

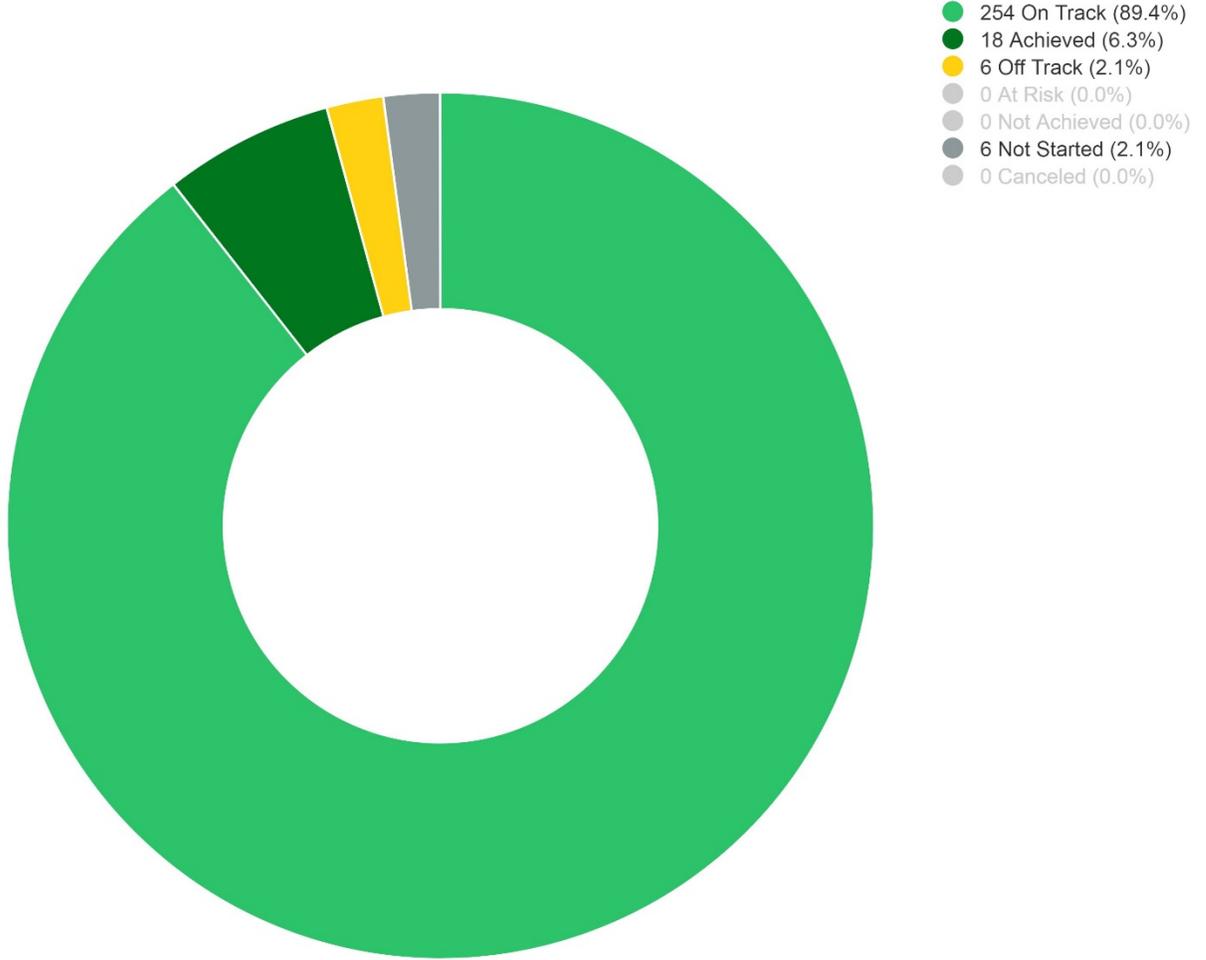
Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders and intellectual/developmental disabilities, one person at a time.

FY18 End-of-Year Progress Report

FY18 – FY20 Mississippi
Department of Mental Health
Strategic Plan

September 2018

DMH FY18 Status



MS Department of Mental Health FY18 Strategic Plan Progress Report

Level	Name	Status	Current Value	Last Comment
Plan	DMH FY 18 - FY 20 Strategic Plan	On Track		
Goal	To increase access to community-based care and supports for adults and children with mental illness and substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care	On Track		
Objective	Objective 1.1 Enhance the effectiveness and efficiency of state hospital services	On Track		
Outcome	Maintain a 90 percent occupancy percentage of inpatient beds by service (occupancy percentage is filled beds compared to capacity)	On Track	93.65	MSH 91.61, EMSH 97, NMSH 93, SMSH 93 = 93.65
Outcome	Maintain readmission rates within national trends (national trend is 7.2%)	On Track	5.81	MSH 5.55%, EMSH 5%, NMSH 6.7%, SMSH 6% = 5.81%
Strategy	Strategy 1.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists	On Track		
Strategy	Strategy 1.1.2 Develop quarterly report by DMH Programs outlining number served, occupancy percentage, and readmission rates	On Track		These data elements are in the strategic plan.
Output	% of occupancy: acute psychiatric care (all behavioral health programs)	On Track	95.25	MSH 97.99%, EMSH 97%, NMSH 93%, SMSH 93%= 95.25%
Output	% of occupancy: continued treatment (MSH)	On Track	84.25	In FY17, the occupancy percentage was 93.2%. This decrease is due to efforts to transition individuals to the community. One of the strategies was the development of Community Transition Homes. In FY18, DMH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at MSH. Region 8 began a Community Transition Home for four females in Simpson County in April 2018; with plans to add an additional house for four more females in the near future. Region 9 began a Community Transition Home in May for four males in Jackson area. These individuals have been unsuccessful living in the community in the past.

Output	% of occupancy: MSH medical surgical hospital (MSH)	On Track	15.03	
Output	% of occupancy: chemical dependency (MSH)	On Track	96.41	
Output	% of occupancy: nursing homes (MSH and EMSH)	On Track	87.28	MSH Total for FY18 was 89.56. This is a decrease from 91.17% in FY17 due to not accepting new admissions in FY18 in an effort to rightsize the nursing home. EMSH Total for FY18 was 85%. Avg = 87.28%
Output	% of occupancy: children/adolescents (MSH)	On Track	77.4	Due to low occupancy in the acute inpatient child and adolescent units at East Mississippi State Hospital and Mississippi State Hospital, these services were consolidated on the campus of MSH. The services previously provided at EMSH are now provided at MSH.
Output	% of occupancy: transition unit (EMSH)	On Track	85	EMSH's transition unit is commonly called the Kemper County Group Homes. The occupancy % increased in FY18 from 67% in FY17.
Output	% of occupancy: forensics (MSH)	On Track	94.47	
Output	% of individuals readmitted between 0-59 days after discharge	On Track	5.81	MSH 5.55%, EMSH 5%, NMSH 6.7%, SMSH 6% = 5.81%
Output	% of individuals readmitted between 60-89 days after discharge	On Track	2.22	MSH 2.28%, EMSH 2%, NMSH 1.6%, SMSH 3%= 2.22%
Output	% of individuals readmitted between 90-119 days after discharge	On Track	2.34	MSH 1.96%, EMSH 2%, NMSH 1.4%, SMSH 4%= 2.34
Output	% of individuals readmitted after 120-365 days after discharge	On Track	14.34	MSH 11.36%, EMSH 14%, NMSH 18%, SMSH 14% = 14.34
Outcome	Reduce the amount of time for completed initial competency evaluations and reporting for Circuit Courts	On Track		This is a new outcome for the FY18 DMH Strategic Plan. Baseline data was gathered in FY18 and a reduction in the amount of time will be reported in FY19.
Strategy	1.1.3 Develop and implement a Forensic Competency Evaluation Training Program to recruit local community-based evaluators	Achieved		On August 26–28, 2017, MSH Forensic Services Staff provided a 2 ½ day training program in which 21 Mississippi psychiatrists and licensed psychologists were trained to perform pre-trial competency evaluations. On October 27, 2017, MSH provided the names and contact information of these newly trained psychiatrists and psychologists to the court administrators of all circuit court districts in the state.
Output	Number of Forensic Competency Evaluation Trainings conducted	Achieved		1
Output	Number of community-based evaluators trained	Achieved	21	
Output	Average wait time for completed initial competency evaluation	On Track		The average wait time for FY18 was 282 days.

Outcome	Reduce average length of stay for Circuit Court Restoration Commitment patients	On Track	101	
Strategy	Strategy 1.1.4 Develop and implement a Community Restoration Pilot Program to be operated in the Hinds and Madison County detention centers by Region 8 Community Mental Health Center	Achieved		<p>In July 2017, MSH began a jail based restoration pilot program with Region 8 Mental Health Services that is currently offered in Hinds, Rankin and Madison Counties. In this program, Region 8 provides restoration services in the jail setting which can help alleviate wait times. Jail-based services can divert some individuals from ever requiring an admission to the hospital for restoration, removing them from the waiting list. For those cases where admission is required, the provision of services in jail can reduce the time a patient may require inpatient services once admitted to MSH.</p> <p>Since the inception of this program, 20 pretrial defendants have participated in competency restoration services. In its first six months, this program has resulted in six people being determined to have been restored to competency; two people being more quickly determined to be Not Competent, Not Restorable; one person admitted to MSH with a shorter admission time; and one person admitted at MSH and showing progress from participation</p>
Output	Average length of stay for restoration commitments	On Track	101	
Output	Number of restoration commitments	On Track	30	
Objective	Objective 1.2 Enhance the transition process of individuals to a less restrictive environment	On Track		<p>During FY18, DMH established the Branch of Coordinated Care to provide direct support in transitioning individuals who have multiple hospitalizations or other needs that may make a discharge more difficult.</p>

Outcome	Improve the process for people transitioning from inpatient care to community-based care through Peer Bridgers	On Track		The Peer Bridger Project in North Mississippi is intended to improve the transition process from inpatient care to a community based level of care so as to decrease individuals' need for readmissions to inpatient care and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. The pilot project consists of Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group.
Strategy	Strategy 1.2.1 Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers	On Track		In FY18, a total of 372 people were transitioned from North Mississippi State Hospital and connected with a Peer Bridger for continual care in the community. The number of Wellness Recovery Action Plans conducted at North Mississippi State Hospital was 338 for FY18. A total of 74% of the people discharged from NMSH who were connected with a Peer Bridger attended their follow-up appointment at their CMHC. This doesn't include people discharged who chose a different mental health provider.
Output	Number of Peer Bridgers	On Track	8	
Output	Number of WRAPs conducted at pilot site	On Track	338	Wellness Recovery Action Plans (WRAP) as part of the transition process, which provide people with a self-directed wellness tool upon discharge. This is not a treatment plan or a service plan. The purpose of WRAP for each individual to develop their own personal self-directed wellness plan which will support the individual as he/she transitions from a higher level of treatment into a more integrated treatment setting in the community. A total of 338 WRAPs were conducted at the pilot program (NMSH). In addition, SSMH conducted 364 wraps.
Output	Number of technical assistance provided on how to integrate WRAP into recovery treatment and planning	Not Started		No requests for TA.
Output	Number of readmissions at pilot site	On Track	33	

Output	Number of first follow-up appointments attended	On Track	275	275 attended their first follow-up appointment with a CMHCs in the pilot project. Others who were connected with a Peer Bridger may have selected a different provider.
Outcome	Ensure continuing care plans are transmitted to the next level of care within five days of discharge	On Track		
Strategy	Strategy 1.2.2 Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track		Another strategy to improve the discharge process is Bridging the Gap meetings at state hospitals. Bridging the Gap started at SMSH as a series of quarterly meetings that included outpatient providers and other service agencies in the catchment area where the hospital provides services. The hospital invited legislators, chanceries, and local law enforcement to participate so everyone could get a better knowledge base about mental health services available in the community. The program grew quickly and has evolved into a quarterly resource sharing session that provides an important communication tool for SMSH staff and community service providers as they locate resources and services for people as they are discharged from the hospital. The meetings help ensure continuity of care for adults transitioning from the hospitals back into the community. Community Mental Health Center staff and hospital staff get to discuss patient care directly, including conversations about medication efficacy, new service programs, and how clients sustain
Output	Percentage of individuals receiving services care plans that are transmitted to the next level of care within five days	On Track		EMSH 95%, NMSH 93%, SMSH 99.33% MSH was not included because the hospital currently measures % of care plans that are transmitted within 24 hours. In FY19, all state hospitals will begin measuring based on 24 hours because of Joint Commission standards.
Output	Percentage of discharge plans that include input from the person and/or family members	On Track	100	In FY18, this measure was MSH. All state hospitals will begin reporting this in FY19.
Objective	Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements	On Track		

Outcome	Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment	Off Track	17	<p>In FY18, there were a total of 145 new admissions to PACT Teams. As DMH drilled down on the data previously reported, it was discovered the number reported in the FY18 Mid-Year Progress Report was inaccurate. At mid-year there were 63 new admissions not 140. In FY17, there were 140 new admissions to PACT Teams. When taking into account the number of discharges (person may have chosen to no longer receive PACT level services), the total on roll for FY18 compared to FY17 increased by 56.</p> <p>In FY18, there were 384 people being served by a PACT Team compared to 328 in FY17. The number 387 previously reported for FY17 was inaccurate and didn't reflect the appropriate time frame for the data reporting.</p>
Strategy	Strategy 1.3.1 Educate stakeholders about the options of Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services	On Track		State Hospital Directors have met with CMHC Directors to discuss the availability of PACT; PACT presentations have been conducted at DMH Board meetings, Mental Health Planning Council meetings, and the NAMI MS State Conference. PACT has been highlighted in DMH's external newsletter and the 52 Weeks of Progress project.
Output	Number of PACT Teams	On Track	8	Mississippi has eight PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT - one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center and Timber Hills Mental Health Services.
Output	Number of admissions to PACT teams	On Track	145	PACT teams added 145 new admissions during FY18.
Output	Number of readmissions to a State Hospital of people already being served by a PACT Team	On Track	38	
Outcome	Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals	On Track	257	In FY18, a total of 257 people were employed compared to 116 people in FY17.

Strategy	Strategy 1.3.2 Fund six pilot employment sites for individuals with SMI	On Track	6	DMH researched best practices and chose the Supported Employment Programs of Individual Placement and Support (IPS). Supported Employment, an evidenced-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. The sites are in Regions 2, 7, 10, and 12. In addition, there are two other employment sites in their last year of grant funding. These sites are Regions 8 and 9.
Output	Number of businesses contacted for employment opportunities	On Track	4892	
Output	Number of individuals employed	On Track	257	
Objective	Objective 1.4 Strengthen the state's crisis response system to maximize availability and accessibility of services	On Track		In addition to CSUs and Mobile Crisis Response Teams, DMH also provides crisis homes through Matt's House and SUCCESS at Boswell Regional Center.
Outcome	Utilize Crisis Stabilization Units to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track		
Strategy	Strategy 1.4.1 Evaluate Crisis Stabilization Units based on defined performance indicators	On Track		In FY18, the diversion rate of the CSUs slightly increased from FY17. The overall admissions also increased to 3,513 in FY18 from 3,129 in FY17.
Output	Diversion rate of admissions to state hospitals	On Track	91.85	In FY18, the diversion rate was 91.85%. In FY17, the diversion rate was 89.3%.
Output	Average length of stay	On Track	10.71	
Output	Number of admissions	On Track	3513	In FY18, a total of 3,513 people were served at the CSUs compared to 3,129 in FY17.
Output	Number of involuntary admissions vs. voluntary admissions	On Track		In FY18, a total of 1,937 admissions were voluntary vs. 1,576 involuntary.
Outcome	Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.	On Track	14	DMH provides funding to all 14 CMHCs for Mobile Crisis Response Teams to be available in all 82 counties.
Strategy	Strategy 1.4.2 Evaluate Mobile Crisis Response Teams based on defined performance indicators	On Track		The number of contacts, face-to-face visits, and encounters with law enforcement all increased in FY18. Of the 26,184 contacts in FY18, a total of 5,663 were referred to a more restrictive environment for a diversion rate of 79%.
Output	Number of contacts/calls	On Track	26184	The number of contacts/calls in FY18 increased to 26,184 from 23,168 in FY17.

Output	Number of face-to-face visits	On Track	18651	Of the 26,184 contacts, a total of 18,651 were face-to-face visits. This is an increase from 15,668 face-to-face visits in FY17.
Output	Number referred to a Community Mental Health Center and scheduled an appointment	On Track	9279	Of the 18,651 face-to-face contacts, a total of 9,279 were referred to a CMHC and scheduled an appointment. This is an increase from 8,640 who were referred to a CMHC in FY17.
Output	Number of encounters with law enforcement	On Track	1333	Of the 9,279 face-to-face visits, a total of 1,333 were encounters with law enforcement. This is an increase from 552 encounters with law enforcement in FY17.
Output	Number of people who need a higher level of care (jail, holding facility, CSU, state hospital, etc.)	On Track	5663	
Objective	Objective 1.5: Connect people to appropriate housing opportunities for adults with serious mental illness	On Track		
Outcome	Increase the availability of community supports/services for people with a serious mental illness in order to implement the Permanent Supportive Housing model	On Track		In FY18, a total of 211 people were housed through CHOICE. In FY17, a total of 205 people were housed.
Strategy	Strategy 1.5.1 Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services	On Track		
Output	Number of assessments provided	On Track	211	A total of 211 individuals housed.
Output	Level of intensity of supports/services needed	On Track		Various levels needed: Case Management, Intensive Case Management, Outpatient Services, Psychosocial Rehabilitation, PACT (Program Assertive Community Treatment).
Output	Number of people maintained in Permanent Supportive Housing	On Track	211	
Output	Number of people/days hospitalized	On Track	9	
Output	Number of people/days admitted to an ER	On Track	1	
Output	Number of people/days in jail	On Track	6	

Objective	Objective 1.6 Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process	On Track		DMH's Think Recovery campaign works to increase the knowledge of service providers and the public on the Components of Recovery. Consumers were engaged in the planning, development and implementation of the campaign. The campaign highlights the importance of community integration and focuses on sharing personal stories of recovery. A 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. Recovery is unique to each person and can truly only be defined by the person. During FY18, a total of 10 Think Recovery videos highlighting people's recovery journey were shared through e-mail listserves, newsletters, Facebook, and YouTube.
Outcome	Increase the awareness of the Certified Peer Support Specialist program	On Track		
Strategy	Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of Certified Peer Support Specialists and the role of CPSSs	On Track		
Output	Number of peers/family members trained as CPSSs	On Track	160	
Output	Number of CPSSs employed	On Track	230	
Output	Number of DMH Certified Providers employing CPSSs	On Track	42	
Outcome	Increase the number of trainings for transformation to a person-centered and recovery-oriented system of care	On Track		In FY18, there were a total of 25 trainings compared to nine trainings in FY17.
Strategy	Strategy 1.6.2 Provide training and technical assistance to service providers regarding Recovery Model, Person Centered Planning & System of Care Principals, etc.	On Track		
Output	Number of trainings	On Track	25	
Output	Number of participants	On Track	241	
Objective	Objective 1.7 Provide community supports for children transitioning to the community and to prevent out-of-home placements	On Track		

Outcome	Increase the number of children and youth that are served by MAP teams	Off Track	881	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. In FY18, a total of 881 children/youth were served by MAP Teams. In FY17, a total of 1,077 were served.
Strategy	Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations	On Track		In FY18, 881 children/youth were served by MAP Teams.
Output	Number served by MAP teams	On Track	881	In FY18, 881 children/youth were served by MAP Teams.
Output	Number of MAP teams	On Track	55	
Outcome	Increase the statewide use of Wraparound Facilitation with children and youth	Off Track		Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. In FY18, a total of 1,329 children/youth were served. In FY17, a total of 1,706 were served.
Strategy	Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED	On Track		
Output	Number of individuals that have been trained in Wraparound Facilitation	On Track	535	In FY18, 535 individuals were trained in Wraparound Facilitation. This is an increase from FY17. In FY17, a total of 345 individuals were trained.
Output	Number of providers that utilize Wraparound Facilitation	On Track	12	There were 12 providers certified by DMH to provide Wraparound Facilitation in FY18.
Output	Number of children and youth that are served by Wraparound Facilitation	On Track	1329	In FY18, a total of 1,329 children/youth received Wraparound Facilitation.
Output	Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement	On Track	304	In FY18, 304 children/youth were transitioned to Wraparound Facilitation from a more restrictive placement.
Output	Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement	On Track	876	In FY18, 876 children/youth received Wraparound Facilitation as an alternative to a more restrictive placement.

Outcome	Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries	On Track		
Strategy	Strategy 1.7.3 Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community	On Track		DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the State, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, counseling, wraparound facilitation, and other supports to youth with serious emotional disorders and/or mental illnesses who are in detention centers or the juvenile justice system.
Output	Number served in detention centers	On Track	1760	A total of 1,760 youth were served in the detention centers through the Juvenile Outreach Programs in FY18.
Output	Number exiting detention center and continuing treatment with CMHC	On Track	742	742 youth exited the detention center and continued to receive services in FY18.
Output	Number of re-entries into the detention center	On Track	432	432 of the total 1,760 re-entered the detention center in FY18.
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	70	In FY18, 23 youth were served. In FY17, 16 youth were served. This is a 70% increase.
Strategy	Strategy 1.7.3 Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team	On Track		NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported employment and education services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. 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	11	There were 11 referrals who met the criteria for the NAVIGATE program in FY18 and a total of 23 youth were served.

Output	Number and type of supports/services provided	On Track	7	Seven (7) services were provided and include crisis intervention, community support, peer support, physician/nurse, medication management, outpatient therapy, and employment/education support in FY 18.
Output	Number of youth and young adults maintained in his/her home and/or community	On Track	22	22 youth/young adults were maintained in the community in FY18.
Outcome	Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track	89	
Strategy	Strategy 1.7.4 Educate parents/guardians of youth transitioning from STF of supportive wrap-around options so that families may choose via informed consent	On Track		All parents/guardians are educated about wraparound care options so they can make the best decision for their children as they transition back into the community.
Output	Number of youth referred to MYPAC aftercare	On Track	22	
Output	Number of youth referred to a local Community Mental Health Center aftercare	On Track	40	
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	11	
Output	Number of youth actually transitioned to a local Community Mental Health Center aftercare	On Track	25	
Output	Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider	On Track	26	
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	25	

Objective	Objective 1.8 Provide treatment and supports both pre and post-release to improve the successful reentry of incarcerated people into the community	On Track		Funded by a federal grant, this partnership between DMH and the Department of Corrections aims to reduce recidivism by addressing untreated co-occurring substance use and mental health disorders in offenders under community supervision. It allows the two departments to improve identification of inmates with co-occurring substance use and mental health disorders, provide training to staff, integrate individualized treatment plans and track participant outcomes. The program will focus on people returning to Hinds County.
Outcome	Increase treatment and recovery support services for people with co-occurring mental health and substance use disorders who are transitioning from incarceration back into the community	On Track		
Strategy	Strategy 1.8.1 Full implementation of a program to serve co-occurring mental health and substance use disorder treatment and recovery support services for people returning to Hinds County who have been identified as medium to high risk for recidivism	On Track		Six people graduated from the program on March 28, 2018 receiving certificates and awards acknowledging their completion of the program. This program is focused on helping offenders get a new start in life after incarceration while also addressing mental health issues to reduce chances of recidivism.
Output	Number of people screened for co-occurring disorders	On Track	102	
Output	Number of people identified as having co-occurring disorders	On Track	72	
Output	Number of people enrolled in intensive outpatient treatment program	On Track	6	
Output	Number of people successfully completing intensive outpatient treatment programs	On Track	6	
Objective	Objective 1.9 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services	On Track		
Outcome	Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	On Track		Gathering baseline data and increase will begin in FY19.
Strategy	Strategy 1.9.1 Educate DMH Certified Providers on adherence to the federal regulations for serving priority populations	Achieved		DMH conducted a webinar and added the federal requirements to the Funding Continuation Application that began July 1, 2017.

Output	Number of DMH-Certified Providers acknowledging receipt of education/training on federal regulations	Achieved	24	
Strategy	Strategy 1.9.2 Develop a tracking system to monitor high risk service utilization	On Track		This is a new strategy and corresponding outputs for the FY18 DMH Strategic Plan. Baseline data was gathered in FY18.
Output	Number of pregnant women served	On Track	374	
Output	Number of pregnant intravenous (IV) women served	On Track	86	
Output	Number of parenting (under age of 5) women served	On Track	28	The data for this special population will be gathered in the formal tracking system.
Output	Number of intravenous (IV) drug users served	On Track	3792	
Output	Number served utilizing Medication Assistance Treatment for opioid abuse	On Track	399	
Strategy	Strategy 1.9.3 Expand bed capacity for substance use services	On Track		Plans are in place for expansion of pregnant and parenting beds in FY19.
Output	Number of new beds available for primary and transitional services	On Track		Plans are to add additional beds in FY19.
Output	Number of new beds available for Medication Assisted Treatment	On Track		Plans are to add additional beds in FY19.
Output	Number served in primary treatment	On Track	3908	
Output	Number served in transitional treatment	On Track	451	
Outcome	Increase awareness of Mississippi's opioid abuse problem through a partnership with the Bureau of Narcotics and the Mississippi Board of Pharmacy	On Track		DMH and six other state agencies announced the launch of Stand Up, Mississippi, a comprehensive media campaign to address the opioid epidemic. As part of the campaign, DMH and its partners have launched a comprehensive resource website (www.standupms.org) that includes educational information about opioids, where to find treatment centers across the state, information about drop box locations, and other resources. Stand Up, Mississippi outreach efforts include presentations to local and state level organizations to educate citizens on opioids and combat the stigma of addiction. The partnership has increased to include the following: Department of Public Safety, Drug Enforcement Agency, Federal Bureau of Investigation and Department of Human Service.

Strategy	Strategy 1.9.4 Partner with the Bureau of Narcotics and the Mississippi Board of Pharmacy to conduct a series of Town Hall Meetings to educate community of opioid abuse problem	On Track		
Output	Number Town Hall Meetings	On Track	26	
Output	Number of attendees	On Track	3480	
Outcome	Decrease the number the deaths from opioid abuse by providing an opioid antagonist to law enforcement in high risk areas of the state	On Track		
Strategy	Strategy 1.9.5 Educate and distribute Narcan to law enforcement officers in high risk areas to combat overdose deaths	On Track		
Output	Number law enforcement officers educated on the use of Narcan	On Track	5896	
Output	Number of Narcan distributed	On Track	9814	
Output	Number of Narcan doses administered	On Track	55	51 lives saved, two people needed two doses
Output	Number of overdose deaths	On Track	2	There were two overdose deaths even with the use of Narcan.
Goal	To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care	On Track		
Objective	Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting	On Track		
Outcome	Increase the number of people transitioning to the community from the ICF/IID Regional Programs	Off Track		A total of 35 or 3.2% transitioned to the community from the ICF/IID Regional Programs. During the fiscal year, Section 22 of DMH's appropriations bill capped ID/DD Waiver spending at a cost not to exceed \$28.5 million. This impacted the number of people DMH was able to transition to the community.
Outcome	Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting	On Track	11.9	The overall decrease percentage of people accessing ICF/IID level of care in an institutional setting is 11.91% for FY18. BRC - 17.51% ESS - 6.46% HRC - 12.58% NMRC - 9% SMRC - 14%

Strategy	Strategy 2.1.1 Ensure people transitioning to the community have appropriate options for living arrangements	On Track		Using a person-centered approach people continue to receive transition services and the appropriate options for living arrangements.
Output	Number of people transitioned from facility to ICF/IID community home	On Track	30	30 total people were transitioned from the facilities to the ICF/IID community homes.
Output	Number of people transitioned to community waiver home/apartment/host home	Off Track	4	A total of 4 persons were transitioned to ID/DD Waiver community home/apartment. During the fiscal year Section 22 of DMH's appropriations bill capped ID/DD Waiver spending at a cost not to exceed \$28.5 million.
Output	Number of people transitioned home with waiver supports	Off Track	1	One person transitioned home with waiver supports. During the fiscal year, Section 22 of DMH's appropriations bill capped ID/DD Waiver spending at a cost not to exceed \$28.5 million.
Outcome	Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track		82% served in the community vs. 18% served on-campus in DMH Residential Programs.
Objective	Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD	On Track		

Outcome	Enhance statewide public awareness campaign to increase knowledge of community services available to persons with intellectual and developmental disabilities	On Track		<p>BIDD continues to provide statewide public awareness events to increase knowledge of community service options available to people with intellectual and developmental disabilities.</p> <p>DMH and the IDD Advisory Council, comprised of service providers and advocacy organizations, launched an IDD Awareness Campaign in recognition of March as IDD Awareness Month. The campaign titled, "Celebrating Mississippians with Intellectual and Developmental Disabilities," highlights the connection between people with intellectual or developmental disabilities and their communities. Throughout the month of March, "Celebrating Mississippians with Intellectual and Developmental Disabilities" rolled out videos, stories, posters, and information graphics about people who have an IDD and are embracing choices and enriching their lives through employment, home ownership, social relationships, and a variety of community activities. Celebrating Mississippians with</p>
Strategy	Strategy 2.2.1: Develop a quarterly report by Central Office and Regional Programs outlining the number of outreach/awareness activities	On Track		The Regional Programs continue to provide and report their outreach and awareness activities.
Output	Number of educational materials developed	On Track	37	The education materials developed include Power Point presentations, videos, brochures, and displays including the state wide Celebrating MS Intellectual and Developmental Disabilities Campaign, "Connecting People and Communities".
Output	Number of public awareness events attended	On Track	220	220 public awareness events were organized and attended in FY 18 as well as numerous program tours for students at local schools and colleges, volunteer program activities, and other local community activities across the state.
Output	Number of materials/stories distributed	On Track	2535	The number of materials distributed includes 2535 brochures and flyers as well as newsletters and numerous power point handouts distributed throughout the state.

Objective	Objective 2.3: Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options	On Track		
Outcome	Increase number served through IDD Community Support Program	On Track		784 people were served in the IDD Community Support Program in FY 18. That is an increase of 317 people from FY 17.
Outcome	Provide 2,515 people services in the ID/DD Waiver Program	On Track	2682	167 people were enrolled due to the lifting of a freeze on enrollment due to Section 22.
Outcome	Ensure people are receiving a Person Centered Plan of Services and Supports	On Track	3554	3554 people had a person centered Plan of Services and Supports developed through either the ID/DD Waiver or IDD Community Support Program.
Strategy	Strategy 2.3.2 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule	On Track		As of December 31, 2017, 2,594 people were offered freedom of choice between institutional and community care, a choice of service providers and a choice of services. Additionally, all received a person-centered Plan of Services and Supports which outlines the community participation activities for each person.
Output	Number of people who receive an assessment for person centered services	On Track	3554	3554 people received an assessment for person centered services through either the ID/DD Waiver or IDD Community Support Program.
Output	Number of Plan of Services and Supports reviewed indicating the chosen providers participated in the development of the Person Centered Plan	On Track	3554	
Strategy	Strategy 2.3.1 Track the increase in number of people receiving comprehensive community programs and services	On Track		3554 people received comprehensive services through either the ID/DD Waiver or IDD Community Support Program in FY 18. 3167 people received comprehensive services through either the ID/DD Waiver or IDD Community Support Program in FY 17. That is an increase of 387 people.
Output	Number of total people receiving ID/DD Waiver services	On Track	2682	The number of people receiving services increased from 2594 to 2682 due to the lifting of Section 22.

Output	Number of people receiving ID/DD Waiver Transition Assistance	On Track	5	Only people being deinstitutionalized may receive this service. There was a freeze in enrollment per legislation for FY 18. The 5 people who received Transition Assistance were enrolled in July, 2018 because they already had living arrangements planned. Therefore, the number remained the same during both halves of the FY.
Output	Number of people receiving ID/DD Waiver in-home nursing respite	On Track	182	
Output	Number of people receiving ID/DD Waiver in-home respite services	Not Started		This number could not be measured this FY because the service was not implemented due to issues with Medicaid's MediKey program for electronic visit verification.
Output	Number of people receiving ID/DD Waiver behavioral support services	On Track	63	There as a 65% increase in the number of people receiving Behavior Support because providers have expanded their staffing.
Output	Number of people receiving ID/DD Waiver crisis support services	On Track	31	
Output	Number of people receiving ID/DD Waiver intervention services	On Track	17	
Output	Number of people receiving ID/DD Waiver supported employment services	On Track	339	
Output	Number of people receiving ID/DD Waiver supported living services	On Track	176	
Output	Number of people receiving ID/DD Waiver host home services	Not Started		There are currently no providers of Host Home services in the State. The DMH is working diligently to encourage providers to become certified for this service.
Output	Number of people receiving ID/DD Waiver day services adult	On Track	1255	
Output	Number of people receiving ID/DD Waiver pre-vocational services	On Track	863	The small growth in this service area is indicative of the trend of decreasing the use of Prevocational Services.
Output	Number of people receiving ID/DD Waiver home and community support services	On Track	1295	
Output	Number of people receiving ID/DD waiver support coordination services	On Track	2682	
Output	Number of people receiving targeted case management services	On Track	872	
Output	Number of people receiving Community Support Services/Case Management	On Track	872	

Output	Number of people receiving comprehensive diagnostic evaluations	On Track	398	As of December 31, 2017, 398 people had received comprehensive evaluations through the Diagnostic and Evaluation Teams at the five Regional Programs.
Output	Number of people receiving ID/DD Waiver job discovery services	On Track	59	The use of this service more than doubled due to the emphasis on Supported Employment and the growth of providers who are certified to provide the service.
Output	Number of people receiving work activity services	On Track	166	
Output	Number of people receiving ID/DD Waiver supervised living services	On Track	719	
Output	Number of people receiving ID/DD Waiver shared supported living services	On Track	70	The service was implemented 8/23/17.
Output	Number of people receiving community support program/day habilitation	On Track	305	
Output	Number of people receiving community support program/pre-vocational	On Track	468	
Output	Number of people receiving community support program/supported employment	On Track	184	
Objective	Objective 2.4 Provide Supported Employment Services to people with IDD in partnership with the Department of Rehabilitation Services	On Track		DMH continues to collaborate with the Department of Rehabilitation Services to provide Supported Employment services to people with IDD.
Outcome	Increase number of people utilizing Supported Employment Services	On Track	339	There was an 8.2% increase in the number of people receiving Supported Employment.
Strategy	Strategy 2.4.1 Partner through a multi-agency taskforce to expand Supported Employment Services	On Track		The task force completed a Job Skills Trainer Manual to be used to train staff who train Job Skills Trainers (formerly Job Coaches).
Output	Increase percentage of people utilizing supported employment services	On Track	13	13% of the adults enrolled in the waiver used Supported Employment Services. In FY 17, only 10% of the people used Supported Employment services.
Output	Decrease percentage of people utilizing pre-vocational services	On Track		There was a 17% decrease in the number of people utilizing Prevocational Services. This was compared to the number of people who received Prevocational Services in FY 17.
Output	Number approved for Supported Employment Services	On Track	339	There was a 13% growth in the number of people receiving Supported Employment from the 1st half of FY 2018.

Output	Develop a curriculum for job coaches and job trainers	Achieved		The Job Skills Trainer Manual was completed by staff from DMH, Disability Rights MS, Dept. of Rehabilitation Services, Willowood, Goodwill and the Arc of MS.
Output	Number of job trainers and job coaches trained	Not Started		The Job Skills Trainer Manual was completed in June, 2018; therefore no training took place in FY 18. Training will take place in FY 19.
Output	Number of taskforce meetings	On Track	3	The Task Force remains in place. However, it did not need to meet again until after the ID/DD Waiver renewal in order to develop a plan for implementing any new day services.
Objective	Objective 2.5 Provide a Conflict Free Case Management system of care	On Track		
Outcome	Decrease the number of IDD services provided by the ICF/IID Regional Programs	On Track	95	Support Coordination services is provided by four Regional Programs. The four Regional Programs reduced the number of ID/DD Waiver services provided by 95%. The provision of these services were transitioned to the Community Mental Health Centers and other DMH Certified Providers to comply with Conflict Free Case Management.
Outcome	Increase the number of IDD services provided by other certified providers	On Track		Other certified providers increased IDD services including day programs by 29.6% and supervised living programs by 36.3% FY 18.

Strategy	Strategy 2.5.1 Transition people from ICF/IID Regional Programs to other certified providers	On Track		Through a person-centered approach and the Plan of Services and Supports process people receiving IDD services are being offered services by other certified providers in their area. In March 2014, CMS implemented the Final Rule for Home and Community Based Services (HCBS). This Rule requires states to ensure entities providing ID/DD Waiver Support Coordination services do not also provide other ID/DD Waiver services. DMH has been coordinating the transition of these services with Community Mental Health Centers, which are already providing a number of the services. DMH state-run programs will no longer be providers of ID/DD Waiver services. This change is needed to ensure the ID/DD Home and Community Based Waiver can continue to be approved by CMS. DMH believes the function of Support Coordination is within the mission of the agency. IDD regional programs will continue to provide Support Coordination services and no longer provide other ID/DD Waiver services. This plan has been approved by the Mississippi Division of Medicaid and CMS. Boswell will
Output	Number of IDD services/programs operated by ICF/IID Regional Programs (not including support coordination)	On Track		The total number of IDD services/programs operated by the ICF/IID Regional Programs reduced by 95%. The provision of these services were transitioned to the Community Mental Health Centers and other DMH Certified Providers to comply with Conflict Free Case Management.
Output	Number of IDD services/programs operated by other certified providers	On Track		41 other DMH certified providers under ID/DD Waiver provide 70 day programs and 139 supervised living locations throughout the state.
Output	Number of people diverted from institutional care and transitioned to community services after receiving state-funded crisis services	On Track		Five persons were transitioned to community services after receiving support services through the BRC Success Program and Matt's House.
Goal	To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery	On Track		
Objective	Objective 3.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards	On Track		

Outcome	Increase the number of certified community-based service delivery agencies, services, and programs	On Track		
Strategy	Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.	On Track	4	
Output	Number of interested provider agencies participating in interested provider orientation	On Track	132	
Output	Number of completed applications received by DMH for new provider agency certification	On Track	31	
Output	Number of new provider agencies approved	On Track	18	The review for many of the agencies which applied were not completed by the end of FY18.
Output	Number of completed applications received by DMH for services added by a DMH certified provider agency	On Track	49	
Output	Number of new services added by a DMH certified provider agency approved	On Track	49	
Output	Number of completed applications received by DMH for programs added by a DMH certified provider agency	On Track	102	
Output	Number of new programs added by a DMH certified provider agency approved	On Track	102	
Objective	Objective 3.2 Ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided	On Track		
Outcome	Increase number of positive grievance resolutions related to grievances received through the Office of Consumer Support	On Track	100	A total of 109 grievances were recorded through the Office of Consumer Support. All 109 grievances were resolved (100%).

Outcome	Increase public knowledge about services through information and referral	On Track		<p>DMH Helpline information is included on all outreach materials, campaigns, Facebook page, and DMH Website. In January 2018, DMH began a 52 Weeks of Progress campaign highlighting services and supports each week in an infographic shared through an e-mail listserve, Facebook and Instagram.</p> <p>In May 2018, in conjunction with Mental Health Month, DMH and its partners launched the campaign, Think Again for adults. The campaign encourages Mississippians to change the way they think about mental health and realize mental health is an essential part of their overall health and wellness. Think Again encourages Mississippians to toss out their preconceived notions about mental health, focusing on the fact that mental health problems are no different than other health problems. It is important for Mississippians to understand how common mental illness is and that there is nothing to be ashamed of for seeking help. The campaign included infographics, posters, PowerPoint presentation, and</p>
Strategy	Strategy 3.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies	On Track		In October 2018, DMH received a State Capacity Building grant from the National Suicide Prevention Lifeline. The goal of the grant was to increase Mississippi's answer rate from 46% to 90% by September 30, 2018. At the end of FY18, the state's answer rate was reported at 80%.
Output	Number of calls seeking information and/or referral received through DMH's toll-free number	On Track	5290	A total of 5,290 calls were received through the DMH Helpline. An additional 2,353 were received through the National Suicide Prevention Lifeline. This is a total of 7,643 calls.
Output	Number of grievances filed through the Office of Consumer Support	On Track	109	
Outcome	Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)	On Track		
Strategy	Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT)	On Track		Ongoing through SPOTT referrals, discovery visits and connection to services.
Output	Number of referrals made to the Specialized Placement Option to Transition Team (SPOTT)	On Track	108	

Output	Number of people connected to services/supports through SPOTT	On Track	61	Although this number is lower than in FY17 (96), the cessation of admissions to ICF/IDD facilities as well as enrollment in the IDD Waiver program has drastically decreased available options for SPOTT referrals made from the IDD community.
Objective	Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers	On Track		
Outcome	Increase the number of evidence-based and emerging best practices trainings by 5% each year	On Track		
Strategy	Strategy 3.3.1 Promote at least six evidence-based, best practices and promising practices trainings offered through the DMH learning management system through internal communication efforts	Achieved		Twelve trainings have been promoted. Nine of the trainings promoted were evidence-based.
Output	Number of trainings promoted	Achieved	9	
Outcome	Ensure DMH Programs and DMH Certified Providers are utilizing evidence-based practices, best practices and promising practices	On Track		
Strategy	Strategy 3.3.2 Gather and verify information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and all DMH Certified Providers	On Track		
Output	Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers	Not Started		A survey will be distributed in FY19 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, at DMH Programs	On Track		In FY18, 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.
Output	Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs	On Track	141	A total of 141 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	Objective 3.4 Offer trainings in evidence-based and best practices to a variety of stakeholders	On Track		DMH continues to provide Mental Health First Aid, ASIST, CIT, TF-CBT, QPR, and other trainings.
Outcome	Outcome: Increase the number of stakeholders trained in evidence-based practices including criminal justice professionals, substance use providers, school professionals, etc.	On Track		DMH continues to provide Mental Health First Aid, ASIST, QPR, Motivational Interviewing, CIT, and other trainings. More than 25 clinicians from across the state attended a two-day workshop at DMH to apply the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model in cases involving the Commercial Sexual Exploitation of Children (CSEC). Clinicians learned how to use CSEC-specific applications within the practice framework. This training enhanced clinical skills essential to serving this challenging population and was a collaboration between NFusion Desoto and DMH. In total, there were 3,522 people trained in FY18.
Strategy	Strategy 3.4.1 Conduct a training needs assessment by surveying DMH Certified Substance Use Providers	Achieved		
Output	Output: Number of survey respondents	Achieved	93	
Strategy	Strategy 3.4.2 Provide trainings in a variety of evidence-based practices for treatment, prevention and recovery support services	On Track		
Output	Number trained in Trauma-Informed Care for Criminal Justice Responses	On Track	239	
Output	Number trained in Motivational Interviewing at MDOC	On Track	8	
Output	Number trained in Mental Health First Aid (adults and children)	On Track	415	In FY18, a total of 415 people were trained in MHFA. In June, DMH partnered with 11 of the Community Mental Health Centers to host 10 MHFA for Youth trainings across the state for educators. Trainings were also scheduled to continue in July.
Output	Number trained in evidence-based practices for suicide prevention	On Track	1736	

Strategy	Strategy 3.4.3 Organize a train-the-trainer for Mental Health First Aid public safety designation	Achieved		This is the first time in Mississippi that in addition to the Mental Health First Aid course, participants also received supplemental training on the Mental Health First Aid for Law Enforcement, Corrections, and Public Safety module. This module builds upon the effectiveness of the standard Mental Health First Aid curriculum by focusing on the unique experiences and needs of law enforcement, corrections and public safety audiences. Participants included staff from the Mississippi Department of Corrections, law enforcement agencies, Community Mental Health Centers, and private providers.
Output	Number of trainers certified to deliver the training	On Track	30	
Output	Number of professionals trained	On Track	150	Total of 150 professionals trained including 8 train-the-trainers at the Mississippi Department of Corrections.
Output	% MDOC staff trained in MHFA	On Track	12	
Objective	Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs	On Track		The agency continues to work towards recruitment and retention of the workforce. A Recruitment Committee has been established. Weekly meetings are held to address these issues at each of the agencies.
Outcome	Establish a diverse taskforce to analyze recruitment and retention issues	Achieved		Task force was established in July 2017. There are five task force members from DMH programs.
Strategy	Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce	On Track		The task force met 5 times. Additional meetings have been held inclusive of all Agency Directors and Human Resources Directors.
Output	Number of taskforce meetings	On Track	7	The task force met 5 times. Additional meetings have been held inclusive of all Agency Directors and Human Resources Directors.
Strategy	Strategy 3.5.2 Identify recruitment and retention needs and develop recommendations	On Track		A meeting was held with Agency Directors to strategize how the agency as a whole would fund the non-appropriated realignment for the Direct Care Worker Series. Recommendations were made to move forward with this plan. The State Personnel Board approved the request and the implementation of the non-appropriated realignment for DCT, DCW, DCW-A, DCAS, and DCS became effective June 1, 2018.

Output	Number of recommendations	On Track	5	Recommendations were made and approved for five of the positions in the Direct Care Worker Series to receive the salaries recommended in the non-appropriated realignment for the MSPB.
Output	% of recommendations implemented	On Track	100	100% of the recommendations that have been made to date have been implemented.
Outcome	Improve the turnover rate of employees providing direct care by 5%	On Track	4	The turnover rate of employees providing direct care has shown an improvement of 4% with the restructuring/realignment of the Direct Care Worker Series. We expect the numbers to continue to improve with the implementation of the new salaries for the Direct Care Workers. This data reflects October 2017 - June 30, 2018.
Strategy	Strategy 3.5.3 Research different methods to increase the salary of direct care workers	Achieved		The agency utilized funds from retirements, attrition, and reductions in force to fund the non-appropriated realignment for the Direct Care Worker Series. This allowed for employees in this job series to receive a minimum salary increase of \$2300.00.
Strategy	Strategy 3.5.4 Monitor staff turnover rate to track trends/patterns in certain positions	On Track		DMH continues to track trends/patterns on a monthly basis based on information received from the State Personnel Board. With the restructuring of the Direct Care Series, DMH saw an improvement in retention...
Output	Turnover rate for direct care state service positions	On Track		The turnover rate for direct care state service positions is being monitored on a monthly basis. DMH implemented the new salaries for the DCW series in June 2018. In the last month of FY18, DMH already saw an increase in the number of applications received from Direct Care vacancies. We will continue to review the trend in six months to see if a change can be noted.
Output	Turnover rate for direct care contractual positions	On Track		The agency continues to monitor the number of direct care contract workers that have separated employment with the agency. The agency will also monitor the number of contract workers who move to state service worker status since the implementation of the new salaries for direct care workers.

Output	Overall turnover rate for direct care positions	On Track		The overall turnover rate for direct care positions has seen a slight decrease. We will continue to monitor the turnover rate on a monthly basis documenting the changes since the implementation of the non-appropriated realignment.
Objective	Objective 3.6 Educate school professionals and youth on suicide prevention	On Track		<p>As a result of HB 263 that was passed during the 2017 Legislative Session, two professional development series were selected for all certified and classified school district staff to complete during the 2017-2018 school year. To date, the MS Department of Education reports that 60,197 school district staff have been trained in suicide prevention, with 26 districts left to report.</p> <p>Additionally, DMH hosted its first annual Suicide Prevention Symposium: Shattering the Silence by Working Together in September 2017 that was attended by 110 people, some of who were school professionals.</p> <p>In June 2018, DMH began a collaboration with 11 Community Mental Health Centers to host Youth Mental Health First Aid trainings for Mississippi educators. With the support of First Lady Deborah Bryant, the course was offered to educators across Mississippi at no cost. During June, 152 educators were trained in Youth Mental Health First Aid.</p>
Outcome	Develop a model suicide prevention policy for public schools in partnership with the Department of Education	Achieved		As a result of House Bill 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy template for school districts. According to the law, all school districts are required to adopt a policy for suicide prevention. A template was developed through focus group participation and provided to MDE for implementation. School districts are monitored by MDE for assurance that the policy is adopted within the district.

Strategy	Strategy 3.6.1 Partner with Department of Education for the development of a model policy and for selection of evidence-based curriculums for in-service training for all school district employees during 2017-2018 school year	Achieved		As a result of House Bill 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy and selecting evidence-based curriculums for in-service suicide prevention training for all school district employees in the 2017-2018 school year. In August 2017, a focus group was held to select the curriculum and develop a model policy template. The Jason Foundation was chosen for classified staff, and the Society for the Prevention of Teen Suicide was chosen for certified staff. The information was provided to the MDE for implementation with local school districts.
Output	Number of school districts that adopt a policy on suicide prevention	Not Started		The Mississippi Department of Education (MDE) reports they do not have data on the number of school districts that have adopted a policy on suicide prevention. School districts are monitored by MDE for assurance that the policy is adopted within the districts.
Output	Number of schools trained in evidence-based curriculums	On Track		MDE reports that 60,197 educators have been trained and that they are awaiting documentation of training from 26 school districts who have not reported.
Output	Make recommendation to Mississippi Legislature to revise current law if needed	On Track		The Suicide Prevention Workgroup will determine any recommendations that are needed prior to the 2019 Legislative Session such as revision to the law to include training for all MS Educators on a yearly basis.

Outcome	Create recommendations to improve law by revising current legislation if needed	On Track		House Bill 263 was amended during the 2017 Legislative Session to state that in the 2017-18 school year, all school district employees had to receive two hours of suicide prevention training, and new employees thereafter. Implementation of the trainings is being monitored by MS Dept. of Education and they report that 60,197 educators have been trained and that they are awaiting documentation of training from 26 school districts who have not reported. The Suicide Prevention Workgroup will determine any recommendations that are needed prior to the 2019 Legislative Session.
Outcome	Decrease the number of youth suicides in the state through awareness and prevention efforts	On Track		Data regarding the decrease in youth suicides in Mississippi is published by the MS Department of Health. 2017 data is not expected to be published until November of 2018. Efforts made to reduce the number of youth suicides in MS include: In September 2017, DMH hosted a Suicide Prevention Symposium: Shattering the Silence by Working Together. The symposium was attended by 110 people including teachers, law enforcement officers, mental health professionals, and clergy. In FY18, there were 77 presentations made to a total of 4,012 youth. DMH also participated in the Governor's Healthy Teens Rally reaching more than 500 students. There were 29 media stories about suicide prevention and a proclamation from Governor Bryant. DMH also partnered with MDE to fulfill HB263. Additionally, in June, DMH began a series of Youth Mental Health First Aid trainings that concluded in July. These trainings were offered to educators. In June 2018, there were 152 MS educators trained in Youth Mental Health First Aid. In August 2017, Shatter the

Strategy	Strategy 3.6.2 Offer Shatter the Silence suicide prevention materials and presentations to youth across the state	On Track		<p>In FY18, there were 77 Shatter the Silence presentations reaching 4,012 youth including college students. Additionally, in June, DMH began a series of Youth Mental Health First Aid trainings for educators. In June 2018, there were 152 MS educators trained in Youth Mental Health First Aid.</p> <p>DMH also began the development of a Shatter the Silence app targeting youth. An app was drafted and a focus group of students provided feedback. The app will be finished and available for download by the second quarter of FY19.</p>
Output	Number of materials requested	On Track	5973	
Output	Number of student presentations	On Track	77	There were 77 presentations made to youth and college students across the state.
Output	Number of schools requesting materials/presentations	On Track	54	In FY18, a total of 54 schools requested presentations and/or materials.
Output	Number of students who participate in presentations	On Track	4012	
Objective	Objective 3.7 Develop an Electronic Health Records system to improve services provided to individuals served	On Track		
Outcome	Implement an Electronic Health Records system at all DMH Behavioral Health Programs and IDD Programs	Achieved		We have implemented electronic health records system for NMSH, SMSH, EMSH, MSH, STF, CMRC, HRC, BRC, NMRC and SMRC. The consolidation project has been completed and we now have 1 Mental Health system and 1 IDD system. These systems reside at ITS versus the facility location.
Outcome	Automate the interface from the electronic health records system to labs, pharmacies, and Dr. First	On Track		The lab, pharmacy and radiology interfaces have been completed at MSH. The project plan has the completion of NMRC lab and pharmacy, HRC lab and pharmacy, EMSH lab and pharmacy, NMSH lab and pharmacy, SMSH lab and pharmacy by December of 2018. These were the only programs that elected to implement these interfaces.

Strategy	3.7.1 Utilize computerized provider order entry (CPOE) for medication orders	On Track		HRC, BRC, NMRC, SMRC, EMSH, SMSH, NMSH, STF, and CMRC staff have been trained in the use of CPOE for lab and pharmacy order entry. They will be able to begin using this functionality when we get the additional frequencies updated in the electronic health records. Currently, we can only enter 1 time orders versus recurring orders. This functionality should be available in the next release of the electronic health records system.
Strategy	Strategy 3.7.2 Replace manual reporting with electronic online reporting	On Track		Online reporting will be an ongoing project. We have 100+ reports available and are now designing custom reports to accomplish this goal. We have 15+ customized reports that are now being tested to use in production.
Outcome	Develop a bed registry to track data daily to maximize the availability of DMH operated and funded program beds	Achieved		The bed count dashboard has been implemented for crisis beds and community living beds. We are looking to purchase, configure and implement a data management system that will replace this functionality.