

DMH FY 18 Strategic Plan Mid-Year Progress Report

Level	Name	Status	Current Value	Last Comment
Plan	DMH FY 18 - FY 20 Strategic Plan	On Track		
Goal 1	To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care	On Track		
Objective	Objective 1.1 Enhance the effectiveness and efficiency of state hospital services	On Track		
Outcome	Maintain a 90 percent occupancy percentage of inpatient beds by service (occupancy percentage is filled beds compared to capacity)	On Track	95.50%	MSH: 99.06%; EMSH: 98%; SMSH: 90%; NMSH: 95% (Acute psy)
Outcome	Maintain readmission rates within national trends	On Track	5%	MSH 5.5%, EMSH 6%, SMSH 2%, NMSH 6.8%
Strategy	Strategy 1.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists	On Track		
Strategy	Strategy 1.1.2 Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates	On Track		
Output	% of occupancy: acute psychiatric care (all behavioral health programs)	On Track	95.50%	MSH 99.06%, EMSH 98.0%, SMSH 90%, NMSH 95%
Output	% of occupancy: continued treatment (MSH)	On Track	86.37%	
Output	% of occupancy: MSH medical surgical hospital (MSH)	On Track	11.34%	
Output	% of occupancy: chemical dependency (MSH)	On Track	99.93%	
Output	% of occupancy: nursing homes (MSH and EMSH)	On Track		MSH 89.96%, EMSH 79%
Output	% of occupancy: children/adolescents (MSH)	On Track	83.68%	
Output	% of occupancy: transition unit (EMSH)	On Track	88%	
Output	% of occupancy: forensics (MSH)	On Track	98.15%	
Output	% of individuals readmitted between 0-59 days after discharge	On Track	5%	MSH 5.5%, EMSH 6%, SMSH 2%, NMSH 6.8%
Output	% of individuals readmitted between 60-89 days after discharge	On Track	2.40%	MSH 3.43%, EMSH 2%, NMSH 2%, SMSH 2%
Output	% of individuals readmitted between 90-119 days after discharge	On Track	2.20%	MSH 1.92%, EMSH 4%, NMSH 1.1%, SMSH 2%
Output	% of individuals readmitted after 120-365 days after discharge	On Track	11.80%	MSH 10.88%, EMSH 13%, NMSH 10.5%, SMSH 13%

Outcome	Reduce the amount of time for completed initial competency evaluations and reporting for Circuit Courts	On Track		
Strategy	1.1.3 Develop and implement a Forensic Competency Evaluation Training Program to recruit local community-based evaluators	Achieved		On August 26–28, 2017, MSH Forensic Services Staff provided a 2 ½ day training program in which 21 Mississippi psychiatrists and licensed psychologists were trained to perform pre-trial competency evaluations. On October 27, 2017, MSH provided the names and contact information of these newly trained psychiatrists and psychologists to the court administrators of all circuit court districts in the state.
Output	Number of Forensic Competency Evaluation Trainings conducted	On Track		1
Output	Number of community-based evaluators trained and certified	On Track		21
Output	Average wait time for completed initial competency evaluation	On Track		331 days
Outcome	Reduce average length of stay for Circuit Court Restoration Commitment patients	On Track		122 days
Strategy	Strategy 1.1.4 Develop and implement a Community Restoration Pilot Program to be operated in the Hinds and Madison County detention centers by Region 8 Community Mental Health Center	Achieved		<p>In July 2017, MSH began a jail based restoration pilot program with Region 8 Mental Health Services that is currently offered in Hinds, Rankin and Madison Counties. In this program, Region 8 provides restoration services in the jail setting which can help alleviate wait times. Jail-based services can divert some individuals from ever requiring an admission to the hospital for restoration, removing them from the waiting list. For those cases where admission is required, the provision of services in jail can reduce the time a patient may require inpatient services once admitted to MSH.</p> <p>Since the inception of this program, 20 pretrial defendants have participated in competency restoration services. In its first six months, this program has resulted in six people being determined to have been restored to competency; two people being more quickly determined to be Not Competent, Not Restorable; one person admitted to MSH with a shorter admission time; and one person admitted at MSH and showing progress from participation</p>
Output	Average length of stay for restoration commitments	On Track	122	

Output	Number of restoration commitments	On Track	10	
Objective	Objective 1.2 Enhance the transition process of individuals to a less restrictive environment	On Track		
Outcome	Improve the process for people transitioning from inpatient care to community-based care through Peer Bridgers	On Track		The Peer Bridger Project in North Mississippi is intended to improve the transition process from inpatient care to a community based level of care so as to decrease individuals' need for readmissions to inpatient care and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. The pilot project consists of Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group.
Strategy	Strategy 1.2.1 Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers	On Track		
Output	Number of Peer Bridgers	On Track	8	
Output	Number of WRAPs conducted at pilot site	On Track	346	A total of 346 WRAPs conducted in the pilot program. In addition, CMRC conducted 17 WRAPs and SMSH conducted 196 WRAPs.
Output	Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning	Not Started		No requests for TA.
Output	Number of readmissions at pilot site	On Track	37	
Output	Number of first follow-up appointments attended	On Track	250	250 attended their first follow-up appointment with a CMHCs in the pilot project. Others who were connected with a Peer Bridger may have selected a different provider.
Outcome	Ensure continuing care plans are transmitted to the next level of care within five days of discharge	On Track		
Strategy	Strategy 1.2.2 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track		
Output	Percentage of individuals receiving services care plans that are transmitted to the next level of care within five days	On Track	89.20%	MSH: 78%; EMSH: 90%; SMSH: 100%; NMSH: 89%
Output	Percentage of discharge plans that include input from the person and/or family members	On Track	100%	
Objective	Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track		

Outcome	Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment	On Track	48%	In mid-year FY17, there were 68 new PACT admissions. By mid-year FY18, there were 140 new admissions for an increase of 48%.
Strategy	Strategy 1.3.1 Educate stakeholders about the options of Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services	On Track		
Output	Number of PACT Teams	On Track	8	Mississippi has eight PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT - one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center and Timber Hills Mental Health Services.
Output	Number of admissions to PACT teams	On Track	140	PACT teams added 140 new admissions during July - December 2017. A total of 328 people received services through PACT during this time period.
Output	Number of readmissions to a State Hospital of people already being served by a PACT Team	On Track	30	
Outcome	Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals	On Track	170	
Strategy	Strategy 1.3.2 Fund six pilot employment sites for individuals with SMI	Achieved	6	DMH researched best practices and chose the Supported Employment Programs of Individual Placement and Support (IPS). Supported Employment, an evidenced-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. The sites are in Regions 2, 7, 10, and 12. In addition, there are two other employment sites in their last year of grant funding. These sites are Regions 8 and 9.
Output	Number of businesses contacted for employment opportunities	On Track	2269	

Output	Number of individuals employed	On Track	170	
Objective	Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services	On Track		
Outcome	Utilize Crisis Stabilization Units to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track		
Strategy	Strategy 1.4.1 Evaluate Crisis Stabilization Units based on defined performance indicators	On Track		
Output	Diversion rate of admissions to state hospitals	On Track	91.73%	Of the total 1,506 admissions, 115 were referred to a DMH Psychiatric Facility.
Output	Average length of stay	On Track	12.1	
Output	Number of admissions	On Track	1506	
Output	Number of involuntary admissions vs. voluntary admissions	On Track		56.31% voluntary vs. 43.23% involuntary
Outcome	Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track	78%	During the first half of the year, there were 12,080 contacts/calls. Of those, 2,727 were referred to a more restrictive environment for a diversion rate of 78%.
Strategy	Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators	On Track		
Output	Number of contacts/calls	On Track	12080	
Output	Number of face-to-face visits	On Track	8229	
Output	Number referred to a Community Mental Health Center and scheduled an appointment	On Track	4240	
Output	Number of encounters with law enforcement	On Track	612	There were 8,229 face to face responses, 612 were accompanied by law enforcement.
Output	Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)	On Track	2727	
Objective	Objective 1.5: Connect people to appropriate housing opportunities for adults with serious mental illness	On Track		
Outcome	Increase the availability of community supports/services for people with a serious mental illness in order to implement the Permanent Supportive Housing model	On Track		211 people were housed through CHOICE and 17 were discharged between July - December 2017. 194 actively housed individuals as of December 31, 2017. *These are CHOICE numbers only. The CABHI (Cooperative Agreement to Benefit Homeless Individuals) grant ended September 30, 2017.

Strategy	Strategy 1.5.1 Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services	On Track		
Output	Number of assessments provided	On Track	211	A total of 211 individuals housed.
Output	Level of intensity of supports/services needed	On Track		Various levels needed: Case Management, Intensive Case Management, Outpatient Services, Psychosocial Rehabilitation, PACT (Program Assertive Community Treatment).
Output	Number of people maintained in Permanent Supportive Housing	On Track	194	
Output	Number of people/days hospitalized	On Track	0	
Output	Number of people/days admitted to an ER	On Track	0	
Output	Number of people/days in jail	On Track	3	Three people went to jail during July - December 2017.
Objective	Objective 1.6 Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process	On Track		
Outcome	Increase the awareness of the Certified Peer Support Specialist program	On Track		
Strategy	Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs	On Track		DMH's behavioral health programs were asked to submit plans to expand Peer Support Services within their programs. Meetings with individual programs were conducted in the second quarter and will continue in the third quarter.
Output	Number of peers/family members trained as CPSSs	On Track	51	Two trainings were held - one in south Mississippi (August) and one in north Mississippi (October) with a total of 51 participants.
Output	Number of CPSSs employed	On Track	155	5 newly employed from August 2017 training; 15 newly employed from October 2017 training.
Output	Number of DMH Certified Providers employing CPSSs	On Track	40	
Outcome	Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track	6	
Strategy	Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person Centered Planning & System of Care Principals, etc.	On Track		

Output	Number of trainings	On Track	6	4 TAs and 2 trainings were conducted.
Output	Number of participants	On Track	102	61 served through TAs; 1 training conducted with 21 participants; 1 training for MCERT and PACT team coordinators with 20 participants.
Objective	Objective 1.7 Provide community supports for children transitioning to the community and to prevent out-of-home placements	On Track		
Outcome	Increase the number of children and youth that are served by MAP teams	On Track	465	In mid-year FY17, a total of 549 children/youth had been served. By mid-year FY18, a total of 465 have been served.
Strategy	Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		Between July 1 - December 31, 2017, 465 children/youth were reviewed by MAP Teams
Output	Number served by MAP teams	On Track	465	465 children/youth were served by MAP Teams between July 1-December 31, 2017.
Output	Number of MAP teams	On Track	55	There were 55 MAP Teams between July 1 - December 31, 2017.
Outcome	Increase the statewide use of Wraparound Facilitation with children and youth	On Track		Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. In mid-year FY17, a total of 885 children/youth had been served. By mid-year FY18, a total of 802 have been served.
Strategy	Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED	On Track		
Output	Number of individuals that have been trained in Wraparound Facilitation	On Track	238	
Output	Number of providers that utilize Wraparound Facilitation	On Track	12	There were 12 Providers certified by DMH to provide Wraparound Facilitation between July 1 - December 31, 2017.
Output	Number of children and youth that are served by Wraparound Facilitation	On Track	802	
Output	Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement	On Track	138	
Output	Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement	On Track	459	

Outcome	Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track		
Strategy	Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community	On Track		DMH supports 14 JOP 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, and a number of other services to youth with serious emotional disorders and/or mental illnesses who are in detention centers or the juvenile justice system.
Output	Number served in detention centers	On Track	847	847 youth were served in the detention centers through the Juvenile Outreach Programs between July 1 - December 31, 2017.
Output	Number exiting detention center and continuing treatment with CMHC	On Track	432	432 youth continued to receive services after exiting the detention centers between July 1 - Dec. 31, 2017.
Output	Number of re-entries into the detention center	On Track	212	212 of the total 847 re-entered the detention center over the six month period.
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	100%	In mid-year FY17, a total of 7 youth had been served. A total of 15 have been served by mid-year of FY18. This is a 100% increase.
Strategy	Strategy 1.7.3 Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team	On Track		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 employment and education 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.
Output	Number of appropriate referrals	On Track	3	There were 3 appropriate referrals to the NAVIGATE program and a total of 15 youth were served between July 1 - Dec. 31, 2017.

Output	Number and type of supports/services provided	On Track	7	7 services were provided and include crisis intervention, community support, peer support, physician/nurse, medication management, outpatient therapy, and employment/education support.
Output	Number of youth and young adults maintained in his/her home and/or community	On Track	14	14 youth/young adults were maintained in the community between July 1- Dec. 31, 2017.
Outcome	Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track	92%	
Strategy	Strategy 1.7.4 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent	On Track		All parents/guardians are educated about wraparound care options so they can make the best decision for their children as they transition back into the community.
Output	Number of youth referred to MYPAC aftercare	On Track	13	
Output	Number of youth referred to a local Community Mental Health Center aftercare	On Track	22	
Output	Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center	On Track	8	
Output	Number of youth actually transitioned to MYPAC aftercare	On Track	7	
Output	Number of youth actually transitioned to a local Community Mental Health Center aftercare	On Track	13	
Output	Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	14	
Output	Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	13	

Objective	Objective 1.8 Provide treatment and supports both pre and post-release to improve the successful reentry of incarcerated people into the community	On Track		Funded by a federal grant, this partnership between DMH and the Department of Corrections aims to reduce recidivism by addressing untreated co-occurring substance use and mental health disorders in offenders under community supervision. It allows the two departments to improve identification of inmates with co-occurring substance use and mental health disorders, provide training to staff, integrate individualized treatment plans and track participant outcomes. The program will focus on people returning to Hinds County.
Outcome	Increase treatment and recovery support services for people with co-occurring mental health and substance use disorders who are transitioning from incarceration back into the community	On Track		
Strategy	Strategy 1.8.1 Full implementation of a program to serve co-occurring mental health and substance use disorder treatment and recovery support services for people returning to Hinds County who have been identified as medium to high risk for recidivism	On Track		
Output	Number of people screened for co-occurring disorders	On Track	62	
Output	Number of people identified as having co-occurring disorders	On Track	43	
Output	Number of people enrolled in intensive outpatient treatment program	On Track	7	
Output	Number of people successfully completing intensive outpatient treatment programs	On Track		Program not complete yet.
Objective	Objective 1.9 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services	On Track		
Outcome	Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track		Gathering baseline data and increase will begin in FY19.
Strategy	Strategy 1.9.1 Educate DMH Certified Providers on adherence to the federal regulations for serving priority populations	Achieved		DMH conducted a webinar and added the federal requirements to the Funding Continuation Application that began July 1, 2017.

Output	Number of DMH-Certified Providers acknowledging receipt of education/training on federal regulations	On Track	24	
Strategy	Strategy 1.9.2 Develop a tracking system to monitor high risk service utilization	On Track		The development of a formal tracking system is being reviewed.
Output	Number of pregnant women served	On Track	52	
Output	Number of pregnant intravenous (IV) women served	On Track	17	
Output	Number of parenting (under age of 5) women served	On Track	0	The data for this special population will be gathered in the formal tracking system.
Output	Number of intravenous (IV) drug users served	On Track	651	
Output	Number served utilizing Medication Assistance Treatment for opioid abuse	On Track	59	
Strategy	Strategy 1.9.3 Expand bed capacity for substance use services	On Track		Plans are in place for expansion of pregnant and parenting beds in FY19.
Output	Number of new beds available for primary and transitional services	On Track		In progress. Number will be reported at end of fiscal year.
Output	Number of new beds available for Medication Assisted Treatment	On Track		In progress. Number will be reported at end of fiscal year.
Output	Number served in primary treatment	On Track	2502	
Output	Number served in transitional treatment	On Track	339	
Outcome	Increase awareness of Mississippi's opioid abuse problem through a partnership with the Bureau of Narcotics and the Mississippi Board of Pharmacy	On Track		DMH and six other state agencies announced the launch of Stand Up, Mississippi, a comprehensive media campaign to address the opioid epidemic. As part of the campaign, DMH and its partners have launched a comprehensive resource website (www.standupms.org) that includes educational information about opioids, where to find treatment centers across the state, information about drop box locations, and other resources. Stand Up, Mississippi outreach efforts include presentations to local and state level organizations to educate citizens on opioids and combat the stigma of addiction. The partnership has increased to include the following: Department of Public Safety, Drug Enforcement Agency, Federal Bureau of Investigation and Department of Human Service.

Strategy	Strategy 1.9.4 Partner with the Bureau of Narcotics and the Mississippi Board of Pharmacy to conduct a series of Town Hall Meetings to educate community of opioid abuse problem	On Track		
Output	Number Town Hall Meetings	On Track	19	
Output	Number of attendees	On Track	3007	
Outcome	Decrease the number the deaths from opioid abuse by providing an opioid antagonist to law enforcement in high risk areas of the state	On Track		
Strategy	Strategy 1.9.5 Educate and distribute Narcan to law enforcement officers in high risk areas to combat overdose deaths	On Track		
Output	Number law enforcement officers educated on the use of Narcan	On Track	3950	3,950 officers, 104 different agencies, 49 counties
Output	Number of Narcan distributed	On Track	5892	
Output	Number of Narcan doses administered	On Track	25	25 doses administered, 23 lives saved
Output	Number of overdose deaths	On Track	2	25 doses administered, 23 lives saved.
Goal	To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care	On Track		
Objective	Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting	On Track		
Outcome	Increase the number of people transitioning to the community from the ICF/IID Regional Programs	Off Track		1.87% people transitioned to the community from the ICF/IID Regional Programs. The number of people transitioned to the community is a reflection of Section 22 of DMH's appropriations bill, capping the ID/DD Waiver spending at a cost not to exceed \$28.5 million.
Outcome	Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track		The overall decrease percentage of people accessing ICF/IID level of care in an institutional setting is 6.03% for mid-year. BRC - 13.07% ESS - 0% HRC - 0.12% NMRC - 9% SMRC - 8%

Strategy	Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements	On Track		Using a person-centered approach people continue to receive transition services and the appropriate options for living arrangements.
Output	Number of people transitioned from facility to ICF/IID community home	On Track	14	14 people were transitioned.
Output	Number of people transitioned to community waiver home/apartment/host home	Off Track	2	Two people were transitioned to community waiver living arrangements. The number of people transitioned to waiver services is a reflection of Section 22 of DMH's appropriations bill capping the ID/DD Home and Community Based Waiver spending at a cost not to exceed \$28.5 million.
Output	Number of people transitioned home with waiver supports	Off Track	1	One person transitioned home with waiver supports. The number of people transitioned to waiver services is a reflection of Section 22 of DMH's appropriations bill capping the ID/DD Home and Community Based Waiver spending at a cost not to exceed \$28.5 million.
Outcome	Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track		82% served in the community vs. 18% served on-campus in DMH Residential Programs.
Objective	Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD	On Track		
Outcome	Enhance statewide public awareness campaign to increase knowledge of community services available to persons with intellectual and developmental disabilities	On Track		BIDD continues to provide statewide public awareness events to increase knowledge of community service options available to people with intellectual and developmental disabilities.
Strategy	Strategy 2.2.1: Develop a quarterly report by Central Office and Regional Programs outlining the number of outreach/awareness activities	On Track		The Regional Programs continue to provide and report their outreach and awareness activities.
Output	Number of educational materials developed	On Track	16	The materials developed include handouts, Power Point presentations, displays, and flyers.
Output	Number of public awareness events attended	On Track	137	47 public awareness events were organized and attended in the first quarter and 90 public awareness events in the second quarter for a total of 137 events mid-year.
Output	Number of materials/stories distributed	On Track	995	780 handouts, brochures, and flyers were distributed in the first quarter and 215 materials distributed in the second quarter.

Objective	Objective 2.3: Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options	On Track		
Outcome	Increase number served through IDD Community Support Program	On Track		642 people received at least one service through the IDD Community Support Program.
Outcome	Provide 2,515 people services in the ID/DD Waiver Program	On Track	2594	2,594 people were enrolled in the ID/DD Waiver as of December 31, 2017.
Outcome	Ensure people are receiving a Person Centered Plan of Services and Supports	On Track	3349	2,594 people enrolled in the ID/DD Waiver and 755 people in the Community Support Program receiving Targeted Case Management had a Person-Centered Plan of Services and Supports as of December 31, 2017 for a total of 3,349.
Strategy	Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule	On Track		As of December 31, 2017, 2,594 people were offered freedom of choice between institutional and community care, a choice of service providers and a choice of services. Additionally, all received a person-centered Plan of Services and Supports which outlines the community participation activities for each person.
Output	Number of people who receive an assessment for person centered services	On Track	3349	As of December 31, 2017, 2,594 people enrolled in the ID/DD Waiver and 755 people receiving IDD Community Support program services received assessments to ensure person-centered services were being provided.
Output	Number of Plan of Services and Supports reviewed indicating the chosen providers participated in the development of the Person Centered Plan	On Track	3349	
Strategy	Strategy 2.3.1 Track the increase in number of people receiving comprehensive community programs and services	On Track		As of December 31, 2017, 3,349 people were receiving comprehensive programs of community services through the ID/DD Waiver and IDD Community Support Program.
Output	Number of total people receiving ID/DD Waiver services	On Track	2594	2,594 people were enrolled as of December 31, 2017.
Output	Number of people receiving ID/DD Waiver Transition Assistance	On Track	5	
Output	Number of people receiving ID/DD Waiver in-home nursing respite	On Track	171	

Output	Number of people receiving ID/DD Waiver in-home respite services	Not Started		The Division of Medicaid has not implemented procedure codes for billing for this service; therefore, no one has received it.
Output	Number of people receiving ID/DD Waiver behavioral support services	On Track	41	
Output	Number of people receiving ID/DD Waiver crisis support services	On Track	18	
Output	Number of people receiving ID/DD Waiver intervention services	On Track	8	
Output	Number of people receiving ID/DD Waiver supported employment services	On Track	279	
Output	Number of people receiving ID/DD Waiver supported living services	On Track	159	
Output	Number of people receiving ID/DD Waiver host home services	Not Started		As of December 31, 2017, there were no providers certified to provide Host Home services. BIDD continues to recruit providers.
Output	Number of people receiving ID/DD Waiver day services adult	On Track	1126	
Output	Number of people receiving ID/DD Waiver pre-vocational services	On Track	844	
Output	Number of people receiving ID/DD Waiver home and community support services	On Track	1239	
Output	Number of people receiving ID/DD waiver support coordination services	On Track	2594	
Output	Number of people receiving targeted case management services	On Track	755	
Output	Number of people receiving Community Support Services/Case Management	On Track	735	
Output	Number of people receiving comprehensive diagnostic evaluations	On Track	398	As of December 31, 2017, 398 people had received comprehensive evaluations through the Diagnostic and Evaluation Teams at the five Regional Programs.
Output	Number of people receiving ID/DD Waiver job discovery services	On Track	26	
Output	Number of people receiving work activity services	On Track	166	
Output	Number of people receiving ID/DD Waiver supervised living services	On Track	691	
Output	Number of people receiving ID/DD Waiver shared supported living services	On Track	35	
Output	Number of people receiving community support program/day habilitation	On Track	198	
Output	Number of people receiving community support program/pre-vocational	On Track	368	

Output	Number of people receiving community support program/supported employment	On Track	113	
Objective	Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with the Department of Rehabilitation Services	On Track		DMH continues to collaborate with the Department of Rehabilitation Services to provide Supported Employment services to people with IDD.
Outcome	Increase number of people utilizing Supported Employment Services	On Track	279	279 people were receiving Supported Employment services as of December 31, 2017. In FY17, a total of 254 people received services for an increase of 25 people.
Strategy	Strategy 2.4.1 Partner through a multi-agency taskforce to expand Supported Employment Services	On Track		
Output	Increase percentage of people utilizing supported employment services	On Track	10	
Output	Decrease percentage of people utilizing pre-vocational services	On Track		While the number of people receiving Prevocational Services increased, the monthly expenditures decreased. This is due to the fact that people are now dividing their days between Prevocational Services and Day Services Adult. This will assist with the phase-out of Prevocational Services.
Output	Number approved for Supported Employment Services	On Track	279	
Output	Develop a curriculum for job coaches and job trainers	On Track		The development of a curriculum for job trainers is on track with an estimated completion date of March 31, 2018. Meetings with a multi-agency planning group took place in July, September, and October 2017. The Arc of MS is spearheading the effort and sending a draft of the manual to all committee members for review as it is developed.
Output	Number of job trainers and job coaches trained	On Track		Upon completion of the Job Trainer Manual, Job Coaches from the Department of Rehabilitation Services and those employed by ID/DD Waiver and IDD Community Support Program providers will be trained before the end of FY18.
Output	Number of taskforce meetings	On Track	3	
Objective	Objective 2.5 Provide a Conflict Free Case Management system of care	On Track		

Outcome	Decrease the number of IDD services provided by the ICF/IID Regional Programs	On Track	50	Support Coordination services is provided by four Regional Programs. The four Regional Programs reduced the number of ID/DD Waiver services provided by 50%.
Outcome	Increase the number of IDD services provided by other certified providers	On Track		Fourteen (14) certified providers increased the number of IDD services they provide.
Strategy	Strategy 2.5.1 Transition people from ICF/IID Regional Programs to other certified providers	On Track		Through a person-centered approach and the Plan of Services and Supports process people receiving IDD services are being offered services by other certified providers in their area. In March 2014, CMS implemented the Final Rule for Home and Community Based Services (HCBS). This Rule requires states to ensure entities providing ID/DD Waiver Support Coordination services do not also provide other ID/DD Waiver services. DMH has been coordinating the transition of these services with Community Mental Health Centers, which are already providing a number of the services. DMH state-run programs will no longer be providers of ID/DD Waiver services. This change is needed to ensure the ID/DD Home and Community Based Waiver can continue to be approved by CMS. DMH believes the function of Support Coordination is within the mission of the agency. IDD regional programs will continue to provide Support Coordination services and no longer provide other ID/DD Waiver services. This plan has been approved by the Mississippi Division of Medicaid and CMS. Boswell will
Output	Number of IDD services/programs operated by ICF/IID Regional Programs (not including support coordination)	On Track		The total number of IDD services/programs operated by the ICF/IID Regional Programs reduced by 50%.
Output	Number of IDD services/programs operated by other certified providers	On Track		Other DMH certified providers under the ID/DD Waiver provide 14 services including: 108 supervised living locations and 67 day programs throughout state.
Output	Number of people diverted from institutional care and transitioned to community services after receiving state-funded crisis services	On Track		Three persons were transitioned to community services after receiving crisis support services through the BRC Success Program.
Goal	To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery	On Track		

Objective	Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards	On Track		
Outcome	Increase the number of certified community-based service delivery agencies, services, and programs	On Track		Final number will be reported in end of year report.
Strategy	Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.	On Track	2	Interested Provider Orientations were held on August 8 and November 14.
Output	Number of interested provider agencies participating in interested provider orientation	On Track	61	
Output	Number of completed applications received by DMH for new provider agency certification	On Track	18	
Output	Number of new provider agencies approved	On Track	4	The review for many of the agencies which applied in July were not completed by the end of 2017.
Output	Number of completed applications received by DMH for services added by a DMH certified provider agency	On Track	24	
Output	Number of new services added by a DMH certified provider agency approved	On Track	24	
Output	Number of completed applications received by DMH for programs added by a DMH certified provider agency	On Track	97	
Output	Number of new programs added by a DMH certified provider agency approved	On Track	97	
Objective	Objective 3.2 Ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided	On Track		
Outcome	Increase number of positive grievance resolutions related to grievances received through the Office of Consumer Support	On Track	100	A total of 66 grievances received through the Office of Consumer Support. All 66 grievances were resolved (100%).
Outcome	Increase public knowledge about services through information and referral	On Track		Information included on all outreach materials, campaigns, Facebook page, and DMH Website.

Strategy	Strategy 3.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies	On Track		
Output	Number of calls seeking information and/or referral received through DMH's toll-free number	On Track	2604	
Output	Number of grievances filed through the Office of Consumer Support	On Track	66	
Outcome	Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		
Strategy	Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)	On Track		Ongoing through SPOTT referrals, discovery visits and connection to services.
Output	Number of referrals made to the Specialized Placement Option to Transition Team (SPOT)	On Track	61	
Output	Number of people connected to services/supports through SPOTT	On Track	36	Although this number is lower than previously reported, the cessation of admissions to ICF/IDD facilities as well as enrollment in the IDD Waiver program has drastically decreased available options for SPOTT referrals made from the IDD community.
Objective	Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers	On Track		
Outcome	Increase the number of evidence-based and emerging best practices trainings by 5% each year	On Track		
Strategy	Strategy 3.3.1 Promote at least six evidence-based, best practices and promising practices trainings offered through the DMH learning management system through internal communication efforts	On Track		Nine trainings have been promoted. Three of which were evidence-based
Output	Number of trainings promoted	On Track	9	
Outcome	Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	On Track		
Strategy	Strategy 3.3.2 Gather and verify information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and all DMH Certified Providers	On Track		

Output	Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers	On Track		The final total will be compiled at the end of the fiscal year.
Output	Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices, at DMH Programs	On Track		In FY17, a survey was distributed to all DMH programs to compile a list of evidenced-based, best practices and promising practices actively being used by the programs. The survey will be distributed again in April 2018. Survey results will be reported at the end of FY18.
Output	Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs	On Track		Based on 2016 survey results, 82. The number will be updated after the next survey in April 2018.
Objective	Objective 3.4 Offer trainings in evidence-based and best practices to a variety of stakeholders	On Track		DMH continues to provide Mental Health First Aid, ASIST, QPR, CIT, and other trainings.
Outcome	Outcome: Increase the number of stakeholders trained in evidence-based practices including criminal justice professionals, substance use providers, school professionals, etc.	On Track		<p>DMH continues to provide Mental Health First Aid, ASIST, QPR, Motivational Interviewing, CIT, and other trainings.</p> <p>More than 25 clinicians from across the state attended a two-day workshop at DMH to apply the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model in cases involving the Commercial Sexual Exploitation of Children (CSEC). Clinicians learned how to use CSEC-specific applications within the practice framework. This training enhanced clinical skills essential to serving this challenging population and was a collaboration between NFusion Desoto and DMH.</p> <p>In total, there were 2,471 people trained in the first half of FY18.</p>
Strategy	Strategy 3.4.1 Conduct a training needs assessment by surveying DMH Certified Substance Use Providers	Achieved		
Output	Output: Number of survey respondents	On Track	93	
Strategy	Strategy 3.4.2 Provide trainings in a variety of evidence-based practices for treatment, prevention and recovery support services	On Track		
Output	Number trained in Trauma-Informed Care for Criminal Justice Responses	On Track	195	
Output	Number trained in Motivational Interviewing at MDOC	On Track	8	
Output	Number trained in Mental Health First Aid (adults and children)	On Track	17	

Output	Number trained in evidence-based practices for suicide prevention	On Track	1685	
Output	Number trained in other evidence-based practices	On Track	410	
Strategy	Strategy 3.4.3 Organize a train-the-trainer for Mental Health First Aid public safety designation	Achieved		This is the first time in Mississippi that in addition to the Mental Health First Aid course, participants also received supplemental training on the Mental Health First Aid for Law Enforcement, Corrections, and Public Safety module. This module builds upon the effectiveness of the standard Mental Health First Aid curriculum by focusing on the unique experiences and needs of law enforcement, corrections and public safety audiences. Participants included staff from the Mississippi Department of Corrections, law enforcement agencies, Community Mental Health Centers, and private providers.
Output	Number of trainers certified to deliver the training	On Track	30	
Output	Number of professionals trained	On Track	126	Total of 126 professionals trained including 8 train-the-trainers at the Mississippi Department of Corrections.
Output	% MDOC staff trained in MHFA	On Track	10%	
Objective	Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs	On Track		
Outcome	Establish a diverse taskforce to analyze recruitment and retention issues	Achieved		Task force was established in July 2017. There are five task force members from DMH programs.
Strategy	Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce	On Track		
Output	Number of taskforce meetings	On Track	5	Task force has met five times as of December 31, 2017.
Strategy	Strategy 3.5.2 Identify recruitment and retention needs and develop recommendations	On Track		Task force met to address the Direct Care Series as well as the DMH Addendum to the MSPB Handbook.
Output	Number of recommendations	On Track	5	The task force recommended changes to five of the positions in the Direct Care Series qualifications.
Output	% of recommendations implemented	On Track	100%	100% of the recommendations that have been made to date have been implemented.
Outcome	Improve the turnover rate of employees providing direct care by 5%	On Track		The implementation of the changes began October 2017. The turnover rate will be evaluated and reported in the final FY18 report.

Strategy	Strategy 3.5.3 Research different methods to increase the salary of direct care workers	On Track		The task force reviewed the requirements for Direct Care Workers to advance through the current reclassification system. A request was made and approved by the State Personnel Board to modify the requirements for five of the positions in the series. The modifications allowed for an increase in pay for employees upon hiring, within 90 days of meeting direct care worker requirements and having the recommendation of their supervisor. The employee must also have a successful PDA score and training. This process will continue throughout the direct care series thus allowing more opportunity for advancement within the series.
Strategy	Strategy 3.5.4 Monitor staff turnover rate to track trends/patterns in certain positions	On Track		A request has been made to the State Personnel Board (SPB) for reports on the turnover rates for DMH. DMH is currently using the number provided by SPB to monitor the turnover rate in accordance to the formula they utilize. Beginning in October 2017, DMH is tracking the numbers provided on a monthly basis.
Output	Turnover rate for direct care state service positions	On Track		The turnover rate for direct care state service positions is being monitored on a monthly basis. DMH began restructuring the series in October 2017 and will review the trend in six months to see if a change can be noted.
Output	Turnover rate for direct care contractual positions	On Track		Several of our agencies offer the option of being a contract direct care worker rather than a state service worker. The number of direct care contract workers that have separated employment with the agency is being monitored as well.
Output	Overall turnover rate for direct care positions	On Track		The turnover rate as a whole for the direct care series is being monitored on a monthly basis beginning with data from October 2017 which was the first month the agency was able to hire and promote direct care workers according to the guidelines of the restructure.

Objective	Objective 3.6 Educate school professionals and youth on suicide prevention	On Track		<p>As a result of HB 263 passed during the 2017 Legislative Session, two professional development series were selected for all certified and classified school district staff to complete during the 2017-2018 school year. School districts are to report implementation of the trainings to the Mississippi Department of Education (MDE) by April 1, 2018. Districts are also monitored by MDE for assurance that the training was received.</p> <p>Additionally, DMH hosted a Suicide Prevention Symposium: Shattering the Silence by Working Together in September 2017 that was attended by 110 people, some of who were school professionals.</p> <p>I Got You and Shatter the Silence presentations were given to 1,638 students during the first half of FY18.</p>
Outcome	Develop a model suicide prevention policy for public schools in partnership with the Department of Education	Achieved		<p>As a result of House Bill 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy template for school districts. According to the law, all school districts are required to adopt a policy for suicide prevention. A template was developed through focus group participation and provided to MDE for implementation. School districts are monitored by MDE for assurance that the policy is adopted within the district.</p>
Strategy	Strategy 3.6.1 Partner with Department of Education for the development of a model policy and for selection of evidence-based curriculums for in-service training for all school district employees during 2017-2018 school year	Achieved		<p>As a result of House Bill 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy and selecting evidence-based curriculums for in-service suicide prevention training for all school district employees in the 2017-2018 school year. In August 2017, a focus group was held to select the curriculum and develop a model policy template. The Jason Foundation was chosen for classified staff, and the Society for the Prevention of Teen Suicide was chosen for certified staff. The information was provided to the MDE for implementation with local school districts.</p>

Output	Number of school districts that adopt a policy on suicide prevention	On Track		As a result of House Bill 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy template for school districts. According to the law, all school districts are required to adopt a policy for suicide prevention. A template was developed through focus group participation and provided to the MS Department of Education for implementation. School districts are monitored by MDE for assurance that the policy is adopted within the district.
Output	Number of schools trained in evidence-based curriculums	On Track		School districts are to report implementation of these trainings to MDE by April 1, 2018. Districts are also monitored by MDE for assurance that the training was received.
Output	Make recommendation to Mississippi Legislature to revise current law if needed	On Track		House Bill 263 was amended during the 2017 Legislative Session to state that in the 2017-18 school year, all school district employees had to receive two hours of suicide prevention training, and new employees thereafter. Implementation of the trainings is being monitored by MS Dept. of Education and is expected to be complete by April 1, 2018. The Suicide Prevention Workgroup will determine any recommendations that are needed prior to the 2019 Legislative Session.
Outcome	Create recommendations to improve law by revising current legislation if needed	On Track		House Bill 263 was amended during the 2017 Legislative Session to state that in the 2017-18 school year, all school district employees had to receive two hours of suicide prevention training, and new employees thereafter. Implementation of the trainings is being monitored by MS Dept. of Education and is expected to be complete by April 1, 2018. The Suicide Prevention Workgroup will determine any recommendations that are needed prior to the 2019 Legislative Session.

Outcome	Decrease the number of youth suicides in the state through awareness and prevention efforts	On Track		Data regarding the decrease in youth suicides in MS is published by the MS Department of Health. 2017 data is not expected to be published until November of 2018. Efforts made to reduce the number of youth suicides in MS include: In September 2017, DMH hosted a Suicide Prevention Symposium: Shattering the Silence by Working Together. The symposium was attended by 110 people including teachers, law enforcement officers, mental health professionals, and clergy. Between July 1 and December 31, 2017, trainings about suicide prevention were made to 2,244 people. There were 13 media stories about suicide prevention and a proclamation from Governor Bryant. DMH also partnered with MDE to fulfill HB263.
Strategy	Strategy 3.6.2 Offer Shatter the Silence suicide prevention materials and presentations to youth across the state	On Track		In August 2017, MDE provided information about Shattering the Silence presentations and materials to 450 school nurses in every MS school district.
Output	Number of materials requested	On Track	2068	
Output	Number of student presentations	On Track	16	
Output	Number of schools requesting materials/presentations	On Track	23	
Output	Number of students who participate in presentations	On Track	1685	
Objective	Objective 3.7 Develop an Electronic Health Records system to improve services provided to individuals served	On Track		
Outcome	Implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs	On Track		All 10 Programs have implemented an electronic health records system,. The systems that have been consolidated to the ITS state datacenter are HRC, BRC, NMRC, SMRC, MSH and CMRC.
Outcome	Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First	On Track		MSH is currently using a lab interface, a pharmacy interface and a radiology interface. Lab and Pharmacy interfaces are scheduled for NMSH, SMSH, EMSH, HRC and NMRC in 2018. The only program currently using Dr. First is EMSH.

Strategy	3.7.1 Utilize computerized provider order entry (CPOE) for medication orders	On Track		MSH is currently using CPOE for medication orders. BRC, HRC, NMRC and SMRC are currently configuring CPOE to begin implementation and training on using CPOE. NMSH, SMSH, EMSH, CMRC and STF are planned to begin using CPOE in 2018.
Strategy	Strategy 3.7.2 Replace manual reporting with electronic online reporting	On Track		There are many manual reporting items that are now online with electronic health records. Additional reporting is being identified for developing a solution.
Outcome	Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds	On Track		A bed dashboard has been developed for CSU entry. This should be in production in the third quarter of FY18. This will allow census entry from the CSUs on a daily basis.