DMH Strategic Plan FY19 Mid-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 of care

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	5.78 days	SMSH: 4 days NMSH: 5 days EMSH: 8.21 days MSH: 5.93 days This is baseline data. A reduction will be reported in the end-of-year report.
Outcome: Maintain readmission rates within national trends (national trend is 7.2%)	Off Track	7.77%	MSH: 6.08% EMSH: 11% (see details on page 2) SMSH: 7% NMSH: 7%
Outcome: Decrease the number of admissions to state hospitals by 10 percent	On Track	11.50%	This is an estimated number determined by taking the FY18 total admissions by region and dividing it by two (for mid-year) and comparing the number to the first six months of FY19. A total will be reported at the end of FY19.
Outcome: Reduce the amount of time for completed initial competency evaluations and reporting for Circuit Courts	On Track		119 days at mid-year compared to 331 days at mid-year FY18
Outcome: Reduce average length of stay for Circuit Court Restoration Commitment patients	On Track		21 restorations at 159 days compared to 10 restorations at 122 days at mid-year FY18
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	3,393	SMSH: 294 NMSH: 233 EMSH: 1,164 CMRC: 198 MSH: 1453 (includes all services) STF: 51 *MSH and EMSH includes nursing home
Output: Average wait time for acute psychiatric admissions	On Track	5.78 days	SMSH: 4 days NMSH: 5 days EMSH: 8.21 days MSH: 5.93 days
Output: % of occupancy: acute psychiatric care (all behavioral health programs)	On Track	93.40%	SMSH: 96% NMSH: 91.5% EMSH: 98% MSH: 88.4% (Impacted by conversion of 21 acute beds to Forensic beds)

Output: % of occupancy: continued treatment (MSH)	On Track	75.09%	Decrease from 86.37% at mid-year FY18 due to the transitioning of people to the Behavioral Health Homes operated by Region 8 and Region 9 and other community-based settings.
Output: % of occupancy: MSH medical surgical hospital (MSH)	On Track	14.54%	
Output: % of occupancy: chemical dependency (MSH)	On Track	96.04%	
Output: % of occupancy: nursing homes (MSH and EMSH)	On Track	91.03%	EMSH: 94% MSH: 88.05% (Impacted by closing of JNH Building 29. Beds were not closed until last resident transferred.)
Output: % of occupancy: children/adolescents (MSH)	On Track	69.63%	
Output: % of occupancy: transition unit (CMRC)	On Track	82%	Kemper County Group Homes
Output: % of occupancy: forensics (MSH)	On Track	84.40%	Impacted by conversion of 21 acute beds to Forensics competency restoration beds on December 10, and reducing the census on the community living ward at Building 43.
Output: % of individuals readmitted between 0-59 days after discharge	Off Track	7.77%	SMSH: 7% NMSH: 7% EMSH: 11% MSH: 6.08% EMSH's rate increased due to an influx of admissions received from MSH's continued treatment unit. Many of these individuals were transitioned from EMSH to CMRC on an Outpatient Commitment Order; however, they had to be readmitted to EMSH which attributed to the increased readmission rate for mid-year. The readmission rate is expected to decrease in the second half of FY19.
Output: % of individuals readmitted between 60-89 days after discharge	On Track	2.57%	SMSH: 5% NMSH: 2% EMSH: 2% MSH: 1.29%
Output: % of individuals readmitted between 90-119 days after discharge	On Track	1.89%	SMSH: 2% NMSH: 1.75% EMSH: 2% MSH: 1.81%
Output: % of individuals readmitted after 120-365 days after discharge	On Track	12.30%	SMSH: 13% NMSH: 12% EMSH: 15% MSH: 9.18%

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 42 additional crisis stabilization beds in the community, court liaisons, crisis counselors, and an additional PACT team. With this, crisis stabilization beds will now be available to all 14 Community Mental Health Centers. $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. In October 2018, LifeCore Health Group (Region 3) opened four crisis beds and in January 2019 Community Counseling Services (Region 7) opened eight beds. It is anticipated that by the end of June 2019, the state will have 42 additional crisis stabilization beds. The beds offer time-limited residential treatment services designed to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient care.
Output: Number of admissions to MSH	On Track	435		435 acute psychiatric only
Output: Number of admissions to EMSH	On Track	219		219 acute psychiatric only
Output: Number of admissions to NMSH	On Track	186		
Output: Number of admissions to SMSH	On Track	243		
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 Competence Education Services 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	119 days		
Output: Average length of stay for competency restoration at MSH	On Track	159 days		
Output: Number of competency restoration admissions	On Track	21		
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			MSH has converted a 21 bed unit that previously provided acute psychiatric services to adult males who were civilly committed to the hospital. Currently 10 of the 21 beds are staffed and available for competency restoration services.
Output: % increase in forensic bed capacity	On Track	67%		A 140% increase in competency restoration beds and an overall increase of 67% based on the "staffed" beds available for admissions.
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			
Outcome: Ensure continuing care plans are transmitted to the next level of care within 24 hours of discharge	Off Track			See details on page 5.
Outcome: Decrease the need for Continued Treatment services at MSH by utilizing Community Behavioral Health Homes for community transitions	On Track			
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			
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 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.
Output: Number of Peer Bridgers	On Track	5		
Output: Number of WRAPS conducted at pilot site	On Track	162		
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	12		
Output: Number of first follow-up appointments attended	On Track	212		212 attended their first follow-up appointment with a CMHC in the pilot project. Others who were connected with a Peer Bridger may have selected a different provider.

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	88.40%	SMSH: 100% NMSH: 99.5% EMSH: 80% MSH: 74%
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		DMH, 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 began a Behavorial Health Home for four females in Simpson County in April 2018 and have added an additional house for four more females. Region 9 began a Behavorial Health 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	7	From July 1 - December 31, 2018: 5 females - four for the new home and 1 to replace a female who had to return from the other home; 2 males.
Output: Number of civilly committed people served in Continued Treatment beds	On Track	81	
Output: Number of people successfully transitioned to the community	On Track	6	Six of the seven who transitioned in FY19 are still in the community; however, one of the original males had two readmissions to MSH from original discharge in May 18 and returned in October and is still at MSH.

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		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 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.
Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track		DMH is planning to pilot 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.
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	15%	At mid-year, there were 61 new admissions to PACT Teams with a total of 445 served. This is an increase of 15% from end of FY18.
Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals	On Track	163	At mid-year, there were a total of 163 people employed through the Supported Employment program sites.

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	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.
Output: Number of PACT Teams	On Track	10		In FY19, DMH provided funding for two additional PACT Teams - Region 8 Mental Health Center and Timber Hills 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 in Hattiesburg and Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core Health Group, Region 8 Mental Health Center, and Timber Hills Mental Health Services (operates two in Desoto and Corinth).
Output: Number of admissions to PACT teams	On Track	61		
Output: Number of readmissions to a State Hospital of people already being served by a PACT Team	On Track	16		
Strategy 1.3.2 Fund employment opportunities for individuals with SMI	On Track	11		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. In FY18, there were four Supported Employment sites, Region 2, 7, 10, and 12. 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. Currently, there are 11 Supported Employment programs across the state.
Output: Number of businesses contacted for employment opportunities	On Track	1705		
Output: Number of individuals employed	On Track	163		
Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services	On Track			
Outcome: Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units	On Track			

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		DMH and the Community Mental Health Centers are working to expand the number of crisis stabilization beds in Mississippi. In October 2018, LifeCore Health Group (Region 3) opened four crisis beds and in January 2019 Community Counseling Services (Region 7) opened eight beds. Funding for the expansion of crisis beds came from a shift in dollars from DMH's institutional budget to the Service Budget in FY19 to reduce the reliance on institutional care. It is anticipated that by the end of June 2019, the state will have 42 additional crisis stabilization beds. The beds offer time-limited residential treatment services designed to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient care. In addition to CSUs and Mobile Crisis Response Teams, DMH also provides crisis homes through Matt's House and SUCCESS at Boswell Regional Center.
Output: Diversion rate of admissions to state hospitals	On Track	92.33	At the end of mid-year, there were 1,598 admissions to the CSUs. Of those, 118 were referred to the four state hospitals for a diversion rate of 92.33%.
Output: Average length of stay	On Track	10.28 days	
Output: Number of involuntary admissions vs. voluntary admissions	On Track	51.44% vs. 48.56	involuntary 51.44% vs. 48.56% voluntary
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	12398	
Output: Number of face-to-face visits	On Track	9242	Of the 12,398 contacts/calls, 9,242 required a face-to-face visit.
Output: Number referred to a Community Mental Health Center and scheduled an appointment	On Track	4751	
Output: Number of encounters with law enforcement	On Track	766	
Output: Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)	On Track	2759	

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	7		
Output: Number transitioned with appropriate supports	On Track	3		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, Creative Housing Options in Communities for Everyone. MUTEH and Opendoors are also partners with CHOICE.
Outcome: Increase the number of people who have a serious mental illness who are living in Permanent Supportive Housing	On Track	135		At mid-year, 177 individuals had been referred to CHOICE. Of those individuals, 135 were housed using a payment voucher. There are 31 pending housing placements and 11 individuals were placed using other housing option in which they qualified.

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	177	At mid-year, 177 people had been assessed.
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	178	At the end of mid-year, there were 178 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	4	This number reflects admissions to a state hospital.
Output: Number of people admitted to an ER	On Track	5	
Output: Number of people in jail	On Track	9	Substance use played a role in many of these situations.
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 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 is focusing 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 1,748 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	99	DMH hosted three Peer Support Specialist Trainings with 99 participates.
Output: Number of CPSSs employed	On Track	200	

Output: Number of DMH Certified Providers employing CPSSs	On Track	35	
Outcome: Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track		
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	9	This is an increase from six trainings at mid-year FY18.
Output: Number of participants	On Track	160	This is an increase from 102 participants at mid-year 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. Baseline data is being gathered.
Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		
Output: Number of participants attending MAP teams	On Track	288	MAP Team meetings are held once a month. An average of 288 representatives participated in the 51 MAP Teams meetings. The average participation for each MAP Team meeting was five representatives. The representatives can include the local CMHC, Child Protection Services, youth court, school district, Families First Resource Center, non-profit agencies, and vocational rehabilitation.
Output: Number served by MAP teams	On Track	466	At the end of mid-year, 466 children and youth were served by MAP Teams.
Outcome: Increase the statewide use of Wraparound Facilitation with children and youth	On Track	1068	Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. At the end of mid-year, 1,068 children and youth were served with Wraparound Facilitation which is an increase from the FY18 mid-year number of 802.

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	240	At the end of mid-year FY19, 240 individuals were trained in Wraparound Facilitation.
Output: Number of providers that utilize Wraparound Facilitation	On Track	14	
Output: Number of children and youth that are served by Wraparound Facilitation	On Track	1068	
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement	On Track	339	
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement	On Track	225	
Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track	1165	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. At mid-year FY19, a total of 1,165 youth were served compared to 847 youth at mid-year 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	895	
Output: Number exiting detention center and continuing treatment with CMHC	On Track	684	684 youth continued to receive services after exiting the detention centers between July 1 - December 2018.
Output: Number of re-entries into the detention center	On Track	347	At the end of mid-year, 347 had youth re-entered the detention center. This number includes those youth re-entering from outside the CMHC catchment area.
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%	At the end of mid-year, a total of 45 youth had been served compared to 15 youth at mid-year 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 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. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren Yazoo Behavioral Health, and Gulf Coast Mental Health Center.
Output: Number of appropriate referrals	On Track	27		At the end of mid-year, there were 27 appropriate referrals to NAVIGATE out of 32 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	41		At the end of mid-year, 41 youth and young adults were maintained in his/her home and community. The total served was 45.
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	14		
Output: Number of youth referred to a local CMHC 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	1		
Output: Number of youth actually transitioned to MYPAC aftercare	On Track	2		
Output: Number of youth actually transitioned to a local CMHC aftercare	On Track	8		

Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider	On Track	9	
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	8	
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.
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	30	
Output: Number of people identified as having co-occurring disorders	On Track	19	
Output: Number of people enrolled in intensive outpatient treatment program	On Track	10	
Output: Number of people successfully completing intensive outpatient treatment programs	On Track	0	There were no completion by the end of mid-year. There are currently 10 active participants. There were no re-incarcerations.
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	0	A baseline will be gathered at the end of FY19. There were 380 orders received at mid-year with 94 diverted off MSH list to community providers.

Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track	0	This is a Substance Abuse Block Grant requirement. Baseline will be gathered at the end of FY19.
Strategy 1.9.1 Provide reports of individuals waiting for services at DMH's chemical dependency unit to the CMHC's alcohol and drug treatment programs for diversion	On Track		A formal tracking system was put in place December 1, 2018.
Output: Number of people diverted	On Track	94	
Strategy 1.9.2 Develop a tracking system to monitor high risk service utilization	On Track		DMH is working on developing a real-time tracking system. More details will be reported in the end-of-year report.
Output: Number of pregnant women served	On Track	61	A total of 17 DMH Certified Providers served 61 pregnant women.
Output: Number of pregnant intravenous (IV) women served	On Track	21	A total of 17 DMH Certified Providers served 21 pregnant intravenous women.
Output: Number of parenting (under age of 5) women served	On Track	44	A total of 44 parenting women served at Region 1 (Fairland) and Catholic Charities (Born Free/New Beginnings).
Output: Number of intravenous (IV) drug users served	On Track	528	
Output: Number served utilizing Medication Assistance Treatment for opioid abuse	On Track	493	
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	2428	This number reflects primary residential treatment.
Output: Number of primary residential treatment beds	On Track	472	There are a total of 472 beds available for Primary Residential Services (certified and funded by DMH).
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		The partnership includes: Department of Public Safety, Drug Enforcement Agency, Bureau of Narcotis, Mississippi Board of Pharmacy, and Federal Bureau of Investigation.
Strategy 1.9.4 Partner with the Bureau of Naractoics 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	9	Includes five colleges/universities: Delta State, USM, MSU, Ole Miss, and JSU
Output: Number of attendees	On Track	675	
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		A total of 22 lives were saved through the use of Naxolone provided to law enforcement officers.

Strategy 1.9.5 Educate and distribute Narcan to law enforcement officers in high risk areas to combat overdose deaths	On Track		
Output: Number of law enforcement officers educated on the use of Narcan	On Track	780	
Output: Number of Narcan distributed	On Track	4115	
Output: Number of Narcan doses	On Track	22	
Output: Number of overdose deaths	On Track	0	Mississippi Bureau of Narcotics is compiling FY18 data.
Goal 2: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care			
Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting	On Track		
Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs	On Track	2.30%	At the end of mid-year, 22 people or 2.3% transitioned to the community from the ICF/IID Regional Programs.
Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements	On Track		Using a person-centered approach people receive transition services that provide a variety of community service options for living arrangements.
Output: Number of people transitioned from facility to ICF/IID community home	On Track	6	
Output: Number of people transitioned to community waiver	On Track	10	
Output: Number of people transitioned home with waiver supports	On Track	6	
Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track	5.13%	
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	82%	82 % served in the community vs 18% 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	On Track		DMH presented an online training through the Mississippi Parent Training and Information Center during the second quarter providing a review of the Intellectual and Development Disabilities (ID/DD) Waiver and Intellectual and Development Disabilities Community Support Program (1915i).
Strategy 2.2.1 Develop an educational video targeting families to highlight the importance of the ID/DD Waiver and Community Support Program	On Track		Video scheduled and will be available March 2019
Output: Number of views	Not Started	0	Forthcoming - March 2019

Output: Number of agencies/partners that share the video	Not Started	0	Forthcoming - March 2019
Outcome: Feedback from focus group	On Track		Forthcoming - March 2019
Strategy 2.2.2 Develop a plan to increase communication with Special Education Coordinators at schools to encourage information sharing with parents	On Track		DMH has requested a meeting with the Special Education Coordinator for the State during the third quarter.
Output: Number of coordinators reached	On Track	1	
Output: Development of outreach materials	On Track		A white paper providing an overview of the Intellectual and Development Disabilities (ID/DD) Waiver and Intellectual and Development Disabilities Community Support Program (1915i) was created and shared with families, schools, legislators, and other stakeholders. A PowerPoint and more indepth fast facts document was also created.
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	750	Increase from 642 at mid-year FY18.
Outcome: Enroll an additional 180 people in the ID/DD Waiver Program	On Track	92	
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	3887	This number is reflective of people receiving ID/DD Waiver services, plus the number of people receiving targeted case management services and comprehensive diagnostic evaluations. All outputs with a * under this strategy are compiled from Medicaid's 372 report which only reflects billed services.
Output: Number of total people receiving ID/DD Waiver services	On Track	2684	*
Output: Number of people receiving ID/DD Waiver Transition Assistance	On Track	11	*
Output: Number of people receiving ID/DD Waiver in-home nursing respite	On Track	173	*
Output: Number of people receiving ID/DD Waiver in-home respite services	On Track	0	This service was added in November 2018.
Output: Number of people receiving ID/DD Waiver behavioral support	On Track	62	*
Output: Number of people receiving ID/DD Waiver crisis support services	On Track	8	*
Output: Number of people receiving ID/DD Waiver crisis intervention services	On Track	8	*
Output: Number of people receiving ID/DD Waiver supported employment	On Track	249	*
Output: Number of people receiving ID/DD Waiver supervised living services	On Track	683	*
Output: Number of people receiving ID/DD Waiver shared supported living	On Track	0	*

Output: Number of people receiving ID/DD Waiver supported living services	On Track	122	*
Output: Number of people receiving ID/DD Waiver host home services	On Track	0	There are currently no providers offering this service in the state.
Output: Number of people receiving ID/DD Waiver day services adult	On Track	1379	*
Output: Number of people receiving ID/DD Waiver pre-vocational services	On Track	604	*
Output: Number of people receiving ID/DD Waiver home and community support services	On Track	1233	*
Output: Number of people receiving ID/DD waiver support coordination	On Track	2646	*
Output: Number of people receiving ID/DD Waiver job discovery services	On Track	23	*
Output: Number of people receiving ID/DD Waiver community respite	On Track	48	*
Output: Number of people receiving targeted case management services	On Track	784	
Output: Number of people receiving comprehensive diagnostic evaluations	On Track	419	
Output: Number of people receiving employment related services	On Track	99	
Output: Number of people receiving community support program/day habilitation	On Track	230	
Output: Number of people receiving community support program/pre-vocational	On Track	374	
Output: Number of people receiving community support program/supported employment	On Track	125	
Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)	On Track	100%	
Output: Number of people who receive an assessment for person-centered services	On Track	3434	
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports	On Track	3434	
Strategy 2.3.3 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program	On Track		
Output: Number served	On Track	16	
Output: Average length of stay	On Track	28.25	The average length of stay is 28.25 days.
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	35	Increase from 339 to 374

Strategy 2.4.1 Partner through a multi-agency taskforce to expand Supported Employment Services	On Track		Partners include: Mississippi Department of Rehabiliation Services, 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	374	Includes Waiver and CSP
Output: Increase percentage of people utilizing supported employment services	On Track	10	Increase from 339 to 374 at mid-year
Output: Decrease percentage of people utilizing pre-vocational services	On Track	28	Decrease from 1331 to 951 at mid-ytear
Output: Number of job coaches trained	On Track	0	Working with task group to develop training on the new Mississippi Job Skills Trainer Manual.
Output: Number of taskforce meetings	On Track	2	

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	10	10 new agencies were initially certified from July 1 - December 31.
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		Interested Provider Orientation was provided on August 14 and November 13.
Output: Number of interested provider agencies participating in interested provider orientation	On Track	74	
Output: Number of completed applications received by DMH for new provider agency certification	On Track	13	
Output: Number of new provider agencies approved	On Track	10	
Output: Number of completed applications received by DMH for services added by a DMH certified provider agency	On Track	15	
Output: Number of new services added by a DMH certified provider agency	On Track	15	
Output: Number of completed applications received by DMH for programs added by a DMH certified provider agency	On Track	53	
Output: Number of new programs added by a DMH certified provider agency approved	On Track	53	

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	45	
Output: Number of individual program site visits	On Track	37	
Output: Number of on-site technical assistance	On Track	41	
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. Increase from 2,604 at mid-year FY18.
Output: Number of calls seeking information and/or referral received through DMH's helpline	On Track	2579	
Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline	On Track	1838	
Output: Number of grievances filed through the Office of Consumer Support	On Track	45	
Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		
Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)	On Track		DMH partners with other agencies and providers for a specialized team that is focused on supporting people who have required treatment in inpatient programs on multiple occasions, linking them with additional services in the community to help them remain successful in their recovery. SPOTT was designed to help provide a person-centered, recovery-oriented system of care for all Mississippians in need of services. SPOTT grew out of services offered through The Arc of Mississippi, and was associated with services for intellectual and developmental disabilities, but has since grown to include mental health services. Members of the SPOTT team come from a variety of backgrounds and agencies including private providers and state agencies.
Output: Number of referrals made to SPOTT	On Track	65	

Output: Number of people connected to services/supports through SPOTT	On Track	61	61 individuals were moved from active to follow along
Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers	Not Started		
Outcome: Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	Not Started		
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	Not Started		
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 the 4th quarter.
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices	Not Started		The survey will be distributed in the 4th quarter.
Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs	Not Started		A survey will be distributed in the 4th quarter.
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	306	DMH continues to provide Mental Health First Aid, ASIST, CIT, TF-CBT, QPR and other evidence-based trainings. At the end of mid-year, there were 306 people trained in 19 of these 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		At the end of mid-year, there were three trainings held 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	3	
Output: Number of participants	On Track	50	
Strategy 3.4.2 Provide trainings in a variety of evidence-based practices for treatment, prevention and recovery support services	On Track		At the end of mid-year, there were 496 people trained in evidence-based curriculum through 29 evidence-based trainings including Mental Health First Aid, Crisis Intervention Training, and Trauma Informed Care. Participants included educators, law enforcement professionals, parents, etc. This doesn't include attendees from the MH/IDD Conference and Trauma Conference.
Output: Number trained in Trauma-Informed Care	On Track	69	At the end of the mid-year, there were 69 officers and agents trained in Trauma Informed Care.

Output: Number trained in Motivational Interviewing at MDOC	Not Started	0	There were no Motivational Interviewing trainings held for MDOC staff.
Output: Number trained in Mental Health First Aid (adults and children)	On Track	289	At the end of mid-year, DMH conducted 17 Mental Health First Aid trainings. 211 people were trained in Youth Mental Health First Aid and 78 people were trained in Adult Mental Health First Aid.
Output: Number trained in evidence-based practices for suicide prevention	On Track	364	
Strategy 3.4.3 Partner with stakeholders to expand Crisis Intervention Team Training to law enforcement	On Track		Two new CIT Teams were established in Lee and Lamar Counties.
Output: Number trained in CIT	On Track	63	
Output: Number of law enforcement entities trained	On Track	20	
Output: Number of trainings	On Track	4	Four CIT trainings were held in Southaven, Meridian, Laurel, and Jackson.
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		
Output: Number of CIT Teams	On Track	1	One new CIT program became fully functional in Tupelo, with the opening of the Tupelo CSU.
Output: Number of partnerships working towards CIT Teams	On Track	3	Three new communities began developing CIT programs in Harrison, Pike, and Warren Counties.
Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	63	
Outcome: Expand the number of Crisis Intervention Teams in Mississippi	On Track	2	Two new CIT Teams were established in Lee and Lamar Counties.
Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs	On Track		The agency continues to utilize weekly meetings of the Recruitment Committee to review recruitment and retention issues.
Outcome: Maintain a diverse taskforce to address recruitment and retention issues	On Track		A secondary committee to review the use of benchmarks to aid in retention is on-going. Several benchmarks have been awarded and this appears to be helping with retention.
Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce	On Track		A meeting with all HR Directors and Agency Directors was held to discuss overall issues in recruitment and retention. It has been noted by some agencies that the implementation of the DCW realignment was helpful in these areas.
Output: Number of taskforce meetings	On Track	1	A meeting with Agency Directors was held in lieu of the task force to discuss the ability of the agency to fund increases in salaries.
Strategy 3.5.2 Identify recruitment and retention needs and develop recommendations	On Track		A review of all occupational codes having recruitment and retention issues has been completed. We are hoping to receive additional funding across the board through legislation before moving towards funding one or more particular areas of problem. The top areas are: maintenance, security, client care support, social workers, nursing, etc.

Output: Number of recommendations	On Track	2	Recommendations have been made to offer recruitment flexibility for maintenance workers. It has also been recommended to make some internal changes in the security officer positions at one facility in need of officers.
Output: % of recommendations implemented	On Track	0.5	Recommendations to recruit security officers in a DMH security officer position was recommended and implemented for one agency experiencing recruitment issues. Recommendations for recruitment flexibility in the maintenance series were made but have not yet been implemented.
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 agency continues to notice a slight impact of the restructuring of the Direct Care Series. The turnover rate for direct care state service positions is being monitored on a monthly basis. DMH implemented the new salaries for the DCW series in June 2018.
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 in which Kevin Hines' documentary "Suicide: The Ripple Effect" was shown. Approximately 275 people attended and heard from panelists that included the director of the film, suicide prevention professionals, and survivors. DMH provided 58 presentations to 8,674 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. There were 12 media stories about suicide prevention and one proclamation from Governor Bryant for Suicide Prevention Month in September.

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 collaboration with 11 Community Mental Health Centers, DMH offered 17 Youth Mental Health First Aid trainings to educators during the across the state in the summer of 2018. In September, DMH was awared 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 148 school districts by offering training educators, school resource officers, parents, and caregivers in Mental Health First Aid. The MHAT Project will have 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.
Output: Number of trainings	On Track	17	
Output: Number of participants	On Track	242	
Output: Number of schools/districts	On Track	73	Participants in the Youth MHFA trainings represented 73 school districts in Mississippi.
Output: % of participants who feel more confident to recognize signs/symptoms	On Track	98%	Based on responses collected through evaluations completed at the end of each Youth MHFA training, 98% of participants reported that they felt more confident in recognizing the signs and symptoms that a student may be developing a mental health problem or entering a mental health crisis.
Output: % of participants who feel they could assist a person in seeking help	On Track	98%	Based on responses collected through evaluations completed at the end of each Youth MHFA training, 98% of participants reported that they felt they could assist a person seeking help for a mental health problem or crisis.

Strategy 3.6.2 Create recommendations to improve HB 263 if needed	On Track			The MS Department of Education reports that in the 2017-2018 school year, 64,318 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 was made by the Governor's School Safety Task Force. DMH had two representatives on the Task Force. A House and Senate "School Safety Act" bill included the recommendation and are currently in the legislative process. Additionally, the American Foundation for Suicide Prevention plans to add this recommendation to their advocacy agenda during the 2019 Legislative Session.
Output: Recommendation to Mississippi Legislature to revise current law	On Track	1		Recommendations to improve House Bill 263 by requiring a refresher course each year were made by the Governor's School Safety Task Force and were included in Senate and House "School Safety Act" bills.
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 the mid-year, there were 61 Think Again and Shatter the Silence presentations conducted reaching 9,196 people. There were 4,248 materials requested and distributed for the campaigns. A total of 238,041 people were reached using DMH's social media platforms Facebook, YouTube, and Instagram.
Output: Number of materials requested	On Track	4248		Materials provided by request to educators, counselors, state agencies, mental health providers, and other people across Mississippi.
Output: Number of presentations	On Track	61		
Output: Number of people reached through presentations	On Track	9196		
Output: Number of people reached through social media	On Track	238041		At the end of the mid-year, there had been 275 posts were shared on Facebook that reached 237,184 people. DMH made 99 Instagram posts that reached 106 unique visitors. Videos on DMH's YouTube channel were viewed a total of 751 times.
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 mobile app content has been developed. The app is expected to be ready for download in March 2019.
Output: Number of promotional opportunities	Not Started			There have been no opportunities to promote the Shatter the Silence mobile app because completion of the app is scheduled for March 2019.

Output: Number of downloads	Not Started		There have not been any downloads of the Shatter the Silence mobile app because completion is scheduled for March 2019.
Output: % increase in Lifeline calls	Not Started		An increase in the percentage of calls to the National Suicide Prevention Lifeline cannot be determined because release of the app is scheduled for March 2019.
Objective 3.7 Develop an Electronic Health Records system to improve services provided to individuals	On Track		Electronic Health Records system has been implemented at all of the DMH Programs.
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	On Track		
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		A bed dashboard has been created for crisis and community beds. CSUs and CMHCs update their bed status daily when they run their daily census. In the third quarter, DMH received a grant from NASMHPD to enhance the bed registry tracking system. This project will be on-going until September 2019.
Strategy 3.7.1 Utilize computerized provider order entry (CPOE) for medication orders	On Track		All DMH programs personnel have been trained in using CPOE in electronic health records. The goal for 2019 is to get more users using electronic health records.
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		A bed dashboard has been created for crisis and community beds. CSUs and CMHCs update their bed status daily when they run their daily census.
Output: % of occupancy by program/service	On Track		The crisis bed dashboard is currently being used to divert clients from the DMH Programs to a Community Mental Health Center.
Outcome: Increase accessibility of client records from an individual's electronic health record	On Track		Training plans and strategies are being put into place to get more users using electronic health records for viewing client records.
Strategy 3.7.3 Automate an electronic process to transfer client information between DMH Programs	On Track		The first phase of this is in test at this time. It is a standardized transfer form to be used when transferring a client from one DMH program to another DMH Program.
Output: Number of programs with the ability to automatically transfer client information	On Track		The DMH Programs are starting with a standardized transfer form. This form is located in electronic health records. This form will be used initially to help define an automated process of transferring clients to other facilities. The form is currently in the testing phase of this initiative.
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	On Track	0	All DMH Programs have access to view client records within electronic health records. The goal this year is to get more users involved and using this functionality.