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

FY19 End-of-Year Progress Report

FY19 – FY21 Mississippi Department of Mental Health Strategic Plan

October 2019

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

DMH Strategic Plan FY19 End-of-Year Progress Report

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

Objective 1.1 Enhance the effectiveness and efficiency of state hospital services	On Track		
Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals	On Track	5.4	SMSH: 3 days NMSH: 4 days EMSH: 8.5 days MSH: 6.09 days This is the first fiscal year this outcome has been in the DMH plan. A reduction will be reported for FY20.
Outcome: Maintain readmission rates within national trends (national trend is 7.2%)	On Track	6.17%	MSH: 5.39% EMSH: 8% SMSH: 6% NSMH: 5.3%
Outcome: Decrease the number of admissions to state hospitals by 10 percent.	Off Track	6.8%	MSH: 908 EMSH: 445 SMSH: 484 NSMH: 375 FY18: 2,373 FY19: 2,212
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting for Circuit Courts	On Track	83	Average length of wait for competency evaluations: FY18: 282 days FY19: 83 days Number on waiting list: July 2018: 92 July 2019: 41
Outcome: Reduce average length of stay for Circuit Court Restoration Commitment patients	On Track	138	FY19 138 days, 44 evaluations completed FY18 101 days, 27 evaluations completed
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 1.1.2 Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates	On Track		
Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)	On Track	4,341	SMSH: 535 NMSH: 423 EMSH: 756 (includes nursing home) CMRC: 193 MSH: 2,308 (includes all services except Whitfield Medical) STF: 126
Output: Average wait time for acute psychiatric admissions	On Track	5.4	SMSH: 3 days NMSH: 4 days EMSH: 8.5 days MSH: 6.09 days
Output: % of occupancy: acute psychiatric care (all behavioral health programs)	On Track	95.1%	MSH: 93.36% - Impacted by conversion of 21 beds to forensic competency restoration beds on December 10. EMSH: 98% SMSH: 95% NMSH: 94%

Output: % of occupancy: continued treatment (MSH)	On Track	78.73%	
Output: % of occupancy: MSH medical surgical hospital (MSH)	On Track	15.45%	
Output: % of occupancy: chemical dependency (MSH)	On Track	95.51%	
Output: % of occupancy: nursing homes (MSH and EMSH)	On Track	88.05%	MSH: 82.10% EMSH: 94%
Output: % of occupancy: children/adolescents (MSH)	On Track	83.6%	
Output: % of occupancy: transition unit (CMRC)	On Track	79.4%	
Output: % of occupancy: forensics (MSH)	On Track	89.97%	
Output: % of individuals readmitted between 0-59 days after discharge	On Track	6.17%	MSH: 5.39% EMSH: 8% SMSH: 6% NSMH: 5.3%
Output: % of individuals readmitted between 60-89 days after discharge	On Track	2.7%	MSH: 1.95% EMSH: 3% NMSH: 1.9% SMSH: 4%
Output: % of individuals readmitted between 90-119 days after discharge	On Track	1.9%	MSH: 1.56% EMSH: 3% NMSH: 1% SMSH: 2%
Output: % of individuals readmitted after 120-365 days after discharge	On Track	12.5%	MSH: 10.97% EMSH: 13% NMSH: 13% SMSH: 13%

Strategy 1.1.3 Expand community-based services to reduce the reliance on institutional care by redirecting funds to be granted to CMHCs (includes PACT Team, crisis beds, court liaisons, etc.)	On Track		DMH further expanded community-based services by shifting an additional $13.3 million from institutional budgets to the Service Budget to reduce the reliance on institutional care. $8 million for expansion of crisis services including additional crisis stabilization beds in the community, court liaisons, crisis counselors, and an additional PACT team. $4 million to expand the ID/DD Home and Community Based Waiver. $900,000 to continue/expand the development of Behavioral Health Homes for individuals that have been receiving continued treatment services at Mississippi State Hospital. $400,000 to continue/expand the jail-based competence restoration project. LifeCore Health Group (Region 3) opened eight crisis beds in Tupelo; Community Counseling Services (Region 7) opened eight beds in West Point; Singing River (Region 14) opened eight beds in Gautier; Hinds Behavioral Health Services opened 12 beds in Jackson. The beds offer time-limited residential treatment services designed to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient care.
Output: Number of admissions to MSH	On Track	908	
Output: Number of admissions to EMSH	On Track	445	
Output: Number of admissions to NMSH	On Track	375	
Output: Number of admissions to SMSH	On Track	484	
Strategy 1.1.4 Continue to expand the Community-Based Competency Restoration Program to reduce the wait time and length of stay for compentency restoration services	On Track		Jail-Based Competency Education Service is a program piloted in 2017 in Hinds and Madison Counties that has expanded to Holmes, Harrison, Jackson, Lamar, and Forrest Counties. MSH contracts with Community Mental Health Centers to provide jail-based services to defendants awaiting an inpatient bed at MSH.
Output: Average wait time for completed initial competency evaluation	On Track	83 days	
Output: Average length of stay for competency restoration at MSH	On Track	138 days	
Output: Number of competency restoration admissions	On Track	60	
Output: Number of counties served by the program	On Track	7	Forrest, Harrison, Hinds, Holmes, Jackson, Lamar, and Madison
Strategy 1.1.5 Expand forensic competency restoration bed capacity by conversion of current acute psychiatric treatment beds	On Track		To aid in decreasing wait times, MSH converted a 21-bed unit on the campus and designated additional clinical staff for use by Forensic Services to provide competency restoration services. Currently, 14 of the 21 beds are staffed, representing an increase of 93% based on the "staffed" beds available for admissions.
Output: % increase in forensic bed capacity	On Track	93%	

Objective 1.2 Enhance the transition process of individuals to a less restrictive environment	On Track		In FY19, a DMH and CMHC Transition Work Group was developed to standardize the transition process to provide effective transitions for people moving from inpatient to community-based care.
Outcome: Improve the process for people transitioning from inpatient care to community- based care through Peer Bridgers	On Track		
Outcome: Ensure continuing care plans are transmitted to the next level of care within 24 hours of discharge	Off Track		
Outcome: Decrease the need for Continued Treatment services at MSH by utilizing Community Behavioral Health Homes for community transitions	On Track		In FY19, there were 75 active beds compared to 92 in FY18.
Outcome: Improve the timeliness of enrollment for people who are Medicaid eligible or the reinstatement of benefits upon discharge from DMH's state hospitals	Achieved		A Memorandum of Understanding between DMH and the Division of Medicaid (DOM) is easing the transition process for people who have received services at DMH's state hospitals. Implemented on July 1, 2018, the MOU has three core components:

1) DMH social workers can now submit applications for people who are receiving services in the state hospitals. Previously, DMH staff would only assist with this process close to the patient's discharge date, since Medicaid cannot provide benefits to someone while they are in a DMH hospital. If the application is approved before discharge, those benefits will still be restricted until after discharge.

2) People who were receiving Medicaid benefits prior to admission at a DMH hospital will retain their enrollment in the Medicaid program, but restrictions will apply while they are receiving inpatient services at a DMH hospital. Those restrictions will be lifted at discharge, and the patient will not have to complete the Medicaid application process again.

3) Benefits will be unrestricted if the patient, while still in the care of DMH, requires additional inpatient treatment at another medical program. This unrestricting allows Medicaid to provide reimbursement for qualifying medical needs while the patient will be returning to a DMH hospital. |
Strategy 1.2.1 Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers	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 readmission and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. The pilot project consists of Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group.
Output: Number of Peer Bridgers	On Track	5	
Output: Number of WRAPS conducted at pilot site	On Track	311	
Output: Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning	On Track		Integration of WRAP is a part of DMH's Golden Thread training. The training is designed to support transformation efforts to a person-centered, recovery-oriented system of care.
Output: Number of readmissions at pilot site	On Track	20	

Output: Number of first follow-up appointments attended	On Track	72%	
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 24 hours	Off Track	91%	MSH: 83% EMSH: 84% NMSH: 97% SMSH: 100%
Output: Percentage of discharge plans that begin at the time of admission	On Track	100%	SMSH: 100% NMSH: 100% EMSH: 100% MSH: 100%
Output: Percentage of discharge plans that include input from the person and/or family members	On Track	100%	SMSH: 100% NMSH: 100% EMSH: 100% MSH: 100%
Strategy 1.2.3 Transition people, with appropriate services and supports, who have been served in Continued Treatment beds and are in need of 24-hour supervision through a partnership with a local CMHC	On Track		MSH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi have partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. Region 8 opened a Community Transition Home for four females in Simpson County in April 2018 and have opened an additional house for four more females. Region 9 opened a Community Transition Home in May 2018 for four males in the Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in community.
Output: Number of people transitioned	On Track	25	A total of 25 transitioned, seven to a Community Transition Home.
Output: Number of civilly committed people served in Continued Treatment beds	On Track	100	
Output: Number of people successfully transitioned to the community	On Track	6	Six of the seven who transitioned to a Community Transition Home in FY19 are still in the community.
Strategy 1.2.4 Develop a Memorandum of Understanding with DMH and the Division of Medicaid related to Medicaid benefits for people discharged from state hospitals	Achieved		Complete
Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track		In the fourth quarter, DMH began a pilot with Communicare to develop an Intensive Community Outreach Recovery Team (iCORT). The objective is to keep people in the community and avoid placement in state-operated behavioral health programs. An iCORT has fewer staffing requirements and higher staff-client ratios than a traditional PACT Team. An iCORT is able to target more rural areas where there may be staffing issues and clients are spread out over the geographical area. Services are provided 24-hours per day, 7-days a week just like PACT. DMH has plans to expand iCORT in FY20 with four additional CMHCs.
Outcome: Increase by at least 25% the utilization of Programs of Assertive Community Treatment Teams for individuals who have had multiple hospitalizations and do not respond to traditional treatment	On Track	30%	In FY19, a total of 500 people received services through PACT compared to 384 served in FY18. There were 205 new admissions.

Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals	On Track	245	To help expand the programs, in the second quarter of FY19, DMH provided funding to Community Mental Health Centers to add seven more Supported Employment programs at Region 3, 4, 8, 9, 11, 14, and 15. In FY18, there were four Supported Employment sites, Region 2, 7, 10, and 12. Currently, there are 11 Supported Employment programs across the state.
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		In-services for EMSH and MSH staff (nurses, nurse practitioners, psychiatrists, and social workers) were conducted to raise awareness of available community-based services upon discharge. DMH developed a video highlighting PACT services to be shared via social media and on DMH's website.
Output: Number of PACT Teams	On Track	10	In FY19, DMH provided funding for two additional PACT Teams - Region 8 Mental Health Center and Region 4 Mental Health Services. Mississippi currently has 10 PACT teams operated by the following Community Mental Health Centers: Warren-Yazoo Behavioral Health, Life Help, Pine Belt Mental Healthcare Resources (operates two - one in Hattiesburg and one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core Health Group, Region 8 Mental Health Center, and Region 4 Mental Health Services (operates two - one in Desoto and one in Corinth).
Output: Number of admissions to PACT teams	On Track	205	There were 205 new admissions to PACT in FY19 with 500 people receiving PACT services.
Output: Number of readmissions to a State Hospital of people already being served by a PACT Team	On Track	24	
Strategy 1.3.2 Fund employment opportunities for individuals with SMI	On Track	11	To expand the programs, in the second quarter of FY19, DMH provided funding to add seven more Supported Employment programs at Region 3, 4, 8, 9, 11, 14, and 15. In FY18, there were four Supported Employment sites, Region 2, 7, 10, and 12. Currently, there are 11 Supported Employment programs across the state. DMH developed a video highlighting supported employment to be shared via social media and on DMH's website.
Output: Number of businesses contacted for employment opportunities	On Track	4,748	
Output: Number of individuals employed	On Track	245	
Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services	On Track		To expand the availability of community-based services and reduce the reliance on inpatient care, DMH shifted $13.3 million from institutional programs to the Service Budget in FY19. The funding shift included $8 million directed towards the expansion of crisis services, including additional crisis stabilization beds, court liaisons, crisis counselors, and an additional PACT Team. Using these funds, crisis stabilization beds opened in Regions 1 (officially opened after the end of FY19), 3, 7, 9, and 14, while Region 4 added an additional PACT Team. DMH developed a video highlighting crisis services to be shared via social media and on DMH's website.
Outcome: Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units	On Track	91.5%	
Outcome: Ensure successful continuation in the community by utilizing a community crisis home	On Track		
Strategy 1.4.1 Offer short-term inpatient crisis services (CSUs) to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care	On Track		3,520 people were served in the CSUs.

Output: Diversion rate of admissions to state hospitals	On Track	91.5%	
Output: Average length of stay	On Track	9.89	
Output: Number of involuntary admissions vs. voluntary admissions	On Track		Involuntary 1,749 vs. Voluntary 1,771
Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations in the community	On Track		
Output: Number of contacts/calls	On Track	27,349	
Output: Number of face-to-face visits	On Track	20,529	
Output: Number referred to a Community Mental Health Center and scheduled an appointment	On Track	9,612	
Output: Number of encounters with law enforcement	On Track	1,895	
Output: Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)	On Track	5,983	
Strategy 1.4.3 Offer short-term crisis supports by evaluating needs to ensure people are connected to appropriate services and supports	On Track		Matt's House supports up to five individuals, 24 hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and has no place to live. Matt's House is a short-term (6 months or less) crisis transition home for males. Referrals to Matt's House can come from a multitude of locations, but the Specialized Planning, Options to Transition (SPOTT) Team has priority admission when Matt's House has vacancies. Residents must be 18 years of age, must not be violent, and not currently on the IDD Waiver. As soon as possible after admission, Boswell Regional Center's Diagnostic and Evaluation Department are contacted to conduct a psychological evaluation for the resident. Residents will be assisted by Matt's House staff with applying for government benefits, which can include SSI, Medicaid, and SNAP benefits, while long term placement is being sought.
Output: Number served in community crisis home	On Track	35	35 people served in three 4-bed homes
Output: Number transitioned with appropriate supports	On Track	24	24 individuals successfully moved to community with supports. People who are admitted to the program participate in a Person-Centered Planning meeting along with any family or friends who may be able to participate. The topics discussed include but are not limited to: the person's interests, preferences, abilities, skills, character, typical day, expectations, employment history, important goals, typical frustrations, plan of action, their concerns, and their dreams.
Objective 1.5 Connect people with serious mental illness to appropriate housing opportunities	On Track		DMH, Mississippi Home Corporation and CMHCs are working together to provide integrated permanent supported housing for people with serious mental illness. The goal is for people to 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. This program is known as CHOICE, Creating Housing Options in Communities for Everyone. MUTEH and Open Doors are also partners with CHOICE. DMH developed a video highlighting CHOICE to be shared via social media and on DMH's website.

Outcome: Increase the number of people who have a serious mental illness who are living in Permanent Supportive Housing	On Track	308	308 people housed through CHOICE in FY19 compared to 211 in FY18. On June 28, 2019, CHOICE housed its 600th resident since the beginning of the program in 2016.
Strategy 1.5.1 Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the communities of their choice by providing an adequate array of community supports/services	On Track		
Output: Number of assessments	On Track	362	
Output: Level of intensity of supports/services needed	On Track		The level of intensity consists of: Case Management, Intensive Case Management, Outpatient Services, Psychosocial Rehabilitation, and PACT.
Output: Number of people maintained in Permanent Supportive Housing (CHOICE)	On Track	213	At the end of mid-year, there were 213 individuals maintained in housing through CHOICE. This number could change daily, weekly, and monthly as individuals enter and exit housing for various reasons.
Output: Number of people hospitalized	On Track	7	This only includes state hospitals.
Output: Number of people admitted to an ER	On Track	24	A total of 24 admissions to the ER which consisted of medical and psychiatric.
Output: Number of people in jail	On Track	25	During FY19, a total of 25 people were placed in jail. Two individuals are currently in jail. The others were discharged back into housing.
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		The first training with the Youth and Young Adult modules took place June 18-21, 2019 with 13 young people participating. A Youth/Young Adult Peer Support Specialist is a person between the ages of 18-26 with lived experience with a behavioral health or substance use diagnosis. As Youth/Young Adult Peer Support Specialists, their core tasks include preparing and supporting other young people to fully participate in their own services and supports, linking them with other community resources and activities, and assisting young people during transitional periods, such as changing schools, moving, or starting a new job.
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 Think Recovery campaign works to increase the knowledge of service providers and the public on the Components of Recovery. The focus of the campaign is to help the public understand that recovery is a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential. In FY19, the campaign focused on recovery from the perspective of people with lived experience in substance use, mental illness, young adults and/or parents/caregivers of children with a behavior diagnosis. DMH highlighted two CPSS personal recovery stories as Think Recovery videos reaching 7,877 people through views on DMH's Facebook page and YouTube channel. Presentations about the benefits of employing CPSSs were given at the MH/IDD Conference and Trauma Conference and shared in a DMH weekly highlight.

Output: Number of peers/family members trained as CPSSs	On Track	167	167 people participated in the trainings. Participants only become a Certified Peer Support Specialist once they obtain employment in the state's mental heatlh system. Many of the training participants were employees of the VA and are not classified as a CPSS.
Output: Number of CPSSs employed	On Track	201	
Output: Number of DMH Certified Providers employing CPSSs	On Track	36	
Outcome: Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	Off Track		In FY19, there were a total of 19 presentations including the Golden Thread Training. In FY18, there were a total of 25 trainings. One reason there wasn't an increase in the number of trainings from FY18 to FY19 is due to the fact that many DMH Certified Providers have already participated in the training.
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	19	
Output: Number of participants	On Track	358	There was an increase in the number of participants in FY19 for a total of 358 compared to 241 in FY18.
Objective 1.7 Provide community supports for children transitioning to the community and to prevent out-of- home placements	On Track		
Outcome: Increase the participation of representatives on local Making A Plan (MAP) teams	On Track		A Making A Plan (MAP) Team is made up of individuals from local community agencies that work with children and youth. The first priority of the MAP Team is to review cases concerning children and youth (ages 5– 21) who have a serious emotional/behavioral disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access to or availability of needed services and supports in the community. MAP Team meetings are held once a month. An average of 302 representatives participated in 51 MAP Team meetings each month. The average participation for each MAP Team meeting was six representatives including local CMHC, Child Protection Services, youth court, local school district, Families First Resource Center, non-profit agencies, local law enforcement and vocational rehabilitation. This was a new measure for FY19 and baseline data was gathered. DMH will track the increase in FY20.
Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		The average participation for each MAP Team meeting was six representatives which is up from the average at mid-year of five. An average of 302 representatives participated in 51 MAP Team meetings each month which is an increase from mid-year's average of 288.
Output: Number of participants attending MAP teams	On Track	302	An average of 302 representatives participated in 51 MAP Team meetings each month. The average participation for each MAP Team meeting was six representatives including local CMHCs, Child Protection Services, youth court, local school districts, Families First Resource Center, non-profit agencies, local law enforcement, and vocational rehabilitation.
Output: Number served by MAP teams	On Track	753	In FY19, 753 children and youth were served by MAP Teams which is a decrease from FY18 number of 881.

Outcome: Increase the statewide use of Wraparound Facilitation with children and youth	On Track	1,752	In FY19, 1,752 children and youth were served with Wraparound Facilitation which is an increase from FY18 number of 1,329.
Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED	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.
Output: Number of individuals that have been trained in Wraparound Facilitation	On Track	526	
Output: Number of providers that utilize Wraparound Facilitation	On Track	14	In FY19, there were 14 providers that utilized Wraparound Facilitation which is an increase from 12 in FY18.
Output: Number of children and youth that are served by Wraparound Facilitation	On Track	1,752	
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement	On Track	754	
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement	On Track	363	
Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track	1,823	DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. In FY19, a total of 1,823 youth were served compared to 1,760 youth in FY18.
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		The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and also to prevent future contacts between them and the youth courts.
Output: Number served in detention centers	On Track	1,823	In FY19, 1,823 youth were served in the detention centers through the JOP program.
Output: Number exiting detention center and continuing treatment with CMHC	On Track	1,134	In FY19, 1,134 youth exited the detention centers and continued treatment with the local CMHC.
Output: Number of re-entries into the detention center	On Track	729	In FY19, 729 had re-entered the detention center. After mid-year, this number only includes the youth re-entering from the CMHC catchment area (250).
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 FY19, 69 youth have been served compared to 23 in FY18.

Strategy 1.7.4 Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team	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 education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, Gulf Coast Mental Health Center, and Region 8 Mental Health Services.	
Output: Number of appropriate referrals	On Track	49	In FY19, there were 49 appropriate referrals to NAVIGATE out of 60 total referrals.	
Output: Number and type of supports/services provided	On Track	7	There were seven types of services provided to include crisis intervention, community support, peer support, psychiatrist/nurse practitioner, 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	57	In FY19, 57 youth and young adults were maintained in his/her home and community. The total served was 69.	
Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wraparound aftercare	On Track			
Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent	On Track		As part of the transition planning process, treating staff provides information on available aftercare options to parents/guardians. Staff works with the parents/guardians to determine the most appropriate aftercare options based on the needs of the youth and his/her primary caretakers. Staff usually makes, or ensures that the parent/guardian makes, the initial or intake appointment with the chosen provider while the youth is still receiving treatment at STF.	
Output: Number of youth referred to MYPAC aftercare	On Track	26		
Output: Number of youth referred to a local CMHC aftercare	On Track	44		
Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center	On Track	21		
Output: Number of youth actually transitioned to MYPAC aftercare	On Track	17		
Output: Number of youth actually transitioned to a local CMHC aftercare	On Track	37		
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider	On Track	29		
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	30		

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 focuses on people returning to Hinds County. Program services are in the final year with funding for the reentry grant anticipated to end.
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 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		Due to the success of this program over the last two years, the Department of Corrections was awarded a second three-year grant under the Second Chance Act to provide re-entry and treatment for persons in Panola, Lafayette, Marshall, Tate, Calhoun, and Yalobusha counties.
Output: Number of people screened for co-occurring disorders	On Track	102	
Output: Number of people identified as having co-occurring disorders	On Track	79	
Output: Number of people enrolled in intensive outpatient treatment program	On Track	40	Out of the 40 enrolled in the program, there was one re-incarceration.
Output: Number of people successfully completing intensive outpatient treatment programs	On Track	6	There were a total of six people who successfully completed the program.
Objective 1.9 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services	On Track		
Outcome: Decrease the wait time by 5% for individuals who are court committed to DMH for alcohol and drug treatment by diverting individuals to community-based programs and providing indigent funds to reimburse a portion of the cost of treatment	On Track		A total of 213 people were diverted. There were approximately 827 orders for an approximate 25% diversion rate. In FY19, the average wait time for admission for alcohol and drug treatment at the Chemical Dependency Unit was 31 days. The decrease in wait time will be measured in FY20.
Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track		The representation of priority populations including pregnant women, parenting women, and IV drug users was a total of 1,171 served. This is baseline data.
Strategy 1.9.1 Provide reports of individuals waiting for services at DMH's chemical 11dependency unit to the CMHC's alcohol and drug treatment programs for diversion	On Track		A formal tracking system has been created to track all participants in the state waiting on a CDU bed at MSH and the number diverted.
Output: Number of people diverted	On Track	213	A total of 213 people were diverted. There were 827 orders for an approximate 25% diversion rate.
Strategy 1.9.2 Develop a tracking system to monitor high risk service utilization	On Track		A formal tracking system, WITS, was put in place December 1, 2018. Currently, this system is configured for agency, facility, program, services, and service rates for the grant funded providers. The Substance Use and Mental Health portions of WITS have been implemented.
Output: Number of pregnant women served	On Track	83	

Output: Number of pregnant intravenous (IV) women served	On Track	31	
Output: Number of parenting (under age of 5) women served	On Track	89	
Output: Number of intravenous (IV) drug users served	On Track	999	
Output: Number served utilizing Medication Assistance Treatment for opioid abuse	On Track	1,927	
Strategy 1.9.3 Expand bed capacity for substance use services	On Track		This reflects an expansion that is currently in progress at Harbor House and Region 1 for pregnant and parenting women.
Output: Number served in community residential treatment	On Track	4,999	
Output: Number of primary residential treatment beds	On Track	484	
Output: Increase utilization of community residential beds by 5%	On Track		This reflects an expansion in progress at Harbor House and Region 1 for pregnant and parenting women.
Outcome: Increase awareness of Mississippi's opioid abuse problem through a partnership	On Track		
Strategy 1.9.4 Partner with the Bureau of Naractoics and the Mississippi Board of Pharmacy to 11conduct a series of Town Hall Meetings to educate community of opioid abuse problem	Achieved		
Output: Number Town Hall Meetings	On Track	11	
Output: Number of attendees	On Track	775	
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 1.9.5 Educate and distribute Narcan to law enforcement officers in high risk areas to 11combat overdose deaths	On Track		
Output: Number of law enforcement officers educated on the use of Narcan	On Track	1,244	
Output: Number of Narcan distributed	On Track	3,458	
Output: Number of Narcan doses administered	On Track		A total of 91 lives have been saved in FY18 and FY19. This is self-reported data from law enforcement so the number could be higher.
Output: Number of overdose deaths	On Track	393	
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			

	Status	Value	Description
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	On Track	88	
Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements	On Track		
Output: Number of people transitioned from facility to ICF/IID community home	On Track	26	26 people transitioned from the facility to the ICF/IID community home in FY19.
Output: Number of people transitioned to community waiver	On Track	54	A total of 54 people transitioned to a waiver community home/apartment/supervised living. Of the 54, a total of 27 people transitioned from the ICF/IID Regional Program and 27 people from the ICF/IID community home.
Output: Number of people transitioned home with waiver supports	On Track	8	A total of eight people transitioned home with waiver supports; six from the ICF/IID Regional Programs and two from the ICF/IID Community Home.
Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track	9.6%	The overall decrease percentage of people accessing ICF/IID level of care in an institutional setting for FY19 is 9.6%. NMRC - 2%, ESS/SMRC - 17.4%, BRC/HRC - 9.4%
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	83%	83% served in the community vs 17% served on campus in ID/DD Regional Programs.
Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD	On Track		
Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities	Achieved		DMH presented at the Mississippi Special Education Directors Meeting during the third quarter and transition fairs at local school districts during the fourth quarter to provide information about the Intellectual and Development Disabilities (ID/DD) Waiver and Intellectual and Development Disabilities Community Support Program (1915i). DMH developed information guides about the ID/DD Waiver and Community Support Program for families.
Strategy 2.2.1 Develop an educational video targeting families to highlight the importance of the 11ID/DD Waiver and Community Support Program	Achieved		A total of four videos were developed to highlight people with intellectual and developmental disabilities and the importance of the ID/DD Waiver and Community Support Program.
Output: Number of views	Achieved	32,000	32,000 views between the four videos.
Output: Number of agencies/partners that share the video	Achieved	2	
Outcome: Feedback from focus group	Achieved		The focus group was complimentary of the four videos of real Mississippians highlighting services for people with intellectual and developmental disabilities in the state.
Strategy 2.2.2 Develop a plan to increase communication with Special Education Coordinators at schools to encourage information sharing with parents	Achieved		DMH met with Special Education Directors at MDE. DMH attended a Special Education meeting in February 2019 to provide information about Intellectual Disabilities and Developmental Disabilities (ID/DD) Waiver and Community Support Program so it could be shared in their respective districts.
Output: Number of coordinators reached	Achieved	152	

Output: Development of outreach materials	Achieved		Outreach materials highlighting the Intellectual and Developmental Disabilities (ID/DD) Waiver and Intellectual and Developmental Disabilities Communty Support Program (1915i) were created and shared with families and school districts.
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	850	Regional Program Targeted Case Management reported a total of 850 people served during FY19. The IDD Community Support Program (CSP) initially enrolled 157 people in FY19 and had an 8% (784) increase of number of people served from FY18. CMS renewed CSP in November 2018 with increase in service rates (to match ID/DD Waiver rates) and addition of a new CSP service - Supported Living. 31 people received Supported Living in FY19. This service will be tracked in future years.
Outcome: Enroll an additional 180 people in the ID/DD Waiver Program	On Track	178	Actuals based on lock-in information. *pending admissions (due to Medicaid eligibility) total 180
Outcome: Ensure people are receiving a Person Centered Plan of Services and Supports	On Track		
Strategy 2.3.1 Increase the number of people receiving comprehensive community programs and services	On Track	4,601	4,601 people received comprehensive services through either the ID/DD Waiver or IDD Community Support Program in FY19 compared to 3,554 in FY18.
Output: Number of total people receiving ID/DD Waiver services	On Track	2,715	2,715 in FY19 compared to 2,682 in FY18
Output: Number of people receiving ID/DD Waiver Transition Assistance	On Track	19	
Output: Number of people receiving ID/DD Waiver in-home nursing respite	On Track	180	
Output: Number of people receiving ID/DD Waiver in-home respite services	On Track	51	
Output: Number of people receiving ID/DD Waiver behavioral support	On Track	103	
Output: Number of people receiving ID/DD Waiver crisis support services	On Track	26	
Output: Number of people receiving ID/DD Waiver crisis intervention services	On Track	37	
Output: Number of people receiving ID/DD Waiver supported employment	On Track	472	
Output: Number of people receiving ID/DD Waiver supervised living services	On Track	745	
Output: Number of people receiving ID/DD Waiver shared supported living	On Track	118	
Output: Number of people receiving ID/DD Waiver supported living services	On Track	137	
Output: Number of people receiving ID/DD Waiver host home services	On Track	0	DMH currently has no providers for this service, DMH is working on defining the service better so that providers will be encourged to provide this service.

Output: Number of people receiving ID/DD Waiver day services adult	On Track	1,490	
Output: Number of people receiving ID/DD Waiver pre-vocational services	On Track	637	
Output: Number of people receiving ID/DD Waiver home and community support services	On Track	1,292	
Output: Number of people receiving ID/DD waiver support coordination	On Track	2,709	
Output: Number of people receiving ID/DD Waiver job discovery services	On Track	32	
Output: Number of people receiving ID/DD Waiver community respite	On Track	55	
Output: Number of people receiving targeted case management services	On Track	903	
Output: Number of people receiving comprehensive diagnostic evaluations	On Track	983	
Output: Number of people receiving employment related services	On Track	118	
Output: Number of people receiving community support program/day habilitation	On Track	362	
Output: Number of people receiving community support program/pre- vocational	On Track	357	
Output: Number of people receiving community support program/supported employment	On Track	162	
Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as 11outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)	On Track	100%	
Output: Number of people who receive an assessment for person-centered services	On Track	3,565	
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports	On Track	3,565	
Strategy 2.3.3 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program	On Track		
Output: Number served	On Track	27	
Output: Average length of stay	On Track	145	145 days is the average length of stay for FY19. The increase from mid-year is due to a calculation error. Mid-year was calculated on per month stay and not cumulative length of stay.
Outcome: Provide crisis services to people with intellectual and developmental disabilities	On Track		
Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with state agencies and providers	On Track		
Outcome: Increase number of people utilizing Supported Employment Services	On Track	634	634 people in FY19 compared to 339 in FY18.

Strategy 2.4.1 Partner through a multi-agency taskforce to expand Supported Employment Services	On Track		Partners include: Mississippi Department of Rehabilitation Services, The Arc of Mississippi, Association of People Supporting Employment First (APSE), Provider Agencies, and Disability Rights Mississippi.
Output: Number approved for Supported Employment Services	On Track	634	Includes Waiver and CSP
Output: Increase percentage of people utilizing supported employment services	On Track	87%	634 people in FY19 compared to 339 in FY18.
Output: Decrease percentage of people utilizing pre-vocational services	On Track	25%	
Output: Number of job coaches trained	On Track	102	
Output: Number of taskforce meetings	On Track	7	
Goal 3: To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery			
Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards	On Track		
Outcome: Increase the number of certified community-based service delivery agencies, services, and programs	On Track	188	A total of 188 new agencies, programs and services.
Outcome: Ensure DMH Certified Providers are meeting operational standards	On Track		
Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision	On Track		
Output: Number of interested provider agencies participating in interested provider orientation	On Track	139	
Output: Number of completed applications received by DMH for new provider agency certification	On Track	34	
Output: Number of new provider agencies approved	On Track	24	
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	On Track	24	
Output: Number of completed applications received by DMH for programs added by a DMH certified provider agency	On Track	73	
Output: Number of new programs added by a DMH certified provider agency approved	On Track	73	
Strategy 3.1.2 Monitor the provision of services by conducting site visits with DMH Certified Providers	On Track		
Output: Number of full agency site	On Track	67	Beginning January 1, 2019, the Division of Certification began certification reviews of 50% of the certified agencies and the remaining 50% will be reviewed in 2020. In 2018, all agencies were reviewed for certification.

Output: Number of individual program site visits	On Track	115	
Output: Number of on-site technical assistance	On Track	77	
Objective 3.2 Ensure Mississippians have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided	On Track		
Outcome: Increase public knowledge about availability and accessibility of services and supports	On Track		
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		Outreach efforts such as presentations, material distribution, social media, website views, press releases/media interviews, etc. all included the DMH Helpline number. The Helpline contact information is shared via social media posts at least three times per week. During FY19, DMH expanded outreach efforts by revamping materials, customizing presentations, and developing a variety of videos to highlight the expansion of community-based services including PACT, Mobile Crisis, Supported Employment, and CHOICE Housing. The Helpline number is prominently located on DMH's website.
Output: Number of calls seeking information and/or referral received through the Helpline	On Track	5,767	In FY19, there were 5,767 calls compared to 5,290 in FY18.
Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline	On Track	4,902	There were 3,064 calls answered from January - June 2019. There were 1,838 the first half of FY19 for a total of 4,902. The increase is due to contracting with CONTACT to answer Lifeline calls which began January 2019. 86% of calls made to the Lifeline were answered in Mississippi.
Output: Number of grievances filed through the Office of Consumer Support	On Track	153	There were a total of 153 filed. The increase (109 in FY18) is partly due to the increase in new providers.
Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		SPOTT continues to expand team members and individuals served. 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.
Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)	On Track		
Output: Number of referrals made to SPOTT	On Track	122	There were 122 people referred to SPOTT in FY19 compared to 108 in FY18.
Output: Number of people connected to services/supports through SPOTT	On Track	103	There were 103 people connected to services through SPOTT in FY19 compared to 61 in FY18.
Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers	On Track		
Outcome: Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	On Track		

	Status	Value	Notes
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	On Track		
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers	Not Started		A survey will be distributed in FY20 to Community Mental Health Centers to gather data on the number of evidence-based practices, best practices and promising practices actively used.
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices	On Track		In FY19, a survey was distributed to all DMH programs to compile a list of evidenced-based, best practices and promising practices actively being used by the programs. A report has been compiled. A few of these include: Illness Self-Management and Recovery, Family Psychoeducation, Trauma-Focused Cognitive Behavioral Therapy, Whole Health Action Management, Dialectical Behavioral Therapy, and Wellness Recovery Action Plans.
Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs	On Track		A total of 126 different evidence-based practices, best practices, and promising practices are being used by DMH Programs. A few of these include: Illness Self-Management and Recovery, Family Psychoeducation, Trauma-Focused Cognitive Behavioral Therapy, Whole Health Action Management, Dialectical Behavioral Therapy, and Wellness Recovery Action Plans.
Objective 3.4 Offer trainings in evidence-based and best practices to a variety of stakeholders	On Track		
Outcome: Increase the number of stakeholders trained in evidence-based practices including criminal justice professionals, substance use providers, school professionals, etc.	On Track	1,046	DMH continues to provide Mental Health First Aid, ASIST, CIT, TF-CBT, and other evidence-based trainings. 1,046 people were trained in evidence-based curriculums.
Strategy 3.4.1 Offer free online trainings through the Mississippi Behavioral Health Learning Network for STR and SOR grant recipients to increase knowledge of evidence-based practices in the area of alcohol and drug services	On Track		In FY19, there were 14 trainings focusing on evidence-based practices in the area of alcohol and drug services through the Mississippi Behavioral Health Learning Network.
Output: Number of trainings offered	On Track	14	
Output: Number of participants	On Track	69	
Strategy 3.4.2 Provide trainings in a variety of evidence-based practices for treatment, prevention and recovery support services	On Track		DMH continues to provide Mental Health First Aid, ASIST, CIT, TF-CBT, and other trainings.
Output: Number trained in Trauma-Informed Care	On Track	465	
Output: Number trained in Motivational Interviewing at MDOC	On Track	21	In FY19, MDOC reported training 21 officers in trauma informed, motivational interviewing.
Output: Number trained in Mental Health First Aid (adults and children)	On Track	468	In FY19, a total of 468 people were trained in MHFA. In September, DMH received a Mental Health Awareness Training (MHAT) grant from SAMHSA. As part of the grant, DMH partnered with local Community Mental Health Centers to provide Youth Mental Health First Aid training during the summer of 2019 to educators.
Output: Number trained in evidence-based practices for suicide prevention	On Track	950	In FY19, there were 950 people trained in Mental Health First Aid, ASIST, Psychological First Aid, and CIT.
Strategy 3.4.3 Partner with stakeholders to expand Crisis Intervention Team Training to law enforcement	On Track		
Output: Number trained in CIT	On Track	170	

Output: Number of law enforcement entities trained	On Track	42	
Output: Number of trainings	On Track	11	
Strategy 3.4.4 Encourage partnerships between Community Mental Health Centers, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams	On Track		In FY19, three new CIT programs became fully functional in Tupelo, Harrison and Pike Counties and new teams were established in Lee and Lamar Counties, and Warren County is developing their own CIT program. In FY19, a total of 170 law enforcement officers received CIT training.
Output: Number of CIT Teams	On Track	6	
Output: Number of partnerships working towards CIT Teams	On Track	3	Lee, Warren, Pearl River
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	170	
Outcome: Expand the number of Crisis Intervention Teams in Mississippi	On Track	6	
Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs	On Track		The Recruitment Committee met on a weekly basis to address the recruitment and retention needs of the agencies. Many requests were granted to assist with recruiting new employees. Several benchmarks were awarded and some position modifications were made to aid in retention.
Outcome: Maintain a diverse taskforce to address recruitment and retention issues	On Track		The HR taskforce and meetings with the Program Directors were held to address recruitment and retention. An increase in type duty location pay for several agencies was implemented to assist with the retention of nurses, non-appropriated realignment of Radiological Technologist Chief and Medical Technologist, Senior were approved to aid in recruitment for these positions.
Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce	On Track		The HR taskforce met twice. There were also recruitment and retention meetings held among the Program Directors during executive staff meetings throughout the year. A special meeting was held with NMRC to address critical shortages.
Output: Number of taskforce meetings	On Track	2	
Strategy 3.5.2 Identify recruitment and retention needs and develop recommendations	On Track		The agency addressed the nursing recruitment and retention needs by receiving approval for an increase in type duty location pay. The agency is hopeful the 3% increase for most all occupational codes will help to aid in recruitment and retention.
Output: Number of recommendations	On Track	3	Recommendations for recruitment flexibility for maintenance workers, classification changes for security officers, and authority to recruit for those separating from positions have been made.
Output: % of recommendations implemented	On Track	0.5%	
Outcome: Improve the turnover rate of employees providing direct care by 5%	Achieved	5.5%	
Strategy 3.5.3 Research different methods to increase the salary of direct care workers	Achieved		
Strategy 3.5.4 Monitor staff turnover rate to track the impact of the restructure of the Direct Care Series	On Track		The restructuring of the Direct Care Series made a slight impact on the recruitment and retention of employees in this job classification. The agency continues to monitor the turnover rate for this series.

Output: Turnover rate for direct care state service positions	Achieved	5.5%	The Direct Care Series realignment has had a positive impact on the turnover rate.
Output: Turnover rate for direct care contractual positions	On Track		
Output: Overall turnover rate for direct care positions	Achieved	5.5%	Overall the restructure has helped to reduce the turnover rate for direct care positions.
Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health	On Track		
Outcome: Increase suicide prevention and mental health awareness by providing outreach to the community	On Track		DMH is continuing to focus on reducing the number of suicides in the state through awareness and prevention efforts. Efforts included DMH hosting the 2nd Annual Suicide Prevention Symposium: Shattering the Silence by Working Together with 275 people attending. DMH provided 76 presentations to 11,347 people focusing on risk factors and warning signs for suicide, how to approach a person who may be thinking about suicide, and how to connect the person to treatment. In September 2018, Governor Bryant signed a proclamation for Suicide Prevention Month. To increase reach across distinct population segments, in FY19, the Shatter the Silence Suicide Prevention training presentation was customized to target approximately nine different specific audiences including: Youth, Adult, Faith-based adult, Faith-based youth, Military, MS Highway Patrol, Law enforcement, Older Adult, and Corrections. Four strategic partnerships have been established and designed to change organizational culture with specific focus on mental wellness and suicide prevention within the MS Department of Public Safety (DPS), MS Army National Guard, Pinelake Church, and local CMHCs. 1) DPS has incorporated a 1-hour suicide prevention presentation into their MHP cadet training and is implementing statewide training for active duty officers within their nine districts beginning in March 2019. 2) MS Army National Guard has included the military version of Shatter the Silence in their seven Yellow Ribbon events to be held statewide beginning in May 2019 through September 2019. 3) Pinelake Church will be incorporating the faith-based Shatter the Silence into their small group sessions across all campuses during the fall of 2019. 4) The Correctional version was used for MS Department of Corrections annual refresher officer/agent trainings beginning in March 2019.
Outcome: Decrease the number of suicides in the state through awareness and prevention efforts	Off Track	447	Data regarding the decrease in suicides in the state is published by MS Department of Health. Data for 2017 shows that the number of suicides in Mississippi increased from 385 in 2016 to 447 in 2017. DMH is continuing to its work to reduce the number of suicides in the state through awareness and prevention efforts mentioned above.

Strategy 3.6.1 Offer Youth MHFA for school professionals in regional trainings in partnership with Community Mental Health Centers and Mississippi Department of Education	On Track		In September, DMH was awarded a federal grant from SAMHSA to offer mental health training and education to schools and educators throughout the state. The grant, approximately $365,000 spread out over the next three years, will enable Mississippi's Mental Health Awareness Training Project, or MHAT, to increase mental health literacy in the state's 151 school districts by offering training educators, school resource officers, parents, and caregivers in Mental Health First Aid. The MHAT Project has three distinct goals: to increase the ability of school resource officers to recognize those warning signs and symptoms in young people, to increase the ability of educational professionals to recognize the same indicators, and to ensure students are connected with their local services and supports and know what resources are in their communities, such as the Community Mental Health Centers. DMH has provided 26 trainings to 366 participants in FY19.
Output: Number of trainings	On Track	26	
Output: Number of participants	On Track	366	
Output: Number of schools/districts	On Track	95	Participants in the Youth MHFA trainings represented 95 school districts in Mississippi.
Output: % of participants who feel more confident to recognize signs/symptoms	On Track	99%	99% of educators and school resource officers who received Youth Mental Health First Aid training responded on their evaluations that they felt more confident in recognizing the signs and symptoms that a youth may be developing a mental health problem.
Output: % of participants who feel they could assist a person in seeking help	On Track	92%	
Strategy 3.6.2 Create recommendations to improve HB 263 if needed	Achieved		The MS Department of Education reports that in the 2017-2018 school year, 65,484 school district staff were trained in two hours of suicide prevention as a result of House Bill 263. The bill mandates that all school district staff be trained during the 2017-2018 school year, and new staff thereafter. Recommendations to improve HB 263 by requiring a refresher course every other year were made by the Governor's School Safety Task Force in December 2018. DMH had two representatives on the Task Force. Mississippi House Bill 1283, "The Mississippi School Safety Act of 2019," passed during the 2019 Legislative Session. The bill requires that beginning in the 2019-2020 school year, the State Department of Education shall require local school districts to conduct, every two years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, teachers, and administrators. DMH is responsible for the development and/or selection of the content of the training, which should be provided at no cost to school employees. School districts shall report completion of the training to the State Department of Education.

Output: Recommendation to Mississippi Legislature to revise current law	Achieved	1	Mississippi House Bill 1283, "The Mississippi School Safety Act of 2019," passed during the 2019 Legislative Session. The bill requires that beginning in the 2019-2020 school year, the State Department of Education shall require local school districts to conduct, every two years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, teachers and administrators. DMH is responsible for the development and/or selection of the content of the training, which should be provided at no cost to school employees. School districts shall report completion of the training to the State Department of Education.
Strategy 3.6.3 Expand the Think Again and Shatter the Silence campaigns to increase awareness that mental health care is a critical part of health care	On Track		DMH continues to offer Think Again and Shatter the Silence presentations and materials to educators, community groups and others. At the end of FY19, there were 76 Think Again and Shatter the Silence presentations conducted reaching 11,347 people. There were 12,281 materials requested and distributed for the campaigns. A total of 347,607 people were reached using DMH's social media platforms Facebook, YouTube, and Instagram. DMH customized Shatter the Silence presentations for the military, older adults, faith-based community, and law enforcement.
Output: Number of materials requested	On Track	12,281	In FY19, there were 12,281 Shatter the Silence and Think Again materials provided to participants of trainings, health fairs, and through mailed requests.
Output: Number of presentations	On Track	76	In FY 19, there were 76 Shatter the Silence presentations made to high school and college students, parents/caregivers, educators, active duty military, and law enforcement officers.
Output: Number of people reached through presentations	On Track	11,347	In FY 19, there were a total of 11,347 reached through Shatter the Silence and Think Again presentations.
Output: Number of people reached through social media	On Track	347,607	In FY 2019, DMH's Facebook posts reached 346,215 people. Videos posted to DMH's YouTube page were viewed 929 times, and 463 unique visitors reacted to Instagram posts.
Strategy 3.6.4 Develop a Shatter the Silence suicide prevention mobile app to educate Mississippians on warning signs, risk factors, and resources available	On Track		The Shatter the Silence suicide prevention mobile app was completed and added to the Apple and Google Play stores for download in June 2019. The number of promotional opportunities and number of downloads will be measured in FY20.
Output: Number of promotional opportunities	On Track		
Output: Number of downloads	On Track		
Output: % increase in Lifeline calls	On Track		There were a reported 4,902 calls made to the National Suicide Prevention Lifeline at DMH in FY19. This is an increase from 2,353 calls made in FY18.
Objective 3.7 Develop an Electronic Health Records system to improve services provided to individuals	Achieved		
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	Not Achieved		Although lab and pharmacy interfaces for EMSH, NMSH, SMSH, HRC, and NMRC were being developed and tested with the current electronic health records system, the decision was made by the Program Directors to not renew the current electronic health records contract and search for another solution. The contract expires on September 30, 2019.

Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		DMH received a grant from NASMHPD to enhance the bed registry tracking system. This project will be on-going until September 2019. DMH is developing a statewide bed registry and waitlist system to include crisis beds, psychiatric beds, IDD crisis beds, and community living beds.
Strategy 3.7.1 Utilize computerized provider order entry (CPOE) for medication orders	Off Track		The DMH Program Directors decided to not renew the contract with our current electronic health records vendor. We are searching for another solution to complete this item.
Output: Report to CMS for Meaningful Use	Canceled		We will not be reporting to CMS for Meaningful Use.
Strategy 3.7.2 Develop a bed registry to track bed availability data daily	On Track		DMH received a grant from NASMHPD to enhance the bed registry tracking system. This project will be on-going until September 2019. DMH is developing a statewide bed registry and waitlist system to include crisis beds, psychiatric beds, IDD crisis beds, and community living beds.
Output: % of occupancy by program/service	On Track		Will be tracked by the statewide bed registry once complete.
Outcome: Increase accessibility of client records from an individual's electronic health record	Off Track		The DMH Program Directors decided to not renew the contract with our current electronic health records vendor. We are searching for another solution to complete this item.
Strategy 3.7.3 Automate an electronic process to transfer client information between DMH Programs	Off Track		The DMH Program Directors decided to not renew the contract with our current electronic health records vendor. We are searching for another solution to complete this item.
Output: Number of programs with the ability to automatically transfer client information	Off Track		The DMH Program Directors decided to not renew the contract with our current electronic health records vendor. We are searching for another solution to complete this item.
Strategy 3.7.4 Implement a content/document management solution for scanning paper files into electronic health records	Canceled		This project has been canceled due to lack of interest and budgetary constraints in this document management solution.
Output: Number of DMH Programs viewing all client records electronically	Achieved	100	The DMH Program Directors decided to not renew the contract with our current electronic health records vendor. We are searching for another solution to complete this item.