

DMH FY23 - FY27 Strategic Plan

FY23 End 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

According to collected data, individuals 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 for acute psychiatric services in FY23 was approximately 5 days, a decrease from approximately 11 days in FY22. Of those, approximately 41% were admitted from a jail setting, with an average length of wait in jail of 4.77 days. In the final quarter of FY23, the average wait in jail was 2.7 days.

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

Measure: Average length of wait for acute psychiatric admissions		5	This is a decrease from 11 days in FY22.
MSH: Average length of wait for acute psychiatric admissions		4	
EMSH: Average length of wait for acute psychiatric admissions		6	
NMSH: Average length of wait for acute psychiatric admissions		4	
SMSH: Average length of wait for acute psychiatric admissions		6	
Measure: Percentage of admissions to DMH acute psychiatric services from a jail setting		41%	This is the first year this item has been measured in the strategic plan. There were 812 referrals to state hospitals from jail and 1,965 admissions to acute psychiatric services in FY23. The 10 counties with the highest reported number of jail placements: <ul style="list-style-type: none"> - Covington: 22 - Marion: 22 - Lawrence: 23 - Pike: 25 - Lee: 25 - Jones: 28 - Adams: 33 - Forrest: 44 - DeSoto: 76 - Lauderdale: 83
MSH: Percentage of admissions from a jail setting		27.5%	202 referrals from jail and 734 admissions
EMSH: Percentage of admissions from a jail setting		48%	214 referrals from jail and 443
NMSH: Percentage of admissions from a jail setting		49%	192 referrals from jail and 389 admissions
SMSH: Percentage of admissions from a jail setting		51%	204 referrals from jail and 399 admissions

Measure: Average length of time waiting in jail for acute psychiatric services from a jail setting		5	This is the first year this item has been measured in the strategic plan. The approximate five days spent waiting in jail is a decrease from the seven days reported at mid-year FY23. In the final quarter of FY23, the average wait time in jail was 2.7 days. This waiting 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		2	
EMSH: Average length of time waiting in jail for acute psychiatric admission		5	
NMSH: Average length of time waiting in jail for acute psychiatric admission		7	
SMSH: Average length of time waiting in jail for acute psychiatric admission		4.5	
Measure: Percentage of admissions to DMH acute psychiatric services from same level of care setting		36%	This is the first year this item has been measured in the strategic plan. 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 DMH acute psychiatric services from same level of care setting		48%	
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		33%	
NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		28%	
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		37%	

<p>Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units</p>	<p>On Track</p>		<p>The average length of wait for Substance Use Disorder admissions across both MSH and EMSH is approximately 24 days for FY23, a decrease from the 54 day average wait in FY22. During FY23, MSH began serving only females in its SUD unit and EMSH began serving only males. MSH operates 25 SUD beds for females and EMSH operates 35 SUD beds for males, with a goal of increasing that number to 50 when staffing allows. Wait times at both programs has decreased during FY23. At MSH, wait time for SUD services decreased from approximately 76 days to 31 days. However, with the change to providing services only to females, average length of wait on June 30, 2023 was approximately 6 days. At EMSH, wait time for SUD services decreased from approximately 31 days to 16 days.</p>
<p>Measure: Average length of wait for substance use disorder admissions</p>		<p>23.5</p>	
<p>MSH: Average length of wait for substance use disorder admissions</p>		<p>31</p>	<p>Average length of wait for substance use disorder admissions for FY22 was 76 days, including males and females. The wait for females only was 4 days for FY22. In FY23, MSH began serving females only for the SUD service. Average length of wait for FY23 is 31 days. However, length of wait had decreased to approximately 6 days by June 30, 2023.</p>
<p>EMSH: Average length of wait for substance use disorder admissions</p>		<p>16</p>	<p>The wait time has reduced by approximately 48% compared to the FY22 wait</p>

			time of approximately 31 days.
Measure: Percentage of admissions to a DMH substance use disorder unit from a jail setting		57%	
MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		43%	
EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		71%	
Measure: Average length of time waiting in jail for SUD admission		11.5	This is the first year this item has been measured in the strategic plan. The approximate average of 12 days spent waiting in jail for the end-year report is a decrease from the 16.5 days reported at mid-year FY23.
MSH: Average length of time spent waiting in jail for SUD admission		6	
EMSH: Average length of time spent waiting in jail for SUD admission		17	
Strategy 1.1.3: Monitor admissions, readmissions, and length of stay in hospitals for acute psychiatric services	On Track		<p>Readmissions may be due to factors out of a hospital's control, such as an individual's compliance with treatment plans or the assertiveness of treatment provided by a local CMHC.</p> <p>Averaged across all four state hospitals, the readmission rates are:</p> <p>30 Day: 3% 180 Day: 15% 365 Day: 23.5%</p> <p>In various studies reviewed by DMH staff, The 0–30-day national readmission percentage ranges from 13.9% to 22.4 %, and the 365-day national readmission percentages ranged from 30% -54.8%. All of DMH's averages for the four state hospitals are below those national rates.</p>

Measure: 30 Day Readmission Rate		3%	Averaged across all four state hospitals, approximately three percent of all individuals admitted during this time frame were admitted within 30 days of a previous discharge.
MSH: 30 Day Readmission Rate		5%	
EMSH: 30 Day Readmission Rate		3%	
NMSH: 30 Day Readmission Rate		2%	
SMSH: 30 Day Readmission Rate		1%	
Measure: 180 Day Readmission Rate		15%	Averaged across all four state hospitals, approximately 16 percent of all individuals admitted during this time frame were admitted within 0-180 days of a previous discharge. The 180 day measure in previous plans was reporting readmissions within 180-365 days of a prior discharge.
MSH: 180 Day Readmission Rate		19%	
EMSH: 180 Day Readmission Rate		14%	
NMSH: 180 Day Readmission Rate		21%	
SMSH: 180 Day Readmission Rate		5%	
Measure: 365 Day Readmission Rate		23.5%	
MSH: 365 Day Readmission Rate		28%	
EMSH: 365 Day Readmission Rate		23%	
NMSH: 365 Day Readmission Rate		33%	
SMSH: 365 Day Readmission Rate		10%	

Measure: Geometric Average Length of Stay		33.5	<p>The average length of stay of stay across all four state hospitals is approximately 33.5 days.</p> <p>This number has been calculated as a geometric mean length of stay, which may be considered more representative of the central value of a set of numbers and less sensitive to outliers. The value of 36 days is the geometric mean of the four geometric mean length of stay values from the state hospitals.</p>
MSH: Geometric Average Length of Stay		23	
EMSH: Geometric Average Length of Stay		67	
NMSH: Geometric Average Length of Stay		31	
SMSH: Geometric Average Length of Stay		26.5	
Measure: Number of Admissions		1,965	<p>There were 1,965 admissions to acute psychiatric services at the four state hospitals in FY23, an increase over 1,684 admissions in FY22. This increase is partially attributable to the re-opening of beds closed during the COVID-19 pandemic; 30 acute psychiatric beds were re-opened at EMSH in late 2022 and 20 acute psychiatric beds were re-opened at MSH in early 2023. In FY19, the last full year before the pandemic, there were 2,212 admissions to acute psychiatric services. The 1,965 admissions in FY23 is an approximate 11% decrease compared to FY19.</p>

MSH: Number of admissions		734	
EMSH: Number of admissions		443	
NMSH: Number of admissions		389	
SMSH: Number of admissions		399	
Measure: Total number served (acute psychiatric)		2,289	2,289 individuals were served in acute psychiatric services in FY23, an increase over 2,046 served in FY22.
MSH: Total number served (acute psychiatric)		803	803 were served in acute psychiatric services in FY23 compared to 746 in FY22. In January 2023, MSH re-opened 20 beds that were previously closed. In addition, MSH served the following: Continued Treatment: 77 Child and Adolescents: 131 Forensic: 128 Substance Use: 225 Nursing Home: 199 Total number served is 1,563 compared to 1,533 in FY22.
STF: Total number served		76	76 were served in FY23 compared to 84 in FY22.
EMSH: Total number served (acute psychiatric)		533	533 were served in acute psychiatric services in FY23 compared to 359 in FY22. In October 2022, EMSH re-opened 30 beds that were previously closed. In addition, EMSH served the following: Community Living: 91 Substance Use: 381 Nursing Home: 142 Total number served is 1,147 compared to 883 in FY22.

NMSH: Total number served		435	435 compares to 426 in FY22.
SMSH: Total number served		442	442 compares to 431 in FY22.
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		<p>The requirements listed in the measures below include:</p> <p>Specific elements include: 1) Identify the person's strengths, preferences, needs, and desired outcomes; 2) Identify the specific community-based services the person should receive upon discharge; 3) Identify and connect the person to the provider(s) of the necessary supports and services; 4) Refer the person to PACT or ICORT when the person meets the criteria for PACT or ICORT in DMH's Operational Standards; 5) Include, where applicable and appropriate, assistance to the person in securing or re-activating public benefits; 6) Prior to discharging the person from a State Hospital, coordinate between the State Hospital and the community provider so that, upon discharge, the person continues to receive prescribed medications in the community as appropriate for the person's ongoing clinical needs; 7) Identify resources for the person to access in the event of a crisis and educate the person about how to access those services; 8) Include an anticipated discharge date; 9) Participate in an intake meeting with CMHC provider prior to discharge</p>

Measure: Percent of audits conducted by the Office of Utilization Review that meet all requirements		87%	
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		96%	
Measure: Number of discharges from DMH behavioral health programs		1,902	In FY23, there were 1,902 total discharges from DMH's state hospitals. Of those, 1,267, or approximately 67 percent, were discharged to CMHCs. Individuals may be discharged to other private providers, or they may move outside a CMHC catchment area or discharged to caregivers outside of the state.
MSH: Number of discharges from DMH behavioral health programs		705	There was a total of 705 discharges from acute psychiatric services and non-forensically involved CTS patients. 693 were from acute psychiatric services, 3 from Male CTS, and 9 from Female CTS.
EMSH: Number of discharges from DMH behavioral health programs		421	
NMSH: Number of discharges from DMH behavioral health programs		384	
SMSH: Number of discharges from DMH behavioral health programs		392	
Measure: Number of discharges from DMH behavioral health programs to CMHCs		1,267	
MSH: Number of discharges from DMH behavioral health programs to CMHCs		517	
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		161	

NMSH: Number of discharges from DMH behavioral health programs to CMHCs		308	
SMSH: Number of discharges from DMH behavioral health programs to CMHCs		281	
Strategy 1.2.2: Begin the intake process or facilitate meetings for people connected with CMHCs prior to discharge from DMH behavioral health programs	At Risk		
Measure: Percentage of audits with documentation of meetings or intakes prior to discharge		53%	
Measure: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		57%	Approximately 57% 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. This measure compares to 68% reported at the end of FY22. However, previous years have reported this measure without specifying 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		55%	Due to the closing of Region 11 CMHC in June 2023, and the inclusion of those counties into Regions 12 and Regions 15, records for 11 discharges are not available at this time. If you take those 11 records out of the equation, the percentage increases to 57% for the annual total.
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		68%	
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		63%	
Measure: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		67%	<p>Approximately 67% 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.</p> <p>Peer support staff, including peer bridgers, may be involved in the development of these plans, and staffing availability in these peer support positions may affect the number of individuals who complete plans.</p>
MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		70%	
EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge		51%	
NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		70%	

<p>SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>75%</p>	
<p>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</p>	<p>On Track</p>		<p>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 320 bridged individuals attended their first post-discharge appointment with a CMHC.</p> <p>DMH has made funding available to each CMHC to utilize a Peer Bridger. The discharges in this strategy are calculated based on the number of discharges from state hospitals to CMHCs, and the DMH Division of Peer Recovery and Support has provided the number of individuals with bridging meetings and who attended the first post-discharge appointment with a CMHC.</p> <p>In FY23, there were 1,267 individuals discharged from state hospitals to the care of local CMHCs. During this time frame, 691 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 55% of individuals who participated in bridging meetings.</p> <p>In addition, individuals who received Peer Bridger</p>

			services in the hospital may have been discharged either to a provider other than a CMHC or to a CMHC that was providing peer support services but not Peer Bridger services.
Measure: Percentage of people with bridging meetings		55%	Out of 1,267 people discharged to CMHCs, 691 had bridging meetings.
MSH: Number of people with bridging meetings		127	
EMSH: Number of people with bridging meetings		101	
NMSH: Number of people with bridging meetings		247	
SMSH: Number of people with bridging meetings		216	
Measure: Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		46%	Of the 691 individuals who had bridging meetings, 320 attended the first post-discharge appointment with a CMHC, or approximately 46% of all individuals with bridging meetings.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		53	
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		58	

NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		87	
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		122	
Measure: Number of individuals with bridging meetings readmitted 0-30 days after discharge		20	During FY23, there was a total of 20 individuals served at behavioral health program with bridging meetings that readmitted 0-30 days after discharge.
MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		6	
EMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		6	
NMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		3	
SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		5	

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	Off Track		<p>The average wait time for completed initial competency evaluations for FY23 is approximately 42 days, an increase over 33 days reported for FY22.</p> <p>Length of wait for admission for competency restoration in FY23 is 318.5 days. This is a new measure in the strategic plan but it compares to approximately 366 days for FY22.</p> <p>The FY23 average length of stay for competency restoration is 149.5 days, a decrease from 191 days reported in FY22.</p> <p>Limited bed capacity at the MSH Forensic Services unit affects the availability of these services. A renovated building on the MSH campus will provide 83 beds that are expected to be available in July 2024.</p>
Measure: Average time for completed initial competency evaluations		42	
Measure: Average length of wait for competency restoration admissions		318.5	
Measure: Average length of stay for competency restoration		149.5	

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

<p>Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS</p>	<p>On Track</p>	<p>During FY23, the PACT program has served 796 unique individuals. ICORT Teams served 638 individuals, and ICSS served 781 unduplicated individuals. Overall, 2,215 individuals were served through these intensive programs.</p> <p>The PACT teams' readmissions rate was approximately 7% for the entire year. ICORT teams readmission rate was 8%, while ICSS has decreased their readmission rate from 16% to 14%.</p> <p>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, as well as being unable to separate children and youth from adults in Data Warehouse, the ICSS numbers should be interpreted with awareness.</p>
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<p>Measure: PACT number served</p>		<p>796</p>	<p>796 unduplicated individuals were reported to the Data Warehouse as served by the PACT Teams during FY23. In FY22, 740 unduplicated individuals were reported to be served.</p> <p>Previously, this number was tracked using paper reports from PACT Teams which showed a greater number of individuals served given the inability to make distinctions between duplicated and unduplicated individuals. For this fiscal year, the number being reported reflects the number of unduplicated individuals served by PACT Teams from July 1, 2022 through June 25, 2023.</p>
<p>Measure: PACT readmission rate</p>		<p>7%</p>	<p>PACT Teams have achieved a 7% readmission rate, with only 54 out of 796 individuals receiving services having been readmitted to a state hospital in FY23.</p>
<p>Measure: PACT fidelity rate</p>		<p>105%</p>	<p>The average score of PACT fidelity scores across the state was 105% which is considered "fair fidelity" according to the PACT Fidelity Scoring Rubric.</p>

Measure: ICORT number served		638	<p>638 individuals have been served by ICORT Teams for FY23. In FY22, 558 individuals were reported.</p> <p>Previously, this number was tracked using paper reports from ICORT Teams which showed a greater number of individuals served given the inability to make distinctions between duplicated and unduplicated individuals served. For this fiscal year, the number being reported reflects the number of unduplicated individuals served by ICORT.</p>
Measure: ICORT readmission rate		8%	<p>The ICORT readmission rate for FY23 is 8% with 53 out of 638 individuals being readmitted to a State Hospital.</p>
Measure: ICORT fidelity rate		99%	<p>The average fidelity score for ICORT was 99% which is considered "Fair Fidelity" on the ICORT Fidelity Scale</p>
Measure: ICSS number served		781	<p>781 unduplicated individuals were served by ICSS during FY23.</p> <p>Previously, this number was tracked using paper reports from ICSS which showed a greater number of individuals served given the inability to make distinctions between duplicated and unduplicated individuals served. For this fiscal year, the number being reported reflects the number of unduplicated individuals served by ICSS.</p>

<p>Measure: ICSS readmission rate</p>		<p>14%</p>	<p>The ICSS readmission rate for FY23 is 14%, with 112 out of 781 individuals receiving services having been readmitted to a state hospital in FY23.</p>
<p>Measure: ICSS fidelity rate</p>		<p>15%</p>	<p>The average fidelity score for all the ICSS sites was a score of 15% which is considered to be "Good Fidelity" on the ICSS Fidelity Scale.</p>
<p>Objective 2.2 Provide community services that support a person’s continued recovery in the community</p>			
<p>Strategy 2.2.1 Monitor the fidelity of Supported Employment services</p>	<p>On Track</p>		<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 Office of Vocational Rehabilitation (VR)</p> <p>In FY23, the Supported Employment Program served 708 unduplicated individuals with a total of 291 new job starts.</p> <p>The average fidelity score for the Expansion sites was 86% (Fair Fidelity), and the average score for the IPS sites was 100 (Good Fidelity)%. The overall average of the Expansion and IPS sites combined was 94% which would be considered “Fair Fidelity” on both the Expansion and IPS scales.</p>

Measure: IPS Supported Employment fidelity rate		101%	The average fidelity score across 8 of the Supported Employment IPS Sites was 101% for FY23. A 100 would be considered "Good Fidelity" on the IPS Fidelity Scale.
Measure: Number employed through IPS Supported Employment		237	A total of 237 individuals receiving IPS Supported Employment services were employed in FY23. This is an increase over 136 reported in FY22.
Measure: Supported Employment - VR fidelity rate		86%	The average fidelity score across the 6 Supported Employment Expansion sites was 86% for FY23. A score of 86 would be considered "Fair Fidelity" on the Supported Employment Expansion scale.
Measure: Number employed through Supported Employment - VR		54	A total of 54 individuals receiving Supported Employment Expansion services were employed in FY23. This compares to 83 reported in FY22.

<p>Strategy 2.2.2 – Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living</p>	<p>On Track</p>		<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 in FY23 were made through Mississippi United to End Homelessness (MUTEH) and Open Doors Homeless Coalition, and CMHCs provide services to individual in CHOICE. A new process has been approved for FY24, and Open Doors will be handling all referrals to CHOICE.</p> <p>In FY23, MUTEH served 90 individuals and Open Doors served 146, for a total of 236 individuals served through CHOICE. That compares to 239 served in FY22.</p> <p>Only 5 individuals served through CHOICE, or approximately 2%, required readmission to a state hospital.</p> <p>In addition to CHOICE, Mississippi Home Corporation has 337 units dedicated to the Mississippi Affordable Olmstead Initiative. As of September 2023, 151 MAOI units with qualified individuals had been totaled.</p>
<p>Measure: CHOICE number served</p>		<p>236</p>	

<p>Measure: CHOICE housing program readmission rate</p>		2%	Five individuals served by CHOICE were readmitted to state hospitals in FY23, or approximately 2%.
<p>Measure: Supervised and Supported Living number served</p>		282	As of July 25, 2023, there were 282 unduplicated individuals served in either Supervised or Supported Living Homes in FY23, compared to 283 served in FY22. It is important to note that one Supported Living Home in Region 6 closed in December, and that there may be missing individuals not yet reported to Data Warehouse by the time of this posting.
<p>Measure: Supervised and Supported Living readmission rate</p>		4%	Ten out of 282 individuals served, or approximately 4%, were readmitted to a state hospital during 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>		As of June 30, 2023, funding to implement Peer Respite programs in the state of Mississippi was still pending. There are currently two locations and providers tentatively scheduled to implement Peer Respite programs when the funding from ARPA appropriations is approved. These providers are the Mental Health Association of South Mississippi in Gulfport and Positive Pathways Behavioral Health in Vicksburg. When the programs are implemented, they will provide community-based, non-clinical crisis support

			during the day in a home-like environment.
Measure: Number of new sites		0	
Measure: Number of individuals served		0	
Measure: Percentage of individuals requiring a more intensive service		0	
Measure: Percentage of individuals with a follow-up appointment scheduled at their local CMHC		0	
Objective 2.3 - Provide community supports for children and youth with serious emotional disturbance and prevent the need for out-of-home placements			
Strategy 2.3.1 – Utilize MAP Teams to prevent unnecessary institutionalizations among children and youth	On Track		<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 FY23, 764 children and youth were served by local level MAP Teams across the state, a decrease from 778 in FY22.</p>
Measure: Number served by MAP Teams		764	By the end of FY23, 764 children and youth were served by local level MAP Teams across the state. This is a decrease of 14 children compared to the 778 children served in FY22.

<p>Measure: Number of cases referred by local partners attending MAP Team meetings</p>		623	<p>In FY23, 623 of the 764 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.</p>
<p>Measure: Percentage of youth needing a higher level of care</p>		0%	<p>In FY23, seven (7) 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 764 served.</p>
<p>Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth</p>	<p>On Track</p>		<p>In FY23, 1,576 children and youth were served by Wraparound Facilitation. This is a decrease from FY22 with 1,887 served. The decrease is likely due to the loss of providers of Wraparound Facilitation as a result of the nationwide mental health worker shortage. The number of providers certified by DMH to provide Wraparound Facilitation decreased from 15 in FY22 to 11 in FY 23.</p>
<p>Measure: Number served by Wraparound Facilitation/Supportive Aftercare</p>		1,576	<p>In FY23, 1,576 children and youth received Wraparound Facilitation.</p>
<p>Measure: Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement</p>		27%	<p>In FY23, 421 children and youth, approximately 27% of those served, received Wraparound Facilitation as an alternative to a more restrictive placement. This is an increase compared to 18% of those served in FY 22.</p>
<p>Measure: Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement</p>		16%	<p>In FY23, 246 children and youth, approximately 16% of those served, transitioned to Wraparound Facilitation</p>

			from a more restrictive placement.
Measure: Percentage of youth needing a higher level of care		1.5%	This data was not tracked until the beginning of the 4th quarter of FY23. From April 2023 to June 2023, 24 youth, or approximately 1.5%, of the 1,576 youth served by Wraparound Facilitation required a higher level of care. In the 4th quarter, 67% of youth receiving Wraparound Facilitation had no out of home placements of any kind.
Strategy 2.3.3 – Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis	On Track		<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 FY23, eight NAVIGATE programs are currently operating across the state in Regions 2,4,6,7,8,9,14, and 15.</p> <p>In FY23, NAVIGATE served 138 youth and young adults, an increase of 55, or approximately 66%, compared to the 83 served in FY22.</p>
Measure: Number served by Navigate		138	

<p>Measure: Percentage maintained in their homes and communities</p>		88%	<p>In FY23, 88% of youth and young adults served in the eight Navigate programs were maintained in their home and/or community. Seventeen of the 138 youth and young adults served in Navigate required hospitalization.</p>
<p>Measure: Percentage who are employed or enrolled in school or educational courses</p>		54%	<p>In FY23, 75 of the 138 youth and young adults served in the eight NAVIGATE programs were either enrolled in school or educational courses or were employed.</p>
<p>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</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.</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. DMH has proposed utilizing ARPA funding for an AOP in each CMHC. This funding was recently released by DFA,</p>

			after the end of FY23. Implementation of these programs will begin in FY24.
Measure: Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs		76%	In FY23, 1,514 youth, or 76% of the 1,984 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 FY23, 511 youth of the 1,984 served through the Juvenile Outreach Program reoffended and re-entered the detention center. 1,514 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		0	Adolescent Offender Programs have not been implemented due to a delay in funding.
Measure: Number completing the Adolescent Offender Programs with no reoffending behaviors		0	Adolescent Offender Programs have not been implemented due to a delay in funding.
Measure: Number completing the Adolescent Offender Programs with reoffending behaviors		0	This data will begin to be collected in FY24. Adolescent Offender Programs are not currently operating due to the delay in approval to utilize funding.
Strategy 2.3.5 – Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization	On Track		During FY23, Regions 2,3,4,7,8, and 12 served 157 children and youth in ICSS. Regions 6,9,10, 14, and 15 had difficulty filling the ICSS position due to the mental health worker shortage.

Measure: Number referred from acute and/or residential treatment		23	In FY23, 23 of the 157 served in the ICSS program operated by Regions 2,3,4,7,8, and 12 were referred from acute and/or residential treatment settings.
Measure: Number maintained in the community with supports from the ICSS program		145	In FY23, 145 of the 157 children and youth served by ICSS programs operated by Regions 2,3,4,7,8, and 12 were maintained in their communities with supports from their ICSS program.
Measure: Number readmitted to acute and/or residential treatment from the ICSS program		12	In FY23, 12 of the 157 children and youth served with ICSS required readmission to acute or residential treatment.
Objective 2.4 - Provide an array of substance use disorder treatment, prevention, and recovery support services			
Strategy 2.4.1 – Divert individuals who are court committed to DMH for alcohol and drug treatment to a community-based program	On Track		A total of 180 individuals were diverted from inpatient substance use disorder services at Mississippi State Hospital or East Mississippi State Hospital to community residential services.
Measure: Number of individuals diverted from inpatient treatment		180	A total of 180 individuals were diverted from inpatient substance use disorder services at Mississippi State Hospital or East Mississippi State Hospital to community residential services.
Strategy 2.4.2 – Provide community residential services for individuals in need of substance use disorder treatment	On Track		4,369 individuals were served in community residential services during FY23, an increase over 3,960 served in FY22. This number includes the 3,712 served in High-Intensity Residential (including 194 pregnant and parenting individuals -parenting

			<p>males not factored in count), 432 served in Transitional Residential Treatment, and 31 adolescents served in Medium-Intensity Residential.</p> <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>
Measure: Number of individuals served in primary residential treatment		4,369	
Measure: Number of individuals served in transitional residential treatment		432	
Measure: Number of community-based beds available for residential treatment		624	Division of Alcohol & Drug Addiction Treatment Services projects an increase in bed capacities by an additional 8 beds in FY24. Pending funding by DMH to MS Drug & Alcohol Treatment Center. *This will yield an increase to 632 beds statewide.
Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	On Track		
Measure: Number of intravenous drug users served		890	<p>The 890 total includes 22 pregnant IV drug users.</p> <p>The 890 total compares to 1,113 served in FY22.</p>

Measure: Number of pregnant women served		101	The total of 101 compares to 107 in FY22.
Measure: Number of parenting women served		93	93 parenting women were served in FY23. In addition, three parenting men were served in community programs during the year. This compares to 68 women served in FY22.
Measure: Number of individuals served through Medication Assisted Treatment for opioid use disorder		675	There were 675 clients served with MAT during FY23. This total breaks down as follows: 286 males, 389 females, and of the 389 females, 13 were reported as pregnant during MAT treatment.

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		180	
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		The CSUs remain effective at diverting individuals from hospitalization. In FY23, the CSUs had 3,402 admissions. Approximately 92% of discharges were diverted from admission to a state hospital. The average length of stay at a CSU was 13 days.
Measure: Number served		2,846	2,846 unduplicated individuals have been reported as served by the CSUs in FY23, with 3,402 admissions taking place during the year. It is important to note that there were missing individuals with respect to Region 1 and Region 11

			closing in the second half of FY23.
Measure: Percentage of individuals diverted from a state hospital		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>Six crisis diversion homes were maintained from July 2022 -June 2023. The six-bed Morton home was opened in FY23. The four additional homes were not started because ARPA funds were not released and an apparent lack of interested providers. DMH plans to utilize these funds to add four crisis beds each at Hudspeth Regional Center, Ellisville State School, and North Mississippi Regional Center in FY24.</p> <p>However CDI did not renew its grant for the four-bed crisis diversion home for FY24, so only five crisis diversion homes are expected to be available in FY24 unless another provider makes its interest known.</p>
Measure: Number of new crisis diversion beds added since FY22		6	There were 24 crisis diversion beds maintained during FY23 and 6 crisis beds added. Total of 30 beds.
Measure: Number of individuals served		27	There were 27 individuals admitted to a crisis diversion home.
Measure: Percentage of people transitioned with appropriate supports		74%	20 of the 27 people admitted to a crisis diversion home were transitioned out with supports. The seven remaining people were

			admitted later in the year and will transition in FY24.
Measure: Average length of stay		150	Average length of stay was 5 months for FY23.
Strategy 3.2.2 – Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds	On Track		Safe beds continue to be offered when available to people in crisis.
Measure: Number of individuals served		2	
Objective 3.3 – Expand capacity of 988 Lifeline Centers within the crisis continuum.			
Strategy 3.3.1 – Meet increased demand in crisis calls, texts, and chats at the state’s two Lifeline Centers.	On Track		<p>DMH continues to work with SAMHSA grants and Mississippi's 988 call centers to build capacity statewide and continue the implementation phase with 988.</p> <p>Vibrant, the federal administrator of the 988 Suicide and Crisis Lifeline, reports that in Mississippi, 13,549 calls were answered out of 14,145 calls that were routed to Mississippi's two call centers, for an in-state answer rate of approximately 96%. That answer rate is one of the leading answer rates in the country.</p> <p>In addition, the 13,549 calls answered is an increase of approximately 20% over the 11,256 answered in FY22.</p>
Measure: Number of calls		13,549	13,549 calls were answered out of 14,145 calls routed to the call centers.

Measure: Number of texts and chats		123	The state's call centers began receiving chats and texts in April 2023. They answered 86 texts and 37 chats before the end of the fiscal year on June 30, 2023.
Measure: In-state answer rate		96%	The in-state answer rate ranged monthly from approximately 91% to 99% during the fiscal year. The average in-state answer rate for the year was approximately 96%.
Measure: Number of calls to 988 referred to Mobile Crisis Response Teams		57	There were 57 calls to 988 that were referred to mobile Crisis Response Teams documented in WITS.
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.	On Track		DMH staff have focused on WITS training, SAMHSA grant applications and development, and investigated grievances with both MCErT and 988 Call Centers to ensure fidelity and timely services goals are achieved. DMH staff are currently looking at other states and examining their crisis continuums of care, as well as participating in national TA.
Measure: Number of technology demos viewed		5	DMH participated in five technology demos and needs are still being assessed to determine what will work best for Mississippi.

Objective 3.4 – Increase effectiveness of Mobile Crisis Response Teams to divert individuals from a higher level of care			
Strategy 3.4.1 – Monitor utilization and fidelity of Mobile Crisis Response Teams	On Track		The utilization of the WITs system and electronic reporting of mobile crisis calls has removed follow-up contacts and additional calls from tracking that were not true Mobile Crisis Response Team calls. As a result, the reported number of Mobile Crisis calls has significantly decreased. However, Mobile Crisis Response Teams remain active throughout the state and effective in diverting individuals from a higher level of care.
Measure: Number of contacts/calls		9,877	
Measure: Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		21%	There were 2,100 face-to-face visits for a total of 21%.
Measure: Percentage of individuals receiving a face-to-face response who are in need a higher level of care		37.5%	There were 788 people who needed a higher level of care out of 2,100 face-to-face responses.
Measure: Average response time for rural MCERT responses		0	Currently WITS is unable to track response times. A request has been made to add to the WITS production system. It is scheduled to begin July 2023.
Measure: Average response time for urban MCERT responses		0	Currently WITS is unable to track response times. A request has been made to add to the WITS production system. It is scheduled to begin July 2023.
Measure: MCERT fidelity rate		39%	The average fidelity score of the MCERTs was 39, with 30 or above considered a passing score on the scale.

Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	On Track		DMH is currently in discussion with both Communicare and Hinds Behavioral Health about officially implementing MOUs between the 988 Call Center Contact the Crisis Line, and the two CMHCs.
Measure: Number of MOUs		0	This is scheduled to begin July 2023.
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		133	There were 133 people referred to SPOTT and placed on the active list.
Measure: Number of appropriate referrals to SPOTT		120	There were approximately 120 referrals that were appropriate and 13 that were not appropriate.
Measure: Percentage of appropriate referrals connected to services/supports through SPOTT		80%	
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		7,796	A total of 7,796 calls came to the DMH Helpline in FY23. This includes 6,192 calls directly to the Helpline and 1,604 calls answered by CONTACT the Crisis Line after hours. This is a decrease from 9,934 reported in FY22. In addition, the 988 Suicide and Crisis Lifeline launched in 2023 and answered 13,549 calls in Mississippi during the year.
Measure: Number of grievances filed through the Office of Consumer Support		198	

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

<p>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</p>	<p>On Track</p>		<p>For FY23, a total of 21 people transitioned from the ICF/IID Regional Programs to the Community (ICF/IID Community Homes and ID/DD Waiver). This included 11 people who transitioned from ICF/IID Regional Programs to ICF/IID Community Homes and 10 people from ICF/IID Regional Programs to ID/DD Waiver. There were also 11 people who transitioned from the ICF/IID Community Homes to ID/DD Waiver. In FY22, there was a total of 41 people who transitioned to the community and 16 who transitioned from ICF/IID Community Homes to ID/DD Waiver.</p>
<p>Measure: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>11</p>	<p>In FY23, 11 people transitioned from an ICF/IID Regional Program to an ICF/IID Community Home: NMRC - 1 BRC (includes MAC) - 4 SMRC - 6</p>
<p>NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>1</p>	
<p>BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>4</p>	<p>This includes MAC.</p>

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		6	
Measure: Number of people transitioned from Regional Program to the ID/DD Waiver		10	In FY23, 10 people transitioned from an ICF/IID Regional Program to the ID/DD Waiver: BRC (includes MAC) - 8 ESS - 2
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		8	This includes MAC.
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		2	
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		11	In FY23, at total of 11 people transitioned from an ICF/IID Community Home to the ID/DD Waiver: NMRC - 1 BRC - 2 ESS - 6 SMRC - 2
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		6	
SMRC: Number of people transitioned from the ICF/IID Community Homes to the community		2	
Measure: Number of people served in the ICF/IID Regional Programs		724	For FY23, a total of 724 people were served in the ICF/IID Regional Programs. This is an increase from FY22 in which 708 people were served.
NMRC: Number of people served in the ICF/IID Regional Programs		167	
HRC: Number of people served in the ICF/IID Regional Programs		165	
BRC: Number of people served in the ICF/IID Regional Programs		100	
MAC: Number of people served in the ICF/IID Regional Programs		38	
ESS: Number of people served in the ICF/IID Regional Programs		200	
SMRC: Number of people served in the ICF/IID Regional Programs		54	

<p>Measure: Percent of people served in the community versus an institutional setting</p>		86%	<p>For FY23, a total of 4,362 individuals received services in the community versus in an institutional setting: 500 individuals were served in an ICF/IID Community Home, 2,733 were served by the ID/DD Waiver, 1,095 received 1915(i) Community Support Programs services and/or Targeted Case Management (TCM), and 34 individuals received IDD Grant services (residential and employment related). There were a total of 724 individuals that received services in an institution. Of the 5,086 individuals who received services, approximately 86% received services in the community.</p>
<p align="center">Objective 4.2 - Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options</p>			
<p>Strategy 4.2.1 – Increase the number of people receiving ID/DD Waiver services</p>	<p>On Track</p>		<p>The ID/DD Waiver essentially maintained enrollment during FY23 serving a total of 2,733 people (unduplicated count). Enrollment was slow due to significant staffing issues with Support Coordination and IDD Providers. The ID/DD Waiver received approval of 5-year renewal effective 7/1/2023 which included approximately 18% average rate increase.</p>
<p>Measure: Number of people who received ID/DD Waiver services</p>		2,733	<p>Source: 372 Report</p>
<p>Measure: Number of people admitted to the ID/DD Waiver services</p>		123	<p>123 people initially enrolled in ID/DD Waiver for FY23.</p>

Measure: Number of people on the ID/DD Waiver Census		2,666	2,666 people were on the ID/DD Waiver census on June 30, 2023.
Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program	At Risk		In FY23, there were 1,078 people who received 1915(i) Community Support Services. This is a decrease from 1,090 reported for FY22. A total of 129 people were admitted and 103 people discharged from 1915(i) Community Support Services. In FY22 there were 153 initials and 140 discharges.
Measure: Number of individuals who received 1915(i) Community Support Program Services		1,078	
Measure: Number of individuals admitted to 1915(i) Community Support Program		129	A total of 129 people were admitted to the 1915(i) Community Support Program in FY23. There were 153 admissions in FY22.
Measure: Number of individuals on the 1915(i) Community Support Program Census		975	As of 6/30/2023, 975 people were receiving services through the 1915(i) Community Support Program. On 6/30/2022, there were 956 people receiving services.
Measure: Number of individuals receiving Targeted Case Management		1,095	For FY23, 1,095 people received IDD Targeted Case Management Services. This includes individuals enrolled in the 1915(i) Community Support Program and individuals receiving IDD Targeted Case Management only. In FY22, there were 1,112 people receiving IDD Targeted Case Management services. (source: Medicaid 372 report)

Objective 4.3 – Provide Supported Employment Services that lead to gainful community employment for people with IDD			
<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>At Risk</p>		<p>A total of 492 people, 314 through the Waiver and 178 through the CSP, were employed in FY23. Staffing shortages continue to affect both service providers and businesses that offer employment through the Supported Employment programs.</p> <p>This is a decrease from a total of 539 people in FY22, when 359 received Supported Employment through the ID/DD Waiver and 180 received it through the IDD CSP.</p>
<p>Measure: Number of individuals searching for employment</p>		<p>164</p>	<p>86 people received Job Development (searching for jobs) in ID/DD Waiver and 78 people received Job Development through CSP during FY 2023. Source: 372 Report</p>
<p>Measure: Number of individuals employed</p>		<p>328</p>	<p>228 people in ID/DD Waiver and 100 people in CSP received Job Maintenance during FY23. Job Maintenance provides a job coach to assist people with maintaining competitive work in the community.</p>

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		
Measure: Turnover Rate for Support Care Professionals		46%	
Measure: Turnover Rate for All DMH employees		32%	
Measure: Vacancy Rate for Support Care Professionals		31%	
Measure: Number of recruitment recommendations implemented			Programs report using their agency web sites as well as sites like Indeed, Facebook, WIN Job Center, community job fairs, local newspapers, community colleges, and chambers of commerce, the Governor’s Job Fair Network, and professional publications and newsletters to recruit employees.
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		Not all DMH programs conduct stay interviews, but 418 have been reported conducted in FY23. Some programs conduct exit interviews on a voluntary basis. Programs have also reported selecting a limited number of employees to complete stay interviews monthly, conducting stay interviews every three months with new hires, and sending out surveys to staff every six months with new questions to get feedback related to job satisfaction.
Measure: Number of stay interview participants		418	
Measure: Number of retention strategies implemented			Programs implemented compensation increases to eligible employees in October 2022. They have

			also reported using compressed or flexible work schedules, implementing supervisor training, creating employee incentive programs, and other special events to improve employee morale.
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 third class of residents beginning their first year on July 1, 2023. They will bring the total to 18 in the program. Residents at MSH provide services to people 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.
Measure: Number of residents		18	Six more residents joined the MSH Psychiatry Program in June 2023. They will officially begin their residency duties on July 1, 2023.
Measure: Number of psychiatrists in the Mississippi workforce		219	There were a total of 219 psychiatrists practicing in MS in FY22. Of those 219, 86 were age 60 or above.

<p>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</p>	<p>On Track</p>		<p>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. The clinic served a total of 36 individuals in 317 sessions through the fiscal year.</p>
<p>Measure: Number of people served through the psychotherapy clinic</p>		<p>36</p>	<p>Thirty six individuals were served in the first year of the psychotherapy clinic.</p>
<p>Measure: Number of sessions conducted by residents</p>		<p>317</p>	<p>A total of 317 sessions were held in the psychotherapy program for a total of 36 individuals.</p>
<p>Strategy 5.2.3 - Provide technical assistance designed to improve delivery of mental health services to stakeholders in the state mental health system</p>	<p>On Track</p>		<p>The numbers in the measures below represent TA provided directly by the DMH Division of Certification. In addition to these values, DMH also made TA available in the adult mental health core service areas to the CMHCs via the web-based platform SMI Adviser, as well as a PACT/ICORT course developed by DMH. During FY23, a total of 955 course completions in the adult mental health core service areas were reported to DMH as completed by CMHC employees.</p>
<p>Measure: Number of TA provided to certified providers</p>		<p>34</p>	<p>In FY23, there were 34 occurrences of technical assistance compared to 21 in FY 22.</p>

Measure: Number of individuals reached through TA to DMH Certified Providers		188	In FY 23, 188 individuals were reached through the provision of technical assistance.
Measure: Number of TA provided to Judges/Chancery Clerks/Chancery Courts		17	Throughout FY23, there were 17 meetings between members of DMH's leadership team and 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 community services.
Measure: Number of individuals reached through TA to Chancery Clerks/Chancery Courts		244	These individuals included judges, chancery clerks, their staff members, and CMHC staff throughout the state's Chancery Court districts. In addition, DMH staff spoke to the Justice Court Clerks Association in FY23 to a crowd of approximately 115 people.
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		DMH is still in the procurement stage for a contract to provide consultation and evaluation of the current IDD crisis infrastructure and provide crisis services training to IDD providers.
Measure: Number of trainings conducted		0	Still in procurement stage.
Measure: Number of individuals trained		0	Still in procurement stage.
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 Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE) is responsible for developing and implementing licensure and certification programs for categories of professionals who are

			employed at programs which are operated, funded and/or certified by DMH. The network of programs fitting this description is collectively referred to as Mississippi's "state mental health system." PLACE credentials are valid only in the state mental health system. In FY23, PLACE conducted 233 exams. On June 30, 2023, there were 3,392 credentials in current status.
Measure: Number of initial licenses or certifications obtained		982	This includes 818 provisional certifications and 164 full certifications.
Measure: Number of renewed licenses or certifications		131	The renewal credentialing programs for this time period were the DMH Intellectual and Developmental Disabilities Therapist - IDD (101) and the DMH Licensed Administrators program (30).
Strategy 5.2.6 – Monitor the use of evidence-based and best practices at DMH Programs and Certified Providers	On Track		

<p>Measure: Number of evidence-based and best practices actively used by DMH Certified Providers</p>		148	<p>A survey sent to DMH certified providers was responded to by 64 providers, who reported using a total of 148 evidence-based practices in their programs. These practices include, but are not limited to:</p> <ul style="list-style-type: none"> -Applied Behavioral Analysis-Behavior Management -Cognitive Behavioral Therapy -Dialectical Behavioral Therapy -Illness Management and Recovery -Motivational Interviewing -Person Centered Planning -Positive Behavior Support -Trauma-Focused Cognitive Behavior Therapy
<p>Measure: Number of evidence-based and best practices actively used by DMH Programs</p>		148	<p>The survey of evidenced based or best practices used among DMH Programs found that there are currently 148 evidence based or best practices being used. Examples of programs are Cognitive Behavior Therapy, Dialectical Behavior Therapy, MANDT, and Person Centered Planning.</p>
<p>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.</p>			
<p>Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification</p>	<p>On Track</p>		
<p>Measure: Number of agencies participating in interested provider orientation</p>		133	<p>In FY23, there were 133 interested provider agencies who participated in interested provider orientation. This is compared to 194 who participated in FY22.</p>

Measure: Number of new provider agencies approved		15	In FY23, there were 15 new provider agencies approved compared to 9 in FY22.
Measure: Number of new services approved for DMH certified providers		30	In FY23, there were 30 new services approved compared to 52 in FY22. This decrease is due to fewer applications being submitted by providers.
Measure: Number of new programs approved for DMH certified providers		89	In FY23, there were 89 new programs approved compared to 151 in FY22. This decrease is due to fewer applications being submitted from providers.
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		69	In FY23, there were 69 full agency site visits compared to 59 in FY22.
Measure: Number of new program site visits		89	In FY23, there were 89 new program site visits compared to 78 in FY22.
Measure: Number of provider assessments completed during non-full site visit years		52	In FY23, there were 52 self assessments completed, compared to 35 in FY22.

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		35,693	
Measure: DMH web site sessions		67,729	
Measure: Mental Health MS web site users		28,019	
Measure: Mental Health MS sessions		34,304	In addition to the 28,019 users and 34,304 sessions, there were 60,892 total pageviews on Mental Health Mississippi during FY23.
Strategy 6.1.2 – Utilize social media to provide information to the public	On Track		<p>DMH maintains accounts on Facebook and Instagram that provide general information about mental health and awareness, services, information about upcoming events, employee recognition, and more.</p> <p>In FY23, the DMH Facebook account reached 451,665 accounts and the DMH Instagram account reached 8,725 accounts.</p> <p>In addition, the Stand Up, Mississippi accounts are maintained separately. That campaign reached 372,570 accounts on Facebook and 37,593 accounts on Instagram.</p>

Measure: Social media total reach		870,553	This reach includes 451,665 Facebook accounts and 8,725 Instagram accounts on the DMH pages. The Stand Up, Mississippi campaign reached 372,570 accounts on Facebook and 37,593 accounts on Instagram. This is a total of 870,553 accounts across all four of those social media pages.
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.
Measure: Number of Shatter the Silence presentations		121	
Measure: Number of people trained in Shatter the Silence		10,226	
Measure: Number of Shatter the Silence app downloads		2,806	
Measure: Number of ASIST trainings		6	
Measure: Number of people trained in ASIST		116	
Measure: Number of organizations trained in ASIST		5	
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		
Measure: Number of trainings		45	
Measure: People trained		615	

Measure: Organizations trained		29	
Strategy 6.3.2 - Provide online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices	On Track		<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 addition, MSPHI began to produce and record webinars on the topics of HIB/AIDS and Stigma Reduction that will be available during FY24.</p>
Measure: Number of trainings		67	
Measure: People trained		2,196	This is the total participation across all 67 classes.
Measure: Organizations trained		380	This is the total number of DMH employees or providers that participated in trainings.
Strategy 6.3.3 – Partner with stakeholders to expand Crisis Intervention Team training	At Risk		During FY23, there were 16 CIT trainings with 179 officers and 67 law enforcement agencies represented. There are seven fully functioning CIT teams in the state, with four additional counties working towards implementing a full CIT program.
Measure: Number trained in CIT		179	
Measure: Number of law enforcement entities trained		67	
Measure: Number of trainings		16	

<p>Measure: Number of CIT teams</p>		<p>7</p>	<p>There are currently 7 fully-functioning CIT Teams across the state. This number decreased from the mid-year amount due to the Southwest CIT being split up when Region 11 closed.</p>
<p>Measure: Number of partnerships working towards CIT</p>		<p>4</p>	<p>There are currently four 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. One of these locations with the latest start-date is expected to begin in January of 2024.</p>