DMH FY21 Strategic Plan Mid-Year Progress Report

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

Objective 1.1 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	8.24	MSH - 6.91 EMSH - 10.06 NMSH - 8 SMSH - 8 This is an increase from 5.09 days at the end of FY 20. Operational changes due to the COVID-19 pandemic, including admissions procedures and changing bed counts to comply with social distancing, quarantine, and isolation measures, have impacted this outcome.
Outcome: Maintain readmission rates within national trends (National trend was 7.2%for FY19 for 0-30 days)	On Track	4.02%	MSH - 3.57% EMSH - 6% NMSH - 3% SMSH - 3.5% Average of 4.02% for acute psychiatric services only. This is a slight increase from the 3.83% reported at the end of FY 20, but still below the national trend of 7.2% for readmissions within 30 days of discharge.
Outcome: Continue to reduce the number of admissions to state hospitals through theuse of community-based crisis services	On Track	832	MSH - 257 EMSH - 176 NMSH - 210 SMSH - 189 There have been 832 admissions to acute psychiatric services at DMH's behavioral health hospitals. This is a reduction from 1,133 admissions at this point in FY 20.

Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts	**Off Track**	39	The average for the first half of FY21 is 39 days, with 65 reports completed during this time frame. Outpatient forensic evaluations and forensic admissions were stopped in March 2020 due to the COVID-19 pandemic. Outpatient forensic evaluations via telehealth resumed at the beginning of April 2020. Defendants in jails without the ability to conduct videoconferencing were not able to be seen until MSH had rapid COVID-19 testing available in mid-October 2020. In mid-April 2020, forensic admissions resumed but at a reduced pace to allow for an isolation period per hospital precautions. The census was reduced to accommodate having only single patient rooms. Since having the ability to conduct rapid COVID testing on campus, admissions have increased based on bed availability.
Outcome: Reduce average length of stay for people receiving competency services	**Off Track**	388	The FY 21 mid-year average for competency restoration stays was 388 days. The FY 20 year end length of stay was 179 days with 47 total restorations completed. This increase has been affected by the COVID-19 pandemic. Patients are not discharged to a jail with active COVID cases and patients with active COVID cases are not discharged.
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)		2021	MSH - 858 STF - 79 EMSH - 393 CMRC - 180 NMSH - 295 SMSH - 216 DMH's behavioral health programs have served a total of 2,021 during the first half of FY21. This is a reduction of 643 (from 2,664) at this point in FY20. MSH and EMSH services include nursing homes, and MSH includes the Chemical Dependency Unit.
Output: Average wait time for acute psychiatric admissions		8.24	MSH - 6.91 EMSH - 10.06 NMSH - 8 SMSH - 8
Output: % of occupancy — acute psychiatric care(all behavioral health programs)		79.81%	MSH - 72.31% STF - 66.25% EMSH - 87% NMSH - 87.5% SMSH - 86%
Output: % of occupancy — continued treatment (MSH)		92.66%	
Output: % of occupancy — MSH medical surgical hospital (MSH)		19.36%	

Output: % of occupancy — chemical dependency(MSH)		100.00%	Due to COVID, efforts to implement social distancing and isolation resulted in female substance use services and female receiving patients both being housed on the substance use service for a period of time. As a result, all beds on this unit were occupied during the first half of FY21.
Output: % of occupancy — nursing homes (MSH and EMSH)		79.69%	MSH - 81.38% EMSH - 78%
Output: % of occupancy — children/adolescents (MSH)		42.00%	
Output: % of occupancy — transitional program (CMRC)		79.97%	
Output: % of occupancy — forensics (MSH)		81.52%	
Output: % of people readmitted 30 days after discharge (acute psychiatric)		4.02%	MSH - 3.57% EMSH - 6% NMSH - 3% SMSH - 3.5%
Output: % of people readmitted 180 days after discharge (acute psychiatric)		8.65%	MSH - 13.10% EMSH - 7% NMSH - 1% SMSH - 13.5% This is an increase from 6.65% at the end of FY20. The reduced census due to COVID-19 means that those individuals who are readmitted can have a more significant impact on the percentage reported here.
Output: Total days of hospitalization at state hospitals (acute psychiatric)		65458	MSH - 34,641 EMSH - 15,777 NMSH - 7,156 SMSH - 7,884
Strategy 1.1.2 Utilize expanded community-based services to reduce thereliance on institutional care			Admissions to behavioral health programs have been impacted by temporary reduction of bed capacity due to COVID-19 to maintain social distancing, as well as isolation measures during the pandemic. However, DMH has also increased the availability of Intensive Community Outreach Recovery Teams (ICORT) and Intensive Community Support Services (ICSS) during the first half of FY21. Discharges that meet the criteria for ICORT and ICSS are referred during the discharge planning process that begins as individuals are admitted to the state hospitals. During the first half of FY21, ICORT expanded to 16 locations around the state, and there were 12 additional Intensive Community Support Specialists added at CMHCs to provide ICSS. These ICORT teams and ICSS were becoming operational during the first half of FY21.
Output: Number of admissions to MSH (acute psychiatric)		257	
Output: Number of admissions to EMSH (acute psychiatric)		176	
Output: Number of admissions to NMSH		210	
Output: Number of admissions to SMSH		189	

Strategy 1.1.3: Utilize community-based spanner services reduce the wait time and length of stay for competency restoration services			There are currently 14 counties receiving spanner services. New counties receiving services are Copiah, Lincoln, Rankin, and Simpson Counties. Counties covered by Region 8 are: Copiah, Hinds, Holmes, Lincoln, Madison, Rankin, and Simpson. Counties covered by Regions 13/12 are: Forest, Hancock, Harrison, Jackson, Lamar, Pearl River, and Stone. The purpose of these "spanning" services is to facilitate CMHC relationships with stakeholders in the criminal justice system so that people with serious mental illness are not in jail without a plan for disposition. These spanners act as liaisons with the courts, sheriffs, and jail administrators.
Output: Average wait time for completed initial competency evaluation (Stage 1)		39	
Output: Average length of stay for competency restoration		388	
Output: Number of competency restoration admissions		16	Competency restoration admissions have been impacted by COVID-19.
Output: Number of counties served by a community-based spanner service		14	
Strategy 1.1.4: Expand forensic bed capacity by renovation of existing unit on MSHcampus			The renovation bid was delayed due to COVID. There has been no increase in bed capacity at this point in FY21. The demolition phase is scheduled to begin in early 2021. To aid in decreasing wait times, MSH previously converted a 21-bed unit on the campus and designated additional clinical staff for use by Forensic Services to provide competency restoration services. In FY20, the staffed beds on this unit increased from 14 to 17 beds, for a 21% increase in the number of available beds for this service.
Output: % increase in forensic bed capacity			There has not been an increase in FY21. In FY20 the staffed beds on Building 201, Ward 2 increased from 14 to 17 out of 21 total beds. This is an incremental increase in staffed beds from FY19 to FY20 in competency restoration beds of 21.4%.
Objective 1.2 Enhance the transition process of people to a less restrictive environment			
Outcome: Improve the process for people transitioning from inpatient care to community-based care	On Track		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.

Outcome: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track		
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			
Output: % of people linked to community provider prior to discharge		100.00%	
Output: % of people discharged with a two-week supply of medication and a prescription		99.75%	MSH - 100% EMSH - 99% NMSH - 100% SMSH - 100%
Output: % of people who attend their first follow-up appointment with CMHC		60.13%	MSH - 69% EMSH - 52% NMSH - 59.5% SMSH - 54.5%
Output: % of people who were contacted by the discharging state hospital after seven days		99.18%	MSH - 100% EMSH - 100% NMSH - 99.7% SMSH - 97%
Strategy 1.2.2 Transmit continuing care plans to next level of care within 24 hoursof discharge			
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge		89.86%	MSH - 78% EMSH - 95% NMSH - 89% SMSH - 97.5% This measure has been impacted by vacancies in social services staff as well as staff who were placed under quarantine due to COVID-19.
Output: Percentage of discharge plans that beginat the time of admission		100.00%	
Output: Percentage of discharge plans that includeinput from the person and/or family members		100.00%	

Objective 1.3 Provide community supports for adults transitioning and/or living in thecommunity to prevent out-of-home placements			
Outcome: Decrease the need for hospitalization by utilizing Programs of Assertive CommunityTreatment (PACT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	**On Track**	545	At FY 21 mid-year, Mississippi has 10 PACT teams with 545 people enrolled in this service. Combined with ICORT and ICSS, these three intensive community programs are serving a combined total of 1,038 people. At the end of FY20 there were 535 people enrolled in PACT services. From July to December 2020 there were 109 admissions and 99 discharges, increasing the total enrollment to 545 as of the end of December 2020. Discharges may be due to individuals leaving the PACT service area, but some PACT clients have also been admitted to ICORT services as those new teams have become operational and there have been shifts in service areas occurring during the year.
Outcome: Decrease the need for hospitalization by utilizing Intensive Community Outreach Recovery Teams (ICORT) for people whohave a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	**On Track**		At FY21 mid-year, Mississippi has 16 ICORT teams, nine of which became operational during the first half of FY21. Those teams were in Regions 2, 7, 8, 9, 10, 11, and 12. At mid-year FY21, there are 190 people enrolled, an increase from the 115 admissions to ICORT that took place during FY20.
Outcome: Decrease the need for hospitalization by utilizing Intensive Case Management forpeople who have serious mental illness	**On Track**		In the first half of FY21, DMH provided funding to add 12 Intensive Community Support Specialists/Services at CMHCs with counties not served by PACT or ICORT. As of December 31, 2020, there was a total of 35 ICSS in the state serving 303 clients. ICSS is a community-based service for adults with severe and persistent mental illness. The support services are person-centered and focus on the individual's recovery and ability to succeed in the community and prevent the need for a higher level of service. ICSS is now available in all CMHCs.
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**		DMH funds supported employment through two initiatives. There are four Individual Placement and Support (IPS) Supported Employment sites at Regions 2, 7, 10 and 12. In addition, DMH has partnered through a Memorandum of Understanding (MOU) with the Mississippi Department of Rehabilitation Services (MDRS) on a Supported Employment Expansion initiative to provide supported employment services at the remaining CMHCs, which hire or designate Supported Employment Specialists who work alongside vocational rehabilitation counselors with MDRS. These staff members coordinate regarding employment and recovery services and monitor the behavioral health progress of the individuals who gain employment. The expansion program was previously funded in Regions 3, 4, 8, 9, 11, 14, and 15. It expanded to Regions 1 and 6, the remaining CMHCs that did not have either of these programs, in the first half of FY21.

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			Mississippi currently has 10 PACT teams operated by the following Community Mental Health Centers: Warren-Yazoo Behavioral Health, Life Help, Pine Belt Mental Healthcare Resources (operates two - one in Hattiesburg and one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core Health Group, Region 8 Mental Health Center, and Region 4 Mental Health Services (operates two - one in Desoto and one in Corinth).
Output: Number of PACT teams		10	
Output: Number of people served by PACT teams		545	At the end of December 2020, there were 545 individuals enrolled in PACT services around the state.
Output: Number of new admissions to PACT teams		109	There were 109 new admissions to PACT in the first half of FY 21.
Output: Number of patients referred to PACT teams by state hospitals			This information will be reported at the end of FY21.
Output: Number of patients accepted to PACT teams			This information will be reported at the end of FY21.
Output: Number of readmissions to state hospitals of people being served by a PACT team		17	Of the 545 people enrolled in PACT services, 17 had to be readmitted to a state hospital.
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			Mississippi now has 16 ICORTs throughout the state. They are available in: - Region 1, all counties - Region 2, all counties (two teams) - Region 6, Washington & Bolivar Counties - Region 7, all counties (two teams) - Region 8, Copiah, Simpson, and Lincoln Counties - Region 9, Hinds County (Hinds County, the sole county in Region 9, has both PACT and ICORT available) - Region 10, Clarke, Newton, Scott, and Smith Counties (two teams) - Region 11, Adams, Amite, Franklin, Jefferson, Lawrence, Pike, Walthall, and Wilkinson Counties (two teams) - Region 12, Covington, Jeff Davis, Lamar, Jones, Marion, and Pearl River Counties (three teams) - Region 14, George and Jackson Counties.
Output: Number of ICORTs		16	At the end of December 2020, there were 16 ICORT teams state-wide.
Output: Number of people served by ICORT		190	At the end of December 2020 there were 190 people enrolled in ICORT services around the state.
Output: Number of new admissions to ICORT		145	There were 145 new admissions to ICORT in the first half of FY 21.
Output: Number of patients referred to ICORT by state hospitals			This information will be reported at the end of FY21.
Output: Number of patients accepted to ICORT			This information will be reported at the end of FY21.
Output: Number of readmissions to state hospitals of people being served by ICORT		17	Of the 190 people enrolled in ICORT services, 17 had to be readmitted to a state hospital.

Strategy 1.3.3 Utilize Intensive Case Management to help people who have themost severe and persistent mental illnesses			Intensive Community Support Services (ICSS) is a community-based service for adults with severe and persistent mental illness. The support services are person-centered and focus on the individual's recovery and ability to succeed in the community and prevent the need for a higher level of service. This service is available in all CMHCs. With funding in FY21, DMH has added 12 additional Intensive Community Support Specialists at CMHCs around the state.
Output: Number of Intensive Case Managers		35	At the end of December 2020, there were 35 Intensive Community Support Specialists providing ICSS. Of those, 18 are in counties that do not have ICORT or PACT services.
Output: Number of people receiving Intensive Case Management		303	At the end of December 2020, there were 303 people receiving ICSS.
Output: Number of patients referred to Intensive Case Management by state hospitals			This information will be reported at the end of FY21.
Output: Number of readmissions to state hospitals of people being served by Intensive Case Management		39	Of the 303 people receiving ICSS services in FY21, 39 had to go to a state hospital as of December 2020.
Strategy 1.3.4 Emphasize supported employment opportunities for people with SMI			DMH provides funding for four Individual Placement and Support (IPS) Supported Employment sites at Regions 2, 7, 10 and 12, in addition to a Supported Employment Expansion program conducted in partnership with DMH, MDRS, and CMHCs. In August 2020, DMH secured funding and offered it to the remaining CMHCs that did not have Supported Employment services. Now every CMHC has a Supported Employment Specialist. Between July and December, 143 people were referred to MDRS.
Output: Number of businesses contacted for employment opportunities		8176	The Supported Employment IPS sites reported 7,998 business contacts and the Supported Employment Expansion sites reported 178 business contacts. This is an increase from 2,531 contacts at mid-year in FY20. In addition to the increase in the number of Supported Employment Specialists, many business contacts likely took place over the phone as people maintained quarantine procedures during the COVID-19 pandemic.
Output: Number of people employed		196	Between July and December 2020 there were 196 people employed through Supported Employment. This includes 52 people employed through the IPS sites and 144 people employed through the expansion sites.
Output: Number of referrals made to MDRS		143	For the first half of FY21, there were 143 referrals to MDRS from Supported Employment Specialists.

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**		Of 1,493 admissions to CSUs between July 2020 and December 2020, 149 had to go to a state hospital. This is a diversion rate of 89.78%
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile CrisisResponse Teams	**On Track**		Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital. Out of the 17,228 calls and 6,278 face-to-face visits, a total of 3,016 people needed a higher level of care.
Outcome: Utilize community crisis homes for successful continuation in the community	**On Track**		Matt's House serves as a community crisis home that supports up to five individuals, 24 hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and has no place to live. Matt's House is a short-term (6 months or less) crisis transition home for males. Referrals to Matt's House can come from a multitude of locations, but the Specialized Planning, Options to Transition (SPOTT) Team has priority admission when Matt's House has vacancies. Residents must be 18 years of age, must not be violent, and not currently on the IDD Waiver. As soon as possible after admission, Boswell Regional Center's Diagnostic and Evaluation Department are contacted to conduct a psychological evaluation for the resident. Residents will be assisted by Matt's House staff with applying for government benefits, which can include SSI, Medicaid, and SNAP benefits, while long term placement is being sought.
Strategy 1.4.1 Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care			
Output: Diversion rate of admissions to state hospitals		89.78%	
Output: Average length of stay		11.32	The average length of stay at CSUs in FY20 was 10.99 days. Mid-year of FY21 it is 11.32 days.
Output: Number of involuntary admissions vs.voluntary admissions		683	During the first half of FY 21 there were 683 voluntary admissions to CSU and 810 involuntary admissions to CSU.

Output: Number of crisis stabilization beds		172	The opening of an additional four beds operated by Region 9 for children and adolescents was delayed due to the COVID-19 pandemic. In addition to those, a children and adolescent CSU operated by Methodist Children's Home with 12 beds will begin accepting individuals in the second half of FY21.
Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations			
Output: Number of contacts/calls		17228	
Output: Number of face-to-face visits		6278	Of the 17,228 calls, 6,278 resulted in face-to-face contacts. The number of face-to-face visits is down from this point in FY20, which can most likely be attributed to precautions taken due to the COVID-19 pandemic.
Output: Number referred to a CMHC andscheduled an appointment		5023	5,023 people were referred to a CMHC and scheduled an appointment.
Output: Number of encounters with law enforcement		1467	
Output: Number of people who need a higher level of care		3016	
Strategy 1.4.3 Offer short-term crisis supports by evaluating needs so people are connected to appropriate services andsupports			
Output: Number served in community crisis homes and safe beds		25	A total of 25 individuals were served in community crisis homes and safe beds in the first half of FY21: three in safe beds, six at Matt's House, two at SUCCESS of Oxford, and 14 through SUCCESS.
Output: Number transitioned with appropriate supports		13	Twelve individuals transitioned from SUCCESS and Matt's House on waiver services. One additional individual transitioned home from SUCCESS Oxford.
Output: Average length of stay		97.6	The average length of stay is a little over 3 months.

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**	166	During the first half of FY21, there were 166 people housed through CHOICE housing vouchers. All of the people housed through CHOICE are recipients of CMHC services. Mississippi United to End Homelessness (MUTEH) housed 53 people and Open Doors Homeless Coalition housed 113.
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 opened a Community Transition Home for four females in Simpson County in April 2018 and have opened an additional house for four more females. Region 9 opened a Community Transition Home in May 2018 for four males in the Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in the community.
Outcome: Decrease the need for hospitalization by utilizing Supportive and Supervised Living opportunities at Community Mental Health Centers	**On Track**		Of the approximately 200 people living in Supervised and/or SupportiveLiving housing, none had to go to a state hospital during the first half of FY 21.
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 choiceby offering an adequate array of community supports/services			All people in Supportive Housing live in the communities of their choice with an array of supports and services provided by the CMHC in that area.
Output: Number of assessments provided		103	103 people received assessments out of a total of 107 referrals in the first half of FY 21.
Output: Number of people served in SupportiveHousing (CHOICE)		166	Between July and December 2020, 166 people were housed through CHOICE. Referrals were down dramatically due to the ongoing COVID-19 pandemic.
Output: Number of readmissions to state hospitalsof people served in Supportive Housing		5	Of the 166 people housed through CHOICE, five had to be admitted to a state hospital for treatment.

Strategy 1.5.2 Transition people who havebeen served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community- based services and supports			
Output: Number of people transitioned to thecommunity		1	One person has transferred from MSH to the community (including CMRC, group homes, and personal care homes) so far this year.
Output: Number of people transitioned to theCommunity Transition Homes		0	There has not been a new transition to one of the Community Transition Homes operated by Region 8 and Region 9. There are currently eight women living in the homes operated by Region 8 and three men in the home operated by Region 9.
Output: Number of civilly committed people served in Continued Treatment beds		57	
Strategy 1.5.3 Utilize Supervised and Supportive Living to provide opportunitiesfor people to live in integrated settings in the communities of their choice			During the first half of FY21, no one in Supervised and/or Supported Living services had to be admitted to a state hospital. People in this service can work, go to school, attend the church, or any other community-based activities of their choice.
Output: Number of people served by Supervised and Supportive Living		200	There were approximately 200 people utilizing Supervised and Supportive Living at the end of December 2020. A precise number will be reported at the end of the year.
Output: Number of new admissions to Supervised and Supportive Living		24	There were 24 new admissions to Supervised and Supportive Living between July and December 2020.
Output: Number of readmissions to state hospitals of people served in Supervised and Supported Living		0	During the first half of FY21, no one in Supervised and/or Supported Living services had to be admitted 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	-1.00%	As of December 2020, there were 268 Certified Peer Support Specialist employed within the state mental health system. This number is a slight decrease from the 271 employed at the end of the previous fiscal year in June 2020. However, it represents a significant increase over the 201 CPSSs employed at the end of June 2019. Over fifty percent of those trained become certified.

Outcome	Increase the number of peer support specialists trained	**On Track**	115	CPSS Virtual Trainings were offered in July, August, September, and December 2020. In those trainings, 115 peers were trained. Some peers returned for a second designation.
Outcome	Expand the Peer Bridger Program at all state hospitals	**On Track**		The Peer Bridger Program has been expanded to South Mississippi State Hospital and the three CMHCs in that area (Singing River, Gulf Coast Mental Health Services, and Pine Belt Mental Health) in addition to the pilot site of North Mississippi State Hospital. The first persons were discharged from SMSH to a Peer Bridger in November 2020. In October 2020, a series of technical assistance webinars were held with the New York Association of Psychiatric Rehabilitation Services (NYAPRS). Employees from all four of DMH's behavioral health hospitals took part to aid in implementation of the Peer Bridger Program, including Mississippi State Hospital and East Mississippi State Hospital, which are in the process of implementation. One need identified through this technical assistance was a training manual to aid new staff and peers as they join the programs. This manual is now in development as this program is expanded to all of DMH's hospitals.
Outcome	Increase the number of CPSSs trained as WRAP facilitators	**On Track**		Due to COVID, WRAP trainings were canceled and not allowed to be conducted virtually until October. Of the six trainings originally scheduled, only one was held, with 12 people participating.
	Strategy 1.6.1 Conduct outreach to stakeholders to increase the number ofCPSSs and trained CPSS supervisors			
	Output: Number of peers/family members trainedas CPSSs		48	Of the 48 total who completed training, 36 were certified as of December 2020.
	Output: Number of CPSSs employed		268	
	Output: Number of DMH Certified Providers employing CPSSs		43	
	Output: Number of CPSS supervisors trained		61	
	Output: Number of CPSS supervisor trainings		3	DMH conducted CPSS Supervisor Virtual Trainings on July 24, 2020, August 14, 2020, and October 23, 2020. DMH provides three CPSS Supervisor trainings per year and three have been scheduled for 2021.
	Strategy 1.6.2 Train and employ CPSSs to serve as Peer Bridgers at state hospitals to improve the transition process			The Peer Bridger Program began at North Mississippi State Hospital and has expanded to South Mississippi State Hospital during this fiscal year. SMSH has one Peer Bridger (in addition to two CPSS on staff who provide additional support to this role) and NMSH has two Peer Bridgers on staff. CMHCs participating in the program have also hired Peer Bridgers.

Output: Number of hospitals with a Peer Bridger program		2	South Mississippi State Hospital and North Mississippi State Hospital have Peer Bridgers on staff as of December 2020. In addition, staff from EMSH and MSH have participated in training to aid in implementation of the program, which is under way at those hospitals.
Output: Number of Peer Bridger connections		240	SMSH - 57 connections. Implementation of the Peer Bridger program did not begin at SMSH until October 2020. NMSH - 183 connections
Output: Number of readmissions of people connected with a Peer Bridger		1	One person was readmitted to NMSH. SMSH did not report any readmissions of individuals connected with a Peer Bridger.
Output: Number of first follow-up appointments attended at the CMHC			This information will be reported at the end of FY21.
Strategy 1.6.3 Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifyingand understanding their personal wellnessresources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness			
Output: Number of Wellness Recovery ActionPlans begun prior to discharge		308	EMSH - 72 NMSH - 110 SMSH - 126 Staff shortages at EMSH led to a lower than expected number of WRAP plans there. In addition to the 308 WRAP plans at the other 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 473 IMR groups in the first half of the fiscal year.
Output: Number of trained WRAP facilitators		8	

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 2,122 total participants, there were 308 representatives from Child Protection Services, local school districts, and youth court who participated in the Making a Plan (MAP) Team meetings in the first half of FY21. This is an increase from 281 representatives who took part in MAP team meetings through the first half of FY20. A MAP team is made up of individuals from the local community agencies that work with children and youth. The priority of the MAP Team is toreview cases concerning children and youth who have serious emotional/behavioral disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access to or availability ofneeded services and supports in the community.
Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth	**On Track**	8.20%	At mid-year FY21, 1,499 children and youth were served by Wraparound Facilitation. At this point in FY 20, there were 1,385 children and youth served. This is an increase of approximately 8.2% at this point last year.
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 11 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. Since the COVID-19 pandemic began, many juvenile detention centers have limited the number of youth they are accepting, which has affected the number of individuals served through these programs. However, some detention centers appear to be accepting increasing numbers of youth once again.

Outcome: Increase by 10% access to an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis	**On Track**	18.00%	NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, Gulf Coast Mental Health Center, and Region 8 Mental Health Services. At mid-year FY21, a total of 66 youth and young adults with first episode psychosis were being served. At mid-year FY20, a total of 56 youth and young adults were being served. This is an increase of approximately 18% compared to the mid-point of last year.
Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	**On Track**		
Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations			
Output: % of representatives from local partners attending MAP teams quarterly		15.00%	Map Team meetings are held once a month. There were 308 representatives from Child Protection Services, local school districts, and youth court participating in the MAP Team meetings in the first half of FY21.
Output: Number served by MAP teams		402	At the end of mid-year FY21, 402 children and youth were served by the MAP Teams. This is an increase over 366 served at mid-year FY20.
Strategy 1.7.2 Evaluate the utilization and practice Wraparound Facilitation for children and youth with SED			
Output: Number of people trained in Wraparound Facilitation		262	262 individuals were trained to provide Wraparound Facilitation by mid-year FY21. This is an increase over 175 trained by mid-year FY20.
Output: Number of providers utilizing Wraparound Facilitation		16	At the end of mid-year FY21, 16 providers were certified by DMH to provide Wraparound Facilitation.
Output: Number of children and youth served by Wraparound Facilitation		1499	At mid-year FY21, 1,499 children and youth were served by Wraparound Facilitation. This is an increase over 1,385 served at this point in FY 20.

	Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement	212	212 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement by mid-year FY21.
	Output: Number of youth that were transitioned to Wraparound Facilitation from a morerestrictive placement	338	338 children and youth were transitioned to Wraparound Facilitation from a more restrictive placement by mid-year FY 21. This is an increase from 287 who were transitioned to Wraparound Facilitation from a more restrictive placement at this point in FY 20.
Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition froma detention center back to his/her home/community			
	Output: Number served in detention centers from CMHC regions	719	By mid-year FY21, 719 youth were served in the juvenile detention centers through the Juvenile Outreach Programs.
	Output: Number exiting detention center and continuing treatment with CMHC region	701	701 youth continued to receive mental health services after exiting the detention center between July 1 and December 31, 2020.
	Output: Number of re-entries into the detentioncenter from CMHC regions	370	At the end of mid-year FY21, 370 youth re-entered the juvenile detention center. This number includes youth entering from inside the catchment areas.
Strategy 1.7.4 Assist youth and young adults in navigating the road to recoveryfrom 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			At mid-year FY21, a total of 66 youth and young adults with first episode psychosis were being served. At mid-year FY20, a total of 56 youth and young adults were being served. This is an increase of approximately 18% from the mid-point of last year.
	Output: Number of appropriate referrals	18	At the end of mid-year FY21, there were 18 appropriate referrals to NAVIGATE out of 35 total referrals.
	Output: Number served that are employed or enrolled in school/educational courses	42	At the end of mid-year FY21, there were 42 youth and young adults receiving NAVIGATE services that were employed or enrolled in school/educational courses.
	Output: Number of youth and young adults maintained in his/her home and/or community	60	At the end of mid-year FY21, 60 youth and young adults were maintained in their home and community. The total number served through NAVIGATE was 66 at mid-year.
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	
Output: Number of youth referred to a local CMHC aftercare		8	
Output: Number of youth referred to a supportiveaftercare provider other than MYPAC or alocal CMHC		8	
Output: Number of youth who attended the InitialIntake with the referred local CMHC aftercare provider		2	
Output: Number of youth who attended the firstappointment after the Initial Intake withthe referred local CMHC aftercare provider		4	

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	49.00%	The wait time for alcohol and drug treatment at Mississippi State Hospital has increased due to operational changes resulting from the COVID-19 pandemic. At mid-year FY21, it was 53.11 days, an increase from 35.73 days, or approximately 49%, from the end of FY20. However, the diversion project continues to divert individuals in need of alcohol and drug addiction services to community treatment where beds are available. At mid-year FY21, 113 individuals had been diverted to community treatment.
Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	Off Track	-28.00%	A total of 55 parenting women and 68 pregnant women were served during this reporting period, along with 501 IV drug users, for a total of 624 individuals in these priority populations. At mid-year FY20, the following numbers were served: 23 parenting women, 86 pregnant women, and 762 IV drug users, for a total of 871 people served in these priority populations. This is an overall decrease of approximately 28% in these populations, though there has been an increase in the number of parenting women served compared to this point last year. This decrease is related to the reduction in available beds due to the COVID-19 pandemic.

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**	0	Data on the number of deaths from opioid overdose is reported at the end of the year.
Outcome: Increase the number of evidence-based and best practice recovery treatments forsubstance use disorders utilized at DMH Certified Providers	**On Track**		All certified and funded providers have been trained in evidence-based and best practice recovery treatments, which includes 14 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 14 CMHCs and one stand-alone substance use disorder provider (Harbor House).
Output: Number of people diverted		113	As of December 2020, 113 people have been diverted through this program.
Strategy 1.8.2 Develop a tracking system to monitor high risk service utilization			The Bureau of Alcohol and Drug Addiction Services monitors high risk service utilization through Independent Peer Reviews and SABG Monitoring reviews.
Output: Number of pregnant women served		68	Data collected from Regions 1, 6, 13, Catholic Charities (Born Free), Harbor House, and Center for Independent Learning.
Output: Number of pregnant intravenous (IV)women served		36	Data collected from Region 1, Catholic Charities (Born Free) and Harbor House.
Output: Number of parenting (under age of 5)women served		55	Data collected from Region 1, Catholic Charities (Born Free) and Harbor House.
Output: Number of intravenous (IV) drug users served		495	Data collected from Region 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 14, 15, Catholic Charities (Born Free), Harbor House and Center for Independent Learning.
Output: Number served utilizing Medication Assisted Treatment for opioid abuse		273	Data collected from Regions 1, 2, 3, 4, 6, 10, 13, 14, 15, Harbor House and Center for Independent Learning.

Strategy 1.8.3 Expand bed capacity for substance use services			In FY20, there were 646 community beds available for substance use services. 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		2765	This total is reflective of all individuals (adults, adolescents, and pregnant and parenting men and women with dependent children) served in primary residential (1,801 adults, 42 adolescents, and 68 pregnant women, and 56 parenting women and men with dependent children for a total of 1,967) and transitional residential services (798) regardless of payer source (including those individuals that were insured and/or self pay). Despite decreases in bed capacity due to the COVID-19 pandemic, this is a slight increase over 2,628 people served at this point in FY20.
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)		0.00%	The COVID-19 pandemic has had a significant effect on this output, as bed counts have been adjusted to comply with social distancing measures. 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%		0.00%	This output will be reported when accurate information regarding occupancy percentages becomes available to serve as a baseline.
Strategy 1.8.4 Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths			In 2019, Stand Up, Mississippi expanded its campaign and began focusing on occupations that have been proven nationally to have higher rates of opioid overdose. These occupations include construction, hospitality and restaurant management, oil and gas refinery, manufacturing and farming, all of which employee thousands of Mississippians. Stand Up, Mississippi created a comprehensive awareness campaign, Opioid Workplace Awareness Initiative (OWAI), that includes an addition to the existing Stand Up, Mississippi website (owai.standupms.org) which houses interactive modules, toolkits, and additional resources for employees and employers of these industries. Stand Up, Mississippi's recent outreach has been with industry leaders and advocates to raise awareness of risk of opioid addiction in these industries, and promote resources for recovery for employees.

Output: Number of presentations			In response to the COVID-19 pandemic, an online recording of the OWAI training was developed with the Outreach Coordinator as the instructor. In October, there was turnover in that position and a new Outreach Coordinator was hired in November under the state's new State Opioid Response II grant funding. A new recording of this training that is not personalized to a staff person providing was completed in December 2020. DMH will continue to work to promote the OWAI trainings through its partnerships with the Mississippi Economic Council, the Mississippi Restaurant and Hospitality Association, Equal Employment Opportunity Commission and the Mississippi Worker's Compensation Commission during FY21.
Output: Number and types of outreach developed		18	The Opioid Workplace Awareness Initiative website was developed along with interactive modules that teach employers the importance of recognizing the risk of opioid addiction in their industries. The website has 11,625 page views in the first half of FY21. Additionally, radio, billboards, television commercials and print ads have been produced to air on statewide outlets. A social media toolkit and social media posts along with employer/employee fact sheets, a poster for break rooms, and PowerPoint presentation are available for download on the site. Also highlighted are personal stories submitted by people who work in the high-risk occupations. As a result of a partnership with a restaurateur, envelope inserts were developed to be placed in employee pay checks to bring attention to the risk for addiction and availability of treatment. In response to the COVID-19 pandemic, Stand Up, Mississippi recorded the Opioid Workplace Awareness Initiative and Narcan trainings to be accessed through Stand Up, Mississippi's website. In the first half of FY21, these trainings have been redesigned to remove the former Outreach Coordinator and make them less specific to that position. The online OWAI training educates employers on the effects of opioid use, the cost to the employer, signs of addiction and overdose, and how to incorporate recovery into the workplace. The online Narcan training is made available to law enforcement and first responders who need new or refresher training during the pandemic. In addition to online trainings, direct mail pieces were distributed inform industries that have higher risk for opioid overdoses (farming, construction, manufacturing, hospitality, and oil and gas refinery) of available Stand Up, Mississippi resources.
Output: Number of hits to website/downloads oftoolkits		11625	There were 5,583 unique users who initiated 6, 659 sessions and 11,625 total page views on the Opioid Workplace Awareness Initiative web site.

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. As a result of the COVID-19 pandemic, Narcan training was moved to a virtual platform and will be provided upon request by completing a form or via contact with the Stand Up, Mississippi Outreach Coordinator.
Output: Number educated on the use of opioid antagonist			During the first half of FY21, zero people were educated by Stand Up, Mississippi's Outreach Coordinator on the use of Narcan. However, doses of Narcan were distributed as re-stocks and officers who had been trained previously in the administration of Narcan are able to train staff who have not received the training in a train-the- trainer model. Additionally, the position of Outreach Coordinator for Stand Up, Mississippi was vacant for one month during the first half of the year. The new Outreach Coordinator will provide training to first responders and community members as requested.
Output: Number distributed		3138	3,138 doses of Narcan were distributed to first responders and Community Mental Health Centers during the first half of FY21.
Output: Number doses administered		64	Narcan was administered 64 times based on data reported from first responders in the first half of FY21.
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, 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. 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 the University of Mississippi Medical Center to provide Medication Assisted Treatment through telehealth 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 Providerstrained in evidence-based and best practice recovery treatments		18	All certified and funded providers have been trained in evidence-based and best practice recovery treatments. This includes 14 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 theICF/IID Regional Programs	**On Track**	24	A total of 24 persons transitioned to the community during the first half of FY21, with 12 transitioning to the ICF/IID community homes and 12 transitioning with ID/DD Waiver services to the community. Of those transitioning to the community, 4 persons transitioned from regional programs and 8 transitioned from an ICF/IID Community Home.
Outcome: Decrease the percent of people currently accessing ICF/IID level of care in an institutional setting	**On Track**	8.30%	There was a total decrease in people accessing the ICF/IID institutional setting level of care of 8.3% in the first half of FY21.
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	**On Track**	85.00%	85% of persons with intellectual and developmental disabilities are served in the community setting. Source: 372 report, CSP enrollment and IDD Data Service Report
Strategy 2.1.1 Provide people transitioningto the community with appropriate options for living arrangements			Persons continue to transition to the community with appropriate living arrangements.
Output: Number of people transitioned fromfacility to ICF/IID Community Home		12	
Output: Number of people transitioned to the community with ID/DD Waiver supports		12	12 persons transitioned with ID/DD Waiver services to the community; 4 persons from Regional Programs and 8 persons from ICF/IID Community Homes.

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**		Due to COVID-19, DMH was unable to meet with Exceptional Education Coordinators in an annual training led by the Department of Education and also unable to participate in Student/Parent Transition Fairs at various schools across the state. Bureau staff have looked for other ways to enhance awareness efforts. ID/DD Waiver and IDD Community Support Program were included in the 2021 Mississippi Coast Community Resource Guide through Disability Connection. IDD Staff participated in the Pine Belt Transition Team Advisory Council in developing a resource guide for students transitioning from school in the Pine Belt area. IDD staff have also provided information to Rankin County Schools, which will be sending resources out to parents in Spring 2021.
Strategy 2.2.1 Expand communication efforts with Special Education Coordinators at schools to encourageinformation sharing with parents			Communication efforts with Special Education Coordinators have been hindered due to COVID 19. Various activities are planned for the spring 2021 through distribution of resource guides, mail-out to Special Education Coordinators, and IDD Awareness through DMH social media and other sources.
Output: Number of coordinators reached			Public events have been canceled due to the COVID-19 pandemic.
Output: Number of materials distributed			Public events have been canceled due to the COVID-19 pandemic.
Output: Number of families/people reached			Public events have been canceled due to the COVID-19 pandemic. Bureau staff focused on providing information through social media, the DMH website, or newsletters, and other agency community resource guides. In the first half of FY21, there were 2,143 views of the IDD page of the DMH web site.

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**	968	968 persons are enrolled in the IDD Community Support Program (CSP) as of December 31, 2020. Only 620 persons received community support services according to Medicaid 372 report. The difference in the number of persons receiving services who were enrolled is directly correlated with the pandemic and available services. The SPA-Ms 20-0014 allowed CSP services to be provided telephonically and teleconference as well in alternate locations.
Outcome: Increase number of people in the ID/DDWaiver Program	**On Track**	35	ID/DD Waiver enrolled 35 new persons during first six months. Support Coordination is in the process of enrolling people from the Planning List, Crisis Capacity, and Transitions. The majority of enrollment is in the last six months. DMH will maintain or slightly exceed enrollment compared to FY20.
Outcome: Provide a Person-Centered Plan of Services and Supports for ID/DD Waiver service recipients	**On Track**		2,715 people receiving ID/DD Waiver Services have had a Plan of Services and Supports (PSS). State IDD Staff review and approve 100% of PSS.
Outcome: Provide a Person-Centered Plan of Services and Supports for IDD Community Support Program service recipients	**On Track**		All persons enrolled in the IDD Community Support Program received a Person-Centered Plan of Services and Supports. Due to the pandemic, the Plan of Services and Supports meetings were facilitated by the Targeted Case Manager telephonically or by teleconference as allowed by the SPA-MS 20-0014.
Outcome: Provide crisis services to people with intellectual and developmental disabilities	**On Track**		
Strategy 2.3.1 Increase the number ofpeople receiving IDD Waiver services			Although enrollment numbers are near FY20, the number of persons receiving most services are due to COVID-19. Some persons/families have declined in-home and community services due to the risk of exposure to COVID 19 but want the services to resume when safe.
Output: Number of total people receiving ID/DD Waiver services		2715	Source: 372 Report
Output: Number of people receiving ID/DD Waiver Transition Assistance		3	Source: 372 Report
Output: Number of people receiving ID/DD Waiverin-home nursing respite		119	Source: 372 Report

Output: Number of people receiving ID/DD Waiverin-home respite services		418	The number of persons receiving In Home Respite the first six months of FY 21 increased from FY 20 due to COVID-19. More people chose in-home support rather than community options. Source: 372 Report
Output: Number of people receiving ID/DD Waiver behavior support services		127	Source: 372 Report
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		11	Source: 372 Report
Output: Number of people receiving ID/DD Waiversupported employment services		195	Source: 372 Report. 60 persons received Job Development (searching for jobs) and 135 persons received Job Maintenance (has community job and job coach). This is significantly lower than FY 21 due to COVID 19 restrictions and businesses closed or limiting hours or capacity.
Output: Number of people receiving ID/DD Waiversupervised living services		812	Source: 372 Report
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		124	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 Waiverday services adult		1314	Source: 372 Report
Output: Number of people receiving ID/DD Waiver pre-vocational services		228	Source: 372 Report
Output: Number of people receiving ID/DD Waiver home and community support		868	Source: 372 Report
Output: Number of people receiving ID/DD Waiver support coordination services		2710	Source: 372 Report
Output: Number of people receiving ID/DD Waiver job discovery services		1	Source: 372 Report Lack of utilization of this service is likely due to COVID-19
Output: Number of people receiving ID/DD Waiver community respite		15	Source: 372 Report
Strategy 2.3.2 Increase the number of people receiving comprehensive community programs and services			

	Output: Number of people receiving IDD comprehensive diagnostic evaluations	315	A total of 315 persons received an IDD Comprehensive Diagnostic Evaluation in the first half of FY 21.
	Output: Number of people receiving IDD targeted case management services	1000	1000 persons were enrolled in IDD Targeted Case Management services as of December 31, 2020
	Output: Number of people receiving IDD Community Support Program services	620	620 persons received IDD Community Support Services according to MS Medicaid 372 report December 31, 2020. However, 968 people were enrolled in IDD Community Support Services as of December 31, 2020. This difference reflects service provision in relationship to the pandemic.
	Output: Number of people receiving IDD Community Support Program/day services adult	404	404 persons received Day Services adult as reported by the Medicaid 372 report December 2020.
	Output: Number of people receiving IDD Community Support Program/pre-vocational	236	236 persons received prevocational services as reported by the Medicaid 372 report.
	Output: Number of people receiving IDD Community Support Program/supported employment	96	96 people received Supported Employment, 64 persons employed using job maintenance and 32 persons using job development. Source: 372 report
	Output: Number of people receiving IDD Community Support Program/supported living	57	57 persons are living in the community with supported living services. Source 372 report
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	3715	2,715 persons receiving ID/DD Waiver and 1,000 persons receiving Targeted Case Management/CSP.
	Output: Number of people given a choice of providers as documented in their Plan of Services and Supports	3715	2,715 persons receiving ID/DD Waiver and 1,000 persons receiving Targeted Case Management/CSP.
Strategy 2.3.3 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program			SUCCESS, SUCCESS of Oxford, and Matt's House all act as community crisis homes for individuals with a dual diagnosis. SUCCESS consists of a four-bed home for adult males and a four-bed home for adult females, while SUCCESS of Oxford is a four-bed home for male adolescents. Matt's House is a four-bed home for adult males as well. In the first half of FY 21, these programs offered crisis stabilization services to a total of 22 people.

Output: Number served		22	SUCCESS served 14, Matt's House served 6, SUCCESS of Oxford served 2
Output: Average length of stay		79.92	The average length of stay at SUCCESS was 79.92 days, while the average length of stay at SUCCESS of Oxford was 60 days, and the average length of stay at Matt's House was 213 days.

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**	291	195 persons received Supported Employment through ID/DD Waiver and 96 persons received Supported Employment through IDD Community Support Program. Source: 372 reports
Strategy 2.4.1 Increase number of people utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services			The number of persons receiving Supported Employment in ID/DD Waiver and IDD Community Support Program has significantly declined since FY 20 due to COVID 19. Many lost jobs due to business closing or having decreased capacity/staff. Some chose not to work due to risk of exposure.
Output: Number of people searching for employment		92	60 persons received ID/DD Waiver Job Development and 32 persons received IDD CSP Job Development in the first half of FY21.
Output: Number of people employed		199	135 people received ID/DD Waiver Job Maintenance and 64 persons received IDD CSP Job Maintenance in the first half of 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**	53	A total of 53 new agencies, services, and programs were certified during the first half of FY21.

Outcome: Maintain the compliance of DMH operational standards by DMH Certified Providers	**On Track**		The DMH Division of Certification works to maintain compliance through certification/initial/follow-up visits via on-site, self-assessment, desk review/audits (due to COVID-19) and any additional reviews needed to affirm quality service provision of certified mental health services to the Mississippi populations served. DMH makes efforts to maintain compliance with DMH standards through visits with certified providers during the current COVID-19 pandemic. The division is working with providers that have outbreaks to maintain the safety of their staff and populations served, as well as DMH staff.
Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision			In Fall 2020, the DMH interested provider orientation was transitioned from a face-to-face quarterly meeting into a user-friendly, web-based format with the opportunity for providers to access and complete during a time that works best for them from their preferred locations (i.e. home, office, etc.). This platform has provisioned a premium customer service feature for interested stakeholders that has resulted in positive participatory feedback. The coronavirus pandemic has impacted outputs in this strategy. However, the division makes collaborative efforts to maintain quality compliance visits with providers that have outbreaks maintain the safety of their staff, populations being served, and DMH staff.
Output: Number of interested provider agencies participating in interested provider orientation		83	
Output: Number of completed applications received by DMH for new provider agency certification		6	
Output: Number of new provider agencies approved		9	
Output: Number of new services approved for DMH certified providers		18	
Output: Number of new programs approved for DMH certified providers		26	
Strategy 3.1.2 Monitor the provision of services by conducting site visits with DMH Certified Providers			
Output: Number of full agency site visits		30	
Output: Number of new program site visits		25	
Output: Number of on-site technical assistance		10	
Output: Number of provider self-assessments completed		21	

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 servicesand supports	**On Track**		As services are expanding across the state, DMH wants to help Mississippians know what services are available and how to access those services. In FY20, DMH developed a state mental health resources website that serves as a comprehensive hub of options for mental health services in our state. Users are able to find mental health services for children and adults in their counties, learn more about the Mobile Crisis Response Teams, Crisis Stabilization Units and other crisis services in their area, view Recovery Stories and learn about other service options and advocacy organizations. During the year, outreach efforts such as presentations, material distribution, social media, website views, press releases/media interviews, etc. all included the DMH Helpline number and Mental Health Mississippi website. Social media posts have highlighted the expansion of community-based services, including PACT, Mobile Crisis, Supported Employment, and CHOICE Housing. The Helpline number is prominently located on the DMH and Mental Health Mississippi websites. In the first half of FY 21, DMH received an Emergency Response to COVID-19 grant to provide mental health and alcohol and drug addiction services for Mississippians. As a result of this funding, DMH launched the Behind the Mask campaign to help promote the availability of these services. More information is available at BehindtheMaskMS.com.
Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	**On Track**		DMH partners with other agencies and providers for a specialized team that is focused on supporting people who have required treatment in inpatient programs on multiple occasions, linking them with additional services in the community to help them remain successful in their recovery. SPOTT was designed to help provide a person-centered, recovery-oriented system of care for all Mississippians in need of services. SPOTT grew out of services offered through The Arc of Mississippi, and was associated with services for intellectual and developmental disabilities, but has since grown to include mental health services. Members of the SPOTT team come from a variety of backgrounds and agencies including private providers and state agencies. Because of the SPOTT efforts, 79 people were linked to services in the first half of FY 21.

Strategy 3.2.1 Develop comprehensive outreach efforts to inform Mississippiansand stakeholders of how to access services, types of services available and how to file grievances related to servicesprovided by DMH certified provider agencies			
Output: Number of DMH Helpline calls		5004	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 3,691 calls came to the DMH Helpline during working hours and a total of 1,313 came to CONTACT after hours in the first half of FY21, for a total of 5,004 calls to the DMH Helpline. At this point in FY20, there was a total of 3,015 calls to the DMH Helpline. This is an increase of approximately 66% over this time last year.
Output: Number of calls to the Mississippi Call Center for the National Suicide PreventionLifeline		4398	There were 4,398 calls to the Mississippi Call Center for the National Suicide Prevention Lifeline in the first half of FY21. At this point in FY20, there had been 3,523 calls. This is an increase of approximately 25%.
Output: Number reached and type of outreachabout the availability of services		31953	The DMH website had 31,953 users and 129,250 page views.
Output: Number of grievances filed through the Office of Consumer Support		69	
Strategy 3.2.2 Evaluate the utilization ofthe Specialized Placement Option to Transition Team (SPOTT) to help people access services			
Output: Number of referrals made to SPOTT		67	
Output: Number of people connected to services/supports through SPOTT		79	Total number of people that were linked to services/supports
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 the use of evidence-based or best practices being used among DMH Programs and Certified Providers will be distributed in April 2021.

Strategy 3.3.1 Gather information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and DMH Certified Providers			A survey of the use of evidence-based or best practices being used among DMH Programs and DMH Certified Providers is distributed each April. Data will be reported at the end of FY21.
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers		0	A survey to collect data on the number of evidence-based, best, and promising practices used by DMH Certified Providers will be distributed in April 2021.
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices			A survey of the use of evidence-based or best practices being used among DMH Programs will be distributed in April 2021.
Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs			Will be reported at the end of FY21.
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	312	DMH continues to provide evidence-based and best practice trainings to a variety of stakeholders despite the COVID-19 pandemic. In the first half of FY21, these included training in Youth Mental Health First Aid and Eye Movement Desensitization and Reprocessing training. Additionally, the Mississippi Public Health Institute provided trainings in the following evidence based or best practices: Managing Disruptive Audiences, Cognitive Behavioral Therapy, Motivational Interviewing, Implementing the Core Tasks of Psychotherapy, Community Reinforcement Approach, Prevention Ethics, Domestic Violence and the Mental Health Community, Animal Assisted Therapeutic Interventions, Conducting Integrated Treatment with Patients with Co-Occurring Disorders, and After Incarceration: Helping Women Reenter the Community.
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	42	At mid-year, there have been 42 officers trained in CIT. There have been 4 classes. Due to social distancing and COVID restrictions, the number of officers allowed in the classrooms has decreased.

Outcome: Increase the number of Crisis InterventionTeams in Mississippi	On Track	7	There are currently 7 fully functional CIT programs in MS. COVID-19 caused expansion efforts to slow in 2020. Due to Pearl River County being added to Pine Belt Mental Health's catchment area, two more law enforcement agencies were added to the Pine Belt CIT program. Additionally, six law enforcement agencies that do not have a fully functional CIT program attended CIT classes in Meridian and Jackson.
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 in the first half of FY21.
Output: Number of trainings offered		10	There were 10 trainings offered through the Mississippi Behavioral Health Learning Network to increase the knowledge of evidence-based and best practices.
Output: Number of participants		193	
Strategy 3.4.2 Offer Youth Mental HealthFirst Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and the Mississippi Department of Education			Youth Mental Health First Aid is being offered to educators, School Resource Officers and parent/caregivers as part of the Mental Health Awareness Training Grant received from SAMHSA. Additionally, DMH continues to provide Youth Mental Health First Aid to the general public aside from the MHAT grant.
Output: Number of trainings		9	Nine Youth Mental Health First Aid trainings with 79 participants were provided during the first half of FY21. The COVID-19 pandemic halted in-person trainings. A virtual version of Youth Mental Health First Aid was released in July 2020. DMH instructors were trained in the virtual version and began providing training in August. Virtual classes only allow a maximum of 20 participants. The trainings are advertised on DMH social media pages, by contact with school districts, and through the Mental Health First Aid website. Participants are required to complete 2 hours of self guided work prior to participating in the 4 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 training. This paired with the reduction in class size has caused the total number trainings and individuals trained to decrease.

Output: Number of participants		79	
Output: Number of schools/districts		5	
Output: % of participants who feel more confidentto recognize signs/symptoms			The National Council for Behavioral Health, creators of Youth Mental Health First Aid, changed their evaluation questions when they released the new virtual version of the training. Instructors no longer have access to determine the percentage of participants who feel more confident to recognize signs/symptoms.
Output: % of participants who feel they could assist a person in seeking help			The National Council for Behavioral Health, creators of Youth Mental Health First Aid, changed their evaluation questions when they released the new virtual version of the training. Instructors no longer have access to determine the percentage of participants who feel they could assist a person in seeking help.
Strategy 3.4.3 Increase knowledge of the importance of Trauma-Informed Care byoffering trainings			Trauma-informed care trainings continued to be offered. In FY21, 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		33	
Output: Number trained in Trauma-Informed Care		751	
Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training			There are four CMHCs working toward expanding CIT in areas of the state that do not currently have CIT.
Output: Number trained in CIT		42	There have been 42 officers trained in FY21.
Output: Number of law enforcement entities trained		26	There have been 26 law enforcement agencies (LEA's) represented in the four classes held the first half of FY21.
Output: Number of trainings		4	There have been 4 CIT classes between July 2020 and December 2020. There are typically more CIT classes in the spring of each year than in the fall. Classes are usually not held in November and December because of officer work schedules during the holidays.
Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement,healthcare providers, and others to establish Crisis Intervention Teams			There are now seven fully functional CIT programs and DMH is working with four other communities to continue encouraging partnerships on an ongoing basis.
Output: Number of CIT Teams		7	

Output: Number of partnerships working towards CIT Teams		4	There are currently four partnerships working on CIT programs. Region 4 is working with LEA's in their area and Region 2 is working with LEA's in their area, both along with East MS CIT Training site. LEA's in Region 8's area are getting training at the Hinds CIT training site and are working toward establishing MOUs. Pine Belt is working toward getting LEA's in Stone County incorporated into its CIT program and they will focus on Adams County in the next period of the federal CIT expansion grant. In addition, DMH is assisting Region 4 in developing a CIT and officers from Corinth PD and Alcorn SO have been trained. DMH is also working with Wiggins PD, Stone SO, and MGCC-Perkinston Campus PD in joining the Pine Belt CIT program.
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**		The DMH HR Task Force has not met. However, recruitment and retention issues have been addressed with Program Directors.
Outcome: Decrease the overall turnover rate of employees at DMH programs by 5%	**On Track**		DMH programs have worked to utilize existing vacant positions to assist with retention. COVID-19 has negatively impacted the ability of programs to recruit and retain employees due to the requirement to work with patients who tested positive for COVID. Information gathered for this outcome will be reported at the end of FY21 will serve as baseline data to be used in addressing this measure in the future.
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 3 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**		MSH was referred via US Senator Cindy Hyde-Smith to Dr. John Mitchell with the Office of Mississippi Physician Workforce (OMPW). The OMPW provided MSH with consultants and other resources needed to become a sponsoring institution with the Accreditation Council for Medical Education (ACGME) in January 2020. The program began interviewing candidates in December 2020 and is on track to have students in 2021. A request has been submitted to the Mississippi State Personnel Board regarding obtaining positions to utilize for participants in the psychiatric residency program at MSH. The program did receive full accreditation from the ACGME at its Feb 12 - 13, 2021 meeting.
Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations			The members of the DMH taskforce have been a part of the discussions with Program Directors and other HR Directors regarding recruitment and retention needs.
Output: Number of task force meetings			The taskforce has not met due to joint discussions during virtual meetings with the Program Directors.
Output: Number of recommendations			A recommendation was made to the Program Directors and HR Directors to utilize vacant positions across DMH as a whole and not just within the specific program. This will help to provide a minimal amount of relief to the restrictive language regarding reclassification and reallocations that is impacting both of these areas.
Output: % of recommendations implemented		100.00%	The recommendation regarding the use of vacancies across programs have been helpful with the recruitment and retention of a few IT, nursing, program administrator and behavioral health positions.
Strategy 3.5.2 Monitor staff turnover rate at DMH programs			Staff turnover rate will be reported at the end of the fiscal year. This information will provide a baseline for continuing efforts to decrease staff turnover rate.
Output: Overall staff turnover rate			Staff turnover rate will be reported as the end of the fiscal year.
Output: Turnover rate for direct care positions			Staff turnover rate will be reported as the end of the fiscal year.
Output: Turnover rate for clinical positions			Staff turnover rate will be reported as the end of the fiscal year.
Output: Turnover rate for support/administrative positions			Staff turnover rate will be reported as the end of the fiscal year.

Strategy 3.5.3 Develop strategies to improve retention through use of a feedback and survey tool that identifies employee concerns			DMH programs and Central Office staff will utilize survey tools, including exit interviews, to identify strategies that could increase retention in the DMH workforce. This will be discussed by the taskforce in the second half of FY21.
Output: Total number of responses		24	
Output: Total concerns identified		10	
Output: Number of strategies identified		1	Review of comments documented during exit interviews.
Strategy 3.5.4 Establish a psychiatric residency program at Mississippi State Hospital that increases psychiatrists available to practice in state hospitals andmental health service providers			The program began interviewing candidates in December 2020. Fourteen interviews were conducted in December with 9 additional interviews scheduled in January 2021. It is on track to have students begin the program July 1, 2021.
Output: Total number of psychiatric residents in program			The program is expected to begin admitting psychiatric residents on July 1, 2021 and will have a total of 24 residents in 2024. Six new residents admitted to the program each year; the program will have six residents as of July 2021, 12 residents in July 2022, 18 in July 2023, and 24 in July 2024.
Output: Number of new psychiatric residents in program			Six new residents are expected to be admitted each year. As a four-year residency program, it will ultimately have 24 residents in the program.
Output: Number of community partnerships utilizing program (i.e., CMHCs, hospitals,clinics, or other providers)		3	The MSH Psychiatric Residency currently has three affiliated sites: Merit Health Central - Psychiatry residents will complete their emergency psychiatry rotation, consult-liaison, and neurology rotations at MSH; Region 8 Mental Health Services and Region 9 Hinds Behavioral Health Services - residents will treat patients with both these CMHCs.

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health			
Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations	On Track		DMH continues to provide Shatter the Silence: Suicide-The Secret You Shouldn't Keep trainings to audiences across the state. DMH has expanded the types of Shatter the Silence trainings by developing versions specifically for military, law enforcement and first responders, corrections officers, faith based youth and adult, and general adult. DMH has expanded the number of Shatter the Silence instructors in the state by holding train-the-trainer classes. DMH has established new partnerships with all Co-Occurring Disorder Specialists from the 14 Community Mental Health Centers, the Mississippi Retired Troopers Association, the Mississippi Department of Public Safety, the Mississippi Bureau of Investigation, the Mississippi National Guard, Pinelake Church, St. Mark's United Methodist Church, the State Department of Health's Injury and Violence Prevention Bureau, the Mississippi Board of Medical Licensure, the University of Mississippi Medical Center, and the Mississippi Public Health Institute. New partnerships developed in the first half of FY21 include the Mississippi Employment Security Commission and the Mississippi Community College Board, which asked DMH to provide training for Community Colleges in the state. Colleges who participated are Pearl River Community College, East Central Community College, Meridian Community College, Itawamba Community College, Copiah Lincoln Community College, and East Mississippi Community College. In September 2020, DMH hosted the 4th Annual Suicide Prevention Symposium, which focused on Fitting Suicide Prevention into our Changing Times. The Symposium was offered virtually due to the pandemic and was attended by 595 people. As a result of the COVID-19 pandemic, DMH has continued offering virtual suicide prevention and mental health awareness trainings that include: Shatter the Silence, Helping Youth During COVID-19, Focusing On Your Mental Health During COVID-19, Mental Health Matters, and The Alliance Project.
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts.	Off Track	436	The State Department of Health latest data reflects an increase in the number of suicides from 2018 (422) to 2019 (436).
Strategy 3.6.1 Develop customized messaging and suicide prevention literacy surveys for targeted Mississippians including military, law enforcement, older adults, schools/youth groups, faith- based,and correctional settings			Customized messaging has been created for these populations and presentations have been made to all groups during FY21.

| Output: Number of partnerships created | | 13 | Existing partnerships include Co-Occurring Disorder Specialists from the 14 Community Mental Health Centers, the Mississippi Retired Troopers Association, the Mississippi Department of Public Safety, the Mississippi Bureau of Investigation, the Mississippi National Guard, Pinelake Church, St. Mark's United Methodist Church, the State Department of Health's Injury and Violence Prevention Bureau, the Mississippi Board of Medical Licensure, the University of Mississippi Medical Center, and the Mississippi Public Health Institute.

New partnerships developed in the first half of FY21 include the Mississippi Employment Security Commission and the Mississippi Community College Board, which asked DMH to provide training for Community Colleges in the state. Colleges that participated are Pearl River Community College, East Central Community College, Meridian Community College, Itawamba Community College, Copiah Lincoln Community College, and East Mississippi Community College. |
Output: Number and type of presentations		8	There are now eight customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations are versions customized for military, law enforcement and first responders, faith-based youth, faith-based adult, correction officers, and general adult.
Output: Number trained		2752	A total of 2,752 people were trained in Shatter the Silence during the first half of FY21: 516 people were trained in the youth Shatter the Silence presentation, 2,223 trained in the General Adult version, 2 were trained in Correctional Officer, and 11 were trained in Law Enforcement and First Responders.
Output: Number of people reached through social media		51884	On Facebook, there were 38 posts with customized suicide prevention messaging with a reach of 51,612 and on Instagram, 33 posts with customized suicide prevention messaging were "liked" 272 times.

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		1094	
Output: Number of presentations		18	
Output: Number of people reached through presentations		1011	
Output: Number of people reached through social media		32119	Think Again information was included in 60 posts on social media with a reach of 32,119. There were 245 "likes" on Instagram and Facebook had a reach of 31,874.
Strategy 3.6.3 Promote DMH's digital outreach outlets to educate Mississippians 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		2347	
Output: Number of Shatter the Silence app downloads		152	
Output: Social media outlet reach		3519	The app was promoted to 2,105 people during Shatter the Silence presentations, 79 people through Youth Mental Health First Aid trainings, three times in social media posts with a reach of 1,030, and through 305 distributions of the app promotion card.
Output: % increase in Lifeline calls		24.80%	From July 1, 2020 to December 31, 2020 there were 4,398 calls to the National Suicide Prevention Lifeline. In the same time frame of 2019, there were 3,523 calls. This is an increase of 24.8%.
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			Responsible Gun Safety cards and posters are given to the Department of Public Safety for distribution through the Mississippi Bureau of Investigation with gun permits. Additionally, the cards are distributed to community groups and organizations through exhibiting opportunities and through mailings.

Output: Number of lethal means campaign distributed			There were 10 posters distributed through a partnership with Academy Sports in Hattiesburg in FY20. DMH will expand distribution in FY21.
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications		9686	DMH provided Reducing Access to Lethal Means info cards to the Mississippi Bureau of Investigation, which issues firearm permits in the state. In FY21, there have been 9,686 info cards provided to firearm owners who received permits.
Output: Number and type of partnerships		3	DMH has partnered with the Mississippi Bureau of Investigation and Department of Public Safety, who issue gun permits in our state. Additionally, DMH is partnering with Academy Sports in Hattiesburg, MS to distribute Responsible Gun Safety cards and posters.
Objective 3.7 Enhance data management to improve services provided			
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	**On Track**		MSH is utilizing a lab and pharmacy electronic interface. EMSH is waiting on the procurement and implementation of a new electronic health records system. ESS, BRC are defining their requirements for a lab and pharmacy interface with their electronic health records system being implemented this year.
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	**On Track**		The statewide bed registry has been enhanced to include Substance Use residential beds and Children and Youth beds. This registry will give a daily picture of the vacancy of beds throughout the state. The bed registry now includes Adult Residential, Children and Youth Residential, Crisis Stabilization Units, Community Living, Children Crisis, IDD crisis, and State Psychiatric beds. The bed registry gives the current occupancy, pending admissions and discharges, and vacancy at each facility.

Outcome: Improve efficiency of client information sharing among DMH Programs	**On Track**		The DMH Behavioral Health programs are submitting client level data electronically to the DMH statewide data warehouse. The DMH IDD programs will be submitting this data electronically to the DMH statewide data warehouse when they begin using their new electronic health records system.
Outcome: Increase accessibility of client records from a person's electronic health record	**On Track**		DMH Programs are able to submit data to the statewide data warehouse and also request reports on this data.
Outcome: Expand the utilization of telehealth to improve the transition process and continuing care of people from state hospitals to Community Mental HealthCenters	**On Track**		This outcome initially referred to the use of the UMMC telehealth network. However, due to Medicaid changing requirements related to payments for telemedicine, the CMHCs are using other methods for telemedicine versus using the UMMC telehealth network. Telemedicine has been conducted using services such as Zoom and GoToMeeting.
Strategy 3.7.1 Utilized computerized provider order entry (CPOE) for medication orders			This item has not started due to the procurement of a new electronic health records system. MSH is doing CPOE with their current electronic health records system.
Output: Report to CMS for Meaningful Use			DMH behavioral health hospitals are no longer trying to meet the requirements for Meaningful Use.
Strategy 3.7.2 Enhance the development of a bed registry to track psychiatric, crisis stabilization, substance use inpatient, Forensics, and nursing home bed availability data daily			The statewide bed registry has been enhanced to include Substance Use residential beds and Children and Youth beds. This registry will give a daily picture of the vacancy of beds throughout the state. The bed registry now includes Adult Residential, Children and Youth Residential, Crisis Stabilization Units, Community Living, Children Crisis, IDD Crisis, and State Psychiatric beds. The bed registry gives the current occupancy, pending admissions and discharges, and vacancy at each facility.
Output: % of occupancy by program/service			Due to the impact of the COVID pandemic and the change in bed capacity daily at CMHCs, this number calculated for occupancy would not be accurate. Double bed occupancy per room was changed to 1 bed per room to comply with CDC and the Health Department. Quarantines have been a daily change among the residential beds in our state.

Output: Number of services added to bed registry		2	During the first half of FY21, adult residential and children and youth residential beds have been added to the bed registry.
Strategy 3.7.3 Automate an electronic process to transfer client information between DMH Programs			SMSH and NMSH have used the UMMC telehealth network in connecting clients to a community-based program at discharge from a State Hospital.
Output: Number of programs with the ability to automatically transfer client information		0	This item has not started due to the procurement of a new electronic health records system.
Strategy 3.7.4 Implement a content/document management solution for scanning paper files into electronic health records			This item will be implemented with the new electronic health records system implementation at DMH Mental Health programs and IDD programs. Currently, MSH, EMSH, NMSH, SMSH, CMRC, STF, ESS are viewing client data electronically. SMRC, BRC, HRC, MAC and NMRC are scheduled to do this in 2022. ESS, NMRC, BRC, HRC, MAC are implementing document management with their implementation of the TIER electronic health records system. This implementation is currently underway with a full completion in 2022. MSH and SMSH have a standalone document management system but will be implementing this with their new electronic health records system that will include NMSH, EMSH, and CMRC. This system implementation is scheduled for 2022.
Output: Number of DMH Programs viewing all client records electronically		7	Currently, MSH, EMSH, NMSH, SMSH, CMRC, STF, ESS are viewing client data electronically. SMRC, BRC, HRC, MAC and NMRC are scheduled to do this in 2022.
Strategy 3.7.5 Provide the capability for video client interviewing prior to discharge from state hospitals			SMSH and NMSH have conducted video client interviews through the UMMC telehealth network. UMMC reports 79 DMH client visits and 59 CMHC visits using the UMMC Telehealth network. However, telemedicine has been conducted using Zoom and GoToMeeting due to Medicaid changing requirements related to payment for telemedicine in 2020.
Output: Number of interviews conducted between state hospitals and CMHCs for client transfers		79	UMMC reports 79 DMH client visits and 59 CMHC visits using the UMMC telehealth network. SMSH and NMSH have used the UMMC telehealth network in connecting clients to a community-based program at discharge from a State Hospital. In addition to these numbers, other video programs like Zoom and GoToMeeting have been used for telehealth services.