

Mississippi Department of Mental Health

FY23 Strategic Plan Mid-Year Report

Goal 1

To provide efficient and effective inpatient services for adolescents and adults with serious mental illness and/or substance use disorders

Objective 1.1 Maximize the efficiency and effectiveness of inpatient services at DMH’s behavioral health programs serving adolescents and adults

Strategy 1.1.1 Monitor wait times and location of waiting for acute psychiatric services

On Track

Someone may wait for admission to a DMH behavioral health hospital at a Crisis Stabilization Unit, in a private hospital, in a jail or another location. Some individuals waiting in a CSU or a private hospital may be stabilized and diverted from requiring admission to a state hospital.

Across all four state hospitals, the average length of wait in the first half of FY23 was approximately 8 days, a decrease from 9 days reported at mid-year FY22.

Of those, approximately 49% were admitted from a jail setting, with an average length of wait in jail of approximately seven days.

Approximately 36% of admissions to the state hospitals were from a same level of care setting, such as a private hospital.

Measure: Average length of wait for acute psychiatric admissions		8	<p>The average wait of approximately 8 days compares to an average wait of approximately 9 days at mid-year FY22.</p> <p>With 30 additional beds coming online at EMSH in late 2022 and 20 additional beds coming online at MSH in early 2023, this number is expected to decrease further in the second half of FY23.</p>
MSH: Average length of wait for acute psychiatric admissions		6	
EMSH: Average length of wait for acute psychiatric admissions		7	
NMSH: Average length of wait for acute psychiatric admissions		11	
SMSH: Average length of wait for acute psychiatric admissions		8	
Measure: Percentage of admissions to DMH acute psychiatric services from a jail setting		49%	<p>Approximately 49% of admissions to DMH acute psychiatric services were admitted from a jail setting. This information is provided by counties and entered into the hospital EHR systems, with the location of waiting usually included in the commitment orders.</p> <p>State hospitals maintain regular contact with CMHCs regarding individuals waiting in jail and also attempt to coordinate admissions with CSUs while they are waiting on a state hospital bed. Admissions from a jail setting will vary from county to county.</p>
MSH: Percentage of admissions from a jail setting		28%	
EMSH: Percentage of admissions from a jail setting		51%	

NMSH: Percentage of admissions from a jail setting		54%	
SMSH: Percentage of admissions from a jail setting		64%	
Measure: Average length of time waiting in jail for acute psychiatric services from a jail setting		7	Of the admissions to DMH acute psychiatric services from a jail setting, the average length of wait in jail was approximately 7 days. This time is measured from the hospitals' receipt of a commitment order to the time of admission.
MSH: Average length of time waiting in jail for acute psychiatric admission		3	
EMSH: Average length of time waiting in jail for acute psychiatric admission		8	
NMSH: Average length of time waiting in jail for acute psychiatric admission		12	
SMSH: Average length of time waiting in jail for acute psychiatric admission		6	
Measure: Percentage of admissions to DMH acute psychiatric services from same level of care setting		36%	The same level of care setting may include a private hospital or another private health care program. Of all the admissions to a DMH acute care service, approximately 36% came from a same level of care setting.
MSH: Percentage of admissions to acute psychiatric services from same level of care setting		46%	
EMSH: Percentage of admissions to acute psychiatric services in same level of care setting		34%	
NMSH: Percentage of admissions to acute psychiatric services from same level of care setting		37%	

SMSH: Percentage of admissions to acute psychiatric services from same level of care setting		26%	
Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units	On Track		<p>Mississippi State Hospital in Rankin County and East Mississippi State Hospital in Meridian have Substance Use Disorder units for individuals with alcohol and drug addiction. Across both of those programs, the average length of wait for admission to a SUD unit was approximately 36 days, a decrease from approximately 54 days at the end of FY22.</p> <p>Of admissions there, approximately 55% came from a jail setting, an average length of time of 16 days spent waiting in jail prior to admission.</p>
Measure: Average length of wait for substance use disorder admissions		36.5	The average length of wait for SUD admissions across both MSH and EMSH SUD programs is approximately 36.5 days. This is a decrease from approximately 75 days at mid-year FY22. This count is measured from the time programs receive the commitment orders.
MSH: Average length of wait for substance use disorder admissions		52	This is a decrease from approximately 100 days at mid-year FY22.
EMSH: Average length of wait for substance use disorder admissions		21	This is a decrease from approximately 50 days at mid-year FY22.
Measure: Percentage of admissions to a DMH substance use disorder unit from a jail setting		54.5%	The average percentage of admissions to MSH and EMSH SUD units from a jail setting is approximately 54.5 percent.
MSH: Percentage of admissions to a substance use disorder unit from a jail setting		49%	

EMSH: Percentage of admissions to a substance use disorder unit from a jail setting		60%	
Measure: Average length of time waiting in jail for SUD admission		16.5	
MSH: Average length of time spent waiting in jail for SUD admission		10	
EMSH: Average length of time spent waiting in jail for SUD admission		23	
Strategy 1.1.3: Monitor admissions, readmissions, and length of stay in hospitals for acute psychiatric services	On Track		The 30-day readmission rate has decreased from 3.2% at the mid-year FY22 report to approximately 2% at mid-year FY23. Admissions have increased from 871 at mid-year FY22 to 933 at mid-year FY23.
Measure: 30 Day Readmission Rate		2%	Averaged across all four state hospitals, approximately two percent of all individuals admitted during this time frame were admitted within 30 days of a previous discharge.
MSH: 30 Day Readmission Rate		4%	
EMSH: 30 Day Readmission Rate		2%	
NMSH: 30 Day Readmission Rate		1%	
SMSH: 30 Day Readmission Rate		1%	
Measure: 180 Day Readmission Rate		10%	Averaged across all four state hospitals, approximately 10 percent of all individuals admitted during this time frame were admitted within 180 days of a previous discharge.
MSH: 180 Day Readmission Rate		16%	
EMSH: 180 Day Readmission Rate		11%	
NMSH: 180 Day Readmission Rate		6%	

SMSH: 180 Day Readmission Rate		5.50%	
Measure: 365 Day Readmission Rate		25%	Averaged across all four state hospitals, approximately 25 percent of all individuals admitted during this time frame were admitted within 180 days of a previous discharge.
MSH: 365 Day Readmission Rate		28%	
EMSH: 365 Day Readmission Rate		21%	
NMSH: 365 Day Readmission Rate		38%	
SMSH: 365 Day Readmission Rate		12%	
Measure: Geometric Average Length of Stay		39	<p>The average length of stay of stay across all four state hospitals is approximately 39 days.</p> <p>This number has been calculated as a geometric average length of stay, which the American College of Health Care Administrators considers more accurate than the average length of stay. The geometric average does not exclude outliers, but may be used to lessen the impact of the upper outliers. The value of 39 days is the geometric average of the four geometric average length of stay values from the state hospitals.</p>
MSH: Geometric Average Length of Stay		32	
EMSH: Geometric Average Length of Stay		69	
NMSH: Geometric Average Length of Stay		39	
SMSH: Geometric Average Length of Stay		27	

Measure: Number of Admissions		933	There were 933 admissions to DMH acute psychiatric services during the first half of FY23. This is an increase from 871 in the first half of FY22.
MSH: Number of admissions		348	
EMSH: Number of admissions		212	
NMSH: Number of admissions		176	
SMSH: Number of admissions		197	
Measure: Total number served (acute psychiatric)		1,224	DMH's four state hospitals served 1,175 individuals (with 933 admissions) in acute psychiatric services during the first half of FY23. An additional 49 individuals were served at Specialized Treatment Facility, for a total of 1,224 individuals served in acute psychiatric services.
MSH: Total number served (acute psychiatric)		410	
STF: Total number served		49	
EMSH: Total number served (acute psychiatric)		300	
NMSH: Total number served		225	
SMSH: Total number served		240	
Objective 1.2 Enhance the transition process as individuals are discharged from a DMH behavioral health program to the community			
Strategy 1.2.1: Monitor discharge planning at DMH behavioral health programs		On Track	
Measure: Percent of audits conducted by the Office of Utilization Review that meet all requirements			This measure will be reported at the end of the fiscal year.
Measure: Percent of audits conducted by the Office of Utilization Review that meet all requirements and are sent to the next level of care in the established time frame			This measure will be reported at the end of the fiscal year.

Measure: Number of discharges from DMH behavioral health programs		872	In the first half of FY23, there were 872 total discharges from DMH's behavioral health programs. Of those, 610, or approximately 70%, were discharged to CMHCs. Individuals may be discharged to other private providers, or they may move outside a CMHC catchment area or be discharged to caregivers outside of the state.
MSH: Number of discharges from behavioral health programs		324	
EMSH: Number of discharges from behavioral health programs		182	
NMSH: Number of discharges from behavioral health programs		176	
SMSH: Number of discharges from behavioral health programs		190	
Measure: Number of discharges from DMH behavioral health programs to CMHCs		610	
MSH: Number of discharges from behavioral health programs to CMHCs		245	
EMSH: Number of discharges from behavioral health programs to CMHCs		95	
NMSH: Number of discharges from behavioral health programs to CMHCs		130	
SMSH: Number of discharges from behavioral health programs to CMHCs		140	
Strategy 1.2.2: Begin the intake process or facilitate meetings for people connected with CMHCs prior to discharge from DMH behavioral health programs	On Track		State hospitals work with CMHCs in transitioning patients to care in the community, but there can be a wide variance reported in the first follow-up appointments that are

			<p>attended. Factors that seem to contribute to keeping these appointments include the Peer Bridger connections that are made, CMHC intake meetings being conducted in person, and the discharge follow-up calls from the hospitals taking place within seven days after discharge.</p> <p>However, Peer Bridger vacancies or other staffing issues at CMHCs may contribute to missed appointments. In addition, some CMHCs also provide priority to patients discharged from state hospitals to ensure their appointment is scheduled within 14 days of discharge.</p>
Measure: Percentage of audits with documentation of meetings or intakes prior to discharge			This measure will be reported at the end of the fiscal year.
Measure: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		52%	Approximately 52% of patients who are discharged from a state hospital attend a scheduled follow-up appointment with a CMHC within 14 days of discharge from the hospital. In the past, a similar measure reported the percentage of patients who attended a follow-up appointment at a CMHC following discharge, but did not specify the time frame. This measure now specifically reports this percentage based on the follow-up appointments taking place within 14 days of discharge.
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		56%	

EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		42%	
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		43%	
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		68%	
Measure: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		74.5%	Approximately 74.5% of patients discharged from a state hospital began either a Wellness Recovery Action Plan (WRAP) or an Illness Management and Recovery (IMR) program prior to discharge. Mississippi State Hospital utilizes IMR and the other three state hospitals utilize WRAP in their programming services. Both programs are evidence-based practices that emphasize goal setting and action strategies for recovery.
MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		79%	
EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge		68%	
NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		78%	

SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		73%	
Strategy 1.2.3: Utilize the Peer Bridger program to connect people discharged from DMH behavioral health programs with their local Community Mental Health Centers	On Track		The Peer Bridger program has been successful in connecting people discharged from DMH behavioral health programs with their local Community Mental Health Centers. A total of 157 bridged individuals attended their first post-discharge appointment with a CMHC.
Measure: Percentage of people with bridging meetings		47%	<p>In the first half of FY23, there were 610 individuals discharged from state hospitals to the care of local CMHCs. During this time frame, 288 individuals served at state hospitals had bridging meetings that included the individual, a Peer Bridger at the hospital, and a Peer Bridger at the CMHC for an approximate 47% of individuals who participated in bridging meetings.</p> <p>In addition, there were 233 individuals who received Peer Bridger services in a state hospital but were discharged to a CMHC with peer support services instead of Peer Bridger services, and 123 individuals who received Peer Bridger services in a state hospital but were discharged to a provider other than a CMHC.</p>
MSH: Number of people with bridging meetings		57	
EMSH: Number of people with bridging meetings		96	

NMSH: Number of people with bridging meetings		74	
SMSH: Number of people with bridging meetings		61	
Measure: Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		55%	Of the 288 individuals who had bridging meetings, 157, or approximately 55%, attended the first post-discharge appointment with a CMHC.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		11	
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		52	
NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		48	
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		46	
Measure: Number of individuals with bridging meetings readmitted 0-30 days after discharge		3	
MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		0	
EMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		3	
NMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		0	
SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		0	

Objective 1.3 Decrease the wait time for completed initial competency evaluations and admission for competency restoration services at MSH Forensic Services

Strategy 1.3.1 Monitor evaluation and restoration services provided through Forensic Services

On Track

The average wait time for completed initial competency restorations is 32 days, down slightly from 33 days reported at the end of FY22. In addition, the average length of stay for competency restoration admissions has decreased from 191 days reported at the end of FY22 to 133 days, and the average length of wait for competency restoration admissions has decreased from 366 days to 287 days.

Efforts continue to reduce the wait time for Forensic Services at MSH. In the past year, capacity for male pretrial forensic patients has increased from seven to more than 30. The renovation of Building 63 has been funded and contracts have begun working, with anticipated completion and occupation to happen in 2024. Once it is opened and staff, there will be more than 100 forensic beds at MSH. In addition, a substance use building at MSH has been converted to a medium-security long-term building for forensic patients. Direct care staffing has also improved.

However, challenges remain in that referrals for initial forensic evaluations continue

			to increase, and while wait times are improving, they are still out of the desired range.
Measure: Average time for completed initial competency evaluations		32	
Measure: Average length of wait for competency restoration admissions		287	This wait compares to approximately 366 days in FY22, a decrease of approximately 22%
Measure: Average length of stay for competency restoration		133	
Goal 2			
Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary hospitalizations for children, youth and adults			
Objective 2.1 Provide Programs of Assertive Community Treatment, Intensive Outreach and Recovery Teams, and Intensive Community Support Services as intensive community services that are designed to prevent the need for hospitalization			
Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS	On Track		<p>The PACT and ICORT teams have maintained a readmission rate of 4%, while ICSS has a readmission rate of 16%. However, it is important to note that more individuals may have been served through ICSS (resulting in a lower readmission rate), but given EHR mapping issues of differentiating CSS and ICSS in Data Warehouse, the ICSS numbers should be interpreted with awareness.</p> <p>Fidelity Reviews of the following programs began in January 2023 and the results will be reported for the End Year Report.</p>

Measure: PACT number served		620	
Measure: PACT readmission rate		4%	PACT Teams have achieved a 4% readmission rate, with only 27 out of 620 individuals receiving services having been readmitted to a state hospital in the first half of FY23.
Measure: PACT fidelity rate			Fidelity rates will be reported at the end of the year.
Measure: ICORT number served		454	
Measure: ICORT readmission rate		4%	The ICORT readmission rate for the first half of FY23 is 4% with only 20 out of 454 individuals being readmitted to a state hospital in that time frame.
Measure: ICORT fidelity rate			Fidelity rates will be reported at the end of the fiscal year.
Measure: ICSS number served		395	
Measure: ICSS readmission rate		16%	The ICSS readmission rate for the first half of FY23 is 16%, with 64 out of 395 individuals receiving services having been readmitted to a state hospital in the first half of FY23.
Measure: ICSS fidelity rate			Fidelity rates will be reported at the end of the fiscal year.

Objective 2.2 Provide community services that support a person’s continued recovery in the community			
Strategy 2.2.1 Monitor the fidelity of Supported Employment services	On Track		<p>Supported Employment services are available through an Individual Placement and Support (IPS) program and a Supported Employment Expansion program in partnership with the Mississippi Department of Rehabilitation Services.</p> <p>In the first half of the fiscal year, the IPS sites served a total of 270 individuals, 107 of whom were employed. The VR Expansion sites served a total of 162 individuals, 33 of whom were employed.</p> <p>Fidelity rates will be reported at the end of the fiscal year.</p>
Measure: IPS Supported Employment fidelity rate			
Measure: Number employed through IPS Supported Employment		107	A total of 107 individuals receiving IPS Supported Employment services were employed in the first half of FY23. A total of 270 individuals received IPS Supported Employment services during the time frame.
Measure: Supported Employment - VR fidelity rate			
Measure: Number employed through Supported Employment - VR		33	A total of 33 individuals receiving Supported Employment Expansion services were employed in the first half of FY23. A total of 162 individuals received Supported Employment

			Expansion services during the time frame.
Strategy 2.2.2 – Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living	On Track		<p>The CHOICE housing program provides temporary rental assistance to make housing affordable throughout the state of Mississippi for individuals with serious mental illness. Referrals to CHOICE are made through Mississippi United to End Homelessness (MUTEH) and Open Doors Homeless Coalition, and CMHCs provide services to individual in CHOICE.</p> <p>In the first half of FY23, MUTEH served 71 individuals and Open Doors served 103, for a total of 174 individuals served through CHOICE. Only two individuals served through CHOICE, or approximately 1%, required readmission to a state hospital.</p>
Measure: CHOICE number served		174	
Measure: CHOICE housing program readmission rate		1%	
Measure: Supervised and Supported Living number served		253	A total of 253 individuals were served in Community Living in the first half of FY23.
Measure: Supervised and Supported Living readmission rate		4%	Nine out of 253 individuals served, or approximately 4%, were readmitted to a state hospital during the first half of FY23.

<p>Strategy 2.2.3 - Develop Peer Respite programs to provide short term, non-clinical respite support to help people find new understanding and ways to move forward</p>	<p>Not Started</p>		<p>As of December 31, 2022, funding to implement Peer Respite programs in the state of Mississippi was still pending. When the programs are implemented, they will provide community-based, non-clinical crisis support during the day in a homelike environment.</p>
<p>Measure: Number of new sites</p>			
<p>Measure: Number of individuals served</p>			
<p>Measure: Percentage of individuals requiring a more intensive service</p>			
<p>Measure: Percentage of individuals with a follow-up appointment scheduled at their local CMHC</p>			
<p>Objective 2.3 Provide community supports for children and youth with serious emotional disturbance and prevent the need for out-of-home placements</p>			
<p>Strategy 2.3.1 – Utilize MAP Teams to prevent unnecessary institutionalizations among children and youth</p>	<p>On Track</p>		<p>MAP teams are made up of individuals from local community agencies that work with children and youth. The priority of the MAP Team is to review cases concerning children and youth (ages 0 -21) who have a serious emotional or behavioral disorder or serious mental illness and are at risk for an inappropriate placement due to the lack of access to or availability of services and supports in the community.</p> <p>In the first half of FY23, 422 children and youth were served by local level MAP</p>

			Teams across the state, an increase from 370 served at mid-year FY22.
Measure: Number served by MAP Teams		422	
Measure: Number of cases referred by local partners attending MAP Team meetings		350	In the first half of FY23, 350 of the 422 cases referred to the local level MAP Teams were referred by local partners such as mental health providers, CPS, Youth Court, hospitals, and local school districts.
Measure: Percentage of youth needing a higher level of care		0.90%	The percentage of youth referred to a higher level of care will be tracked beginning FY24. Through the first half of FY23, four children and youth were referred from local level MAP Teams to the State Level Case Review Team due to a lack of resources to serve the child/youth in their local community/home. This is less than one percent of the 422 served.
Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth	Off Track		In the first half of FY23, 1,044 children and youth were served by Wraparound Facilitation. This is a decrease from FY22, when 1,306 were served by mid-year. The decrease is likely due to the loss of providers of Wraparound Facilitation caused by staff shortages.
Measure: Number served by Wraparound Facilitation/Supportive Aftercare		1,044	

<p>Measure: Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement</p>		<p>18%</p>	<p>193 children and youth, approximately 18% of those served, received Wraparound Facilitation as an alternative to a more restrictive placement in the first half of FY23. This is an increase compared to 171, or 13% of those served, at mid-year FY22.</p>
<p>Measure: Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement</p>		<p>12%</p>	<p>In the first half of FY 23, 125 children and youth, approximately 12% of those served, transitioned to Wraparound Facilitation from a more restrictive placement.</p>
<p>Measure: Percentage of youth needing a higher level of care</p>			<p>This information is not yet tracked by the Division of Children and Youth. However, in the first half of FY23, 269 of the 420 new enrollees in Wraparound Facilitation were maintained in their community for the entirety of treatment.</p>

<p>Strategy 2.3.3 – Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis</p>	<p>On Track</p>		<p>Navigate is an evidence-based program to serve youth and young adults assists individuals, 15-30 years of age, who have experienced First Episode 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.</p> <p>In FY22, the program expanded, with four additional Navigate programs funded in Regions 2, 4, 7, and 14 in the spring of 2022. There are now eight Navigate programs currently operating across the state, with additional programs in Regions 6, 8, 9, and 15.</p> <p>As a result of that expansion, the program is now serving 100 youth and young adults, an increase of 35 from the number served during the first half of FY22.</p>
<p>Measure: Number served by Navigate</p>		<p>100</p>	<p>In the first half of FY23, 100 youth and young adults were served in Navigate. This is an increase of approximately 54% over the 65 served in the same time frame in FY22.</p>
<p>Measure: Percentage maintained in their homes and communities</p>		<p>91%</p>	<p>In the first half of FY23, 91% of youth and young adults served in the eight Navigate programs were maintained in their home and/or community. Nine of the 100 youth and young adults</p>

			served in Navigate required hospitalization.
Strategy 2.3.4 – Provide services for juvenile offenders that aid in the successful transition from a detention center to their communities and in preventing recidivism in the juvenile justice system	On Track		<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.</p> <p>Adolescent Offender Programs (AOPs) provide services to youth via a day treatment model that includes an evidence-based, treatment-oriented approach emphasizing family engagement and addressing the mental health challenges and/or substance use experienced by the youth. The AOPs not been implemented yet. DMH has proposed utilizing ARPA funding for an AOP in each CMHC. RFPs for funding these AOPs have been submitted and are currently under review by the required third party.</p>
Measure: Percentage who are employed or enrolled in school or educational courses		68%	In the first half of FY23, 68% of the youth and young adults served in the eight Navigate programs were either enrolled in school or

			educational courses or were employed.
Measure: Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs		66%	By mid-year of FY 23, 826 youth, or 66% of the youth served through the Juvenile Outreach Program, were referred to continue treatment at CMHCs where they live.
Measure: Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP		26%	In the first half of FY23, 328 youth of the 1,251 served through the Juvenile Outreach Program reoffended and re-entered the detention center. 826 of the youth receiving mental health services through JOP were released and referred to outpatient mental health treatment in their communities.
Measure: Number referred to Adolescent Offender Programs as an alternative to incarceration			
Measure: Number completing the Adolescent Offender Programs with no reoffending behaviors			
Measure: Number completing the Adolescent Offender Programs with reoffending behaviors			

<p>Strategy 2.3.5 – Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization</p>	<p>On Track</p>		<p>A Request for Proposals (RFP) was issued in late July with the specific outcome of employment of an ICSS for the CMHCs that do not currently have an ICSS dedicated to children and youth (Regions 4, 9, 10, 15 and an additional ICSS for Regions 6 and 12 due to the size of the catchment area). This would allow the service to be available in all CMHC regions.</p> <p>The RFPs are being reviewed by a third party to ensure all ARPA requirements are met before the grants are awarded. This information will be tracked when the additional ICSS services are implemented and will be reported in FY24.</p>
<p>Measure: Number referred from acute and/or residential treatment</p>			
<p>Measure: Number maintained in the community with supports from the ICSS program</p>			
<p>Measure: Number readmitted to acute and/or residential treatment from the ICSS program</p>			

<p>Objective 2.4 Provide an array of substance use disorder treatment, prevention, and recovery support services</p>			
<p>Strategy 2.4.1 – Divert individuals who are court committed to DMH for alcohol and drug treatment to a community-based program</p>	<p>On Track</p>		<p>In the first half of FY23, 93 individuals were diverted from inpatient Substance Use Disorder services at Mississippi State Hospital or East Mississippi State</p>

			Hospital to community residential services.
Measure: Number of individuals diverted from inpatient treatment		93	
Strategy 2.4.2 – Provide community residential services for individuals in need of substance use disorder treatment	On Track		<p>Community residential services are available on a Level of Care continuum that includes High-Intensity (Primary) Residential services, Medium-Intensity Residential services, and Low-Intensity Residential (Transitional) services. In addition, pregnant and parenting women and men with dependent children are prioritized for admission to DMH funded and certified community residential providers.</p> <p>In the first half of FY23, a total of 2,064 individuals were served in these residential services. This number includes the 1,841 served in High-Intensity Residential (including 88 pregnant and parenting individuals), 198 served in Transitional Residential Treatment, and 25 adolescents served in Medium-Intensity Residential.</p>
Measure: Number of individuals served in primary residential treatment		1,841	In the first half of FY23, 1,841 individuals were served in Primary Residential treatment services. This includes 88 pregnant and parenting individuals. An additional 25 adolescents were served in Medium-Intensity services.

Measure: Number of individuals served in transitional residential treatment		198	
Measure: Number of community-based beds available for residential treatment		624	This is a decrease from 646 beds at full capacity. The cause of the decrease in bed capacities throughout the state is primarily due to COVID-19 outbreaks. Harbor House reported a decrease in bed capacity due to the fact the agency's Low-Intensity Residential is not operational this FY.
Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	On Track		
Measure: Number of intravenous drug users served		406	In the first half of FY23, 406 IV drug users were served at community residential treatment. This includes 12 pregnant IV drug users.
Measure: Number of pregnant women served		53	
Measure: Number of parenting women served		33	In the first half of FY23, 33 parenting women were served in community residential treatment. In addition, two parenting men were served in the first half of the year as well.
Measure: Number of individuals served through Medication Assisted Treatment for opioid use disorder		89	In the first half of FY23, there were 333 unique clients registered for treatment at nine clinics throughout Mississippi. Of those there were 89 patients that were enrolled in MAT, 324 nonpregnant individuals and nine listed as pregnant at the time of enrollment.

Goal 3			
To improve connections to care and the effectiveness of the crisis services continuum network of services statewide			
Objective 3.1 Increase utilization of Crisis Stabilization Units (CSUs) to divert people from a higher level of care			
Strategy 3.1.1 – Increase the number of available CSU beds throughout the state	On Track		In the first half of FY23, four new CSU beds were added to the Natchez location, resulting in a total of 188 CSU beds across the state at the mid-point of FY23. However, the Marks CSU has ceased operations following the consolidation of the Region 1 and Region 6 service areas. The funding for that CSU will be reallocated for additional crisis services in the near future. At the time of this report's publishing, there are 180 CSU beds available in Mississippi.
Measure: Number of new CSU beds added		4	Four CSU Beds were added to the Natchez CSU on December 8, 2022.
Measure: Total number of CSU beds		188	There were 188 CSU beds available on December 31, 2022. However, that number decreased to 180 in February 2023.
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		The CSUs remain effective at diverting individuals from hospitalization. In the first half of FY23, the CSUs served 1,170 individuals and diverted approximately 92% of all discharges from admission to a state hospital. The average length of stay at a CSU was 13 days.
Measure: Number served		1,170	

Measure: Percentage of individuals diverted from a state hospital		92%	Out of 1,567 total duplicated discharges, 121 were discharged to a state hospital, for a diversion rate of 92%.
Measure: Average length of stay		13	
Objective 3.2 Increase availability of community crisis homes for successful continuation in the community			
Strategy 3.2.1 – Maintain six crisis diversion homes throughout the state for people with intellectual/developmental disabilities and/or dual diagnoses, and develop an additional four, four-bed crisis diversion homes and one six-bed crisis diversion home throughout the state.	On Track		<p>Crisis Diversion Homes are short-term, transitional homes that support individuals with a primary diagnosis of IDD, 24 hours per day, seven days per week, who are either in crisis or at risk of being in crisis. Many times, this crisis occurs because a person has exhausted their current living arrangements and has no place to live.</p> <p>The six existing homes are in full operation. RFPs have been issued to open four additional four-bed homes using ARPA funds, but only one provider has responded. The six-bed home was opened at Boswell Regional Center in August 2022, but is not yet fully staffed.</p>
Measure: Number of new crisis diversion beds added since FY22		18	This includes eight beds added at Brandi's Hope, four beds added at CDI, and six beds added at BRC's Morton house.
Measure: Number of individuals served		20	
Measure: Percentage of people transitioned with appropriate supports		85%	17 people were transitioned to IDD waiver or other appropriate services.
Measure: Average length of stay		180	The average length of stay is 6 months.

<p>Strategy 3.2.2 – Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds</p>	<p>On Track</p>		<p>The number of safe beds has decreased due to the number of crisis diversion homes.</p>
<p>Measure: Number of individuals served</p>			<p>There were no requests for safe beds from July-December 2022</p>
<p>Objective 3.3 Expand capacity of 988 Lifeline Centers within the crisis continuum.</p>			
<p>Strategy 3.3.1 – Meet increased demand in crisis calls, texts, and chats at the state’s two Lifeline Centers.</p>	<p>On Track</p>		<p>The 988 Suicide and Crisis Lifeline officially launched on July 16, 2022, providing a new, three-digit dialing code that replaced the former number for the National Suicide Prevention Lifeline. Mississippi has two call centers that take calls dialed to 988 from Mississippi area codes, CONTACT the Crisis Line in Jackson and Contact Helpline in Columbus. These call centers provide trained crisis counselors to connect callers in crisis with services near them and address their immediate needs.</p>
<p>Measure: Number of calls</p>		<p>7,474</p>	<p>Vibrant, the federal administrator of the 988 Suicide and Crisis Lifeline, reports there were 7,474 calls received by the Mississippi call centers.</p>
<p>Measure: Number of texts and chats</p>		<p>6</p>	<p>CONTACT the Crisis Line had six text and chats. Contact the Helpline does not have text and chat capability at this time. This information is reported by Vibrant.</p>
<p>Measure: In-state answer rate</p>		<p>94%</p>	<p>7,024 out of the 7,474 calls received by the call centers were answered, for an in-state answer rate of approximately 94%.</p>

<p>Measure: Number of calls to 988 referred to Mobile Crisis Response Teams</p>		13	<p>CMHCs continue to use their individual numbers for Mobile Crisis Response Teams. As 988 implementation continues throughout the state, the call centers will become the coordinated crisis response referral system. In the first half of FY23, 13 calls to 988 were referred to mobile crisis according to data entered by CMHC's into WITS.</p>
<p>Strategy 3.3.2 – Research and implement technology that provides quality coordination of crisis care in real-time to support the continuum of crisis services.</p>	<p>On Track</p>		<p>The 988 Crisis Coordination Subcommittee has viewed demos from five technology vendors and will continue to explore needs and additional vendors.</p>
<p>Measure: Number of technology demos viewed</p>		5	
<p>Objective 3.4 Increase effectiveness of Mobile Crisis Response Teams to divert individuals from a higher level of care</p>			
<p>Strategy 3.4.1 – Monitor utilization and fidelity of Mobile Crisis Response Teams</p>	<p>On Track</p>		<p>Reporting for Mobile Crisis Response Teams transitioned to the WITS online reporting system in July 2022, which has resulted in a lower volume of calls being reported. Previous years' numbers also reported follow-up contacts, which increased the number of calls. Current and future numbers reported should be individual calls.</p> <p>In the first half of FY23, 6,171 calls to Mobile Crisis Response Teams were reported through WITS. This compares to 15,493 calls, contacts, and follow-ups</p>

			<p>reported in the first half of FY22.</p> <p>However, fidelity reviews for MCRT began in FY23, with reviews conducted for seven of the 13 CMHC mobile crisis teams in the first half of the year. Of those, six of the seven received a passing score of 30 or higher on the fidelity review.</p>
Measure: Number of contacts/calls		6,171	Total contacts/calls are lower than the numbers previously report due to WITS implementation July 1, 2023.
Measure: Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		20%	Out of 6,171 calls, 1,219 resulted in the Mobile Crisis Response Team deploying for a face-to-face response.
Measure: Percentage of individuals receiving a face-to-face response who are in need a higher level of care		22%	Of the 1,219 face-to-face responses, 75 were admitted to CSUs, 184 were admitted to emergency rooms, and 15 were admitted to state hospitals.
Measure: Average response time for rural MCERT responses			Average time from deployment to arrival is approximately 118 minutes, but incorrect data entry could also affect this measure too. Information is not currently available on rural vs. urban response times.
Measure: Average response time for urban MCERT responses			Average time from deployment to arrival is approximately 118 minutes, but incorrect data entry could also affect this measure too. Information is not currently available on rural vs. urban response times.

Measure: MCERT fidelity rate		86%	From July through December 2022, there were fidelity reviews completed for seven MCErT teams. Six of the seven reviewed, or approximately 86%, received a passing score of 30 or higher on the fidelity scale.
Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	On Track		There is one MOU for a pilot project underway with Communicare CMHC for the follow-up care for MOU's to be developed.
Measure: Number of MOUs		1	
Objective 3.5 Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided			
Strategy 3.5.1 - Utilize the Specialized Planning Options to Transition (SPOTT) to help people access services	On Track		
Measure: Number of referrals to SPOTT		65	There were 65 referrals made to SPOTT, with 59 that were placed on the active list and 6 referrals that were not appropriate referrals.
Measure: Number of appropriate referrals to SPOTT		59	
Measure: Percentage of appropriate referrals connected to services/supports through SPOTT		88%	52 of the 59 appropriate referrals were connected to services and removed from the active list. Seven appropriate referrals remain on the active list.
Strategy 3.5.2 - Utilize the DMH Office of Consumer Supports to provide Mississippians referral services and as an outlet for filing grievances related to services or providers	On Track		
Measure: Number of DMH Helpline calls		3,842	There were 3,842 calls to the DMH Helpline in the first

			half of FY23. This includes 3,135 calls to the DMH Helpline and 707 calls that were answered by CONTACT after hours.
Measure: Number of grievances filed through the Office of Consumer Support		117	
Goal 4			
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			
Objective 4.1 Provide community supports and services that allow individuals to transition from the ICF/IID regional program campus to appropriate community living options			
Strategy 4.1.1 – Transition people from the ICF/IID regional program campus to the ICF/IID Community Homes and the ID/DD Home and Community Based Waiver	On Track		In the first half of FY23, a total of seven people transitioned from a Regional Program campus to ICF/IID Community Homes or the ID/DD Waiver. Six transitioned to ICF/IID Community Homes and one person transitioned from BRC to the ID/DD Waiver.
Measure: Number of people transitioned from Regional Program to ICF/IID Community Homes		6	Six people transitioned from the ICF/IID Regional Programs to ICF/IID Community Homes in the first half of FY23: NMRC - 1 BRC - 3 SMRC - 2
NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		1	
BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		3	

HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		0	
ESS: Number of people transitioned from Regional Program to ICF/IID Community Homes		0	
SMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		2	
Measure: Number of people transitioned from Regional Program to the ID/DD Waiver		1	In the first half of FY23, one person transitioned from an ICF/IID Regional Program to the ID/DD Waiver.
NMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
BRC: Number of people transitioned from Regional Program to the ID/DD Waiver		1	
HRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
ESS: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
SMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
Measure: Number of people transitioned from the ICF/IID Community Homes to the community		3	In the first half of FY23, a total of three people transitioned from the ICF/IID Community Homes to the community.
NMRC: The number of individuals transitioned from the ICF/IID Community Homes to community settings with ID/DD Waiver supports during the specified reporting period.		1	

BRC: The number of individuals transitioned from the ICF/IID Community Homes to community settings with ID/DD Waiver supports during the specified reporting period.		2	
HRC: Number of people transitioned from the ICF/IID Community Homes to the community		0	
ESS: Number of people transitioned from the ICF/IID Community Homes to the community		0	
SMRC: Number of people transitioned from the ICF/IID Community Homes to the community		0	
Measure: Number of people served in the ICF/IID Regional Programs		716	In the first half of FY23, a total of 716 people were served in the ICF/IID Regional Programs.
NMRC: Number of people served in the ICF/IID Regional Programs		167	
HRC: Number of people served in the ICF/IID Regional Programs		169	
BRC: Number of people served in the ICF/IID Regional Programs		96	
MAC: Number of people served in the ICF/IID Regional Programs		32	
ESS: Number of people served in the ICF/IID Regional Programs		198	
SMRC: Number of people served in the ICF/IID Regional Programs		54	
Measure: Percent of people served in the community versus an institutional setting		86%	In the first half of FY23, there were 716 individuals served in the ICF/IID Regional Programs, 2,672 individuals who received ID/DD Waiver services, 1,010 individuals who received services through the 1915(i) Community Support Program, 33

			individuals who received IDD grant services, and 527 individuals who received services in ICF/IID Community Homes. Of the 4,958 individuals who received services, 4,242, or approximately 86% of individuals served, were in the community.
Objective 4.2 Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options			
Strategy 4.2.1 – Increase the number of people receiving ID/DD Waiver services	On Track		There were 2,672 people who received ID/DD Waiver services in the first half of FY23, a slight increase over 2,669 reported in the first half of FY22. Although enrollment has been slower than anticipated due to staffing issues that continue at community providers, the Waiver has maintained enrollment, with 45 new individuals admitted in the first half of FY23. On December 31, 2022, 2,644 people were on the Waiver census. The 2,672 number is an unduplicated count of all people served in the six month period.
Measure: Number of people who received ID/DD Waiver services		2,672	Source: 372 Report.
Measure: Number of people admitted to the ID/DD Waiver services		45	The ID/DD Waiver has enrolled 45 people the first six months of FY23, a decrease compared to 70 in the first six months of FY22. Enrollment has been slower than anticipated due to staffing issues.
Measure: Number of people on the ID/DD Waiver Census		2,644	2644 people were receiving ID/DD Waiver Services at the end of December 2022.

<p>Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program</p>	<p>On Track</p>		<p>There were 1,010 people who received 1915(i) Community Support Program services in the first half of FY23, a slight decrease from 1,012 reported in the first half of FY22. A total of 61 people were admitted the 1915(i) CSP program in the first half of FY23. As of December 31, 2022, 917 people were receiving services and 960 people were enrolled.</p>
<p>Measure: Number of individuals who received 1915(i) Community Support Program Services</p>		<p>1,010</p>	
<p>Measure: Number of individuals admitted to 1915(i) Community Support Program</p>		<p>61</p>	
<p>Measure: Number of individuals on the 1915(i) Community Support Program Census</p>		<p>960</p>	<p>As of December 31, 2022, 917 people were receiving services and 960 people were enrolled. Source: Medicaid CSP Enrollment Report</p>
<p>Measure: Number of individuals receiving Targeted Case Management</p>		<p>1,010</p>	<p>Source: Medicaid 372 report.</p>
<p>Objective 4.3 – Provide Supported Employment Services that lead to gainful community employment for people with IDD</p>			
<p>Strategy 4.3.1 – Increase the number of individuals utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services</p>	<p>Off Track</p>		<p>A total of 243 people, 191 through the Waiver and 52 through the CSP, were employed in the first half of FY23. Numbers for individuals employed and those searching for employment are both down compared to the previous year. This decrease could possibly be attributed to a new billing system implemented by the Division of Medicaid in October 2022. Some providers have</p>

			had issues billing which will reflect possible inaccuracy on the 372 report. In addition, staffing shortages continue to affect both service providers and businesses that offer employment through the Supported Employment programs. For example, many fast food restaurants remain closed to inside dining and provided drive through only during this time frame.
Measure: Number of individuals searching for employment		90	59 people received Job Development (searching for jobs) in ID/DD Waiver and 31 people received Job Development through CSP during the first six months. Source: 372 Report
Measure: Number of individuals employed		243	The ID/DD Waiver served 191 people and the CSP served 52 people in Job Maintenance during the six month period. Source: 372 Report.
Goal 5			
To develop and build capacity of the behavioral health and IDD workforce			
Objective 5.1 Identify and address DMH workforce shortages to maintain a diverse and engaged mental health workforce to sustain appropriate staffing levels			
Strategy 5.1.1 - Monitor DMH workforce data and develop recruitment recommendations	On Track		Additional data on these workforce measures will be reported at the end of the year.
Measure: Turnover Rate for Support Care Professionals			Turnover rate will be calculated at end of 12-month period. State operated programs reported

			a total of 718 support care separations for the midyear. Separations per month are trending down.
Measure: Turnover Rate for All DMH employees			Turnover rate will be calculated at end of 12-month period. State operated programs reported a total of 1,106 support care separations for the midyear. Separations per month are trending down.
Measure: Vacancy Rate for Support Care Professionals			Vacancy rate will be reported at end of year. Programs report an average of 773 vacant Support Care Professional positions per month.
Measure: Number of recruitment recommendations implemented			<p>DMH programs continue to attend job fairs and utilize recruitment tools, such as Indeed and CareerBuilder; WIN Job Centers;</p> <p>- MSH entered into contract with Alabama Media Group effective July 1, 2022, which has created a social media presence for MSH. Ads run on Facebook letting individuals know MSH is hiring. If an individual clicks on the ad, it takes them to a landing page where it asks different questions as far as what types of jobs they are interested in and then provides a way for the individual to upload his/her resume. This endeavor has led to the Hospital experiencing significant gains in Social Worker staffing to the point we are 1 or 2 staff away from being fully staffed.</p>

			- SSMH recruits nursing students from USM to be SCPs to get experience. Two of them have expressed interest in staying on as RNs once they graduate.
Strategy 5.1.2 - Conduct stay interviews/surveys at DMH state-operated programs to assess job satisfaction and adjust retention efforts as needed	On Track		
Measure: Number of stay interview participants			Stay interviews are conducted at STF & MSH, but began in January 2023. Stay Interviews will be implemented at all DMH programs and numbers of participants reported at end of year.
Measure: Number of retention strategies implemented			<p>Final number of strategies will be reported at end of year, but programs implemented compensation increases to eligible employees in October 2022.</p> <ul style="list-style-type: none"> - NMRC utilized Oxford University Transit timed bus routes to NMRC every day of the week. - HRC implemented compressed and flexible work schedules. - STF developed a supervisor training and implemented an EIRC.

Objective 5.2 Develop a comprehensive state mental health workforce prepared for the complex needs of children, youth and adults in need of services and supports			
Strategy 5.2.1 - Sustain the Mississippi State Hospital Psychiatry Residency Program to strengthen the psychiatry workforce in Mississippi	On Track		The Psychiatry Residency Program at Mississippi State Hospital continues, with its second class of residents beginning their first year on July 1, 2022. Twelve residents are currently in the program, with six residents to join each year until there are 24 individuals in the program. Residents at MSH provide services to individuals at the hospital as well as through partnerships with CMHCs, clinics, or other providers. Ultimately, the program hopes to expand the psychiatric workforce in Mississippi as a whole, as many doctors statistically remain within a 50 to 100 mile radius of where they complete their residency.
Measure: Number of residents		12	
Measure: Number of psychiatrists in the Mississippi workforce		219	The Office of Mississippi Physician Workforce reported there were 219 psychiatrists working in Mississippi in 2022.
Strategy 5.2.2 – Provide clinical experience to residents in the Mississippi State Hospital Psychiatry Residency Program through the use of an outpatient psychotherapy clinic	On Track		An outpatient psychotherapy clinic opened on the grounds of Mississippi State Hospital in July 2022. Second-year residents are eligible to provide services in in this clinic, which provides supportive, cognitive-behavioral, psycho-dynamic, insight-oriented, and other personalized therapy.

			Outpatient appointments are available Monday through Thursday through this clinic. It served 32 individuals from July through December, with a total of 135 sessions.
Measure: Number of people served through the psychotherapy clinic		32	
Measure: Number of sessions conducted by residents		135	
Strategy 5.2.3 - Provide technical assistance designed to improve delivery of mental health services to stakeholders in the state mental health system	On Track		
Measure: Number of TA provided to certified providers		21	
Measure: Number of individuals reached through TA to DMH Certified Providers		85	This TA included assistance with services and documentation for SMI (Community Support, Peer Support, and Psychosocial Rehabilitation Services), documentation for IDD Services, ASAM levels, person-centered concepts, assistance with policy and procedure revisions, and Crisis Prevention Institute training.
Measure: Number of TA provided to Judges/Chancery Clerks/Chancery Courts		12	In the first half of FY23, members of DMH's leadership team had 12 meetings with judges, chancery clerks, and their staff members. These meetings provided details on the commitment process, available community mental health services, and focused on diverting individuals from commitment to a state hospital to the most

			appropriate level of community care available.
Measure: Number of individuals reached through TA to Chancery Clerks/Chancery Courts		169	These individuals included judges, chancery clerks, their staff members, and CMHC staff throughout the state's Chancery Court districts.
Strategy 5.2.4 – Provide consultation and training from the Center for START Services to strengthen the crisis services and supports for children, youth and adults with Intellectual and Developmental Disabilities and dual-diagnosed needs	Not Started		<p>DMH is still in the procurement stage for a contract with the Center for START Services.</p> <p>The START - Systemic, Therapeutic, Assessment, Resources, and Treatment - model is a comprehensive model of services and supports that optimize independence and community living as well as improving family and caregiver experiences. It focuses on improving access to mental health and crisis services for people who have IDD and behavioral health crises. DMH is partnering with the START program to implement a three-year program that, after procurement is finalized, will provide consultation and evaluation of the current infrastructure, implement a pilot program for START services, and provide training throughout the three-year project.</p>

Measure: Number of trainings conducted			
Measure: Number of individuals trained			
Strategy 5.2.5 – Promote DMH licensure and certification programs for mental health professionals employed at programs that are operated, funded and/or certified by the agency	On Track		The DMH Division of Professional Licensure and Certification (PLACE) offers licensure and certification programs for categories of professionals who are employed at programs which are operated, funded and/or certified by the Mississippi Department of Mental Health. Credentials include Mental Health Therapists, IDD Therapists, Addictions Therapists, Community Support Specialists, and DMH Licensed Administrators.
Measure: Number of initial licenses or certifications obtained		408	This is the number of provisional certifications offered during the time frame. The total number of current, active provisional credentials on December 31, 2022 was 1,377.
Measure: Number of renewed licenses or certifications		88	This is the number of individuals who moved from provisional to full certification during the time frame. The total number of current, active full credentials on December 31, 2022 was 1,678.
Strategy 5.2.6 – Monitor the use of evidence-based and best practices at DMH Programs and Certified Providers	On Track		This information is gathered through a survey each spring and will be reported at the end of the fiscal year.
Measure: Number of evidence-based and best practices actively used by DMH Certified Providers			
Measure: Number of evidence-based and best practices actively used by DMH Programs			

Objective 5.3 Provide initial and ongoing provider certification services to maintain a qualified and diverse mental health system to meet the needs of individuals in the state.

Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification	On Track		
Measure: Number of agencies participating in interested provider orientation		63	
Measure: Number of new provider agencies approved		7	
Measure: Number of new services approved for DMH certified providers		11	
Measure: Number of new programs approved for DMH certified providers		38	
Strategy 5.3.2 - Monitor the provision of services by conducting site visits with DMH Certified Providers	On Track		
Measure: Number of full agency site visits		33	
Measure: Number of new program site visits		38	
Measure: Number of provider assessments completed during non-full site visit years		25	

Goal 6

To engage Mississippians and promote the development of effective educational resources and dissemination approaches to improve public understanding of behavioral health

Objective 6.1 – Maintain an online presence that offers easily accessible information about behavioral health and suicide prevention

Strategy 6.1.1 – Utilize the DMH web site and Mental Health Mississippi web site to provide information to the public about how to access resources and overall mental health literacy	On Track		
Measure: DMH web site users		19,375	
Measure: DMH web site sessions		36,886	
Measure: Mental Health MS web site users		12,323	
Measure: Mental Health MS sessions		14,754	
Strategy 6.1.2 – Utilize social media to provide information to the public	On Track		DMH maintains accounts on Facebook and Instagram that provide general information about mental health and awareness, information about upcoming events, employee recognition, and content from the agency's various campaigns, such as Shatter the Silence, Celebrating Mississippians, and more. In the first half of FY23, the total reach of social media was 269,948 accounts across both Facebook and Instagram. DMH currently has 7,391 followers on Facebook and 1,286 followers on Instagram. In addition, the Stand Up, Mississippi program had a Facebook reach of 330,721 accounts and an Instagram reach of 37,318 accounts, with 3,628 followers on Facebook and 296 followers on Instagram.
Measure: Social media total reach		637,987	This reach includes Facebook and Instagram accounts from both DMH and Stand Up, Mississippi.

Objective 6.2 Educate Mississippians about suicide warning signs, risk factors, and available resources			
Strategy 6.2.1 – Utilize the Shatter the Silence campaign and ASIST to provide Mississippians with warning signs and risk factors related to suicide	On Track		DMH continues to utilize the Shatter the Silence campaign and ASIST to provide Mississippians with warning signs and risk factors related to suicide. There were 23 Shatter the Silence and ASIST trainings held during this period.
Measure: Number of Shatter the Silence presentations		21	
Measure: Number of people trained in Shatter the Silence		5,040	
Measure: Number of Shatter the Silence app downloads		125	
Measure: Number of ASIST trainings		2	
Measure: Number of people trained in ASIST		47	
Measure: Number of organizations trained in ASIST		2	In the first half of FY23, Health Connect and Canopy Children’s Solutions trained their staff in ASIST.
Objective 6.3 Provide evidence-based or best practice trainings to various stakeholder groups			
Strategy 6.3.1 - Provide Mental Health First Aid training to teach Mississippians the skills to respond to the signs of mental illness and substance use	On Track		DMH continues to provide Mental Health First Aid training to teach Mississippians to increase skills to respond to the signs of mental illness and substance use across the state. DMH is offering Adult Mental Health First Aid Training to frontline workers and Youth Mental Health First Aid to school personnel and parent/caregivers across the state.
Measure: Number of trainings		20	
Measure: People trained		262	
Measure: Organizations trained		15	

<p>Strategy 6.3.2 - Provide online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices</p>	<p>On Track</p>		<p>The Mississippi Behavioral Health Learning Network is a partnership between DMH and the Mississippi Public Health Institute to provide professional and workforce development to behavioral health providers in the state of Mississippi. The network offers a variety of online trainings with continuing education units available depending on the training.</p> <p>In the first half of FY23, 28 trainings were offered through the network, with 573 individuals participating in those trainings. At least 43 organizations were represented by these individuals, including DMH, CMHCs, private providers, law enforcement, educational institutions, other state agencies, and others.</p>
<p>Measure: Number of trainings</p>		28	
<p>Measure: People trained</p>		573	
<p>Measure: Organizations trained</p>		43	
<p>Strategy 6.3.3 – Partner with stakeholders to expand Crisis Intervention Team training</p>	<p>On Track</p>		<p>In the first half of FY23, there were six CIT trainings with 71 officers and 22 law enforcement agencies represented. There are eight fully-functioning CIT teams in the state, with five additional counties working towards implementing a full CIT program.</p>
<p>Measure: Number trained in CIT</p>		71	
<p>Measure: Number of law enforcement entities trained</p>		22	
<p>Measure: Number of trainings</p>		6	<p>In addition to the CIT trainings offered, a Train the Trainer course also had participation from 15</p>

			officers across the state were trained to provide CIT training.
Measure: Number of CIT teams		8	
Measure: Number of partnerships working towards CIT		5	There are currently five counties across the state working towards becoming fully-functioning These communities have trained multiple officers and are in the phase of developing a single point of entry for their locations.