MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

BUREAU OF

BEHAVIORAL HEALTH SERVICES – COMMUNITY MENTAL HEALTH SERVICES

FY 2019

STATE PLAN

IMPLEMENTATION REPORT

DMH

Mississippi Department of Mental Health

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

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II. Contact Person for the Grantee of the Block Grant
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III. State Expenditure Period (Most recent State exependiture period that is closed out)
From   7/1/2018

To   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

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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

Priority #:	1
Priority Area:	Peer Support
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Enhance the transition process of individuals to a less restrictive environment.

Strategies to attain the goal:

Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers utilizing WRAP.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of Peer Bridgers
Baseline Measurement:	In FY 2016: 5 (No data for FY 15 – Pilot Project)
First-year target/outcome measurement:	In FY 2018: 5
Second-year target/outcome measurement:	In FY 2019: 7
New Second-year target/outcome measurement*(if needed)***:	In FY 2019: 5

Data Source:

Data is collected quarterly by the 3 local CMHCs and the behavioral program and submitted to DMH.

New Data Source*(if needed)***:**

Description of Data:

Quarterly data collected includes number of Peer Bridgers employed by and tracked by the grantees which are a behavioral program and 3 local CMHCs. Each of the 3 CMHCs have a full-time Peer Bridger and the behavioral program has two part-time Peer Bridgers. Services provided by Peer Bridgers will help individuals transition back into their communities and avert future potential crises.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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:

How first year target was achieved *(optional)*:
The Peer Bridger Project in North Mississippi employs Peer Bridgers at three CMHCS and North Mississippi State Hospital. The Peer Bridgers assist individuals in the transition process from inpatient care to a community-based level of care by offering intensive peer support services in order to decrease readmissions to inpatient care. A total of 8 Peer Bridgers were employed across the state in FY 2018,

five (5) with the Peer Bridger Project in North Mississippi and three (3) with Central Mississippi Residential Center and South Mississippi State Hospital, two additional behavioral programs operated by DMH.

Second Year Target: ☑ Achieved   ☐ Not Achieved (if not achieved,explain why)

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

How second year target was achieved *(optional)*:

The Peer Bridger Project in North Mississippi employs Peer Bridgers at three CMHCS and North Mississippi State Hospital. The Peer Bridgers assist individuals in the transition process from inpatient care to a community-based level of care by offering intensive peer support services in order to decrease readmissions to inpatient care. Two (2) Peer Bridgers are employed at North Mississippi State Hospital and three (3) at Regions 2,3, and 4 for a total of five (5).

Priority #:   2

Priority Area: Peer Support

Priority Type: MHS

Population(s):   SMI, SED

Goal of the priority area:

Utilize peers and family members to provide varying supports to assist individuals in regaining control of their lives and their own recovery process.

Strategies to attain the goal:

• Conduct outreach to stakeholders to increase the number of CPSS and the role of CPSSs
• Provide training and technical assistance to service providers on the Recovery Model, Person Centered Planning, and System of Care Principals.

---**Annual Performance Indicators to measure goal success**---

Indicator #:   1

Indicator: Number CPSSs employed by DMH certified providers

Baseline Measurement: In FY 2015: 36

First-year target/outcome measurement: In FY 2018: 176

Second-year target/outcome measurement: In FY 2019: 196

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Data is submitted quarterly to DMH from the DMH certified providers employing Certified Peer Support Specialists.

New Data Source*(if needed)*:

Description of Data:

Data is collected quarterly from all DMH certified providers employing Certified Peer Support Specialists. In FY 2016, 30 DMH certified providers employed 36 Certified Peer Support Specialists.

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:

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:

How first year target was achieved *(optional)*:

In FY 2018, 42 DMH Certified Providers employed 230 Certified Peer Support Specialists. The target was achieved through DMH's Think Recovery campaign which includes outreach activities to increase the awareness of the CPSS program. CPSS trainings were held across the state, and 160 peers/family members were trained as CPSSs in FY 2018.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional)*:

In FY 2019, there were 201 Certified Peer Support Specialists employed by 36 DMH certified providers. During FY 2019, 167 individuals participated in the trainings to become Certified Peer Support Specialists. Many of the training participants were employees of the VA and are not classified as a CPSS.

Priority #:	3
Priority Area:	Community Support for Adults
Priority Type:	MHS
Population(s):	SMI

Goal of the priority area:

Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements.

Strategies to attain the goal:

Increase the number of admissions to PACT Teams.

┌─Annual Performance Indicators to measure goal success──

Indicator #:	1
Indicator:	Number of admissions to PACT Teams
Baseline Measurement:	In FY 2015: 97
First-year target/outcome measurement:	In FY 2018: 140
Second-year target/outcome measurement:	In FY 2019: 180

New Second-year target/outcome measurement *(if needed)*: In FY 2019: 170

Data Source:

All eight PACT Teams submit data quarterly to DMH. Data includes number of admissions to PACT Team services.

New Data Source *(if needed)*:

Description of Data:

Quarterly data is submitted by the eight PACT Teams. Data includes number of admissions. During FY 2016, there were 85 new admissions to PACT Teams in addition to the 164 individuals already being served.

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:

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:

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.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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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 #:   1

Indicator: Number of units of service reimbursed by Purchase of Service Grant

Baseline Measurement: In FY 2015: 180,002 units

First-year target/outcome measurement: In FY 2018: Maintain or increase the number of units of service

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 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:
In FY 2018, 153,263 units of service were reimbursed by Purchase of Service Grants. In FY 2018, the Mississippi Department of Mental Health requested that the CMHCs only charge 50% of their Purchase of Service budget to Psychosocial Rehabilitation Services (PSR), which resulted in 51, 088 less units billed. DMH assumes this request caused the decrease in the number of units billed. Due to DMH's request, the target number for FY 2019 will be modified.

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:

How second year target was achieved *(optional)*:

In FY 2019, 168,000 units of service were reimbursed by the Purchase of Service Grants.

Priority #:	5
Priority Area:	Crisis Services
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Expand access to crisis services and divert individuals from more restrictive environments such as jails, hospitals, etc.

Strategies to attain the goal:

Increase the number of contacts made by the Mobile Crisis Response Teams.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of contacts
Baseline Measurement:	In FY 2015: 19,660 contacts
First-year target/outcome measurement:	In FY 2018: 23,160
Second-year target/outcome measurement:	In FY 2019: 25,000
New Second-year target/outcome measurement*(if needed)*:	In FY 2019: 26,000

Data Source:

The number of contacts by the Mobile Crisis Response Teams is submitted to DMH quarterly.

New Data Source*(if needed)*:

Description of Data:

Data is submitted quarterly by the Mobile Crisis Response Teams to DMH. In FY 2016, at total of 22, 768 calls were received and there were a total of
15, 442 face-to-face visits. Of the 15, 442 face-to-face visits, 9,449 had follow-up appointments scheduled at a CMHC.

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:

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:

How first year target was achieved *(optional)*:
DMH provides funding to all 14 CMHCs for Mobile Crisis Response Teams to be available in all 82 counties to divert individuals from more restrictive environments such as jail, hospitalizations, etc. In FY 2018, 26,184 contacts, face-to face visits, and encounters with law enforcement were made by Mobile Crisis Response Teams.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

In FY 2019, 27,349 contacts were made by Mobile Crisis Response Teams. Of those contacts, 20,529 were face-to-face visits, 9,612 were referred to a Community Mental Health Center and scheduled an appointment, and 1,895 involved law enforcement.

Priority #:   6

Priority Area: Crisis Services

Priority Type: MHS

Population(s):   SMI, SED

Goal of the priority area:

Expand access to crisis services and divert from more restrictive environments such as jails, hospitals, etc.

Strategies to attain the goal:

Track the number of admissions to the Crisis Stabilization Units.

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of admissions

Baseline Measurement: In FY 2015: 3,609 admissions

First-year target/outcome measurement: In FY 2018: 3,200

Second-year target/outcome measurement: In FY 2019: 3,300

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Quarterly data, which includes number of admissions, is submitted by the CSUs to DMH.

New Data Source*(if needed)*:

Description of Data:

Crisis Stabilization Units submit data quarterly to DMH which includes the number of involuntary and voluntary admissions. In FY 2016, the CSUs served 3,270 individuals, which is a decrease from the number served in FY 2015. This decrease in the number served is attributed to the increase of individuals in crisis being served by the Mobile Crisis Response Teams.

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:

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:

How first year target was achieved *(optional)*:

In FY 2018, a total of 3,153 individuals were served by the Crisis Stabilization Units. The diversion rate of admissions to state hospitals increased from 89.3% in FY 2017 to 91.85% in FY 2018. The average length of stay for individuals served in the CSUs was 10.71 days.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional)*:

In FY 2019, a total of 3,475 people were served by the Crisis Stabilization Units. The purpose of the CSUs is to divert individuals from more restrictive environments such as jails and hospitals. The diversion rate for FY 2019 was 91.6% while the average length of stay for individuals served in the CSUs was 10.2. days.

Priority #: 7

Priority Area: Supported Housing

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Connect adults with serious mental illness to appropriate housing opportunities.

Strategies to attain the goal:

Ensure that people with a serious mental illness who are housed as a result of the Permanent Supportive Housing model have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of assessments provided; Number of people maintained in permanent supportive housing

Baseline Measurement: In FY 2016: 48 assessments provided; 48 individuals maintained in permanent supportive housing

First-year target/outcome measurement: In FY 2018: 200 assessments provided; 200 individuals maintained permanent supportive housing

Second-year target/outcome measurement: In FY 2019: 300 assessments provided; 300 individuals maintained permanent supportive housing

New Second-year target/outcome measurement *(if needed)*:

Data Source:

The six CMHCs operating CHOICE programs submit quarterly data to DMH.

New Data Source *(if needed)*:

Description of Data:

Data will be submitted quarterly to DMH to include the number of assessments provided and the number of individuals maintained in Permanent Supportive Housing. The CHOICE program began in March 2016 with programs being operated by six CMHCs. Since March 2016, 48 assessments have been provided, and 48 individuals have received housing through this program. A variety of services are provided to these individuals including outpatient services, peer support, PACT, physician services, community support, intensive case management, and/or psychosocial rehabilitative services .

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:

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:

How first year target was achieved *(optional)*:
In FY 2018, a total of 211 individuals were assessed, housed, and able to maintain housing through the Permanent Supportive Housing model. These individuals have the opportunity to live in the community of their choice and participate in an adequate array of community supports/services to maintain their residence.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

In FY 2019, a total of 362 individuals were assessed and housed through Permanent Supportive Housing while 213 of those were able to maintain in Permanent Supportive Housing through CHOICE. The number maintained can change daily, weekly and/or monthly as individuals enter and exit housing for various reasons. In FY 2018, 211 individuals were housed through CHOICE. In FY 2019, 308 individuals were housed through CHOICE. On June 28, 2019, CHOICE housed its 600th resident since the beginning of the program in 2016.

Priority #:   8

Priority Area: Community Supports for Children

Priority Type: MHS

Population(s):   SED

Goal of the priority area:

Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations .

Strategies to attain the goal:

Technical assistance will be provided to MAP Teams as requested and/or needed.

┌─**Annual Performance Indicators to measure goal success**─────────────────────

Indicator #:   1

Indicator: Number served by MAP Teams

Baseline Measurement: In FY 2015: 1,079

First-year target/outcome measurement: In FY 2018: 1,200

Second-year target/outcome measurement: In FY 2019: 1,400

New Second-year target/outcome measurement*(if needed)*:   In FY 2019: 930

Data Source:

Cash requests and data, including number of children and youth served, are submitted monthly to DMH by the MAP Team Coordinators.

New Data Source*(if needed)*:

Description of Data:

In FY 2016, there were 55 MAP Teams serving 62 counties. A total of 1,152 children and youth were served by MAP Teams in FY 2016.

Monthly reports are submitted to DMH by MAP Team Coordinators which include the number of children and youth served. Cash requests are also submitted monthly to DMH which lists the services and supports funded for the children and youth served by the MAP Teams.

New Description of Data: *(if needed)*

In FY 2018, 55 MAP Teams served 881 children and youth. Data submitted In FY 2016 and FY 2017 included the number of children and youth with SED who participated and were served in summer enrichment camps provided by DMH certified providers of children's mental health services. FY 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 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 ☑ Not Achieved *(if not achieved,explain why)*

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

Priority #:	9
Priority Area:	Community Supports for Children
Priority Type:	MHS
Population(s):	SED

Goal of the priority area:

Increase statewide use of Wraparound Facilitation with children and youth.

Strategies to attain the goal:

Increase statewide use of Wraparound Facilitation with children and youth through training and supports provided by the Mississippi Wraparound Institute. .

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of children served by Wraparound Facilitation

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 measurement *(if needed)*: In FY 2019: 1,350

Data Source:

Data which includes the number of children and youth served with Wraparound Facilitation is submitted quarterly to DMH by MWI.

New Data Source *(if needed)*:

The Mississippi Wraparound Institute (MWI) now employs three (3) of the four (4) nationally certified Wraparound coaches in the state.

Description of Data:

A total of 11 providers were certified to provide Wraparound Facilitation in FY 2016, and a total of 462 individuals were trained. The Mississippi Wraparound Institute (MWI) employs two of the four nationally certified Wraparound coaches in the state to provide training and supports to certified providers of Wraparound Facilitation in Mississippi. Data is submitted quarterly to DMH by MWI. In FY 2016, 2,960 children and youth were served with Wraparound Facilitation.

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:

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:
In FY 2018, 1,329 children and youth were served through Wraparound Facilitation. This number is a substantial increase in the number served as reported in the baseline data collected in 2015. The data reported by the DMH certified agencies providing Wraparound Facilitation in FY 2016 and FY 2017 were duplicated numbers. The FY 2018 data represents an accurate number of children and youth that were served through Wraparound Facilitation. The target for FY 2019 has been modified. Only unduplicated data will be collected and submitted.

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:

How second year target was achieved *(optional)*:

In FY 2019, 1,752 children and youth were served through Wraparound Facilitation, and increase from 1,329 in FY 2018. Fourteen (14) DMH certified providers use Wraparound Facilitation, and increase from twelve (12) in FY 2018.

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).

┌─**Annual Performance Indicators to measure goal success**─────────────────────────────────

Indicator #:   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 measurement*(if needed)***:**   In FY 2019: 25

Data Source:

Number of youth and young adults served through 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 through the NAVIGATE Program is submitted monthly to DMH by the four CSC teams.

Description of Data:

The initial Coordinated Specialty Care (CSC) team funded by the 5% Set Aside is operated by a CMHC located in the north central portion of the state. That program served 4 young adults in FY 2016. An additional CSC team has been developed and is provided funding utilizing the 10% Set Aside to provide services through the NAVAGATE program to youth and young adults living on the Gulf Coast. Data is submitted monthly to DMH by the two CSC teams which includes the number of youth and young adults served through the NAVIGATE Program.

New Description of Data:*(if needed)*

In FY 2018, two additional NAVIGATE programs were added in Region 9 serving Hinds County and Region 15 serving Yazoo County. In addition, a NAVIGATE program is being initiated and implemented in Rankin County operated by Region 8 Mental Health Services. The Region 8 NAVIGATE Team members will be trained in FY 2019 and begin service provision to the youth and young adults in Rankin County in need of FEP treatment.

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:

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:

How first year target was achieved *(optional)***:**
In FY 2018. two NAVIGATE Teams served 23 youth and young adults experiencing First Episode Psychosis. IN FY 2018, two new teams were initiated in Hinds and Yazoo Counties. These teams were trained in FY 2018 and have begun serving youth and young adults meeting the criteria for the NAVIGATE program.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional)***:**

In FY 2019, 69 youth and young adults experiencing a First Episode Psychosis have been served through NAVIGATE. In FY 2019, a new team was initiated by Region 8 Mental Health Services serving Rankin County. Currently, Mississippi has five (5) NAVIGATE Teams serving youth and young adults age 15-30 experiencing FEP.

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Priority #:   11

Priority Area: Community Supports for Children

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Provide services through the Juvenile Outreach Program (JOP) that are necessary for a youth's successful transition from a detention center back to his/her home and/or community.

Strategies to attain the goal:

Continue funding to CMHCs to make mental health services available to youth in detention centers in an effort to prevent re-entries.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number served in detention centers

Baseline Measurement: FY 2017: Baseline data gathered

First-year target/outcome measurement: FY 2018: 1200

Second-year target/outcome measurement: FY 2019: 1,300

New Second-year target/outcome measurement *(if needed):* In FY 2019: 1,800

Data Source:

Data is submitted monthly by the CMHCs receiving JOP grant funding.

New Data Source *(if needed):*

Description of Data:

Currently, ten CMHCs receive grant funding to provide services through the Juvenile Outreach Program (JOP). These programs provide a range of services and supports for youth with SED involved in the juvenile justice system and/or local detention center which include immediate access to a Community Support Specialist or Certified Therapist for assessments, crisis intervention, medication monitoring, family therapy, and individual therapy. Monthly data is submitted to DMH from the CMHCs receiving grant funding to provide services through the Juvenile Outreach Program.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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:

How first year target was achieved *(optional):*

In FY 2018, 1,760 youth received mental health services in detention centers across the state through the Juvenile Outreach Programs. Services provided include assessments, community support services, counseling, and wraparound facilitation. The FY 2019 target number has been increased.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional):*

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 #:** | 1 |

| **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 *(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, 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)*:

Priority #:   13

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 #:   1

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:

Four program sites submit data quarterly to DMH including the number of individuals with serious mental illness who are employed.

New Data Source(*if needed*):

Description of Data:

In FY 2016, four program sites were funded to make available supported employment options for adults with mental illness. These four sites submit data quarterly to DMH including the number of individuals with serious mental illness who are employed. During FY 2016, 2,723 business contacts to potential employers were made resulting in 165 job placements. By the end of FY 2016, 102 individuals with serious mental illness remained employed.

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:

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:

How first year target was achieved (*optional*):
In FY 2018, 257 individuals with mental illness were able to secure and maintain employment through Supported Employment Programs of Individual Placement and Support (IPS). Supported Employment begins with the idea that every person with a serous mental illness is capable of working competitively in the community. In FY 2018, 4892 businesses were contacted to determine if employment opportunities are available for individuals with serious mental illness. DMH funds six pilot employment sites. Two are in their last year of grant funding.

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, seven (7) new Supported employment sites were added. Currently, there are eleven (11) Supported Employment programs across the state. In FY 2019, 245 individuals with serious and persistent mental illness were gainfully employed. CMHC's faced some obstacles that hindered their process of employing our consumers. Many agencies expressed the number one obstacle was acquiring transportation for consumers. Lack of transportation caused consumers to miss or be tardy for work, miss scheduled interviews, and caused low morale. Secondly, they reported a disconnect or miscommunication between vocational rehab, supported employment specialists, and consumers. One SE Specialist stated that sometimes a month will pass before MDRS staff sees the clients they refer. The third thing that has stalled the process is MDRS' requirement of updated medical recors as well as medication compliance of clients. Finally, a few of our agencies experienced staffing issues which extended for months causing delays in service. All agencies that experienced staffing issues are currently in the process of actively seeking and hiring employee/s or have hired an Employment Specialist. DMH staff has learned that transportation seems to be the main issue of concern for our consumers and agencies, along with a better understanding of how to get individuals started and involved in vocational rehab. DMH staff will meet with MDRS and all SE Specialists in the near future to resolve this disconnect and work to find solutions for transportation issues.

How second year target was achieved (*optional*):

Priority #:   14

Priority Area: Recovery Supports

Priority Type: MHS

Population(s):   SMI, SED

Goal of the priority area:

Expand the peer review/quality assurance process by utilizing Personal Outcome Measures (POM) interviews to measure outcomes of individuals receiving services.

Strategies to attain the goal:

Offer technical assistance to providers after POM reports are released to providers.

Indicator #:	1
Indicator:	Number of POMs completed at each CMHC
Baseline Measurement:	In FY 2015/16: 350
First-year target/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 measurement *(if needed)*:

Data Source:

The number of Personal Outcome Measure (POM) Interviews completed during each certification visit to the CMHCs will be tracked and submitted to DMH quarterly.

New Data Source *(if needed)*:

Description of Data:

The number of Personal Outcome Measure (POM) Interviews completed during each certification visit to the CMHCs will be tracked and submitted to DMH quarterly. Certified Peer Support Specialists participate on the Certification Visit Team and conduct the interviews during scheduled certification visits. Results of the POM interviews are released to the provider and technical assistance is offered based on the results of the report.

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:

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:

How first year target was achieved *(optional)*:

In FY 2018, eight (8) of the 14 CMHCs were visited to conduct Personal Outcome Measure (POM) interviews to measure outcomes of individuals receiving services. 134 POM interviews were completed by CPSSs at the eight (8) CMHCs in FY 2018. Results of the POM interviews are released to the provider and technical assistance is offered based on the results of the report.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional)*:

In FY 2019, 15 individuals per visit were interviewed at the 14 CMHCs. During FY 2019, 210 POM interviews were conducted across the state. Results of the POM interviews are released to the provider, and technical assistance is offered based on the results of the report.

Priority #:	15
Priority Area:	Recovery Supports
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Strengthen family education and family support capabilities in the state.

Strategies to attain the goal:

Provide a variety of training and workshops targeting people with SMI and family members throughout the state.

Annual Performance Indicators to measure goal success

Indicator #:   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 measurement: In FY 2019: 135 workshops/support groups/trainings provided by NAMI

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> The number of trainings and workshops provided by NAMI-MS to individuals with SMI and family members of individuals with SMI and children and youth with SED. This data is submitted quarterly.

New Data Source*(if needed)*:

Description of Data:

> NAMI-MS submits data quarterly to DMH regarding the number of trainings and workshops provided to individuals with SMI and family members of individuals with SMI and children and youth with SED. DMH funds NAMI-MS to provide recovery support services to individuals with serious mental illness and family members of children and youth with SED by offering trainings and workshops on issues surrounding their mental health challenges.

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:

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:

How first year target was achieved *(optional)*:
In FY 2018, NAMI-MS provided 201 workshops/support groups/trainings to individuals with SMI and family members of individuals with SMI and children and youth with SED.

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved *(optional)*:

> In FY 2019, NAMI-MS provided 365 workshops/support groups/trainings to individuals with SMI, and family members of children and youth with SED and individuals with SMI.

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Footnotes:

C. State Agency Expenditure Reports

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

Statewide Expenditures 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 ◯ Estimated

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

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

C. State Agency Expenditure Reports

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

Total Expenditures for SMHA		
Period **(A)**	**Expenditures** **(B)**	**B1(2017) + B2(2018)** **2** **(C)**
SFY 2017 (1)	$28,370,665	
SFY 2018 (2)	$27,845,549	$28,108,107
SFY 2019 (3)	$36,013,991	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2017	Yes	**X**	No	_____
SFY 2018	Yes	**X**	No	_____
SFY 2019	Yes	**X**	No	_____

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

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Footnotes: