MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

BUREAU OF BEHAVIORAL HEALTH SERVICES – COMMUNITY MENTAL HEALTH SERVICES

FY 2019 STATE PLAN IMPLEMENTATION REPORT



Supporting a Better Tomorrow...One Person at a Time

A. State Information

State Information

State DUNS Number

Number

809399926

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name

Mississippi Department of Mental Health

Organizational Unit

Bureau of Community Services

Mailing Address

239 North Lamar Street, 1101 Robert E. Lee Building

City

Jackson

Zip Code

39201

II. Contact Person for the Grantee of the Block Grant

First Name

Diana

Last Name

Mikula

Agency Name

Mississippi Department of Mental Health

Mailing Address

239 North Lamar Street, 1101 Robert E. Lee Building

City

Jackson

Zip Code

39201

Telephone

(601) 359-1288

Fax

(601) 359-6295

Email Address

diana.mikula@dmh.ms.gov

III. State Expenditure Period (Most recent State exependiture period that is closed out)

From

7/1/2018

То

6/30/2019

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date

11/27/2019 11:51:22 AM

Revision Date

V. Contact Person Responsible for Report Submission

First Name

Jake

Last Name

Hutchins

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0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

ty #:	1	
ty Area:	Peer Support	
ty Type:	MHS	
lation(s):	SMI, SED	
of the priority a	rea:	
ance the transit	ion process of individuals to a le	ss restrictive environment.
egies to attain t	he goal:	
ze Peer Bridger	s at a behavioral health program	and local Community Mental Health Centers utilizing WRAP.
nnual Perfor	mance Indicators to measu	re goal success—————————————————————————————————
Indicator #:		1
Indicator:		Number of Peer Bridgers
Baseline Me	asurement:	In FY 2016: 5 (No data for FY 15 – Pilot Project)
First-year ta	get/outcome measurement:	In FY 2018: 5
	target/outcome measurement:	In FY 2019: 7
-	-year target/outcome measurem	
Data Source		
Data is coll	ected quarterly by the 3 local CM	IHCs and the behavioral program and submitted to DMH.
New Data So	ource(if needed):	
Description	of Data:	
and 3 local	CMHCs. Each of the 3 CMHCs ha	Peer Bridgers employed by and tracked by the grantees which are a behavioral program ve a full-time Peer Bridger and the behavioral program has two part-time Peer Bridgers. Individuals transition back into their communities and avert future potential crises.
New Descrip	tion of Data:(if needed)	
Data issues/	caveats that affect outcome mea	isures:
There are n	o data issues or caveats expected	d to affect outcome measures.
New Data is	sues/caveats that affect outcome	e measures:
Report o	of Progress Toward Go	al Attainment
First Year	· · · · · · · · · · · · · · · · · · ·	
	-	langes proposed to meet target:
	ar target was achieved (optional)	

support services in order to decrease readmissions to inpatient care. A total of 8 Peer Bridgers were employed across the state in FY 2018,

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	Second Year	Target:	~	Achieved	1	1	ot Achieved (if not achieved,explain why)	
ſ	Reason why ta	rget was not acl	nieved, a	and changes propo	sed to meet targe	et:	ik (v) z v (de z dobro 1880 1980 antilito v (a colora de aconomica homo a colora de deservación como contra como como e colora de servación de colora de	1977 - 1886 Marian II. Addin W. Million II. Chan Canada
ı	How second ye	ear target was a	chieved	(optional):				S 1. A C C C C C C C C C C C C C C C C C C
	Bridgers assis support servi	t individuals in t ces in order to de	he trans ecrease	sition process from	inpatient care to a patient care. Two (2	а со	MHCS and North Mississippi State Hospital. T nmunity-based level of care by offering inter eer Bridgers are employed at North Mississip	nsive peer
ity #	#:	2						
•	Area:	Peer Support						
ity	Гуре:	MHS						
ulati	on(s):	SMI, SED						
of t	he priority are	ea:						
lize	peers and fam	ilv members to p	rovide v	varving supports to	assist individuals	in r	egaining control of their lives and their own r	ecovery proce
	es to attain the						The second secon	e e sa commune e casa montano e can se com e
				se the number of Cl			COCOCIO COCIO COCI	
	de training and of Care Princi		ance to	service providers o	n the Recovery Mo	ode	Person Centered Planning, and	
Ann	ual Perform	nance Indicato	rs to n	measure goal sud	ccess	ou Poner		
	ual Perform	nance Indicato	ors to n	neasure goal sud	ccess-	ou conse		
ı		nance Indicato	ors to n	1		DM	H certified providers	
1	ndicator #:		ers to n	1	PSSs employed by	DM	l certified providers	
1	ndicator #: ndicator: Baseline Meas			1 Number CF In FY 2015:	PSSs employed by 36	DM	H certified providers	
1	ndicator #: ndicator: Baseline Meas First-year targ	urement: et/outcome mea	sureme	1 Number CF In FY 2015:	PSSs employed by 36 176	DM	H certified providers	
1	ndicator #: ndicator: Baseline Meas First-year targ Second-year ta	urement: et/outcome mea arget/outcome r	sureme neasure	1 Number CF In FY 2015: nt: In FY 2018:	PSSs employed by 36 176 196	DM	H certified providers	
1 1 1 2 1	ndicator #: ndicator: Baseline Meas First-year targ Second-year ta	urement: et/outcome mea arget/outcome r	sureme neasure	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019:	PSSs employed by 36 176 196	DM	d certified providers	
1 1 1 2 1	ndicator #: ndicator: Baseline Meas First-year targ Second-year ta New Second-y	urement: et/outcome mea arget/outcome r ear target/outco	isuremei neasurei ome mea	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede	PSSs employed by 36 176 196 ed):		H certified providers ng Certified Peer Support Specialists.	
To the second second	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ New Second-y Data Source: Data is submi	urement: et/outcome mea arget/outcome r ear target/outco	isuremei neasurei ome mea	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede	PSSs employed by 36 176 196 ed):			
to the contraction of the contra	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ New Second-y Data Source: Data is submi	urement: et/outcome mea arget/outcome r ear target/outco tted quarterly to rce(if needed):	isuremei neasurei ome mea	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede	PSSs employed by 36 176 196 ed):			
to the contraction of the contra	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ Second-year targ New Second-year targ Data Source: Data is submit New Data Sou Description of	urement: et/outcome mea arget/outcome r ear target/outco tted quarterly to rce(if needed): Data: tted quarterly fro	neasure neasure ome mea o DMH fr	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede	PSSs employed by 36 176 196 ed): ied providers emp	oloy		H certified
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From the Control of t	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ Second-year targ New Second-year targ Data Source: Data is submit New Data Sou Description of Data is collect providers em New Descripti	urement: et/outcome mea arget/outcome r ear target/outco tted quarterly to rce(if needed): Data: ted quarterly fro ployed 36 Certifi	neasure neasure ome mea o DMH fr m all DN ed Peer	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede rom the DMH certif MH certified provide Support Specialists	PSSs employed by 36 176 196 ed): ied providers emp	oloy	ng Certified Peer Support Specialists.	H certified
From Territory Works Williams And State Control of State	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ Second-year targ New Second-year targ Data Source: Data is submit New Data Sou Description of Data is collect providers em New Descripti Data issues/ca	urement: et/outcome mea arget/outcome r ear target/outco tted quarterly to rce(if needed): Data: ted quarterly fro ployed 36 Certifi on of Data:(if needed)	m all DN ed Peer	1 Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede rom the DMH certif MH certified provide Support Specialists	PSSs employed by 36 176 196 ed): ied providers emplers employing Certs.	oloy	ng Certified Peer Support Specialists.	H certified
The state of the s	Indicator #: Indicator: Baseline Meas First-year targ Second-year targ Second-year targ Second-year targ Data Source: Data is submit New Data Sou Description of Data is collect providers em New Descripti Data issues/ca There are no	urement: et/outcome mea arget/outcome r ear target/outco tted quarterly to rce(if needed): Data: ted quarterly fro ployed 36 Certifi on of Data:(if needed): veats that affect data issues or ca	m all DN ed Peer eded)	Number CF In FY 2015: nt: In FY 2018: ment: In FY 2019: asurement(if neede rom the DMH certif MH certified provide Support Specialists	PSSs employed by 36 176 196 ed): ied providers emplers employing Certs.	oloy	ng Certified Peer Support Specialists.	H certified

•	ear target was achieve	• •	
			ified Peer Support Specialists. The target was achieved through DMH's Think ncrease the awareness of the CPSS program. CPSS trainings were held across the
		pers were trained as CPSS	· · ·
Second Ye	ear Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason wh	y target was not achie	eved, and changes propo	sed to meet target:
How secon	d year target was achi	ieved (optional):	
In FY 2019 participate	, there were 201 Certif	fied Peer Support Special pecome Certified Peer Su	sts employed by 36 DMH certified providers. During FY 2019, 167 individuals pport Specialists. Many of the training participants were employees of the VA
ority #:	3		
ority Area:	Community Supp	ort for Adults	
ority Type:	MHS		
oulation(s):	SMI		
I of the priority	area:		
ovide communit	y supports for adults	transitioning and/or living	g in the community to prevent out-of-home placements.
A 2012 Control of College Control of College C		AAATTA TOO AAATTA AAATTA TOO AAATTA TOO AAATTA AAAA	CONTROL OF THE CONTROL OF T
tegies to attain	the goal:		
rease the numb		ACT Teams	
	the goal: er of admissions to PA	ACT Teams.	
crease the numb	er of admissions to PA	ACT Teams. s to measure goal suc	ccess
crease the numb	er of admissions to PA	Self of the control control control of the Control control control of the Control	cess
Annual Perfo	er of admissions to PA	s to measure goal suc	admissions to PACT Teams
Annual Perfo	er of admissions to PA	s to measure goal suc	admissions to PACT Teams
Annual Perfo Indicator #: Indicator: Baseline M	er of admissions to PA	s to measure goal suc 1 Number of In FY 2015:	admissions to PACT Teams 97
Indicator: Baseline M	er of admissions to PA	1 Number of In FY 2015: Irement: In FY 2018:	admissions to PACT Teams 97 140
Annual Perfo Indicator # Indicator: Baseline M First-year to Second-year	er of admissions to PA rmance Indicators easurement: arget/outcome measurer target/outcome me	1 Number of In FY 2015: Irement: In FY 2018:	admissions to PACT Teams 97 140 180
Annual Perfo Indicator # Indicator: Baseline M First-year to Second-year	er of admissions to PA prmance Indicators easurement: arget/outcome measurer target/outcome me d-year target/outcome	Number of In FY 2015: Irement: In FY 2019:	admissions to PACT Teams 97 140 180
Indicator #: Indicator: Baseline M First-year to Second-year New Second	er of admissions to PA prmance Indicators easurement: arget/outcome measur target/outcome me d-year target/outcome	Number of In FY 2015: Irement: In FY 2019: The measurement (if neede	admissions to PACT Teams 97 140 180
Indicator #: Indicator: Baseline M First-year to Second-year New Second Data Source All eight P	er of admissions to PA prmance Indicators easurement: arget/outcome measur target/outcome me d-year target/outcom e: ACT Teams submit dar	Number of In FY 2015: Irement: In FY 2019: The measurement (if neede	admissions to PACT Teams 97 140 180 d): In FY 2019: 170
Indicator #: Indicator: Baseline M First-year to Second-year New Second Data Source All eight P	er of admissions to PA prmance Indicators easurement: arget/outcome measur target/outcome me d-year target/outcome	Number of In FY 2015: Irement: In FY 2019: The measurement (if neede	admissions to PACT Teams 97 140 180 d): In FY 2019: 170
Indicator #: Indicator: Baseline M First-year to Second-year New Second Data Source All eight P	er of admissions to PA prmance Indicators easurement: arget/outcome measur target/outcome me d-year target/outcome e: ACT Teams submit dar Source(if needed):	Number of In FY 2015: Irement: In FY 2019: The measurement (if neede	admissions to PACT Teams 97 140 180 d): In FY 2019: 170
Indicator #: Indicator: Baseline M First-year to Second-year New Secon Data Source All eight P New Data S Description Quarterly	per of admissions to PA permance Indicators easurement: arget/outcome measure target/outcome e: ACT Teams submit dar Source(if needed): a of Data: data is submitted by t	Number of In FY 2015: Irement: In FY 2019: The measurement (if needed) It a quarterly to DMH. Data	admissions to PACT Teams 97 140 180 d): In FY 2019: 170
Indicator #: Indicator: Baseline M First-year to Second-year New Second Data Source All eight P New Data S Description Quarterly admission	per of admissions to PA permance Indicators easurement: arget/outcome measure target/outcome e: ACT Teams submit dar Source(if needed): a of Data: data is submitted by t	Number of In FY 2015: Irement: In FY 2019: The measurement (if neede Ita quarterly to DMH. Data The eight PACT Teams. Data Indiction to the 164 individual	admissions to PACT Teams 97 140 180 d): In FY 2019: 170 includes number of admissions to PACT Team services. ta includes number of admissions. During FY 2016, there were 85 new
Indicator # Indicator: Baseline M First-year to Second-year New Secon Data Source All eight P New Data S Description Quarterly admission New Descri	er of admissions to PA prmance Indicators easurement: arget/outcome measure target/outcome e: ACT Teams submit dar Source(if needed): a of Data: data is submitted by to sto PACT Teams in according to the pact of the	Number of In FY 2015: Irement: In FY 2019: Ine measurement (if neede Ita quarterly to DMH. Data The eight PACT Teams. Data Indicated)	admissions to PACT Teams 97 140 180 d): In FY 2019: 170 includes number of admissions to PACT Team services. ta includes number of admissions. During FY 2016, there were 85 new
Indicator # Indicator: Baseline M First-year to Second-year New Second Data Source All eight P New Data S Description Quarterly admission New Description	easurement: arget/outcome measurer target/outcome me d-year target/outcome e: ACT Teams submit da Source(if needed): a of Data: data is submitted by t s to PACT Teams in ac	Number of In FY 2015: Irement: In FY 2019: Ine measurement (if neede Ita quarterly to DMH. Data The eight PACT Teams. Data Indicated)	admissions to PACT Teams 97 140 180 d): In FY 2019: 170 includes number of admissions to PACT Team services. ta includes number of admissions. During FY 2016, there were 85 new uals already being served.
Indicator # Indicator: Baseline M First-year to Second-year New Second Data Source All eight P New Data S Description Quarterly admission New Description New Description	easurement: arget/outcome measurer target/outcome me d-year target/outcome e: ACT Teams submit da Source(if needed): a of Data: data is submitted by t s to PACT Teams in ac	Number of In FY 2015: Irement: In FY 2018: In Example In FY 2019: In Example In Examp	admissions to PACT Teams 97 140 180 d): In FY 2019: 170 includes number of admissions to PACT Team services. ta includes number of admissions. During FY 2016, there were 85 new uals already being served.

Not Achieved (if not achieved,explain why)

First Year Target:
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Achieved

Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): In FY 2018, the 8 PACT Teams admitted 145 individuals into this service. State Hospital Directors, DMH Board members, members of the MS State Mental Health Planning and Advisory Council, and participants at the NAMI MS State Conference were educated on the services and options that PACT provides to help individuals who have severe and persistent mental illnesses and have not benefited from traditional outpatient services. In FY 2018, there were 384 individuals being served by a PACT Team. Achieved Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): In FY 2019, DMH provided funding to establish two additional PACT Teams. Currently, Mississippi has 10 PACT Teams operated by 8 CMHCs. In FY 2019, the 10 PACT Teams admitted 205 individuals into this service with 500 people receiving PACT services Priority #: 4 **Priority Area:** Community Support for Adults **Priority Type:** MHS Population(s): SMI Goal of the priority area: Provide funding to offset cost of mental health services provided to individuals with serious mental illness who have no payer source. Strategies to attain the goal: Grant funding to 14 CMHCs for Purchase of Services. -Annual Performance Indicators to measure goal success Indicator #: Indicator: Number of units of service reimbursed by Purchase of Service Grant In FY 2015: 180,002 units **Baseline Measurement:** In FY 2018: Maintain or increase the number of units of service First-year target/outcome measurement: Second-year target/outcome measurement: In FY 2019: Maintain or increase the number of units of service New Second-year target/outcome measurement(if needed): In FY 2019: 160,000 units **Data Source:** The 14 CMHCs submit data monthly through cash requests and monthly reports. This data includes number of units of services provide through the POS grants. New Data Source(if needed): Description of Data: Data is collected through monthly cash requests and submitted by the 14 CMHCs/grantees. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: There are no data issues or caveats expected to affect the outcome measures. New Data issues/caveats that affect outcome measures:

The Mississippi Department of Mental Health is requesting that the CMHCs only charge 50% of their Purchase of Service budget to

Psychosocial Rehabilitation Services (PSR), which has and will continue to result in less units billed to the POS grant.

Report o	of Progress Toward Go	al Attainment
First Year	Target: Achiev	ved Not Achieved (if not achieved,explain why)
In FY 2018, Health requ resulted in ! the target n	ested that the CMHCs only charge 51, 088 less units billed. DMH asso umber for FY 2019 will be modifie ear target was achieved (optional)	bursed by Purchase of Service Grants. In FY 2018, the Mississippi Department of Mental e 50% of their Purchase of Service budget to Psychosocial Rehabilitation Services (PSR), which umes this request caused the decrease in the number of units billed. Due to DMH's request, ed.
	target was not achieved, and cha	
	d year target was achieved (option . 168,000 units of service were rein	nbursed by the Purchase of Service Grants.
	_	
Priority #: Priority Area:	5 Crisis Services	
Priority Type:	MHS	
Population(s):	SMI, SED	
Goal of the priority		
		s from more restrictive environments such as jails, hospitals, etc.
THE CONTRACT COMMENT OF THE CONTRACT OF THE CO		
Strategies to attain	en de la desta de la desta de la decembra de la decembra de la desta de la desta de la decembra del decembra de la decembra del decembra de la decembra de la decembra de la decembra de la decembra del decembra del decembra del decembra del del decembra del decembra del del decembra del del decembra del	
Increase the numb	er of contacts made by the Mobile	Crisis Response Teams.
—Annual Perfo	rmance Indicators to measu	re goal success
Indicator #:		1
Indicator:		Number of contacts
Baseline Me	easurement:	In FY 2015: 19,660 contacts
First-year ta	arget/outcome measurement:	In FY 2018: 23,160
Second-yea	r target/outcome measurement:	In FY 2019: 25,000
New Second	d-year target/outcome measurem	nent(if needed): In FY 2019: 26,000
Data Source	: :	
The numbe	er of contacts by the Mobile Crisis	Response Teams is submitted to DMH quarterly.
New Data S	ource(if needed):	
Description	of Data:	
were a tot	al of	risis Response Teams to DMH. In FY 2016, at total of 22, 768 calls were received and there re-to-face visits, 9,449 had follow-up appointments scheduled at a CMHC.
New Descri	ption of Data:(if needed)	
Data issues	/caveats that affect outcome mea	isures:
g		20 - 150 0 790 25 John ST 129 2 92 1 150 150 150 150 150 150 150 150 150 1
inere are i	no data issues of caveats expected	d to affect the outcome measures.

	f Progress Toward Go	al Attainment
First Year T	arget: Achiev	ved Not Achieved (if not achieved,explain why)
Reason why	target was not achieved, and cha	nanges proposed to meet target:
DMH provide restrictive en		Nobile Crisis Response Teams to be available in all 82 counties to divert individuals from more izations, etc. In FY 2018, 26,184 contacts, face-to face visits, and encounters with law
Second Yea	ar Target: Achiev	ved Not Achieved (if not achieved,explain why)
Reason why	target was not achieved, and ch	anges proposed to meet target:
How second	year target was achieved <i>(optior</i>	nai):
In FY 2019, 2	27,349 contacts were made by M	lobile Crisis Response Teams. Of those contacts, 20,529 were face-to-face visits, 9,612 were nter and scheduled an appointment, and 1,895 involved law enforcement.
iority #:	6	
iority Area:	Crisis Services	
iority Type:	MHS	
pulation(s):	SMI, SED	
al of the priority a	rea:	
xpand access to cri	sis services and divert from more	e restrictive environments such as jails, hospitals, etc.
rategies to attain t	he goal:	
rack the number o	f admissions to the Crisis Stabiliz	zation Units.
-Americal Doubou		
—Annual Perfor	mance Indicators to measu	ire goal success
—Annual Perfor	mance Indicators to measu	1
	mance Indicators to measu	-
Indicator #:		1
Indicator #: Indicator: Baseline Mea		1 Number of admissions
Indicator #: Indicator: Baseline Mea First-year tar	asurement:	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200
Indicator #: Indicator: Baseline Mea First-year tar Second-year	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurem	1 Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second-	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurem	1 Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second- Data Source: Quarterly da	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurem	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300 ment(if needed):
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second- Data Source: Quarterly da	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurem ata, which includes number of acurce(if needed):	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300 ment(if needed):
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second- Data Source: Quarterly da New Data So Description of Crisis Stabil the CSUs se	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurement ata, which includes number of acturce(if needed): of Data: ization Units submit data quarte rved 3,270 individuals, which is a	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300 ment(if needed):
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second- Data Source: Quarterly da New Data So Description of Crisis Stabil the CSUs se attributed to	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurement ata, which includes number of acturce(if needed): of Data: ization Units submit data quarte rved 3,270 individuals, which is a	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300 Inent(if needed): dmissions, is submitted by the CSUs to DMH.
Indicator #: Indicator: Baseline Mea First-year tar Second-year New Second- Data Source: Quarterly da New Data So Description of Crisis Stabil the CSUs se attributed to	asurement: get/outcome measurement: target/outcome measurement: -year target/outcome measurement ata, which includes number of acturce(if needed): of Data: ization Units submit data quarte rved 3,270 individuals, which is a o the increase of individuals in contractions.	Number of admissions In FY 2015: 3,609 admissions In FY 2018: 3,200 In FY 2019: 3,300 ment(if needed): dmissions, is submitted by the CSUs to DMH. erly to DMH which includes the number of involuntary and voluntary admissions. In FY 2016, a decrease from the number served in FY 2015. This decrease in the number served is crisis being served by the Mobile Crisis Response Teams.

First Year Target	:: Y /	Achieved		Not Achieved (if not achieved,explain why)	
Reason why targe	t was not achieved, a	nd changes proposed	to meet target		
How first year targ	jet was achieved <i>(opt</i>	ional):			
In FY 2018, a total increased from 89.	of 3,153 individuals w 3% in FY 2017 to 91.8	vere served by the Cris 5% in FY 2018. The ave	iis Stabilization erage length of	Units. The diversion rate of admissions to state hospital stay for individuals served in the CSUs was 10.71 days.	S
Second Year Tar	get:	Achieved		Not Achieved (if not achieved,explain why)	
Reason why targe	t was not achieved, a	nd changes proposed	to meet target		
How second year 1	arget was achieved (optional):			
more restrictive e		jails and hospitals. The		its. The purpose of the CSUs is to divert individuals from for FY 2019 was 91.6% while the average length of stay	
rity #: 7					
rity Area: Sup	oported Housing				
rity Type: M⊦	IS				
ulation(s): SM	I				
of the priority area:					
nnect adults with seric	ous mental illness to a	appropriate housing o	pportunities.		
		appropriate housing o	pportunities.		
tegies to attain the go	al:				
sure that people with a the most integrated se	al: serious mental illnes ttings in the commun	ss who are housed as a ity of their choice by p	a result of the Poroviding an ad	ermanent Supportive Housing model have the opportu equate array of community supports/services.	nity to
sure that people with a the most integrated se	al: serious mental illnes ttings in the commun	ss who are housed as a ity of their choice by p	a result of the Poroviding an ad		nity to
tegies to attain the go sure that people with a the most integrated se	al: serious mental illnes ttings in the commun	easure goal succes	a result of the P providing an ad		
tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #:	al: I serious mental illnes Ittings in the commun	easure goal succes Number of ass	a result of the P providing an ad ss	equate array of community supports/services.	rtive
sure that people with a the most integrated se hannual Performance Indicator #: Indicator: Baseline Measurer	al: I serious mental illnes Ittings in the commun	easure goal success 1 Number of ass housing In FY 2016: 48 housing	a result of the Foroviding an ad ss essments provi	equate array of community supports/services. ded; Number of people maintained in permanent suppo	rtive
tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #: Indicator: Baseline Measurer First-year target/o	al: I serious mental illnes Ittings in the commun I ce Indicators to m	easure goal success 1 Number of ass housing In FY 2016: 48 housing t: In FY 2018: 200 housing	a result of the Poroviding an ad ss essments provi assessments pr	equate array of community supports/services. ded; Number of people maintained in permanent suppo	rtive ive ve
tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #: Indicator: Baseline Measurer First-year target/o Second-year targe	al: I serious mental illnes Ittings in the commun I ce Indicators to m I ment: I utcome measuremen	easure goal success 1 Number of ass housing In FY 2016: 48 housing t: In FY 2018: 200 housing nent: In FY 2019: 300 housing	a result of the Poroviding an ad ss essments provi assessments pr	equate array of community supports/services. ded; Number of people maintained in permanent support pvided; 48 individuals maintained in permanent support rovided; 200 individuals maintained permanent support	rtive ive ve
tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #: Indicator: Baseline Measurer First-year target/o Second-year targe	al: I serious mental illnes Ittings in the commun The Indicators to m	easure goal success 1 Number of ass housing In FY 2016: 48 housing t: In FY 2018: 200 housing nent: In FY 2019: 300 housing	a result of the Poroviding an ad ss essments provi assessments pr	equate array of community supports/services. ded; Number of people maintained in permanent support pvided; 48 individuals maintained in permanent support rovided; 200 individuals maintained permanent support	rtive ive ve
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tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #: Indicator: Baseline Measurer First-year target/o Second-year targe New Second-year Data Source:	al: I serious mental illnes Ittings in the commun I ce Indicators to m Inent: I utcome measuremen It/outcome measurem I target/outcome measuremen I cerating CHOICE prog	easure goal success 1 Number of ass housing In FY 2016: 48 housing t: In FY 2018: 200 housing nent: In FY 2019: 300 housing surement(if needed):	essments provi assessments provi	equate array of community supports/services. ded; Number of people maintained in permanent support pvided; 48 individuals maintained in permanent support rovided; 200 individuals maintained permanent support	rtive ive ve
tegies to attain the go sure that people with a the most integrated se Annual Performance Indicator #: Indicator: Baseline Measurer First-year target/o Second-year targe New Second-year Data Source: The six CMHCs of	al: I serious mental illnes Ittings in the commun I ce Indicators to m Inent: I utcome measuremen It/outcome measurem I target/outcome measuremen I cerating CHOICE prog	easure goal success 1 Number of ass housing In FY 2016: 48 housing t: In FY 2018: 200 housing nent: In FY 2019: 300 housing surement(if needed):	essments provi assessments provi	equate array of community supports/services. ded; Number of people maintained in permanent support pvided; 48 individuals maintained in permanent support rovided; 200 individuals maintained permanent support	rtive ive ve
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New Description of Data:(if needed)

 $management, and/or\ psychosocial\ rehabilitative\ services\ .$

There are no data issu	at affect outcome mea			
The state of the s	ies or caveats expected	ed to affect the outcome me	asure	
New Data issues/cavea	ats that affect outcom	e measures:		
The second secon				
Report of Prog			gamane	
First Year Target:	Achie	:ved	1	Not Achieved (if not achieved,explain why)
Reason why target wa	s not achieved, and ch	hanges proposed to meet t	arget:	
	11 individuals were as als have the opportuni	ssessed, housed, and able t ity to live in the community		ntain housing through the Permanent Supportive Housing air choice and participate in an adequate array of community
Second Year Target	: Achie	ved		Not Achieved (if not achieved,explain why)
Reason why target wa	s not achieved, and ch	hanges proposed to meet t	arget:	
How second year targe	et was achieved <i>(optio</i>	onal):		
to maintain in Permai individuals enter and	nent Supportive Housi exit housing for variou	ing through CHOICE. The n us reasons. In FY 2018, 211	umbe indivi	manent Supportive Housing while 213 of those were able maintained can change daily, weekly and/or monthly as duals were housed through CHOICE. In FY 2019, 308 d its 600th resident since the beginning of the program in
		×		
y #: 8	unita . Companyta fau Chil	lalus a		
	unity Supports for Chil	laren		
y Type: MHS				
ation(s): SED				
f the priority area:				
e MAP Teams to help se	ve children and youth	in their community and pr	event	unnecessary institutionalizations .
gies to attain the goal:				
nical assistance will be p	rovided to MAP Teams	s as requested and/or need	ed.	
		ure goal success		
nnual Performance I	ndicators to meast	are goar success		
nnual Performance I	ndicators to meast	1		
	ndicators to meast		- - eams	
Indicator #:		1	「eams	
Indicator #: Indicator:	t:	1 Number served by MAP 1	eams	
Indicator #: Indicator: Baseline Measuremen	t: ome measurement:	1 Number served by MAP T In FY 2015: 1,079 In FY 2018: 1,200	Feams	
Indicator #: Indicator: Baseline Measurement First-year target/outco	t: ome measurement: utcome measurement:	1 Number served by MAP T In FY 2015: 1,079 In FY 2018: 1,200		
Indicator #: Indicator: Baseline Measurement First-year target/outco	t: ome measurement: utcome measurement:	1 Number served by MAP 1 In FY 2015: 1,079 In FY 2018: 1,200 In FY 2019: 1,400		
Indicator #: Indicator: Baseline Measurement First-year target/outco Second-year target/out New Second-year targ Data Source:	t: ome measurement: itcome measurement: et/outcome measuren	1 Number served by MAP T In FY 2015: 1,079 In FY 2018: 1,200 In FY 2019: 1,400 ment(if needed): In FY 201	9: 930	submitted monthly to DMH by the MAP Team

In PY 2018, 55 MAP Teams served 881 children and youth. Data submitted in PY 2016 and PY 2017 included the number of children and youth with 5ED who participated and were served in summer enrichment camps provided by DMH certified providers of children's mental health services. PY 2018 includes only those children and youth with open cases for whom services or resources were provided through the MAP Teams. Data issues/caveats that affect outcome measures: There are no data issues or caveats expected to affect the outcome measures. New Data issues/caveats that affect outcome measures: DMH is working with the troubled CMHC to maintain consistent MAP Team services in the nine occurries served by the agency. Four of the nine are currently operating and serving children and youth in need. DMH anticipates steady but slow growth during this rebuilding process. Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (I not achieved application why) Reason why target was not achieved, and changes proposed to meet target: In FY 2018, 83 children and youth were served through MAP Teams and youth in their own community who are at risk for an inappropriate institutional placement due to fack of access to or availability of needed resources or supports. A large CMHC serving 9 counties served less children due to staff curnover resulting in the teams enviring those counties either meeting inconsistently with the MAP Team Coordinators from this CMHC to invigorate and improve the stability of three MAP Teams, and included in the PY 2016 and FY 2017 data, which increased the number served. In FY 2018, numbers from summer enrichment camps were included to improve the accuracy of the data of improve the stability of three MAP Teams. Tendenbard uniprove the stability of three MAP Teams. The map summer enrichment camps were excluded to improve the accuracy of the data of improve the stability of three MAP Teams. There has been an increase in turnover for the MAP Team Coordinators to improve the a	New Descri	ption of Data:(i	f needed)	
There are no data issues or caveats expected to affect the outcome measures. New Data issues/caveats that affect outcome measures: DMH is working with the troubled CMHC to maintain consistent MAP Team services in the nine counties served by the agency. Four of the nine are currently operating and serving children and youth in need. DMH anticipates steady but slow growth during this rebuilding process. Report of Progress Toward Goal Attainment First Year Target: Achieved P Not Achieved I Not Achieved I not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: In FY 2018, 8th Children and youth were served through MAP Teams. All 82 counties have access to the services that MAP Teams provide. Currently, there are 55 MAP Teams in Mississippi working to keep children and youth in their own community who are at risk for an inappropriate institutional placement due to lack of access to or availability of needed resources or supports. A large CMHC serving 9 counties served less children due to staff turnover resulting in the teams serving those counties either meeting inconsistently or not at all. Staff from the DMH Division of Children and Youth Services is providing technical assistance to and working consistently with the MAP Team Coordinators from this ChMT to invigorate and improve the stability of these MAP Teams. Additionally, summer enrichment camps were excluded to improve the accuracy of the data. How first year target was achieved (optional): Second Year Target: Achieved P Teams. There has been an increase in turnover for the MAP Team Coordinators over the past year which has resulted in a decrease of referrals, number served and the consistency of meetings being held. Staff from the Division of Children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): Set years are com	In FY 2018, youth with mental hea	, 55 MAP Teams I SED who partic alth services. FY	s served 881 children and youth, cipated and were served in sum	mer enrichment camps provided by DMH certified providers of children's
New Data issues/caveats that affect outcome measures: DMH is working with the troubled CMHC to maintain consistent MAP Team services in the nine counties served by the agency. Four of the nine are currently operating and serving children and youth in need. DMH anticipates steady but slow growth during this rebuilding process. Report of Progress Toward Goal Attainment First Year Target: Achieved Voltage of Mort Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: In Y2 018, 881 children and youth were served through MAP Teams. All 82 counties have access to the services that MAP Teams provide. Currently, there are 55 MAP Teams in Mississippin working to keep children and youth in their own community who are at risk for an inappropriate institutional placement due to lack of access to or availability of needed resources or supports. A large CMHC serving 9 counties served less children due to staff turnover resulting in the teams serving those counties either meeting inconsistently or not at all. Staff from the DMH Division of Children and Youth Services is providing technical assistance to and working consistently with the MAP Team Coordinators from this CMHC to invigorate and improve the stability of these NAP Teams. Additionally, summer enrichment camps were excluded to improve the accuracy of the data. How first year target was achieved (optional): Second Year Target: Achieved Achieved Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: In FY 2019, 753 children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): How second year target was achieved (optional): Sety ### 9 Sety Area: Community Supports for Children in MAP Team referrals. How second year target was achieved (optional):	Data issues,	/caveats that af	fect outcome measures:	
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the nine are currently operating and serving children and youth in need. DMH anticipates steady but slow growth during this rebuilding process. Report of Progress Toward Goal Attainment First Year Target: Achieved Voltage Voltag	New Data is	ssues/caveats th	nat affect outcome measures:	
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In FY 2018, 881 children and youth were served through MAP Teams. All 82 counties have access to the services that MAP Teams provide. Currently, there are 55 MAP Teams in Mississippi working to keep children and youth in their own community who are at risk for an inappropriate institutional placement due to lack of access to or availability of needed resources or supports. A large CMHC serving 9 counties served less children due to staff turnover resulting in the teams serving those counties either meeting inconsistently or not at all. Staff from the DMH Division of Children and Youth Services is providing technical assistance to and working consistently with the MAP Team Coordinators from this CMHC to invigorate and improve the stability of these MAP Teams. Additionally, summer enrichment camps were included in the FY 2016 and FY 2017 data, which increased the number served. In FY 2018, numbers from summer enrichment camps were excluded to improve the accuracy of the data. How first year target was achieved (optional): Second Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: In FY 2019, 753 children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators over the past year which has resulted in a decrease of referrals, number served and the consistency of meetings being held. Staff from the Division of Children and Youth Services is providing technical assistance to and working with all new MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth.	First Year	Target:	Achieved	▼ Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and changes proposed to meet target: In FY 2019, 753 children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators over the past year which has resulted in a decrease of referrals, number served and the consistency of meetings being held. Staff from the Division of Children and Youth Services is providing technical assistance to and working with all new MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): Tity #: 9 Tity Area: Community Supports for Children Tity Type: MHS Allation(s): SED Of the priority area: Trease statewide use of Wraparound Facilitation with children and youth.	In FY 2018, in Currently, the inappropriate counties set Staff from the Team Coord were includivere excluding.	881 children and here are 55 MAI ate institutional rved less childre he DMH Divisio dinators from the d in the FY 201 ded to improve t	d youth were served through M. P Teams in Mississippi working placement due to lack of acces. en due to staff turnover resulting of Children and Youth Service is CMHC to invigorate and imprise and FY 2017 data, which incretthe accuracy of the data.	AP Teams. All 82 counties have access to the services that MAP Teams provide. to keep children and youth in their own community who are at risk for an s to or availability of needed resources or supports. A large CMHC serving 9 ng in the teams serving those counties either meeting inconsistently or not at all. es is providing technical assistance to and working consistently with the MAP rove the stability of these MAP Teams. Additionally, summer enrichment camps
In FY 2019, 753 children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators over the past year which has resulted in a decrease of referrals, number served and the consistency of meetings being held. Staff from the Division of Children and Youth Services is providing technical assistance to and working with all new MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): Tity #: 9 Tity Area: Community Supports for Children Tity Type: MHS Julation(s): SED Of the priority area: Trease statewide use of Wraparound Facilitation with children and youth.	Second Ye	ear Target:	Achieved	Not Achieved (if not achieved,explain why)
In FY 2019, 753 children and youth were served by MAP Teams. There has been an increase in turnover for the MAP Team Coordinators over the past year which has resulted in a decrease of referrals, number served and the consistency of meetings being held. Staff from the Division of Children and Youth Services is providing technical assistance to and working with all new MAP Team Coordinators to improve stability, increase stakeholder participation and MAP Team referrals. How second year target was achieved (optional): ity #: 9 ity Area: Community Supports for Children ity Type: MHS ulation(s): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth.	Reason why	y target was no	t achieved, and changes propo	sed to meet target:
rity #: 9 rity Area: Community Supports for Children rity Type: MHS Alation(s): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth.	In FY 2019 over the p the Divisio	, 753 children ar ast year which h on of Children ar	nd youth were served by MAP T has resulted in a decrease of ref nd Youth Services is providing	eams. There has been an increase in turnover for the MAP Team Coordinators ferrals, number served and the consistency of meetings being held. Staff from technical assistance to and working with all new MAP Team Coordinators to
rity Area: Community Supports for Children rity Type: MHS ulation(s): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth. tegies to attain the goal:	How second	d year target wa	as achieved (optional):	
rity Area: Community Supports for Children rity Type: MHS ulation(s): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth. tegies to attain the goal:	4 #.	0		
rity Type: MHS plation(s): SED of the priority area: rease statewide use of Wraparound Facilitation with children and youth. Regies to attain the goal:			/ Supports for Children	
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of the priority area: rease statewide use of Wraparound Facilitation with children and youth. tegies to attain the goal:			V	
ease statewide use of Wraparound Facilitation with children and youth.				
egies to attain the goal:			ound Facilitation with children	and youth.
		Mariana Panasa P		AND THE STREET OF THE STREET O
	nies to attain	the goal:		

1

Indicator #:

Baseline Measurement:	FY 2015: 1,078
First-year target/outcome measurement:	FY 2018: 1,700
Second-year target/outcome measurement	: FY 2019: 1,900
New Second-year target/outcome measure	ment(if needed): In FY 2019: 1,350
Data Source:	
Data which includes the number of childre	n and youth served with Wraparound Facilitation is submitted quarterly to DMH by MWI.
New Data Source(if needed):	
The Mississippi Wraparound Institute (MW	(I) now employs three (3) of the four (4) nationally certified Wraparound coaches in the state.
Description of Data:	
Mississippi Wraparound Institute (MWI) er	ovide Wraparound Facilitation in FY 2016, and a total of 462 individuals were trained. The nploys two of the four nationally certified Wraparound coaches in the state to provide of Wraparound Facilitation in Mississippi. Data is submitted quarterly to DMH by MWI. In FY dwith Wraparound Facilitation.
Data issues/caveats that affect outcome me There are no data issues or caveats expecte New Data issues/caveats that affect outcon	ne measures:
Data issues/caveats that affect outcome me There are no data issues or caveats expecte New Data issues/caveats that affect outcome Report of Progress Toward Go	ne measures: Dal Attainment
New Data issues/caveats that affect outcomes. Report of Progress Toward Government of Progress	ne measures: Oal Attainment eved Not Achieved (if not achieved,explain why) Changes proposed to meet target: erved through Wraparound Facilitation. This number is a substantial increase in the number ected in 2015. The data reported by the DMH certified agencies providing Wraparound
There are no data issues or caveats expected. New Data issues/caveats that affect outcome. Report of Progress Toward Government of Progress Toward Governm	ne measures: Oal Attainment eved
There are no data issues or caveats expected when Data issues/caveats that affect outcome means are no data issues or caveats expected when Data issues/caveats that affect outcome Report of Progress Toward Great Target: Reason why target was not achieved, and conference of the progress of the progres	ne measures: Oal Attainment eved
There are no data issues or caveats expected. New Data issues/caveats that affect outcome. Report of Progress Toward General Season why target was not achieved, and continued as reported in the baseline data collection in FY 2016 and FY 2017 were during vere served through Wraparound Facilitation by the served was reported in the baseline data collection in FY 2016 and FY 2017 were during vere served through Wraparound Facilitation by the served through Wraparound Facilitation in FY 2016 and FY 2017 were during the served through Wraparound Facilitation in FY 2016 and FY 2017 were during were served through Wraparound Facilitation in FY 2016 and FY 2017 were during whited. How first year target was achieved (optional Second Year Target:	ne measures: Oal Attainment eved
There are no data issues or caveats expected. New Data issues/caveats that affect outcome. Report of Progress Toward General Toward General Toward	ne measures: Oal Attainment eved

Priority #:

10

Priority Area:

Community Supports for Children

Priority Type:

MHS

Population(s):

SED, ESMI

Goal of the priority area:

Assist youth and young adults in navigating the road to recovery from First Episode Psychosis (FEP), including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team.

Strategies to attain the goal:

Continue an evidenced-based intervention program for youth and young adults who have experienced First Episode Psychosis (FEP).

ndicator #:	1
Indicator:	Number of youth and young adults served through the NAVIGATE Program
Baseline Measurement:	In FY 2016: 4 (No data for FY 15 – Pilot Project)
First-year target/outcome measurement:	In FY 2018: 16
Second-year target/outcome measurement:	In FY 2019: 20
New Second-year target/outcome measurem	nent(if needed): In FY 2019: 25
Data Source:	
Number of youth and young adults served t	hrough the NAVIGATE Program is submitted monthly to DMH by the two CSC teams.
New Data Source(if needed):	
Number of youth and young adults served t	hrough the NAVIGATE Program is submitted monthly to DMH by the four CSC teams.
Description of Data:	
portion of the state. That program served 4 funding utilizing the 10% Set Aside to provi	team funded by the 5% Set Aside is operated by a CMHC located in the north central young adults in FY 2016. An additional CSC team has been developed and is provided de services through the NAVAGATE program to youth and young adults living on the Gulf by the two CSC teams which includes the number of youth and young adults served through
New Description of Data:(if needed)	
addition, a NAVIGATE program is being initi	ams were added in Region 9 serving Hinds County and Region 15 serving Yazoo County. In lated and implemented in Rankin County operated by Region 8 Mental Health Services. The trained in FY 2019 and begin service provision to the youth and young adults in Rankin
Data issues/caveats that affect outcome mea	isures:
There are no data issues or caveats expected	d to affect the outcome measures.
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
	ved Not Achieved (if not achieved,explain why)
- gennere	
First Year Target: Achiev	anges proposed to meet target:
First Year Target: Achieved, and chieved, and chieved, and chieved, and chieved first year target was achieved (optional, in FY 2018. two NAVIGATE Teams served 23 y initiated in Hinds and Yazoo Counties. These): outh and young adults experiencing First Episode Psychosis. IN FY 2018, two new teams were
First Year Target: Achieved, and checked was not achieved, and checked was achieved (optional, and EY 2018. two NAVIGATE Teams served 23 yinitiated in Hinds and Yazoo Counties. These criteria for the NAVIGATE program.): routh and young adults experiencing First Episode Psychosis. IN FY 2018, two new teams were teams were trained in FY 2018 and have begun serving youth and young adults meeting the
First Year Target: Achieved, and checked was not achieved, and checked was achieved (optionally new York). The Served 23 ynitiated in Hinds and Yazoo Counties. These criteria for the NAVIGATE program. Second Year Target: Achieved Achieved Achieved Year Target:	outh and young adults experiencing First Episode Psychosis. IN FY 2018, two new teams were teams were trained in FY 2018 and have begun serving youth and young adults meeting the Not Achieved (if not achieved,explain why)
First Year Target: Achieved, and checked was not achieved, and checked was represented to the Achieved Achieved (optional). In FY 2018, two NAVIGATE Teams served 23 y initiated in Hinds and Yazoo Counties. These criteria for the NAVIGATE program.	D: routh and young adults experiencing First Episode Psychosis. IN FY 2018, two new teams were teams were trained in FY 2018 and have begun serving youth and young adults meeting the Not Achieved (if not achieved,explain why) langes proposed to meet target:

Priority #:

11

Priority Area:

Community Supports for Children

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ty Type:	MHS
lation(s):	SED
of the priority ar	'ea:
ride services thro ner home and/or	ough the Juvenile Outreach Program (JOP) that are necessary for a youth's successful transition from a detention center back to community.
egies to attain th	ie goal:
tinue funding to	CMHCs to make mental health services available to youth in detention centers in an effort to prevent re-entries.
nnual Perforr	mance Indicators to measure goal success
Indicator #:	1
Indicator:	Number served in detention centers
Baseline Mea	surement: FY 2017: Baseline data gathered
First-year targ	get/outcome measurement: FY 2018: 1200
Second-year t	target/outcome measurement: FY 2019: 1,300
New Second-	year target/outcome measurement(if needed): In FY 2019: 1,800
Data Source:	
Data is subm	nitted monthly by the CMHCs receiving JOP grant funding.
New Data Sou	urce(if needed):
Description of	f Data:
range of serv immediate a family therap	in CMHCs receive grant funding to provide services through the Juvenile Outreach Program (JOP). These programs provide a vices and supports for youth with SED involved in the juvenile justice system and/or local detention center which include ccess to a Community Support Specialist or Certified Therapist for assessments, crisis intervention, medication monitoring, by, and individual therapy. Monthly data is submitted to DMH from the CMHCs receiving grant funding to provide services Juvenile Outreach Program.
New Descript	ion of Data:(if needed)
Data issues/ca	aveats that affect outcome measures:
There are no	data issues or caveats expected to affect outcome measures.
New Data issu	ues/caveats that affect outcome measures:
Report of	f Progress Toward Goal Attainment
First Year Ta	province pro
	arget was not achieved, and changes proposed to meet target:
How first year	r target was achieved (optional): 760 youth received mental health services in detention centers across the state through the Juvenile Outreach Programs. ided include assessments, community support services, counseling, and wraparound facilitation. The FY 2019 target number
Second Yea	r Target: Not Achieved (if not achieved,explain why)
Reason why t	arget was not achieved, and changes proposed to meet target:
, a	

DMH supports fourteen (14) Juvenile Outreach Programs operated by CMHCs throughout the state, all of which provide linkage and access to mental health services to youth involved in the juvenile justice system. In FY 2019, 1,823 youth were served through the Juvenile Outreach Programs. 1,134 of those youth exited the detention centers and continued treatment with the local CMHC.

Priority #:

12

Priority Area:

Community Integration

Priority Type:

SAT, MHS

Population(s):

SMI

Goal of the priority area:

Provide treatment and supports to improve the successful reentry of incarcerated people into the community.

Strategies to attain the goal:

Implement a program that provides recovery support services to individuals with co-occurring mental health and substance use disorders who are returning to Hinds County and identified as medium to high risk for recidivism.

Annual Performance Indicators to measure goal success

Indicator #:

Indicator:

Number of individuals identified as having co-occurring disorders successfully completing

intensive outpatient treatment program

Baseline Measurement:

In FY 2017: Baseline data gathered

First-year target/outcome measurement:

In FY 2018: 30

Second-year target/outcome measurement: In FY 2019: 50

New Second-year target/outcome measurement(if needed): In FY 2019: 15

Data Source:

Quarterly data will be submitted by DMH Behavioral Health programs including the number of individuals diverted from wait lists to community-based programs.

New Data Source(if needed):

Quarterly data is obtained from the DMH Behavioral Health programs and CMHCS serving individuals released from the Mississippi Department of Corrections. Data is submitted to the DMH.

Description of Data:

Quarterly data will be submitted by DMH Behavioral Health programs including the number of individuals diverted from wait lists to community-based programs.

New Description of Data: (if needed)

Quarterly data is submitted by the DMH Behavioral Health programs and CMHCS serving individuals released from the Mississippi Department of Corrections that meet the criteria for the program and are willing to enter the program. There are no "waitlists" as stated in the previous data description.

Data issues/caveats that affect outcome measures:

There are no data issues or caveats expected to affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Only individuals released from MDOC's 3 state prisons will be recruited and screened for the program.

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Funded by a federal grant, this program operated by a partnership between DMH and the MS Department of Corrections provides treatment and supports for individuals with co-occurring mental health and substance use disorders to improve their successful reentry into the community. In FY 2018, 6 individuals were enrolled and the same 6 successfully completed/graduated from the program. Through FY 2018, a total of 102 individuals were screened and 72 of those individuals were identified as having a co-occurring mental health and

substance use disorders. Reasons for failing to achieve the target are as follows: 1) DOJ requires an extensive year-long planning phase which resulted in the program not being operational until October 1, 2017; 2) By the end of FY 2018, the program had hired its third therapist. Staff turnover was an obstacle; 3) Individuals remained in custody beyond their expected release dates due to some having detainers for other charges, delays or changes in approved addresses for residences to which the individuals were returning, etc.; 4) The original grant proposal defined the target population as individuals released from the 3 MDOC state prisons, 15 regional facilities, and 5 private prisons. During the completion of the Planning and Implementation Guide, the team was asked to further define the recruitment facilities and candidates were only able to be selected from the 3 MDOC state prisons which resulted in screening only 27% of the target population. The target will be decreased to 15 for FY 2019 due to the multiple factors affecting the target population and MDOC logistics which are unrelated to the program and were unforeseeable at the time the original targets were derived.

How first	year	target was	achieved	(0	ptional):

	yearens .	gooone	
Second Year Target:	Achieved	~	Not Achieved (if not achieved, explain why

Reason why target was not achieved, and changes proposed to meet target:

In FY 2019, 40 individuals were enrolled in the program with only one re-incarceration. A total of six (6) people successfully completed the program in Hinds County. Although the target was not met, the program is always serving its maximum of 16 people. A new budget has been proposed for a no-cost extension that will allow the program to serve 32 individuals at one time.

The target was not achieved because over the second half of FY19, the four state correctional facilities collectively were on full or some type of restrictive lockdown 16 out of 24 weeks, which caused a heavy burden on our recruitment and screening team's ability to properly schedule visits. Therefore the number of potential program enrollees was limited. Also, on many occasions, after screening potential enrollees, the team learned that the candidates had pending charges in other counties or states which eliminated them from immediate enrollment in the program.

Over the past year, a system of checks and balances has been set up between all team partners to ensure that potential enrollees meet all the grant requirement before our program recruitment team meets them for program introduction and screening. In addition, a change in scope beginning in January of FY19 allows MDOC and HBHS team members to be able to recruit from all 31 correctional institutions in the state of Mississippi. Currently, the team can recruit from the big four and they are allowed access to meet and screen individuals in regional and county facilities throughout Mississippi. This revision has greatly increased the number of individuals being referred and screened by our partners and has played a big role in the current rise in program enrollees. Due to the success of this program over the last two years, the Department of Corrections was awarded a second three-year grant under the Second Chance Act to provide re-entry and treatment for persons in Panola, Lafayette, Marshall, Tate, Calhoun and Yalobusha Counties.

How	second	year	target	was	achieved	(optional)
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Priority #:	13
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Priority Area:

Supported Employment

Priority Type:

MHS

Population(s): SMI

Goal of the priority area:

Develop employment options for adults with serious and persistent mental illness.

Strategies to attain the goal:

Legislative appropriated community expansion general funds will be utilized to provide 4 pilot program sites to begin implementation of supported employment services for adults living with mental illness. Collaboration with Vocational Rehabilitation Services will take place.

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Number of individuals with serious and persistent mental illness who are gainfully

employed

Baseline Measurement: In FY 2016: 102

First-year target/outcome measurement: In FY 2018: 120

Second-year target/outcome measurement: In FY 2019: 140

New Second-year target/outcome measurement(if needed): In FY 2019: 300

Data Source:

New Data So	urceut needed).				
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Description of	of Data:				
sites submi 2,723 busin	data quarterly to [DMH including the number ential employers were m	per of individuals with	ployment options for adults with mental illness. serious mental illness who are employed. During ob placements. By the end of FY 2016, 102 individ	g FY 2016,
New Descrip	tion of Data:(if nee	eded)			
Data issues/o	aveats that affect o	outcome measures:			
There are no	o data issues or cav	reats expected to affect t	he outcome measures		
New Data iss	ues/caveats that at	ffect outcome measures			MATCHER AND
Report o	f Progress To	oward Goal Attai	nment		
First Year T	J	Achieved		Not Achieved (if not achieved, explain why)	
Reason why	target was not achi	ieved, and changes prop	oosed to meet target:		
capable of w	orking competitivel	n de la companya de		he idea that every person with a serous mental il	
Second Yea	for individuals with		DMH funds six pilot e	es were contacted to determine if employment o mployment sites. Two are in their last year of gra Not Achieved (if not achieved,explain why)	
Second Yea	for individuals with	n serious mental illness.	DMH funds six pilot e	es were contacted to determine if employment o mployment sites. Two are in their last year of gra	
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Offer technical assistance to providers after POM reports are released to providers.

		1
Indicator:		Number of POMs completed at each CMHC
Baseline Mea	surement:	In FY 2015/16: 350
First-year tar	get/outcome measurement:	In FY 2018: 15 per visit for the 14 CMHCs
Second-year	target/outcome measurement:	In FY 2019: 15 per visit for the 14 CMHCs
New Second-	year target/outcome measurem	nent(if needed):
Data Source:		
	of Personal Outcome Measure (o DMH quarterly.	POM) Interviews completed during each certification visit to the CMHCs will be tracked and
New Data Sou	urce(if needed):	
Description o	f Data:	
submitted to during sched	DMH quarterly. Certified Peer S	POM) Interviews completed during each certification visit to the CMHCs will be tracked and Support Specialists participate on the Certification Visit Team and conduct the interviews of the POM interviews are released to the provider and technical assistance is offered
New Descript	ion of Data:(if needed)	
Data issues/ca	aveats that affect outcome meas	sures:
There are no	data issues or caveats expected	to affect the outcome measures.
Annual Hardware Control of the Contr	ues/caveats that affect outcome	
Report of	f Progress Toward Go:	al Attainment
•	f Progress Toward Goa	
First Year Ta	arget: Achiev	ved Not Achieved (if not achieved,explain why)
First Year Ta Reason why t How first year In FY 2018, eig individuals red	Achieved and character was not achieved, and character target was achieved (optional) and the company of the 14 CMHCs were visceiving services. 134 POM intervi	Not Achieved (if not achieved,explain why) anges proposed to meet target:
First Year Ta Reason why t How first year In FY 2018, eig individuals red	Achieved, and character was not achieved, and character target was achieved (optional): ght (8) of the 14 CMHCs were visceiving services. 134 POM interviewer eleased to the provider and te	Not Achieved (if not achieved,explain why) anges proposed to meet target: : sited to conduct Personal Outcome Measure (POM) interviews to measure outcomes of iews were completed by CPSSs at the eight (8) CMHCs in FY 2018. Results of the POM echnical assistance is offered based on the results of the report.
First Year Ta Reason why t How first year In FY 2018, eig individuals red interviews are Second Year	Achieved arget was not achieved, and charter target was achieved (optional). The services of the 14 CMHCs were visceiving services. 134 POM interviewed released to the provider and tear Target:	Not Achieved (if not achieved,explain why) anges proposed to meet target: : sited to conduct Personal Outcome Measure (POM) interviews to measure outcomes of iews were completed by CPSSs at the eight (8) CMHCs in FY 2018. Results of the POM echnical assistance is offered based on the results of the report.
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Reason why t How first year In FY 2018, eig individuals red interviews are Second Yea Reason why t How second y In FY 2019, 1 state. Result	Achieved arget was not achieved, and chart rarget was achieved (optional) ght (8) of the 14 CMHCs were visceiving services. 134 POM interview released to the provider and tear Target: Achieved Achieved arget was not achieved, and chart rarget was not achieved (optional) individuals per visit were interested to the POM interviews are released.	Not Achieved (if not achieved,explain why) anges proposed to meet target: : sited to conduct Personal Outcome Measure (POM) interviews to measure outcomes of iews were completed by CPSSs at the eight (8) CMHCs in FY 2018. Results of the POM echnical assistance is offered based on the results of the report. Yed Not Achieved (if not achieved,explain why) anges proposed to meet target: Inal): wiewed at the 14 CMHCs. During FY 2019, 210 POM interviews were conducted across the
Reason why t How first year In FY 2018, eig individuals rec interviews are Second Yea Reason why t How second y In FY 2019, 1 state. Result	Achieved and charter was not achieved, and charter target was achieved (optional): ght (8) of the 14 CMHCs were visiceiving services. 134 POM intervier released to the provider and tear Target: Achieved arget was not achieved, and charter arget was not achieved (optional): is individuals per visit were interest of the POM interviews are released.	Not Achieved (if not achieved,explain why) anges proposed to meet target: : sited to conduct Personal Outcome Measure (POM) interviews to measure outcomes of iews were completed by CPSSs at the eight (8) CMHCs in FY 2018. Results of the POM echnical assistance is offered based on the results of the report. Yed Not Achieved (if not achieved,explain why) anges proposed to meet target: Inal): wiewed at the 14 CMHCs. During FY 2019, 210 POM interviews were conducted across the
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	1
Indicator:	Number of training and workshops
Baseline Measurement:	In FY 2015: 110 workshops/support groups/trainings provided by NAMI
First-year target/outcome measurement:	In FY 2018: 125 workshops/support groups/trainings provided by NAMI
Second-year target/outcome measuremen	t: In FY 2019: 135 workshops/support groups/trainings provided by NAMI
New Second-year target/outcome measur Data Source:	ement(<i>if needed</i>):
The number of trainings and workshops possible children and youth with SED. This data is	provided by NAMI-MS to individuals with SMI and family members of individuals with SMI and submitted quarterly.
New Data Source(if needed):	
Description of Data:	
members of individuals with SMI and child	regarding the number of trainings and workshops provided to individuals with SMI and family dren and youth with SED. DMH funds NAMI-MS to provide recovery support services to d family members of children and youth with SED by offering trainings and workshops on hallenges.
New Description of Data-(if needed)	
	easures:
New Description of Data:(if needed) Data issues/caveats that affect outcome m There are no data issues or caveats expect	
Data issues/caveats that affect outcome m There are no data issues or caveats expec	ted to affect the outcome measures.
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Data issues/caveats that affect outcome m There are no data issues or caveats expect New Data issues/caveats that affect outco Report of Progress Toward G First Year Target:	ted to affect the outcome measures. me measures: ioal Attainment ieved Not Achieved (if not achieved, explain why)
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Provide a variety of training and workshops targeting people with SMI and family members throughout the state.

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Actual SFY 1994	Actual SFY 2018	Estimated/Actual SFY 2019	Expense Type
\$1,897,209	\$12,334,819	\$11,115,640	• Actual C Estimate

If <u>estimated</u> expenditures are provided, please indicate when <u>actual</u> expenditure data will be submitted to SAMHSA:
States and jurisdictions are required not to spend less than the amount expended in FY 1994.
0930-0168 Approved: 06/07/2017 Expires: 06/30/2020
Footnotes:

C. State Agency Expenditure Reports

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Period		Period Expenditures		enditures	<u>B1(2017) + B2(2018)</u> 2	
(A)		(B)		(C)		
SFY 20				\$28,370,665		
SFY 2 (2)			,	\$27,845,549	\$28,108,10	
SFY 20 (3)				\$36,013,991		
he expenditure am	ounts reporte	ed in Col	umn B "actual" expe	enditures for the State fiscal ye	ars involved?	
SFY 2017	Yes	X	No			
SFY 2018	Yes	X	No			
SFY 2019	Yes	х	No			

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