

# DMH FY23 - FY27 Strategic Plan

## FY24 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**

<b>Strategy 1.1.1:</b> Monitor wait times and location of waiting for acute psychiatric services	<b>On Track</b>		Across all four state hospitals, the average length of wait in the first half of FY24 was approximately 5 days, a decrease from 8 days reported at mid-year FY23. Of those, approximately 37% were admitted from a jail setting, with an average length of wait in jail of approximately 2.6 days. This is a decrease from 7 days and 49% reported at mid-year FY23. Approximately 28% of admissions to the state hospitals were from a same level of care setting, such as a private hospital, a decrease from 36% reported at mid-year FY23.
Measure: Average length of wait for acute psychiatric admissions		5	The average wait of approximately 5 days compares to an average wait of approximately 8 days at mid-year FY23.
MSH: Average length of wait for acute psychiatric admissions		2	
EMSH: Average length of wait for acute psychiatric admissions		10	
NMSH: Average length of wait for acute psychiatric admissions		4	
SMSH: Average length of wait for acute psychiatric admissions		4.5	
Measure: Percentage of admissions to DMH acute psychiatric services from a jail setting		37%	This is a decrease from 49% reported at mid-year FY23.
MSH: Percentage of admissions from a jail setting		30%	

EMSH: Percentage of admissions from a jail setting		37%	
NMSH: Percentage of admissions from a jail setting		31.5%	
SMSH: Percentage of admissions from a jail setting		51%	
Measure: Average length of time waiting in jail for acute psychiatric services from a jail setting		2.6	Of the admissions to DMH acute psychiatric services from a jail setting, the average length of wait in jail was approximately 2.6 days. This is a decrease from 7 days reported at mid-year FY23.  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		1	
EMSH: Average length of time waiting in jail for acute psychiatric admission		2	
NMSH: Average length of time waiting in jail for acute psychiatric admission		4	
SMSH: Average length of time waiting in jail for acute psychiatric admission		3.5	
Measure: Percentage of admissions to DMH acute psychiatric services from same level of care setting		28%	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 28% came from a same level of care setting. This is a decrease from 36% reported at mid-year FY23.
MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		34%	
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		31%	
NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		21%	
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		27.5%	

<b>Strategy 1.1.2:</b> Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units	<b>On Track</b>		The average length of wait for substance use treatment services has decreased as additional beds became available and service provision was moved to males at EMSH and females at MSH. The overall average of 8.5 days compares to 36.5 days at mid-year FY23.
Measure: Average length of wait for substance use disorder admissions		8.5	
MSH: Average length of wait for substance use disorder admissions		9	
EMSH: Average length of wait for substance use disorder admissions		8	
Measure: Percentage of admissions to a DMH substance use disorder unit from a jail setting		63.5%	
MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		40%	
EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		87%	
Measure: Average length of time waiting in jail for SUD admission		4.5	This compares to 16.5 days reported at mid-year FY23.
MSH: Average length of time spent waiting in jail for SUD admission		2	
EMSH: Average length of time spent waiting in jail for SUD admission		7	
<b>Strategy 1.1.3:</b> Monitor admissions, readmissions, and length of stay in hospitals for acute psychiatric services	<b>On Track</b>		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%.
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		7%	This is an increase from 4% reported at mid-year FY23.
EMSH: 30 Day Readmission Rate		1%	
NMSH: 30 Day Readmission Rate		1.5%	
SMSH: 30 Day Readmission Rate		1%	
Measure: 180 Day Readmission Rate		13%	Averaged across all four state hospitals, approximately 13% of all individuals

			admitted during this time frame were admitted within 180 days of a previous discharge.
MSH: 180 Day Readmission Rate		18%	
EMSH: 180 Day Readmission Rate		15%	
NMSH: 180 Day Readmission Rate		11%	
SMSH: 180 Day Readmission Rate		9%	
Measure: 365 Day Readmission Rate		17%	This is a decrease from 25% reported at mid-year FY23.
MSH: 365 Day Readmission Rate		23%	
EMSH: 365 Day Readmission Rate		21%	
NMSH: 365 Day Readmission Rate		8%	
SMSH: 365 Day Readmission Rate		15%	
Measure: Geometric Average Length of Stay		35	The average length of stay across all four state hospitals is approximately 35 days. 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 outliers. The value of 35 days is the geometric average of the four geometric average length of stay values from the state hospitals. The mathematical average of the four state hospitals' values is 39.5.
MSH: Geometric Average Length of Stay		22	
EMSH: Geometric Average Length of Stay		77	
NMSH: Geometric Average Length of Stay		30	
SMSH: Geometric Average Length of Stay		29	
Measure: Number of Admissions		975	There were 975 admissions to acute psychiatric services in the first half of FY24. This compares to 933 admissions in the first half of FY23. Admissions have increased due to the additional beds opened during FY23 and the improvement in staffing at hospitals.

MSH: Number of admissions		375	
EMSH: Number of admissions		223	
NMSH: Number of admissions		210	
SMSH: Number of admissions		162	
Measure: Total number served (acute psychiatric)		1,511	A total of 1,511 people received acute psychiatric services at DMH's programs in the first half of FY24. This includes 1,454 people served at the four state hospitals, with an additional 57 youth receiving services at Specialized Treatment Facility.
MSH: Total number served (acute psychiatric)		451	
STF: Total number served		57	
EMSH: Total number served (acute psychiatric)		330	
NMSH: Total number served		461	
SMSH: Total number served		212	
<b>Objective 1.2:</b>			
<b>Enhance the transition process as individuals are discharged from a DMH behavioral health program to the community</b>			
<b>Strategy 1.2.1:</b> Monitor discharge planning at DMH behavioral health programs	<b>On Track</b>		
Measure: Percent of audits conducted by the Office of Utilization Review that meet all requirements		95%	
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		100%	This measure is reporting the percentage of audits that were sent to the next level of care in the established time frame.
Measure: Number of discharges from DMH behavioral health programs		1,000	In the first half of FY24, there were 1,000 discharges from DMH's state hospitals. This compares to 872 in the first half of FY23.
MSH: Number of discharges from DMH behavioral health programs		380	
EMSH: Number of discharges from DMH behavioral health programs		226	

NMSH: Number of discharges from DMH behavioral health programs		220	
SMSH: Number of discharges from DMH behavioral health programs		174	
Measure: Number of discharges from DMH behavioral health programs to CMHCs		807	807 of the 1,000 discharges, or approximately 81%, 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 DMH behavioral health programs to CMHCs		291	Approximately 77%
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		225	Approximately 99.5%
NMSH: Number of discharges from DMH behavioral health programs to CMHCs		173	Approximately 79%
SMSH: Number of discharges from DMH behavioral health programs to CMHCs		118	Approximately 68%
<b>Strategy 1.2.2:</b> Begin the intake process or facilitate meetings for people connected with CMHCs prior to discharge from DMH behavioral health programs	<b>On Track</b>		<p>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 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		73%	This is an increase from 53% reported in FY23.

Measure: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		61%	Approximately 61% 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 52% reported at mid-year FY23.
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		66%	
EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		60%	
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		59%	
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		58%	
Measure: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		71%	Approximately 71% 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		76%	
EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge		48%	
NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		70%	

SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		90%	
<b>Strategy 1.2.3:</b> Utilize the Peer Bridger program to connect people discharged from DMH behavioral health programs with their local Community Mental Health Centers	Off Track		<p>In the first half of FY24, there were 388 patients who had bridging meetings that included the individual, a Peer Bridger at the hospital, and a Peer Bridger at the CMHC. A total of 163 bridged individuals attended their first post-discharge appointment with a CMHC. Although an increase over the 288 individuals with bridging meetings reported at mid-year FY23, a smaller percentage of those individuals attended their first post discharge appointment with the CMHC.</p> <p>The number of bridging meetings was also affected by vacancies in peer bridger positions at either the state hospitals or the CMHCs.</p>
Measure: Percentage of people with bridging meetings		48%	<p>In the first half of FY24, there were 807 individuals discharged from state hospitals to the care of local CMHCs. During this time frame, 388 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 48% who participated in bridging meetings. This compares to 47% reported at mid-year FY23.</p> <p>In addition, individuals who received Peer Bridger 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.</p>
MSH: Number of people with bridging meetings		45	
EMSH: Number of people with bridging meetings		6	
NMSH: Number of people with bridging meetings		210	
SMSH: Number of people with bridging meetings		127	



Measure: Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		42%	Of the 388 individuals who had bridging meetings, 163 attended the first post-discharge appointment with a CMHC, or approximately 42% of all individuals with bridging meetings. This compares with 55% reported at mid-year FY23.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		38	
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		0	
NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		57	
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		68	
Measure: Number of individuals with bridging meetings readmitted 0-30 days after discharge		5	
MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		2	
EMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		0	
NMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		1	
SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		2	

**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**

The average length of wait for competency restoration admissions is 245 days, a decrease of 73.5 days over FY23. The average length of stay for competency restoration was 172 days, a decrease of 29.5 days over FY23.

The average wait time for completed initial competency evaluations for FY24 is 71 days, an increase of 29 days over FY23. The program received a total 76 initial competency evaluations for the first half of FY24. Several things have impacted the wait time for completed initial competency evaluations:

1. Beginning November 1, 2023, MSH Forensic Services no longer completes initial competency evaluations. Counties now have to pay community evaluators for completing initial competency evaluations.
2. MSH Forensic Services created a Certified Evaluator process and has certified several professionals, as required by the 2019 Forensic Mental Health Act.
3. MSH Forensic Services is providing administrative oversight to Courts (if they wish to use this route) for assigning initial competency/sanity evaluations to Certified Evaluators. Courts may also send initial competency/sanity evaluations directly to professionals in the community without any administrative assistance from MSH.
4. The Director of Forensic Evaluation Service is responsible for managing/supervising the Certified Evaluator process. Therefore, they are completing significantly fewer evaluations than previously,

		<p>approximately one half to one third of the evaluations that a full-time evaluator is expected to complete. MSH was unsuccessful in recruiting an additional evaluator to make up for this loss.</p> <ol style="list-style-type: none"><li>5. Just looking at FY24 mid-year referral numbers does not account for the evaluations received prior to then. MSH often receives orders months before the minimally required information needed to conduct the evaluation. This means at least some of the evaluations completed during FY 24 mid-year were referred prior to that time frame.</li><li>6. MSH did not have a Forensic Psychology Postdoctoral Fellow from February 2023 - September 2024. Since the Fellow's primary training is focused on doing forensic evaluations, this resulted in MSH being unable to complete as many evaluations as previously.</li><li>7. There also was a push for focusing on inpatient evaluations during this time frame.</li><li>8. MSH increased bed capacity with the opening of B87.</li><li>9. With fewer evaluators, MSH significantly increased the number of inpatient evaluations and decreased the length of stay (LOS) for inpatient evaluations. One way MSH did this was by requiring inpatients to be re-evaluated within the first 60 days of their admission instead of within 4 months of their admission, which is what is required by legal statute.</li><li>10. The same evaluators who do inpatient evaluations are responsible for doing outpatient evaluations. With the same number of evaluators, the increase in inpatient evaluations results in fewer outpatient evaluations. However, decentralizing this process has resulted in reduced length of wait for admissions and</li></ol>
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			length of stay which means more beds turned over to offer more services to more individuals.
Measure: Average time for completed initial competency evaluations		71	71 days is an increase of 29 days over FY23.
Measure: Average length of wait for competency restoration admissions		245	245 days is a decrease of 73.5 days over FY23.
Measure: Average length of stay for competency restoration		172	172 days is an increase of 29.5 days over FY23.
<b>Goal 2</b>			
<b>Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary hospitalizations for children, youth and adults</b>			
<b>Objective 2.1</b>			
<b>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</b>			
<b>Strategy 2.1.1:</b> Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS	<b>On Track</b>		<p>During the first 6 months of FY24, the PACT program served 698 individuals. ICORTs served 550 individuals, and ICSS served 577 unduplicated individuals. Overall, 1,825 individuals have been served through these intensive programs from July 2023- December 2023.</p> <p>These intensive teams have maintained an average readmission rate of 5%.</p> <p>FY24 Fidelity Reviews are in progress and the results will be notated for the End Year Report. However, the Regions that have been scored have met, or exceeded, the expectations set forth from last year's Strategic Plan metrics.</p>
Measure: PACT number served		698	
Measure: PACT readmission rate		3.7%	During the first half of FY24, 698 unduplicated individuals were served by the PACT teams, with only 26 of those individuals being re-admitted into a state behavioral health hospital.
Measure: PACT fidelity rate		100%	As of December 31,2023, FY24 Fidelity Reviews are still in process. All PACT

			Fidelity Reviews that occurred prior to December 31st had a consensus total score of 85 or above.
Measure: ICORT number served		550	
Measure: ICORT readmission rate		5.6%	In the first half of FY24, 5.6% of the 550 unduplicated individuals served in ICORT were re-admitted to a state behavioral health hospital, equating to only 31 individuals.
Measure: ICORT fidelity rate			FY24 Fidelity Reviews are still in progress, and no final consensus scores have been reached for the reviews that have taken place.
Measure: ICSS number served		577	
Measure: ICSS readmission rate		6%	In the first half of FY24, 35 of the 577 individuals served by ICSS were readmitted to a State Behavioral Health Hospital.
Measure: ICSS fidelity rate		100%	FY24 Fidelity Reviews are still in process, however, the ICSS reviews that have come to consensus, all had a score greater than 15.

**Objective 2.2**

**Provide community services that support a person’s continued recovery in the community**

<p><b>Strategy 2.2.1:</b> Monitor the fidelity of Supported Employment services</p>	<p><b>On Track</b></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 the first half of the fiscal year, the IPS sites served a total of 304 individuals, 112 of whom were employed. This compares to 270 served and 107 employed in the first half of FY23. The VR Expansion sites served a total of 168 individuals, 28 of whom were employed. This compares to 162 served and 33 employed in the first half of FY23.</p> <p>Fidelity reviews began in the first half of FY24, and will continue throughout the second half.</p>
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Measure: IPS Supported Employment fidelity rate		100%	FY24 Fidelity Reviews are still in process, but so far all the reviewed IPS sites had a score of 27 or above.
Measure: Number employed through IPS Supported Employment		112	
Measure: Supported Employment - VR fidelity rate		100%	FY24 Supported Employment Fidelity Reviews are still ongoing, however, for those that have been scored, 100% were above a total consensus score of 27.
Measure: Number employed through Supported Employment - VR		28	
<b>Strategy 2.2.2:</b> Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living	<b>On Track</b>		<p>The CHOICE housing program provides temporary rental assistance to make housing affordable throughout the state of Mississippi for individuals with serious mental illnesses. Referrals to CHOICE are made through Open Doors Homeless Coalition, and CMHCs provide services to individuals in CHOICE.</p> <p>In the first half of FY24, 284 people were housed through CHOICE. No individuals served through CHOICE required readmission to a state hospital.</p>
Measure: CHOICE number served		284	
Measure: CHOICE housing program readmission rate		0%	In the first half of FY24, none of the 284 individuals housed by CHOICE were readmitted to a state behavioral health program.
Measure: Supervised and Supported Living number served		250	
Measure: Supervised and Supported Living readmission rate		2.8%	In the first half of FY24, only 7 individuals out of the 250 unduplicated individuals served were readmitted to a state behavioral health hospital.
<b>Strategy 2.2.3:</b> Develop Peer Respite programs to provide short term, non-clinical respite support to help people find new understanding and ways to move forward	<b>On Track</b>		There are currently two locations and providers tentatively scheduled to implement Peer Respite programs. 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	Though the sites have not opened, Positive Pathways has started to hire staff and anticipates opening this summer. MHA is still in the process of securing a location

			but has begun to hire staff. Their opening is anticipated to be near the beginning of the fall of 2024. Both programs are actively training staff and learning about the requirements and regulations for 24-hour respite homes.
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%	
<b>Objective 2.3</b>			
<b>Provide community supports for children and youth with serious emotional disturbance and prevent the need for out-of-home placements</b>			
<b>Strategy 2.3.1</b> – Utilize MAP Teams to prevent unnecessary institutionalizations among children and youth	<b>On Track</b>		MAP team data has been affected by staff turnover and will be reported at the end of the fiscal year.
Measure: Number served by MAP Teams			
Measure: Number of cases referred by local partners attending MAP Team meetings			
Measure: Percentage of youth needing a higher level of care			
<b>Strategy 2.3.2:</b> Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth	<b>At Risk</b>		In the first half of FY24, 1,019 children and youth were served by Wraparound Facilitation. This is a decrease of 2% from FY23, when 1,044 children and youth 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		1,019	
Measure: Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement		12%	124 children and youth received Wraparound Facilitation as an alternative to a more restrictive placement by mid-year of FY24. This is a decrease compared to 193 at mid-year FY23.
Measure: Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement		13%	In the first half of FY 24, 135 children and youth, approximately 13% of those served, transitioned to Wraparound Facilitation from a more restrictive placement. This is

			a 1% increase compared to the 125 children and youth in FY23.
Measure: Percentage of youth needing a higher level of care		4%	By mid-year of FY24, 4%, or 39 of the 1,019 of the children and youth served by Wraparound Facilitation, required a higher level of care.
<b>Strategy 2.3.3:</b> Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis	<b>On Track</b>		<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>At mid-year of FY24, eight (8) NAVIGATE programs are currently operating across the state in Regions 2,4,6,7,8,9,14, and 15.</p> <p>At mid-year of FY24, NAVIGATE served 103 youth and young adults, an increase over 100 served at FY23 mid-year.</p>
Measure: Number served by Navigate		103	
Measure: Percentage maintained in their homes and communities		95%	In the first half of FY24, 95% of youth and young adults served in the eight (8) Navigate programs were maintained in their home and/or community. Five (5) of the 103 youth and young adults served in the NAVIGATE Program required hospitalization.
Measure: Percentage who are employed or enrolled in school or educational courses		49%	In the first half of FY24, 49% of the youth and young adults served in the eight Navigate programs were either enrolled in school or educational courses or were employed.
<b>Strategy 2.3.4:</b> 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	<b>On Track</b>		DMH supports 12 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. By mid- year of FY24, the 12 Juvenile Outreach Programs served 1,660 youth detained in the Juvenile Detention Centers.
Measure: Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs		70%	By mid-year of FY24, 1,164 of the 1,660 youth, or 70%, served in the Juvenile Outreach Programs operated through a partnership between the CMHCs and the Juvenile Detention Centers were referred to continue treatment with the CMHCs in their communities. This is an increase from 66% reported at mid-year FY23.
Measure: Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP		15%	By mid-year of FY24, 251 of the 1,660 youth, or 15%, served through the Juvenile Outreach Program became reinvolved in the juvenile justice system and re-entered the Juvenile Detention Center. This is a decrease from 26% reported at mid-year FY23.
Measure: Number referred to Adolescent Offender Programs as an alternative to incarceration		30	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.  By mid-year of FY24, 30 youth were referred to the Adolescent Offender Programs in Regions 4 and 9 as an alternative to incarceration. Funding for the Adolescent Offender Programs was released toward the end of mid-year FY24. Therefore, an increase in data is expected for the End-of Year Report due to the implementation of additional programs across the state.
Measure: Number completing the Adolescent Offender Programs with no reoffending behaviors		6	By mid-year of FY24, 6 youth discharged successfully from the Adolescent Offender Programs. Only Regions 4 and 9 were operating AOP programs by mid-year of FY24.
Measure: Number completing the Adolescent Offender Programs with reoffending behaviors		0	

<b>Strategy 2.3.5:</b> Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization	<b>On Track</b>		By mid-year of FY24, 104 children and youth were served by Intensive Community Support Services. 100 of those children and youth were maintained in the community due to the services and did not require admission and/or readmission to acute or residential care.
Measure: Number referred from acute and/or residential treatment		7	
Measure: Number maintained in the community with supports from the ICSS program		100	
Measure: Number readmitted to acute and/or residential treatment from the ICSS program		4	In the first half of FY24, 4 of the 104 children and youth served with ICSS required readmission to acute or residential treatment.
<b>Objective 2.4</b>			
<b>Provide an array of substance use disorder treatment, prevention, and recovery support services</b>			
<b>Strategy 2.4.1:</b> Divert individuals who are court committed to DMH for alcohol and drug treatment to a community-based program	<b>On Track</b>		
Measure: Number of individuals diverted from inpatient treatment		84	
<b>Strategy 2.4.2:</b> Provide community residential services for individuals in need of substance use disorder treatment	<b>On Track</b>		In the first half of FY24, a total of 2,504 individuals were served in these residential services. This number includes the 2,039 served in High-Intensity Residential (including 58 pregnant and 332 parenting individuals, plus one male - not in count), 465 served in Transitional Residential Treatment, and 0 adolescents served in Medium-Intensity Residential.
Measure: Number of individuals served in primary residential treatment		2,039	
Measure: Number of individuals served in transitional residential treatment		465	
Measure: Number of community-based beds available for residential treatment		632	
<b>Strategy 2.4.3:</b> Monitor utilization of community-based treatment services by high-risk populations	<b>On Track</b>		
Measure: Number of intravenous drug users served		350	

Measure: Number of pregnant women served		58	
Measure: Number of parenting women served		332	
Measure: Number of individuals served through Medication Assisted Treatment for opioid use disorder			This information will be reported at the end of the fiscal year.

**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**

<b>Strategy 3.1.1:</b> Increase the number of available CSU beds throughout the state	<b>On Track</b>		The funding for CSU expansion has been reallocated for additional crisis services, which will result in a greater number of CSU beds in the near future. However, at the mid-year of FY24, there were 180 CSU beds available in Mississippi.
Measure: Number of new CSU beds added			Though no additional CSU beds were added in the first half of FY24, a 16-bed CSU operated by Region 8 did open in Brandon in February 2024.
Measure: Total number of CSU beds		180	
<b>Strategy 3.1.2:</b> Monitor effectiveness and utilization of Crisis Stabilization Units	<b>On Track</b>		The CSUs remain effective at diverting individuals from hospitalization. In the first half of FY24, the CSUs served 1,822 unduplicated individuals. Of those, approximately 97%, were diverted from admission to a state hospital. The average length of stay at a CSU was 13 days.
Measure: Number served		1,822	In the first half of FY24, 1,822 unduplicated individuals were served across the state at the Crisis Stabilization Units.
Measure: Percentage of individuals diverted from a state hospital		97%	The CSUs have reached a 97% diversion rate in the first half of FY24, with 59 of the

			1,816 discharges being discharged to a State Behavioral Health Hospital.
Measure: Average length of stay		13	The CSUs have maintained a 13 day average length of stay for individuals treated in the first half of FY24.
<p><b>Objective 3.2</b></p> <p><b>Increase availability of community crisis homes for successful continuation in the community</b></p>			
<b>Strategy 3.2.1:</b> 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.	<b>On Track</b>		<p>There are five crisis diversion homes currently in operation:</p> <ul style="list-style-type: none"> <li>- Boswell Regional Center operates a six-bed home in Morton</li> <li>- SUCCESS operates eight beds across two locations</li> <li>- Matt's House operates four beds</li> <li>- Brandi's Hope operates eight beds, with four of those added in FY23.</li> </ul> <p>A former four-bed home was operated by a provider that did not renew its grant for FY24, leaving only five crisis diversion homes in operation. DMH is working to identify a provider for this four-bed bed crisis diversion home that was previously in operation. The additional four-bed homes are now planned to be added at the DMH ICF/IID regional programs: Hudspeth Regional Center, Ellisville State School, and North Mississippi Regional Center.</p>
Measure: Number of new crisis diversion beds added since FY22		10	The six-bed home operated by BRC began in FY23, and Brandi's Hope began operating four additional beds in FY23 as well.
Measure: Number of individuals served		15	There are currently five four-bed and one six-bed crisis homes. An RFP has been sent out for an additional four bed home.
Measure: Percentage of people transitioned with appropriate supports		47%	7 of the 15 people admitted to a crisis diversion home were transitioned out with appropriate supports.
Measure: Average length of stay		180	Average length of stay was 6 months.
<b>Strategy 3.2.2:</b> Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds	<b>On Track</b>		Safe beds continue to be offered when available to individuals in crisis.
Measure: Number of individuals served		3	

**Objective 3.3**

**Expand capacity of 988 Lifeline Centers within the crisis continuum.**

<b>Strategy 3.3.1:</b> Meet increased demand in crisis calls, texts, and chats at the state’s two Lifeline Centers.	<b>On Track</b>		DMH continues to work with both 988 call centers to meet the increased call demand, through the procurement of additional SAMHSA grants, Legislative ARPA funds, and other funding sources.
Measure: Number of calls		7,416	Of the 7,416 calls routed to Mississippi, 7,235 were answered in state by one of the two 988 call centers.
Measure: Number of texts and chats		250	172 texts and 78 chats were answered for a total of 250. 988 call centers continue to work on increasing staffing and availability to handle more text and chats.
Measure: In-state answer rate		98%	
Measure: Number of calls to 988 referred to Mobile Crisis Response Teams		36	There have been 36 calls to 988 transferred to Mobile Crisis recorded in the WITS Crisis Module from July 1, 2023, to December 31, 2023.
<b>Strategy 3.3.2:</b> Research and implement technology that provides quality coordination of crisis care in real-time to support the continuum of crisis services.	<b>On Track</b>		DMH continues to look at other states’ 988 implementation, and the procurement of grants to aid in the implementation of different technologies which could be potentially utilized in the future to increase the coordination of care between the states’ 988 Call Centers and Mobile Crisis Teams.
Measure: Number of technology demos viewed		2	

**Objective 3.4**

**Increase effectiveness of Mobile Crisis Response Teams to divert individuals from a higher level of care**

<b>Strategy 3.4.1:</b> Monitor utilization and fidelity of Mobile Crisis Response Teams	<b>On Track</b>		Fidelity Reviews have been completed. Four of the eleven CMHCs have received a review between July 1, 2023, to December 31, 2023.
Measure: Number of contacts/calls		3,992	
Measure: Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		28%	According to the WITS Crisis Module: 1,125 total deployments out of 3,992 contacts/calls.

Measure: Percentage of individuals receiving a face-to-face response who are in need a higher level of care		54%	There were 610 individuals in need of a higher level of care.
Measure: Average response time for rural MCERT responses		25	The new field to denote Urban/Rural as the deployment location wasn't added into WITS until mid to late August. In that time frame, there were 113 deployments totaling 2,847 minutes.
Measure: Average response time for urban MCERT responses		22	The new field to denote Urban/Rural as the deployment location wasn't added into WITS until mid to late August. In that time frame, there were 246 deployments totaling 5,321 minutes.
Measure: MCERT fidelity rate			Fidelity Reviews have been conducted but the reports have not yet been completed. This information will be reported at the end of the fiscal year.
<b>Strategy 3.4.2:</b> Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	<b>On Track</b>		The MOU was signed between the 988 Call Center and Region 2 Communicare in November of 2023. However, both agencies have been operating under an unofficial MOU for several prior months. In addition, DMH, has been assisting Contact the Crisis Line with working on another MOU between the 988 call center and Region 9 Hinds Behavioral Health.
Measure: Number of MOUs		1	
<b>Objective 3.5</b>			
<b>Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided</b>			
<b>Strategy 3.5.1:</b> Utilize the Specialized Planning Options to Transition (SPOTT) to help people access services	<b>On Track</b>		
Measure: Number of referrals to SPOTT		85	
Measure: Number of appropriate referrals to SPOTT		75	
Measure: Percentage of appropriate referrals connected to services/supports through SPOTT		80%	

<b>Strategy 3.5.2:</b> Utilize the DMH Office of Consumer Supports to provide Mississippians referral services and as an outlet for filing grievances related to services or providers	<b>On Track</b>		
Measure: Number of DMH Helpline calls		3,034	
Measure: Number of grievances filed through the Office of Consumer Support		57	
<p><b>Goal 4</b></p> <p><b>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</b></p>			
<p><b>Objective 4.1</b></p> <p><b>Provide community supports and services that allow individuals to transition from the ICF/IID regional program campus to appropriate community living options</b></p>			
<b>Strategy 4.1.1:</b> Transition people from the ICF/IID regional program campus to the ICF/IID Community Homes and the ID/DD Home and Community Based Waiver	<b>On Track</b>		In the first half of FY24, a total of six people transitioned from a Regional Program to an ICF/IID Community Home or the ID/DD Waiver; three transitioned from the Regional Program to an ICF/IID Community Home and three transitioned to the ID/DD Waiver.
Measure: Number of people transitioned from Regional Program to ICF/IID Community Homes		3	
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		0	
HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		0	
ESS: Number of people transitioned from Regional		2	

Program to ICF/IID Community Homes			
SMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		0	
Measure: Number of people transitioned from Regional Program to the ID/DD Waiver		3	
NMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		1	
BRC: Number of people transitioned from Regional Program to the ID/DD Waiver		1	BRC transitioned 0 and MAC transitioned one during this time period.
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		1	
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		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.		0	
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.		1	
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		1	
Measure: Number of people served in the ICF/IID Regional Programs		676	In the first half of FY24, 676 people were served on the ICF/IID Regional Programs' campuses.
NMRC: Number of people served in the ICF/IID Regional Programs		162	
HRC: Number of people served in the ICF/IID Regional Programs		161	
BRC: Number of people served in the ICF/IID Regional Programs		90	
MAC: Number of people served in the ICF/IID Regional Programs		31	
ESS: Number of people served in the ICF/IID Regional Programs		186	
SMRC: Number of people served in the ICF/IID Regional Programs		46	
Measure: Percent of people served in the community versus an institutional setting		86%	In the first half of FY24, a total of 4,282 individuals received services in the community versus in an institutional setting: 505 individuals were served in an ICF/IID Community Home, 2,656 were served by the ID/DD Waiver, 1,066 received 1915(i) Community Support Program services and/or IDD Targeted Case Management, and 55 individuals received IDD Grant services (residential and employment related). There was a total of 676 individuals that received services in an institution. Of the 4,958 individuals who were served, approximately 86% received services 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**

<b>Strategy 4.2.1:</b> Increase the number of people receiving ID/DD Waiver services	<b>On Track</b>		
Measure: Number of people who received ID/DD Waiver services		2,656	Source: 372 Report The 372 Report is based on provider billing of ID/DD Waiver Services. Prevocational Services changed from one hour units to 15-minute units in September. The report does not appear to include those who may have received Prevocational Services at the hourly rate. Medicaid will update the report.
Measure: Number of people admitted to the ID/DD Waiver services		74	74 people have been enrolled in ID/DD Waiver since 7/1/2023.
Measure: Number of people on the ID/DD Waiver Census		2,638	Source: DOM Lock In Verification Report
<b>Strategy 4.2.2:</b> Increase the number of individuals receiving services through the 1915(i) Community Support Program	<b>On Track</b>		As of 12/31/2023, a total of 1,031 people were served through the 1915(i) Community Support Program. This is an increase from 1,010 people reported in the first half of FY23. A total of 61 people were admitted to the 1915(i) CSP program in the first half of FY24.
Measure: Number of individuals who received 1915(i) Community Support Program Services		1,031	
Measure: Number of individuals admitted to 1915(i) Community Support Program		61	
Measure: Number of individuals on the 1915(i) Community Support Program Census		959	
Measure: Number of individuals receiving Targeted Case Management		1,066	This includes people enrolled in the 1915(i) Community Support Program and people receiving Targeted Case Management only.
<b>Objective 4.3</b>			
<b>Provide Supported Employment Services that lead to gainful community employment for people with IDD</b>			
<b>Strategy 4.3.1:</b> Increase the number of individuals utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services	<b>On Track</b>		A total of 382 people (250 in ID/DD Waiver and 132 in CSP) received Supported Employment services in the six month period.

Measure: Number of individuals searching for employment		96	51 people received Job Development (searching for jobs) in ID/DD Waiver and 45 people received Job Development through CSP during the six month period. Source: 372 Report
Measure: Number of individuals employed		286	Source: 372 Reports. 199 people in ID/DD Waiver and 87 people in CSP received Job Maintenance during the six month period. Job Maintenance provides a job coach to assist people with maintaining competitive work in the community.
<b>Goal 5</b>			
<b>To develop and build capacity of the behavioral health and IDD workforce</b>			
<b>Objective 5.1</b>			
<b>Identify and address DMH workforce shortages to maintain a diverse and engaged mental health workforce to sustain appropriate staffing levels</b>			
<b>Strategy 5.1.1:</b> Monitor DMH workforce data and develop recruitment recommendations	<b>On Track</b>		DMH workforce data are monitored and strategies of recruitment are developed based on the need of personnel for individual programs. Implementation of the recruitment recommendations has resulted in a significant increase in new hires.  The specific rates in the measures below will be reported at the end of the fiscal year and based on the twelve-month period of the year.
Measure: Turnover Rate for Support Care Professionals			There have been 559 separations in the Support Care Professional series across all DMH programs through the FY24 mid-year period.
Measure: Turnover Rate for All DMH employees			There was a total of 807 separations across all DMH programs through the FY24 mid-year period.
Measure: Vacancy Rate for Support Care Professionals			As of December 31, 2023, there were 1,890 vacant positions as part of DMH's total headcount. Of those vacancies, 895 are in the Support Care series.
Measure: Number of recruitment recommendations implemented			Recruitment recommendations implementation through career fairs,

			community job fairs, and partnership opportunities with WIN Job Center.
<b>Strategy 5.1.2:</b> Conduct stay interviews/surveys at DMH state-operated programs to assess job satisfaction and adjust retention efforts as needed	<b>On Track</b>		Programs have implemented stay surveys that are sent out to all staff every 6 months with new questions to get viable feedback for ensuring job satisfaction. Programs have reported above 50% success rate.
Measure: Number of stay interview participants			This will be reported at the end of the fiscal year.
Measure: Number of retention strategies implemented			This will be reported at the end of the fiscal year.
<p><b>Objective 5.2</b></p> <p><b>Develop a comprehensive state mental health workforce prepared for the complex needs of children, youth and adults in need of services and supports</b></p>			
<b>Strategy 5.2.1:</b> Sustain the Mississippi State Hospital Psychiatry Residency Program to strengthen the psychiatry workforce in Mississippi	<b>On Track</b>		<p>The MSH Psychiatry Residency Program is currently in its third year of training resident physicians, with a total of 18 residents. MSH has proven to be an excellent training site and the word is spreading about the program. Each year, hundreds apply with the hopes of claiming one of only six available slots.</p> <p>Since the program was established, one of the primary goals has been to increase the number of psychiatrists in Mississippi. Notably, a majority of the residents in the program are from the Southeast region and four are native Mississippians. Of the twelve PGY-2 (2nd year) and PGY-3 (3 year), four have indicated they will remain in Mississippi. Two additional residents have mentioned potentially staying as well.</p>
Measure: Number of residents		18	
Measure: Number of psychiatrists in the Mississippi workforce		189	In the 2023/2024 cycle there were 189 general psychiatrists in the MS workforce. Of those 46 are 65 or older. In the 2022/2023 cycle there were 179 general psychiatrists in the workforce in MS, 45 of those were 65 or older.

<p><b>Strategy 5.2.2:</b> Provide clinical experience to residents in the Mississippi State Hospital Psychiatry Residency Program through the use of an outpatient psychotherapy clinic</p>	<p><b>On Track</b></p>		<p>Six PGY-3 residents are serving the community at Region 8 Behavioral Health Services and Region 9 Hinds Behavioral Health Services on Monday-Thursday of each week. Additionally, twelve residents from the PGY-2 and PGY-3 classes currently see patients weekly in the program's psychotherapy clinic. Through mid-year FY24, 35 people have been served over 240 sessions.</p>
<p>Measure: Number of people served through the psychotherapy clinic</p>		<p>35</p>	<p>35 individuals were served by mid year FY24. A total of 36 individuals were served in FY 23.</p>
<p>Measure: Number of sessions conducted by residents</p>		<p>240</p>	<p>135 sessions were held in the same time period in FY 23.</p>
<p><b>Strategy 5.2.3:</b> Provide technical assistance designed to improve delivery of mental health services to stakeholders in the state mental health system</p>	<p><b>On Track</b></p>		
<p>Measure: Number of TA provided to certified providers</p>		<p>10</p>	
<p>Measure: Number of individuals reached through TA to DMH Certified Providers</p>		<p>56</p>	
<p>Measure: Number of TA provided to Judges/Chancery Clerks/Chancery Courts</p>		<p>2</p>	<p>In the first half of FY24, there were two 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.</p>
<p>Measure: Number of individuals reached through TA to Chancery Clerks/Chancery Courts</p>		<p>45</p>	<p>These individuals included judges, chancery clerks, their staff members, and CMHC staff throughout the state's Chancery Court districts.</p>

<b>Strategy 5.2.4:</b> 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	<b>Not Started</b>		This project is still in the procurement stage of the process.
Measure: Number of trainings conducted		0	
Measure: Number of individuals trained		0	
<b>Strategy 5.2.5:</b> Promote DMH licensure and certification programs for mental health professionals employed at programs that are operated, funded and/or certified by the agency	<b>On Track</b>		
Measure: Number of initial licenses or certifications obtained		446	Of these, 361 were provisional and 85 were full certifications.
Measure: Number of renewed licenses or certifications		302	These were Community Support Specialist credentials.
<b>Strategy 5.2.6:</b> Monitor the use of evidence-based and best practices at DMH Programs and Certified Providers	<b>On Track</b>		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			
<b>Objective 5.3</b>			
<b>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.</b>			
<b>Strategy 5.3.1:</b> Provide interested provider orientation to educate agencies seeking DMH certification	<b>On Track</b>		
Measure: Number of agencies participating in interested provider orientation		58	
Measure: Number of new provider agencies approved		1	

Measure: Number of new services approved for DMH certified providers		10	
Measure: Number of new programs approved for DMH certified providers		34	
<b>Strategy 5.3.2:</b> Monitor the provision of services by conducting site visits with DMH Certified Providers	<b>On Track</b>		
Measure: Number of full agency site visits		18	
Measure: Number of new program site visits		34	
Measure: Number of provider assessments completed during non-full site visit years		20	
<b>Goal 6</b>			
<b>To engage Mississippians and promote the development of effective educational resources and dissemination approaches to improve public understanding of behavioral health</b>			
<b>Objective 6.1</b>			
<b>Maintain an online presence that offers easily accessible information about behavioral health and suicide prevention</b>			
<b>Strategy 6.1.1:</b> 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	<b>On Track</b>		There were 41,821 users of the DMH web site, with 69,568 sessions taking place on the site in the first half of FY24. Due to a change in the vendor responsible for the Mental Health Mississippi site, that information was not reported for the first half of FY24. The fourth quarter of the year

			may be the only quarter for which full information is available for that site.
Measure: DMH web site users		41,821	
Measure: DMH web site sessions		69,568	
Measure: Mental Health MS web site users			
Measure: Mental Health MS sessions			
<b>Strategy 6.1.2:</b> Utilize social media to provide information to the public	<b>On Track</b>		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.
Measure: Social media total reach		170,830	This reach includes 35,937 Facebook accounts and 1,436 Instagram accounts on the DMH pages. The Stand Up, Mississippi campaign reached 99,667 accounts on Facebook and 33,790 accounts on Instagram. This is a total of 170,830 accounts across all four of those social media pages. The DMH accounts have not conducted any paid advertisements in this fiscal year, resulting in a decrease of total reach.
<b>Objective 6.2</b>			
<b>Educate Mississippians about suicide warning signs, risk factors, and available resources</b>			
<b>Strategy 6.2.1:</b> Utilize the Shatter the Silence campaign and ASIST to provide Mississippians with warning signs and risk factors related to suicide	<b>On Track</b>		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		74	Shatter the Silence Presentations which include 40 in-person, 25 recordings, two virtual trainings, and 7 exhibits.
Measure: Number of people trained in Shatter the Silence		5,912	Number of people trained in Shatter the Silence includes 4,174 youth trained, 485



			adults, 500 older adults, 156 correctional officers, 87 law enforcement and first responders, 120 youth faith-based, 150 adults in faith-based, and 240 military.
Measure: Number of Shatter the Silence app downloads		169	
Measure: Number of ASIST trainings		1	
Measure: Number of people trained in ASIST		18	
Measure: Number of organizations trained in ASIST		1	
<b>Objective 6.3</b>			
<b>Provide evidence-based or best practice trainings to various stakeholder groups</b>			
<b>Strategy 6.3.1:</b> Provide Mental Health First Aid training to teach Mississippians the skills to respond to the signs of mental illness and substance use	<b>On Track</b>		
Measure: Number of trainings		18	This includes three Youth Mental Health First Aid trainings, 14 Adult Mental Health First Aid trainings, and one Public Safety Mental Health First Aid training.
Measure: People trained		225	225 participants completed Mental Health First Aid Training during the first half of FY 2024. The number included: 14 participants trained in Youth, 190 participants trained in adult, and 21 in public safety.
Measure: Organizations trained		16	
<b>Strategy 6.3.2:</b> Provide online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices	<b>On Track</b>		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.
Measure: Number of trainings		37	There were 37 trainings held from July 1, 2023 to December 31, 2023.
Measure: People trained		2,418	
Measure: Organizations trained		19	19 DMH Certified Providers with 129 participants took part in the Behavioral Health Learning Network during the first half of FY24.

<b>Strategy 6.3.3:</b> Partner with stakeholders to expand Crisis Intervention Team training	<b>On Track</b>		
Measure: Number trained in CIT		65	
Measure: Number of law enforcement entities trained		32	
Measure: Number of trainings		4	
Measure: Number of CIT teams		7	There are currently seven fully functioning CIT Teams across the state residing in Regions 2,3,4,9,10,12, and 14.
Measure: Number of partnerships working towards CIT		3	There are three CMHC regions (7,8, and 15) currently working towards becoming fully functioning CIT Teams. These regions are in the phase of developing a single point of entry for their locations, training officers, and working on processes for CMHC follow-up to CIT contacts.