programs. Both of these areas still need a single point of entry and a local hospital partner. In the coming year, Pine Belt CIT will begin helping Pearl River County get a CIT program established. The next targeted county for them will be Adams County. This partnership is dependent on the opening of a CSU in Natchez that can serve as a single point of entry, which will hopefully be before the end of 2020.
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		Several issues such as benchmarks, re-classification, and realignments have been discussed in larger forums with the program directors. Temporary re-classifications were implemented to assist with retention during the pandemic.
Outcome: Improve the turnover rate of employees providing direct care by 5%	Off Track		There has not been a significant change in the turnover rate of direct care.
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. Additional discussions have been held during meetings with Program Directors regarding HR issues.
Output: Number of recommendations		3	The HR Task Force made recommendations regarding retention that have included modifications to the ATT, Maintenance, and Recreation series.
Output: % of recommendations implemented		0%	Recommendations have not been implemented. One recommendation agreed upon was contingent on FY21 funding.
Strategy 3.5.2 Research different methods to increase the salary of direct care workers			Programs have been utilizing the auto reclassification of positions to increase salaries of direct care workers.

Strategy 3.5.3 Monitor staff turnover rate to track the impact of the restructure of the Direct Care Series			The programs have not noticed a significant change in turnover.
Output: Turnover rate for direct care state service positions		50%	The agency has not seen a significant change in the turnover rate for direct care. This remains to be a difficult position to retain due to the salary and type of work required.
Output: Turnover rate for direct care contractual positions		26%	
Output: Overall turnover rate for direct care positions		38%	This is the average of the state services and contractual direct care turnover rates.
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 continues to provide Shatter the Silence: Suicide-The Secret You Shouldn't Keep trainings to audiences across the state. DMH has expanded the types of Shatter the Silence trainings by developing versions specifically for military, law enforcement and first responders, corrections officers, faith-based youth and adult, and general adult. 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 St. Marks United Methodist Church were trained. In September 2019, DMH hosted the 3rd Annual Suicide Prevention Symposium which focused on Mental Health and Suicide Prevention in Communities of Faith. The Symposium was attended by 215 people and viewed 164 times on Facebook. As a result of the COVID-19 pandemic, DMH began offering virtual suicide prevention and mental health awareness trainings that include: Shatter the Silence, Helping Youth During COVID-19, Focusing On Your Mental Health During COVID-19, and The Alliance Project.
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts	On Track	422	The State Department of Health latest 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 FY20, except for corrections officers.
Output: Number of partnerships created		8	Several partnerships were created in FY20, including training Co-Occurring Disorder Specialists from the 14 Community Mental Health Centers as instructors for Shatter the Silence so they are equipped to provide the training in their own communities. Additionally, presentations were made at the Mississippi Retired Troopers Association meeting thanks to a partnership with the Department of Public Safety. DMH also provided presentations at Yellow Ribbon events with the Mississippi National Guard and with Pinelake Church to train its youth staff. A train-the-trainer was held in November in partnership with Mississippi Community Education Center, and in February at St. Mark's United Methodist Church. In February, DMH established a Postpartum Depression Advisory Workgroup that contains members from the State Department of Health, Mississippi State Board of Medical Licensure, University of Mississippi Medical Center, Representatives from 7 Community Mental Health Centers, the Mississippi Public Health Institute, the Mississippi Board of Nursing, and DMH.

Output: Number and type of presentations		8	There are now eight customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations were versions customized for military, law enforcement and first responders, faith-based youth, faith-based adult, correction officers, and general adult.
Output: Number trained		8,167	A total of 8,167 people were trained in Shatter the Silence during FY20: 5,615 people were trained in the youth Shatter the Silence presentation, 861 trained in the General Adult version, 418 trained in the Older Adult version, 31 trained in the Faith Based version, 137 in Law Enforcement and First Responders and 1,105 in the Military version.
Output: Number of people reached through social media		131,162	There were 131,162 people reached through social media posts to promote suicide prevention awareness. 130,568 people were reached through Facebook and 594 were reached 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. The COVID-19 pandemic forced exhibiting opportunities in the second half of FY20 to be canceled. Therefore, no additional Think Again materials were requested or distributed. However, DMH has increased its Think Again presence on social media during the pandemic to encourage people to consider their mental health just as importantly as they do their physical health. These posts from January 1 -June 30 reached 27,847 people.
Output: Number of presentations		8	There were 8 Think Again presentations. 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		66,548	There were 66,548 people reached through 89 social media posts bringing awareness to mental health being a critical part of health care. 383 people were reached through Instagram and 66,165 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 that educates 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		4,069	The app was promoted during 61 Shatter the Silence presentations, 35 Youth Mental Health First Aid trainings, 5 times in social media posts, and through 3,969 distributions of the app promotion card.
Output: Number of downloads		478	There were 478 downloads of the Shatter the Silence app in FY20.
Output: % increase in Lifeline calls		42%	From July 1, 2019 to June 30, 2020 there were 6,945 calls to the National Suicide Prevention Lifeline. This is an increase of calls from the FY19 year-end total of 4,902, or an approximate 42% increase.

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			In 2019, DMH finalized messaging for the Responsible Gun Safety cards and posters. These were to be given to the Department of Public Safety for distribution through the Mississippi Bureau of Investigation with gun permits in January 2020. Additionally, the cards are distributed to community groups and organizations through exhibiting opportunities and through mailings.
Output: Number of lethal means campaign posters distributed		10	There were 10 posters distributed through a partnership with Academy Sports in Hattiesburg in FY20. DMH will expand distribution in FY21.
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications		7,797	DMH provided Reducing Access to Lethal Means info cards to the Mississippi Bureau of Investigation, which issues firearm permits in the state. In FY20, there were 7,797 info cards provided to firearm owners who received permits.
Output: Number and type of partnerships		3	DMH has partnered with the Mississippi 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.
Objective 3.7 Develop an Electronic Health Records system to improve services provided to people served			
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	On Track		The TIER system was approved by ITS and began implementation on May 1, 2020. The implementation began with Ellisville State School and will include South Mississippi Regional Center. The projected overall implementation and configuration is planned for May 2021. BRC, HRC, and MAC will begin their TIER project at the completion of ESS/SMRC implementation. NMRC will follow the BRC implementation and configuration in 2021. The mental health programs are completing specifications for a new system that will be built and bid out based on their requirements. This procurement process can take up to 6 months. They are currently using the system that was previously implemented until another system has been procured.
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		The DMH Statewide bed registry was launched on April 1, 2020. This bed registry included Crisis Stabilization Units, State Psychiatric Hospitals, IDD Crisis Beds, Children and Youth beds at DMH programs, and Community Living Beds. The bed registry is updated on a daily basis at the time the facilities run their census. Development is ongoing to add Adult Residential substance use and Children and Youth residential beds to this registry.
Outcome: Improve efficiency of client information sharing among DMH Programs	On Track		The TIER system was approved by ITS and began implementation on May 1, 2020. The implementation begins with Ellisville State School and will include South Mississippi Regional Center. The projected overall implementation and configuration is planned for May 2021. BRC, HRC, and MAC will begin their TIER project at the completion of ESS/SMRC implementation. NMRC will follow the BRC implementation and configuration in 2021. The mental health programs are completing specifications for a new system that will be built and bid out based on their requirements. This procurement process can take up to 6 months. They are currently using the system that was previously implemented until another system has been procured.

Outcome: Increase accessibility of client records from a person's electronic health record	On Track		The TIER system was approved by ITS and began implementation on May 1, 2020. The implementation begins with Ellisville State School and will include South Mississippi Regional Center. The projected overall implementation and configuration is planned for May 2021. BRC, HRC, and MAC will begin their TIER project at the completion of ESS/SMRC implementation. NMRC will follow the BRC implementation and configuration in 2021. The mental health programs are completing specifications for a new system that will be built and bid out based on their requirements. This procurement process can take up to 6 months. They are currently using the system that was previously implemented until another system has been procured.
Strategy 3.7.1 Utilize computerized provider order entry (CPOE) for medication orders			CPOE is currently used by MSH and ESS on their electronic health records system. Other programs are waiting on the implementation of a new system.
Output: Report to CMS for Meaningful Use			DMH behavioral health hospitals are no longer trying to meet the requirements for Meaningful Use.
Strategy 3.7.2 Enhance the development of a bed registry to track psychiatric and crisis stabilization bed availability data daily			The DMH Statewide bed registry was launched on April 1, 2020. This bed registry included Crisis Stabilization Units, State Psychiatric Hospitals, IDD Crisis Beds, Children and Youth beds at DMH programs, and Community Living Beds. The bed registry is updated on a daily basis at the time the facilities run their census. Development is ongoing to add Adult Residential and Children and Youth residential beds to this registry.
Output: % of occupancy by program/service		90%	The DMH statewide bed registry was launched on April 1, 2020. This bed registry included Crisis Stabilization Units, State Psychiatric Hospitals, IDD Crisis Beds, Children and Youth beds, Community Living Beds. The bed registry is updated on a daily basis at the time that the facility runs its census. The addition of Adult Residential substance use and Children and Youth beds to this registry is under development at this time. The 90% value is the percentage of providers updating their bed registry information. Due to the changes in capacity during the COVID-19 pandemic, the occupancy number will not be accurate to the number of beds that they have available.
Strategy 3.7.3 Automate an electronic process to transfer client information between DMH Programs		0	The electronic transfer of clients between facilities has become difficult with multiple electronic health records systems. CDA (client data) documents will eventually be sent between systems.
Output: Number of programs with the ability to automatically transfer client information			This item is dependent on the implementation of a new electronic health records system.
Strategy 3.7.4 Implement a content/document management solution for scanning paper files into electronic health records		7	Document management with an electronic health records is planned with the TIER system and the new behavioral health system.
Output: Number of DMH Programs viewing all client records electronically		7	7 of 12 DMH program locations can view client records in an electronic health records system.