

DMH FY22 Strategic Plan End of Year Report

Goal 1

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

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

<p>Outcome: Reduce the average wait time for acute psychiatric admissions to state hospitals</p>	<p>Off Track</p>	<p>11</p>	<p>MSH: 5 days EMSH: 18 days NMSH: 12 days SMSH: 9 days</p> <p>This is an increase from the FY21 average wait time of approximately 8 days. Staffing issues related to the COVID-19 pandemic issue have affected the availability of beds at behavioral health programs.</p>
<p>Outcome: Maintain readmission rates within national trends (National trend was 7.2% for FY19 for 0-30 days)</p>	<p>On Track</p>	<p>2.30%</p>	<p>MSH: 4.68% NMSH: 1% SMSH: 1.5% EMSH: 2%</p> <p>This is a decrease from 3.74% reported at the end of FY21.</p>
<p>Outcome: Continue to reduce the number of admissions to state hospitals through the use of community-based crisis services</p>	<p>On Track</p>	<p>1,684</p>	<p>MSH - 666 EMSH - 248 NMSH - 387 SMSH - 383</p> <p>This is a decrease from 1,784 reported in FY21.</p>
<p>Outcome: Reduce the amount of time for completed initial competency evaluations and reporting of findings to Circuit Courts</p>	<p>On Track</p>	<p>33</p>	<p>The average for FY22 is 33 days, with 144 reports completed during this time frame. This is a decrease from 37 days reported at the end of FY21.</p>
<p>Outcome: Reduce average length of stay for people receiving competency services</p>	<p>On Track</p>	<p>191</p>	<p>The FY22 average length of stay for competency restoration stays was approximately 191 days. This is a significant decrease of approximately 35%, down from 292 days reported in FY21.</p>

<p>Strategy: Strategy 1.1.1 Analyze the average wait time and readmission rates of state hospitals</p>			
<p>Output: Total number served at behavioral health programs (MSH, EMSH, NMSH, SMSH, STF, CMRC)</p>		<p>3,357</p>	<p>MSH - 1,533 STF - 84 EMSH - 883 NMSH - 426 SMSH - 431</p> <p>This is a decrease of approximately 4%, down from 3,409 served reported in FY21, and down from 3,687, or approximately 11%, reported in FY20. In addition to acute adult psychiatric services, MSH and EMSH also operate nursing homes and Substance Use Disorder units. MSH operates a Child and Adolescent Unit and the Forensic Services Unit, and EMSH operates transitional units that were formerly included as CMRC.</p>
<p>Output: Average wait time for acute psychiatric admissions</p>		<p>11</p>	<p>MSH: 5 days EMSH: 18 days NMSH: 12 days SMSH: 9 days</p>
<p>Output: % of occupancy — acute psychiatric care (all behavioral health programs)</p>		<p>89%</p>	<p>MSH: 76% EMSH: 90% NMSH: 93% SMSH: 98%</p> <p>The FY22 occupancy percentage averaged across all state hospitals is approximately 89%, an increase from 83% reported in FY21.</p>
<p>Output: % of occupancy — continued treatment (MSH)</p>		<p>100%</p>	<p>A decrease in the number of Continued Treatment Service beds operated by DMH (from 65 beds in FY20 to currently 60 beds) and the treatment of forensically-involved individuals on CTS has contributed to a 100% occupancy percentage.</p>
<p>Output: % of occupancy — MSH medical surgical hospital</p>		<p>19%</p>	
<p>Output: % of occupancy — chemical dependency (MSH)</p>		<p>80%</p>	<p>MSH - 77% EMSH - 83%</p>
<p>Output: % of occupancy — nursing homes (MSH and EMSH)</p>		<p>86%</p>	<p>MSH: 86% EMSH: 86%</p>
<p>Output: % of occupancy — children/adolescents (MSH)</p>		<p>76%</p>	
<p>Output: % of occupancy — transitional program (Newton Campus)</p>		<p>88%</p>	
<p>Output: % of occupancy — forensics (MSH)</p>		<p>72%</p>	

<p>Output: % of people readmitted 30 days after discharge (acute psychiatric)</p>		2.3%	<p>MSH: 4.68% NMSH: 1% SMSH: 1.5% EMSH: 2%</p>
<p>Output: % of people readmitted 180 days after discharge (acute psychiatric)</p>		7%	<p>MSH: 8% EMSH: 10% NMSH: 1% SMSH: 7%</p>
<p>Output: Total days of hospitalization at state hospitals (acute psychiatric)</p>		139,181	<p>MSH: 74, 671 EMSH: 31,738 NMSH: 16,050 SMSH: 16,722</p> <p>This is an increase from 138,042 in FY21.</p>
<p>Strategy 1.1.2 :Utilize expanded community-based services to reduce the reliance on institutional care</p>			<p>Crisis Stabilization Units have been awarded \$400,000 in CSU enhancement funds to increase security and resources to better serve more complex and physically aggressive individuals. These funds were awarded to assist in diversion efforts away from state hospitalizations and were part of \$5.8 million transferred from state hospital budgets. Region 12 was also awarded an Adjunct Adjudication with Affiants grant for \$89,000. This grant supports a master's-level therapist whose main responsibilities include assessments and pre-evaluation screens, both in an effort to divert individuals from inappropriate commitments.</p> <p>Several trainings have also been held with Chancery and Circuit Court personnel regarding commitment procedures and diversion. These trainings are intended to connect individuals involved in the commitment process with local services or other intensive community services in an effort to divert individuals from inpatient commitment.</p> <p>In addition, a Transformation Transfer Initiative grant from SAMHSA is supporting the hiring of four Court Liaisons to assist in diversion efforts. These will be hired in Regions 2, 4, 7, and 10. An allocation from General Funds has also been made to Regions 3 and 9 to each hire a Court Liaison. Region 6 previously utilized their Community Crisis Enhancement grant to hire six Civil Commitment Liaisons.</p> <p>Another TTI grant for Methodist Children's Home and Southern Christian Youth</p>

			Services proposed to implement two evidence-based programs in the treatment of Children and Youth. Methodist Children's Home will utilize the TAMAR-Y model to train clinicians and provide interventions to help children and youth identify trauma triggers and self-regulation of symptoms. Southern Christian Youth Services will implement the Transition to Independence Process (TIP) Model. The TIP Model is an evidence-supported strength-based youth-drive framework for individuals with emotional and behavioral difficulties.
Output: Number of admissions to MSH (acute psychiatric)		666	
Output: Number of admissions to EMSH (acute psychiatric)		248	
Output: Number of admissions to NMSH		387	
Output: Number of admissions to SMSH		383	
Strategy: Utilize community-based spanner services to reduce the wait time and length of stay for competency restoration services			<p>The Spanner Program has expanded and is now available to serve all 82 counties in Mississippi. During FY22, 800 individuals were served (334 served July - Dec 2021; 466 served Jan - June 2022). These individuals were from 38 counties: Hinds, Madison, Holmes, Simpson, Warren, Chickasaw, Okitibbeha, Lamar, Forrest, Jackson, Hancock, Copiah, Kemper, Harrison, Pearl River, Lincoln, Stone, Marshall, Clay, Adams, Smith, Scott, Lee, Clarke, Lauderdale, Rankin, Lowndes, Union, Itawamba, Yalobusha, Panola, Tate, Desoto, Carroll, Tishomingo, Alcorn, Tippah, and Walthall.</p> <p>The FY22 average length of stay for competency restoration was approximately 191 days. This is a significant decrease of approximately 35%, down from 292 days reported in FY21.</p>
Output: Average wait time for completed initial competency evaluation (Stage 1)		33	
Output: Average length of stay for competency restoration		191	
Output: Number of competency restoration admissions		37	This is an increase of approximately 28%, up from 29 admissions in FY21.

<p>Output: Number of counties served by a community-based spanner service</p>		82	<p>The Spanner Program has expanded services to connect individuals awaiting admission in jail to available outpatient services and reduce wait time and is now available to serve all 82 counties in Mississippi. During FY22, 800 individuals from 38 counties were served.</p>
<p>Strategy: Expand forensic bed capacity by renovation of existing unit on MSH campus</p>			<p>In July of 2022, the Bureau of Buildings accepted bids for project GS #412-187 to increase Forensic bed capacity via renovation of a building on MSH's campus. Two bids were accepted with the winning bid being awarded to Codaray Construction for a total construction contract amount of \$31,994,000. The construction contract was presented to and approved by the PPRB in September of 2022. Current planning suggests a Notice to Proceed being issued by early November 2022 with an estimated five hundred days to complete the work.</p>
<p>Output: % increase in forensic bed capacity</p>		0%	
<p>Objective 1.2 Enhance the transition process of people to a less restrictive environment</p>			
<p>Outcome: Improve the process for people transitioning from inpatient care to community-based care</p>	<p>On Track</p>		<p>In June 2021, DMH began holding a series of meetings with staff at DMH programs and CMHCs around the state to provide information and documentation related to the transition and referral process. These meetings continued into the summer of 2021 and FY22.</p> <p>The discharge planning for individuals receiving services at DMH's behavioral health hospitals begins at the time of admission and includes input from the person and/or their families.</p> <p>In April 2022, DMH established an Office of Utilization Review with the purpose of reviewing the utilization of behavioral health services for state-operated programs and key community-based services to focus on the prevention of unnecessary hospitalization/institutionalization and on avoiding unnecessary hospital readmissions. This includes audits of pre-evaluation screenings conducted by the CMHCs, discharge planning at the state hospitals, and technical assistance. DMH staff has worked with the court-appointed monitor and his team to revise all discharge planning forms.</p>

Outcome: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans	On Track		
Strategy: Strategy 1.2.1 Provide more effective transition from inpatient care to community-based care using the standardized transition process developed by the DMH/CMHC Transition Work Group			
Output: % of people linked to community provider prior to discharge		100%	
Output: % of people discharged with a two-week supply of medication and a prescription		100%	
Output: % of people who attend their first follow-up appointment with CMHC		68%	MSH: 68% EMSH: 63% NMSH: 74% SMSH: 66% The average across all four hospitals is approximately 68%, an increase from approximately 62% at the end of FY21.
Output: % of people who were contacted by the discharging state hospital after seven days		90%	MSH: 86% EMSH: 74% NMSH: 100% SMSH: 98%
Strategy 1.2.2: Transmit continuing care plans to next level of care within 24 hours of discharge			
Output: Percentage of people receiving services care plans that are transmitted to the next level of care within 24 hours of discharge		94%	MSH - 90% EMSH - 88% NMSH - 100% SMSH - 99.5%
Output: Percentage of discharge plans that begin at the time of admission		100%	
Output: Percentage of discharge plans that include input from the person and/or family members		100%	
Objective 1.3 Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements			
Outcome: Decrease the need for hospitalization by utilizing Programs of Assertive Community Treatment (PACT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment	On Track	760	760 clients received PACT services in FY22, an increase from 674 served in FY21. At the end of June 2022 there were 540 clients enrolled in PACT services, an increase over 506 who were enrolled at the end of FY21.

<p>Outcome: Decrease the need for hospitalization by utilizing Intensive Community Outreach Recovery Teams (ICORT) for people who have a serious mental illness, have had multiple hospitalizations and do not respond to traditional treatment</p>	<p>On Track</p>	<p>610</p>	<p>610 clients received ICORT services in FY22, an increase from 425 served in FY21. At the end of June 2022 there were 391 clients enrolled in ICORT, an increase from 291 who were enrolled at the end of FY21.</p>
<p>Outcome: Decrease the need for hospitalization by utilizing Intensive Case Management for people who have serious mental illness</p>	<p>On Track</p>	<p>1054</p>	<p>1054 clients received ICSS services in FY22, an increase from 938 who received services in FY21. At the end of June 2021 there were 450 clients enrolled in ICSS.</p>
<p>Outcome: Expand employment options for adults with serious and persistent mental illness through a partnership with Community Mental Health Centers and the Mississippi Department of Rehabilitation Services</p>	<p>On Track</p>		<p>Every CMHC region provides Supported Employment services. There were four Individual Placement and Support (IPS) sites located in Regions 2, 7, 10, and 12. DMH expanded IPS sites in Regions 4, 8, and 9 in the first half of FY22. In addition, a Supported Employment Expansion program conducted in partnership with DMH and MDRS provides Supported Employment services at the remaining CMHCs.</p> <p>In FY22 there were 219 people employed through Supported Employment services, 136 in IPS and 83 in SE Expansion.</p>
<p>Strategy 1.3.1 Utilize PACT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services</p>			<p>DMH provides funding for 10 PACT teams operated by Community Mental Health Centers.</p> <ul style="list-style-type: none"> - Region 3 operates one team serving Lee and Itawamba Counties - Region 4 operates two teams; one serves DeSoto County and one serves Alcorn, Prentiss, Tippah, and Tishomingo Counties - Region 6 operates one team serving Grenada, LeFlore, and Holmes Counties - Region 8 operates one team serving Rankin and Madison Counties - Region 9 operates one team serving Hinds County - Region 10 operates one team serving Lauderdale County - Region 12 operates two teams; one serves Forrest and Perry Counties and one serves Hancock and Harrison Counties - Region 15 operates one team serving Warren and Yazoo Counties
<p>Output: Number of PACT teams</p>		<p>10</p>	<p>Mississippi has 10 PACT teams operated by Community Mental Health Centers.</p>
<p>Output: Number of people served by PACT teams</p>		<p>760</p>	<p>During FY22, a total of 760 unique individuals received PACT services.</p>
<p>Output: Number of new admissions to PACT teams</p>		<p>234</p>	<p>There were 234 new admissions to PACT in FY22.</p>

Output: Number of patients referred to PACT teams by state hospitals		383	MSH: 229 EMSH: 92 NMSH: 34 SMSH: 28
Output: Number of patients accepted to PACT teams		52	In FY22, there were 52 patients admitted to PACT from state hospitals.
Output: Number of readmissions to state hospitals of people being served by a PACT team		31	31 of the 760 individuals served by PACT, or approximately 4%, were readmitted to state hospitals in FY22.
Strategy 1.3.2 Utilize ICORT to help people who have the most severe and persistent mental illnesses and have not maintained traditional outpatient services			<ul style="list-style-type: none"> - Region 1 operates one team and serves Coahoma, Quitman, Tallahatchie, and Tunica Counties - Region 2 operates two teams and serves Tate, Marshall, Panola, Lafayette, Yalobusha, and Calhoun Counties - Region 6 operates one team that serves Bolivar and Washington Counties - Region 7 operates two teams and serves Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties - Region 8 operates one team that serves Copiah, Lincoln, and Simpson Counties (Region 8 is still in the process of hiring staff) - Region 9 operates one team that serves Hinds County - Region 10 operates two teams that serve Leake, Scott, Newton, Smith, and Clarke Counties - Region 11 operates two ICORTs that serves Pike, Amite, Lawrence, Walthall, Franklin, Adam, Wilkinson, Claiborne, and Jefferson Counties - Region 12 operates three teams that serve Lamar, Pearl River, Marion, Jefferson Davis, Covington, and Jones County - Region 14 operates one team that serves George and Jackson Counties
Output: Number of ICORTs		16	At the end of June 2022 there were 16 ICORT teams state-wide. This is the first full year that 15 of those teams have been operational.
Output: Number of people served by ICORT		610	In FY22 there were 610 clients served by ICORT.
Output: Number of new admissions to ICORT		314	There were 314 new admissions to ICORT in FY 22.

Output: Number of patients referred to ICORT by state hospitals		417	MSH: 203 EMSH: 124 NMSH: 29 SMSH: 61
Output: Number of patients accepted to ICORT		102	In FY22, there were 102 patients admitted to ICORT from state hospitals.
Output: Number of readmissions to state hospitals of people being served by ICORT		39	39 of the 610 individuals served by ICORT, or approximately 6%, were readmitted to state hospitals in FY22.
Strategy 1.3.3: Utilize Intensive Case Management to help people who have the most severe and persistent mental illnesses			In FY21, DMH expanded funding for Intensive Community Support Services to cover any county in the state that did not have PACT or ICORT services or that had a low number of commitments. Each CMHC region has at least one ICSS coordinated service.
Output: Number of Intensive Case Managers		35	DMH provides funding to CMHCs for 35 ICSS around the state.
Output: Number of people receiving Intensive Case Management		1,054	During FY22, a total of 1054 unique individuals received ICSS services.
Output: Number of patients referred to Intensive Case Management by state hospitals		317	MSH: 185 NMSH: 8 SMSH: 17 EMSH: 107
Output: Number of readmissions to state hospitals of people being served by Intensive Case Management		79	79 of the 1054 total individuals served by ICSS, or approximately 7.5%, were readmitted to state hospitals in FY22
Strategy 1.3.4: Emphasize supported employment opportunities for people with SMI			DMH provides funding to every CMHC to provide Supported Employment services.
Output: Number of businesses contacted for employment opportunities		15,017	During FY22, Supported Employment Specialists reported 15,017 business contacts on behalf of their clients.
Output: Number of people employed		219	In FY22, 219 people began new employment through the Supported Employment Program. 136 of those were in IPS sites, and 83 were in SE Expansion.
Output: Number of referrals made to Mississippi Department of Rehabilitation Services		272	During FY22, 272 individuals were referred to MDRS. 125 of these referrals were from Supported Employment Expansion, and 147 of these referrals were from IPS.

Objective 1.4 Strengthen the state’s crisis response system to maximize availability and accessibility of services			
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Crisis Stabilization Units	On Track		Currently there are 14 CSUs and 184 CSU beds available for diversion around the state. This is an increase of eight beds compared to the end of FY21 due to the opening of the new CSU in Natchez in October 2021. There were 3,108 admissions to CSUs in FY22. Of the 2,968 people discharged from the CSUs during this time period, 269 were discharged to a state hospital, for a diversion rate of approximately 90.94%.
Outcome: Divert people from more restrictive environments such as jail and hospitalizations by utilizing Mobile Crisis Response Teams	On Track		Of the 30,571 total calls, contacts, and follow-ups with Mobile Crisis Response Teams, there were 11,657 face-to-face visits made, with 4,929 individuals requiring a higher level of care.
Outcome: Utilize community crisis homes for successful continuation in the community	On Track		DMH currently has five four-bed crisis diversion homes and plans to fund five additional homes in FY23.
Strategy 1.4.1: Offer short-term inpatient crisis services to adults experiencing severe mental health episodes which if not addressed would likely result in the need for inpatient care			DMH provides funding for 184 CSU beds around the state, but bed capacity has been reduced at times due to staffing availability based on issues caused by the COVID-19 pandemic. With supplemental funding from the federal block grants made available due to the pandemic, DMH is now funding a Certified Peer Support Specialist at each CSU. SAMSHA’s National Guidelines for Behavioral Health Crisis Care recommends having peer support integrated into crisis programs such as mobile crisis and crisis stabilization. Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues beyond the resolution of the immediate crisis
Output: Diversion rate of admissions to state hospitals		90.94%	
Output: Average length of stay		13	
Output: Number of involuntary admissions vs. voluntary admissions		3,108	Of the 3,108 total admissions in FY22, 1,704 were involuntary and 1,404 were voluntary.
Output: Number of crisis stabilization beds		184	

Strategy 1.4.2: Offer mobile crisis response to assess and stabilize crisis situations			
Output: Number of contacts/calls		30,571	Total contacts/calls for FY22. This is a decrease from 34,483 in FY21.
Output: Number of face-to-face visits		11,657	
Output: Number referred to a CMHC and scheduled an appointment		9,332	
Output: Number of encounters with law enforcement		3,536	
Output: Number of people who need a higher level of care		4,929	
Strategy 1.4.3: Offer short-term crisis supports by evaluating needs so people are connected to appropriate services and supports			
Output: Number served in community crisis homes and safe beds		53	
Output: Number transitioned with appropriate supports		39	
Output: Average length of stay		182	Average length is 6 months.
Objective 1.5: Connect people with serious mental illness to appropriate housing opportunities			
Outcome: Increase the number of people who have a serious mental illness who are living in Supportive Housing (CHOICE)	On Track	239	<p>In FY22, 239 people were served through CHOICE. At the end of June 2022, 130 people were enrolled in CHOICE housing. All of the people housed through CHOICE are recipients of CMHC services. In FY22, 121 new clients were housed; Mississippi United to End Homelessness (MUTEH) housed 60 people and Open Doors Homeless Coalition housed 61.</p> <p>There were 73 housed through CHOICE in the first half of FY22, and 48 housed in the second half of FY22.</p> <p>In FY22, due to staffing limitations, individual incomes, other placement options, and changes in property managers, a lower number of individuals were housed in the second half of the fiscal year.</p>

<p>Outcome: Increase opportunities for individuals to transition from inpatient care to community-based care by utilizing Community Transition Homes</p>	<p>On Track</p>		<p>Three individuals were discharged to the Community Transition Homes in FY22. Individuals ready for discharge are screened for criteria for transition to one of the homes. Transition depends on an individual meeting criteria and openings available at the homes.</p> <p>There are currently three Community Transition Homes in operation. MSH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi have partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. Region 8 operates two four-bed homes for women and Region 9 operates a home for four men. These homes provide an opportunity to live in the community for individuals who have been in the long term Continued Treatment Service unit at Mississippi State Hospital.</p>
<p>Outcome: Decrease the need for hospitalization by utilizing Supportive and Supervised Living opportunities at Community Mental Health Centers</p>	<p>On Track</p>		<p>Out of the 283 people served by supervised and supported living, only two were readmitted to the state hospital.</p>
<p>Strategy 1.5.1: Provide people with a serious mental illness who are housed as a result of the Supportive Housing with the opportunity to live in the most integrated settings in the communities of their choice by offering an adequate array of community supports/services</p>			<p>In July 2021, additional funding was provided to CHOICE for hiring staff to conduct assessments to evaluate appropriateness for CHOICE housing voucher assistance. All people in Supported Housing are fully integrated into the community with myriad wraparound support services from the CMHCs.</p>
<p>Output: Number of assessments provided</p>		<p>218</p>	<p>218 people received assessments out of a total of 223 referrals to CHOICE in FY 22.</p>
<p>Output: Number of people served in Supportive Housing (CHOICE)</p>		<p>239</p>	<p>There were 239 people Served through CHOICE housing vouchers in FY22. This is an increase from 215 served in FY21.</p>
<p>Output: Number of readmissions to state hospitals of people served in Supportive Housing</p>		<p>2</p>	<p>Out of 239 people served by CHOICE, only two had to be admitted to a state hospital in FY22. This is approximately 0.8%</p>
<p>Strategy 1.5.2: Transition people who have been served on the Continued Treatment Service and are in need of 24-hour supervision to appropriate community-based services and supports</p>			

Output: Number of people transitioned from Continued Treatment Services to the community (including EMSH community homes, group homes, and personal care homes)		7	
Output: Number of people transitioned to the Community Transition Homes		3	Individuals ready for discharge are screened for criteria for transition to one of the community transition homes. Transition depends on individual meeting criteria and openings available at the homes.
Output: Number of civilly committed people served in Continued Treatment beds		59	
Strategy 1.5.3: Utilize Supervised and Supportive Living to provide opportunities for people to live in integrated settings in the communities of their choice			People in this service can work, go to school, attend the church, or take part in any other community-based activities of their choice.
Output: Number of people served by Supervised and Supportive Living		283	In FY22 there were 283 people served by Supervised and Supported Living. The number on roll on July 1, 2021 should have been 224 with 28 new clients enrolled during this time. During the second half of FY22, there were 31 new clients enrolled, for a total of 59 new enrollments for FY22.
Output: Number of new admissions to Supervised and Supportive Living		59	
Output: Number of readmissions to state hospitals of people served in Supervised and Supported Living		2	Out of the 283 people served in Community Living in FY22, two people had to go to a state hospital.
Objective 1.6: Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process			
Outcome: Increase the number of peer support specialists employed in the state mental health system by 10%	Off Track	-9.40%	As of June 30, 2022, there were 240 Certified Peer Support Specialists employed within the state mental health system. In addition, there are reportedly 11 employed Peer Support Specialists and 9 volunteer Peer Support Specialists at providers who are not certified by DMH. This is a total of 260 employed peer support professionals who have received training. The 260 peer support professionals employed at end-year FY22 reflects a decrease of approximately 9.4% from the 287 employed peer support professionals reported at end-year FY21.

<p>Outcome: Increase the number of peer support specialists trained</p>	<p>On Track</p>	<p>230</p>	<p>During FY22, a total of 6 Virtual CPSS Trainings were held during the months of July, September, November, January, March, and May. These trainings produced 161 trained peer support specialists. Ten peers returned to be trained in a second designation during this time period. A total of 3 Peer Bridger trainings were held in September 2021, March 2022, and June 2022. These trainings produced 69 trained Peer Bridgers.</p> <p>The 230 total peers trained in FY22 is an approximate 67% increase over the 138 trained in FY21.</p>
<p>Outcome: Expand the Peer Bridger Program at all state hospitals</p>	<p>On Track</p>		<p>By the end of FY22, all providers with the Peer Bridger program had received funding for implementation of the program, including all 13 CSUs, all 13 CMHCs, and the four state hospitals. Although these services have begun to be implemented by several providers, some providers continue their search in securing Peer Bridger staff as of June 30, 2022. All providers have either a trained Peer Bridger Supervisor or have received the training manual to begin implementing the program. During FY22, a total of three Peer Bridger trainings and three Peer Bridger Supervisor trainings were held in September 2021, March 2022, and June 2022.</p>
<p>Outcome: Increase the number of CPSSs trained as WRAP facilitators</p>	<p>On Track</p>		<p>WRAP facilitation trainings (Seminar I) were held: January 10-11, 2022, February 23-24, 2022, and June 21-22, 2022. WRAP facilitation training (Seminar II) was held on April 4-8, 2022. These trainings produced 42 Seminar I level peers and 11 Seminar II level peers.</p>
<p>Strategy 1.6.1: Conduct outreach to stakeholders to increase the number of CPSSs and trained CPSS supervisors</p>			<p>The Association of Mississippi Peer Support Specialists (AMPSS) was instrumental in working with DMH to produce 161 trained peer support specialists in FY22. Of those, 69 achieved employment with DMH Certified Providers to become Certified Peer Support Specialists (CPSS). Also trained during FY22 were 35 trained CPSS Supervisors. AMPSS and support staff also conducted continuing education and technical assistance trainings in August 2021, September 2021, May 2022, and June 2022.</p>

Output: Number of peers/family members trained as CPSSs		161	During FY22, a total of 161 people took part in Certified Peer Support Specialist training. Of those, 69 family members and peers became trained and Certified Peer Support Specialists, which means they have achieved employment at a DMH Certified Provider. Of the 69 CPSSs trained, 59 were newly-certified, with 10 of those peers returning to become trained and certified in a second designation.
Output: Number of CPSSs employed		240	This does not reflect trained Peer Support Specialists who are employed at non-DMH Certified Providers.
Output: Number of DMH Certified Providers employing CPSSs		60	
Output: Number of CPSS supervisors trained		35	During FY22, a total of 35 CPSS supervisors were trained.
Output: Number of CPSS supervisor trainings		3	During FY22, a total of 3 CPSS Supervisor trainings were held in September 2021, January 2022, and April 2022.
Strategy 1.6.2: Train and employ CPSSs to serve as Peer Bridgers at state hospitals to improve the transition process			A total of 3 Peer Bridger trainings were held in September 2021, March 2022, and June 2022. These trainings produced 69 trained Peer Bridgers. As of June 30, 2022, Peer Bridgers were employed at all four state hospitals, the CMHCs in Regions 1, 2, 3, 4, 6, 11, 12, 14, and 15 and at the CSUs in Regions 1, 3, 4 and 11.
Output: Number of hospitals with a Peer Bridger program		4	All four behavioral health programs (i.e., state hospitals) had implemented Peer Bridger programs by June 30, 2022.
Output: Number of Peer Bridger connections		661	The 661 connections is an increase of approximately 16% over the 571 reported FY21.
Output: Number of readmissions of people connected with a Peer Bridger		9	NMSH - 2 SMSH - 7 EMSH- 0 MSH- 0 These are readmissions within 30 days of discharge.

<p>Output: Number of first follow-up appointments attended at the CMHC</p>		435	<p>A total of 435 first follow-up appointments were reportedly attended.</p> <p>This information is reported from the Peer Bridger program monthly and yearly reports provided from the behavioral health program and CMHC Peer Bridgers to DMH.</p>
<p>Strategy 1.6.3: Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness</p>			
<p>Output: Number of Wellness Recovery Action Plans begun prior to discharge</p>	On Track	901	<p>In addition to the 901 WRAP plans at the other three state hospitals, Mississippi State Hospital utilizes Illness Management Recovery (IMR) groups. In addition to being available at no cost, it is able to be adapted to specific populations which makes it ideal for use at this program. MSH conducted 1,651 IMR groups during the fiscal year.</p>
<p>Output: Number of trained WRAP facilitators</p>	On Track	8	<p>MSH: 2 NMSH: 2 SMSH: 2 EMSH: 2</p>
<p>Objective 1.7 Provide community supports for children transitioning to the community to prevent out-of-home placements</p>			
<p>Outcome: Increase the participation of local representatives from CPS, school districts and juvenile justice on MAP teams</p>	<p>On Track</p>		<p>Out of 4,673 total participants on MAP Teams, there were 893 representatives from Child Protection Services, local school districts, and youth court who participated in the monthly MAP Team meetings by the end of FY22. This is an increase of 172 local representatives compared to the end of FY21. At the end of FY22, approximately 19% of MAP Team participants were from these local representatives, compared to approximately 15% at the end of FY21.</p>

<p>Outcome: Increase by 10% statewide utilization of Wraparound Facilitation with children and youth</p>	<p>Off Track</p>	<p>-13%</p>	<p>At the end of FY22, 1,887 children and youth were served by Wraparound Facilitation. At the end of FY21, 2,160 children and youth were served by Wraparound Facilitation. This is a decrease of approximately 13%.</p>
<p>Outcome: Increase the number of mental health services available to youth in detention centers in an effort to prevent re-entries</p>	<p>On Track</p>		<p>DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth courts. Since the COVID-19 pandemic began, many juvenile detention centers have limited the number of youth they are accepting, which has affected the number of individuals served through these programs. However, some detention centers appear to be accepting increasing numbers of youth once again. CMHCs providing the mental health services in the juvenile detention centers are experiencing significant loss of staff affecting the number of youth able to be served.</p> <p>In addition to the Juvenile Outreach Programs, Region 12 operates a Behavioral Health Youth Court to assist in diversion of juvenile detention and acute hospitalizations.</p>

<p>Outcome: Increase by 10% access to an evidence-based intervention program for youth and young adults (ages 15-30) who have experienced a first episode of psychosis</p>	<p>Off Track</p>	<p>9%</p>	<p>At the end of FY22, a total of 83 youth and young adults with first episode psychosis were being served. At the end of FY21, 76 youth were served through the Navigate program. Navigate assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, and Region 8 Mental Health Services. In the Spring of 2022, four additional Navigate programs were funded through federal supplemental COVID-19 Emergency and ARPA funding. Training is being provided to these teams on this evidence-based program to serve youth and young adults in Regions 2, 4, 7, and 14 experiencing first episode psychosis. A total of eight Navigate programs are currently operating across the state.</p>
<p>Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility (STF) to communities with supportive wrap-around aftercare</p>	<p>On Track</p>		
<p>Strategy 1.7.1: Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations</p>			<p>At the end of FY22, 778 children and youth were served by MAP Teams. At the end of FY21, 786 children and youth were served by the MAP Teams.</p>
<p>Output: % of representatives from local partners attending MAP teams quarterly</p>		<p>19%</p>	
<p>Output: Number served by MAP teams</p>		<p>778</p>	<p>At the end of FY22, 778 children and youth were served by the MAP Teams. This is decrease of 8 children and youth compared to the 786 served in FY21.</p>
<p>Strategy 1.7.2 : Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED</p>			

Output: Number of people trained in Wraparound Facilitation		559	At the end of FY22, 559 individuals were trained to provide Wraparound Facilitation. This is an increase compared to 550 trained at the end of FY21.
Output: Number of providers utilizing Wraparound Facilitation		15	At the end of FY22, 15 providers were certified to provide Wraparound Facilitation, compared to 17 at the end of FY21. Mental health providers across both our state and nation are suffering a shortage of mental health care workers. This crisis has affected the provision of Wraparound Facilitation as many of the Wraparound Facilitators trained to provide this service have been moved to other service areas to fill vacancies in programs that are short-staffed.
Output: Number of children and youth served by Wraparound Facilitation		1,887	
Output: Number of youth that received Wraparound Facilitation as an alternative to a more restrictive placement		495	At the end of FY22, 495 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement. 396 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement by the end of FY21. This is an increase of 99 children and youth who received Wraparound Facilitation as an alternative to a more restrictive placement in FY21.
Output: Number of youth that were transitioned to Wraparound Facilitation from a more restrictive placement		303	By the end of FY22, 303 children and youth were transitioned to Wraparound Facilitation from a more restrictive placement.
Strategy 1.7.3: Offer services through the Juvenile Outreach Program that are necessary for a successful transition from a detention center back to his/her home/community			Mental health services that can be provided in Juvenile Outreach Programs include assessments, community support, Wraparound Facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goals of the Juvenile Outreach Program are for youth served through them to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth court.
Output: Number served in detention centers from CMHC regions		2,150	By the end of FY22, 2,150 youth were served in the juvenile detention centers through the Juvenile Outreach Programs. 1,644 were youth were served in FY21. This is an increase of 504 youth served in FY22.

Output: Number exiting detention center and continuing treatment with CMHC region		1,778	1,778 youth continued to receive mental health services after exiting the detention center in FY22. This is an increase of 186 youth over the number that continued treatment in FY21.
Output: Number of re-entries into the detention center from CMHC regions		700	By the end of FY22, 700 youth re-entered the juvenile detention center. This number includes youth re-entering from both outside and inside the catchment areas. This is a decrease compared to 837 that re-entered by the end of FY21.
Strategy 1.7.4: Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team			At the end of FY22, a total of 83 youth and young adults with first episode psychosis were being served. This is an increase of 8 youth served during FY21.
Output: Number of appropriate referrals		41	By the end of FY22, there were 41 appropriate referrals to NAVIGATE out of 72 total referrals. Appropriate referrals to NAVIGATE are those that meet the criteria, which are to be between the ages of 15 and 30, to have only one stay in acute care, and have psychosis not related to substance use for more than two weeks but less than a year. At the end of FY 21, there were 39 appropriate referrals.
Output: Number served that are employed or enrolled in school/educational courses		60	At the end of FY22, there were 60 youth and young adults receiving NAVIGATE services that were employed or enrolled in school/educational courses. This is an increase over 8 youth and young adults who were enrolled or employed at the end of FY21.
Output: Number of youth and young adults maintained in his/her home and/or community		76	By the end of FY22, 76 youth and young adults were maintained in their home and community. This is an increase over 74 maintained in the community by the end of FY21. The total number served through NAVIGATE by the end of FY22 was 83.
Strategy 1.7.5: Educate parents/guardians of youth transitioning from STF of supportive wraparound options so that families may choose via informed consent			
Output: Number of youth referred to MYPAC aftercare		23	

Output: Number of youth referred to a local CMHC aftercare		18	
Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local CMHC		7	
Output: Number of youth who attended the Initial Intake with the referred local CMHC aftercare provider		10	
Output: Number of youth who attended the first appointment after the Initial Intake with the referred local CMHC aftercare provider		9	
Objective 1.8 Provide a comprehensive array of substance use disorder treatment, prevention and recovery support for services			
Outcome: Decrease the wait time by 5% for people who are court committed to DMH for alcohol and drug treatment by diverting people to community-based programs	On Track	10%	<p>Individuals in jail receive priority placement for services, resulting in admissions that are not entirely based on chronological length of wait. The average wait time for admission to MSH's SUD unit in FY22 was approximately 76 days. The average wait time for admission to EMSH's SUD unit in FY22 was approximately 31 days. EMSH began operating its SUD unit in late June 2021, and FY22 was the first full year for it to be in operation. In FY22, the wait time averaged across MSH and EMSH was approximately 54 days, a decrease of 10% from the approximately 60 day wait time at MSH in FY21.</p> <p>The diversion program continues to operate, diverting 160 individuals from placement at a DMH SUD program to community services in FY22. This is a decrease from 224 diversions in FY21. The reduction in diversion numbers is a result of the additional beds available at EMSH.</p>
Outcome: Increase the representation of substance use disorder priority populations receiving community treatment services by 5%	Off Track	-7%	A total of 68 parenting women and 107 pregnant women were served during this reporting period, along with 1,091 IV drug users, for a total of 1,266 individuals in these priority populations. This is a reduction of approximately 7% from 1,364 individuals in these priority populations who were served in FY21.

Outcome: Increase awareness of Mississippi's opioid abuse problem through a partnership focusing on high-risk occupational deaths	On Track		In 2019, Stand Up, Mississippi shifted its focus to occupations that have been proven nationally to have higher rates of opioid overdoses. These include the oil and gas industry, hospitality and restaurant management, farming, construction, and manufacturing--all of which employ thousands of Mississippians.
Outcome: Decrease the number of deaths from opioid abuse by providing an opioid antagonist	On Track	429	This information has been reported to DMH from the Mississippi Bureau of Narcotics and is a decrease from the 441 reported at the end of FY21. The reported data on overdose death counts may be incomplete. As previous years' reports have noted, this value is difficult to report accurately due to reliance on coroners for reporting deaths, pending toxicology reports, and the timing of these reports.
Outcome: Increase the number of evidence-based and best practice recovery treatments for substance use disorders utilized at DMH Certified Providers	On Track		All certified and funded providers have been trained in evidence-based and best practice recovery treatment models, which includes 13 Community Mental Health Centers and four substance use disorder stand-alone treatment providers.
Strategy 1.8.1 Partner with community providers to divert people waiting for services at DMH's chemical dependency unit by providing indigent funds to reimburse a portion of the cost of treatment			Partnerships have been established with 12 of the 13 CMHCs and one stand-alone substance use disorder provider (Harbor House).
Output: Number of people diverted		160	160 people have been diverted through this program during this period.
Strategy 1.8.2: Develop a tracking system to monitor high risk service utilization			DMH continues to monitor high risk service utilization through Independent Peer Reviews and SABG Monitoring reviews.
Output: Number of pregnant women served		107	Data collected from Regions 1, 2, 7, 12, 14, Catholic Charities (Born Free), Harbor House, and Center for Independent Learning.
Output: Number of pregnant intravenous (IV) women served		22	Data collected from Region 1, 2, 7, 12, 14, Catholic Charities and Harbor House.

Output: Number of parenting (under age of 5) women served		68	Data collected from Region 1, Catholic Charities (Born Free/New Beginnings), and Harbor House.
Output: Number of intravenous (IV) drug users served		1,113	1091 non pregnant IV drug users plus 22 pregnant IV drug users = 1,113. Data collected from Region 1, 2, 3, 4, 6, 7, 8, 10, 12, 14,15, Catholic Charities (Born Free), Harbor House and Center for Independent Learning.
Output: Number served utilizing Medication Assisted Treatment for opioid abuse		421	413 non pregnant persons were served and 8 pregnant persons served for a total of 421.
Strategy 1.8.3 Expand bed capacity for substance use services			In FY22, there were 646 community certified beds for substance use residential services. Due to the COVID-19 pandemic, some providers dropped bed capacity by half to comply with social distancing and CDC guidelines. Bed capacity decreased by 6 adult beds and 8 adolescent beds. As a result, 632 beds have been available during the COVID-19 pandemic. Most providers have returned to full capacity.
Output: Number served in community residential treatment		3,960	A total of 3,960 individuals were served in community residential treatment in FY22. This includes 3,765 adults served in high-intensity residential (formerly known as primary residential), 57 adolescents served in medium-intensity residential (formerly known as primary residential), and 138 pregnant and parenting women served in high-intensity residential (formerly known as primary residential). In addition, 509 individuals across all populations were served in low intensity residential (formerly known as transitional residential), but the majority of these individuals were first served in high-intensity residential services.
Output: % of occupancy for all certified community residential beds (includes all DMH certified community residential treatment beds operated by the CMHCs, private non- profit and private for-profit agencies)			The COVID-19 pandemic has had a significant effect on this output, as bed counts have been adjusted to comply with social distancing measures. Although 85% of the providers have now resumed with their pre-COVID bed capacities, an occupancy percentage would not be accurate because of changing bed counts due to these measures.
Output: Increase utilization of community residential beds by 5%			This output will be reported when accurate information regarding occupancy percentages becomes available to serve as a baseline.

<p>Strategy 1.8.4: Partner to develop a comprehensive awareness campaign targeting occupations with high opioid deaths</p>			<p>In 2019, Stand Up, Mississippi expanded its campaign and began focusing on occupations that have been proven nationally to have higher rates of opioid overdose. These occupations include construction, hospitality and restaurant management, oil and gas refinery, manufacturing and farming, all of which employ thousands of Mississippians. Stand Up, Mississippi created a comprehensive awareness campaign, Opioid Workplace Awareness Initiative (OWAI), that includes an addition to the existing Stand Up, Mississippi website (owai.standupms.org) which houses interactive modules, toolkits, and additional resources for employees and employers of these industries.</p> <p>Stand Up, Mississippi's recent outreach has been with industry leaders and advocates to raise awareness of risk of opioid addiction in these industries, and promote resources for recovery for employees. Stand Up, Mississippi has also revised the NARCAN interactive modules to include certificate of completion and also exhibited at 18 conferences reaching over 3,000 participants</p>
<p>Output: Number of presentations</p>		<p>5</p>	<p>During the first half of FY22, Stand Up, Mississippi provided presentations to employees of the Mississippi Department of Employment Security and the American Society of Safety Professionals (ASSP). These presentations reached 89 participants. During the second half of FY22, DMH provided presentations to congregants of Springhill, and Greater Zion Churches. These presentations reached 65 participants. Stand up, Mississippi also participated in a Covich County Church zoom forum and reached approximately 39 congregants.</p> <p>Stand Up, Mississippi was able to provide OWAI training to 193 participants during FY22</p>

<p>Output: Number and types of outreach developed</p>		<p>21</p>	<p>Stand Up, Mississippi developed two additional partnerships in during the first half of FY22. Those include the Mississippi Chapter of the American Society of Safety Professionals and the Mississippi Department of Employment Security. These are in addition to 18 other partnerships and materials developed, which include: OWAI website, OWAI Modules, social media toolkit, social media posts, employer fact sheet, employee fact sheet, break room poster, PowerPoint template for employers, personal stories, paycheck inserts, NARCAN training module, direct mail piece for businesses, Board of Pharmacy, Mississippi Bureau of Narcotics, Mississippi Department of Human Services, Mississippi Department of Public Safety, Federal Bureau of Investigation and the Drug Enforcement Agency.</p> <p>During the second half of FY22, Stand Up, Mississippi was able to establish one additional partnership with the Office of the Attorney General for a total of 21 partnerships.</p>
<p>Output: Number of hits to website/downloads of toolkits</p>		<p>48,236</p>	<p>There were 48,236 page views in FY22. There was a total of 28,030 sessions, and 11,468 users in FY22. All areas showed an increase compared to year-end data for FY21</p>
<p>Strategy 1.8.5: Educate and distribute an opioid antagonist to combat overdose deaths</p>			<p>Education and distribution of Narcan, an opioid antagonist, is ongoing as a priority of the State Opioid Response II grant.</p>
<p>Output: Number educated on the use of opioid antagonist</p>		<p>821</p>	<p>There were 821 first responders, law enforcement and community members trained on the use of NARCAN in FY22. This number does not include persons trained using the train the trainer module.</p>
<p>Output: Number distributed</p>		<p>9,760</p>	<p>9,760 distributed</p>

<p>Output: Number doses administered</p>		<p>380</p>	<p>There were 380 doses of naloxone administered that were reported to DMH. In addition, the Mississippi Opioid and Heroin Data Collaborative reports that there were 2,551 doses of naloxone administered by emergency medical services during FY22, and additional doses could have been administered through the the statewide standing order for naloxone that has been issued by the Mississippi State Health Department of Health.</p>
<p>Strategy 1.8.6: Partner to promote and cultivate recovery treatments for Mississippians with substance use disorders</p>	<p>On Track</p>		<p>Partnerships have been established with various agencies to promote recovery treatments for Mississippians with substance use disorders (SUD). With the Mississippi State Department of Health, DMH collaborates with the 5% set-aside requirement of the Substance Abuse Block Grant in areas involving HIV services, such as education, testing, pre-test and post-test counseling, and SUD provider training. DMH has also collaborated with Child Protection Services in an effort to improve care for infants, children, and families affected by SUD by sharing referrals to extend continuity of care. Upon receipt of referrals regarding infants and families affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder, DMH sends referrals to the appropriate CMHC and/or stand-alone pregnant and parenting provider for the delivery of appropriate services. Additionally, DMH relies heavily on the Mississippi Bureau of Narcotics as a subject matter expert and partner for general knowledge and education pertaining to substance use trends in the state, and the data sharing they provide is helpful in pursuing funding and resources, as well as grassroots communications with other agencies. DMH also has a cooperative agreement with Harbor House of Jackson to provide tele-Medication Assisted Treatment for Mississippians with opioid and/or methamphetamine addiction. This approach offers individuals in rural areas throughout the state additional resources when seeking treatment.</p>

<p>Output: Number of evidence-based and best practice recovery treatments available</p>		50	<p>There are approximately 50 evidence-based practices utilized by co-occurring disorder specialists at the Community Mental Health Centers, with more than 30 of those targeted towards populations receiving services for substance use disorders. These include various kinds of therapeutic interventions, screeners, functional assessments, trainings, evidence-based peer support groups, and therapeutic module programs.</p>
<p>Output: Number of DMH Certified Providers trained in evidence-based and best practice recovery treatments</p>		17	<p>All certified and funded providers have been trained in evidence-based and best practice recovery treatments. This includes 13 CMHCs and 4 SUD stand-alone treatment providers.</p>
<p>Goal 2</p> <p>To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care</p>			
<p>Objective 2.1 Provide community supports and services for persons transitioning to the community from an institutional setting</p>			
<p>Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs</p>	<p>On Track</p>	41	<p>A total of 41 people transitioned to their community. 28 transitioned from an ICF (including 2 that were contacted from the ID/DD Waiver Planning List), 1 transitioned from a nursing facility with ID/DD Waiver supports, and 12 transitioned to an ICF Community Home. This is a decrease from 57 reported for FY21.</p>
<p>Outcome: Decrease the percent of people currently accessing ICF/IID level of care in an institutional setting</p>	<p>On Track</p>	10%	<p>During FY22, DMH's IDD programs served 757 people on campus. During FY21, the programs served 837 people. This is a decrease of 80 people, or approximately 10%.</p>

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting	On Track	86%	As of June 30, 2022, 5,116 people received services; 4,408 people received services in the community and 708 people received services in an institution. Source: CSP, TCM only, IDD Waiver Medicaid 372 reports, IDD grants, Regional program census.
Strategy 2.1.1: Provide people transitioning to the community with appropriate options for living arrangements			Individuals continue to transition to the community with appropriate living arrangements.
Output: Number of people transitioned from facility to ICF/IDD Community Home		12	A total of 12 people transitioned from an ICF facility to an ICF Community Home.
Output: Number of people transitioned to the community with ID/DD Waiver supports		29	A total of 29 people transitioned to the ID/DD Waiver as of June 30, 2022; 16 transitioned from the ICF Community Homes; 5 transitioned from ICF campus; 7 transitioned from a private ICF; 1 transitioned from a nursing facility.
Objective 2.2 Educate families, schools and communities on options, services and supports available for people with IDD			
Outcome: Partner to enhance awareness efforts to increase knowledge of community services available to persons with intellectual and developmental disabilities	On Track		DMH seeks opportunities to work with Department of Education and Department of Rehabilitation Services and other key agency and stakeholder groups to provide information about IDD Services.
Strategy 2.2.1: Expand communication efforts with Special Education Coordinators at schools to encourage information sharing with parents			DMH participated in three Transition fairs in Hinds, Rankin, and Madison counties speaking with teachers, parents, and students concerning IDD Services and providing handouts for ID/DD Waiver and IDD Community Support Program. DMH also mailed all Exceptional Education Directors in the State information about the two programs and how to refer students for IDD Services.
Output: Number of coordinators reached		147	Exceptional Education Directors for each school district were sent brochures and information to share with students and parents concerning IDD Services.

Output: Number of materials distributed		2,210	Brochures/handouts were distributed at MS Department of Rehabilitation Services, 2021 Annual Autism Conference and the Annual Meeting of MS Chapter of AAIDD. Brochures also distributed to Exceptional Education Coordinators for public school districts and three school transition fairs.
Output: Number of families/people reached			DMH reached families through school districts and conferences mentioned above. DMH staff also focused on providing information through social media, the DMH website, or other agency community resource guides.
Objective 2.3 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options			
Outcome: Increase number served through IDD Community Support Program	On Track	1,034	A total of 1,034 people were served through the IDD Community Support Program as of June 30, 2022. This compares to 1042 people served in FY21.
Outcome: Increase number of people in the ID/DD Waiver Program	On Track	137	137 people enrolled in ID/DD Waiver FY22 through planning list, transitions, and crisis capacity. This is an increase from 82 enrolled in FY21.
Outcome: Provide a Person Centered Plan of Services and Supports for ID/DD Waiver service recipients	On Track		2,747 people received ID/DD Waiver Services and have a Plan of Services and Supports (PSS). State IDD staff review and approve PSS for 100% of people served through the ID/DD Waiver initially, at annual recertification and change request.
Outcome: Provide a Person Centered Plan of Services and Supports for IDD Community Support Program service recipients	On Track		Everyone enrolled in the IDD Community Support Program received a Person-Centered Plan of Services and Supports. The Appendix K flexibilities ended March 31, 2022, which had allowed annual recertification of person-centered plans to be conducted virtually or telephonically. The flexibilities allowed initial enrollment person-centered plans to be conducted in person or virtually.
Outcome: Provide crisis services to people with intellectual and developmental disabilities	On Track		Crisis services has slowed due to COVID and staffing shortages at the ICF's and IDD providers.

Strategy 2.3.1: Increase the number of people receiving IDD Waiver services			The ID/DD Waiver enrolled 137 people in FY2022. Enrollment has been slower than anticipated due to provider staffing issues and COVID.
Output: Number of total people receiving ID/DD Waiver services		2,747	Source:372 Report Note the total receiving services through ID/DD Waiver is from the 372 Report as of 6/30/2022. The 372 Reports reflect billing for services through end of June. There were 15 persons enrolled in June 2022 that are not likely counted on the 372 Report.
Output: Number of people receiving ID/DD Waiver Transition Assistance		7	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home nursing respite		128	Source: 372 Report
Output: Number of people receiving ID/DD Waiver in-home respite services		534	Source: 372 Report
Output: Number of people receiving ID/DD Waiver behavior support services		243	Source: 372 Report - This is not an unduplicated number. This is the total of persons who received Behavior Support Evaluations and Behavior Support from Behavior Specialist or Behavior Consultant.
Output: Number of people receiving ID/DD Waiver crisis support services		13	Source: 372 Report
Output: Number of people receiving ID/DD Waiver crisis intervention services		0	Source: 372 Report - There are only two providers for this service.
Output: Number of people receiving ID/DD Waiver supported employment services		359	Source: 372 Report. 119 persons received Job Development (searching for jobs) and 240 persons received Job Maintenance (has community job and job coach). Some people could have received both services.
Output: Number of people receiving ID/DD Waiver supervised living services		942	Source: 372 report. This number includes 28 persons in Medical Supervised Living and 31 persons in Behavior Supervised Living.
Output: Number of people receiving ID/DD Waiver shared supported living services		113	Source: 372 Report
Output: Number of people receiving ID/DD Waiver supported living services		160	Source: 372 Report
Output: Number of people receiving ID/DD Waiver host home services		0	DMH currently has no host home providers.
Output: Number of people receiving ID/DD Waiver day services adult		1,689	Source: 372 Report
Output: Number of people receiving ID/DD Waiver pre-vocational services		263	Source: 372 Report

Output: Number of people receiving ID/DD Waiver home and community support		873	Source: 372 Report
Output: Number of people receiving ID/DD waiver support coordination services		2,736	Source:372 Report
Output: Number of people receiving ID/DD Waiver job discovery services		1	Source 372 Report - Many people receive Job Discovery through MDRS. DMH will review to determine lack of utilization of service.
Output: Number of people receiving ID/DD Waiver community respite		22	Source: 372 Report
Strategy 2.3.2: Increase the number of people receiving comprehensive community programs and services		153	IDD Community Support Program enrollments increased by 153 for FY22.
Output: Number of people receiving IDD comprehensive diagnostic evaluations		755	The total number of people who were evaluated by Diagnostic Services in FY22 is 755. BRC completed 40 diagnostic evaluations, ESS completed 178, HRC completed 214, NMRC completed 242, and SMRC completed 81.
Output: Number of people receiving IDD targeted case management services		1,112	1112 persons received IDD Targeted Case Management services as of June 30, 2022. Source: Medicaid 372 report.
Output: Number of people receiving IDD Community Support Program services		1,034	A total of 1034 people received 1915i IDD Community Support Program services as of June 30, 2022. Source: Medicaid 372 report minus persons receiving TCM only services.
Output: Number of people receiving IDD Community Support Program/day services adult		656	656 persons received Day Services Adult with IDD Community Support Program (1915i) as of June 30, 2022. Source: Medicaid 372 report
Output: Number of people receiving IDD Community Support Program/pre-vocational		292	292 persons received Prevocational Services with IDD Community Support Services (1915i) as of June 30, 2022. Source: Medicaid 372 report
Output: Number of people receiving IDD Community Support Program/supported employment		180	180 persons received supported Employment services: 107 persons are employed using supports, 73 persons are in search for employment as of June 30, 2022. Source: Medicaid 372 report
Output: Number of people receiving IDD Community Support Program/supported living		102	102 persons are able to live in their own homes with 4 hours of Supported Living daily as of June 30, 2022. Source: Medicaid 372 report

Strategy 2.3.3: Assess compliance of the freedom of choice and community integration as outlined in the CMS Final Rule (includes ID/DD Waiver and Community Support Program)			
Output: Number of people who receive an assessment for person-centered services		3,859	2747 people receiving ID/DD Waiver Services and 1112 people receiving IDD Community Support Program Services. Source: 372 Report
Output: Number of people given a choice of providers as documented in their Plan of Services and Supports		3,859	All persons receiving Waiver or TCM/CSP Services are offered choice of provider initially, at annual recertification, and at any time the person chooses to change providers. 2747 receiving ID/DD Waiver and 1112 receiving Targeted Case Management/Community Support Program Services. Source: 372 reports
Strategy 2.3.3: Offer short-term stabilization for people in crisis by utilizing the SUCCESS Program			This information is reported with crisis diversion homes. SUCCESS is 2 of the 5 crisis diversion homes.
Output: Number served		12	This number is reported with total crisis diversion homes and safe beds.
Output: Average length of stay		182.50	Reported with crisis diversion homes and safe beds.
Objective 2.4 Provide Supported Employment Services that lead to gainful community employment for people with IDD			
Outcome: Increase number of people utilizing Supported Employment Services	On Track	539	359 people received Supported Employment through ID/DD Waiver and 180 people receive Supported Employment through IDD Community Support Program. Source: 372 reports. This compares to total of 448 people reported FY21.
Strategy 2.4.1 : Increase number of people utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services			
Output: Number of people searching for employment		192	119 persons received Job Development through ID/DD Waiver and 73 persons through IDD Community Support Program. (Source: 372 Report)
Output: Number of people employed		347	240 people had jobs with assistance of job coach through the ID/DD Waiver and 107 people through the IDD Community Support Program. Source: 372 Reports

Goal 3

To provide quality services in safe settings and utilize information/data management to enhance decision making and service delivery

Objective 3.1 Provide initial and ongoing certification services to monitor compliance with state standards in community-based service delivery agencies making up the public mental health system

<p>Outcome: Increase the number of certified community-based service delivery agencies, services and programs</p>	<p>On Track</p>		<p>Following the transition to a web-based format in 2020, the participation in interested provider orientation has continued to increase. In FY 22, there were 194 interested provider agencies participating in interested provider orientation, compared to 188 in FY21.</p> <p>During the year, there were 12 completed applications received for new provider certification, with 9 new agencies, 52 new services, and 151 new programs approved in FY22. This compares to 17 new agencies, 35 new services, and 35 new programs approved in FY21.</p>
<p>Outcome: Maintain the compliance of DMH operational standards by DMH Certified Providers</p>	<p>On Track</p>		<p>The DMH Division of Certification works to maintain compliance through certification/initial/follow-up visits via on-site, self-assessment, desk review/audits and any additional reviews needed to affirm quality service provision of certified mental health services to individuals served in Mississippi.</p> <p>In FY 22, there were 59 full agency site visits, 78 new program site visits, 21 occurrences of on-site technical assistance, and 35 self-assessments completed.</p>
<p>Strategy 3.1.1: Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision</p>			<p>Following the transition to a web-based format in 2020, the participation in interested provider orientation has continued to increase.</p>
<p>Output: Number of interested provider agencies participating in interested provider orientation</p>		<p>194</p>	<p>In FY 22, there were 194 interested provider agencies participating in interested provider orientation, compared to 188 in FY21.</p>

Output: Number of completed applications received by DMH for new provider agency certification		12	In FY22, there were 12 completed applications received by DMH for new provider agency certification, compared to 20 in FY21. Although the number of interested providers participating in interested provider orientation increased, the number of interested providers who chose to continue to seek certification decreased.
Output: Number of new provider agencies approved		9	In FY 22, there were 9 new provider agencies approved, compared to 17 in FY 21. This number is due to a decrease in the number of completed provider applications submitted.
Output: Number of new services approved for DMH certified providers		52	In FY 22, there were 52 new services approved, compared to 35 in FY 21.
Output: Number of new programs approved for DMH certified providers		151	In FY 22, there were 151 new programs approved, compared to 35 in FY 21.
Strategy 3.1.2: Monitor the provision of services by conducting site visits with DMH Certified Providers			
Output: Number of full agency site visits		59	In FY 22, there were 59 full agency site visits, compared to 50 in FY 21.
Output: Number of new program site visits		78	In FY 22, there were 78 new program site visits, compared to 62 in FY 21.
Output: Number of on-site technical assistance		21	In FY 22, there were 21 occurrences of on-site technical assistance, compared to 15 in FY 21.
Output: Number of provider self-assessments completed		35	In FY 22, there were 35 self-assessments completed, compared to 37 in FY 21.

Objective 3.2 Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

<p>Outcome: Increase public knowledge about availability and accessibility of services and supports</p>	<p>On Track</p>	<p>DMH maintains a social media presence that regularly shares information about how to find services, and ongoing efforts to increase outreach include the Mental Health Mississippi web site developed in FY21, the Behind the Mask campaign related to COVID-19 developed in FY21, and other ongoing outreach efforts. The DMH web site was also redesigned in FY22 to provide a more modern and responsive site that provides better ease of use and functionality on mobile devices like phones and tablets.</p> <p>In addition, DMH staff has worked with multiple partners in the 988 Planning Coalition on the implementation of the 988 Suicide and Crisis Lifeline in Mississippi. Partners have included Contact the Crisis Line, Contact Helpline, and various other state agencies and organizations. 988 officially launched on July 16, 2022, and work to coordinate implementation was ongoing throughout the fiscal year prior to the launch.</p> <p>In the second half of FY22, DMH partnered with a marketing firm to assist in outreach efforts throughout the state. As a result, customized messaging focused on hope and recovery has been developed and shared on social media. Efforts have also been made to hold local events in conjunction with CMHCs around the state, with these events featuring a progress update on the state's mental health system, Certified Peer Support Specialists sharing their personal stories, and more. The 988 launch has also been a focus of these outreach efforts and presentations at these local events, which are continuing into the first half of FY23.</p>
--	------------------------	--

<p>Outcome: Increase access to care for individuals with multiple hospitalizations through Specialized Placement Options Transition Team (SPOTT)</p>	<p>On Track</p>		<p>The Specialized Placement Options Transition Team (SPOTT) has completed its ninth year in operation. SPOTT is a partnership with other agencies and providers that focuses on supporting people who have required treatment in inpatient programs on multiple occasions, linking them with additional services in the community to help them remain successful in their recovery. SPOTT was designed to help provide a person centered, recovery-oriented system of care for all Mississippians in need of services. SPOTT grew out of services offered through The Arc of Mississippi and was associated with services for intellectual and developmental disabilities but has since grown to include mental health services. Members of the SPOTT team come from a variety of backgrounds and agencies including private providers and state agencies.</p> <p>Because of the SPOTT efforts, 152 people were linked to services in FY22, an increase over 131 in FY21.</p>
<p>Strategy 3.2.1: Develop comprehensive outreach efforts to inform Mississippians and stakeholders of how to access services, types of services available and how to file grievances related to services provided by DMH certified provider agencies</p>			
<p>Output: Number of DMH Helpline calls</p>		<p>9,934</p>	<p>DMH staff answers the Helpline during weekday working hours, and DMH contracts with CONTACT the Crisis Line to answer the helpline after hours and on weekends. In FY22, a total of 6,964 calls came to the DMH Helpline during working hours and a total of 2,970 came to CONTACT after hours, for a total of 9,934 calls to the DMH Helpline. In FY21, there were 8,014 calls to the Helpline, for an increase of approximately 24% in FY22.</p>
<p>Output: Number of calls to the Mississippi Call Center for the National Suicide Prevention Lifeline</p>		<p>11,256</p>	<p>There were 11,256 calls to the National Suicide Prevention Lifeline in FY22, as reported by Vibrant, the administrator of the National Suicide Prevention Lifeline. This is an approximate 22% increase over the 9,223 calls reported in FY21.</p>
<p>Output: Number reached and type of outreach about the availability of services</p>		<p>73,091</p>	<p>The DMH web site had 73,091 users and 285,960 page views in FY22.</p>
<p>Output: Number of grievances filed through the Office of Consumer Support</p>		<p>206</p>	

Strategy 3.2.2: Evaluate the utilization of the Specialized Placement Option to Transition Team (SPOTT) to help people access services			
Output: Number of referrals made to SPOTT		125	
Output: Number of people connected to services/supports through SPOTT		152	This number is higher than referral because some carry over from previous year.
Objective 3.3 Utilize evidence-based or best practices among DMH Programs and DMH Certified Providers			
Outcome: Increase the utilization of evidence-based practices, best practices, and promising practices at DMH programs and DMH Certified Providers	On Track		A survey of evidence based or best practices used among DMH Programs and Certified Providers was distributed in the spring of 2022. The survey of evidence based or best practices used among DMH Programs found that there are currently 160 evidence based and best practices being used. Examples of practices at programs include Wellness Recovery Action Planning (WRAP), The MANDT System, Cognitive Behavior Therapy, and Dialectical Behavior Therapy, and more. Among DMH Certified Providers, 58 providers responded to a survey that included more than 120 evidence based and best practices.
Strategy 3.3.1: Gather information on all evidence-based practices, best practices and promising practices actively used by DMH Programs and DMH Certified Providers			
Output: Number of evidence-based practices, best practices and promising practices actively used by DMH Certified Providers		120	A survey sent to DMH Certified Providers was responded to by 58 providers, who reported using a total of 120 evidence-based practices in their programs. These practices include but are not limited to: <ul style="list-style-type: none"> - Applied Behavioral Analysis - Behavior Management - Art Therapy - Cognitive Behavioral Therapy - Dialectical Behavioral Therapy - Illness Management and Recovery - Motivational Interviewing - Snoezelen Room Therapy - WRAP
Output: Distribute an annual survey to DMH Programs to evaluate the use of evidence- based practices, best practices and promising practices		160	

<p>Output: Number of evidence-based practices, promising practices, or best practices actively used by DMH Programs</p>		160	<p>The survey of evidenced based or best practices used among DMH Programs found that there are currently 160 evidence based and best practices being used. Examples of programs include Wellness Recovery Action Planning (WRAP), The MANDT System, Cognitive Behavior Therapy, and Dialectical Behavior Therapy.</p>
<p>Objective 3.4 Provide trainings in evidence-based and best practices to a variety of stakeholders</p>			
<p>Outcome: Increase the number of stakeholders trained in evidence-based and best practices including criminal justice professionals, law enforcement substance use providers, school professionals, etc.</p>	<p>On Track</p>	1,691	<p>DMH continues to provide evidence based and best practice trainings to a variety of stakeholders. There were 754 people trained in evidence-based and best practices in the first half of FY22 and 937 in the second half. Some of these trainings include Youth Mental Health First Aid, Adult Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) for trainers, and Crisis Prevention Institute training. Additionally, the Mississippi Public Health Institute provided trainings in Cognitive Processing Therapy, IOP Group Training, Levels of Care, Components of Recovery, and Substance Abuse Prevention Skills Training (SAPST).</p>
<p>Outcome: Increase the number of law enforcement trained in Crisis Intervention Team Training</p>	<p>On Track</p>	197	<p>In FY22, there were 197 officers trained in CIT. This compares to 151 officers trained in FY21.</p>
<p>Outcome: Increase the number of Crisis Intervention Teams in Mississippi</p>	<p>On Track</p>	8	<p>There are 8 CIT programs in Mississippi.</p>
<p>Strategy 3.4.1: Offer free online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices</p>			<p>The Mississippi Behavioral Health Learning Network (MSBHLN) was established by the Mississippi Public Health Institute (MSPHI) in July 2017 in a partnership with DMH to provide professional and workforce development to behavioral health providers in Mississippi. MSBHLN provides both in person and online trainings to professionals throughout the state at no cost, but due to the COVID-19 pandemic, all trainings were provided virtually during the first half of FY22. In the second half of FY22, MSPHI began hosting more in-person trainings.</p>
<p>Output: Number of trainings offered</p>		31	
<p>Output: Number of participants</p>		697	

<p>Strategy 3.4.2: Offer Youth Mental Health First Aid for school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education</p>			<p>Youth Mental Health First Aid is being offered to educators, School Resource Officers and parent/caregivers as part of the Mental Health Awareness Training Grant received from SAMHSA. Additionally, DMH continues to provide Youth Mental Health First Aid to the general public aside from the MHAT grant.</p> <p>During FY22, a mix of in-person and virtual Youth Mental Health First Aid trainings were provided based on the rates of COVID-19 infections in the state to ensure safety of participants and presenters. The trainings are advertised on DMH social media pages, by contact with school districts, and through the Mental Health First Aid website. Virtual trainings only allow 20 participants per training and require them to complete two hours of self-guided work prior to participating in the four-hour training. Despite reminders from the instructor and Youth Mental Health First Aid, a majority of registrants don't complete the work and are unable to participate in the virtual training. In-person trainings are typically better attended.</p>
<p>Output: Number of trainings</p>		<p>20</p>	<p>During the first half of FY22 there were 12 trainings, with eight held in the second half of the year for a total of 20 trainings in FY22.</p>
<p>Output: Number of participants</p>		<p>155</p>	<p>During the first half of FY22 there were 82 people trained in Youth Mental Health First Aid through 12 trainings. In the second half of FY22, there were 73 people trained in Youth Mental Health First Aid through eight trainings.</p>
<p>Output: Number of schools/districts</p>		<p>15</p>	
<p>Output: % of participants who feel more confident to recognize signs/symptoms</p>		<p>91%</p>	<p>The National Council for Behavioral Health, creators of Youth Mental Health First Aid, changed their learning system again during this period and now require that all evaluations be done online. This change caused a lack in completion numbers and understanding of how to complete the evaluation. Despite these challenges, 91% of the participants in the virtual and in-person trainings completed during FY22 report that felt more confident in recognizing signs and symptoms.</p>
<p>Output: % of participants who feel they could assist a person in seeking help</p>		<p>91%</p>	

Strategy 3.4.3: Increase knowledge of the importance of Trauma-Informed Care by offering trainings			Trauma-informed care trainings continued to be offered in FY22 through the Mississippi Behavioral Health Learning Network, DMH's Trauma-Informed Care Conference, and through the Division of Children and Youth Services.
Output: Number of trainings		34	
Output: Number trained in Trauma-Informed Care		887	
Strategy 3.4.4 Partner with stakeholders to expand Crisis Intervention Team Training			Through grants given to the Lauderdale County Sheriff's Department and Pine Belt Mental Health for CIT expansion, efforts are ongoing to help new communities establish fully functional CIT programs.
Output: Number trained in CIT		197	
Output: Number of law enforcement entities trained		67	There have been 67 law enforcement agencies (LEA's) represented in the 13 classes held in FY22, including 2 officers from the MS Highway Patrol division of DPS, 1 from the MS Department of Corrections, 7 from Camp Shelby, and 1 from the U.S. Probation and Parole Office.
Output: Number of trainings		13	
Strategy 3.4.5 Encourage partnerships between CMHCs, local law enforcement, healthcare providers, and others to establish Crisis Intervention Teams			There are several communities that have been sending officers to training in Meridian and the Pine Belt, with the desire to establish fully functioning CIT programs. Those communities outside of the Meridian and Pine Belt catchment areas include: Corinth, Clarksdale, Grenada, Natchez, Greenville, Southwest MS, Jackson County, and Senatobia.
Output: Number of CIT Teams		8	
Output: Number of partnerships working towards CIT Teams		8	Clarksdale, Grenada, Corinth, Natchez, Greenville, Southwest MS, Jackson County, and Senatobia

Objective 3.5 Provide a comprehensive approach to address workforce recruitment and retention at DMH's Programs			
<p>Outcome: Maintain a diverse taskforce to address recruitment and retention issues</p>	<p>On Track</p>		<p>The HR Task Force has held monthly meetings. The members have addressed employee classification and compensation through Project SEC2 as well as internal agency efforts. They have also worked on joint efforts to increase recruitment with recommendations for establishing a working relationship with the WIN Job Center, hosting job fairs, improving application and onboarding processes, social media efforts, and using QR codes</p> <p>The agency has worked diligently towards utilizing classification and compensation to recruit and retain our employee. Nursing and Direct Care staff have received additional compensation for ensuring the continued care of the people for whom we provide services. The agency is continuing to increase recruitment efforts and work on the retention of our staff.</p>
<p>Outcome: Decrease the overall turnover rate of employees at DMH programs by 5%</p>	<p>On Track</p>		<p>Turnover rate information for this Outcome and the strategies and outputs below was not available when this report was compiled due to a change in computer systems. DMH will work to make this information available at a later date.</p>
<p>Outcome: Create collaborative partnerships to create, link, and disseminate education and training materials for workforce development, with emphasis on the recovery-focused needs of consumers</p>	<p>On Track</p>		<p>DMH continues to utilize the Relias Learning platform with programs with DMH staff and DMH Certified Providers. The featured Relias Trainings as well as update to trainings in CPR, Active Shooter, Ethics, and other agency specific areas have been completed. Additional slots with Relias have been purchased to ensure access to additional employees and providers.</p>
<p>Outcome: Expand the psychiatric workforce in the state's public mental health system to address the needs of Mississippians through the development of a psychiatric residency program</p>	<p>On Track</p>		<p>Six residents began July 1, 2021 and are now beginning their second year of residency. There were 501 applicants for the second class, which began in July 2022. 51 of those applicants were ranked, and final interviews were held Jan 28, 2022. The second class of residents formally began training on July 1, 2022. Six new residents will be admitted each year until there are 24 residents participating in the program.</p>

Strategy 3.5.1: Conduct at least quarterly meetings of the taskforce to identify recruitment and retention needs and develop recommendations			The DMH Task Force has held a meeting each month. Several recruitment efforts have been shared and implemented from the recommendations for classification, compensation, workforce development partnerships, and recruitment strategies have been implemented.
Output: Number of taskforce meetings		4	
Output: Number of recommendations		8	The task force submitted multiple recommendations regarding the classification of positions, social media advertisement, QR codes, WINS Job Center, satellite locations for completing applications, Indeed postings, and contractual offerings as recommendations for recruitment. They also recommended the use of shift differential and TDL adjustments to help with the recruitment and retention of direct care and nursing staff.
Output: % of recommendations implemented		100%	
Strategy 3.5.2: Monitor staff turnover rate at DMH programs			The staff turnover rates reported at the end of FY21 will be used as a comparison for FY22 rates if that information becomes available.
Output: Overall staff turnover rate			The overall rate at the end of FY21 was 37%.
Output: Turnover rate for direct care positions			The direct care position turnover rate at the end of FY21 was 56%.
Output: Turnover rate for clinical positions			The clinical position turnover rate at the end of FY21 was 29%.
Output: Turnover rate for support/administrative positions			The support/administrative position turnover rate at the end of FY21 was 27%.
Strategy 3.5.3: Develop strategies to improve retention through use of a feedback and survey tool that identifies employee concerns			All DMH programs are requesting the completion of exit surveys. The feedback received from the surveys that are returned is shared with management. Those recommendations that the agency has the ability to implement have been implemented. Compensation and working short staffed have been primary responses and the agency is working to address these areas.
Output: Total number of responses		487	There were 487 exit interviews reported conducted at DMH programs during FY22. Programs reported discussing both negative and positive comments with employees as they were leaving employment.

Output: Total concerns identified		2	Compensation and working short-staffed were the two most common concerns mentioned. Other comments that were frequently reported include a lack of recognition, training, or promotional opportunity, low staff morale, COVID and not receiving hazard pay, or simply retirement
Output: Number of strategies identified		2	The agency has utilized contract workers and staffing agencies to assist with the issue of working short staffed. The agency has implemented all approved compensation increases.
Strategy 3.5.4: Establish a psychiatric residency program at Mississippi State Hospital that increases psychiatrists available to practice in state hospitals and mental health service providers			Six additional residents were selected for admission to the program during the fiscal year and formally began on July 1, 2022. There are now 12 residents in the program, with six residents to be admitted each year until there are 24 total residents.
Output: Total number of psychiatric residents in program		12	
Output: Number of new psychiatric residents in program		6	Six new residents formally began the program on July 1, 2022. Six residents will be admitted each year until there are 24 total residents in the program.
Output: Number of community partnerships utilizing program (i.e., CMHCs, hospitals, clinics, or other providers)		5	<p>The MSH Psychiatric Residency currently has five affiliated sites:</p> <ul style="list-style-type: none"> - Merit Health Central - Psychiatry residents will complete their emergency psychiatry rotation, consult-liaison, and neurology rotations here - Region 8 Mental Health Services and Region 9 Hinds Behavioral Health Services - Residents will provide services to clients at both these community mental health programs - Precise Mind Outpatient Clinic - Residents will treat patients - Gateway Behavioral Health - Residents will provide services for behavioral health and chemical dependency treatment to clients

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

<p>Outcome: Increase suicide prevention and mental health awareness by providing outreach to targeted populations</p>	<p>On Track</p>		<p>DMH continues to provide Shatter the Silence suicide prevention trainings to audiences around the state. In recent years, DMH has expanded the types of training available by developing versions specifically for several different audiences. Partnerships have also been established and expanded with CMHC staff, other state agencies, faith-based groups, and more.</p> <p>In FY22, new partnerships developed include the Juanita Sims Foundation, Clarksdale School District, Quitman County School District, Mississippi Coroner Association, Mississippi Society for Social Work Leadership in Healthcare, Mississippi Judicial College, NFusion Metro and National Association of Social Work. Hinds Community College, the University of Southern Mississippi and Mississippi Delta Community College requested Shatter the Silence presentations in FY22 as well. DMH also hosted the Fifth Annual Suicide Prevention Symposium, which was offered virtually and attended by 441 people, and has continued to offer several virtual suicide prevention and mental health awareness trainings. In addition, DMH has continued to lead the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families, with the other stakeholder groups involved in that program.</p>
<p>Outcome: Decrease the number of suicides in the state through awareness and prevention efforts</p>	<p>On Track</p>	<p>410</p>	<p>The State Department of Health reports there were 410 deaths by suicide in 2020, a decrease from the 436 reported in 2019.</p>
<p>Strategy 3.6.1: Develop customized messaging and suicide prevention literacy surveys for targeted Mississippians including military, law enforcement, older adults, schools/youth groups, faith-based, and correctional settings</p>			<p>Customized messaging has been created for these populations and presentations have been made to all groups during the first half of FY22.</p>

Output: Number of partnerships created		12	New partnerships developed in the first half of FY22 include the Mississippi Department of Corrections which asked DMH to provide Shatter the Silence to all employees twice a year, the Juanita Sims Foundation, Clarksdale School District, Quitman County School District, Mississippi Coroner Association, Mississippi Society for Social Work Leadership in Healthcare, Mississippi Judicial College, NFusion Metro, and National Association of Social Work. Hinds Community College, the University of Southern Mississippi and Mississippi Delta Community College requested Shatter the Silence presentations in FY22 as well.
Output: Number and type of presentations		9	There are now nine customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations are versions customized for military, law enforcement and first responders, postpartum, faith-based youth, faith-based adult, correction officers, and general adult.
Output: Number trained		5,245	A total of 5,245 people were trained in Shatter the Silence: 3,046 people were trained in the youth Shatter the Silence presentation, 1,090 trained in the General Adult version, 125 were trained in Military, 458 were trained in Law Enforcement and First Responders, 50 were trained in Postpartum Depression, 306 were trained in the Adult Faith-Based, and 170 Correctional Officers were trained.
Output: Number of people reached through social media		37,846	From July 1, 2021 through June 30, 2022, DMH had a reach of 495,948 on Facebook and 14,550 on Instagram. Messaging related to suicide prevention was included in more than 60 posts across Facebook and Instagram during the year with a reach of 37,846 people.
Strategy 3.6.2 Expand the Think Again campaigns to increase awareness that mental health care is a critical part of health care			Think Again is continually offered as an option for presentations to organizations requesting more information about general mental health awareness. DMH's Overview of Services and Mental Health Matters presentations include Think Again messaging that increases mental health awareness and encourages people to understand that their mental health is just as important as their physical health.
Output: Number of materials requested		2,140	
Output: Number of presentations		5	
Output: Number of people reached through presentations		363	

Output: Number of people reached through social media		71,298	Think Again information was included in 185 posts on social media. There were 463 “likes” on Instagram and Facebook had a reach of 70,482 during FY22. From July 1, 2021 through June 30, 2022, DMH had a total reach of 495,948 on Facebook and 14,550 on Instagram.
Strategy 3.6.3: Promote DMH's digital outreach outlets to educate Mississippians on warning signs, risk factors, and resources available			DMH continues to educate Mississippians on the warning signs, risk facts and resources available to reduce the number of suicides in the state.
Output: Number of hits on Mental Health Mississippi web site		25,853	A total of 25,853 page views for FY22.
Output: Number of Shatter the Silence app downloads		298	During FY22, the app was promoted to 5,245 people during Shatter the Silence presentations, 90 people during Youth Mental Health First Aid trainings, 168 people during Adult Mental Health First Aid trainings and through 2,810 distributions of the app promotion card.
Output: Social media outlet reach		510,498	From July 1, 2021 through June 30, 2022, DMH had a reach of 495,948 on Facebook and 14,550 on Instagram.
Output: % increase in Lifeline calls		22%	There were 11,256 calls reported by Vibrant, the administrator of the National Suicide Prevention Lifeline. This is an approximate 22% increase over the 9,223 calls reported in FY21.
Strategy 3.6.4: Educate on the critical need for responsible gun ownership and safety concepts related to suicide prevention through state and community partnerships			In FY22, the Department of Public Safety had a change in administration in the Division that distributes gun permits and none were distributed during this period. DMH is working to re-establish this partnership. However, Responsible Gun Safety cards were distributed to various organizations such as churches, schools, advocacy organizations, community organizations, and hospitals during FY22.
Output: Number of lethal means campaign posters distributed		10	There were 10 posters distributed through a partnership with Academy Sports in Hattiesburg.
Output: Number of lethal means campaign cards distributed through concealed carry permit and firearm instructor applications		2,200	There were 2,200 Responsible Gun Safety cards distributed to organizations such as school districts, churches, colleges, hospitals, advocacy organizations, and community groups during FY22.

Output: Number and type of partnerships		5	DMH has partnered with the Mississippi Bureau of Investigation and Department of Public Safety, who issue gun permits in our state. Additionally, DMH is partnering with Academy Sports in Hattiesburg, MS and Boondocks Firearms Training Academy in Raymond, MS to distribute Responsible Gun Safety cards and posters. DMH has also established a relationship with the New Jersey Gun Violence Research Center whose Director formerly lead the University of Southern Mississippi's Suicide and Emotion Dysregulation Laboratory. The partnership will lead to training for Mississippians in FY23.
Objective 3.7 Enhance data management to improve services provided			
Outcome: Automate the interface from the electronic health records system to labs and pharmacies	On Track		CCP has 3 interfaces for the DMH hospitals. Ellisville State School, Hudspeth Regional Center and North MS Regional Center all have a lab and/or pharmacy interface being utilized. Boswell Regional Center is currently working to have their lab interface implemented.
Outcome: Maximize the availability of DMH operated and funded program beds through a tracking system	On Track		DMH has implemented a statewide bed registry for tracking and updating their occupancy for residential beds. This bed registry is updated on a daily basis when the provider does census.
Outcome: Improve efficiency of client information sharing among DMH Programs	On Track		DMH is still working on the transferring of client data between providers. This is currently a manual process that we are working towards an electronic process.
Outcome: Increase accessibility of client records from a person's electronic health record	On Track		The new electronic health records to be implemented at the State Hospitals will have a patient portal for clients to review their health records.
Outcome: Expand the utilization of telehealth to improve the transition process and continuing care of people from state hospitals to Community Mental Health Centers	On Track		We are currently working to collect this information more accurately for FY23.
Strategy 3.7.1: Utilize computerized provider order entry (CPOE) for medication orders			As we continue to implement an electronic health records for the State Hospitals, we will first be implementing CPOE for internal use prior to using telehealth.
Output: Report to CMS for Meaningful Use			This output has been canceled.

Strategy 3.7.2: Enhance the development of a bed registry to track psychiatric, crisis stabilization, substance use inpatient, Forensics, and nursing home bed availability data daily			DMH is currently tracking State Hospitals, Crisis Stabilization Units, A&D Residential, Children and Youth, and Diversion beds and this data is updated daily.
Output: % of occupancy by program/service			Occupancy percentage cannot be accurately calculated due to the continuing changes in bed capacity because of the COVID-19 pandemic.
Output: Number of services added to bed registry		3	We are currently tracking psychiatric, crisis stabilization and substance use inpatient in the Bed Registry.
Strategy 3.7.3: Automate an electronic process to transfer client information between DMH Programs			This item will be implemented after State Hospitals install their new electronic health records system.
Output: Number of programs with the ability to automatically transfer client information			This has not been started at this time.
Strategy 3.7.4: Implement a content/document management solution for scanning paper files into electronic health records			This is currently being utilized at ESS, SMRC, BRC, HRC, MAC and NMRC. This will be an item to complete with the State Hospitals EHR implementation.
Output: Number of DMH Programs viewing all client records electronically		10	All DMH programs except NMRC are viewing client records electronically.
Strategy 3.7.5 Provide the capability for video client interviewing prior to discharge from state hospitals			Intake assessments are conducted between state hospitals and CMHCs via telehealth requirements accepted by the Division of Medicaid. DMH and CMHCs have also discussed the use of the UMMC telehealth network, which is still an option that may be used in the near future to conduct intake assessments.
Output: Number of interviews conducted between state hospitals and CMHCs for client transfers		233	