

Mississippi Department of Mental Health

DMH FY22 Strategic Plan Mid-Year 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 Provide for the availability of hospitalizations and inpatient care that, when necessary, meets demand now and in the future

Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals	Off Track	9	MSH: 5 days NMSH: 10 days SMSH: 7 days EMSH: 14 This compares to an approximate wait time of 8 days at this point in FY21.
Outcome: Maintain readmission rates within national trends (National trend was 7.2% for FY19 for 0-30 days)	On Track	3.21%	MSH: 4.85% NMSH: 1% SMSH: 4% EMSH: 3% This is a decrease from 4.02% at this point in FY21 and the 3.74% reported at the end of FY21.
Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services	Off Track	871	MSH: 331 NMSH: 205 SMSH: 210 EMSH: 125 This is an increase from 832 reported at this point in FY21, but still a significant decrease from the 1,133 admissions at this point in FY20.
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts	On Track	31	The average for the 1st half of FY22 is 31 days, with 67 reports completed during this time frame. This a decrease from the 39 day average reported at this point in FY21, as well as an increase from the 65 reports completed at this point last year.
Outcome: Reduce average length of stay for people receiving competency services	On Track	259	This is a decrease from the 388 day length of stay reported at this point in FY21.

Strategy 1.1.1 : Analyze the average wait time and readmission rates of state hospitals			
Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)		2,123	MSH - 960 NMSH - 250 SMSH - 258 EMSH - 606 STF - 49 In addition to psychiatric services, Mississippi State Hospital and East Mississippi State Hospital also include nursing homes and substance use disorder units. EMSH also includes transitional, community-based housing programs.
Output: Average wait time for acute psychiatric admissions		9	
Output: % of occupancy — acute psychiatric care (all behavioral health programs)		87%	MSH: 76% NMSH: 89% SMSH: 99% EMSH: 85% Operational bed capacity has been reduced due to the ongoing COVID-19 pandemic.
Output: % of occupancy — continued treatment (MSH)		100%	
Output: % of occupancy — MSH medical surgical hospital (MSH)		23%	
Output: % of occupancy — chemical dependency (MSH)		77%	Operational bed capacity has been reduced due to the ongoing COVID-19 pandemic.
Output: % of occupancy — nursing homes (MSH and EMSH)		85%	MSH: 84.5% EMSH: 86%
Output: % of occupancy — children/adolescents (MSH)		82%	
Output: % of occupancy — transitional program (CMRC)		95%	
Output: % of occupancy — forensics (MSH)		74%	
Output: % of people readmitted 30 days after discharge (acute psychiatric)		3%	MSH: 4% NMSH: 1% SMSH: 4% EMSH: 3%

<p>Output: % of people readmitted 180 days after discharge (acute psychiatric)</p>		<p>7%</p>	<p>MSH: 7% NMSH: 2% SMSH: 7% EMSH: 11%</p>
<p>Output: Total days of hospitalization at state hospitals (acute psychiatric)</p>		<p>7,1091</p>	<p>MSH: 38,397 NMSH: 7,932 SMSH: 8,564 EMSH: 16,198</p>
<p>Strategy 1.1.2: Utilize expanded community-based services to reduce the reliance on institutional care</p>			<p>All Crisis Stabilization Units, except for the Region 12 CSU, were awarded \$400,000 in CSU enhancement funds to increase security and resources to better serve more complex and physically aggressive individuals. These funds were awarded to assist in diversion efforts away from state hospitalizations. Region 12 utilized its previous Community Crisis Enhancement for the same purpose. Region 12 was also awarded an Adjunct Adjudication with Affiants grant for \$89,000. This grant supports a master's-level therapist whose main responsibilities include assessments and pre-evaluation screens, both in an effort to divert individuals from inappropriate commitments. Several trainings have also been held with Chancery and Circuit Court personnel regarding commitment procedures and diversion. These trainings are intended to connect individuals involved in the commitment process with local services or other intensive community services in an effort to divert individuals from inpatient commitment. In addition, a Transformation Transfer Initiative grant from SAMHSA is supporting the hiring of four Court Liaisons to assist in diversion efforts. These will be hired in Regions 2, 4, 7, and 10. An allocation from General Funds has also been made to Regions 3 and 9 to each hire a Court liaison. Region 6 previously utilized their Community Crisis Enhancement grant to hire six Civil Commitment Liaisons. Another TTI grant for Methodist Children's Home and Southern Christian Youth Services proposed to implement two evidence-based programs in the treatment of Children and Youth. Methodist Children's Home will utilize the TAMAR-Y model to train clinicians and provide interventions to help children and youth identify trauma triggers and self-regulation of symptoms. Southern Christian Youth Services will implement the Transition to Independence Process (TIP) Model. The TIP Model is an evidence-supported strength-based youth-drive framework for individuals with emotional and behavioral difficulties.</p>

Output: Number of admissions to MSH (acute psychiatric)		331	
Output: Number of admissions to EMSH (acute psychiatric)		125	
Output: Number of admissions to NMSH		205	
Output: Number of admissions to SMSH		210	
Strategy 1.1.3: Utilize community-based spanner services to reduce the wait time and length of stay for competency restoration services			<p>As of October 2021, the Spanner Program became available to assist in facilitating services and bridging the gap between Forensic Services and jails throughout the state of Mississippi for individuals awaiting treatment at Mississippi State Hospital’s Forensic Services Unit. Objectives of the Spanner Program include:</p> <p>Objective 1: Spanners seek to bridge Mississippi’s criminal justice and mental health systems by providing services and coordination within individual, local, and systems levels throughout the state of Mississippi.</p> <p>Objective 2: To expand Competency Education services in community mental health regions throughout the state of Mississippi to pre-trial defendants in the jail-based setting that are awaiting forensic mental health evaluations and are currently on Mississippi State Hospital’s Forensic Service waitlist.</p> <p>Objective 3: To serve as liaisons and assist the evaluators at Mississippi State Hospital with expediting and triaging cases.</p>
Output: Average wait time for completed initial competency evaluation (Stage 1)		31	
Output: Average length of stay for competency restoration		259	
Output: Number of competency restoration admissions		17	
Output: Number of counties served by a community-based spanner service		82	The Spanner Program is now available to serve all 82 counties in Mississippi.

Strategy	Expand forensic bed capacity by renovation of existing unit on MSH campus			<p>Mississippi State Hospital is in the final planning stages of GS#412-187. This project seeks to renovate a building located on the Hospital's campus. The renovation would increase MSH's Forensic bed capacity to 83 beds. The project seeks to expand space for evaluations and observations, build in a multi-floor approach to ensuring adequate security for the patient population housed on the building and create new opportunities for programming that encourages rehabilitation. Currently, with all alternates being considered, the total estimated budget for this project is \$26,433,671. The agency, along with the Bureau of Buildings and professionals associated with the project, plans to take this project to bid during the first quarter of calendar year 2022 with the renovation work beginning in the second quarter of calendar year 2022 and lasting through the second quarter of calendar year 2023, although these anticipated dates could be affected by the COVID-19 pandemic.</p>
Output	% increase in forensic bed capacity		0%	<p>There has not been an increase in capacity this fiscal year. Capacity previously increased through a 21-bed unit on the campus that was converted to provide competency restoration services. At full capacity, the MSH Forensic Services unit increased from 35 beds to 56 beds, but the unit is not operating at full capacity due to staffing challenges.</p>

Objective 1.2 Enhance the transition process of people to a less restrictive environment

<p>Outcome: Improve the process for people transitioning from inpatient care to community-based care</p>	<p>On Track</p>		<p>The discharge planning for individuals receiving services at DMH's behavioral health hospitals begins at the time of admission and includes input from the person and/or their families. DMH revised the Discharge/Transition Record in FY19 and began utilizing it in FY20, and this process also now focuses on linking individuals with expanded services that are available in their communities, such as supported employment, housing options, or connections with other intensive community supports, such as PACT, ICORT, or ICSS if those criteria are met during the discharge planning process.</p> <p>In June 2021, DMH began holding a series of meetings with staff at DMH programs and CMHCs around the state to provide information and documentation related to the transition and referral process. These meetings continued into the summer of 2021 and FY22.</p>
<p>Outcome: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans</p>	<p>On Track</p>		
<p>Strategy 1.2.1 Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group</p>			
<p>Output: % of people linked to community provider prior to discharge</p>		<p>100%</p>	<p>MSH: 100% EMSH: 100% NMSH: 100% SMSH: 100%</p>
<p>Output: % of people discharged with a two-week supply of medication and a prescription</p>		<p>100%</p>	<p>MSH: 100% EMSH: 99% NMSH: 100% SMSH: 100%</p>
<p>Output: % of people who attend their first follow-up appointment with CMHC</p>		<p>64.50%</p>	<p>MSH: 68% SMSH: 61% EMSH: 55% NMSH: 74%</p>

Output: % of people who were contacted by the discharging state hospital after seven days		91%	MSH: 100% NMSH: 100% SMSH: 97% EMSH: 65% EMSH reports that 100% of those contacts were made, but not in the seven-day timeframe as specified.
Strategy 1.2.2 Transmit continuing care plans to next level of care within 24 hours of discharge			
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge		94%	MSH - 93% NMSH - 92% SMSH - 99% EMSH - 91%
Output: Percentage of discharge plans that begin at the time of admission		100%	MSH: 100% NMSH: 100% EMSH: 100% SMSH: 100%
Output: Percentage of discharge plans that include input from the person and/or family members		100%	
Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements			
Outcome: Decrease the need for hospitalization by utilizing Programs of Assertive Community Treatment (PACT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	On Track	644	644 clients received PACT services from July to December 2021. At the end of December 2021 there were 528 clients enrolled in PACT services. Previous years' reports have provided the number of individuals enrolled in services at the end of the reporting period but not a total number of unique clients.
Outcome: Decrease the need for hospitalization by utilizing Intensive Community Outreach Recovery Teams (ICORT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	On Track	454	454 clients received ICORT services from July to December 2021. At the end of December 2021 there were 366 clients enrolled in ICORT. Previous years' reports have provided the number of individuals enrolled in services at the end of the reporting period but not a total number of unique clients. This is the first reporting period that has had 15 ICORTs fully operational. The Region 8 ICORT is not yet operational.
Outcome: Decrease the need for hospitalization by utilizing Intensive Case Management for people who have serious mental illness	On Track	811	811 clients received ICSS services from July to December 2021. At the end of December 2021 there were 445 clients enrolled in ICSS. Previous years' reports have provided the number of individuals enrolled in services at

			the end of the reporting period but not a total number of unique clients.
Outcome: Expand employment options for adults with serious and persistent mental illness through a partnership with Community Mental Health Centers and the Mississippi Department of Rehabilitation Services	On Track	84	<p>Every CMHC region provides Supported Employment services. There were four Individual Placement and Support (IPS) sites located in Regions 2, 7, 10, and 12. DMH expanded IPS sites in Regions 4, 8, and 9 in the first half of FY22. In addition, a Supported Employment Expansion program conducted in partnership with DMH and MDRS provides Supported Employment services at the remaining CMHCs.</p> <p>Between July and December 2021 there were 84 people employed through Supported Employment services, 49 in IPS and 35 in SE Expansion, compared to a total of 85 individuals in the first half of FY21.</p>
Strategy 1.3.1: Utilize PACT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services			<p>DMH provides funding for 10 PACT teams operated by Community Mental Health Centers.</p> <ul style="list-style-type: none"> - Region 3 operates one team serving Lee and Itawamba Counties - Region 4 operates two teams; one serves DeSoto County and one serves Alcorn, Prentiss, Tippah, and Tishomingo Counties - Region 6 operates one team serving Grenada, LeFlore, and Holmes Counties - Region 8 operates one team serving Rankin and Madison Counties - Region 9 operates one team serving Hinds County - Region 10 operates one team serving Lauderdale County - Region 12 operates two teams; one serves Forrest and Perry Counties and one serves Hancock and Harrison Counties - Region 15 operates one team serving Warren and Yazoo Counties
Output: Number of PACT teams		10	Mississippi has 10 PACT teams operated by Community Mental Health Centers.
Output: Number of people served by PACT teams		644	During the first half of FY22, a total of 644 unique individuals received PACT services.
Output: Number of new admissions to PACT teams		109	There were 109 new admissions to PACT in the first half of FY22.
Output: Number of patients referred to PACT teams by state hospitals			This will be reported at the end of FY22.

Output: Number of patients accepted to PACT teams			This will be reported at the end of FY22.
Output: Number of readmissions to state hospitals of people being served by a PACT team		11	11 of the 645 individuals served by PACT, or approximately 2%, were readmitted to state hospitals in the first half of FY22.
Strategy 1.3.2: Utilize ICORT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services			DMH continues to provide funding for 16 ICORT teams across the state of Mississippi. <ul style="list-style-type: none"> - Region 1 operates one team and serves Coahoma, Quitman, Tallahatchie, and Tunica Counties - Region 2 operates two teams and serves Tate, Marshall, Panola, Lafayette, Yalobusha, and Calhoun Counties - Region 6 operates one team that serves Bolivar and Washington Counties - Region 7 operates two teams and serves Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties - Region 8 operates one team that serves Copiah, Lincoln, and Simpson Counties - Region 9 operates one team that serves Hinds County - Region 10 operates two teams that serve Leake, Scott, Newton, Smith, and Clarke Counties - Region 11 operates two ICORTs that serves Pike, Amite, Lawrence, Walthall, Franklin, Adam, Wilkinson, Claiborne, and Jefferson Counties - Region 12 operates three teams that serve Lamar, Pearl River, Marion, Jefferson Davis, Covington, and Jones County - Region 14 operates one team that serves George and Jackson Counties
Output: Number of ICORTs		16	At the end of December 2021 there were 16 ICORT teams state-wide. This is the first full year that nine of these teams have been operational. The Region 8 team is not yet fully operational.
Output: Number of people served by ICORT		454	From July through December 2021 there were 454 clients served by ICORT.
Output: Number of new admissions to ICORT		158	There were 158 new admissions to ICORT in the first half of FY 22.
Output: Number of patients referred to ICORT by state hospitals			This will be reported at the end of FY22.
Output: Number of patients accepted to ICORT			This will be reported at the end of FY22.

Output: Number of readmissions to state hospitals of people being served by ICORT		20	20 of the 454 individuals served by ICORT, or approximately 4%, were readmitted to state hospitals in the first half of FY22.
Strategy 1.3.3: Utilize Intensive Case Management to help people who have the most severe and persistent mental illnesses			In FY21, DMH expanded funding for Intensive Community Support Services to cover any county in the state that did not have PACT or ICORT services. Each CMHC region has at least one ICSS coordinated service.
Output: Number of Intensive Case Managers		35	DMH provides funding to CMHCs for 35 ICSS around the state.
Output: Number of people receiving Intensive Case Management		811	During the first half of FY22, a total of 811 unique individuals received ICSS services.
Output: Number of patients referred to Intensive Case Management by state hospitals		160	MSH: 101 NMSH: 6 SMSH: 13 EMSH: 40
Output: Number of readmissions to state hospitals of people being served by Intensive Case Management		40	40 of the 730 total individuals served by ICSS, or approximately 5%, were readmitted to state hospitals in the first half of FY22.
Strategy 1.3.4: Emphasize supported employment opportunities for people with SMI			DMH provides funding to every CMHC to provide Supported Employment services.
Output: Number of businesses contacted for employment opportunities		5173	During the first half of FY22 Supported Employment Specialists reported 5,173 business contacts on behalf of their clients.
Output: Number of people employed		84	In the first half of FY22, 84 people began new employment through the Supported Employment Program. 49 of those were in IPS sites, and 35 were in SE Expansion.
Output: Number of referrals made to Mississippi Department of Rehabilitation Services		94	During the first half of FY22, 94 individuals were referred to MDRS. 62 of these referrals were from Supported Employment Expansion, and 32 of these referrals were from IPS.

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		There are now 14 CSUs and 184 CSU beds available for diversion around the state. This is an increase of eight beds due to the opening of the new CSU in Natchez in October 2021. There were 1,572 admissions to CSUs in the first half of FY22. Of the 1,520 people discharged from the CSUs during this time period, 160 were discharged to a state hospital, for a diversion rate of approximately 89.5%.
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams	On Track		There was a total of 15,493 calls, contacts, or follow-ups made through the Mobile Crisis Response Teams. Of those, there were 5,644 face to face visits conducted, and 2,461 people were referred to a higher level of care.
Outcome: Utilize community crisis homes for successful continuation in the community	On Track		Due to COVID and staff shortage crisis homes are at a standstill with limited options for discharge.
Strategy 1.4.1: 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			DMH provides funding for 184 CSU beds around the state, but bed capacity has been reduced at times due to staffing availability based on issues caused by the COVID-19 pandemic. However, with supplemental funding from the federal block grants made available due to the pandemic, DMH is now funding a Certified Peer Support Specialist at each CSU. SAMSHA’s National Guidelines for Behavioral Health Crisis Care recommends having peer support integrated into crisis programs such as mobile crisis and crisis stabilization. Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues beyond the resolution of the immediate crisis
Output: Diversion rate of admissions to state hospitals		89.5%	The CSUs have a diversion rate of approximately 89.5%. Of the 1,520 discharges during the first half of FY22, 160 had to go to a state hospital for a higher level of care.
Output: Average length of stay		13	In the first half of FY22, the average length of stay for clients discharged from a CSU was approximately 13 days.
Output: Number of involuntary admissions vs. voluntary admissions		1,572	Of the 1,572 total admissions in the first half of FY22, 855 were involuntary and 717 were voluntary.

Output: Number of crisis stabilization beds		184	With the opening of the Natchez CSU in October of 2021, Mississippi now has 184 CSU beds.
Strategy 1.4.2: Offer mobile crisis response to assess and stabilize crisis situations			Planning for implementation of 988, a national suicide prevention and behavioral health crisis line, began in February 2021. 988 will connect callers with a trained Lifeline counselor and connect those in need with the state’s crisis resources. The planning coalition for 988 implementation includes participation from DMH, advocates, crisis lifeline operators, and others. The coalition submitted its draft implementation plan in September 2021. The goals and action steps outlined in this 988 Implementation Plan will support Mississippi in continuing to develop an integrated coordinated crisis system of care that is available to all children/youth, adults, and families throughout Mississippi.
Output: Number of contacts/calls		15,493	There were 15,493 contacts/calls which includes total number of follow-up calls.
Output: Number of face-to-face visits		5,644	Face to face visits were conducted with 5,644 individuals.
Output: Number referred to a CMHC and scheduled an appointment		4,632	There were 4,632 appointments made for individuals.
Output: Number of encounters with law enforcement		1,752	There were 1,752 face to face contacts completed with law enforcement.
Output: Number of people who need a higher level of care		2,461	There were 2,461 people referred to higher level of care.
Strategy 1.4.3: Offer short-term crisis supports by evaluating needs so people are connected to appropriate services and supports			Movement in the community crisis homes and safe beds has slowed due to the ongoing staffing challenges with certified providers. However, Methodist Children’s Home was temporarily approved as a safe-bed facility while they wait to hire an RN and become certified as a CSU. MCH focuses on youth in the custody of Child Protection Services and youth who have been victims of human trafficking.
Output: Number served in community crisis homes and safe beds		28	There were 5 people served at Matt's house and 3 served in safe beds. The numbers are low because there is little movement due to COVID and staff shortages statewide. There were 20 CPS youth served in safe beds at Methodist Children's Home at the expense of CPS.

Output: Number transitioned with appropriate supports		4	There was 1 person transitioned from Matt's house and 3 people transitioned to the community from safe beds.
Output: Average length of stay		182.50	The average length of stay has increased from approximately 98 days at the mid-point in FY21 due to the difficulty in transitioning people from these services because of the staffing shortages at other providers caused by the pandemic.
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 (CHOICE)	On Track	191	In the first half of FY22, 191 people were served through CHOICE. At the end of December 2021, 140 people were enrolled in CHOICE housing. All of the people housed through CHOICE are recipients of CMHC services. In the first half of FY22, 73 new clients were housed; Mississippi United to End Homelessness (MUTEH) housed 36 people and Open Doors Homeless Coalition housed 37. The 191 people housed through CHOICE in the first half of FY22 compares to 166 housed in the first half of FY21.
Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes	On Track		There are currently three 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 operates two four-bed homes for women and Region 9 operates a home for four men. These homes serve provide an opportunity to live in the community for individuals who have been in the long term Continued Treatment Service unit at Mississippi State Hospital.
Outcome: Decrease the need for hospitalization by utilizing Supportive and Supervised Living opportunities at Community Mental Health Centers	On Track		Out of the 267 people served by supervised and supported living, only one was readmitted to the state hospital.

<p>Strategy 1.5.1: Provide people with a serious mental illness who are housed as a result of the Supportive Housing with the opportunity to live in the most integrated settings in the communities of their choice by offering an adequate array of community supports/services</p>			<p>In July 2021, additional funding was provided to CHOICE for hiring staff to conduct assessments to evaluate appropriateness for CHOICE housing voucher assistance. All people in Supported Housing are fully integrated into the community with myriad wraparound support services from the CMHCs.</p>
<p>Output: Number of assessments provided</p>		111	<p>111 people received assessments out of a total of 115 referrals in the first half of FY 22.</p>
<p>Output: Number of people served in Supportive Housing (CHOICE)</p>		191	<p>There were 191 people Served through CHOICE housing vouchers in the first half of FY22. This is an increase from 166 served in the first half of FY21.</p>
<p>Output: Number of readmissions to state hospitals of people served in Supportive Housing</p>		1	<p>Out of 191 people served by CHOICE, only one had to be admitted to a state hospital in the first half of FY22.</p>
<p>Strategy 1.5.2: 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</p>			
<p>Output: Number of people transitioned to the community (including EMSH community homes, group homes, and personal care homes)</p>		3	<p>MSH reports three individuals who transitioned from CTS to the community. An additional transition was made from CTS to Ellisville State School.</p>
<p>Output: Number of people transitioned to the Community Transition Homes</p>		2	<p>Mississippi State Hospital reports there was one female patient who transitioned from CTS to the Community Transition Homes in December 2021, and Region 9 reported an additional male admission in November 2021. These homes provide long-term services and are typically at capacity, without many opportunities for additional admissions.</p>

Output: Number of civilly committed people served in Continued Treatment beds		57	
Strategy 1.5.3: Utilize Supervised and Supportive Living to provide opportunities for people to live in integrated settings in the communities of their choice			People in this service can work, go to school, attend the church, or take part in any other community-based activities of their choice.
Output: Number of people served by Supervised and Supportive Living		252	In the first half of FY22 there were 252 people served by Supervised and Supported Living. There were 222 on roll July 1, 2021 and 28 new clients enrolled during this time.
Output: Number of new admissions to Supervised and Supportive Living		28	There were 28 new admissions to Supervised and Supportive Living between July and December 2021.
Output: Number of readmissions to state hospitals of people served in Supervised and Supported Living		1	Out of the 252 people served in Community Living in the first half of FY22, 1 person had to go to a state hospital.

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 peer support specialists employed in the state mental health system by 10%	Off Track	-25.00%	<p>In the first half of FY22, peers and family members were trained to provide Peer Recovery Support Services (PRSS) to promote self-empowerment of individuals and families in recovery through advancing education, employment opportunities, housing referrals, defined social roles, improved relationships, decreased criminal justice involvement, and retained abstinence.</p> <p>As of December 2021, there were 201 Certified Peer Support Specialists employed within the state mental health system. In addition, there are five employed Peer Support Specialists and seven volunteer Peer Support Specialists at providers who are not certified by DMH. This is a total of 213 employed peer support professionals who have received training. The</p>
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			201 CPSSs employed at mid-year FY22 reflects a decrease of approximately 25% from the 268 CPSSs reported at mid-year FY21.
Outcome: Increase the number of peer support specialists trained	On Track	96	CPSS Virtual Trainings were offered in the months of July, September, and November. These trainings produced 96 trained peers. Some peers returned to be trained in a second designation during this time period.
Outcome: Expand the Peer Bridger Program at all state hospitals	On Track		All providers with the Peer Bridger program have received funding for implementation of the program, including all 14 CSUs, all 13 CMHCs, and the four state hospitals. However, not all providers have secured Peer Bridgers as of December 31, 2021. All providers have either a trained Peer Bridger Supervisor or have received the training manual to begin implementing the program, and all providers will begin providing Peer Bridger services by the end of FY22.
Outcome: Increase the number of CPSSs trained as WRAP facilitators	On Track		Due to continued COVID-related restrictions, WRAP facilitation seminars were not conducted in the first half of FY22. However, these facilitation seminars are scheduled (with trained Peer Bridgers as priority participants) to occur: January 10-11, 2022 (location: Region 9 Community Mental Health Center); January 11-12, 2022 (location: North Mississippi State Hospital); and January 31, 2022 (location: Region 9 Community Mental Health Center).

<p>Strategy 1.6.1: Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors</p>			<p>The development and support of certified peer support specialists will continue to be provided by the Association of Mississippi Peer Support Specialists (AMPSS). The mission of AMPSS is to provide support and advocacy for Peer Support Specialists by building AMPSS into a sustainable, consumer-driven organization. AMPSS will: (1) coordinate CPSS Trainings, to include scheduling the trainings, scheduling facilitators, and all tasks associated with conducting a training; (2) Contact Peer Support Specialists upon completion of CPSS training to support employment opportunities and integration into the behavioral health system. (3) Organize the Annual Peer Summit and (4) support the Division of Recovery & Resiliency in its mission to support the peer support program. Certified Peer Support Specialists are to be supervised by CPSS Supervisors, who are mental health professionals that have completed the DMH sponsored CPSS Supervisor Training.</p>
<p>Output: Number of peers/family members trained as CPSSs</p>		<p>96</p>	<p>In the first half of FY22, a total of 96 people took part in Certified Peer Support Specialist training. Of those, 49 family members and peers became trained and Certified Peer Support Specialists, which means they have achieved employment at a DMH Certified Provider. Of the 49 CPSSs trained, 41 were newly-certified, with 8 of those peers returning to become trained and certified in a second designation.</p>
<p>Output: Number of CPSSs employed</p>		<p>201</p>	<p>As of December 2021, there were 201 Certified Peer Support Specialists employed within the state mental health system. This does not reflect trained Peer Support Specialists who are employed at non-DMH Certified Providers.</p>
<p>Output: Number of DMH Certified Providers employing CPSSs</p>		<p>43</p>	<p>As of December 31, 2021, there are a total of 43 DMH Certified Providers employing CPSSs, including the four state hospitals.</p>
<p>Output: Number of CPSS supervisors trained</p>		<p>15</p>	<p>In the first half of FY22, a total of 15 CPSS supervisors were trained.</p>
<p>Output: Number of CPSS supervisor trainings</p>		<p>1</p>	<p>One CPSS Supervisor training was held in September 2021.</p>

<p>Strategy 1.6.2: Train and employ CPSSs to serve as Peer Bridgers at state hospitals to improve the transition process</p>			<p>Peer Bridger trainings were held on September 14, 2021 and September 20, 2021, in which a total of 43 Peer Bridgers were trained. Peer Bridger Supervisor trainings were held on September 16, 2021 and September 17, 2021, in which a total of 19 Peer Bridger Supervisors were trained.</p> <p>As of December 31, 2021, Peer Bridgers were employed at all four state hospitals, the CMHCs in Regions 1, 2, 3, 4, 11, 12, and 14, and at the Region 1 and the Region 11 CSUs.</p>
<p>Output: Number of hospitals with a Peer Bridger program</p>		4	<p>Peer Bridgers are now employed at all four of the state hospitals, but the program was only fully functioning at NMSH and SMSH during the first half of FY22.</p>
<p>Output: Number of Peer Bridger connections</p>		376	<p>NMSH - 166 SMSH - 210</p> <p>The 376 connections is an increase of approximately 57% over the 240 reported at mid-year FY21.</p>
<p>Output: Number of readmissions of people connected with a Peer Bridger</p>		2	<p>NMSH - 2 SMSH - 0</p> <p>These are readmissions within 30 days of discharge.</p>
<p>Output: Number of first follow-up appointments attended at the CMHC</p>		332	<p>A total of 332 first follow-up appointments were reportedly attended.</p> <p>This information is reported from the Peer Bridger program monthly reports provided from the CMHC Peer Bridgers to DMH.</p>
<p>Strategy 1.6.3: 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</p>			

Output: Number of Wellness Recovery Action Plans begun prior to discharge		510	This is an increase from 308 reported at mid-year FY21. In addition to the 510 WRAP plans at the other three state hospitals, Mississippi State Hospital utilizes Illness Management Recovery (IMR) groups. In addition to being available at no cost, it is able to be adapted to specific populations which makes it ideal for use at this program. MSH conducted 866 IMR groups during the first half of FY22.
Output: Number of trained WRAP facilitators		7	
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		Out of 2,363 total participants on MAP Teams, there were 436 representatives from Child Protection Services, local school districts, and youth court who participated in the MAP Team meetings by mid-year FY22. This is an increase 308 local representatives at mid-year FY21. At mid-year FY22, approximately 18% of MAP Team participants were from these local representatives, compared to approximately 15% at mid-year FY21.
Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth	Off Track	-13%	At mid-year of FY22, 1,306 children and youth were served by Wraparound Facilitation. At mid-year FY21, 1,499 children and youth received Wraparound Facilitation. This is a decrease of approximately 13%
Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track		DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth courts. In addition to the Juvenile Outreach Programs, Region 12 was awarded a grant to develop and maintain a Behavioral Youth Court to assist in diversion of juvenile detention and acute hospitalizations.

<p>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</p>	<p>At Risk</p>	<p>-1.00%</p>	<p>At mid -year of FY22, a total of 65 youth and young adults with first episode psychosis were being served. At mid-year of FY21, 66 youth were served through the Navigate program. 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, and Region 8 Mental Health Services. DMH previously funded the program at the former Region 13, but that program was discontinued when Region 12 assumed responsibility for that service area. The loss of that program resulted in the slight decrease in numbers served.</p> <p>DMH is also planning to implement two new Navigate programs through the supplemental MHBG funding received due to the COVID pandemic. When these programs are operational, there will be a total of six Navigate programs in the state.</p>
<p>Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare</p>	<p>On Track</p>		
<p>Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations</p>			<p>At mid-year of FY22, 370 children and youth were served by the MAP Teams.</p>
<p>Output: % of representatives from local partners attending MAP teams quarterly</p>		<p>18%</p>	<p>There were 436 representatives from local partners (Child Protection Services, local school districts, and youth court) out of a total of 2,362 people participating in the MAP Team at mid-year of FY22. These local partners make up approximately 18% of the total participants, compared to approximately 15% at mid-year FY21.</p>
<p>Output: Number served by MAP teams</p>		<p>370</p>	<p>At mid-year of FY22, 370 children and youth were served by the MAP Teams.</p>

Strategy 1.7.2: Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED			
Output: Number of people trained in Wraparound Facilitation		291	At mid-year of FY22, 291 individuals were trained to provide Wraparound Facilitation. This is an increase compared to 262 trained at mid-year FY21.
Output: Number of providers utilizing Wraparound Facilitation		18	At mid-year of FY22, 18 providers were certified to provide Wraparound Facilitation, compared to 16 at mid-year FY21.
Output: Number of children and youth served by Wraparound Facilitation		1,306	At mid-year of FY22, 1,306 children and youth were served through Wraparound Facilitation. This is a decrease compared to 1,499 served at mid-year FY21.
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement		171	171 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement by mid-year of FY22. This is a decrease compared to 212 at mid-year FY21.

Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement		169	169 children and youth were transitioned to Wraparound Facilitation from a more restrictive placement by mid-year of FY22. This is a decreased compared to 338 at mid-year FY21.
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		1,300	By mid-year FY22, 1,300 youth were served in the juvenile detention centers through the Juvenile Outreach Programs. This is an increase over 719 served at mid-year FY21.
Output: Number exiting detention center and		943	943 youth continued to receive mental health services after exiting the detention center

continuing treatment with CMHC region			between July 1 and December 31, 2021. This is an increase over 701 at mid-year FY21.
Output: Number of re-entries into the detention center from CMHC regions		310	At mid year of FY22, 310 youth re-entered the juvenile detention center. This number includes youth entering from inside the catchment areas. This is a decrease compared to 370 at mid-year FY21.
Strategy 1.7.4: Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team			
Output: Number of appropriate referrals		13	At mid-year FY22, there were 13 appropriate referrals to NAVIGATE out of 26 total referrals. Appropriate referrals to NAVIGATE are those that meet the criteria, which are to be between the ages of 15 and 30, to have only one stay in acute care, and have psychosis not related to substance use for more than two weeks but less than a year. This is a decrease compared to 18 appropriate referrals at mid-year FY21.
Output: Number served that are employed or enrolled in school/educational courses		44	At mid-year of FY22, there were 44 youth and young adults receiving NAVIGATE services that were employed or enrolled in school/educational courses. This is an increase over 42 at mid-year FY21.
Output: Number of youth and young adults maintained in his/her home and/or community		62	At mid-year of FY22, 62 youth and young adults were maintained in their home and community. This is an increase over 60 at mid-year FY21. The total number served through NAVIGATE by mid-year of FY22 was 65.
Strategy 1.7.5: Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent			
Output: Number of youth referred to MYPAC aftercare		9	
		9	

Output: Number of youth referred to a local CMHC aftercare			
Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC		6	
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider		8	
Output: Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider		7	

Objective 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for 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	Off Track	89%	<p>The annual average wait time for substance use treatment services at Mississippi State Hospital is approximately 100 days. This is an increase from approximately 53 days in FY21, or 89%. The increase in wait time has been affected by the COVID-19 pandemic, which has resulted in fewer beds available for use at DMH programs and in the community, as providers continue to take efforts to comply with social distancing and additional pandemic-related guidance.</p> <p>East Mississippi State Hospital began operating its Substance Use Disorder unit in June 2021. In the first half of FY22, wait time for services there was approximately 50 days.</p> <p>The diversion program is diverting individuals off of the wait lists at both MSH and EMSH. In the first half of FY22, it diverted 92 people from DMH's SUD units to community providers.</p>

Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track	13%	A total of 28 parenting women and 49 pregnant women were served during this reporting period, along with 625 IV drug users, for a total of 702 individuals in these priority populations. The reduction in available beds due to the COVID-19 pandemic continues to affect the number of individuals who can be served. However, there has been an increase or approximately 13% in the number of individuals in these priority populations served compared to the 624 individuals reported at mid-year FY21.
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		Data on the number of overdose deaths from opioids is reported at the end of each fiscal year by the Mississippi Bureau of Narcotics.
Outcome: Increase the number of evidence-based and best practice recovery treatments for substance use disorders utilized at DMH Certified Providers	On Track		All certified and funded providers have been trained in evidence-based and best practice recovery treatment models, which includes 13 Community Mental Health Centers and four substance use disorder stand-alone treatment providers.
Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH's chemical dependency unit by providing indigent funds to reimburse a portion of the cost of treatment			Partnerships have been established with 12 of the 13 CMHCs and one stand-alone substance use disorder provider (Harbor House).
Output: Number of people diverted		92	In the first half of FY22, 92 people have been diverted through this program.
Strategy 1.8.2: Develop a tracking system to monitor high risk service utilization			The Bureau of Behavioral Health Services monitors high risk service utilization through Independent Peer Reviews and SABG Monitoring reviews.
Output: Number of pregnant women served		49	Data collected from Regions 1, 2, 7, 12, 14, Catholic Charities (Born Free), Harbor House, and Center for Independent Learning.
Output: Number of pregnant intravenous (IV) women served		15	Data collected from Region 1, 2, 7, 12, 14 and Harbor House.
Output: Number of parenting (under		28	Data collected from Region 1 and Catholic Charities (Born Free).

age of 5) women served			
Output: Number of intravenous (IV) drug users served		640	625 non pregnant IV drug users plus 15 pregnant IV drug users = 640. Data collected from Region 1, 2, 3, 4, 6, 7, 8, 10, 12, 14, 15, Catholic Charities (Born Free), Harbor House and Center for Independent Learning.
Output: Number served utilizing Medication Assisted Treatment for opioid abuse		182	This is a decrease from the 273 reported at mid-year last year. Providers have had significant issues reporting data through the WITS system. The SOR2 data evaluation team is creating an ongoing task force to address data collection and reporting so DMH is able to accurately report this information.
Strategy 1.8.3: Expand bed capacity for substance use services			In FY21, there were 646 community beds at substance use service providers. Due to the COVID-19 pandemic, some providers dropped bed capacity by half to comply with social distancing and CDC guidelines. Bed capacity decreased by 160 adult beds and 8 adolescent beds. As a result, 478 beds have been available during the COVID-19 pandemic. Some, but not all, providers have since returned to full capacity.
Output: Number served in community residential treatment		1,882	A total of 1,882 individuals were served in primary residential treatment during the first half of FY22. In addition, 245 individuals received transitional residential treatment. However, the large majority of individuals served in transitional services were first served in primary residential services.
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)			The COVID-19 pandemic has had a significant effect on this output, as bed counts have been adjusted to comply with social distancing measures. Although 80% of the providers have now resumed with their pre-COVID bed capacities, an occupancy percentage would not be accurate because of changing bed counts due to these measures.
Output: Increase utilization of community residential beds by 5%			This output will be reported when accurate information regarding occupancy percentages becomes available to serve as a baseline.

<p>Strategy 1.8.4: Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths</p>			<p>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 employ thousands of Mississippians. Stand Up, Mississippi created a comprehensive awareness campaign, Opioid Workplace Awareness Initiative (OWAI), that includes an addition to the existing Stand Up, Mississippi website (owai.standupms.org) which houses interactive modules, toolkits, and additional resources for employees and employers of these industries. 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.</p>
<p>Output: Number of presentations</p>		2	<p>During the first half of FY22, DMH provided presentations to employees of the Mississippi Department of Employment Security and the American Society of Safety Professionals (ASSP). These presentations reached 89 participants.</p>
<p>Output: Number and types of outreach developed</p>		20	<p>Stand Up, Mississippi has developed two additional partnerships in during the first half of FY22. Those include the Mississippi Chapter of the American Society of Safety Professionals and the Mississippi Department of Employment Security. These are in addition to 18 other partnerships and materials developed, which include: OWAI website, OWAI Modules, social media toolkit, social media posts, employer fact sheet, employee fact sheet, break room poster, PowerPoint template for employers, personal stories, paycheck inserts, NARCAN training module, direct mail piece for businesses, Board of Pharmacy, Mississippi Bureau of Narcotics, Mississippi Department of Human Services, Mississippi Department of Public Safety, Federal Bureau of Investigation and the Drug Enforcement Agency.</p>
<p>Output: Number of hits to website/downloads of toolkits</p>		23,088	<p>There were 23,088 page views. There was a total of 8,007 sessions, and 7,090 users to the website in the first half of FY22.</p> <p>All three of these items have increased compared to mid-year FY21; page views have increased by approximately 99 percent.</p>

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 II grant.
Output: Number educated on the use of opioid antagonist		264	
Output: Number distributed		3,642	
Output: Number doses administered		140	
Strategy 1.8.6: Partner to promote and cultivate recovery treatments for Mississippians with substance use disorders			Partnerships have been established with various agencies to promote recovery treatments for Mississippians with substance use disorders (SUD). With the Mississippi State Department of Health, DMH collaborates with the 5% set-aside requirement of the Substance Abuse Block Grant in areas involving HIV services, such as education, testing, pre-test and post-test counseling, and SUD provider training. DMH has also collaborated with Child Protection Services in an effort to improve care for infants, children, and families affected by SUD by sharing referrals to extend continuity of care. Upon receipt of referrals regarding infants and families affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder, DMH sends referrals to the appropriate CMHC and/or stand-alone pregnant and parenting provider for the delivery of appropriate services. Additionally, DMH relies heavily on the Mississippi Bureau of Narcotics as a subject matter expert and partner for general knowledge and education pertaining to substance use trends in the state, and the data sharing they provide is helpful in pursuing funding and resources, as well as grassroots communications with other agencies. DMH also has a cooperative agreement with Harbor House of Jackson to provide tele-Medication Assisted Treatment for Mississippians with opioid and/or methamphetamine addiction. This approach offers individuals in rural areas throughout the state additional resources when seeking treatment.

Output: Number of evidence-based and best practice recovery treatments available		50	There are approximately 50 evidence-based practices utilized by co-occurring disorder specialists at the Community Mental Health Centers, with more than 30 of those targeted towards populations receiving services for substance use disorders. These include various kinds of therapeutic interventions, screeners, functional assessments, trainings, evidence-based peer support groups, and therapeutic module programs.
Output: Number of DMH Certified Providers trained in evidence-based and best practice recovery treatments		17	All certified and funded providers have been trained in evidence-based and best practice recovery treatments. This includes 13 CMHCs and 4 SUD stand-alone treatment providers.

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	17	A total of 17 people transitioned to their community. Ten transitioned from an ICF, one transitioned from a nursing facility with ID/DD Waiver supports, and six transitioned to an ICF Community home.
Outcome: Decrease the percent of people currently accessing ICF/IID level of care in an institutional setting	On Track	6%	There was an approximate 6% decrease in people accessing ICF/IID level of care in an institutional setting: BRC 9%, ESS/SMRC 4.24%, HRC 5.5%, NMRC 5 %
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	85%	As of December 31, 2021, 4,803 people received services; 4,063 people received services in the community and 740 people received services in an institution. Source: CSP, TCM only, IDD Waiver Medicaid 372 reports, IDD grants, Regional program census.
Strategy 2.1.1: Provide people transitioning to the community with appropriate options for living arrangements			Individuals continue to transition to the community with appropriate living arrangements.

Output: Number of people transitioned from facility to ICF/IID Community Home		6	Six people transitioned from the ICF facility to an ICF Community Home.
Output: Number of people transitioned to the community with ID/DD Waiver supports		11	In the first half of FY22, a total of 11 people transitioned to the ID/DD Waiver; eight transitioned from the ICF Community Homes, two transitioned from ICF campus, and one transitioned from a nursing facility.

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		Public events such as school transition fairs and conferences have primarily been conducted virtually due to COVID. DMH staff presented information concerning the ID/DD Waiver and IDD Community Support Program to MS Department of Rehabilitation Services Autism Counselors. Staff also had presentations at the 2021 Annual Autism Conference and the Annual Meeting of MS Chapter of AAIDD.
Strategy 2.2.1 Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents			In person meetings and training have been hindered due to COVID. DMH is planning a distribution of IDD Services brochures to Special Education Coordinators next quarter.
Output: Number of coordinators reached		3	DMH has provided handouts to school districts upon request to distribute to families. DMH plans mail distribution of brochures on the IDD/DD Waiver and IDD Community Support Program to all Special Education Coordinators next quarter.
Output: Number of materials distributed		330	Brochures/handouts distributed at MS Department of Rehabilitation Services, 2021 Annual Autism Conference and the Annual Meeting of MS Chapter of AAIDD.
Output: Number of families/people reached			DMH has reached families through school districts and conferences mentioned above. DMH staff also focused on providing information through social media, the DMH website, or other agency community resource guides. There were 2,386 page views on the IDD services page on the DMH website in the first half of FY22.

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	1,012	A total of 1,012 people were served through the IDD Community Support Program in the first half of FY22. This compares to 968 people served in the first half of FY21.
Outcome: Increase number of people in the ID/DD Waiver Program	On Track	70	The ID/DD Waiver has enrolled 70 people in the first half of FY22. This compares to 35 people enrolled in the first half of FY21.
Outcome: Provide a Person Centered Plan of Services and Supports for ID/DD Waiver service recipients	On Track		2,669 people currently receive ID/DD Waiver Services and have had a Plan of Services and Supports (PSS). State IDD staff review and approve PSS for 100% of people served through the ID/DD Waiver initially, at annual recertification and change request.
Outcome: Provide a Person Centered Plan of Services and Supports for IDD Community Support Program service recipients	On Track		Everyone enrolled in the IDD Community Support Program received a Person-Centered, Plan of Services and Supports. The appendix K flexibilities were extended until end of March 2022, which allows annual recertification of person-centered plans to be conducted virtually or telephonically. The flexibilities allow initial enrollments person-centered plans to be conducted in person or virtually.
Outcome: Provide crisis services to people with intellectual and developmental disabilities	At Risk		Crisis services has slowed due to COVID and staffing shortages at providers. There were 12 individuals served at success in the first half of FY22 compared to 14 in the first half of FY21.
Strategy 2.3.1: Increase the number of people receiving IDD Waiver services			The ID/DD Waiver has enrolled 70 people in the first six month period. Enrollment has been slower than anticipated due to COVID and provider staffing issues.
Output: Number of total people receiving ID/DD Waiver services		2,669	Source: 372 Report
Output: Number of people receiving ID/DD Waiver Transition Assistance		0	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home nursing respite		123	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-		480	Source: 372 report

home respite services			
Output: Number of people receiving ID/DD Waiver behavior support services		190	Source: 372 Report - This is not an unduplicated number. This is the total of persons who received Behavior Support Evaluations and Behavior Support from Behavior Specialist or Behavior Consultant.
Output: Number of people receiving ID/DD Waiver crisis support services		10	Source: 372 Report
Output: Number of people receiving ID/DD Waiver crisis intervention services		0	Source 372 Report. Only 2 providers for this service. None billed this 6 months.
Output: Number of people receiving ID/DD Waiver supported employment services		296	Source: 372 Report. 97 persons received Job Development (searching for jobs) and 199 persons received Job Maintenance (has community job and job coach). Some people could have received both services.
Output: Number of people receiving ID/DD Waiver supervised living services		842	Source: 372 report. This number includes 23 persons in Medical Supervised Living and 26 persons in Behavior Supervised Living.
Output: Number of people receiving ID/DD Waiver shared supported living services		107	Source: 372 Report
Output: Number of people receiving ID/DD Waiver supported living services		149	Source: 372 Report
Output: Number of people receiving ID/DD Waiver host home services		0	DMH currently has no host home providers.
Output: Number of people receiving ID/DD Waiver day services adult		1,496	Source: 372 Report
Output: Number of people receiving ID/DD Waiver pre-vocational services		224	Source: 372 Report
Output: Number of people receiving ID/DD Waiver		825	Source: 372 Report

home and community support			
Output: Number of people receiving ID/DD waiver support coordination services		2,660	Source: 372 Report
Output: Number of people receiving ID/DD Waiver job discovery services		1	Source: 372 Report
Output: Number of people receiving ID/DD Waiver community respite		17	Source: 372 Report
Strategy 2.3.2: Increase the number of people receiving comprehensive community programs and services		73	IDD Community Support Program enrollments increased by 73 for FY 22 mid year.
Output: Number of people receiving IDD comprehensive diagnostic evaluations		391	391 people received an IDD Comprehensive Diagnostic Evaluation in FY 22 mid-year. BRC 25, ESS/SMRC 140, HRC 103, NMRC 123
Output: Number of people receiving IDD targeted case management services		1,039	1039 persons receive IDD Targeted Case Management services. Source: Medicaid 372 report.
Output: Number of people receiving IDD Community Support Program services		1,012	A total of 1,012 people received received 1915(i) IDD Community Support Program (CSP) services in the first half of FY22. As of December 31, 2021, 796 people were receiving the service and 896 people were enrolled. Source: Medicaid 372 report.
Output: Number of people receiving IDD Community Support Program/day services adult		557	557 persons receive Day Services Adult with IDD Community Support Program (1915i). Source: Medicaid 372 report December 31, 2021
Output: Number of people receiving IDD Community Support Program/pre-vocational		277	277 persons received Prevocational services with IDD Community Support Services (1915i).Source: Medicaid 372 report
Output: Number of people receiving IDD Community Support		145	145 persons receive supported employment services, 93 persons are employed using the supports, 52 persons are in search for

Program/supported employment			employment. Source Medicaid 372 Report for IDD Community Support Program.
Output: Number of people receiving IDD Community Support Program/supported living		82	82 persons are able to live in their homes with 4 hours of supported living daily. Source Medicaid 372 Report for IDD Community Support Program.
Strategy 2.3.3: Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)			
Output: Number of people who receive an assessment for person-centered services		3,681	2,669 receiving ID/DD Waiver and 1012 receiving Targeted Case Management/Community Support Program Services. Source: 372 reports
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports		3,681	All persons receiving Waiver or TCM/CSP Services are offered choice of provider initially, at annual recertification, and at any time the person chooses to change providers. 2669 receiving ID/DD Waiver and 1012 receiving Targeted Case Management/Community Support Program Services. Source: 372 reports
Strategy 2.3.3: Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program			Admissions to SUCCESS have slowed due to COVID and providers shortage of staff.
Output: Number served		12	There were 12 individuals served at SUCCESS
Output: Average length of stay		102	Average length of stay for SUCCESS is 102 days. This includes 4 admissions and 6 discharges. Does not include Matt's house and safe beds.
Objective 2.4 Provide Supported Employment Services that lead to gainful community employment for people with IDD			
Outcome: Increase number of people utilizing Supported Employment Services	On Track	441	296 people received Supported Employment through ID/DD Waiver and 145 people receive Supported Employment through IDD Community Support Program. Source: 372 reports. This compares to 291 people reported at mid-year FY21.

Strategy 2.4.1: Increase number of people utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services			
Output: Number of people searching for employment		149	97 persons in ID/DD Waiver and 52 persons in IDD CSP. Source: 372 reports
Output: Number of people employed		292	199 people in ID/DD Waiver and 93 people in IDD CSP. Source: 372 Reports. This is an increase from 199 reported at mid-year FY21.
Goal 3 - To provide 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 monitor compliance with state standards in community-based service delivery agencies making up the public mental health system			
Outcome: Increase the number of certified community-based service delivery agencies, services and programs	On Track		Interested providers participate in the web-based orientation before pursuing DMH certification. Of the 100 interested provider agencies participating in the interested provider orientation in the first half of FY22, DMH received 10 completed applications and approved three new agencies. In addition, there have been 41 new services and 77 new programs approved in the first half of the year.
Outcome: Maintain the compliance of DMH operational standards by DMH Certified Providers	On Track		The Division of Certification includes ongoing compliance monitoring through on-site visits to ensure quality measures for service delivery for interested and certified providers.
Strategy 3.1.1: Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision			The Division of Certification provides a web-based orientation for interested providers and/or stakeholders to utilize to learn and understand the valuable mental health services of DMH. Should a provider determine they'd like to pursue DMH Certification for these services, post orientation completion, they are eligible to submit an application via the Interested Provider Portal.
Output: Number of interested provider agencies participating in interested provider orientation		100	This is an increase from 83 at mid-year FY21.
Output: Number of completed applications received by DMH		10	This is an increase from 6 at mid-year FY21.

for new provider agency certification			
Output: Number of new provider agencies approved		3	This is a decrease from 9 at mid-year FY21.
Output: Number of new services approved for DMH certified providers		41	This is an increase from 18 at mid-year FY21.
Output: Number of new programs approved for DMH certified providers		77	This is an increase from 26 at mid-year FY21.
Strategy 3.1.2: Monitor the provision of services by conducting site visits with DMH Certified Providers			The Division of Certification has caught up with all outstanding/rescheduled visits due to the COVID-19 outbreak that carried over from 2020 and 2021. In the first half of FY22, the Division of Certification provided compliance monitoring by conducting 32 full agency site visits, 12 new program site visits, provided technical assistance 8 times, and received 23 provider self-assessments.
Output: Number of full agency site visits		32	
Output: Number of new program site visits		12	
Output: Number of on-site technical assistance		8	
Output: Number of provider self-assessments completed		23	
Objective 3.2 Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided			
Outcome: Increase public knowledge about availability and accessibility of services and supports	On Track		DMH maintains a social media presence that regularly shares information about how to find services, and ongoing efforts to increase outreach include the Mental Health Mississippi web site developed in FY21, the Behind the Mask campaign related to COVID-19 developed in FY21, and other ongoing outreach efforts.

<p>Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)</p>	<p>On Track</p>		<p>DMH partners with other agencies for the Specialized Planning Options to Transition Team (SPOTT). SPOTT is focused on supporting people who have required treatment in inpatient programs on multiple occasions and 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. The team 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 SPOTT come from a variety of backgrounds and agencies including private providers and state agencies. Because of the SPOTT efforts, 87 people were linked to services in the first half of FY 22. This is an increase from 79 in the first half of FY21.</p>
<p>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</p>			<p>As a result of the COVID-19 pandemic, the federal government has released two rounds of supplemental funding for both the Substance Abuse Block Grant and the Mental Health Block Grant. As a result of this funding, DMH plans to implement a \$1.2 million statewide campaign that will include advertisements in communities throughout the state. This campaign will focus on public education of mental health resources available in the community, on general awareness and education of mental health, and will include a focus on the importance of hope and recovery. This campaign was first put out for public bidding in late October 2021, it was awarded in December 2021, and the first meeting with the company that received the bid was in early 2022.</p>
<p>Output: Number of DMH Helpline calls</p>		<p>5,726</p>	<p>DMH staff answers the Helpline during weekday working hours, and DMH contracts with CONTACT the Crisis Line to answer the helpline after hours and on weekends. A total of 3,073 calls came to the DMH Helpline during working hours and a total of 2,653 calls came to CONTACT after hours in the first half of FY22, for a total of 5,726 calls to the DMH Helpline.</p> <p>At this point in FY21, there was a total of 5,004 calls to the DMH Helpline. This is an increase of approximately 14% over this time last year.</p>

Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline		4,474	There were 4,474 calls to the Mississippi Call Center for the National Suicide Prevention Lifeline in the first half of FY22. At this point in FY21, there had been 4,398 calls. This is an increase of approximately 2%.
Output: Number reached and type of outreach about the availability of services		3,4810	The DMH web site had 34,810 users and 133,404 page views from July 1, 2021 through December 31, 2021.
Output: Number of grievances filed through the Office of Consumer Support		111	There were 111 grievances made to the Office of Consumer Supports
Strategy 3.2.2: Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT) to help people access services			
Output: Number of referrals made to SPOTT		70	
Output: Number of people connected to ervices/supports through SPOTT		87	There were 87 people connected to services/supports through SPOTT.
Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers			
Outcome: Increase the utilization of evidence-based practices, best practices, and promising practices at DMH programs and DMH Certified Providers	On Track		A survey of evidence based or best practices used among DMH Programs and DMH Certified Providers will be conducted in April and reported in the End of the Year report.
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 evidence based or best practices used among DMH Programs and DMH Certified Providers will be conducted in April and reported in the End of the Year report.
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers			A survey of evidence based or best practices used among DMH Certified Providers will be conducted in April and reported in the End of the Year report.

Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence- based practices, best practices and promising practices			A survey of evidence based or best practices used among DMH Programs will be conducted in April and reported in the End of the Year report.
Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs			A survey of evidence based or best practices used among DMH Programs will be conducted in April and reported in the End of the Year report.
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	754	DMH continues to provide evidence-based and best practice trainings to a variety of stakeholders despite the COVID-19 pandemic. The 754 people trained in the first half of FY22 is an increase from 312 trained in the first half of FY21. During the first half of FY22, some of these trainings include Youth Mental Health First Aid, Adult Mental Health First Aid, and Applied Suicide Intervention Skills Training (ASIST). Additionally, the Mississippi Public Health Institute provided trainings in the following evidence based or best practices: Cognitive Processing Therapy, IOP Group Training, Levels of Care, Components of Recovery and Prevention Ethics to name a few.
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	91	In the first half of FY22 there were 91 officers trained in CIT. This compares to 42 officers trained in the first half of FY21.
Outcome: Increase the number of Crisis Intervention Teams in Mississippi	On Track	8	There are now 8 fully-functioning CIT programs in Mississippi.
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, but due to the

			COVID-19 pandemic, all trainings were provided virtually during the first half of FY22.
Output: Number of trainings offered		23	There were 23 trainings to increase knowledge of evidence-based practices and best practices in the first half of FY22. This is an increase from 10 in the first half of FY21.
Output: Number of participants		520	There were 520 participants in the 23 trainings to increase knowledge of evidence-based practices and best practices in the first half of FY22. This is an increase from 193 in the first half of FY21.
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			<p>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 to the general public aside from the MHAT grant.</p> <p>During the first half of FY22, a mix of in-person and virtual Youth Mental Health First Aid trainings were provided based on the rates of COVID-19 infections in the state to ensure safety of participants and presenters. The trainings are advertised on DMH social media pages, by contact with school districts, and through the Mental Health First Aid website. Virtual trainings only allow 20 participants per training and require them to complete two hours of self-guided work prior to participating in the four-hour training. Despite reminders from the instructor and Youth Mental Health First Aid, a majority of registrants don't complete the work and are unable to participate in the virtual training. In-person trainings are typically better attended.</p>
Output: Number of trainings		12	During the first half of FY22 there were 82 people trained in Youth Mental Health First Aid through 12 trainings.
Output: Number of participants		82	During the first half of FY22 there were 82 people trained in Youth Mental Health First Aid through 12 trainings.
Output: Number of schools/districts		7	

Output: % of participants who feel more confident to recognize signs/symptoms		85%	The National Council for Behavioral Health, creators of Youth Mental Health First Aid, changed their learning system again during this period and now require that all evaluations be done online. This change caused a lack in completion numbers and understanding of how to complete the evaluation. Despite these challenges, 85% of the participants in the virtual and in-person trainings completed during this period report that felt more confident in recognizing signs and symptoms.
Output: % of participants who feel they could assist a person in seeking help		85%	See prior Output comment.
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 the first half of FY22, the Mississippi Behavioral Health Learning Network and DMH's Trauma-Informed Care Conference and the Division of Children and Youth Services staff educated stakeholders on the importance of trauma informed care.
Output: Number of trainings		30	
Output: Number trained in Trauma-Informed Care		742	
Strategy 3.4.4: Partner with stakeholders to expand Crisis Intervention Team Training			Through grants given to the Lauderdale County Sheriff's Department and Pine Belt Mental Health for CIT expansion, efforts are ongoing to help new communities establish fully functional CIT programs.
Output: Number trained in CIT		91	There have been 91 officers trained in FY22 through six CIT classes.
Output: Number of law enforcement entities trained		34	There have been 34 law enforcement agencies (LEA's) represented in the 6 classes held the first half of FY22, including 2 officers from the MS Highway Patrol division of DPS.
Output: Number of trainings		6	There were six trainings conducted in the first half of FY22.
Strategy 3.4.5: Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams			There are five communities that have been sending officers to training in Meridian and the Pine Belt, with the desire to establish fully functioning CIT programs. Those communities are Corinth, Clarksdale, Grenada, Natchez, and Senatobia.
Output: Number of CIT Teams		8	

Output: Number of partnerships working towards CIT Teams		5	Clarksdale, Grenada, Corinth, Natchez, and Senatobia
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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		<p>The DMH HR Task Force has not met because the recruitment and retention issues of the agency are regularly addressed with the HR Director, Bureau Directors, and Program Directors. The agency continues to address the workforce recruitment and retention issues and has worked with MSPB to implement up to 20% recruitment flex for the workers in the Direct Care Worker and Active Treatment Technician series.</p> <p>Due to increasing staffing shortages with nurses due to the COVID-19 pandemic the agency has also worked with MSPB to implement a temporary Type Duty Location Pay of up to 75% for the nursing staff.</p>
Outcome: Decrease the overall turnover rate of employees at DMH programs by 5%	On Track		Benchmark information gathered in FY21 will be used as a comparison for rates at the end of FY22.
Outcome: Create collaborative partnerships to create, link, and disseminate education and training materials for workforce development, with emphasis on the recovery-focused needs of consumers	On Track		DMH utilizes the Relias Learning platform with programs with DMH staff and DMH Certified Providers. The agency features three Relias Trainings, with an electronically distributed flyer, every other month. The trainings are chosen in each of the three areas: Behavioral Health, Intellectual and Developmental Disabilities, and Substance Abuse. The goal is to highlight evidence-based trainings, for DMH Staff and DMH Certified Providers, to encourage continual staff development throughout our workforce.
Outcome: Expand the psychiatric workforce in the state's public mental health system to address the needs of Mississippians through the development of a psychiatric residency program	On Track		The ribbon cutting for the program was held June 28, 2021. The first six residents began the program on July 1, 2021. There were 501 applicants for the 2nd class to begin in July 2022. 51 of those have been ranked. The final interviews were held Jan 28, 2022.

<p>Strategy 3.5.1: Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations</p>			<p>The task force has not met but the Executive Leadership team addresses the recruitment and retention needs of the agency at monthly meetings.</p> <p>Several programs have hosted or attended job fairs as well as sponsored drive-thru job fairs so potential applicants do not have to leave their vehicles to complete applications. We have used Monster, Indeed, and NeoGov for recruitment tools to provide for wider audience awareness of DMH employment opportunities. Some programs have also generated QR codes so potential employees can find out about employment opportunities as well as complete the application process from the scan on their mobile device.</p>
<p>Output: Number of taskforce meetings</p>			<p>The taskforce has not met due to joint discussions during virtual meetings with the Program Directors.</p>
<p>Output: Number of recommendations</p>			
<p>Output: % of recommendations implemented</p>			
<p>Strategy 3.5.2: Monitor staff turnover rate at DMH programs</p>			<p>The staff turnover rates reported at the end of FY21 will be used as a comparison for rates to be reported at the end of FY22.</p>
<p>Output: Overall staff turnover rate</p>			
<p>Output: Turnover rate for direct care positions</p>			
<p>Output: Turnover rate for clinical positions</p>			
<p>Output: Turnover rate for support/administrative positions</p>			
<p>Strategy 3.5.3 Develop strategies to improve retention through use of a feedback and survey tool that identifies employee concerns</p>			<p>DMH programs and Central Office staff utilize survey tools, including exit interviews, to identify strategies that could increase retention in the DMH workforce.</p> <p>All DMH programs continue to request the completion of an exit survey upon separation of employment. The feedback received from the surveys continue to primarily be related to compensation, mandatory overtime, working short-staffed, and the nature of the work.</p>

			Additional information about these measures will be reported at the end of FY22.
Output: Total number of responses			
Output: Total concerns identified			
Output: Number of strategies identified			
Strategy 3.5.4 Establish a psychiatric residency program at Mississippi State Hospital that increases psychiatrists available to practice in state hospitals and mental health service providers			Six additional residents will be admitted to the program on July 1, 2022.
Output: Total number of psychiatric residents in program		6	The first six residents officially began the program on July 1, 2021. Interviews and selection of new residents will take place during the remainder of FY22.
Output: Number of new psychiatric residents in program		6	The first six residents officially began the program on July 1, 2021. Interviews and selection of six new residents will take place during the remainder of FY22.
Output: Number of community partnerships utilizing program (i.e., CMHCs, hospitals, clinics, or other providers)		5	<p>The MSH Psychiatric Residency currently has five affiliated sites:</p> <ul style="list-style-type: none"> - Merit Health Central - Psychiatry residents will complete their emergency psychiatry rotation, consult-liaison, and neurology rotations here - Region 8 Mental Health Services and Region 9 Hinds Behavioral Health Services - Residents will provide services to clients at both these community mental health programs - Precise Mind Outpatient Clinic - Residents will treat patients - Gateway Behavioral Health for behavioral health and chemical dependency treatment - Residents will provide services to clients

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health

<p>Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations</p>	<p>On Track</p>		<p>DMH continues to provide Shatter the Silence suicide prevention trainings to audiences around the state. In recent years, DMH has expanded the types of training available by developing versions specifically for several different audiences. Partnerships have also been established and expanded with CMHC staff, other state agencies, faith-based groups, and more.</p> <p>In FY22, new partnerships developed include the Juanita Sims Foundation, Clarksdale School District, Quitman County School District, Mississippi Coroner Association, Mississippi Society for Social Work Leadership in Healthcare, Mississippi Judicial College, NFusion Metro and National Association of Social Work. Hinds Community College, the University of Southern Mississippi and Mississippi Delta Community College requested Shatter the Silence presentations in the first half of FY22 as well.</p> <p>DMH also hosted the Fifth Annual Suicide Prevention Symposium, which was offered virtually and attended by 441 people, and has continued to offer several virtual suicide prevention and mental health awareness trainings. In addition, DMH has continued to lead the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families, with the other stakeholder groups involved in that program.</p>
<p>Outcome: Decrease the number of suicides in the state through awareness and prevention efforts</p>	<p>On Track</p>	<p>410</p>	<p>The State Department of Health reports there were 410 deaths by suicide in 2020, a decrease from the 436 reported in 2019.</p>
<p>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</p>			<p>Customized messaging has been created for these populations and presentations have been made to all groups during the first half of FY22.</p>

Output: Number of partnerships created		12	New partnerships developed in the first half of FY22 include the Mississippi Department of Corrections which asked DMH to provide Shatter the Silence to all employees twice a year, the Juanita Sims Foundation, Clarksdale School District, Quitman County School District, Mississippi Coroner Association, Mississippi Society for Social Work Leadership in Healthcare, Mississippi Judicial College, NFusion Metro, and National Association of Social Work. Hinds Community College, the University of Southern Mississippi and Mississippi Delta Community College requested Shatter the Silence presentations in the first half of FY22 as well.
Output: Number and type of presentations		9	There are now nine customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations are versions customized for military, law enforcement and first responders, postpartum, faith-based youth, faith-based adult, correction officers, and general adult.
Output: Number trained		1,997	A total of 1,997 people were trained in Shatter the Silence: 1,367 people were trained in the youth Shatter the Silence presentation, 349 trained in the General Adult version, 100 were trained in Military, and 181 were trained in Law Enforcement and First Responders.
Output: Number of people reached through social media		15,423	During the first half of FY22, there were 17 posts on Instagram that were "liked" 119 times. There were 21 posts on Facebook that reached 15,304 people.
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. Recently, DMH developed the DMH Overview of Services and Mental Health Matters trainings. These presentations include 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		2,115	
Output: Number of presentations		3	

Output: Number of people reached through presentations		303	
Output: Number of people reached through social media		65,865	Think Again information was included in 136 posts on social media. There were 456 "likes" on Instagram and Facebook had a reach of 65,049 during the first half of FY22.
Strategy 3.6.3: Promote DMH's digital outreach outlets to educate Mississippians on warning signs, risk factors, and resources available			DMH continues to educate Mississippians on the warning signs, risk facts and resources available to reduce the number of suicides in the state.
Output: Number of hits on Mental Health Mississippi web site		5,023	There were 5,023 page views of the Mental Health Mississippi website in the first half of FY22.
Output: Number of Shatter the Silence app downloads		258	
Output: Social media outlet reach		4,228	During the first half of FY22, the app was promoted to 1,997 people during Shatter the Silence presentations, 82 people during Youth Mental Health First Aid trainings, 144 people during Adult Mental Health First Aid trainings and through 2,005 distributions of the app promotion card.
Output: % increase in Lifeline calls		2%	There were 4,474 calls from July 1 to December 31, 2021 and 4,398 calls from July 1 to December 31, 2020. This is an increase of approximately 2%.
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 the first half of FY22, the Department of Public Safety had a change in administration in the Division that distributes gun permits and none were distributed during this time period. DMH is working to re-establish this partnership. However, Responsible Gun Safety cards were distributed to various organizations such as churches, schools, advocacy organizations, and hospitals during the first half of FY22.
Output: Number of lethal means campaign posters distributed		10	There were 10 posters distributed through a partnership with Academy Sports in Hattiesburg.
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications		1,570	There were 1,570 Responsible Gun Safety cards distributed to organizations such as school districts, churches, colleges, hospitals, advocacy and community groups during the first half of FY22.

Output: Number and type of partnerships		5	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 and Boondocks Firearms Training Academy in Raymond, MS to distribute Responsible Gun Safety cards and posters. DMH has also established a relationship with the New Jersey Gun Violence Research Center whose Director formerly lead the University of Southern Mississippi’s Suicide and Emotion Dysregulation Laboratory. The partnership will lead to training for Mississippians in FY22.
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Objective 3.7 Enhance data management to improve services provided

Outcome: Automate the interface from the electronic health records system to labs and pharmacies	On Track		MSH and Ellisville State School are utilizing electronic lab and pharmacy interfaces and Boswell and Hudspeth are currently working to get these electronic interfaces installed with their new Electronic Health Records system. NMRC will be working on this electronic process as they get their Electronic Health Records system installed.
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		DMH has implemented a statewide bed registry for tracking and updating their occupancy for residential beds. This bed registry is updated on a daily basis when the provider does census.
Outcome: Improve efficiency of client information sharing among DMH Programs	On Track		DMH is still working on the transferring of client data between providers. This is currently a manual process that we are working towards an electronic process.
Outcome: Increase accessibility of client records from a person's electronic health record	On Track		The new electronic health records to be implemented at the State Hospitals will have a patient portal for clients to review their health records.

<p>Outcome: Expand the utilization of telehealth to improve the transition process and continuing care of people from state hospitals to Community Mental Health Centers</p>	<p>On Track</p>	<p>Prior to receiving services through a community mental health center (CMHC), an Intake Assessment must first be conducted. At this time, Medicaid will not allow for CMHCs to bill for an intake assessment while a person is receiving in-patient services at one of the state's behavioral health programs because of the Institutions for Mental Disease (IMD) Exclusion.</p> <p>To reduce the time it takes for an individual to begin receiving services at a CMHC after being discharged from a state-operated behavioral health program, DMH has allocated funds to be utilized to pay for intake assessments to be conducted while a person is receiving in-patient services during their final days prior to discharge. In order to be eligible for reimbursement, intake assessments must be conducted face to face or in accordance with current Medicaid telemedicine requirements in place at the time the assessment occurs.</p> <p>According to information in the WITS billing system and the monthly reports that the CMHCs have submitted, there were approximately 168 inpatient intake assessments conducted during the first half of FY22. DMH is working to improve the data collection for this item in FY23.</p>
<p>Strategy 3.7.1: Utilize computerized provider order entry (CPOE) for medication orders</p>		<p>As we continue to implement an electronic health records for the State Hospitals, we will first be implementing CPOE for internal use prior to using telehealth.</p>
<p>Output: Report to CMS for Meaningful Use</p>		<p>DMH behavioral health hospitals are no longer trying to meet the requirements for Meaningful Use.</p>
<p>Strategy 3.7.2: Enhance the development of a bed registry to track psychiatric, crisis stabilization, substance use inpatient, Forensics, and nursing home bed availability data daily</p>		<p>DMH is currently tracking State Hospitals, Crisis Stabilization Units, A&D Residential, Children and Youth, and Diversion beds and this data is updated daily.</p>
<p>Output: % of occupancy by program/service</p>		<p>Occupancy percentage cannot be accurately calculated due to the continuing changes in bed capacity because of the COVID-19 pandemic.</p>

Output: Number of services added to bed registry		3	We hope to complete this in early 2022
Strategy 3.7.3: Automate an electronic process to transfer client information between DMH Programs			This item will be implemented after State Hospitals install their new electronic health records system.
Output: Number of programs with the ability to automatically transfer client information			This has not been started at this time.
Strategy 3.7.4: Implement a content/document management solution for scanning paper files into electronic health records			This is currently being implemented at ESS, SMRC, BRC, HRC, MAC and NMRC. This will be an item to complete with the State Hospitals EHR implementation.
Output: Number of DMH Programs viewing all client records electronically		10	All DMH programs except NMRC are viewing client records electronically.
Strategy 3.7.5: Provide the capability for video client interviewing prior to discharge from state hospitals			Intake assessments are conducted between state hospitals and CMHCs via telehealth requirements accepted by the Division of Medicaid. DMH and CMHCs have also discussed the use of the UMMC telehealth network, which is still an option that may be used in the near future to conduct intake assessments.
Output: Number of interviews conducted between state hospitals and CMHCs for client transfers		168	There were approximately 168 in-patient intake assessments conducted during the first half of FY22.