

DMH FY24 Strategic Plan 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

<p>Strategy 1.1.1: Monitor wait times and location of waiting for acute psychiatric services</p>	<p>On Track</p>		<p>The average length of wait for acute psychiatric services across the four state hospitals is approximately 4.59 days, a slight decrease from the approximate wait of five days reported in FY23 and a significant decrease from 11 days reported in FY22.</p> <p>Of admissions to acute psychiatric services to the hospitals, approximately 40% came from jail, with the average wait time in jail being 2.3 days in FY24, a decrease from approximately 5 days waiting in jail in FY23.</p> <p>Approximately 33% of admissions were from a same level of care, a slight decrease from 36% reported in FY23.</p>
<p>Average length of wait for acute psychiatric admissions</p>		<p>4.59</p>	<p>The average length of wait for acute psychiatric services across the four state hospitals is approximately 4.59 days, a slight decrease from the approximate wait of five days reported in FY23 and a significant decrease from 11 days reported in FY22.</p>
<p>MSH: Average length of wait for acute psychiatric admissions</p>		<p>1.85</p>	
<p>EMSH: Average length of wait for acute psychiatric admissions</p>		<p>9</p>	<p>Outliers: For the month of July'23 the female waiting list average was 18.5 days and for the month of April'24 the males waiting list average was 14 days. This due to staffing levels; we only admitted those from jail. There were no admissions from same level of care for those months. These</p>

			outliers affected our overall waiting list average.
NMSH: Average length of wait for acute psychiatric admissions		4	
SMSH: Average length of wait for acute psychiatric admissions		3.50	
Percentage of admissions to DMH acute psychiatric services from a jail setting		40%	This information was gathered quarterly by the DMH Division of Utilization Review. It shows that out of a total of 1,882 admissions, 753 were referred from jail, for a 40% rate of admission from a jail setting. That is a slight decrease from 41% in FY23.
MSH: Percentage of admissions from a jail setting		28.82%	198 out of 687 admissions
EMSH: Percentage of admissions from a jail setting		35.66%	153 out of 429 admissions
NMSH: Percentage of admissions from a jail setting		58.21%	241 out of 414 admissions
SMSH: Percentage of admissions from a jail setting		45.74%	161 out of 352 admissions
Average length of time waiting in jail for acute psychiatric services from a jail setting		2.26	As reported by the DMH Division of Utilization Review, the average length of time spent waiting in jail for admission to a DMH state hospital was 2.3 days. This time is measured from the hospitals' receipt of a commitment order to admission. This is a decrease from five days reported in FY23.
MSH: Average length of time waiting in jail for acute psychiatric admission		1.38	
EMSH: Average length of time waiting in jail for acute psychiatric admission		1.83	
NMSH: Average length of time waiting in jail for acute psychiatric admission		3.06	
SMSH: Average length of time waiting in jail for acute psychiatric admission		2.67	

Percentage of admissions to DMH acute psychiatric services from same level of care setting		31.86%	624 out of 1,897 admissions, 32.84%, were from a same level of care setting. This compares to 36% reported in FY23.
MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		40.17%	276 out of 687 admissions
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		30.30%	130 out of 429 admissions
NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		20.05%	83 out of 414 admissions
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		36.91%	134 out of 363 admissions
Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units	On Track		MSH operates 25 SUD beds for females and EMSH operates 35 SUD beds for males. Wait times for these services has decreased in recent years as beds were opened at EMSH and the hospitals transitioned to providing services for females at MSH and males at EMSH. In FY24, wait time for SUD services at MSH was approximately 6 days. Wait time for SUD services at EMSH was 7 days in FY24.
Average length of wait for substance use disorder admissions		6.38	The average length of wait across both programs is approximately 6 days, a decrease from 23.5 days reported in FY23. However, the wait times reported in FY23 included time frames before EMSH added additional beds and before MSH and EMSH transitioned their service provision to females and males, respectively.
MSH: Average length of wait for substance use disorder admissions		5.76	This compares to 31 days in FY23.
EMSH: Average length of wait for substance use disorder admissions		7	This compares to 16 days in FY23.

Percentage of admissions to a DMH substance use disorder unit from a jail setting		60.68%	DMH continues to monitor admissions to both acute psychiatric services and substance use disorder services that come from a jail settings. As with acute psychiatric civil commitments, DMH becomes aware of someone waiting for SUD treatment once the commitment order is sent to the state hospitals and has no control over the location of someone waiting for services. The average of approximately 61% is an increase from approximately 57% reported in FY23.
MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		35.36%	This is a decrease from approximately 43% reported in FY23.
EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		86%	This is an increase from approximately 71% reported in FY23.
Average length of time waiting in jail for SUD admission		4.83	The average of 4.83 days spent waiting in jail during FY24 is a decrease from the 11.5 days reported in FY23.
MSH: Average length of time spent waiting in jail for SUD admission		2.66	This is a decrease from approximately 6 days reported in FY23.
EMSH: Average length of time spent waiting in jail for SUD admission		7	This is a decrease from approximately 17 days reported in FY23.
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. Averaged across all four state hospitals, the readmission rates are:</p> <p>30 Day: 2.82% 180 Day: 12.46% 365 Day: 17.6%</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 rates.</p>
30 Day Readmission Rate		2.82%	Averaged across all four state hospitals, 2.82% of all admissions during FY24 were admitted within 30 days of a previous

			discharge. This is in line with approximately 3% reported in FY23.
MSH: 30 Day Readmission Rate		7.38%	
EMSH: 30 Day Readmission Rate		1%	
NMSH: 30 Day Readmission Rate		1.40%	
SMSH: 30 Day Readmission Rate		1.50%	
180 Day Readmission Rate		12.46%	Averaged across all four state hospitals, 12.47% percent of all admissions during this time frame were admitted within 180 days of a previous discharge. This is a decrease from 15% reported in FY23.
MSH: 180 Day Readmission Rate		19.25%	
EMSH: 180 Day Readmission Rate		15%	
NMSH: 180 Day Readmission Rate		5.60%	
SMSH: 180 Day Readmission Rate		10%	
365 Day Readmission Rate		17.60%	Averaged across all four state hospitals, 17.6% of all admissions during this time frame were admitted within 365 days of a previous discharge. This compares to 23.5% reported in FY23.
MSH: 365 Day Readmission Rate		25.90%	
EMSH: 365 Day Readmission Rate		22%	
NMSH: 365 Day Readmission Rate		6.50%	
SMSH: 365 Day Readmission Rate		16%	
Geometric Average Length of Stay		36	The geometric average length of stay is approximately 36 days, compared to the standard average of approximately 40 days. The geometric average may be considered more representative of the central value of a set of numbers and less sensitive to outliers. The geometric average of 36 days is an increase from 33.5 days reported in FY23.
MSH: Geometric Average Length of Stay		21.80	

EMSH: Geometric Average Length of Stay		70	
NMSH: Geometric Average Length of Stay		32.37	
SMSH: Geometric Average Length of Stay		34.48	
Number of Admissions		1,897	The DMH Division of Utilization Review has reported 1,882 admissions to state hospitals during FY24, a decrease of approximately 4% from the 1,965 admissions reported in FY23.
MSH: Number of admissions		691	This compares to 734 in FY23.
EMSH: Number of admissions		429	This compares to 443 in FY23.
NMSH: Number of admissions		414	This compares to 389 in FY23.
SMSH: Number of admissions		363	
Total number served (acute psychiatric)		2,277	This is a slight decrease from 2,289 reported in FY23.
MSH: Total number served (acute psychiatric)		767	767 people were served in acute psychiatric services at MSH in FY24. The total number of people served at MSH in FY24 includes: Acute Psychiatric: 767 Continued Treatment: 61 Child and Adolescent: 143 Forensic: 122 Substance Use: 210 Nursing Homes: 209 Total: 1,512
STF: Total number served		96	This is an increase from 76, or approximately 26%, served in FY23.
EMSH: Total number served (acute psychiatric)		536	536 people were served in acute psychiatric services at EMSH in FY24. The total number of people served at EMSH in FY24 includes: Acute Psychiatric: 536 Substance Use Disorder: 462 Nursing Homes: 144 Community Transition: 82 Total: 1,224
NMSH: Total number served		465	
SMSH: Total number served		413	

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		
Percent of audits conducted by the Office of Utilization Review that meet all requirements		85%	
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.
Number of discharges from DMH behavioral health programs		1,954	DMH's four state hospitals have reported a total of 1,954 discharges from acute psychiatric services during FY24.
MSH: Number of discharges from DMH behavioral health programs		705	
EMSH: Number of discharges from DMH behavioral health programs		463	
NMSH: Number of discharges from DMH behavioral health programs		417	
SMSH: Number of discharges from DMH behavioral health programs		369	
Number of discharges from DMH behavioral health programs to CMHCs		1,594	1,594 people were discharged to the care of CMHCs when leaving state hospitals in FY24. That is approximately 81.58% of all discharges, an increase from 67% reported in FY23. 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		546	

behavioral health programs to CMHCs			
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		461	
NMSH: Number of discharges from DMH behavioral health programs to CMHCs		345	
SMSH: Number of discharges from DMH behavioral health programs to CMHCs		242	
Strategy 1.2.2: Begin the intake process or facilitate meetings for people connected with CMHCs prior to discharge from DMH behavioral health programs	On Track		
Percentage of audits with documentation of meetings or intakes prior to discharge		68%	This is an increase from 53% in FY23.
Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		64.75%	Approximately 65% 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 57% reported at the end of FY23.
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		63%	
EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		69%	
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		66%	
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		61%	

<p>Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>77.80%</p>	<p>Approximately 78% 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. The 78% for FY24 compares to approximately 67% in FY23.</p>
<p>MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>75%</p>	
<p>EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge</p>		<p>55%</p>	
<p>NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>87.20%</p>	
<p>SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>94%</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>Out of 1,594 patients discharged from state hospitals to CMHCs, 890 people had a meeting that included Peer Bridger at the hospital and at the CMHC. That is 55.83% of discharges from acute psychiatric services, in line with 55% reported in FY23.</p> <p>In addition to the 890 state hospital patients, 228 clients at CSUs had meetings with Peer Bridgers, for a total of 1,118 people who had bridging meetings.</p>

Percentage of people with bridging meetings		55%	
MSH: Number of people with bridging meetings		65	Region 8 did not have a Peer Bridger during this time frame, resulting in a low number of meetings from Mississippi State Hospital, since a person is not considered to have a bridging meeting unless it includes Peer Bridgers at both the hospital and CMHC.
EMSH: Number of people with bridging meetings		22	The Peer Bridger position was not filled.
NMSH: Number of people with bridging meetings		349	
SMSH: Number of people with bridging meetings		454	
Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		66%	Of the total 1,118 people with bridging meetings, 743 attended the first post-discharge meeting with CMHCs, for a total of 66% This includes 890 state hospital patients connected with a Peer Bridger, of which 545 attended the first post-discharge appointment at the CMHC, or 61%. This is an increase from 46% reported in FY23. It also 228 CSU clients who had bridging meetings, of which 198, or approximately 87%, attended their first post-discharge appointment.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		35	Region 8 did not have a Peer Bridger during this time frame, resulting in a low number of meetings from Mississippi State Hospital, since a person is not considered to have a bridging meeting unless it includes Peer Bridgers at both the hospital and CMHC.
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		0	The Peer Bridger position was not filled.
NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		165	

SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		345	
Number of individuals with bridging meetings readmitted 0-30 days after discharge		14	14 out of 890 people at state hospitals who had bridging meetings were readmitted within 30 days of discharge. This is 1.57%.
MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		3	
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		5	
SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		6	

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

<p>Strategy 1.3.1 Monitor evaluation and restoration services provided through Forensic Services</p>	<p>At Risk</p>		<p>While increasing inpatient evaluation and treatment services, MSH has also continuously received increasing numbers of outpatient evaluation orders, which has resulted in substantial delays. DMH Forensic Services has implemented structural and procedural changes to the outpatient evaluation process which we believe will drastically reduce wait times and facilitate early intervention for defendants in need of these evaluations. With the exception of rare cases, MSH ceased performing outpatient evaluations for which it had not already received orders in November 2023. MSH Forensic Services has made available a process through its web site that allows counties to contract directly with certified evaluators in the community. MSH is not aware of the average time for completion of those evaluations. Work also continues on the renovation of the new Forensic Services building on the MSH campus. Construction is estimated to be complete around the approximate end of October, though additional time may be needed for other equipment installation, furnishing, and staffing. When that project is complete, it is expected to have a significant effect on wait times for inpatient evaluations and restoration services at MSH Forensic Services.</p>
<p>Average time for completed initial competency evaluations</p>		<p>55</p>	<p>This is an increase from 42 days in FY23.</p>
<p>Average length of wait for competency restoration admissions</p>		<p>295</p>	<p>This is a decrease from 318.5 reported at the end of FY23.</p>
<p>Average length of stay for competency restoration</p>		<p>176</p>	

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 FY24, the PACT program served 815 unduplicated individuals, ICORT Teams served 692 individuals, and ICSS served 821 unduplicated individuals. Overall, 2,328 individuals have been served through these intensive programs from July 2023 through June 2024.</p> <p>These intensive teams have maintained an average readmission rate of 7.8%.</p> <p>FY24 Fidelity Reviews are in progress. The Regions that have been scored have met, or exceeded, the expectations set forth from last year's Strategic Plan metrics.</p>
<p>PACT number served</p>		<p>815</p>	<p>815 unduplicated individuals were reported to the Data Warehouse as served by the PACT Teams during FY24. In FY23, 796 individuals were reported to be served.</p>
<p>PACT readmission rate</p>		<p>6.50%</p>	<p>53 of 815 people served through PACT, or 6.5% were re-admitted into a State Behavioral Health Hospital in FY24. This compares to 7% in FY23.</p>
<p>PACT fidelity rate</p>		<p>100%</p>	<p>FY24 Fidelity Reviews are still in process. All PACT Fidelity Reviews that have been completed have a consensus total score of 85 or above, which is considered at least Fair Fidelity.</p>
<p>ICORT number served</p>		<p>692</p>	<p>692 unduplicated individuals have been served by ICORT Teams for FY24. In FY23, 638 unduplicated individuals were reported.</p>

ICORT readmission rate		11%	75 of the 692 unduplicated people served through ICORT, or approximately 11%, were re-admitted to a State Behavioral Health Hospital. This compares to 8% in FY23.
ICORT fidelity rate		100%	FY24 Fidelity Reviews are still in process. All I-CORT Fidelity Reviews that have been completed have a consensus total score of 85 or above which is considered at least Fair Fidelity.
ICSS number served		821	In FY24 there were 821 unduplicated individuals served by Intensive Community Support Specialists throughout the state. This compares to 781 in FY23.
ICSS readmission rate		7%	In FY24, 63 of the 821 individuals served by ICSS, or approximately 7%, were readmitted to a State Behavioral Health Hospital. This compares to 14% reported in FY23.
ICSS fidelity rate		100%	FY24 Fidelity Reviews are still in process. ICSS Fidelity Reviews that have been completed have a consensus total score of 15 or above, which is considered Good Fidelity.
Objective 2.2 Provide community services that support a person’s continued recovery in the community			
Strategy 2.2.1 Monitor the fidelity of Supported Employment services	On Track		Supported Employment services are available through Individual Placement and Support (IPS) programs and Supported Employment Expansion programs in partnership with the Mississippi Department of Rehabilitation Services Office of Vocational Rehabilitation (VR). Fidelity reviews completed in FY24 met or exceeded target consensus scores.
IPS Supported Employment fidelity rate		100%	FY24 Fidelity Reviews are still in process, but to date all the reviewed IPS sites had a score of 74 or above, which is considered at least Fair Fidelity.
Number employed through IPS Supported Employment		213	There were 213 individuals employed through IPS in FY24 compared to 237 in FY23.
Supported Employment - VR fidelity rate		100%	FY24 Fidelity Reviews are still in process, but five of the six Supported Employment Expansion sites had a score of 74 or above, which is considered at least Fair Fidelity.

			One program scored 67, which is not in fidelity.
Number employed through Supported Employment - VR		67	There were 67 individuals employed through Supported Employment VR in FY24 compared to 54 in FY23.
Strategy 2.2.2 – Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living	On Track		In FY24, the CHOICE program issued 353 new housing vouchers and served 466 individuals. Supervised and Supported Living programs served 275 individuals in FY24.
CHOICE number served		353	353 unduplicated individuals were housed with CHOICE in FY24, an increase from 236 in FY23.
CHOICE housing program readmission rate		1%	In FY24, 4 of the 353 individuals housed by CHOICE were readmitted to a State Behavioral Health Hospital.
Supervised and Supported Living number served		275	In FY24 275 unduplicated individuals were served in Supervised and Supported Living compared to 282 reported in FY23.
Supervised and Supported Living readmission rate		6.90%	In FY24, there were 19 individuals out of the 275 unduplicated individuals served, who were readmitted to a State Behavioral Health Hospital. This is an increase from 4% reported in FY23.
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	Not Started		There are currently two locations and providers preparing to implement these 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 homelike environment. The programs are currently training staff and preparing to fully open within the next 60 days.
Number of new sites		0	
Number of individuals served		0	
Percentage of individuals requiring a more intensive service		0%	
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		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.
Number served by MAP Teams		1,024	By the end of FY24, 1,024 children and youth were served by local level MAP Teams across the state. This is an increase of 260 children compared to the 764 children served in FY23.
Number of cases referred by local partners attending MAP Team meetings		235	In FY24, 235 of the 1,024 cases reviewed by local level MAP Teams were referred by Child Protection Services, local school districts, and youth courts.
Percentage of youth needing a higher level of care		0.01%	In FY24, nine 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 1,024 served.
Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth	At Risk		In FY24, 1,427 children and youth were served by Wraparound Facilitation. This is a decrease from 1,576 served in FY23. The decrease is likely due to the implementation of Intensive Community Support Services in all CMHC regions and decrease in providers of Wraparound Facilitation as a result of the nationwide mental health worker shortage.
Number served by Wraparound Facilitation/Supportive Aftercare		1,427	In FY24, 1,427 children and youth were served by Wraparound Facilitation. This is a decrease from FY23 with 1,576 served. The decrease is likely due to the implementation of Intensive Community Support Services in all CMHC regions and decrease in providers of Wraparound Facilitation as a result of the nationwide mental health worker shortage.

Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement		21%	In FY24, 298 children and youth, approximately 21% of those served, received Wraparound Facilitation as an alternative to a more restrictive placement. This is a decrease compared to 27% of those served in FY23.
Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement		19%	In FY24, 267 children and youth, approximately 19% of those served, transitioned to Wraparound Facilitation from a more restrictive placement. This is an increase from the 16% in FY23.
Percentage of youth needing a higher level of care		1	In FY24, 80 children and youth, less than 1%, of the 1, 427 served by Wraparound Facilitation required a higher level of care.
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 that 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 FY24, eight NAVIGATE programs are currently operating across the state in Regions 2,4,6,7,8,9,14, and 15. The programs served 131 youth and young adults in FY24.</p>
Number served by Navigate		131	This is a decrease from 138 served in FY23, or approximately 5%.
Percentage maintained in their homes and communities		93%	In FY23, 93% of youth and young adults served in the eight Navigate programs were maintained in their home and/or community. Nine of the 131 youth and young adults served in Navigate required hospitalization.
Percentage who are employed or enrolled in school or educational courses		67%	In FY24, 86 of the 131 youth and young adults served in the eight NAVIGATE programs were either enrolled in school or educational courses or were employed. This is an increase from 54% in FY23.

<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 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. In FY24, the 12 Juvenile Outreach Programs served 2,284 youth detained in the Juvenile Detention Centers.</p>
<p>Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs</p>		<p>70%</p>	<p>In FY24, 1,609 of the 2,284 youth, or 70%, served in the Juvenile Outreach Programs were referred to continue treatment with the CMHCs in their communities. This is a decrease from 76% in FY23.</p>
<p>Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP</p>		<p>15%</p>	<p>In FY24, 333 of the 2,284 youth, or 15%, served through the Juvenile Outreach Program became reinvolved in the juvenile justice system and re-entered the Juvenile Detention Center.</p>
<p>Number referred to Adolescent Offender Programs as an alternative to incarceration</p>		<p>103</p>	<p>FY24, 103 youth were referred to the Adolescent Offender Programs in Regions 4,7 and 9 as an alternative to incarceration. By the end of FY24, Regions 3, 7, and 15 had hired staff and were beginning to receive referrals.</p>
<p>Number completing the Adolescent Offender Programs with no reoffending behaviors</p>		<p>12</p>	<p>In FY24, 12 youth discharged successfully from the Adolescent Offender Programs operated by Regions 4 and 9. Funding for the Adolescent Offender Programs was not released until near the end of mid-year FY24. By the end of FY24, Regions 3, 7, and 15 had hired staff and were beginning to receive referrals. Region 8 altered their initial plan to operate the program in Rankin County, moving the program to Madison County and is working to hire staff.</p>
<p>Number completing the Adolescent Offender Programs with reoffending behaviors</p>		<p>0</p>	<p>At the end of FY24, none of the 12 youth who successfully completed the Adolescent Offender Program had reoffending behaviors.</p>
<p>Strategy 2.3.5 – Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization</p>	<p>On Track</p>		<p>In FY24, 214 children and youth were served by Intensive Community Support Services. 197 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</p>

			care. The 214 served in FY24 is an increase over 157 served in FY23.
Number referred from acute and/or residential treatment		62	In FY24, of the 214 children and youth served through Intensive Community Support Services, 62 were referred from acute and/or residential treatment.
Number maintained in the community with supports from the ICSS program		197	In FY24, 214 children and youth were served by Intensive Community Support Services. 197 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.
Number readmitted to acute and/or residential treatment from the ICSS program		17	This is 7.94% of the 214 people served through ICSS, a very slight increase over 7.6% who were readmitted in FY23.
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		
Number of individuals diverted from inpatient treatment		203	203 is an increase over 180 reported diverted in FY23.
Strategy 2.4.2 – Provide community residential services for individuals in need of substance use disorder treatment	On Track		
Number of individuals served in primary residential treatment		3,801	Reported by R2, R3, R4, R6, R7, R8, R10, R12, R14, R15, CC, HH, CIL & MSADTC. The 3,801 includes 383 pregnant or parenting women, as well as 17 adolescents.
Number of individuals served in transitional residential treatment		739	739 individuals. Reported by R2, R3, R4, R6, R7, R14, CC, HH, & CIL. Some of these individuals may have been served in primary residential treatment prior to transitional residential treatment.
Number of community-based beds available for residential treatment		632	Eight beds were added in FY24, located at the Mississippi Drug and Alcohol Treatment Center on the coast.

Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	On Track		
Number of intravenous drug users served		620	Reported by R2, R3, R4, R6, R7, R8, R10, R12, R15, CC, HH, CIL
Number of pregnant women served		101	Reported by R2, R6, R7, R8, R10, R12, R14, CC, MSDATC
Number of parenting women served		383	This number includes the 101 pregnant women reported. In addition, five parenting men were served as well.
Number of individuals served through Medication Assisted Treatment for opioid use disorder		454	There were 232 males and 222 females served with MAT in FY24. Thirteen of the women were reported as pregnant.
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 FY24, Region 8 Mental Health Services opened a new 16-bed CSU in Brandon and Region 3 Lifecore Health Group expanded their CSU in Tupelo to add 8 beds.
Number of new CSU beds added		24	24 CSU beds were added in FY24, including 16 at Region 8 Mental Health Services and 8 additional beds at Region 3 Lifecore Health Group.
Total number of CSU beds		204	By the end of FY24, there were 204 certified total CSU beds.
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		The CSUs remain effective at diverting individuals from hospitalization. In FY24, they served 3,141 unduplicated individuals and had a total of 3,873 admissions. Approximately 93% of CSU discharges were diverted from admission to a state hospital. The average length of stay at a CSU was 13 days.
Number served		3,873	In FY24, there were 3,873 total admissions to Crisis Stabilization Units and 3,141 unduplicated individuals were served across the state.
Percentage of individuals diverted from a state hospital		93%	The CSUs have reached a 93% diversion rate in FY24, with 253 of the 3,724 discharges being discharged to a State Behavioral Health Hospital.

Average length of stay		13	The CSUs have maintained a 13-day average length of stay for individuals treated in FY24.
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		DMH currently provides funding for 26 crisis diversion beds served through the Division of Coordinated Care. These include:- Matt’s House – four beds operated by Region 8 in Brookhaven-Brandi’s Hope – eight beds are available and may be funded at several certified provider locations around the state- Success – eight beds available in homes rented by Boswell Regional Center around the Magee area- Boswell Regional Center’s Morton Group Home – six bedsIn addition, there are crisis diversion beds available at DMH-operated ICFs: two at Hudspeth Regional Center, two available at Ellisville State School, and one available at Mississippi Adolescent Center. Funding for four beds at a provider that did not renew its grant was moved to Brandi's Hope. The six beds added at the Morton Group Home and the five beds available on the ICFs are the net new beds that have been added since the beginning of FY23.
Number of new crisis diversion beds added since FY22		11	For FY24, the Department of Mental Health did not secure a provider for additional beds. Eleven new beds have been added cumulatively through FY23 and FY24.
Number of individuals served		29	In FY24, 14 individuals were admitted to crisis diversion homes in the second half of FY24 and 15 were admitted in the first half of the year.
Percentage of people transitioned with appropriate supports		65.50%	19 of 29 admissions to crisis homes successfully transitioned to the ID/DD Waiver program with appropriate supports.
Average length of stay		150	For FY24, the average length of stay was 150 days, approximately five months.
Strategy 3.2.2 – Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds	On Track		Safe beds remain available for individuals in crisis when possible.
Number of individuals served		4	In FY24, four individuals used safe beds.

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		DMH is actively collaborating with both 988 Call Centers to address the growing demand for calls, texts, and chats. We are leveraging a variety of funding grants, including SAMHSA/Vibrant Legislative ARPA, among other sources, to enhance call centers staffing and the technology required to meet this rising need. DMH and the 988 Call Centers are currently exploring technological solutions and additional resources.
Number of calls		15,467	Of 15,467 calls routed during the fiscal year, 15,028 were answered. This information was obtained from the 2024 988 Broad State Metrics Reports. This compares to 13,549 calls in FY23.
Number of texts and chats		652	The number of texts answered stood at 362, while chats accounted for 290, totaling 652. The 988 call centers are persistently working to boost staffing levels and availability to manage a greater volume of texts and chats.
In-state answer rate		97%	Of 15,467 calls routed during the fiscal year, 15,028 were answered, for a 97% answer rate for the year.
Number of calls to 988 referred to Mobile Crisis Response Teams		76	These statistics were sourced from the WITS Crisis Module System as reported by the CMHCs.
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		In the last six months, DMH staff have engaged the Parham Group to conduct an assessment of 988 and MCeRT's functions within the state's crisis care continuum. Additionally, DMH has initiated collaborations with 911 Districts through meetings and presentations.
Number of technology demos viewed		2	The Branch of Coordinated Care reviewed two demonstrations for call and tracking systems. No additional demonstrations have been evaluated this year.

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		As of June 30, 2024, all MCoRT Fidelity Reviews for FY24 have been completed and sent out. The Branch of Coordinated Care is currently in the process of receiving and reviewing all requested corrected Plans of Action.
Number of contacts/calls		7,830	These statistics are sourced from the WITS Crisis Module System as of 7/29/24.
Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		35%	Out of 7,830 total calls, there were 2,711 total deployments of Mobile Crisis Response Teams, or approximately 35%. FY24 Statistics taken from the WITS Crisis Module System as of 7/29/24.
Percentage of individuals receiving a face-to-face response who are in need a higher level of care		43.7%	Of the 2,711 face-to-face responses, 1,185 people were referred for a higher level of care. FY24 Statistics taken from the WITS Crisis Module System as of 7/29/24.
Average response time for rural MCoRT responses		22	The average response time for both rural and urban MCoRT responses was 22 minutes. FY24 Statistics taken from the WITS Crisis Module System.
Average response time for urban MCoRT responses		22	The average response time for both rural and urban MCoRT responses was 22 minutes. FY24 Statistics taken from the WITS Crisis Module System.
MCoRT fidelity rate		34.80%	This figure represents the aggregate average of all present MCoRT Fidelity Review scores. Over 30 is considered a passing score. The Region 3 team received a score of 27/50 and the Region 4 team received a score of 28/50. All other CMHCs received a score of 30.5 or higher.
Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	On Track		At present, only a single Memorandum of Understanding has been signed between the 988 Call Center, the Crisis Line, and Region 2 Communicare.
Number of MOUs		1	Currently, there is a single officially signed Memorandum of Understanding (MOU) between the 988 Call Center, the Crisis Line, and Region 2 Communicare, effective since November 20, 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		SPOTT persists in convening and assisting individuals in accessing services.
Number of referrals to SPOTT		173	A total of 173 individuals were referred to SPOTT and included on the active list.
Number of appropriate referrals to SPOTT		152	In FY24, there were roughly 173 SPOTT referrals received and 151 of those referrals were deemed appropriate.
Percentage of appropriate referrals connected to services/supports through SPOTT		87%	In FY24, approximately 87% of individuals were linked to services, while the remainder either stayed on the waiting list or had their cases closed.
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		The Office of Consumer Support (OCS) maintains the operation of the DMH helpline, providing information, referrals, crisis support, and grievance handling.
Number of DMH Helpline calls		5,745	In FY24, the DMH Helpline received 4,276 calls, and Contact the Crisis Line answered 1,469 of them after-hours. Though this is a decrease from 7,796 calls to the Helpline in FY23, the number of calls to 988 has increased as use and awareness of the national helpline has spread. In FY24, 15,028 calls were answered by the 988 Suicide and Crisis Lifeline in addition to the DMH Helpline calls, an increase over 13,549 988 calls answered in FY23.
Number of grievances filed through the Office of Consumer Support		119	

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 FY24, a total of 22 individuals transitioned from an ICF/IID Regional Program to the community. Fifteen individuals transitioned from the ICF/IID Regional Program to an ICF/IID Community Home and seven transitioned to the ID/DD Waiver. There were also four individuals who transitioned from the ICF/IID Community Home to the ID/DD Waiver. Compared to FY23, a total of 21 individuals transitioned from a Regional Program to the community, and 11 individuals transitioned from an ICF/IID Community Home to the ID/DD Waiver.</p>
<p>Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>15</p>	<p>In FY24, 15 individuals transitioned from an ICF/IID Regional Program to an ICF/IID Community Home: NMRC - 2BRC - 6HRC - 4ESS - 2SMRC - 1In FY23, there were 11 individuals transitioned from an ICF/IID Regional Program to an ICF/IID Community Home.</p>
<p>NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>2</p>	
<p>BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>6</p>	

HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		4	
ESS: Number of people transitioned from Regional Program to ICF/IID Community Homes		2	
SMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		1	
Number of people transitioned from Regional Program to the ID/DD Waiver		7	In FY24, there were seven individuals transitioned from an ICF/IID Regional Program to the ID/DD Waiver: NMRC - 2 BRC - 2 HRC - 1 ESS - 1 SMRC - 1 In FY23, there were 10 individuals transitioned from an ICF/IID Regional Program to the ID/DD Waiver.
NMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		2	
BRC: Number of people transitioned from Regional Program to the ID/DD Waiver		2	
HRC: Number of people transitioned from Regional Program to the ID/DD Waiver		1	
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		1	

Number of people transitioned from the ICF/IID Community Homes to the community		4	In FY24, a total of four individuals transitioned from an ICF/IID Community Home to the community with ID/DD Waiver supports: BRC - 1 ESS - 1 SMRC - 2 In FY23, 11 individuals transitioned from an ICF/IID Community Home to the ID/DD Waiver.
NMRC: The number of individuals transitioned from the ICF/IID Community Homes to the community		0	
BRC: The number of individuals transitioned from the ICF/IID Community Homes to the community		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		1	
SMRC: Number of people transitioned from the ICF/IID Community Homes to the community		2	
Number of people served in the ICF/IID Regional Programs		690	For FY24, a total of 690 individuals were served in an ICF/IID Regional Program. This is a decrease from the FY23 in which 724 individuals were served.
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		96	
MAC: Number of people served in the ICF/IID Regional Programs		36	
ESS: Number of people served in the ICF/IID Regional Programs		188	

SMRC: Number of people served in the ICF/IID Regional Programs		47	
Percent of people served in the community versus an institutional setting		87%	Of the 5,277 individuals who received services in FY24, approximately 87% received services in the community. A total of 4,587 individuals received services in the community: 504 individuals were served in an ICF/IID Community Home, 2,868 were served by the ID/DD Waiver, 1,150 received 1915(i) Community Support Program services and/or IDD Targeted Case Management (TCM), and 65 individuals received IDD Grant services (residential and employment related). There was a total of 690 individuals that received services in an institutional setting.
Objective 4.2 - Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options			
Strategy 4.2.1 – Increase the number of people receiving ID/DD Waiver services	On Track		
Number of people who received ID/DD Waiver services		2,868	This value is the (unduplicated count) cumulative number of individuals receiving services through the ID/DD Waiver in FY24. This value was taken from reports maintained within the BIDD office and submitted monthly to DOM. Previously, this value was reported from the 372 Report generated by DOM; however, this report is generated by billing and there is often a lag in that reporting which causes the value to be lower than it actually is. This compares to 2,733 people served in FY23.
Number of people admitted to the ID/DD Waiver services		198	During FY24, 198 people were enrolled in the ID/DD Waiver Program; 167 were enrolled from the planning list, and 31 were enrolled through other channels (Crisis Capacity, transition, etc.) This compares to 123 added in FY23.

Number of people on the ID/DD Waiver Census		2,758	As of June 30, 2024, 2,758 people were enrolled in the ID/DD Waiver Program. This compares to 2,666 on the census at the end of FY23.
Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program	On Track		In FY24, there were 1,094 people who received 1915(i) Community Support Program services. This is an increase from the total served in FY23 of 1,078. FY24 had a total of 128 people admitted and 178 people discharge from the program. In FY23, there were 129 initials and 103 discharges. There were more people discharged from the 1915(i) Community Support Program in FY24 who were enrolled into the ID/DD Waiver program than in previous years.
Number of individuals who received 1915(i) Community Support Program Services		1,094	
Number of individuals admitted to 1915(i) Community Support Program		128	
Number of individuals on the 1915(i) Community Support Program Census		918	In FY24, there were significantly more individuals (89) that discharged from the 1915(i) Community Support Program and enrolled into the ID/DD Waiver than in FY23 (24). On 6/30/2024, there were 918 individuals receiving services. On 6/30/2023, there were 975 individuals receiving services.
Number of individuals receiving Targeted Case Management		1,150	For FY24, there were 1,150 individuals that 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. For FY23, there were 1,095 individuals that received IDD Targeted Case Management services.
Objective 4.3 – Provide Supported Employment Services that lead to gainful community employment for people with IDD			
Strategy 4.3.1 – Increase the number of individuals utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services	At Risk		143 people received Job Discovery and Job Development services in FY24. In the same time, 360 people were employed. Additional training has been provided to case managers (Support Coordinators and Targeted Case Managers) in the areas of

			Job Discovery and Job Development. They were trained on how to access assessment and services offered for program recipients through MDRS, as this is a requirement before enrolling into a Supported Employment ID/DD Waiver Service.
Number of individuals searching for employment		143	As of June 30, 2024, 143 people (80 ID/DD Waiver participants, 63 CSP participants) were searching for employment through Job Discovery and Job Development Services. MDRS and MDMH recently provided joint training to case workers in both agencies to aid in providing these services to participants in programs provided by each agency. This is a decrease from 164 (86 Waiver participants and 78 CSP participants) reported in FY23.
Number of individuals employed		360	In FY24, 360 people were employed; 231 in ID/DD Waiver, and 129 in CSP.
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		Programs are continuously participating in community job fairs and using social media to recruit vacant positions.
Turnover Rate for Support Care Professionals		52.89%	<p>The turnover rate for Support Care Professionals is 52.89% for FY24. In FY23, it was reported as 46%.</p> <p>However, the rate was calculated using a different methodology this year compared to last year: Turnover calculations have been based on a unique count of each employee for the entire year, which should be a count of all employees employed during the fiscal year. Then, the filled PIN count is averaged over 12 months, with the difference between the unique count of employees and the average being presumably separations. Finally, turnover is the separations divided by the average PINs filled.</p> <p>Though this year's turnover rate is</p>

			reported to be higher than last year's, program directors have reported that staffing levels have stabilized and improved over the past year.
Turnover Rate for All DMH employees		35.40%	This is an increase from 32% reported in FY23. However, the same statement above regarding a different methodology used this year applies to this measure as well.
Vacancy Rate for Support Care Professionals		45.70%	The vacancy rate for support care professionals has slightly increased but is hoped to improve with the implementation of the recruitment strategies recommendations and with special compensation designed to incentivize recruitment and retention in SPO which is a high turnover family. The vacancy rate for support care professionals in FY23 was reported as 31%.
Number of recruitment recommendations implemented		88	DMH central office and programs attended 88 career fairs, community and partnerships opportunities and other recruitment events.
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		Programs have implemented stay surveys and employee satisfaction surveys that are sent out to staff to get viable feedback for ensuring job satisfaction. Programs have reported more than 61% of surveys are completed.
Number of stay interview participants		294	Satisfaction surveys are sent to participants throughout the program on an annual and quarterly basis.
Number of retention strategies implemented			Programs implemented compensation increases to eligible employees in October 2023. They also implemented the state recommended special compensation that was designed to incentivize in high turnover (direct care support) positions. Programs has also reported using compressed and/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

<p>Strategy 5.2.1 - Sustain the Mississippi State Hospital Psychiatry Residency Program to strengthen the psychiatry workforce in Mississippi</p>	<p>On Track</p>		<p>The MSH Psychiatry Residency Program is currently in its fourth year of training resident physicians, with a total of 22 active participants. Two from the program's first class of residents intended to specialize in child & adolescent psychiatry and both matched into fellowships where they will receive additional training focused on child & adolescent psychiatry.</p> <p>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 seven are native Mississippians. Of the 22 residents, eight have indicated they will remain in Mississippi and two additional residents have mentioned potentially staying in Mississippi as well.</p> <p>The residency program is also making a difference locally. Six PGY-3 residents are serving the community at Region 8 Mental Health Center and Hinds Behavioral Health Center on Monday through Thursday of each week. Additionally, 16 residents from the PGY-2, PGY-3 and PGY-4 classes currently see patients weekly in the program's psychotherapy clinic. 44 individuals in 408 sessions were served in FY24.</p>
<p>Number of residents</p>		<p>22</p>	<p>The new class of residents reported in June and began clinical training on July 1, 2024.</p>
<p>Number of psychiatrists in the Mississippi workforce</p>		<p>189</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	On Track		Six PGY-3 residents are serving the community at Region 8 Mental Health Center and Hinds Behavioral Health Center, Monday through Thursday of each week. Additionally, 16 residents from the PGY-2, PGY-3 and PGY-4 classes currently see patients weekly in the program's psychotherapy clinic. 44 individuals over 408 sessions were served in FY24.
Number of people served through the psychotherapy clinic		44	
Number of sessions conducted by residents		408	
Strategy 5.2.3 - Provide technical assistance designed to improve delivery of mental health services to stakeholders in the state mental health system	On Track		The numbers in the measures below represent TA provided by programmatic staff and tracked through the Division of Certification.
Number of TA provided to certified providers		33	In FY24 there were 33 occurrences of technical assistance compared to 34 in FY23.
Number of individuals reached through TA to DMH Certified Providers		473	In FY24, 473 individuals were reached through the provision of technical assistance as compared to 188 in FY23. This increase is due to an increase in requests from certified providers for TA related to DLA-20 and Children/Youth AOP training.
Number of TA provided to Judges/Chancery Clerks/Chancery Courts		4	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. In the second half of FY24, DMH staff spoke at two events through the Mississippi Judicial College, with one training focused on Chancery Clerks and another focused on Chancery Court judges.
Number of individuals reached through TA to Chancery Clerks/Chancery Courts		165	An estimated 165 individuals were reached through outreach and trainings. These individuals included judges, chancery clerks, their staff members, and CMHC staff throughout the state's Chancery Court districts.

Strategy 5.2.4 – Provide consultation and training from the Center for START Services to strengthen the crisis services and supports for children, youth and adults with Intellectual and Developmental Disabilities and dual-diagnosed needs	Not Started		A request for proposals for a grant for advance crisis planning for providers of IDD services will be issued in FY25 in lieu of the START program.
Number of trainings conducted		0	
Number of individuals trained		0	
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 FY24, PLACE conducted 242 exams. On June 30, 2024, there were 3,278 credentials in current status.
Number of initial licenses or certifications obtained		864	This includes 683 provisional certifications and 181 full certifications.
Number of renewed licenses or certifications		1,230	The renewal credentialing programs for this time period were the DMH Mental Health Therapist - MH (882), the DMH Addictions Therapist – AT (50) and the DMH Community Support Specialist – CSS (298) programs.
Strategy 5.2.6 – Monitor the use of evidence-based and best practices at DMH Programs and Certified Providers	On Track		
Number of evidence-based and best practices actively used by DMH Certified Providers		102	A survey was sent to all DMH certified providers with responses being received from 71. These providers reported using a total of 102 evidenced-based and best practices. These practices include, but are not limited to : Trauma-focused Cognitive Behavioral Therapy, Person Centered Planning, Motivational Interviewing, Functional Adaptive Skills Training, Mindfulness, and Positive Behavior Support.

Number of evidence-based and best practices actively used by DMH Programs		161	The survey of evidenced-based and best practices used found there are currently 161 being used among DMH programs. Examples are Person Centered Planning, MANDT, CPI, Trauma-Focused Cognitive Behavioral Therapy and Dialectical Behavior Therapy.
Objective 5.3 – Provide initial and ongoing provider certification services to maintain a qualified and diverse mental health system to meet the needs of individuals in the state.			
Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification	On Track		
Number of agencies participating in interested provider orientation		63	In FY 24, there were 63 interested provider agencies who participated in interested provider orientation. This is compared to 133 who participated in FY23. One of the reasons for the decrease in this number is that the Interested Provider Portal had to be shut down on May 1, 2024 to allow for changes/updates to be made following the revision of the Operational Standards.
Number of new provider agencies approved		5	In FY24, there were 5 new provider agencies approved compared to 15 in FY23.
Number of new services approved for DMH certified providers		18	In FY24, there were 18 new services approved compared to 30 in FY23. This decrease is due to fewer applications being submitted by providers.
Number of new programs approved for DMH certified providers		56	In FY24, there were 56 new programs approved compared to 89 in FY23. The decrease is due to fewer applications being submitted by providers.
Strategy 5.3.2 - Monitor the provision of services by conducting site visits with DMH Certified Providers	On Track		
Number of full agency site visits		51	In FY24 there were 51 full agency site visits compared to 69 in FY23.
Number of new program site visits		56	In FY24, there were 56 new program site visits compared to 89 in FY23.

Number of provider assessments completed during non-full site visit years		38	In FY24, there were 38 self assessments completed, compared to 52 in FY23. It was decided at the end of April 2024 that self assessments would no longer be utilized due to DMH having no authority to require they be completed by providers. Other options for assessing providers are being explored.
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		<p>Traffic to the DMH web site appears to have significantly increased over the past year. Google Analytics reports indicate that 77,065 users visited the site and there were 134,416 sessions in FY24. That compares to 35,693 users and 67,729 sessions in FY23.</p> <p>Due to a change in the vendor responsible for the Mental Health Mississippi site, this information is not available for the entire fiscal year. In the final quarter of the fiscal year, there were 8,907 users and 11,809 sessions on the site, which compares favorably to the FY23 quarterly averages. In FY23, there were 28,019 users and 34,304 sessions on the site, or an average of 7,005 users and 8,576 sessions per quarter.</p>
DMH web site users		77,065	That compares to 35,693 users in FY23.
DMH web site sessions		134,416	That compares to 67,729 sessions in FY23.
Mental Health MS web site users		11,112	Due to a change in the vendor responsible for the Mental Health Mississippi site, this information is not available for the entire fiscal year. Tracking on the site is only available from early March, 2024. From then until the end of the fiscal year, there were 11,112 users on the Mental Health Mississippi web site.

Mental Health MS sessions		14,721	Due to a change in the vendor responsible for the Mental Health Mississippi site, this information is not available for the entire fiscal year. Tracking on the site is only available from early March, 2024. From then until the end of the fiscal year, there were 14,721 sessions.
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. In addition, the Stand Up, Mississippi campaign account is maintained separately as part of that campaign's specific efforts for opioid awareness and education.</p> <p>The DMH Facebook account had a total reach of 62,540 accounts in FY24. Though a decrease from the FY23 total reach, the majority of the FY23 reach was through paid advertising. The FY24 reach of 62,540 is a 145% increase in organic reach compared to the prior year. The DMH Instagram account had a total reach of 2,204 accounts, a 100% increase in organic reach.</p> <p>The Stand Up, Mississippi Facebook account had a total reach of 217,645 accounts and its Instagram account had a total reach of 68,939 accounts.</p> <p>The two accounts reached a combined total of 351,328 accounts across Facebook and Instagram.</p>
Social media total reach		35,1328	
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.

Number of Shatter the Silence presentations		132	During FY24 , 132 STS presentations were held. These included: 65 in-person presentations, 49 recordings, 3 virtual presentations, and 15 exhibits.
Number of people trained in Shatter the Silence		9,001	During FY24, 9,001 people were trained in Shatter the Silence. 5,912 people were trained during the first half and 3,089 people were trained during the second half. These include: 5,519 trained in youth, 1,730 in adult, 560 in older adult, 322 correctional officers, 121 law enforcement and first responders, 212 in youth faith-based, 180 in adult faith-based, and 357 in Military.
Number of Shatter the Silence app downloads		216	During FY24, 216 people downloaded the Shatter the Silence App. 169 downloads were completed during the first half of the FY year and 47 downloads were completed during the second half of the FY.
Number of ASIST trainings		5	During FY24 there were five Asist trainings completed. 1 training during the first half of the Fiscal Year and 4 trainings completed during the second half of the fiscal year.
Number of people trained in ASIST		78	20 participants were trained in in the first half of the year and 58 participants completed the Asist Training during the second half of FY24.
Number of organizations trained in ASIST		5	During FY 2024, 5 organizations hosted and completed the Asist Training. 1 organization in the first half of FY 2024, and 4 organizations in the second half of FY 2024.
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		
Number of trainings		61	During FY24, there were 61 Mental Health First Aid Trainings: 18 in the first half of the year and 43 in the second half. There were 6 youth trainings, 29 adult trainings, and 26 public safety trainings completed during the year.
People trained		914	255 participants were trained during the first half of the year and 689 participants were trained during the second half. 63

			people were trained in youth mental health first aid, 409 people were trained in adult mental health first aid, and 442 people were trained in public safety mental health first aid during FY 2024.
Organizations trained		32	During FY24, 29 organizations and 3 school districts participated/requested a Mental Health First Aid Training. 16 were trained in the first half of the year and 16 were trained in the second half.
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 FY24, a total of 70 classes were taught, with total participation of 5,538.</p>
Number of trainings		70	
People trained		5,538	Total participation across all classes was 5,538.
Organizations trained		29	29 DMH Certified Providers had staff that participated in MBHLN training courses throughout FY24.
Strategy 6.3.3. – Partner with stakeholders to expand Crisis Intervention Team training	On Track		<p>During FY24, there were 22 CIT trainings with 300 officers and 96 law enforcement agencies represented. Of those 96, 49 had representatives attending CIT training for the first time.</p> <p>There are 9 fully functioning CIT teams in the state, with 2 additional regions working towards implementing a full CIT program.</p>
Number trained in CIT		300	In FY24, 300 officers were trained in CIT across the state.
Number of law enforcement entities trained		96	In FY24, 96 law enforcement agencies participated in CIT training. Of those, 49 had representatives in CIT training for the first time.
Number of trainings		22	22 CIT trainings have been held across the state during FY 24.
Number of CIT teams		9	There are currently 9 functioning CIT Teams across the state, including Regions 2, 3, 4, 7, 8, 9, 10, 12 and 14.
Number of partnerships working towards CIT		2	There are 2 CMHC regions (6 and 15) currently working towards becoming functioning CIT Teams in FY 25.

