

DMH FY21 Strategic Plan End-of-Year Progress Report

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

Objective 1.1 Provide for the availability of hospitalizations and inpatient care that, when necessary, meets demand now and in the future

<p>Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals</p>	<p>Off Track</p>	<p>8</p>	<p>MSH: 7 EMSH: 10 NMSH: 8 SMSH: 7</p> <p>This is an increase from the FY20 average wait time of approximately 5 days. Issues related to the ongoing COVID-19 pandemic have affected admissions at behavioral health programs.</p>
<p>Outcome: Maintain readmission rates within national trends (National trend was 7.2% for FY19 for 0-30 days)</p>	<p>On Track</p>	<p>3.74%</p>	<p>MSH: 3.69% EMSH: 4% NMSH: 3% SMSH: 4.25%</p> <p>This is a slight decrease from 3.83% reported at the end of FY20.</p>
<p>Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services</p>	<p>On Track</p>	<p>1,784</p>	<p>MSH: 542 NMSH: 450 EMSH: 394 SMSH: 398</p> <p>There was approximately an 8% reduction in the number of admissions for adult acute psychiatric services. In FY21, there were 1,784 admissions. In FY20, there were 1,938 admissions. Admissions to DMH programs have been affected by issues resulting from the ongoing COVID-19 pandemic.</p> <p><i>Note: An initial version of this report stated there was a 9% decrease based on 1,769 admissions. Those values have been corrected.</i></p>
<p>Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts</p>	<p>Off Track</p>	<p>37</p>	<p>The average for FY21 is 37 days, with 128 reports completed during this time frame. The census at MSH was reduced during FY20 and FY21 to accommodate single patient rooms, and admissions took place at a reduced pace to allow for an isolation period. Defendants in jails without the ability to conduct videoconferencing were not able to be seen until MSH had rapid COVID-19 testing available in mid-October 2020. Since having the ability to conduct rapid COVID testing on campus, admissions have increased based on bed availability.</p> <p>The average wait time is a slight increase from 32 days in FY20, but still a significant decrease below the 83 days reported in FY19.</p>

<p>Outcome: Reduce average length of stay for people receiving competency services</p>	<p>Off Track</p>	<p>292</p>	<p>The FY 21 year-end average for competency restoration stays was 292 days. Note: The value reported at mid-year for this measure was incorrectly reported as 388 days. The correct value for mid-year FY21 data was 355 days.</p> <p>Several years ago, this measure had an approximate 300-day average, but has decreased in recent years; in FY19 the average length of stay for people receiving competency services was 138 days, and the average length of stay in FY20 was 179 days. This measure has increased due to issues related to the COVID-19 pandemic. During FY21, patients were not discharged to a jail with active COVID cases and patients with active COVID cases are not discharged. In FY</p>
<p>Strategy 1.1.1 Analyze the average wait time and readmission rates of state hospitals</p>			
<p>Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)</p>		<p>3409</p>	<p>MSH - 1409 STF - 85 EMSH - 629 CMRC - 364 NMSH - 497 SMSH - 425</p> <p>This is a decrease from 3,687 people served in FY20. Mississippi State Hospital operates a Substance Use Disorder unit and a Child and Adolescent Unit, and both East Mississippi State Hospital and Mississippi State Hospital operate nursing homes. EMSH also opened a Substance Use Disorder unit in June 2021 and served five individuals there before the end of the fiscal year that month.</p>
<p>Output: Average wait time for acute psychiatric admissions</p>		<p>8</p>	<p>MSH - 7 EMSH - 10 NMSH - 8 SMSH - 7</p>
<p>Output: % of occupancy — acute psychiatric care (all behavioral health programs)</p>		<p>83%</p>	<p>MSH: 80% STF: 80% EMSH: 84% NMSH: 89% SMSH: 84%</p>
<p>Output: % of occupancy — continued treatment (MSH)</p>		<p>99%</p>	<p>This is an increase in occupancy percentage compared to approximately 91% in FY20. During FY20, MSH operated 65 Continued Treatment beds, but operated 60 beds during FY21. In addition, forensic patients may be served on this unit.</p>
<p>Output: % of occupancy — MSH medical surgical hospital (MSH)</p>		<p>20.01%</p>	
<p>Output: % of occupancy — chemical dependency (MSH)</p>		<p>76%</p>	<p>The value reported at mid-year indicated a 100% occupancy rate due to social distancing measures and female receiving patients who were in chemical dependency beds. Taking into account only substance use treatment patients, the mid-year report value would have been 72%. The yearly value is 76%. This occupancy rate is lower than usual due to social distancing and admissions processes due to COVID, as well as staffing issues, but admissions did increase in the second quarter of the year and beyond as admissions processes became more streamlined.</p>
<p>Output: % of occupancy — nursing homes (MSH and EMSH)</p>		<p>75.50%</p>	<p>MSH: 76% EMSH: 75%</p>

Output: % of occupancy — children/adolescents (MSH)		56%	
Output: % of occupancy — transitional program (CMRC)		84%	
Output: % of occupancy — forensics (MSH)		91%	
Output: % of people readmitted 30 days after discharge (acute psychiatric)		4%	MSH: 4% EMSH: 4% NMSH: 3% SMSH: 4%
Output: % of people readmitted 180 days after discharge		7%	MSH: 11% EMSH: 6% NMSH: 1% SMSH: 11%
Output: Total days of hospitalization at state hospitals (acute psychiatric)		13,8042	MSH: 73,177 EMSH: 34,386 NMSH: 14,942 SMSH: 15,537
Strategy 1.1.2 Utilize expanded community-based services to reduce the reliance on institutional care			DMH has increased the availability of Intensive Community Outreach Recovery Teams (ICORT) and Intensive Community Support Services (ICSS) during FY21. There were 6 ICORTs operational at the end of FY20. At the end of FY21, there are 16 ICORTS operational, and DMH funded an additional 12 ICSS specialists during FY21. There are now 35 ICSS specialists funded by DMH in the state. Discharges that meet the criteria for PACT, ICORT, or ICSS are referred during the discharge planning process that begins as individuals are admitted to the state hospitals. Additionally, admissions to behavioral health programs have been impacted by the temporary reduction of bed capacity due to COVID-19 to maintain social distancing, as well as isolation measures during the pandemic. DMH behavioral health programs had 1,769 admissions to acute care in FY21 compared to 1,938 admissions in FY20. This is a reduction of 169 admissions, or approximately 9%.
Output: Number of admissions to MSH (acute psychiatric)		527	Admissions to DMH behavioral health programs have been affected by issues related to the COVID-19 pandemic, including quarantine/isolation procedures, and staffing availability.
Output: Number of admissions to EMSH (acute psychiatric)		394	Admissions to DMH behavioral health programs have been affected by issues related to the COVID-19 pandemic, including quarantine/isolation procedures, and staffing availability.
Output: Number of admissions to NMSH		450	Admissions to DMH behavioral health programs have been affected by issues related to the COVID-19 pandemic, including quarantine/isolation procedures, and staffing availability.
Output: Number of admissions to SMSH		398	Admissions to DMH behavioral health programs have been affected by issues related to the COVID-19 pandemic, including quarantine/isolation procedures, and staffing availability.

<p>Strategy 1.1.3 Utilize community-based spanner services to reduce the wait time and length of stay for competency restoration services</p>			<p>There are currently 14 counties receiving spanner services. New counties receiving services are Copiah, Lincoln, Rankin, and Simpson Counties. Counties covered by Region 8 are: Copiah, Hinds, Holmes, Lincoln, Madison, Rankin, and Simpson. Counties covered by Region 12 are: Forest, Hancock, Harrison, Jackson, Lamar, Pearl River, and Stone. The purpose of these "spanning" services is to facilitate CMHC relationships with stakeholders in the criminal justice system so that people with serious mental illness are not in jail without a plan for disposition. These spanners act as liaisons with the courts, sheriffs, and jail administrators.</p>
<p>Output: Average wait time for completed initial competency evaluation (Stage 1)</p>		37	
<p>Output: Average length of stay for competency restoration</p>		292	<p>The average length of stay for competency restoration for FY21 was 292 days. This is an increase from 179 days in FY20. The mid-year value reported for FY21 should have been 355 days.</p>
<p>Output: Number of competency restoration admissions</p>		29	<p>Competency restoration admissions have been impacted by COVID-19.</p>
<p>Output: Number of counties served by a community-based spanner service</p>		14	<p>This is an increase from 11 counties in FY20.</p>
<p>Strategy 1.1.4 Expand forensic bed capacity by renovation of existing unit on MSH campus</p>			<p>There has been no increase in bed capacity in FY21. The renovation bid was delayed due to COVID. However, as of August 2021, the demolition phase of Building 63 on the MSH campus has been completed, with the renovation phase expected to begin in October 2021. This unit will eventually serve as an 83-bed Forensic Services unit.</p>
<p>Output: % increase in forensic bed capacity</p>			
<p>Objective 1.2 Enhance the transition process of people to a less restrictive environment</p>			
<p>Outcome: Improve the process for people transitioning from inpatient care to community-based care</p>	<p>On Track</p>		<p>The discharge planning for individuals receiving services at DMH's behavioral health hospitals begins at the time of admission and includes input from the person and/or their families. DMH revised the Discharge/Transition Record in FY19 and began utilizing it in FY20, and this process also now focuses on linking individuals with expanded services that are available in their communities, such as supported employment, housing options, or connections with other intensive community supports, such as PACT, ICORT, or ICSS if those criteria are met during the discharge planning process.</p> <p>In June 2021, DMH began holding a series of meetings with staff at DMH programs and CMHCs around the state to provide information and documentation related to the transition and referral process.</p>
<p>Outcome: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans</p>	<p>On Track</p>		

Strategy 1.2.1 Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group			
Output: % of people linked to community provider prior to discharge		100%	
Output: % of people discharged with a two-week supply of medication and a prescription		100%	MSH: 100% EMSH: 99% NMSH: 100% SMSH: 100%
Output: % of people who attend their first follow-up appointment with CMHC		62%	MSH: 69% EMSH: 63% NMSH: 67% SMSH: 53%
Output: % of people who were contacted by the discharging state hospital after seven days		99.50%	MSH: 100% EMSH: 100% NMSH: 100% SMSH: 98%
Strategy 1.2.2 Transmit continuing care plans to next level of care within 24 hours of discharge			
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge		91%	MSH: 83% EMSH: 94% NMSH: 91% SMSH: 97% This is an increase from approximately 86% in FY20.
Output: Percentage of discharge plans that begin at the time of admission		100%	
Output: Percentage of discharge plans that include input from the person and/or family members		100%	
Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements			
Outcome: Decrease the need for hospitalization by utilizing Programs of Assertive Community Treatment (PACT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	On Track	674	During FY21, a total of 674 unique individuals received PACT services. There were 506 people enrolled in PACT as of June 30, 2021. This is a decrease from the 535 people enrolled in PACT on June 30, 2020. However, a number of PACT clients have been transferred to ICORT services, as 10 additional ICORTs became operational during the course of FY21.

<p>Outcome: Decrease the need for hospitalization by utilizing Intensive Community Outreach Recovery Teams (ICORT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment</p>	<p>On Track</p>	<p>425</p>	<p>During FY21, a total of 425 unique individuals received ICORT services. There were 291 individuals receiving ICORT services on June 30, 2021, compared to 115 individuals receiving ICORT services on June 30, 2020. The first ICORT was piloted in FY19, followed by an expansion of five additional teams in FY20. In FY21, DMH funded 10 additional ICORT teams for a total of 16 teams in Mississippi. These additional teams have allowed for an increase in the number of individuals served by ICORTs. Some of these ICORTs did not become operational until the second half of FY21, and were not serving clients during the entire year.</p>
<p>Outcome: Decrease the need for hospitalization by utilizing Intensive Case Management for people who have serious mental illness</p>	<p>On Track</p>	<p>938</p>	<p>DMH is currently providing funding for 35 Intensive Community Support Services positions at CMHCs around the state. Funding for 12 of those positions was added in FY21. ICSS is provided in any county not covered by PACT or ICORT. Each county has access to either PACT, ICORT, or ICSS. At the end of FY21, there were 445 people receiving ICSS services.</p> <p>During FY21, a total of 938 unique individuals received ICSS services.</p>
<p>Outcome: Expand employment options for adults with serious and persistent mental illness through a partnership with Community Mental Health Centers and the Mississippi Department of Rehabilitation Services</p>	<p>On Track</p>		<p>Every CMHC region provides Supported Employment services. There are four Individual Placement and Support sites located in Regions 2, 7, 10, and 12, while DMH has partnered with the Mississippi Department of Rehabilitation Services on an expansion initiative to provide Supported Employment Specialists at the remaining regions. As of the first half of FY21, all CMHC regions had either an IPS or an expansion program. DMH will expand the IPS sites through grants to Regions 4, 8, and 9 in FY22.</p>
<p>Strategy 1.3.1 Utilize PACT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services</p>			<p>DMH provides funding for 10 PACT teams operated by the following Community Mental Health Centers:</p> <ul style="list-style-type: none"> - Region 3 operates one team serving Lee and Itawamba Counties - Region 4 operates two teams; one serves DeSoto County and one serves Alcorn, Prentiss, Tippah, and Tishomingo Counties - Region 6 operates one team serving Grenada, LeFlore, and Holmes Counties - Region 8 operates one team serving Rankin and Madison Counties - Region 9 operates one team serving Hinds County - Region 10 operates one team serving Lauderdale County - Region 12 operates two teams; one serves Forrest and Perry Counties and one serves Hancock and Harrison Counties - Region 15 operates one team serving Warren and Yazoo Counties

Output: Number of PACT teams		10	
Output: Number of people served by PACT teams		674	During FY21, a total of 674 unique individuals received PACT services. On June 30, 2021, 506 people were enrolled in PACT services. With the restructuring of counties covered by PACT last year, a large group of clients were transferred from PACT to an ICORT team.
Output: Number of new admissions to PACT teams		244	There were 244 new enrollments to PACT in FY21.
Output: Number of patients referred to PACT teams by state hospitals			A new tracking process related to patients referred and accepted to PACT, ICORT, and ICSS from state hospitals was developed in the third quarter of FY21. This information will be reported next year.
Output: Number of patients accepted to PACT teams			A new tracking process related to patients referred and accepted to PACT, ICORT, and ICSS from state hospitals was developed in the third quarter of FY21. This information will be reported next year.
Output: Number of readmissions to state hospitals of people being served by a PACT team		16	There were 16 readmissions to state hospitals of people served by PACT in FY21. The value reported for the mid-year report should have been 10. There were six re-admissions in the second half of the fiscal year.
Strategy 1.3.2 Utilize ICORT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services			<p>With the addition of new ICORT teams in FY21, Mississippi is now providing funding for 16 ICORTs that serve the following areas:</p> <ul style="list-style-type: none"> - Region 1 operates one team and serves Coahoma, Quitman, Tallahatchie, and Tunica Counties - Region 2 operates two teams and serves Tate, Marshall, Panola, Lafayette, Yalobusha, and Calhoun Counties - Region 6 operates one team that serves Bolivar and Washington Counties - Region 7 operates two teams and serves Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties - Region 8 operates one team that serves Copiah, Lincoln, and Simpson Counties - Region 9 operates one team that serves Hinds County - Region 10 operates two teams that serve Leake, Scott, Newton, Smith, and Clarke Counties - Region 11 operates two ICORTs that serves Pike, Amite, Lawrence, Walthall, Franklin, Adam, Wilkinson, Claiborne, and Jefferson Counties - Region 12 operates three teams that serve Lamar, Pearl River, Marion, Jefferson Davis, Covington, and Jones County - Region 14 operates one team that serves George and Jackson Counties
Output: Number of ICORTS		16	DMH continues to provide funding for 16 ICORT teams. Ten of these ICORTs began operating during FY21, with some of those becoming operational during the second half of the year.
Output: Number of people served by ICORT		425	425 individuals received ICORT services during FY21. On June 30, 2021, 291 people were enrolled in ICORT services.
Output: Number of new admissions to ICORT		331	During FY21 there were 331 new enrollments to ICORT.
Output: Number of patients referred to ICORT by state hospitals			A new tracking process related to patients referred and accepted to PACT, ICORT, and ICSS from state hospitals was developed in the third quarter of FY21. This information will be reported next year.

Output: Number of patients accepted to ICORT			A new tracking process related to patients referred and accepted to PACT, ICORT, and ICSS from state hospitals was developed in the third quarter of FY21. This information will be reported next year.
Output: Number of readmissions to state hospitals of people being served by ICORT		23	There were 23 readmissions to state hospitals of people served by ICORT in FY21. The value reported for the mid-year report should have been two. There were 21 readmissions in the second half of the fiscal year.
Strategy 1.3.3 Utilize Intensive Case Management to help people who have the most severe and persistent mental illnesses			In FY21, DMH expanded funding for Intensive Community Support Services to cover any county in the state that did not have PACT or ICORT services. Each CMHC region has at least one ICSS coordinated service.
Output: Number of Intensive Case Managers		35	DMH provides funding to all CMHCs to have 35 ICSS around the state.
Output: Number of people receiving Intensive Case Management		938	During FY21, a total of 938 unique individuals received ICSS services. There were 445 people enrolled in ICSS on June 30, 2021.
Output: Number of patients referred to Intensive Case Management by state hospitals			A new tracking process related to patients referred and accepted to PACT, ICORT, and ICSS from state hospitals was developed in the third quarter of FY21. This information will be reported next year.
Output: Number of readmissions to state hospitals of people being served by Intensive Case Management		60	
Strategy 1.3.4 Emphasize supported employment opportunities for people with SMI			In August 2020, DMH secured funding and offered it to the remaining CMHCs that did not have Supported Employment services. Now every CMHC has a Supported Employment Specialist.
Output: Number of businesses contacted for employment opportunities		13,329	Supported Employment Specialists have reported 13, 329 business contacts regarding employing SMI clients in FY21. This is an increase over 7,659 contacts reported in FY20. In addition to the increase in the number of Supported Employment Specialists, many business contacts likely took place over the phone as people maintained quarantine procedures during the COVID-19 pandemic.
Output: Number of people employed		177	As of June 30, 2021, there were 177 people employed through Supported Employment Services. This is a decrease from the 280 people who were reported as being employed in FY20. The value of 196 reported at mid-year included duplicated numbers and should have been reported as 85 individuals. The ongoing COVID-19 pandemic has had a significant effect on employment numbers as employers and individuals maintained social distancing, quarantine, and isolation procedures.
Output: Number of referrals made to MDRS		475	There were 475 referrals from CMHCs to MDRS in FY21. This is an increase from 202 referrals in FY20.

Objective 1.4 Strengthen the state’s crisis response system to maximize availability and accessibility of services

<p>Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units</p>	<p>On Track</p>		<p>There are now 176 CSU beds available for diversion around the state. This is an increase of four beds due to the addition of four new beds at the Hinds County CSU. In FY19, DMH offered additional funding for CSUs to the state's community mental health centers. Previously, there were eight, 16-bed units around the state for a total of 128 CSU beds. Mississippi now has 13 CSUs and 176 beds that can be utilized to divert people in crisis. The diversion rate for FY21 was 89.13%, meaning slightly more than 10% of people served in a CSU went on to a higher level of inpatient care. In FY20, the diversion rate was slightly higher, at 91.5%.</p>
<p>Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams</p>	<p>On Track</p>		<p>In FY21, there was a total of 34,483 calls made to Mobile Crisis Response Teams. Of those, there were 11,937 face-to-face visits (34.62%) and a total of 5,563 people (16.13%) needed a higher level of care. The total number of calls in FY21 was a reduction from 36,921 calls in FY20 (6.6%).</p> <p>Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital.</p>
<p>Outcome: Utilize community crisis homes for successful continuation in the community</p>	<p>On Track</p>		<p>Matt's House serves as a community crisis home that supports up to five individuals, 24 hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and has no place to live. Matt's House is a short-term (6 months or less) crisis transition home for males. Referrals to Matt's House can come from a multitude of locations, but the Specialized Planning, Options to Transition (SPOTT) Team has priority admission when Matt's House has vacancies. Residents must be 18 years of age, must not be violent, and not currently on the IDD Waiver. As soon as possible after admission, Boswell Regional Center's Diagnostic and Evaluation Department are contacted to conduct a psychological evaluation for the resident. Residents will be assisted by Matt's House staff with applying for government benefits, which can include SSI, Medicaid, and SNAP benefits, while long term placement is being sought.</p>
<p>Strategy 1.4.1 Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care</p>			<p>In FY21, CSUs served 3,022 individuals, a 14.27% reduction compared to the 3,525 individuals served in FY20. The capacity of the CSUs was reduced during much of FY21 due to procedures and staffing issues related to COVID-19, but as of June 30, 2021, almost all CSUs were accepting their certified capacity of clients.</p>
<p>Output: Diversion rate of admissions to state hospitals</p>		<p>89%</p>	<p>For FY21, the diversion rate of all patients admitted to CSU was approximately 89%.</p>
<p>Output: Average length of stay</p>		<p>12</p>	<p>The average length of stay for all CSU patients is approximately 12 days, compared to 11 days in FY20. The CSUs have seen an increase in homeless clients over the last couple of years, which has resulted in longer stays.</p>
<p>Output: Number of involuntary admissions vs. voluntary admissions</p>		<p>3,022</p>	<p>In FY21, there were 1639 involuntary admissions and 1383 voluntary admissions to all CSUs.</p>

Output: Number of crisis stabilization beds		176	As the number of COVID-19 cases began to decline after the start of 2021, the Hinds County CSU was able to open 4 additional beds. This brought the total number of CSU beds in the state to 176. Prior to 2019, there were 128 CSU beds in the state.
Strategy 1.4.2 Offer mobile crisis response to assess and stabilize crisis situations			
Output: Number of contacts/calls		34,483	
Output: Number of face-to-face visits		11,937	Of the 34,483 calls, 11,937 resulted in face-to-face contacts. The number of face-to-face visits has been down throughout FY21 compared to FY20, which can most likely be attributed to precautions taken due to the COVID-19 pandemic.
Output: Number referred to a CMHC and scheduled an appointment		10,009	
Output: Number of encounters with law enforcement		3,087	
Output: Number of people who need a higher level of care		5,563	
Strategy 1.4.3 Offer short-term crisis supports by evaluating needs to ensure people are connected to appropriate services and supports			
Output: Number served in community crisis home		40	A total of 40 individuals were served in community crisis homes and safe beds in FY21: 7 in safe beds, 9 at Matt's House, 3 at SUCCESS of Oxford, and 21 through SUCCESS.
Output: Number transitioned with appropriate supports		18	Four individuals transitioned from SUCCESS, 3 from Matt's House, and 2 from SUCCESS Oxford. In addition, 6 people moved to other services. They all discharged with supports.
Output: Average length of stay		147.3	The total average length of stay for FY21 was 147.3 days. The average length of stay at SUCCESS was 79.92 days, while the average length of stay at SUCCESS of Oxford was 60 days, and the average length of stay at Matt's House was 213 days.
Objective 1.5 Connect people with serious mental illness to appropriate housing opportunities			
Outcome: Increase the number of people who have a serious mental illness who are living in Supportive Housing (CHOICE)	Off Track	124	There were 124 people in housing as of June 30, 2021, a reduction from the 258 people in housing through CHOICE at the end of FY20. According to MUTEH and Open Doors, housing have been significantly impacted by COVID-19. Many apartment complexes have reported a shortage of maintenance staff, causing delays in apartments that are ready to rent. Property managers and maintenance staff are still out at times due to COVID-19, and property managers have had to cover multiple properties due to staffing shortages. There are heavy delays in rehabs and new construction of apartments, along with delays due to utility company staffing shortages, particularly when utility inspections are sometimes required. In addition, Social Security offices were temporarily closed in March 2020, so clients have to rely on mail to receive Social Security cards. Vital Records in Mississippi and other states have also been delayed in getting birth certificates mailed. In other cases, there have been housing openings that did not occur as expected due to a moratorium on eviction.

Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes	On Track		There are currently three Community Transition Homes in operation. MSH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi have partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. Region 8 opened a Community Transition Home for four females in Simpson County in April 2018 and have opened an additional house for four more females. Region 9 opened a Community Transition Home in May 2018 for four males in the Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in community.
Outcome: Decrease the need for hospitalization by utilizing Supportive and Supervised Living opportunities at Community Mental Health Centers	On Track		
Strategy 1.5.1 Provide people with a serious mental illness who are housed as a result of the Supportive Housing with the opportunity to live in the most integrated settings in the communities of their choice by offering an adequate array of community supports/services.			All people in Supported Housing are fully integrated into the community with myriad wraparound support services from the CMHCs.
Output: Number of assessments provided		220	Between MUTEH and Open Doors there were 220 assessments completed on a total of 221 referrals.
Output: Number of people served in Supportive Housing (CHOICE)		215	Although there were only 124 people in housing through CHOICE as of June 30, 2021, there were 215 people placed in housing through CHOICE in FY21.
Output: Number of readmissions to state hospitals of people served in Supportive Housing		5	There were five people served through CHOICE that had to be readmitted to a state hospital for treatment. All five occurred in the first half of FY21. There were no readmissions from January through June 2021.
Strategy 1.5.2 Transition people who have been served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community-based services and supports.			
Output: Number of people transitioned to the community		1	The transition homes remain at capacity for FY21.
Output: Number of people transitioned to the Community Transition Homes			The transition homes remain at capacity for FY21.
Output: Number civilly committed people served in Continued Treatment beds		59	There were 59 individuals served on the CTS unit during FY21.

Strategy 1.5.3 Utilize Supervised and Supportive Living to provide opportunities for people to live in integrated settings in the communities of their choice			In FY21 there were 285 beds available for SMI individuals in Supported and Supervised Living operated through CMHCs in the state.
Output: Number of people served by Supervised and Supportive Living		225	
Output: Number of new admissions to Supervised and Supportive Living		43	
Output: Number of readmissions to state hospitals of people served in Supervised and Supportive Living		0	DMH will begin tracking this data in FY22.
Objective 1.6 Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process			
Outcome: Increase the number of peer support specialists employed in the state mental health system by 10%	At Risk	6%	As of June 30, 2021, there are 287 Certified Peer Support Specialists (CPSS) employed within the state mental health system. This reflects an increase of approximately 6% from the 271 reportedly employed at the end of the previous fiscal year in June 2020. It also represents a significant increase in comparison to the 201 CPSSs reportedly employed at the end of June 2019. A peer is not considered a Certified Peer Support Specialist until they have achieved employment in the state mental health system.
Outcome: Increase the number of peer support specialists trained	On Track	138	During FY21, a total of five CPSS Virtual Trainings were conducted, resulting in 138 peers being trained. Some peers returned to be trained in a second designation.
Outcome: Expand the Peer Bridger Program at all state hospitals	On Track		As of June 30, 2021, the Peer Bridger Program had been implemented at North Mississippi State Hospital and South Mississippi State Hospital. In FY22, the Peer Bridger Program will be implemented in the remaining two state hospitals, East Mississippi State Hospital, and Mississippi State Hospital, and all 13 CMHCs throughout the state. A Peer Bridger Program training manual to aid in the training of new staff and peers is in its final stages of development.
Outcome: Increase the number of CPSSs trained as WRAP facilitators	On Track		Due to continued COVID-related restrictions and transition in department administration, only one WRAP training was conducted resulting in 12 CPSSs being trained. Future WRAP facilitation trainings are in the process of being scheduled for FY22. This training was conducted by the Mental Health Association of South Mississippi.
Strategy 1.6.1 Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors			The development and support of certified peer support specialists will be provided by the Association of Mississippi Peer Support Specialists (AMPSS). The mission of AMPSS is to provide support and advocacy for Peer Support Specialists by building AMPSS into a sustainable consumer-driven organization. During this funding period, AMPSS will: (1) coordinate CPSS Trainings, to include scheduling the trainings, scheduling facilitators, and all task associated with conducting a training; (2) Contact PSS upon completion of CPSS training to support employment opportunities and integration into behavioral health system. (3) Organize the Annual Peer Summit and (4) support the Division of Recovery & Resiliency in its mission to support the peer support program.

Output: Number of peers/family members trained as CPSSs		138	Of the 138 peers trained during FY21, 101 were newly certified, with 28 of those peers returning to become trained and certified in a second designation.
Output: Number of CPSSs employed		287	As of June 30, 2021, there are 287 Certified Peer Support Specialists (CPSS) employed within the state mental health system.
Output: Number of DMH Certified Providers employing CPSSs		43	As of June 30, 2021, there are a total of 43 DMH Certified Providers employing CPSSs.
Output: Number of CPSS supervisors trained		83	During FY21, a total of 83 CPSS supervisors were trained.
Output: Number of CPSS supervisor trainings		5	During FY21, there were a total of 5 CPSS Supervisor Virtual Trainings conducted: July 24, 2020, August 14, 2020, October 23, 2020, May 21, 2021, and June 17, 2021.
Strategy 1.6.2 Train and employ CPSSs to serve as Peer Bridgers at state hospitals to improve the transition process			During FY21, the Peer Bridger Program was operational at two state hospitals, North Mississippi State Hospital and South Mississippi State Hospital. A total of five CMHCs also participated in the Peer Bridger Program this fiscal year. All participating providers were required to have at least one trained Peer Bridger on staff to provide transition services to individuals with mental illness integrating back into their communities with the goal to avert future mental health crises.
Output: Number of hospitals with a Peer Bridger program		2	
Output: Number of Peer Bridger connections		571	During FY21, a total of 571 Peer Bridger connections were completed. NMSH - 337 SMSH - 234. The Peer Bridger Program did not begin at SMSH until late October 2020.
Output: Number of readmissions of people connected with a Peer Bridger		20	During FY21, a total of 20 readmissions of people connected with a Peer Bridger were reported. NMSH has measured readmissions on a 30-day readmission period, and SMSH has measured readmissions on a 60-day readmission period.
Output: Number of first follow-up appointments attended at the CMHC		432	In FY21, CMHCs reported a total of 432 first follow-up appointments attended, with 86 initial appointments not attended. Out of these 518 initial appointments scheduled for individuals connected with a Peer Bridger, approximately 83% were attended.
Strategy 1.6.3 Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness			
Output: Number of Wellness Recovery Action Plans begun prior to discharge		648	In addition to the 648 WRAP plans at the other three state hospitals, Mississippi State Hospital utilizes Illness Management Recovery (IMR) groups. In addition to being available at no cost, it is able to be adapted to specific populations which makes it ideal for use at this program. MSH conducted 1,079 IMR groups during the fiscal year.

<p>Output: Number of trained WRAP facilitators</p>		<p>5</p>	<p>NMSH - 2 SMSH - 2 EMSH - 1 MSH utilizes a program called Individual Management and Recovery, or IMR, instead of WRAP.</p>
<p>Objective 1.7 Provide community supports for children transitioning to the community to prevent out-of-home placements</p>			
<p>Outcome: Increase the participation of local representatives from CPS, school districts and juvenile justice on MAP teams</p>	<p>On Track</p>		<p>Out of 4,766 total participants on MAP Teams, there were 721 representatives from Child Protection Services, local school districts, and youth court who participated in the MAP Team meetings at the end of FY21. This is an increase of 258 CPS, school district and youth court representatives serving on MAP Teams. At the end of FY20, 463 CPS, school district, and youth court representatives served on MAP Teams.</p> <p>A Making A Plan (MAP team) is made up of individuals from the local community agencies that work with children and youth. The priority of the MAP Team is to review cases concerning children and youth who have serious emotional/behavioral disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access to or availability of needed services and supports in the community.</p>
<p>Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth</p>	<p>Off Track</p>	<p>4%</p>	<p>At the end of FY21, 2160 children and youth were served by Wraparound Facilitation. At the end FY 20, there were 2080 children and youth served. This is an increase of approximately 4%.</p>
<p>Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries</p>	<p>On Track</p>		<p>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, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth courts. Since the COVID-19 pandemic began, many juvenile detention centers have limited the number of youth they are accepting, which has affected the number of individuals served through these programs. However, some detention centers appear to be accepting increasing numbers of youth once again.</p>
<p>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</p>	<p>On Track</p>	<p>20%</p>	<p>At the end of FY21, a total of 76 youth and young adults with first episode psychosis were being served. At the end of FY20, a total of 63 youth and young adults were being served. This is an increase of approximately 20%.</p> <p>NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, and Region 8 Mental Health Services.</p>

Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare	On Track		
Strategy 1.7.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations			During FY21, there was an increase of 57% in the number of children and youth served by MAP Teams. At the end of FY21, 786 children and youth were served by the MAP Teams. This is an increase of 286 children and youth compared to the 500 served in FY20.
Output: % of representatives from local partners attending MAP teams quarterly		15%	There were 721 representatives from local partners (Child Protection Services, local school districts, and youth court) out of a total of 4,766 people participating in the MAP Team meetings in FY21. These local partners make up approximately 15% of the total participants. At the end of FY20, local partners made up approximately 16% of the total MAP Team participants. However, the total number of MAP Team participants has also increased since last year; there were 463 local partners out of a total of 2,926 MAP Team participants in FY20. MAP Team meetings are held once a month.
Output: Number served by MAP teams		786	At the end of FY21, 786 children and youth were served by the MAP Teams. This is an increase of 286 children and youth compared to the 500 served in FY20.
Strategy 1.7.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED			
Output: Number of people trained in Wraparound Facilitation		550	At the end of FY21, 550 individuals were trained to provide Wraparound Facilitation. This is an increase over the 324 people who were trained in FY20.
Output: Number of providers utilizing Wraparound Facilitation		17	At the end of FY21, 17 providers were certified to provide Wraparound Facilitation. This is an increase of one over the 16 providers who were certified at the end of FY20.
Output: Number of children and youth served by Wraparound Facilitation		2,160	At the end of FY21, 2,160 children and youth were served through Wraparound Facilitation. In FY20, 2,080 children and youth were served through Wraparound Facilitation. This is an increase of 80 individuals.
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement		396	396 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement by the end of FY21. This is a decrease from the 601 youth who received Wraparound Facilitation as an alternative to a more restrictive placement in FY20.
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement		619	619 children and youth were transitioned to Wraparound Facilitation from a more restrictive placement by the end of FY 21.
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			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 from CMHC regions		1,644	
Output: Number exiting detention center and continuing treatment with CMHC region		1,592	

Output: Number of re-entries into the detention center from CMHC regions		837	At the end of FY21, 837 youth re-entered the juvenile detention center. This number includes youth entering from inside the catchment areas. This is a decrease from 873 reported at the end of FY20.
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			At the end of FY21, a total of 76 youth and young adults with first episode psychosis were being served. This is an increase of 63 served during FY20.
Output: Number of appropriate referrals		39	At the end of FY21, there were 39 appropriate referrals to NAVIGATE out of 76 total referrals. Appropriate referrals to NAVIGATE are those that meet the criteria, which are to be between the ages of 15 and 30, to have only one stay in acute care, and have psychosis not related to substance use for more than two weeks but less than a year.
Output: Number served that are employed or enrolled in school/educational courses		52	At the end of FY21, there were 52 youth and young adults receiving NAVIGATE services that were employed or enrolled in school/educational courses. This is an increase over the 35 who were employed or enrolled in FY20.
Output: Number of youth and young adults maintained in his/her home and/or community		74	At the end of FY21, 74 youth and young adults were maintained in their home and community. The total number served through NAVIGATE in FY21 was 76.
Strategy 1.7.5 Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent			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		14	
Output: Number of youth referred to a local CMHC aftercare		15	
Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC		18	
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider		9	
Output: Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider		8	

Objective 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support services

<p>Outcome: Decrease the wait time by 5% for people who are court committed to DMH for alcohol and drug treatment by diverting people to community-based programs and providing indigent funds to reimburse a portion of the cost of treatment</p>	<p>Off Track</p>	<p>67%</p>	<p>The annual average wait time for substance use treatment services at Mississippi State Hospital is approximately 60 days. This is an increase from approximately 36 days in FY20, or 67%. The increase in wait time has been affected by the COVID-19 pandemic, which has resulted in fewer beds available for use at MSH and in the community, as providers took efforts throughout the year to comply with social distancing and additional pandemic-related guidance. While the wait time has increased, the diversion program still diverted 224 people throughout FY21 from inpatient care at MSH to community providers.</p> <p>In late FY21, East Mississippi State Hospital also opened an additional Substance Use Disorder unit, which will be a 50-bed unit as staffing allows. The goal for this unit is to aid in decreasing wait times for alcohol and drug addiction services.</p>
<p>Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%</p>	<p>Off Track</p>	<p>-9%</p>	<p>A total of 154 parenting women and 104 pregnant women were served during this reporting period, along with 1106 IV drug users, for a total of 1,364 individuals in these priority populations. Although the number of pregnant women increased since last year, this is an overall decrease in these populations in comparison to the 1,505 individuals in these priority populations served in FY20. This decrease is related to the reduction in available beds due to the COVID-19 pandemic.</p>
<p>Outcome: Increase awareness of Mississippi’s opioid abuse problem through a partnership focusing on high-risk occupational deaths</p>	<p>On Track</p>		<p>In 2019, Stand Up, Mississippi shifted its focus to occupations that have been proven nationally to have higher rates of opioid overdoses. These include the oil and gas industry, hospitality and restaurant management, farming, construction, and manufacturing---all of which employ thousands of Mississippians.</p>
<p>Outcome: Decrease the number of deaths from opioid abuse by providing an opioid antagonist</p>	<p>Off Track</p>	<p>441</p>	<p>According to the Mississippi Bureau of Narcotics, there were a total of 441 overdose deaths at the end of FY21. In FY20, MBN reported 154 deaths, while in FY19, there were 343 overdose deaths reported. This value is difficult to report accurately due to late reporting, pending toxicology reports, etc.</p>
<p>Outcome: Increase the number of evidence-based and best practice recovery treatments for substance use disorders utilized at DMH Certified Providers</p>	<p>On Track</p>		<p>All certified and funded providers have been trained in evidence-based and best practice recovery treatment models, which includes 13 Community Mental Health Centers and four substance use disorder stand-alone treatment providers.</p>
<p>Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH’s chemical dependency unit</p>			<p>Partnerships have been established with 12 of the 13 CMHCs and one stand-alone substance use disorder provider (Harbor House).</p>
<p>Output: Number of people diverted</p>		<p>224</p>	<p>As of July 2021, 224 people have been diverted through this program.</p>
<p>Strategy 1.8.2 Develop a tracking system to monitor high risk service utilization</p>			<p>The Bureau of Alcohol and Drug Addiction Services monitors high risk service utilization through Independent Peer Reviews and SABG Monitoring reviews.</p>
<p>Output: Number of pregnant women served</p>		<p>104</p>	<p>Data collected from Regions 1, 9, 12, Catholic Charities (Born Free), Harbor House, and Center for Independent Learning.</p>

Output: Number of pregnant intravenous (IV) women served		55	Data collected from Region 1, Catholic Charities (Born Free), and Harbor House.
Output: Number of parenting (underage of 5) women served		154	Data collected from Region 1, Catholic Charities (Born Free), and Harbor House.
Output: Number of intravenous (IV) drug users served		1,161	1,106 non pregnant IV drug users plus 55 pregnant IV drug users = 1161. Data collected from Region 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 14, 15, Catholic Charities (Born Free), Harbor House and Center for Independent Learning.
Output: Number served utilizing Medication Assistance Treatment for opioid abuse		990	There were 990 people who received MAT during FY21. This is a decrease from 2,416 reported in FY20. The COVID-19 pandemic and the resulting staffing shortages may be one cause of this decrease. Additionally, this number is being reported through the WITS system, which went into effect in July 2020. In the transition from the former Central Data Repository to the WITS system, some providers may not have been clear on properly entering their clients into WITS and the proper program enrollment for those clients.
Strategy 1.8.3 Expand bed capacity for substance use services			In FY20, there were 646 community beds available for substance use services. Due to the COVID-19 pandemic, some providers have had to drop their bed capacity by half to comply with social distancing and CDC guidelines. Bed capacity decreased by 160 adult beds and 8 adolescent beds. As a result, 478 beds have been available during the COVID-19 pandemic. Some, but not all, providers have since returned to full capacity.
Output: Number served in community residential treatment		4,287	A total of 4,287 individuals were served in primary residential treatment during FY21. This number includes 3,870 adults, 84 adolescents, 104 pregnant women, 154 parenting women, and 75 men with dependent children. The value reported at mid-year (2,765) included individuals served in transitional residential services (798). The large majority of individuals served in transitional services were first served in primary residential services, so that value has been excluded from the end-year report to avoid duplication. In FY20, there were 4,458 individuals served in primary residential treatment. This year represents a slight decrease of approximately 3.9% compared to the number served last year.
Output: % of occupancy for all certified community residential beds (includes all DMH certified community residential treatment beds operated by the CMHCs, private non-profit and private for-profit agencies)			The COVID-19 pandemic has had a significant effect on this output, as bed counts have been adjusted to comply with social distancing measures. Although 80% of the providers have now resumed with their pre-COVID bed capacities, an occupancy percentage would not be accurate because of changing bed counts due to these measures.
Output: Increase utilization of community residential beds by 5%			This output will be reported when accurate information regarding occupancy percentages becomes available to serve as a baseline. New Data Source is the DMH Bed Registry.

<p>Strategy 1.8.4 Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths</p>			<p>In 2019, Stand Up, Mississippi expanded its campaign and began focusing on occupations that have been proven nationally to have higher rates of opioid overdose. These occupations include construction, hospitality and restaurant management, oil and gas refinery, manufacturing and farming, all of which employ thousands of Mississippians. Stand Up, Mississippi created a comprehensive awareness campaign, Opioid Workplace Awareness Initiative (OWAI), that includes an addition to the existing Stand Up, Mississippi website (owai.standupms.org) which houses interactive modules, toolkits, and additional resources for employees and employers of these industries. Stand Up, Mississippi's recent outreach has been with industry leaders and advocates to raise awareness of risk of opioid addiction in these industries and promote resources for recovery for employees.</p>
<p>Output: Number of presentations</p>			<p>In response to the COVID-19 pandemic, an online recording of the OWAI training was developed with the Outreach Coordinator as the instructor. In October, there was turnover in that position and a new Outreach Coordinator was hired in November under the state's new State Opioid Response II grant funding. A new recording of this training that is not personalized to a staff person providing was completed in December 2020. DMH will continue to work to promote the OWAI trainings through its partnerships with the Mississippi Economic Council, the Mississippi Restaurant and Hospitality Association, Equal Employment Opportunity Commission and the Mississippi Worker's Compensation Commission during FY22.</p>
<p>Output: Number and types of outreach developed</p>		<p>18</p>	<p>The Opioid Workplace Awareness Initiative website was developed along with interactive modules that teach employers the importance of recognizing the risk of opioid addiction in their industries. The website has 27,586 page views in FY21. A social media toolkit and social media posts along with employer/employee fact sheets, a poster for break rooms, and PowerPoint presentation are available for download on the site. Also highlighted are personal stories submitted by people who work in the high-risk occupations. As a result of a partnership with a restaurateur, envelope inserts were developed to be placed in employee pay checks to bring attention to the risk for addiction and availability of treatment. In response to the COVID-19 pandemic, Stand Up, Mississippi recorded the Opioid Workplace Awareness Initiative and Narcan trainings to be accessed through Stand Up, Mississippi's website. The online OWAI training educates employers on the effects of opioid use, the cost to the employer, signs of addiction and overdose, and how to incorporate recovery into the workplace. The online Narcan training is made available to law enforcement and first responders who need new or refresher training during the pandemic. In addition to online trainings, direct mail pieces were distributed inform industries that have higher risk for opioid overdoses (farming, construction, manufacturing, hospitality, and oil and gas refinery) of available Stand Up, Mississippi resources.</p>
<p>Output: Number of hits to website/downloads of toolkits</p>		<p>27,586</p>	<p>There were 27,586 page views in FY21.</p>

Strategy 1.8.5 Educate and distribute an opioid antagonist to combat overdose deaths			
Output: Number educated on the use of opioid antagonist		629	Education and distribution of Narcan, an opioid antagonist, is ongoing as a priority of the State Opioid Response II grant.
Output: Number distributed		9581	In FY21 NARCAN trainings were provided to 629 first responders, law enforcement and community members.
Output: Number doses administered		226	9,581 doses of Narcan were distributed to first responders and Community Mental Health Centers during FY21.
Strategy 1.8.6 Partner to promote and cultivate recovery treatments for Mississippians with substance use disorders			Partnerships have been established with various agencies to promote recovery treatments for Mississippians with substance use disorders (SUD). With the Mississippi State Department of Health, DMH collaborates with the 5% set-aside requirement of the Substance Abuse Block Grant in areas involving HIV services, such as education, testing, pre-test and post-test counseling, and SUD provider training. DMH has also collaborated with Child Protection Services in an effort to improve care for infants, children, and families affected by SUD by sharing referrals to extend continuity of care. Upon receipt of referrals regarding infants and families affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder, DMH sends referrals to the appropriate CMHC and/or stand-alone pregnant and parenting provider for the delivery of appropriate services. Additionally, DMH relies heavily on the Mississippi Bureau of Narcotics as a subject matter expert and partner for general knowledge and education pertaining to substance use trends in the state, and the data sharing they provide is helpful in pursuing funding and resources, as well as grassroots communications with other agencies. DMH also has a cooperative agreement with the University of Mississippi Medical Center to provide Medication Assisted Treatment through telehealth for Mississippians with opioid and/or methamphetamine addiction. This approach offers individuals in rural areas throughout the state additional resources when seeking treatment.
Output: Number of evidence-based and best practice recovery treatments available		50	There are approximately 50 evidence-based practices utilized by co-occurring disorder specialists at the Community Mental Health Centers, with more than 30 of those targeted towards populations receiving services for substance use disorders. These include various kinds of therapeutic interventions, screeners, functional assessments, trainings, evidence-based peer support groups, and therapeutic module programs.
Output: Number of DMH Certified Providers trained in evidence-based and best practice recovery treatments		17	All certified and funded providers have been trained in evidence-based and best practice recovery treatments. This includes 13 CMHCs and 4 SUD stand-alone treatment providers.

<p style="text-align: center;">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</p>			
<p>Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting</p>			
<p>Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs</p>	<p>On Track</p>	<p>57</p>	<p>In FY 21, a total of 57 people transitioned to their community. 25 persons transitioned with ID/DD Waiver supports, 31 persons transitioned to an ICF Community Home, and 1 person transitioned from a private ICF with IDD targeted case management supports and IDD Community Support Program (1915i) supported living services. The 57 people transitioned in FY21 is an increase over the 54 transitioned in FY20.</p>
<p>Outcome: Decrease the number of people currently accessing ICF/IID level of care in an institutional setting</p>	<p>On Track</p>	<p>6.30%</p>	<p>6.3% total decrease in people accessing the ICF/IID institutional setting level of care for FY 21</p>
<p>Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting</p>	<p>On Track</p>	<p>85%</p>	<p>85% of persons with intellectual and developmental disabilities In FY 21 were served in the community setting. Source: Medicaid 372 report, Medicaid enrollment report+grant+census</p>
<p>Strategy 2.1.1 Provide people transitioning to the community with appropriate options for living arrangements</p>			<p>Persons continue to transition to the community with appropriate living arrangements.</p>
<p>Output: Number of people transitioned from facility to ICF/IID Community Home</p>		<p>31</p>	<p>In FY21, 31 persons transitioned from the ICF campus to an ICF Community Home. This is an increase from 28 who transitioned in FY20.</p>
<p>Output: Number of people transitioned to the community with ID/DD Waiver supports</p>		<p>25</p>	<p>A total of 25 persons transitioned to ID/DD Waiver in FY 21. 13 persons transitioned from the ICF Community Home, 9 people transitioned from the ICF campus, and 3 persons transitioned from a private ICF facility. This is a slight decrease from 26 people who transitioned to the community with ID/DD Waiver supports in FY20.</p>
<p>Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD</p>			
<p>Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities</p>	<p>On Track</p>		<p>Public events such as school transition fairs and conferences have been cancelled due to COVID 19. In an effort to enhance awareness efforts of IDD Community Services, DMH has looked for opportunities to participate with various groups through virtual conferences or to develop online resource guides/information families may access. ID/DD Waiver and IDD Community Support Program were included as resources in the 2021 Mississippi Coast Community Resource Guide through Disability Connection. Information was also submitted to be included in the Rankin County School District Transition Resource Catalog. DMH staff participated in a virtual exhibit hall at the Mississippi Early Hearing Detection and Intervention Virtual Conference in February 2021. DMH provided a video concerning ID/DD Waiver and IDD Community Support Program that was shared at the Assistive Technology Conference in April 2021. IDD Staff serve on the Pine Belt Transition Team Advisory Council to assist in developing a resource guide for students transitioning from school in the Pine Belt area.</p>

<p>Strategy 2.2.1 Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents</p>			<p>Communication efforts with Special Education Coordinators have been hindered due to COVID 19. DMH was unable to meet with Exceptional Education Coordinators in annual training led by the Department of Education. Various alternative activities such as distribution of online resource guides and IDD Awareness through DMH social media and other sources have been utilized.</p>
<p>Output: Number of coordinators reached</p>			<p>Public events have been canceled due to the COVID-19 pandemic.</p>
<p>Output: Number of materials distributed</p>			<p>Public events have been canceled due to the COVID-19 pandemic. Various online or virtual events were utilized.</p>
<p>Output: Number of families/people reached</p>			<p>Public events have been cancelled due to COVID 19. DMH staff focused on providing information through social media, the DMH website, or other agency community resource guides. There were 4,595 views on the IDD page on the DMH website for FY21.</p>
<p>Objective 2.3 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options</p>			
<p>Outcome: Increase number served through IDD Community Support Program</p>	<p>On Track</p>	<p>1,042</p>	<p>As of June 30, 2021, 1,042 persons are enrolled in the IDD Community Support Program (CSP), 1915i. The Medicaid 372 report indicates of the 1,042 only 771 persons received community support services. The difference in the numbers is directly related to the pandemic and the availability of support staff and services. As of June 30, 2021, the SPA-MS 20-0014 discontinued the ability to alter service locations and required providers to resume pre-pandemic requirements.</p> <p>In FY20, there were 963 persons enrolled in the CSP and 851 received services. There has been an increase of 79 persons enrolled compared to FY20.</p>
<p>Outcome: Increase number of people in the ID/DD Waiver Program</p>	<p>On Track</p>	<p>82</p>	<p>There were 82 new persons enrolled in ID/DD Waiver in FY 2021 with 3 more persons pending Division of Medicaid approval. There are 2,765 total enrollees on the ID/DD Waiver. At the end of FY20, there were 2,759 total enrollees on the ID/DD Waiver.</p>
<p>Outcome: Provide a Person-Centered Plan of Services and Supports for ID/DD Waiver service recipients</p>	<p>On Track</p>		<p>2,765 people receiving ID/DD Waiver Services have had a Plan of Services and Supports (PSS). State IDD staff review and approve PSS for 100% of people served through the ID/DD Waiver.</p>
<p>Outcome: Provide a Person-Centered Plan of Services and Supports for IDD Community Support Program service recipients</p>	<p>On Track</p>		<p>1,042 persons enrolled in the IDD Community Support Program received a Person-Centered, Plan of Services and Supports. In May 2021, the Targeted Case Manager began scheduling in-person meetings as the SPA-MS 20-0014 was discontinuing telephonic or teleconference meeting as of June 30, 2021.</p>
<p>Outcome: Provide crisis services to people with intellectual and developmental disabilities</p>	<p>On Track</p>		

Strategy 2.3.1 Increase the number of people receiving IDD Waiver Services			At the end of FY21, there were 2,765 persons served through the Waiver, compared to 2,759 served through the Waiver at the end of FY20. There were 82 new enrollees added to the Waiver program in FY21. Although enrollment numbers are near those of FY20, the number of persons receiving some services has decreased due to COVID-19. Some persons/families have declined in-home and community services due to the risk of exposure to COVID 19 but want the services to resume when safe.
Output: Number of total people receiving ID/DD Waiver services		2,765	Source: 372 Report
Output: Number of people receiving ID/DD Waiver Transition Assistance		10	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home nursing respite		126	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home respite services		483	Source: 372 Report
Output: Number of people receiving ID/DD Waiver behavior support services		202	Source: 372 Report - This is not an unduplicated number. This is the total of persons who received Behavior Support Evaluations and Behavior Support from Behavior Specialist or Behavior Consultant.
Output: Number of people receiving ID/DD Waiver crisis support services		25	Source: 372 Report
Output: Number of people receiving ID/DD Waiver crisis intervention services		12	Source: 372 Report DOM revised the 372 report to distinguish between Crisis Intervention Daily and Intermittent. The revised report indicated only 1 person for FY21 but end of December the 372 indicated 11 persons.
Output: Number of people receiving ID/DD Waiver supported employment services		292	Source: 372 Report. 105 persons received Job Development (searching for jobs) and 187 persons received Job Maintenance (has community job and job coach). Some people could have received both services. The number of persons receiving Supported Employment has significantly decreased from FY20 due to COVID restrictions and businesses closed or limiting hours of capacity or persons choosing not to work due to risk of exposure.
Output: Number of people receiving ID/DD Waiver supervised living services		904	Source: 372 Report: This number includes 21 persons in Medical Supervised Living and 28 persons in Behavior Supervised Living. Some people could have received Supervised Living and Medical or Behavior SVL during FY21.
Output: Number of people receiving ID/DD Waiver shared supported living services		121	Source: 372 Report
Output: Number of people receiving ID/DD Waiver supported living services		168	Source: 372 Report
Output: Number of people receiving ID/DD Waiver host home services		0	DMH currently has no Host Home providers.
Output: Number of people receiving ID/DD Waiver day services adult		1,567	Source: 372 Report: This number has slightly decreased since FY20 due to COVID related issues.
Output: Number of people receiving ID/DD Waiver pre-vocational services		276	Source: 372 Report: This number significantly decreased from FY20 due to COVID related issues. In FY20, there were 479 individuals receiving these services.
Output: Number of people receiving ID/DD Waiver home and community support		922	Source: 372 Report

Output: Number of people receiving ID/DD waiver support coordination services		2,761	Source: 372 Report
Output: Number of people receiving ID/DD Waiver job discovery services		1	Source: 372 Report
Output: Number of people receiving ID/DD Waiver Community Respite		21	Source: 372 Report
Strategy 2.3.2 Increase the number of people receiving comprehensive community programs and services		79	Enrollment into the IDD Community Support Program (1915i) increased by 79 persons in FY 21. The IDD Community Support Program enrollment is available to adults and persons who completed formal education. IDD Community Support Program does not place eligible persons on a waiting list, the services offered is dependent on the available certified IDD providers.
Output: Number of people receiving IDD Comprehensive diagnostic evaluations		738	A total of 738 persons received an IDD comprehensive diagnostic evaluation in FY21.
Output: Number of people receiving IDD targeted case management services		1,083	1,083 persons are enrolled in IDD Targeted Case Management as of June 30, 2021.
Output: Number of people receiving IDD community support program services		771	771 persons received IDD Community Support Program services (1915i) per the Mississippi Division of Medicaid 372 report. 1,042 people were enrolled in FY21 . The difference of the number of persons enrolled and those receiving CSP services is reflective of provider closures or personal decisions regarding participation due to the pandemic. Source: Medicaid 372 report
Output: Number of people receiving IDD community support program/day services adult		530	530 persons receive Day Services Adult with IDD Community Support Program (1915i). Source: Medicaid 372 report June 30, 2021.
Output: Number of people receiving IDD community support program/pre-vocational		284	284 persons received Prevocational services with IDD Community Support Services (1915i). Source: Medicaid 372 report
Output: Number of people receiving IDD community support program/supported employment		156	As of June 30, 2021, 156 persons receive Supported Employment services. Of those, 89 persons are employed, and 67 persons are receiving job development in search for employment. Source: Medicaid 372 report
Output: Number of people receiving IDD community support program/supported living		82	82 persons are living in the community with Supported Living Services with IDD Community Support Program (CSP), 1915i. Source: Medicaid 372 report
Strategy 2.3.3 Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)			
Output: Number of people who receive an assessment for person-centered services		3,848	2765 receiving ID/DD Waiver and 1083 receiving Targeted Case Management/Community Support Program Services. Source: 372 reports
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports		3,848	Source 372 reports - 2765 persons receiving ID/DD Waiver and 1083 persons receiving TCM/CSP Services
Strategy 2.3.4 Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program			SUCCESS, SUCCESS of Oxford, and Matt's House all act as community crisis homes for individuals with a dual diagnosis. SUCCESS consists of a four-bed home for adult males and a four-bed home for adult females, while SUCCESS of Oxford is a four-bed home for male adolescents. Matt's House is a four-bed home for adult males as well.

Output: Number served		33	SUCCESS served 21, Matt's House served 9, SUCCESS of Oxford served 3
Output: Average length of stay		100	The average length of stay at SUCCESS was 100 days, while the average length of stay at SUCCESS of Oxford was 120 days, and the average length of stay at Matt's House was 222 days.
Objective 2.4 Provide Supported Employment Services that lead to gainful community employment for people with IDD			
Outcome: Increase number of people utilizing Supported Employment Services	Off Track	448	292 persons received Supported Employment through ID/DD Waiver and 156 persons received Supported Employment through IDD Community Support Program. Source: 372 reports. In FY20, there were 650 persons utilizing Supported Employment Services. The number of persons receiving Supported Employment in ID/DD Waiver and IDD Community Support Program has significantly declined since FY20 due to COVID 19. Many lost jobs due to business closures or decreased capacity/staff. Some chose not to work due to the risk of exposure.
Strategy 2.4.1 Increase number of people utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services			
Output: Number of people searching for employment		172	105 persons in ID/DD Waiver and 67 persons in CSP. Source: 372 report
Output: Number of people employed		276	187 persons in ID/DD Waiver and 89 persons in CSP. Source: 372 report
Goal 3: To provide quality services in safe settings and utilize information/data management to enhance decision making and service delivery			
Objective 3.1 Provide initial and ongoing certification services to monitor compliance with state standards in community-based service delivery agencies making up the public mental health system			
Outcome: Increase the number of certified community-based service delivery agencies, services and programs	Off Track	87	There were 17 new agencies, 35 new services, and 35 new programs approved in FY21, for a total of 87. The online orientation for interested providers is a new, user-friendly platform. In FY20, there were 10 new agencies, 65 new services, and 89 new programs approved, for a total of 164.
Outcome: Maintain the compliance of DMH operational standards by DMH Certified Providers	On Track		The DMH Division of Certification works to maintain compliance through certification/initial/follow-up visits via on-site, self-assessment, desk review/audits (due to COVID-19) and any additional reviews needed to affirm quality service provision of certified mental health services to the Mississippi populations served. DMH makes efforts to maintain compliance with DMH standards through visits with certified providers during the current COVID-19 pandemic. The division is working with providers that have outbreaks to maintain the safety of their staff and populations served, as well as DMH staff.

Strategy 3.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision			In Fall 2020, the DMH interested provider orientation was transitioned from a face-to-face, quarterly meeting into a user-friendly, web-based format with the opportunity for providers to access and complete during a time that works best for them from their preferred locations (i.e. home, office, etc.). This platform has provisioned a premium customer service feature for interested stakeholders that has resulted in positive participatory feedback. The online platform is doing well and has contributed to significant increase in orientation participation.
Output: Number of interested provider agencies participating in interested provider orientation		188	In FY21, there were 188 interested provider agencies participating in the interested provider orientation, compared to 203 in FY20.
Output: Number of completed applications received by DMH for new provider agency certification		20	In FY21, there were 20 completed applications received by DMH for new provider agency certification, compared to 25 received in FY20.
Output: Number of new provider agencies approved		17	In FY21, there were 17 new provider agencies approved, compared to 10 in FY20.
Output: Number of new services approved for DMH certified providers		35	In FY21, there were 35 new services approved, compared to 65 in FY20.
Output: Number of new programs approved for DMH certified providers		35	In FY21, there were 35 new programs approved for DMH Certified Providers, compared to 89 in FY20.
Strategy 3.1.2 Monitor the provision of services by conducting site visits with DMH Certified Providers			
Output: Number of full agency site visits		50	
Output: Number of new program site visits		62	
Output: Number of on-site technical assistance		15	
Output: Number of provider self-assessments completed		37	
Objective 3.2 Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided			
Outcome: Increase public knowledge about availability and accessibility of services and supports	On Track		In FY20, DMH developed a state mental health resources website (MentalHealthMS.com) that serves as a comprehensive hub of options for mental health services in our state. Users are able to find mental health services for children and adults in their counties, learn more about the Mobile Crisis Response Teams, Crisis Stabilization Units and other crisis services in their area, view recovery stories and learn about other service options and advocacy organizations. During the year, outreach efforts such as presentations, material distribution, social media, website views, press releases/media interviews, etc. all included the DMH Helpline number and Mental Health Mississippi website. Social media posts have highlighted the expansion of community-based services, including PACT, Mobile Crisis, Supported Employment, and CHOICE Housing. The Helpline number is prominently located on the DMH and Mental Health Mississippi websites. In the first half of FY 21, DMH received an Emergency Response to COVID-19 grant to provide mental health and alcohol and drug addiction services for Mississippians. As a result of this funding, DMH launched the Behind the Mask campaign to help promote the availability of these services. More information is available at BehindtheMaskMS.com.

<p>Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)</p>	<p>On Track</p>		<p>DMH partners with other agencies and providers for a specialized team that is focused on supporting people who have required treatment in inpatient programs on multiple occasions, linking them with additional services in the community to help them remain successful in their recovery. SPOTT was designed to help provide a person-centered, recovery-oriented system of care for all Mississippians in need of services. SPOTT grew out of services offered through The Arc of Mississippi and was associated with services for intellectual and developmental disabilities but has since grown to include mental health services. Members of the SPOTT team come from a variety of backgrounds and agencies including private providers and state agencies. Because of the SPOTT efforts, 131 people were linked to services in FY21.</p>
<p>Strategy 3.2.1 Develop comprehensive outreach efforts to inform Mississippians and stakeholders of how to access services, types of services available and how to file grievances related to services provided by DMH certified provider agencies</p>			
<p>Output: Number of DMH Helpline calls</p>		<p>8,014</p>	<p>DMH staff answers the Helpline during weekday working hours, and DMH contracts with CONTACT the Crisis Line to answer the helpline after hours and on weekends. A total of 5,514 calls came to the DMH Helpline during working hours and a total of 2,500 came to CONTACT after hours in FY21, for a total of 8,014 calls to the DMH Helpline.</p> <p>In FY20, there were 6,174 calls to the Helpline, for an increase of approximately 30% in FY21.</p>
<p>Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline</p>		<p>9,223</p>	<p>There were 9,223 calls answered from the National Suicide prevention Lifeline. In FY20, there were 6,945 calls answered, for an increase of approximately 33% in FY21.</p>
<p>Output: Number reached and type of outreach about the availability of services</p>		<p>64,159</p>	<p>The DMH website had 64,159 individual users and 266,328 page views</p>
<p>Output: Number of grievances filed through the Office of Consumer Supports</p>		<p>134</p>	<p>There were 134 grievances filed in FY21. This is a decrease from 184 grievances filed in FY20.</p>
<p>Strategy 3.2.2 Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT) to help people access services</p>			
<p>Output: Number of referrals made to SPOTT</p>		<p>141</p>	
<p>Output: Number of people connected to services/supports through SPOTT</p>		<p>131</p>	<p>Total number of people that were linked to services/supports</p>
<p>Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers</p>			
<p>Outcome: Increase the utilization of evidence-based practices, best practices, and promising practices at DMH programs and DMH Certified Providers</p>	<p>On Track</p>		<p>The survey to determine the number of evidence-based or best practices among DMH Programs was distributed in April 2021 and among DMH Certified Providers in August 2021.</p>

<p>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</p>			<p>The survey to determine the number of evidence-based or best practices among DMH Programs was distributed in April 2021 and among DMH Certified Providers in August 2021.</p>
<p>Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers</p>		<p>133</p>	<p>A survey was sent to each of the 128 DMH Certified Providers. The 65 providers who responded reported using a total of 133 evidence-based, best and promising practices in their programs.</p> <p>These practices include but are not limited to:</p> <ul style="list-style-type: none"> • Acceptance and Commitment Therapy (ACT) • Trauma-Focused Cognitive Behavior Therapy (TFCBT) • Positive Behavior Support (PBIS) • PEER Support Program (Peer Bridgers) with WRAP • Motivational Interviewing • Life Skills • Illness Management and Recovery (IMR) • Family and Friends Program (Hazelden) • Living in Balance • Columbia Suicide Severity Rating Scale
<p>Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence-based practices, best practices and promising practices</p>			<p>The annual survey to assess the use of evidence-based, best and promising practices was distributed to DMH Programs in April. Data was compiled and DMH Programs are utilizing 165 unique evidence-based, best, and promising practices. This is an increase from 137 in FY20.</p>
<p>Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs</p>		<p>165</p>	<p>These practices include but are not limited to:</p> <ul style="list-style-type: none"> • Wellness Recovery Action Planning (WRAP) • Cognitive-Behavioral Social Skills Training • Columbia Suicide Severity Rating Scale • Acceptance and Commitment Therapy (ACT) • The Complete Adult Psychotherapy Treatment Planner with Evidence Based Interventions • Cognitive Behavior Therapy • Person-Centered Planning • Integrated Dual Diagnosis Treatment • Behavior Management Action Plan (BMAP) • MANDT
<p>Objective 3.4 Provide trainings in evidence-based and best practices to a variety of stakeholders</p>			
<p>Outcome: Increase the number of stakeholders trained in evidence-based and best practices including criminal justice professionals, law enforcement substance use providers, school professionals, etc.</p>	<p>On Track</p>	<p>1,356</p>	<p>DMH continues to provide evidence-based and best practice trainings to a variety of stakeholders despite the COVID-19 pandemic. During FY21, these included training in Youth Mental Health First Aid and Eye Movement Desensitization and Reprocessing training. Additionally, the Mississippi Public Health Institute provided trainings in the following evidence based or best practices: Managing Disruptive Audiences, Cognitive Behavioral Therapy, Motivational Interviewing, ASAM Criteria, Implementing the Core Tasks of Psychotherapy, Community Reinforcement Approach, Prevention Ethics, Domestic Violence and the Mental Health Community, Animal Assisted Therapeutic Interventions, Conducting Integrated Treatment with Patients with Co-Occurring Disorders, and After Incarceration: Helping Women Reenter the Community.</p> <p>This is an increase from 599 trained in FY20.</p>

Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training	On Track	151	In FY21, there were 13 CIT classes conducted with 151 officers trained, an increase over the 143 officers trained in FY20.
Outcome: Expand the number of Crisis Intervention Teams in Mississippi	On Track	8	There are now 8 fully functioning CIT programs in Mississippi. A new CIT program was established in Oxford/Lafayette County area in FY21. The fully-functional CIT programs in Mississippi are: - East Mississippi CIT serves Lauderdale, Kemper, Clarke, Smith, Scott, Newton, Neshoba, Leake, and Jasper Counties - Pine Belt CIT serves Forrest, Lamar, Marion, Perry, Covington, Jeff Davis, Jones, and Pearl River Counties; - Lifecore Health Group CIT serves Lee and Itawamba Counties - Hinds County CIT serves Hinds County - Harrison County CIT serves Harrison County - Pike County CIT serves Pike County - Northwest Mississippi CIT serves DeSoto County - The Oxford CIT serves the Oxford and Lafayette County area
Strategy 3.4.1 Offer free online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices			The Mississippi Behavioral Health Learning Network (MSBHLN) was established by the Mississippi Public Health Institute (MSPHI) in July 2017 in a partnership with DMH to provide professional and workforce development to behavioral health providers in Mississippi. MSBHLN provides both in person and online trainings to professionals throughout the state at no cost, but due to the COVID-19 pandemic, all trainings were provided virtually during FY21.
Output: Number of trainings offered		37	There were 37 trainings offered through the Mississippi Behavioral Health Learning Network to increase the knowledge of evidence-based and best practices. This is an increase from 16 trainings offered in FY20, or a 131% increase.
Output: Number of participants		937	This is an increase from 261 people who received training in FY20, or a 259% increase in the number of participants.
Strategy 3.4.2 Offer Youth Mental Health First Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education			Youth Mental Health First Aid is being offered to educators, School Resource Officers and parent/caregivers as part of the Mental Health Awareness Training Grant received from SAMHSA. Additionally, DMH continues to provide Youth Mental Health First Aid to the general public aside from the MHAT grant. The COVID-19 pandemic halted in-person trainings. A virtual version of Youth Mental Health First Aid was released in July 2020. DMH instructors were trained in the virtual version and began providing training in August. Virtual classes only allow a maximum of 20 participants. The trainings are advertised on DMH social media pages, by contact with school districts, and through the Mental Health First Aid website. Participants are required to complete 2 hours of self-guided work prior to participating in the 4 hour training. Despite reminders from the instructor and Youth Mental Health First Aid, a majority of registrants don't complete the work and are unable to participate in the training. This paired with the reduction in class size has caused the total number trainings and individuals trained to decrease.
Output: Number of trainings		21	
Output: Number of participants		186	There were 186 participants of Youth Mental Health First Aid training in FY21. This is a decrease from the 518 people trained in FY20. As noted above, the virtual Mental Health First Aid training limits the number of participants available for each training opportunity, and participants are also required to complete an online, self-guided segment before they can move forward with the rest of the course.

Output: Number of schools/districts		21	
Output: % of participants who feel more confident to recognize signs/symptoms		99%	The National Council for Behavioral Health, creators of Youth Mental Health First Aid, changed their evaluation questions when they released the new virtual version of the training, and we were unable to report this percentage at mid-year. They have updated their system and now we are able to pull data from evaluations for the second half of FY21. 99% of the participants in the virtual and in-person trainings completed in the second half of FY21 report that felt more confident in recognizing signs and symptoms.
Output: % of participants who feel they could assist a person in seeking help		98%	
Strategy 3.4.3 Increase knowledge of the importance of Trauma-Informed Care by offering trainings			Trauma-informed care trainings continued to be offered. In FY21, the Mississippi Behavioral Health Learning Network and DMH's Trauma-Informed Care Conference and the Division of Children and Youth Services staff educated stakeholders on the importance of trauma informed care.
Output: Number of trainings		48	
Output: Number trained in Trauma-Informed Care		1,148	This is an increase from 672 people reported trained in FY20, or an approximate 71% increase.
Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training			Through grants given to the Lauderdale County Sheriff's Department and Pine Belt Mental Health for CIT expansion, efforts are ongoing to help new communities establish fully functional CIT programs.
Output: Number trained in CIT		151	151 officers received training and certification as a CIT officers in FY21. This is an increase from 143 officers trained in FY20.
Output: Number of law enforcement agencies		49	In FY21, there were 13 CIT classes conducted with 49 different law enforcement agencies represented from around the state. This is an increase from 44 different agencies represented in FY20.
Output: Number of trainings		13	There were 13 CIT classes conducted around the state in FY21. This is an increase from the 9 classes conducted in FY20.
Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams			There are now eight fully functioning CIT partnerships in Mississippi. The most recent addition is the Oxford/Lafayette County area CIT that became operational during FY21. There are four cities that have been sending officers to train in Meridian, with the desire to establish fully functioning CIT programs. Those cities are Corinth, Columbus, Senatobia, and Flowood.
Output: Number of CIT Teams		8	One new team was developed in Oxford/Lafayette County.
Output: Number of partnerships working towards CIT Teams		4	There are four cities that have been sending officers to train in Meridian, with the desire to establish fully functioning CIT programs. Those cities are Corinth, Columbus, Senatobia, and Flowood.

Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs

<p>Outcome: Maintain a diverse taskforce to address recruitment and retention issues</p>	<p>On Track</p>	<p>The DMH HR Task Force has not met. However, recruitment and retention issues have been addressed with Program Directors. The agency continues to address the workforce recruitment and retention and has worked with MSPB to implement up to 20% recruitment flex for the workers in the Direct Care Worker and Active Treatment Technician series. These are two of the most critical occupational codes related to providing direct services to individuals in DMH programs.</p>
<p>Outcome: Decrease the overall turnover rate of employees at DMH programs by 5%</p>	<p>Off Track</p>	<p>Turnover calculations have been based on: a unique count of each employee for the entire year, which should be a count of all employees employed during the fiscal year. Then, the filled PIN count is averaged over 12 months, with the difference between the unique count of employees and the average being presumably separations. Finally, turnover is the separations divided by the average PINs filled. The overall DMH turnover rate for FY21 is 37%.</p> <p>DMH programs have worked to utilize existing vacant positions to assist with retention. COVID-19 has negatively impacted the ability of programs to recruit and retain employees due to the requirement to work with patients who tested positive for COVID. DMH is hopeful the legislative authority to utilize the auto reclassifications approved in the variable compensation plan will assist with retention of employees in those designated occupational codes.</p>
<p>Outcome: Create collaborative partnerships to create, link, and disseminate education and training materials for workforce development, with emphasis on the recovery-focused needs of consumers</p>	<p>On Track</p>	<p>DMH utilizes the Relias Learning platform with programs with DMH staff and DMH Certified Providers. The agency features three Relias Trainings, with an electronically distributed flyer, every other month. The trainings are chosen in each of the 3 areas: Behavioral Health, Intellectual and Developmental Disabilities, and Substance Abuse. The goal is to highlight evidence-based trainings, for DMH Staff and DMH Certified providers, to encourage continual staff development throughout our workforce.</p>
<p>Outcome: Expand the psychiatric workforce in the state's public mental health system to address the needs of Mississippians through the development of a psychiatric residency program</p>	<p>On Track</p>	<p>The MSH Psychiatry Residency Program officially admitted its first residents on July 1, 2021. Following a referral via US Senator Cindy Hyde-Smith to Dr. John Mitchell with the Office of Mississippi Physician Workforce (OMPW), the OMPW connected MSH with consultants and other resources needed to become a sponsoring institution with the Accreditation Council for Medical Education (ACGME) in January 2020. The program began interviewing candidates in December 2020 and Mississippi State Personnel Board provided authorization for positions to utilize for residents in the program at MSH. The program did receive full accreditation from the ACGME in February 2021. MSH prepared a building on its campus to utilize for the program, and a ribbon cutting was held in June 2021, shortly before the program participants began their first official day as residents.</p>
<p>Strategy 3.5.1 Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations</p>		<p>The task force has not met due to the fact that the Executive Leadership team has discussed the recruitment and retention needs at our meetings monthly.</p>
<p>Output: Number of taskforce meetings</p>		<p>The taskforce has not met due to joint discussions during virtual meetings with the Program Directors.</p>

Output: Number of recommendations			In the first part of the year, a recommendation was made to the Program Directors and HR Directors to utilize vacant positions across DMH as a whole and not just within the specific program. This recommendation was made to help provide a minimal amount of relief to the restrictive language regarding reclassification and reallocations that was impacting both of these areas. In June, programs applied a 20% recruitment flex pay increase to existing and new direct care staff to aid in recruitment and retention. Additionally, recruitment has taken place through services such as Indeed, which has aided recruitment efforts at programs.
Output: % of recommendations implemented		100	All recommendations for recruitment advertising, position movements, benchmarks, and recruitment flexibility recommendations have been implemented.
Strategy 3.5.2 Monitor staff turnover rate at DMH programs			This information will provide a baseline for continuing efforts to decrease staff turnover rate.
Output: Overall staff turnover rate		37%	
Output: Turnover rate for direct care positions		56%	
Output: turnover rate for clinical positions		29%	
Output: turnover rate for support/administrative positions		27%	
Strategy 3.5.3 Develop strategies to improve retention through use of a feedback and survey tool that identifies employee concerns			DMH programs and Central Office staff will utilize survey tools, including exit interviews, to identify strategies that could increase retention in the DMH workforce.
Output: total number of responses		921	921 exit interviews were completed across all programs. Some programs issued them or attempted to conduct them telephonically but were not successful in receiving responses.
Output: total concerns identified		322	Of the 921 completed there were 322 interview forms returned with documentation in the feedback area regarding concerns. Many of the concerns overlap from program to program. The most common responses were regarding compensation, promotional opportunities, working short staffed, work schedules, mandatory overtime, shift coverage, the nature of the work, communication, and work-life balance.
Output: Number of strategies identified		33	33 strategies or recommendations were identified as a result of the feedback from the exit surveys. These strategies include but were not limited to an increase in the compensation for direct care workers, virtual training opportunities, flexible scheduling, encouraging of open communication, staff appreciations, incentives provided courtesy of Friends organizations, and continued recruitment of new employees to reduce the concerns from employees regarding work short staffed.
Strategy 3.5.4 Establish a psychiatric residency program at Mississippi State Hospital that increases psychiatrists available to practice in state hospitals and mental health service providers			The program began interviewing candidates in December 2020. Fourteen interviews were conducted in December with 9 additional interviews scheduled in January 2021. A ribbon cutting was held on June 28, 2021, and the first six residents began the program on July 1, 2021.

Output: Total number of psychiatric residents in program		6	The first six residents began on July 1, 2021. The program will have a total of 24 residents in 2024. Six new residents will be admitted each year; the program had six residents as of July 2021, will have 12 residents in July 2022, 18 in July 2023, and 24 in July 2024.
Output: Number of new psychiatric residents in program		6	
Output: Number of community partnerships utilizing program (i.e., CMHCs, hospitals, clinics, or other providers)		3	The MSH Psychiatric Residency currently has three affiliated sites: - Merit Health Central: Psychiatry residents will complete their emergency psychiatry rotation, consult-liaison, and neurology rotations here - Region 8 Mental Health Services and Region 9 Hinds Behavioral Health Services: Residents will treat patients with both these CMHCs.

Objective 3.6 Improve mental health literacy through awareness and prevention efforts to educate Mississippians on suicide prevention and mental health

Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations	On Track		<p>DMH continues to provide Shatter the Silence: Suicide-The Secret You Shouldn't Keep trainings to audiences across the state. DMH has expanded the types of Shatter the Silence trainings by developing versions specifically for military, law enforcement and first responders, corrections officers, faith based youth and adult, and general adult. DMH has expanded the number of Shatter the Silence instructors in the state by holding train-the-trainer classes. DMH has established new partnerships with all Co-Occurring Disorder Specialists from the 13 Community Mental Health Centers, the Mississippi Retired Troopers Association, the Mississippi Department of Public Safety, the Mississippi Bureau of Investigation, the Mississippi National Guard, Pinelake Church, St. Mark's United Methodist Church, the State Department of Health's Injury and Violence Prevention Bureau, the Mississippi Board of Medical Licensure, the University of Mississippi Medical Center, and the Mississippi Public Health Institute. New partnerships developed include the Mississippi Employment Security Commission and the Mississippi Community College Board, which asked DMH to provide training for Community Colleges in the state. Colleges who participated are Pearl River Community College, East Central Community College, Meridian Community College, Itawamba Community College, Copiah Lincoln Community College, and East Mississippi Community College.</p> <p>In the second half of FY21, the Department of Mental Health was asked to lead Mississippi's Governor's Challenge to prevent suicide among Service Members, Veterans and their Families. This initiative has brought together key stakeholders in the field, including the Mississippi Veterans Affairs, the G.V. Sonny Montgomery Medical Center, Columbus Air Force Base, National Guard, primary care agencies, advocacy organizations, colleges and universities and mental health centers.</p> <p>In September 2020, DMH hosted the 4th Annual Suicide Prevention Symposium, which focused on Fitting Suicide Prevention into our Changing Times. The Symposium was offered virtually due to the pandemic and was attended by 595 people. As a result of the COVID-19 pandemic, DMH has continued offering virtual suicide prevention and mental health awareness trainings.</p>
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Outcome: Decrease the number of suicides in the state through awareness and prevention efforts	Off Track	436	The State Department of Health's latest data reflects an increase in the number of suicides from 2018 (422) to 2019 (436).
Strategy 3.6.1 Develop customized messaging and suicide prevention literacy surveys for targeted Mississippians including military, law enforcement, older adults, schools/youth groups, faith-based, and correctional settings			Customized messaging has been created for these populations and presentations have been made to all groups during FY21.
Output: Number of partnerships created		30	
Output: Number and type of presentations		8	There are now eight customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations are versions customized for military, law enforcement and first responders, faith-based youth, faith-based adult, correction officers, and general adult.
Output: Number trained		5,379	A total of 5,379 people were trained in Shatter the Silence for FY21: 1,786 people were trained in the youth Shatter the Silence presentation, 2,574 trained in the General Adult version, 434 were trained in Military, 564 were trained in Faith-Based, and 21 were trained in Law Enforcement and First Responders. FY21 presented the first full fiscal year with challenges caused by the COVID-19 pandemic. Many partners were unable to provide in-person or virtual trainings, hence the decline in numbers of people trained.
Output: Number of people reached through social media		56,601	On Facebook, there were 53 posts with customized suicide prevention messaging with a reach of 56,230. On Instagram, there were 44 posts with a customized suicide prevention messaging that were "liked" 371 times.
Strategy 3.6.2 Expand the Think Again campaigns to increase awareness that mental health care is a critical part of health care			Think Again is continually offered as an option for presentations to organizations requesting more information about general mental health awareness. Recently, DMH developed the DMH Overview of Services and Mental Health Matters trainings. These presentations include Think Again messaging that increases mental health awareness and encourages people to understand that their mental health is just as important as their physical health.
Output: Number of materials requested		2,329	
Output: Number of presentations		20	
Output: Number of people reached through presentations		1,059	
Output: Number of people reached through social media		39,580	Think Again information was included in 100 posts on social media with a reach of 39,580. There were 385 "likes" on Instagram and Facebook had a reach of 39,195.
Strategy 3.6.3 Promote DMH's digital outreach outlets to educate Mississippians on warning signs, risk factors, and resources available			DMH continues to educate Mississippians on the warning signs, risk facts and resources available to reduce the number of suicides in the state.
Output: Number of hits on Mental Health web site		6,889	During FY21, there were 6,889 page views on the Mental Health Mississippi website.
Output: Number of Shatter the Silence app downloads		223	

Output: Social media outlet reached		10,968	The app was promoted to 7,484 people during Shatter the Silence presentations, 259 people during Youth Mental Health First Aid trainings, four times in social media posts with a reach of 1,325 and through 1,900 distributions of the app promotion card.
Output: % increase in Lifeline calls		33.00%	In FY21, there were 9,223 calls to the National Suicide Prevention Lifeline in Mississippi. In FY20, there were 6,945 calls. This is an approximate 33% increase from the previous year.
Strategy 3.6.4 Educate on the critical need for responsible gun ownership and safety concepts related to suicide prevention through state and community partnerships			Responsible Gun Safety cards and posters are given to the Department of Public Safety for distribution through the Mississippi Bureau of Investigation with gun permits. Additionally, the cards are distributed to community groups and organizations through exhibiting opportunities and through mailings.
Output: Number of lethal means campaign posters distributed		23	There were 23 posters distributed through a partnership with Academy Sports in Hattiesburg, Boondocks Firearms Training Academy in Raymond, and Winston County Chancery Clerk Office in Louisville in FY21. DMH will expand distribution in FY22.
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications		27,377	The Mississippi Department of Public Safety reports distributing 27,377 Reducing Access to Lethal Means info cards through the Mississippi Bureau of Investigation with every firearm permit issued in the state. This is a significant increase over the 7,797 reported in FY20.
Output: Number and type of partnerships		5	DMH has partnered with the Mississippi Bureau of Investigation and Department of Public Safety, who issue gun permits in our state. Additionally, DMH is partnering with Academy Sports in Hattiesburg, MS and Boondocks Firearms Training Academy in Raymond, MS to distribute Responsible Gun Safety cards and posters. DMH has also established a relationship with the New Jersey Gun Violence Research Center whose director formerly lead the University of Southern Mississippi's Suicide and Emotion Dysregulation Laboratory. The partnership will lead to training for Mississippians in FY22.
Objective 3.7 Enhance data management to improve services provided			
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	On Track		MSH and ESS are using lab and pharmacy interfaces from their electronic health records system. BRC, HRC, SMRC are scheduled for implementation with their new implementation of the TIER electronic health records system. BRC/HRC are scheduled for January of 2022 and SMRC and NMRC will follow.
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		DMH hopes to complete the known requirements for the statewide bed registry by December of 2021.
Outcome: Improve efficiency of client information sharing among DMH programs	On Track		DMH is still working on sharing client records between DMH agencies. The agency is waiting on the implementation and usage of TIER for the IDD programs and another EHR solution for the Mental Health Programs.
Outcome: Increase accessibility of client records from a person's electronic health record	On Track		DMH is still working on sharing client records between DMH agencies. The agency is waiting on the implementation and usage of TIER for the IDD programs and another EHR solution for the Mental Health Programs.

Outcome: Expand the utilization of telehealth to improve the transition process and continuing care of people from state hospitals to Community Mental Health Centers	On Track		DMH is still working to connect the CMHCs and the State Hospitals for discharging and admissions using Telehealth. UMMC attended the CMHC board meeting and the DMH Executive Staff meeting to discuss the benefits. This outcome initially referred to the use of the UMMC telehealth network. However, due to Medicaid changing requirements related to payments for telemedicine, the CMHCs are using other methods for telemedicine versus using the UMMC telehealth network. Telemedicine has been conducted using services such as Zoom and GoToMeeting.
Strategy 3.7.1 Utilize computerized provider order entry (CPOE) for medication orders			CPOE will be available in the TIER system for the IDD Programs and after the new EHR implementation for the Mental Health Programs.
Output: Report to CMS for Meaningful Use			DMH behavioral health hospitals are no longer trying to meet the requirements for Meaningful Use.
Strategy 3.7.2 Enhance the development of a bed registry to track psychiatric and crisis stabilization bed availability data daily			Psychiatric beds, Crisis Stabilization Beds, and Residential Beds (SU) are in the bed registry. The Forensic beds at MSH, SUD beds at MSH and EMSH, and nursing home beds at MSH and EMSH are planned to be added to the bed registry by December 2021.
Output: % of occupancy by program/service		91%	Due to the impact of the COVID pandemic and the change in bed capacity daily at CMHCs, this number calculated for occupancy would not be accurate. The 91% value provided here is a snapshot of occupancy divided by the total number of beds available in the registry.
Output: Number of services added to bed registry		3	We hope to complete this by January of 2022.
Strategy 3.7.3 Automate an electronic process to transfer client information between DMH Programs			This has been delayed due to implementation of new electronic health records systems for our DMH Programs.
Output: Number of programs with the ability to automatically transfer client information			
Strategy 3.7.4 Implement a content/document management solution for scanning paper files into electronic health records			MSH - Complete EMSH - Complete NMSH - Complete SMSH - Complete STF - Complete CMRC - Complete ESS - Complete BRC - EHR implementation scheduled for January 2022 SMRC - EHR implementation scheduled for October 2021 HRC - EHR implementation scheduled for January 2022 MAC - EHR implementation scheduled for January 2022 NMRC - EHR implementation scheduled for June 2022
Output: Number of DMH Programs viewing all client records electronically		7	
Strategy 3.7.5 Provide the capability for video client interviewing prior to discharge from state hospitals			All DMH state hospitals are set up with the UMMC Telehealth network. However, the CMHCs are using alternative services instead of the UMMC network for telehealth.
Output: Number of interviews conducted between state hospitals and CMHCs for client transfers			This data will be tracked in FY22.