

Mississippi

UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Mental Health Services
Division of State and Community Systems Development

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

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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, there were 5 Peer Bridgers
First-year target/outcome measurement: 5
Second-year target/outcome measurement: 5

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

Data Source:

Data is collected quarterly by the 3 local CMHCs and the behavioral health 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 health program and 3 local CMHCs. Each of the 3 CMHCs has a full-time Peer Bridger and the behavioral health 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 currently no data issues/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 FY20, 5 Peer Bridgers at North Mississippi State Hospital, Timber Hills Mental Health Services, Communicare and LIFECORE Health Group were part of the Peer Bridger Project in North Mississippi. This project is intended to improve the transition process from inpatient care to a community based level of care so as to decrease individuals' need for readmission and increase the number of

individuals who attend follow-up appointments by offering intensive peer support services. The South Mississippi Peer Bridger Incentive Project began in the fourth quarter of FY20 and is an expansion project that is scheduled to be fully implemented in the first quarter of FY21. Peer Bridgers are Certified Peer Support Specialists who serve as outreach liaisons to support people transitioning from a state hospital into outpatient care at their local Community Mental Health Center. The goal is to see an increase in follow-up appointments and a decrease in readmissions.

Priority #: 2
Priority Area: Peer Support
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Utilize individuals with lived experience of mental illness and/or substance use and parent/caregivers to provide varying supports to assist others in their journey to recovery and resiliency.

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 principles
- Provide training to CPSS Supervisors on recruitment, retention, and supervision of CPSSs

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number CPSSs employed by DMH certified providers
Baseline Measurement: 36 CPSSs were employed by DMH certified providers in FY 2015
First-year target/outcome measurement: 253
Second-year target/outcome measurement: 278

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

Data Source:

Data is maintained by DMH based on submission of Verification of Employment Forms to the DMH Division of PLACE.

New Data Source(if needed):

Description of Data:

Data is collected quarterly from all DMH certified providers employing Certified Peer Support Specialists. In FY 2018, 230 Certified Peer Support Specialists were employed by DMH certified providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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):

At the end of FY20, there were 271 CPSSs (actively employed) in Mississippi. The CPSS program has expanded with designations of

Parent/Caregiver

CPSS, CPSS Young Adult, and CPSS – Recovery. Mississippi held five CPSS Trainings in FY20. During the year, six young people participated in the CPSS Young Adult training, which was developed in conjunction with NAMI Mississippi. Also in FY20, a total of 33 Parent/Caregiver designations were received. DMH also continues to use CPSS Ambassadors to support CPSSs and educate interested stakeholders about peer support. FY20 is the first year to utilize CPSS Ambassadors to support CPSSs upon hire and provide individualized support for up to six months.

Priority #: 3
Priority Area: Community Supports 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, there were 97 admissions to PACT Teams
First-year target/outcome measurement: 200
Second-year target/outcome measurement: 225
New Second-year target/outcome measurement(if needed):

Data Source:

All ten (10) 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 2018, there were 140 new admissions to PACT Teams with 384 individuals being served.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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 FY20, there were 535 individuals served by PACT Teams with 215 new admissions. Mississippi has 10 PACT Teams operated by 8 Community Mental Health Centers. PACT is a mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT teams are funded through DMH

grants provided to the Community Mental Health Centers. A PACT team includes a team leader, psychiatrist or a psychiatric nurse practitioner, two registered nurses, a master's level mental health professional, a substance use specialist, an employment specialist, a Certified Peer Support Specialist, an administrative assistant, and additional clinical personnel.

Priority #: 4
Priority Area: Community Support Services for Adults
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Provide funding to offset costs 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 of service were provided to adults with serious mental illness who have no payer source.
First-year target/outcome measurement: Maintain the number of units of service
Second-year target/outcome measurement: Maintain the number of units of service

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

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. Number of units of services reimbursed cannot be increased without an increase in funding.

New Data Source(if needed):

Description of Data:

Data is collected through monthly cash requests and submitted to DMH by the 14 CMHCs/grantees.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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 FY20, the number of units of services provided to adults with serious mental illness with no payer source was maintained.

Priority #: 5
Priority Area: Crisis Services

Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Expand access to crisis services to divert individuals 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 to CSUs
Baseline Measurement: In FY 2015, there wer 3,609 admissions to the CSUs
First-year target/outcome measurement: 3,500
Second-year target/outcome measurement: 3,600

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 2018, the CSUs served 3,513 individuals.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

With the addition of more CSUs and the implementation of iCORTs, the targets/outcome measurements for the first and second year may differ from the projected targets.

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 FY20, there were 3,525 admissions to the CSUs with a 91.5.% diversion rate from the state hospitals. Mississippi currently has 13 Crisis Stabilization Units across the state that offer time-limited residential treatment services designed to serve adults with severe mental health episodes that, if not addressed, would likely result in the need for inpatient care. A Crisis Stabilization Unit for children and youth operated by Region 9 opened in the fourth quarter of FY20. The unit has a 12-bed capacity and serves children and youth ages 6-17. This community-based service setting provides intensive mental health assessment and treatment. Follow-up outreach and aftercare services are provided as an adjunct to this service.

Priority #: 6
Priority Area: Crisis Services
Priority Type: SAP, SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Mobile Response Teams.

Strategies to attain the goal:

Increase the number of contacts/calls made by the Mobile Crisis Response Teams

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of contacts/calls

Baseline Measurement: In FY 2015, Mobile Crisis Response Teams received 19,660 calls/contacts

First-year target/outcome measurement: 27,000

Second-year target/outcome measurement: 28,000

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

Data Source:

The number of emergency calls and contacts responded to by the Mobile Crisis Response Teams is submitted to DMH two times per year.

New Data Source(if needed):

Description of Data:

Data is submitted two times per year by the Mobile Crisis Response Teams to DMH. In FY 2018, at total of 26,322 calls were received and there were a total of 18,651 face-to-face visits.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no issues/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 FY20, there were 36,921 calls/contacts responded to by the Mobile Crisis Response Teams. 20,322 calls involved face-to-face responses by the teams, and 2,590 were in conjunction with law enforcement. All 14 CMHCs have a Mobile Crisis Response Team, which allows for all 82 counties in Mississippi to have access to this crisis service. Mobile Crisis Response Teams work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to ensure a seamless process. Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital.

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 Supportive Housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of assessments provided; number of individuals maintained in supportive housing

Baseline Measurement: In FY 2016, 48 assessments were provided and 48 individuals were maintained in supportive housing

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

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

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

Data Source:

The CMHCs operating CHOICE programs submit data quarterly 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 Supportive Housing. The CHOICE program began in March 2016 with programs being operated by six CMHCs. The CHOICE program is currently available in all CMHC regions, and in FY 2018, 211 assessments were provided. 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 currently no data issues/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 FY20, 258 individuals received housing services through CHOICE. CHOICE is a partnership between DMH, Mississippi Home Corporation, Mississippi United to End Homelessness (MUTEH), and Open Doors Homeless Coalition. MUTEH can house individuals in all 82 Mississippi counties, and Open Doors can house them in the southern-most six counties in the state. While CHOICE provides the assistance that makes the housing affordable, local Community Mental Health Centers (CMHC) provide the appropriate services, all based on the needs of the individual. The program is available in all CMHC regions.

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 Team coordinators regarding outreach to increase participation by identified agencies as requested and/or needed.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of representatives from CPS, school districts, and juvenile justice attending MAP teams quarterly

Baseline Measurement: This is a new indicator. Baseline data will be gathered in FY 2019.

First-year target/outcome measurement: Projections regarding outcomes will be made once baseline data has been gathered

Second-year target/outcome measurement: Projections regarding outcomes will be made once baseline data has been gathered

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

Data Source:

Data, including local partners present at MAP Teams, are submitted quarterly to DMH by the MAP Team Coordinators.

New Data Source(if needed):

Description of Data:

Local partners sign-in at each monthly meeting by name and group affiliation or agency represented. Quarterly reports are submitted to DMH by MAP Team Coordinators which compile the information from monthly sign in sheets.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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):

There were 463 representatives from Child Protection Services, local school districts, and youth courts participating in MAP team meetings by the end of FY20. A Making A Plan (MAP) Team is made up of individuals from the local community agencies that work with children and youth. The priority of the MAP Team is to review cases concerning children and youth who have serious emotional/behavior disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access or availability of needed services and supports in the community. This is an increase from 302 representatives in FY19.

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: In FY 2015, 1,078 children were served by Wraparound Facilitation.

First-year target/outcome measurement: 1,775

Second-year target/outcome measurement: 1,800

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

Data Source:

Data, which includes the number of children and youth served by Wraparound Facilitation, is submitted quarterly to DMH by the Mississippi Wraparound Institute located at the University of Southern Mississippi.

New Data Source(if needed):

Description of Data:

A total of 12 providers were certified to provide Wraparound Facilitation in FY 2018, and a total of 535 individuals were trained. The Mississippi Wraparound Institute (MWI) employs 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 2018, 1,329 children and youth were served with Wraparound Facilitation.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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 FY20, 2,080 children and youth were served by Wraparound Facilitation by 16 providers certified by DMH. These providers receive continuous training and coaching provided through the Mississippi Wraparound Institute (MWI) at the University of Southern Mississippi. MWI exists as a result of a collaborative effort between the Mississippi Department of Mental Health and the Division of Medicaid. In FY20, 324 people were trained to provide Wraparound Facilitation.

Priority #: 10

Priority Area: Community Supports for Children

Priority Type:

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:

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of youth and young adults experiencing FEP served through NAVIGATE
Baseline Measurement: In FY 2016, 4 youth/young adults experiencing FEP were served through by NAVIGATE
First-year target/outcome measurement: 70
Second-year target/outcome measurement: 75
New Second-year target/outcome measurement(if needed):

Data Source:

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

New Data Source(if needed):

Description of Data:

NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren Yazoo Behavioral Health, and Gulf Coast Mental Health Center. In FY 2018, CSC Teams served 23 young adults. Region 8 will begin providing NAVIGATE services in FY 2019. Data is submitted monthly to DMH by the CSC teams which includes the number of youth and young adults served through the NAVIGATE Program.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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:

During FY20, a total of 63 youth and young adults were served in the NAVIGATE Program. This is a decrease from 69 youth served during FY19. This target was not achieved as a result of the near closure of one of the CMHCs granted to operate one of the five programs. The three counties served by this troubled CMHC have been assumed and will be served by another CMCH, Region 12, beginning in January 2021. Due to the strong infrastructure of Region 12, the NAVIGATE program should grow and in turn, the number of youth and young adults served in the program should increase to meet the target for FY 2021.

How first year target was achieved (optional):

Priority #: 11
Priority Area: Community Services 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 of youth served in detention centers
Baseline Measurement: In FY 2018, 1,760 youth were served in detentions centers in the Juvenile Outreach Program
First-year target/outcome measurement: 1,800
Second-year target/outcome measurement: 1,850

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

Data Source:

Data is submitted monthly by the CMHCs receiving Juvenile Outreach Program (JOP) grant funding.

New Data Source(if needed):

Description of Data:

DMH supports 14 Juvenile Outreach Programs to 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. In FY 2018, 1760 youth were served by JOP Programs.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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 FY20, 2,111 youth involved in the juvenile justice system received mental health services and supports through the Juvenile Outreach Programs. Of the 2,111 youth served, 2,011 continued treatment with the local CMHC after exiting he juvenile detention center.

Priority #: 12
Priority Area: Community Integration
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:

Utilize iCORTs to keep people in the community and avoid placement in state hospitals

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of iCORTs operating and number of admissions to iCORTS

Baseline Measurement: Five CMHCs will operate iCORTS. Baseline data regarding number served will be gathered in FY 2020.

First-year target/outcome measurement: 5 iCORTs in operation; Projections regarding outcomes will be established once baseline data has been gathered.

Second-year target/outcome measurement: 5 iCORTs in operation; Projections regarding outcomes will be established once baseline data has been gathered.

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

Data Source:

Data regarding number of iCORTS operating and number of admissions to iCORTS will be submitted quarterly to the Division of Adult Services.

New Data Source(if needed):

Description of Data:

Regions 1,2,7,11, and 14 will operate Mississippi's first iCORTS for adults with severe and persistent mental illness to help people remain in the community and avoid placement in state hospitals. The Division of Adult Services will collect the data regarding number served on a quarterly basis from the five (5) CMHCs operating iCORTS.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Baseline data will be gathered in FY 2020. Data issues/caveats that may affect target achievement are currently unknown.

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 FY20, 115 individuals were served by six (6) Intensive Community Outreach Recovery Teams (iCORT). iCORTs are operated by CMHCs. These teams provide intensive, mobile services to people who have severe and persistent mental illness. An iCORT has fewer staffing requirements and higher staff-client ratios than a traditional PACT Team, allowing them to target more rural areas where there may be staffing issues or clients are spread over a large geographical area. An iCORT is staffed with a registered nurse, a master's level mental health therapist, a Certified Peer Support Specialist, an administrative assistant, and can also utilize a part-time Community Support Specialist.

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:

Expand employment options for adults with serious and persistent mental illness to employ individuals with serious and persistent mental illness by increasing referrals

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals with SMI who are gainfully employed; Number of referrals made to MDRS

Baseline Measurement: In FY 2016, four (4) program sites helped 102 individuals become gainfully employed.

First-year target/outcome measurement: 250 individuals employed; 175 referrals made to MDRS

Second-year target/outcome measurement: 300 individuals employed; 180 referrals made to MDRS

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

Data Source:

Supported Employment programs submit data quarterly to DMH including the number of individuals with serious mental illness who are employed and the number of referrals made to MDRS.

New Data Source(if needed):

Description of Data:

As of June 2019, supported employment is provided in Regions 2,3,4,7,8,9,10,11,12,14,and 15 These sites submit data quarterly to DMH including the number of individuals with serious mental illness who are employed. In FY 2018, supported employment programs assisted 257 individuals on their road to recovery by helping them to become employed in the openly competitive job market

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are no data issues/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):

There were 280 people employed through supported employment programs in FY20. In addition to Individual Placement and Support (IPS) Supported Employment sites in Regions 2, 7, 10, and 12, DMH has partnered with the Mississippi Department of Rehabilitation Services for a Support Employment Expansion program that began in Regions 3, 4, 8, 9, 11, 14, and 15 during FY20. Through the collaboration, CMHCs have hired or designated Supported Employment Specialists to work alongside vocational rehabilitation counselors to coordinate employment services and monitor the health of the employees.

Priority #: 14

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 of children/youth with SED throughout the state

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of training and workshops

Baseline Measurement: In 2015, 110 workshops/support groups/trainings were conducted by NAMI.

First-year target/outcome measurement: 135

Second-year target/outcome measurement: 140

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 is submitted quarterly to DMH.

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/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:

NAMI-MS provided 21 trainings and workshops to individuals with SMI and family members of individuals with SMI and children and youth with SED in FY 2020. During FY 2020, COVID-19 brought in-person trainings to a halt to ensure the safety of training participants. Additionally, NAMI-MS experienced a change in leadership, and a new Executive Director was appointed to lead the agency in FY 2020. These two issues had an effect on the number of trainings that could be offered. NAMI-MS is working to be able to provide trainings in a virtual format. However, the lack of participants' access to technology creates a barrier to the virtual learning format.

How first year target was achieved (optional):

Priority #: 15

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:

DMH will offer technical assistance to providers after POM reports are released to providers

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of visits to conduct POM interviews at CMHCs

Baseline Measurement: In FY 2015 and 2016, 350 POM interviews were conducted during certification visits to the CMHCs.

First-year target/outcome measurement: 8 POM interview visits

Second-year target/outcome measurement: 8 POM interview visits

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

Data Source:

The number of Personal Outcome Measure (POM) visits 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) Interview visits 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 currently no data issues/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:

In FY20, 6 out of 8 POM interview visits were able to be conducted. The two additional visits needed to achieve the goal were unable to be conducted due to the safety guidelines that were mandated by the CDC and the Mississippi Department of Health during the COVID-19 pandemic.

How first year target was achieved (optional):

Priority #: 16

Priority Area: Community Integration

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Enhance the transition process of people to a less restrictive environment

Strategies to attain the goal:

Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help individuals identify and understand their personal wellness resources

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Wellness Recovery Action Plans begun prior to discharge from behavioral health programs

Baseline Measurement: In FY 2019, 338 Wellness Recovery Action Plans were begun prior to discharge

First-year target/outcome measurement: 400

Second-year target/outcome measurement: 500

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

Data Source:

The number of Wellness Recovery Action Plans begun prior to discharge is submitted by the behavioral health programs to DMH on a quarterly basis.

New Data Source(if needed):

Description of Data:

The number of Wellness Recovery Action Plans begun prior to discharge at the behavioral health programs is submitted quarterly to DMH. Wellness Recovery Action Plans (WRAP) is part of the transition process, which provide people with a self-directed wellness tool upon discharge to support the individual as he/she transitions from a higher level of treatment into a more integrated treatment setting in the community. A total of 338 WRAPs were conducted at the pilot program (NMSH). In addition, SMSH conducted 364 WRAPs.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are no data issues/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 FY20, 734 Wellness Recovery Action Plans were begun prior to discharge. Wellness Recovery Action Plans completed at the behavioral health programs help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness. 358 WRAPs were completed at North Mississippi State Hospital, 325 were completed at South Mississippi State Hospital, and 51 were completed at East Mississippi State Hospital due to a delay in receiving WRAP booklets.

Priority #: 17

Priority Area: Evidence-Based Practices

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Provide trainings in evidence-based and best practices to a variety of stakeholders

Strategies to attain the goal:

Offer Youth Mental Health First Aid to school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of YMHFA trainings

Baseline Measurement: In FY 2019, 28 YMHFA trainings were offered to parents and school personnel

First-year target/outcome measurement: 45

Second-year target/outcome measurement: 45

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

Data Source:

Trainings conducted are submitted monthly by certified YMHFA trainers within the DMH and across the state on a monthly basis.

New Data Source(if needed):

Description of Data:

This data is collected by the Bureau of Outreach and Planning which oversees all outreach efforts including internal and external communications, public awareness campaigns, trainings, statewide suicide prevention, and special projects. Trainings conducted are submitted on a monthly basis by trainers across the state certified in YMHFA.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are currently no data issues/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:

In FY 20, 35 YMHFA trainings were provided. Of the trainings offered, there were 24 school districts represented by participants in the trainings. Though training was halted by the COVID-19 pandemic, Mental Health Awareness Training Grant (MHAT) staff developed two virtual trainings, "Helping Youth During COVID-19" and "Focusing on Your Mental Health during COVID-19," which have respectively reached 1,300 people of June 30. A virtual Mental Health First Aid training curriculum was released in June 2020, and MHAT staff have begun offering trainings in this new, virtual format. Due to COVID-19, 17 MHFA trainings that were scheduled during March 2020 and June 30, 2020, had to be cancelled due to quarantine and social distancing restrictions regarding the pandemic.

How first year target was achieved (optional):

Priority #: 18

Priority Area: Evidence-Based Practices

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Provide trainings in evidence-based and best practices to a variety of stakeholders

Strategies to attain the goal:

Partner with stakeholders to expand Crisis Intervention Team Training

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of officers trained in CIT

Baseline Measurement: In FY 2019, 170 officers were trained in CIT.

First-year target/outcome measurement: 175

Second-year target/outcome measurement: 180

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

Data Source:

At the conclusion of each CIT Training, a list of graduates is submitted to DMH by the seven counties providing CIT.

New Data Source(if needed):

Description of Data:

The Division of Adult Services within the Bureau of Behavioral Health Services collects the data from graduation lists submitted by the counties providing CIT. The lists are submitted following each graduation (Desoto County, Jones County, Lauderdale County, Forrest County, Lamar County, Pike County, and Harrison County).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There are no data issues/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:

In FY20, there were 143 officers trained and nine classes held in CIT, despite having no classes held in the last quarter of the year due to the COVID-19 pandemic.

How first year target was achieved (optional):

Priority #: 19
Priority Area: Co-occurring Disorders
Priority Type: SAT
Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

Strategies to attain the goal:

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Determine the co-occurring level of the Community Mental Health Centers (CMHCs) by way of a DDCMHT assessment. (Co-occurring Level will either be Co-Occurring Capable or CoOccurring Enhanced).
Baseline Measurement:	In grant year 2017-2018, 0% of the CMHCs Co-Occurring Conditions was identified. In grant year 2018-2019 2 providers were identified as COE.
First-year target/outcome measurement:	Provide TA/Training to at least 2 CMHCs that scored lowest on the DDCMHT assessment.
Second-year target/outcome measurement:	Provide TA/Training to at least 2 additional CMHCs that scored lowest on the DDCMHT assessment.
New Second-year target/outcome measurement(if needed):	
Data Source:	DDCMHT Scoring Results

New Data Source(if needed):

Description of Data:

DDCMHT Scoring Results

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Obtaining the by-in from the CMHCs during the re-assessment process.
Willingness of the provider to embrace the changes needed as a result of the DDCMHT assessment.

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 19, two out of five agencies participated and successfully completed training. Catholic Charities and Region Nine (9) completed their Agency TA/Training plans.

In FY 20, nine (9) agencies participated and completed training. Region 3, Region 1, Harbor House, Region 8, MS State Hospital, Region 4, Alcohol Services Center, Region 2, and Region 11 were sent invitations to begin their Agency's TA/Training plan. Seven of the nine have begun trainings and have either completed or are close to completion.

Priority #: 20
Priority Area: Recovery Supports - Peer Support
Priority Type: SAT
Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

To decrease recidivism in Mississippi.

Strategies to attain the goal:

Recovery support plans will become part of the client record.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of Certified Peer Support Specialists by 5%.
Baseline Measurement: Currently there are 90 certified recovery support specialists in the state for SUD.
First-year target/outcome measurement: Increase the number of peer support specialists by 3%.
Second-year target/outcome measurement: Increase the number of peer support specialists by an additional 2%.
New Second-year target/outcome measurement(if needed):

Data Source:

Workforce development training database.

New Data Source(if needed):

Description of Data:

The workforce development division of DMH certifies peer support specialists for the agency.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None foreseen

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):

At the end of FY20, there were 271 CPSSs (actively employed) in Mississippi. The CPSS program has expanded with designations of Parent/Caregiver CPSS, CPSS Young Adult, and CPSS – Recovery. Mississippi’s held five CPSS Trainings in FY20. During the year, six young people participated in the CPSS Young Adult training, which was developed in conjunction with NAMI Mississippi. Also in FY20, a total of 33 Parent/Caregiver designations were received. DMH also continues to use CPSS Ambassadors to support CPSSs and educate interested stakeholders about peer support. FY20 is the first year to utilize CPSS Ambassadors to support CPSSs upon hire and provide individualized support for up to six months.

Indicator #:

2

Indicator:

Increase the overall number of Certified Peer Support Specialists – Recovery

Baseline Measurement:

Currently there are 0 Certified Peer Support Specialists- Recovery in the state for SUD.

First-year target/outcome measurement:

Increase the number of Certified Peer Support Specialists – Recovery by 2.

Second-year target/outcome measurement:

Increase the number of Certified Peer Support Specialists -Recovery by an additional 2%.

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

Data Source:

Workforce development training database.

New Data Source(if needed):

Description of Data:

The workforce development division of DMH trains and certifies Peer Support Specialists – Recovery

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

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 numbers increased from 0 to 25, which was a 250% increase in CPSS-Recovery.

The Bureau of Alcohol and Drug Addiction Services (BADAS) developed and implemented a new Recovery Module for the current CPSS training. The new module is called CPSS-Recovery. The first class for the new recovery module was held in September, 2020. There were 25 participants in which they all passed the final exam and were sent certifications.

A second training was scheduled for November 2020 but was cancelled because of low interest in participating due to both the COVID-19 pandemic and the training being so close to the Thanksgiving holiday. The next training is scheduled in early 2021 that will include the always improving RECOVERY Module.

Priority #: 21
Priority Area: Pregnant Women and Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

To ensure the delivery of quality specialized services to pregnant women and women with dependent children.

Strategies to attain the goal:

Strategies to Obtain the Goal: The Department of Mental Health's (DMH) Bureau of Alcohol and Drug Services (BADS) will continue to certify and provide funding to support fourteen (14) community-based primary residential treatment programs for adult females and males. While all of the programs serve pregnant women, there are two specialized programs that are equipped to provide services for the duration of the pregnancy. Six (6) free-standing programs are certified by the DMH, making available a total of twenty (20) primary residential substance abuse treatment programs located throughout the 14 community mental health regions.

In addition to the substance use disorder treatment, these specialized primary residential programs will provide the following services: 1) primary medical care including prenatal care and childcare; 2) primary pediatric care for their children including immunization; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, parenting, and child care while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may, among other things address their developmental needs and issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided in (1) through (4).

The DMH Operational Standards require that all substance abuse programs must document and follow written policies and procedures that ensure:

- Pregnant women are given priority for admission;
- Pregnant women may not be placed on a waiting list. Pregnant women must be admitted into a substance abuse treatment program within forty-eight (48) hours;
- If a program is unable to admit a pregnant woman due to being at capacity; the program must assess, refer, and place the individual in another certified DMH certified program within 48 hours;
- If a program is unable to admit a pregnant woman, the woman must be referred to a local health provider for prenatal care until an appropriate placement is made;
- If a program is at capacity and a referral must be made, the pregnant woman must be offered an immediate face to face assessment at the agency or another DMH certified provider. If offered at another DMH certified program, the referring program must facilitate the appointment at the alternate DMH certified program. The referring provider must follow up with the certified provider and program to ensure the individual was placed within forty-eight (48) hours.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percentage of women served who successfully completed treatment.
Baseline Measurement:
First-year target/outcome measurement: Increase by 2% the number of pregnant women who successfully complete treatment during 2019-2020.
Second-year target/outcome measurement: Increase by an additional 1% the number of pregnant women who successfully complete treatment during 2020-2021.
New Second-year target/outcome measurement(if needed):
Data Source:

Annual SABG Monitoring visits, Central Data Repository, and Programs will provide policy and procedures ensuring priority is given to pregnant women.

New Data Source(if needed):

Description of Data:

Addictive Services will conduct SABG monitoring visits annually to ensure programs are giving priority to pregnant women. Treatment episode data sets will be used to determine the number of pregnant women who successfully complete treatment each year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Funding issues could affect the availability of services.

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):

A total of 137 pregnant women were served in FY 20 (First Target Year - July 1, 2019 to June 30, 2020).
Region 1: 50PW, Region 2: 8PW, Region 3: 7PW, Region 4: 1 PW, Region 6: 6PW, Region 7: 5PW, Region 8: 1PW, Region10: 1PW, Region 13: 5PW, Region 15: 1PW, Born Free: 13 PW, and Harbor House: 13PW.

Priority #: 22
Priority Area: HIV
Priority Type: SAT
Population(s): EIS/HIV

Goal of the priority area:

To increase the number of individuals in all substance use disorders treatment services to know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.

Strategies to attain the goal:

Substance use disorder providers will fervently encourage HIV testing, explicitly explain the benefits, provide education and immediately after, offer testing.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Individuals receiving substance use disorder services will know their HIV status and become aware and /or increase awareness of the severity of HIV/AIDS, tuberculosis and sexually transmitted diseases.
Baseline Measurement:	Currently there is no baseline, because the data collection began July 2019.
First-year target/outcome measurement:	Fifty percent (50%) of individuals in all substance use disorder treatment services will know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.
Second-year target/outcome measurement:	Sixty percent (60%) of individuals in all substance use disorder treatment services will know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.

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

Data Source:

MS Department of Health STD/HIV Office-Prevention Branch

New Data Source(if needed):

Description of Data:

An HIV Early intervention Services Reporting Form will be completed by all substance use disorders providers monthly to report data to the Mississippi Department of Health. The Mississippi Department of Mental Health, Bureau of Behavioral Health/Addictive Services will receive a yearly summary.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Individuals receiving substance use disorder services may opt out of taking an HIV test.

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 Department of Mental Health continues to work with the Department of Health (HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis) to:

1. Offer HIV testing
2. Strongly encourage HIV testing
3. Explicitly explain the benefits of HIV testing
4. Provide education pertaining to (a) modes of transmission; (b) preventative measures; (c) accessible community resources; and (d) treatment for HIV/AIDS, sexually transmitted diseases, hepatitis, and tuberculosis

As a result of the collaboration between the MS Department of Mental Health and the MS Department of Health, through education and HIV rapid testing, seventy-four percent (74%) of individuals in substance use disorder treatment services are acutely aware of:

1. Their HIV status
2. Modes of transmission for HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis
3. Preventative measures for HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis
4. Accessible community resources for HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis
5. Treatment for HIV/AIDS, sexually transmitted diseases, and tuberculosis

Individuals receiving HIV rapid testing and education on the risk factors for HIV/AIDS, tuberculosis, sexually transmitted diseases, and hepatitis has increased seventy-four (74%) according to the MS Department of Health fiscal year 20 data report.

Priority #: 23

Priority Area: IV Drug Users

Priority Type: SAT

Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

The proportion of IV Drug Users who were admitted into treatment and who successfully completed treatment.

Strategies to attain the goal:

- All DMH certified substance abuse programs must document and follow written policies and procedures that ensure:
- A. Individuals who use IV drugs are provided priority admission over non-IV drug users.
 - B. Individuals who use IV drugs are placed in the treatment program identified as the best modality by the assessment within forty-eight (48) hours.
 - C. If a program is unable to admit an individual who uses IV drugs due to being at capacity, the program must assess, refer and place the individual in another certified DMH program within forty-eight (48) hours.
 - D. If unable to complete the entire process as outlined in sectioned C., DMH Office of Consumer Support must be notified immediately by fax or email using standardized forms provided by DMH. The time frame for notifying DMH of inability to place an individual who uses IV drugs cannot exceed forty-eight (48) hours from the initial request for treatment from the individual.
 - E. If a program is at capacity and a referral must be made, the referring provider is responsible for assuring the establishment of alternate placement at another certified DMH program within forty-eight (48) hours.
 - F. The referring provider is responsible for ensuring the individual was placed within forty-eight (48) hours.
 - G. In the case there is an IV drug user that is unable to be admitted because of insufficient capacity, the following interim services will be provided:
 - 1. Counseling and education regarding HIV, Hepatitis, and TB, the risks of sharing needles, the risk of transmission to sex partners and infants, and the steps to prevent HIV transmission; and
 - 2. Referrals for HIV, Hepatitis, and TB services made when necessary

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of IV drug users successfully completed treatment.

Baseline Measurement: 393 IV drug users complete treatment

First-year target/outcome measurement: Increase by 3% the number of IV Drug Users who successfully complete treatment after admission.

Second-year target/outcome measurement: Increase by 3.5% the number of IV Drug Users who successfully complete treatment after admission.

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

Data Source:

Annual Monitoring visits. Programs will provide policy and procedures ensuring priority is given to IV drug users.

New Data Source(if needed):

Description of Data:

BB/ADS will conduct monitoring visits annually to ensure programs are giving priority to IV drug users. Treatment episode data sets will be used to determine the number of IV drug users who successfully complete treatment each year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None foreseen

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:

The number of IV drug users that completed substance use disorder treatment has decreased 29% according to the Department of Mental Health data repository.

How first year target was achieved (optional):

Priority Area: Prescription Drug Use
Priority Type: SAP
Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College)

Goal of the priority area:

To reduce the number of prescriptions and dosage units.

Strategies to attain the goal:

Provide education through media campaigns, town hall meetings, and healthcare policy and practice changes.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Adolescent Past 30 Day Prescription Drug Use
Baseline Measurement: 3.4% of 6-11th graders report using prescription drugs that were not prescribed to them by
First-year target/outcome measurement: Reduce the baseline prevalence estimate by .5% in year one
Second-year target/outcome measurement: Reduce the baseline prevalence estimate by 1% in year two
New Second-year target/outcome measurement(if needed):

Data Source:

Smarrtrack

New Data Source(if needed):

Description of Data:

Smarrtrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

We are currently investigating new forms of data collection. We will request technical assistance in this area.

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:

Mississippi (MS) SmartTrack Survey staff were in the process of coordinating a surveying schedule with MS school districts aimed to target 50,000-100,000 middle and high school students in both private and public schools when the COVID-19 pandemic evolved. The state's primary data source for implementation of services and data-driven decision making has been revitalized and is awaiting administration.

How first year target was achieved (optional):

Indicator #: 2
Indicator: Perception of Harm
Baseline Measurement: In 2016, 3.4% of Mississippi youth in grades 6-11 reported having used prescription drugs

First-year target/outcome measurement: Reduce the baseline prevalence estimate of youth in grades 6-11 that report having used prescription drugs in a way other than how they were prescribed by .5% during the first year

Second-year target/outcome measurement: Reduce the baseline prevalence estimate of youth in grades 6-11 that report having used prescription drugs in a way other than how they were prescribed by 1% during the second

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

Data Source:

SmartTrack

New Data Source(if needed):

Description of Data:

Smarttrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None foreseen

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:

Mississippi (MS) SmartTrack Survey staff were in the process of coordinating a surveying schedule with MS school districts aimed to target 50,000-100,000 middle and high school students in both private and public schools when the COVID-19 pandemic evolved. The state's primary data source for implementation of services and data-driven decision making has been revitalized and is awaiting administration.

How first year target was achieved (optional):

Priority #: 25

Priority Area: Alcohol Use

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College)

Goal of the priority area:

Reduce alcohol use and substance abuse to protect the health, safety, and quality of life for Mississippi adolescents and young adults

Strategies to attain the goal:

BADS prevention programs will provide information to communities about the increased risk associated with early exposure to alcohol and its potential negative consequences.

BADS prevention programs will work with local community coalitions to implement local policies that will lower alcohol consumption among youth.

BADS prevention programs will continue to implement evidence-based practices, programs, and strategies aimed at reducing underage drinking and alcohol abuse.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Adolescent Past Month Alcohol Use
Baseline Measurement: 8.8% (21,000) of youth ages 12-17 reported Alcohol Use during the Past Month, 2014-2015
First-year target/outcome measurement: Reduce the baseline prevalence estimate by .5% in year one
Second-year target/outcome measurement: Reduce the baseline prevalence estimate by 1% in year two

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

Data Source:

NSDUH

New Data Source(if needed):

Description of Data:

Smarttrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None foreseen

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:

The baseline prevalence estimate was not reduced by .5% in year one. Based on 2017-2018 NSDUH state data, 8.71% of youth ages 12-17 reported alcohol use during the past month in the state of Mississippi.

How first year target was achieved (optional):

Indicator #: 2
Indicator: Young Adult Past Month Alcohol Use
Baseline Measurement: 46.9% (158,000) of young adults ages 18-25 reported alcohol use in the Past Month, 2014-2015 NSDUHs
First-year target/outcome measurement: Reduce the baseline prevalence estimate by .5% in year one
Second-year target/outcome measurement: Reduce the baseline prevalence estimate by 1% in year two
New Second-year target/outcome measurement(if needed):
Data Source:
NSDUH

New Data Source(if needed):

Description of Data:

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

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:

The baseline prevalence estimate was not reduced by .5% in year one. Based on 2017-2018 NSDUH state data, 8.71% of youth ages 12-17 reported alcohol use during the past month in the state of Mississippi.

How first year target was achieved (optional):

Priority #: 26
Priority Area: Marijuana Use
Priority Type: SAP
Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College)

Goal of the priority area:

Reduce marijuana use to protect the health, safety, and quality of life for Mississippi adolescents

Strategies to attain the goal:

BADS will continue to raise population level change on social norms pertaining to marijuana use among youth.

BADS will continue to raise and increase awareness of the developmental risk associated with early exposure to marijuana use and its potential immediate and long-term side effects.

BADS will continue to educate the general public across divers social groups (gender, race-ethnicity, educational levels, and sub-state regions) on the dangers of marijuana use through evidence based strategies.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Adolescent Past Month Marijuana Use
Baseline Measurement: 5.3% (13,000) of youth ages 12-17 reported marijuana use in the Past Month, 2014-2015
First-year target/outcome measurement: Reduce the baseline prevalence estimate by .5% in year one
Second-year target/outcome measurement: Reduce the baseline prevalence estimate by 1% in year two
New Second-year target/outcome measurement(if needed):

Data Source:

NSDUH

New Data Source(if needed):

Description of Data:

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None Foreseen

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:

The baseline prevalence estimate was reduced by .5% in year one. Based on 2017-2018 NSDUH state data, 41.93% of young adults ages 18-25 reported alcohol use during the past month in the state of Mississippi.

How first year target was achieved (optional):

Indicator #:

2

Indicator:

Young Adult Past Month Marijuana Use

Baseline Measurement:

13.9% (47,000) of young adults ages 18-25 reported Marijuana Use in the Past Month, 2014-2015 NSDUHs

First-year target/outcome measurement:

Reduce the baseline prevalence estimate by .5% in year one

Second-year target/outcome measurement:

Reduce the baseline prevalence estimate by 1% in year two

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

Data Source:

NSDUH

New Data Source(if needed):

Description of Data:

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None expected

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 baseline prevalence estimate was reduced by .5% in year one. Based on 2017-2018 NSDUH state data, 41.93% of young adults ages 18-25 reported alcohol use during the past month in the state of Mississippi.

Priority #: 27

Priority Area: Responding to the Opioid Crisis

Priority Type: SAT

Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

Implement or expand clinically appropriate evidence-based treatment service options and availability.

Strategies to attain the goal:

Implement and expand access to and utilization of evidence-based, FDA-approved medication assisted treatment (MAT), in combination with psychosocial interventions.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement or expand clinically appropriate evidence-based treatment service options and availability.

Baseline Measurement: 5 certified OTP's in the state.

First-year target/outcome measurement: 2 additional providers will be certified in the state.

Second-year target/outcome measurement: 2 additional providers will be certified in the state.

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

Data Source:

Certification database

New Data Source(if needed):

Review of additional data needed and collected through WITS and SOR II evaluation team to ensure that new programs have access to SOR II funding.

Description of Data:

The Certification database contains all certified providers and their certifications.

New Description of Data:(if needed)

The SOR II DMH team will work with DMH training unit to determine numbers of times that the SOR II page and/or Stand Up Mississippi page was accessed. This will allow us to ascertain the interests and needs related to certification and Opioid/Stimulant services. As the new DMH website is developed, Bureau of Alcohol and Drug Addiction Services (BADAS) will determine if there is a way to collect this interest and follow-up. BADAS will also work with the training unit to determine the best location for SOR II resources.

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

The DMH website is outdated. SOR II staff and the DMH training unit are looking at ways to assureThe updated website will be a great asset, but many Mississippians do not have access to internet. Providing OUD information in doctor offices, health clinics as well as at trainings and workshops are still relevant in Mississippi.

that programs that provide OUD services are given the opportunity to become certified by DMH and be considered for future funding.

Additionally, COVID 19 has been a barrier in that in-person trainings or workshops were halted in March of 2020 and continue to be cancelled due to increased COVID 19 numbers.

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):

This goal was achieved, as one additional provider (total of 3 providers) in three locations throughout the State has been certified. This was funded through the SOR Year Two (2) grant from October 1, 2019 through September 30, 2020.

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Footnotes:

Table 1 Priority 27 Indicator 2 - Identify and treat opioid abuse during pregnancy.

Second year target - Not Achieved

In last year's 2020 Report for Indicator 2 it states the second year target was not achieved. It also states the number of pregnant women served for opioid abuse was 10 and the data source was (Fairland, Harbor House, and Catholic Charities).

In the timeframe of this report (July 2019-June 30 2020), there were 13 pregnant or parents of dependent children(0-4) who received Opioid/stimulant services through the SOR funding. In addition, 30 children were provided lodging and services as their parent received life saving treatment for their Opioid/Stimulant addiction. This number is remarkable given the COVID shutdowns March 2020 to today. This increase in numbers speaks to the dedication and creativity of the SOR providers, providing life saving treatment while maintaining COVID safety requirements

Available treatment resources

With the addition of the Statewide Opioid funding, there are currently 3 SOR providers who provide specialized treatment for Pregnant and parenting (0-4 years)individuals in need of Opioid/Stimulant treatment. This funding has facilitated the addition of 30 beds available women who are pregnant or parenting dependent children in need of Opioid/Stimulant treatment. In addition, there are 24 beds available to men who have dependent children (0-4) and request Opioid/Stimulant services through SOR II funding. There are 3 locations throughout the state.

Born Free a program of Catholic Charities, is located in Jackson and has been serving this unique vulnerable population for over 25 years. They currently have 26 beds available for women who are pregnant or have dependent children (0-4)

Harbor House in Byram increased the number of beds for women who are pregnant or have dependent children (0-4). These 6 beds are located in a separate cottage on the Harbor House campus.

Fairlane House- a program of Region 1 currently offers 23 beds to women who are pregnant or have dependent children (0-4) in addition, there are 24 beds available for men who have dependent children (0-4) and seeking Opioid/Stimulant services. Fairlane prioritizes resources for this vulnerable population, however other individuals in need of treatment also utilize these resources.

These three programs provide services throughout Mississippi, referring to other SOR providers as needed. In addition, geographical location is a consideration in determining appropriate services for this vulnerable population.

Unique count for the time period – 13

Pregnant and Parenting (Unique Record Count)

1 Child = 4

2 Children = 0

3 Children = 0

Parenting

1 Child = 26

Barriers:

The primary barrier is the COVID 19 pandemic resulting in quarantine of in person meetings and gatherings. March 15 was the beginning of the COVID shutdown in Mississippi.

Since March, the quarterly in-person State SEOW meetings was not held for the first quarter and a zoom meeting occurred for the 2nd quarter. In the interim the SEOW Director passed away adding to the stressors of this group meeting.

The SEOW is restructuring to combine with other OPIOID related meetings to assure useful collaboration.

The Opioid Coordinator position was vacant until April of 2020. Since that time, she has been unable to schedule meetings with other state agencies. In addition, the Mississippi Department of Health and has been the primary agency leading the COVID 19 response.

Proposed Changes to achieve the Goal:

With the restructuring of the SEOW program that consists of many state agencies working on OPIOID treatment and recovery, there will be an opportunity to work within that group to create a pregnant and parenting task force.

Pregnant and Parenting Task force

A. Establish a task force from the newly formed group known previously as SEOW.

B. Review DMH current programs and assess resources with agencies serving women who are pregnant and/or have dependent children seeking Opioid treatment.

C. State Agency Expenditure Reports

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

Reporting Period Start Date: Reporting Period End Date:

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$1,897,209	\$11,115,640	\$12,623,844	<input checked="" type="radio"/> Actual <input type="radio"/> 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

Reporting Period Start Date: Reporting Period End Date:

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2 (C)
(A)	(B)	(C)
SFY 2018 (1)	\$27,845,549	
SFY 2019 (2)	\$36,013,991	\$31,929,770
SFY 2020 (3)	\$36,694,159	

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

SFY 2018	Yes	<u> X </u>	No	_____
SFY 2019	Yes	<u> X </u>	No	_____
SFY 2020	Yes	<u> X </u>	No	_____

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

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Footnotes:

3/4 MCRT (total \$4,752,500.60) expenditures included - deducted 1/4 , or \$1,188,125