

# DMH FY25 Strategic Plan Mid-Year Progress Report

**Goal 1 - To provide efficient and effective inpatient services for adolescents and adults with serious mental illness and/or substance use disorders**

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

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

On Track

The average length of wait for acute psychiatric services across the four state hospitals is approximately 1.83 days, a decrease from the approximate wait of 5 days reported mid-year in FY24 and 8 in FY23.

Of admissions to acute psychiatric services to the hospitals, approximately 25% came from jail, with the average wait time in jail being 0.92 (1) day in mid-year FY25, a decrease from approximately 2.6 days waiting in jail during mid-year FY24.

Approximately 44% of admissions were from a same level of care, an increase from 28% reported mid-year in FY24.

Measure: Average length of wait for acute psychiatric admissions		1.83	The average length of wait for acute psychiatric services across the four state hospitals is approximately 1.83 days, a decrease from the approximate wait of five days reported mid-year in FY24 and a significant decrease from 8 days reported mid-year in FY23.
MSH: Average length of wait for acute psychiatric admissions		1.55	
EMSH: Average length of wait for acute psychiatric admissions		1.88	
NMSH: Average length of wait for acute psychiatric admissions		2	
SMSH: Average length of wait for acute psychiatric admissions		1.90	
Measure: Percentage of admissions to DMH acute psychiatric services from a jail setting		24.94%	This data is compiled quarterly by the DMH Division of Utilization Review. It shows that out of a total of 898 mid-year FY25 admissions, 224 were referred from jail, for a 25% rate of admission from a jail setting. That is a decrease from 37% reported mid-year FY24.
MSH: Percentage of admissions from a jail setting		19.54%	59 of 302 admissions
EMSH: Percentage of		29.09%	64 of 220 admissions

admissions from a jail setting			
NMSH: Percentage of admissions from a jail setting		24.01%	47 of 195 admissions
SMSH: Percentage of admissions from a jail setting		29.83%	54 of 181 admissions
Measure: Average length of time waiting in jail for acute psychiatric services from a jail setting		0.92	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 0.92 (1) day for mid-year FY25. This time is measured from the hospitals' receipt of a commitment order to admission. This is a decrease from 2.6 days reported in FY24 and 7 days at mid-year FY23.
MSH: Average length of time waiting in jail for acute psychiatric admission		0.93	
EMSH: Average length of time waiting in jail for acute psychiatric admission		0.67	
NMSH: Average length of time waiting in jail for acute psychiatric admission		1.19	
SMSH: Average length of time waiting in jail for acute psychiatric admission		0.96	

Measure: Percentage of admissions to DMH acute psychiatric services from same level of care setting		43.75%	392 out of 898 admissions, 44%, were from a same level of care setting. This compares to 28% reported mid-year in FY24.
MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		46%	139 out of 302 MSH admissions for mid-year FY25.
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		35%	78 out of 220 EMSH admissions for mid-year FY25.
NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		44%	85 out of 195 NMSH admissions mid-year FY25.
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		50%	90 out of 181 SMSH admissions for mid-year FY25.

<p>Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units</p>	<p>On Track</p>		<p>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.</p> <p>In the first half of FY25, wait time for SUD services at both programs averaged to 8.16 days, a slight decrease from 8.5 days reported in the same time period in FY24 and a larger decrease from 36.5 days in FY23.</p>
<p>Measure: Average length of wait for substance use disorder admissions</p>		<p>8.16</p>	<p>This compares to 8.5 at mid-year FY24.</p>
<p>MSH: Average length of wait for substance use disorder admissions</p>		<p>8.32</p>	
<p>EMSH: Average length of wait for substance use disorder admissions</p>		<p>8</p>	
<p>Measure: Percentage of admissions to a DMH substance use disorder unit from a jail setting</p>		<p>54.93%</p>	<p>This compares to 63.5 at mid-year FY24.</p>
<p>MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting</p>		<p>23.86%</p>	

EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		86%	
Measure: Average length of time waiting in jail for SUD admission		5.69	This is an increase from 4.5 days reported at mid-year FY24 but a decrease from 16.5 days in FY23.
MSH: Average length of time spent waiting in jail for SUD admission		3.38	
EMSH: Average length of time spent waiting in jail for SUD admission		8	
Strategy 1.1.3: Monitor admissions, readmissions, and length of stay in hospitals for acute psychiatric services	On Track		
Measure: 30 Day Readmission Rate		3.99%	The 3.99% average is a slight increase from 3% average reported at mid-year FY24.
MSH: 30 Day Readmission Rate		5.96%	18 out of 302 admissions
EMSH: 30 Day Readmission Rate		5%	11 out of 220 admissions
NMSH: 30 Day Readmission Rate		4%	8 of 195 Admissions
SMSH: 30 Day Readmission Rate		1%	2 out of 181 admissions
Measure: 180 Day Readmission Rate		14.09%	This is a slight increase from 13% reported at mid-year FY24.
MSH: 180 Day Readmission Rate		18.87%	57 out of 302 admissions

EMSH: 180 Day Readmission Rate		15%	33 out of 220 admissions
NMSH: 180 Day Readmission Rate		12%	24 out of 195 admissions
SMSH: 180 Day Readmission Rate		10.50%	19 out of 181 admissions
Measure: 365 Day Readmission Rate		20.49%	This compares to 17% reported in the first half of FY24.
MSH: 365 Day Readmission Rate		25.50%	77 out of 302 admissions
EMSH: 365 Day Readmission Rate		25%	55 out of 220 admissions
NMSH: 365 Day Readmission Rate		16%	31 out of 195 admissions
SMSH: 365 Day Readmission Rate		15.46%	28 out of 181 admissions
Measure: Geometric Average Length of Stay		34.92	<p>The geometric mean of the four state hospitals' values is 34.92 days. The standard average of the four values is 36.17. The geometric mean does not exclude outliers, but may be used to lessen the impact of outliers.</p> <p>The current value compares to approximately 35 days reported at mid-year FY24.</p>
MSH: Geometric Average Length of Stay		25.58	
EMSH: Geometric Average Length of Stay		52	

NMSH: Geometric Average Length of Stay		36.08	
SMSH: Geometric Average Length of Stay		31	
Measure: Number of Admissions		898	This compares to 970 in the first half of FY24, a 7% decrease.
MSH: Number of admissions		302	This compares to 375 in the first half of FY24.
EMSH: Number of admissions		220	This compares to 223 in the first half of FY24.
NMSH: Number of admissions		195	This compares to 210 in the first half of FY24.
SMSH: Number of admissions		181	This compares to 162 in the first half of FY24.
Measure: Total number served (acute psychiatric)		1,152	1,152 is a decrease compared to 1,313 people served in acute psychiatric services in the first half of FY24. The FY24 mid-year report mistakenly showed 1,511 people served. The correct number should have been 1,313.
MSH: Total number served (acute psychiatric)		350	
STF: Total number served		54	
EMSH: Total number served (acute psychiatric)		284	
NMSH: Total number served		239	The number reported at mid-year FY24 should have been 263.
SMSH: Total number served		225	



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		The DMH Division of Utilization Review monitors discharge planning at each of the DMH behavioral health programs via quarterly audit reviews that includes random sampling of the total quarter discharges for each program.
Measure: Percent of audits conducted by the Office of Utilization Review that meet all requirements		92%	
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		894	
MSH: Number of discharges from DMH behavioral health programs		276	
EMSH: Number of discharges from DMH behavioral health programs		237	
NMSH: Number of discharges from DMH behavioral health programs		196	
SMSH: Number of discharges from DMH		185	

behavioral health programs			
Measure: Number of discharges from DMH behavioral health programs to CMHCs		698	698 out of 894 discharges, or approximately 78.08%, were discharged to CMHCs in the first half of FY25. This compares to 807 out of 1,000 discharges, or approximately 80.7%, in the first half of FY24.
MSH: Number of discharges from DMH behavioral health programs to CMHCs		221	
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		236	
NMSH: Number of discharges from DMH behavioral health programs to CMHCs		119	
SMSH: Number of discharges from DMH behavioral health programs to CMHCs		122	
Strategy 1.2.2: Begin the intake process or facilitate meetings for people connected with CMHCs prior to discharge from DMH behavioral health programs	On Track		State hospitals work with CMHCs in transitioning patients to care in the community, but there can be a wide variance reported in the first follow-up appointments that are attended. Factors that can contribute to

			<p>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 and scheduled appointments made 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		62%	This is a decrease from 73% reported at mid-year FY24. Staffing issues seem to be contributing to this Measure: decreasing.
Measure: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		63.38%	The average of 63% across all four state hospitals compares to an average of 61% reported in the first half of FY24.
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs		65%	

within 14 days of discharge			
EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		74%	
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		63%	
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		51.50%	

<p>Measure: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>72.52%</p>	<p>Approximately 72.52% 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 72.52% for FY25 compares to approximately 71% in the first half of FY24.</p>
<p>MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>65%</p>	
<p>EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge</p>		<p>66%</p>	

<p>NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>66.67%</p>	
<p>SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge</p>		<p>92.40%</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>At Risk</p>		<p>Out of 698 patients discharged from state hospitals to CMHCs, 309 people had a meeting that included Peer Bridger at the hospital and at the CMHC. That is 44% of discharges from acute psychiatric services, a slight decrease from the 48% reported at mid-year FY24.</p>
<p>Measure: Percentage of people with bridging meetings</p>		<p>44%</p>	<p>Staffing issues, particularly at MSH and EMSH, have contributed to a decrease in the number of bridging meetings that occur. A person is considered to have had a Peer Bridger meeting if it contains a Peer Bridger at both the state hospital and the CMHC.</p>

MSH: Number of people with bridging meetings		21	
EMSH: Number of people with bridging meetings		3	
NMSH: Number of people with bridging meetings		178	
SMSH: Number of people with bridging meetings		107	
Measure: Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		66%	Of the total 309 people with bridging meetings, 100 attended the first post-discharge meeting with CMHCs, for a total of 32.36% This compares to 42% reported at mid-year FY24.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		47	
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		12	

appointment with a CMHC			
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		41	
Measure: Number of individuals with bridging meetings readmitted 0-30 days after discharge		6	A total of six people at state hospitals who had bridging meetings were readmitted within 30 days of discharge. With 309 people having bridging meetings, that is approximately 1.9%.
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		2	
SMSH: Number of individuals with bridging meetings readmitted 0-30		1	



days after discharge			
<b>Objective 1.3 Decrease the wait time for completed initial competency evaluations and admission for competency restoration services at MSH Forensic Services</b>			
Strategy 1.3.1 Monitor evaluation and restoration services provided through Forensic Services	On Track		<p>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. MSH is no longer conducting initial evaluations.</p> <p>The renovation of the new, maximum security Forensic Services building on the MSH campus is nearing completion and expected to admit its first patients in the spring of 2025. Once opened, it is expected to have a significant effect on the wait time for competency restoration admissions.</p>
Measure: Average time for completed initial competency evaluations		0	MSH is no longer conducting initial evaluations. Counties now contract directly with certified evaluators in the community.

Measure: Average length of wait for competency restoration admissions		255	This is a decrease from the last reported wait time of 295 days at the end of FY24.
Measure: Average length of stay for competency restoration		375	
<b>Goal 2 - Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary hospitalizations for children, youth and adults</b>			
<b>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</b>			
Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS	On Track		<p>During the first half of FY25, the PACT program served 650 unduplicated individuals, ICORT Teams served 583 individuals, and ICSS served 458 unduplicated individuals. Overall, 1,691 individuals have been served through these intensive programs from July 2024 through December 2024.</p> <p>These intensive teams have maintained an average readmission rate of 3.8%.</p>

Measure: PACT number served		650	650 unduplicated people were reported to the Data Warehouse as served by the PACT Teams during the first half of FY25.  This compares to 698 at mid-year FY24.
Measure: PACT readmission rate		2.90%	19 of 650 people served through PACT, or 2.9% were re-admitted into a State Behavioral Health Hospital in the first half of FY25.  This is a decrease from 3.7% at mid-year FY24.
Measure: PACT fidelity rate		100%	The FY24 fidelity rate was On Track and fidelity reviews will begin again in FY26.
Measure: ICORT number served		583	583 unduplicated people have been served by ICORT Teams during the first half of FY25.  This compares to 550 at mid-year FY24.
Measure: ICORT readmission rate		3.90%	23 of 583 people served through I-CORT, or 3.9% were re-admitted into a State Behavioral Health Hospital in the first half of FY25.
Measure: ICORT fidelity rate		100%	The FY24 fidelity rate was On Track and fidelity reviews will begin again in FY26.

Measure: ICSS number served		458	In the first half of FY25 there were 458 unduplicated people served by Intensive Community Support Specialists throughout the state.  This compares to 577 at mid-year FY24.
Measure: ICSS readmission rate		4.80%	22 of 458 people served through Intensive Community Support Services, or 4.8% were re-admitted into a State Behavioral Health Hospital in the first half of FY25.
Measure: ICSS fidelity rate		100%	The FY24 fidelity rate was On Track and fidelity reviews will begin again in FY26.
<b>Objective 2.2 Provide community services that support a person’s continued recovery in the community</b>			
Strategy 2.2.1 Monitor the fidelity of Supported Employment services	<b>At Risk</b>		Although the most recent Supported Employment fidelity reviews have met or exceeded the target consensus scores, the numbers of people employed through Supported Employment programs have decreased in FY25.
Measure: IPS Supported Employment fidelity rate		100%	The FY24 fidelity rate was On Track and fidelity reviews will begin again in FY26.

Measure: Number employed through IPS Supported Employment		65	In the first half of FY25, there were 65 people employed through IPS Supported Employment across the state.  This compares to 112 at mid-year FY24.
Measure: Supported Employment - VR fidelity rate		100%	The FY24 fidelity rate was On Track and fidelity reviews will begin again in FY26.
Measure: Number employed through Supported Employment - VR		24	In the first half of FY25 there were 24 people employed through Supported Employment VR across the state.  This compares to 28 at mid-year FY24.
Strategy 2.2.2 – Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living	At Risk		In the first half of FY25, the CHOICE program served 148 people and had a readmission rate of 2.7%. Supervised and Supported Living programs served 248 individuals and had a readmission rate of 4%.
Measure: CHOICE number served		148	This compares to 284 at mid-year FY24.
Measure: CHOICE housing program readmission rate		2.70%	In the first half of FY25, 4 of the 148 people housed by CHOICE were readmitted to a State Behavioral Health Hospital, for a readmission rate of 2.7%.  This compares to 0% at mid-year FY24.
Measure: Supervised and Supported Living number served		248	This is a slight decrease from 250 at FY24.

<p>Measure: Supervised and Supported Living readmission rate</p>		<p>4%</p>	<p>In the first half of FY25, 10 of the 248 unduplicated people served in Supervised and Supported Living were readmitted to a State Behavioral Health Hospital, for a 4% readmission rate.</p> <p>This is a slight increase from 2.8% at mid-year FY24.</p>
<p>Strategy 2.2.3 - Develop Peer Respite programs to provide short term, non-clinical respite support to help people find new understanding and ways to move forward</p>	<p>On Track</p>		<p>The Mental Health Association of South Mississippi in Gulfport opened its respite program in November of 2024. The program provides community-based, non-clinical crisis support during the day in a homelike environment. The program is staffed and open to the community.</p> <p>DMH previously planned to utilize federal funding to open a peer respite program in Vicksburg. However, due to issues with the ARPA funding mechanism, that program is not expected to move forward at this time.</p>
<p>Measure: Number of new sites</p>		<p>1</p>	
<p>Measure: Number of individuals served</p>		<p>9</p>	
<p>Measure: Percentage of individuals requiring a more intensive service</p>		<p>0%</p>	

Measure: Percentage of individuals with a follow-up appointment scheduled at their local CMHC		56%	
<b>Objective 2.3 - Provide community supports for children and youth with serious emotional disturbance and prevent the need for out-of-home placements</b>			
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. Fifty-five MAP Teams serve children and youth with SED referred from all 82 counties.
Measure: Number served by MAP Teams		555	
Measure: Number of cases referred by local partners attending MAP Team meetings		52	In the first half of FY25, 52 cases referred to the local level MAP Teams were referred by local partners such as CPS, Youth Court, and local school districts.

Measure: Percentage of youth needing a higher level of care		0.01%	in the first half of FY25, less than 1% of children and youth referred to the local level MAP Teams needed a higher level of care.
Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth	On Track		In the first half of FY25, 1,124 children and youth were served by Wraparound Facilitation. This is an increase from FY24, when 1,019 children and youth were served by mid-year.
Measure: Number served by Wraparound Facilitation/Supportive Aftercare		1,124	In the first half of FY25, 1,124 children and youth were served by Wraparound Facilitation. This is an increase from mid-year FY24, when 1,019 children and youth were served by mid-year.
Measure: Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement		52%	237 children and youth were newly enrolled in Wraparound Facilitation as an alternative to a more restrictive placement by mid-year of FY25. This is an increase compared to 124 at mid-year FY24.
Measure: Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement		23%	In the first half of FY25, 103 children and youth enrolled in Wraparound Facilitation during the first two quarters transitioned to Wraparound Facilitation from a more restrictive placement.



<p>Measure: Percentage of youth needing a higher level of care</p>		<p>2%</p>	<p>By mid-year of FY25, 2%, or 26 of the 1,124 of the children and youth served by Wraparound Facilitation, required a higher level of care.</p>
<p>Strategy 2.3.3 – Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis</p>	<p>On Track</p>		<p>Navigate is an evidence-based program to serve youth and young adults 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>By mid-year of FY25, six (6) NAVIGATE programs were operating across the state in CMHC Regions 2,6,8,9,14, and 15. The programs served 89 youth and young adults experiencing first episode psychosis by mid-year of FY25.</p>
<p>Measure: Number served by Navigate</p>		<p>89</p>	<p>In the first half of FY25, 89 youth and young adults were served in NAVIGATE. This is a decrease compared to 103 at mid-year FY24.</p>

Measure: Percentage maintained in their homes and communities		94%	Five (5) of the 89 youth and young adults served in the NAVIGATE Program required hospitalization.
Measure: Percentage who are employed or enrolled in school or educational courses		52%	This is an increase from 49% at mid-year FY24.
Strategy 2.3.4 – Provide services for juvenile offenders that aid in the successful transition from a detention center to their communities and in preventing recidivism in the juvenile justice system	On Track		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 FY25, 864 youth detained in juvenile detention centers were provided mental health through the Juvenile Outreach Programs operated by nine (9) CMHCs.
Measure: Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs		72.68%	By mid-year of FY25, 628 of the 864 youth, or 72.68%, served in the Juvenile Outreach Programs were referred to continue treatment with the

			CMHCs in their communities.
Measure: Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP		10%	By mid-year of FY25, 87 of the 864 youth, or 10%, 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 15% at mid-year FY24.
Measure: Number referred to Adolescent Offender Programs as an alternative to incarceration		63	Adolescent Offender Programs operated by Regions 3, 4, 7, 9, and 15 serve as an alternative to incarceration. By mid-year of FY25, 63 youth were referred to these AOPs. This is an increase over 30 at mid-year FY24, when only Regions 4 and 9 had AOPs operational.
Measure: Number completing the Adolescent Offender Programs with no reoffending behaviors		18	By mid-year of FY25, 18 youth discharged successfully from the Adolescent Offender Programs operated by CMHC Regions 3,4,7,9, and 15.
Measure: Number completing the Adolescent Offender Programs with reoffending behaviors		0	At the end of FY24, none of the 12 youth who successfully completed the Adolescent Offender Program had reoffending behaviors.

<p>Strategy 2.3.5 – Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization</p>	<p>On Track</p>		<p>By mid-year of FY25, 160 children and youth were served by Intensive Community Support Services. 154 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.</p>
<p>Measure: Number referred from acute and/or residential treatment</p>		<p>62</p>	<p>By mid-year of FY25, of the 160 children and youth served through Intensive Community Support Services, 62 were referred from acute and/or residential treatment.</p>
<p>Measure: Number maintained in the community with supports from the ICSS program</p>		<p>154</p>	<p>By mid-year of FY25, 160 children and youth were served by Intensive Community Support Services. 154 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.</p>
<p>Measure: Number readmitted to acute and/or residential treatment from the ICSS program</p>		<p>6</p>	<p>By mid-year of FY25, 6 of the 160 children and youth served by Intensive Community Support Services required readmission to acute or residential treatment.</p>

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		
Measure: Number of individuals diverted from inpatient treatment		146	This compares to 84 diverted at mid-year FY24.
Strategy 2.4.2 – Provide community residential services for individuals in need of substance use disorder treatment	At Risk		<p>People may be served in high-intensity residential services, medium-intensity residential services, or low-intensity residential services. These include specific services for pregnant and parenting women.</p> <p>In the first half of FY25, there were 1,546 people served in high-intensity, 10 served in medium-intensity, and 268 people served in low-intensity. Many of the people served in low-intensity services would have been served in high-intensity first.</p> <p>In addition, there were 87 pregnant and/or parenting women who received services at DMH funded and certified providers in the first half of FY25.</p>

Measure: Number of individuals served in primary residential treatment		1,546	Reported by R2, R3, R4, R6, R7, R8, R10, R12, R14, R15, CC, HH, CIL  This compares to 2,039 reported in the first half of FY24.
Measure: Number of individuals served in transitional residential treatment		268	268 individuals were served as reported by R2, R3, R4, R6, R7, CC, HH, PP, CIL.  This is a decrease from 465 reported at mid-year FY24.
Measure: Number of community-based beds available for residential treatment		654	As of January 2025, there were 654 DMH certified community beds available for residential treatment. However, due to staffing issues, not all providers may be operating at full capacity. 452 staffed beds were active at DMH Certified Providers in the community as of January 8, 2025.
Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	At Risk		
Measure: Number of intravenous drug users served		269	Outcomes reported by providers have been low. DMH will be comparing their data to the information contained in the Data Warehouse. The 269 reported here compares to 350 reported at mid-year FY24.
Measure: Number of pregnant women served		33	Reported by R2, R4, R6, R12, R14, CC, MSDATC

Measure: Number of parenting women served		54	Reported by R6, CC, MSDATC
Measure: Number of individuals served through Medication Assisted Treatment for opioid use disorder		144	There were 144 people served with MAT, and a total of 1,585 people were served with the SOR funds due to their diagnosis of opioid addiction.
<b>Goal 3 - To improve connections to care and the effectiveness of the crisis services continuum network of services statewide</b>			
<b>Objective 3.1 – Increase utilization of Crisis Stabilization Units (CSUs) to divert people from a higher level of care</b>			
Strategy 3.1.1 – Increase the number of available CSU beds throughout the state	On Track		No new CSU beds were added during the first half of FY25 but there are expansion efforts to open additional beds by the end of FY25.
Measure: Number of new CSU beds added		0	No new CSU beds were added during the first half of FY25. Since the end of FY22, there have been 28 CSU beds added statewide.
Measure: Total number of CSU beds		204	During the first half of FY25, there were 204 certified CSU beds throughout the state.
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		The CSUs remain effective at diverting individuals from hospitalization. In the first half of FY25, they served 1,592 unduplicated people. Approximately 91.2% of CSU discharges were diverted from admission to a state hospital. The average

				length of stay at a CSU was 12.5 days.
Measure:	Number served		1,679	In the first half of FY25 there were 1,679 unduplicated people served in CSUs across the state, with 1,766 total admissions.
Measure:	Percentage of individuals diverted from a state hospital		91.20%	The CSUs have reached a 91.2% diversion rate in the first half of FY25, with 169 of the 1,917 discharges being discharged to a State Behavioral Health Hospital.
Measure:	Average length of stay		12.50	The CSUs have maintained an average length of stay of 12.5 days for individuals treated in the first half of FY25.



**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 - six beds in the Morton Group Home

In 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.

Measure: Number of new crisis diversion beds added since FY22		11	There has been a net of 11 new beds added since the end of FY22. These include the six beds added at the Morton Group Home and the five beds available on the ICF campuses. Though four additional beds were added at Brandi's Hope, they had previously been available through a different provider and are not a net increase.
Measure: Number of individuals served		12	
Measure: Percentage of people transitioned with appropriate supports		75%	9 out of 12 people served.
Measure: Average length of stay		71	
Strategy 3.2.2 – Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds	On Track		
Measure: Number of individuals served		12	

**Objective 3.3 – Expand capacity of 988 Lifeline Centers within the crisis continuum.**

<p>Strategy 3.3.1 – Meet increased demand in crisis calls, texts, and chats at the state’s two Lifeline Centers.</p>	<p>On Track</p>		<p>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. Over the past six months, DMH staff have engaged in connecting with numerous community partners, state, and federal agencies in an attempt to build out our state’s Crisis Care System. These agencies include but are not limited to 911 Public Safety answering Points (PSAPs), our regional CMHCs and MCoRT for follow up care, law enforcement, courts, NAMI, etc.</p>
<p>Measure: Number of calls</p>		<p>8,923</p>	<p>8,738 were answered</p>
<p>Measure: Number of texts and chats</p>		<p>1,367</p>	<p>There has been a total of 1,367 texts and chats. 586 texts and 781 chats.</p>
<p>Measure: In-state answer rate</p>		<p>97.92%</p>	
<p>Measure: Number of calls to 988 referred to Mobile Crisis Response Teams</p>		<p>899</p>	<p>This number is submitted by the 988 call centers and is not pulled from the WITS system.</p>

<p>Strategy 3.3.2 – Research and implement technology that provides quality coordination of crisis care in real-time to support the continuum of crisis services.</p>	<p>On Track</p>		<p>Work is underway to connect 988 Lifeline Crisis Centers to Mississippi’s Health Information Exchange (HIE via IntelliTrue data system) to strengthen post-988 referral and follow-up data reporting. DMH continues to connect with other states to learn about their 988 implementations; while working on procuring of grants to further implement different technologies which could potentially utilized to increase the coordination of care between the state’s 988 Call Centers, Mobile Crisis Teams, and 911/first responders. In addition, DMH staff are also working with both 988 Call Centers and the CMHCs on improving data collection.</p>
<p>Measure: Number of technology demos viewed</p>		<p>0</p>	
<p><b>Objective 3.4 – Increase effectiveness of Mobile Crisis Response Teams to divert individuals from a higher level of care</b></p>			
<p>Strategy 3.4.1 – Monitor utilization and fidelity of Mobile Crisis Response Teams</p>	<p>On Track</p>		<p>All Fidelity reviews for FY2025 were canceled by DMH Executive staff.</p>
<p>Measure: Number of contacts/calls</p>		<p>4,094</p>	

Measure: Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		35%	4,094 contacts and 1,430 deployments
Measure: Percentage of individuals receiving a face-to-face response who are in need a higher level of care		40%	578
Measure: Average response time for rural MCERT responses		21	21 minutes
Measure: Average response time for urban MCERT responses		20	20 minutes
Measure: MCERT fidelity rate		0%	All Fidelity reviews for FY2025 were paused pending implementation of the new DMH Operational Standards.
Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	On Track		It is one currently. There was a delay in federal funding which delayed DMH executing sub-grantee agreements during the reporting period. DMH will establish formal agreements (MOUs) between the Mississippi's Health Information Exchange (HIE via IntelliTrue data system) and the two 988 Lifeline Crisis Centers to bridge data and information sharing with the hospitals and health systems prior to September 29, 2026.
Measure: Number of MOUs		1	

**Objective 3.5 - Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services needed and/or provided**

Strategy 3.5.1 - Utilize the Specialized Planning Options to Transition (SPOTT) to help people access services	On Track		
Measure: Number of referrals to SPOTT		68	
Measure: Number of appropriate referrals to SPOTT		58	
Measure: Percentage of appropriate referrals connected to services/supports through SPOTT		80%	
Strategy 3.5.2 - Utilize the DMH Office of Consumer Supports to provide Mississippians referral services and as an outlet for filing grievances related to services or providers	On Track		
Measure: Number of DMH Helpline calls		2,237	Of those 2,237 total calls, 514 were received afterhours and answered by Contact the Crisis Line. This compares to 3,034 reported at mid-year FY24.
Measure: Number of grievances filed through the Office of Consumer Support		72	

**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>In the first half of FY25, a total of eight individuals transitioned from an ICF/IID Regional Program Campus to the community with supports. Four individuals transitioned to an ICF/IID Community Home and four individuals transitioned to the ID/DD Waiver.</p> <p>This compares to six people transitioned at mid-year FY24.</p>
<p>Measure: Number of people transitioned from Regional Program to ICF/IID Community Homes</p>		<p>4</p>	<p>In the first half of FY25, four people have transitioned from the ICF/IID Regional Programs' campuses to ICF/IID Community Homes. This compares to three at mid-year FY24.</p>
<p>NMRC: Number of people transitioned from Regional Program to ICF/IID</p>		<p>1</p>	

Community Homes			
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		1	
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		0	
Measure: Number of people transitioned from Regional Program to the ID/DD Waiver		4	Four people transitioned from Mississippi Adolescent Center to the community with Waiver supports in the first half of FY25.
NMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	



BRC: Number of people transitioned from Regional Program to the ID/DD Waiver		4	These transitions occurred from Mississippi Adolescent Center.
HRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
ESS: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
SMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
Measure: Number of people transitioned from the ICF/IID Community Homes to the community		2	In the first half of FY25, two people have transitioned from the ICF/IID Community Homes to the community. One transitioned from SMRC with Waiver services, and another transitioned from ESS without Waiver services.
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		0	
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		1	
Measure: Number of people served in the ICF/IID Regional Programs		655	In the first half of FY25, a total of 655 people were served in the ICF/IID Regional Programs' campuses. This compares to 676 served in the first half of FY24.
NMRC: Number of people served in the ICF/IID Regional Programs		158	
HRC: Number of people served in the ICF/IID Regional Programs		148	

BRC: Number of people served in the ICF/IID Regional Programs		91	
MAC: Number of people served in the ICF/IID Regional Programs		35	
ESS: Number of people served in the ICF/IID Regional Programs		178	
SMRC: Number of people served in the ICF/IID Regional Programs		45	
Measure: Percent of people served in the community versus an institutional setting		87%	In the first half of FY25, a total of 4,378 individuals received services in the community versus in a ICF/IID Regional Program. There were 2,858 individuals served by the ID/DD Waiver program, 1,011 served by the 1915(i) Community Support Program and/or IDD Targeted Case Management, 16 served by an IDD grant for employment related services, and 493 served by an ICF/IID Community Home. A total of 655 individuals received services in an ICF/IID Regional Program campus. Of the 5,033 individuals that received services, approximately 87%

			received services in the community versus an institutional setting.
<b>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 – Increase the number of people receiving ID/DD Waiver services	On Track		
Measure: Number of people who received ID/DD Waiver services		2,858	This compares to 2,656 who received services through mid-year FY24, an increase of approximately 7%.
Measure: Number of people admitted to the ID/DD Waiver services		98	This compares to 74 reported at mid-year FY24, an increase of 32%.
Measure: Number of people on the ID/DD Waiver Census		2,850	This compares to 2,638 at mid-year FY24.
Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program	On Track		As of 12/31/2024, a total of 1,001 individuals were served through the 1915(i) Community Support Program. A total of 87 people have been admitted in the first half of FY25.
Measure: Number of individuals who received 1915(i) Community Support Program Services		1,001	This is a slight decrease from 1,031 at mid-year FY24.
Measure: Number of individuals admitted to 1915(i) Community Support Program		87	This is an increase from 61 reported at mid-year FY24.

Measure: Number of individuals on the 1915(i) Community Support Program Census		947	As of 12/31/2024, the census for the 1915(i) Community Support Program is 947. There have been 54 people discharged and 87 people enrolled in FY25. When compared to the mid-year of FY24, FY25 has seen fewer people discharged from the program and more people enrolled into the program.
Measure: Number of individuals receiving Targeted Case Management		1,011	This includes people enrolled into the 1915(i) Community Support Program and people receiving IDD Targeted Case Management only.
<b>Objective 4.3 – Provide Supported Employment Services that lead to gainful community employment for people with IDD</b>			
Strategy 4.3.1 – Increase the number of individuals utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services	<b>At Risk</b>		A total of 374 people (247 in ID/DD Waiver and 127 in CSP) received Supported Employment services in the six month period.
Measure: Number of individuals searching for employment		75	46 people received Job Development (searching for jobs) in ID/DD Waiver and 29 people received Job Development through CSP during the six month period.  This is a decrease from 96 at mid-year FY24.  Source: 372 Report

Measure: Number of individuals employed		299	<p>201 people in ID/DD Waiver and 98 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.</p> <p>This compares to 286 at mid-year FY24.</p> <p>Source: 372 Reports.</p>
<b>Goal 5 - To develop and build capacity of the behavioral health and IDD workforce</b>			
<b>Objective 5.1 - Identify and address DMH workforce shortages to maintain a diverse and engaged mental health workforce to sustain appropriate staffing levels</b>			
Strategy 5.1.1 - Monitor DMH workforce data and develop recruitment recommendations	<b>On Track</b>		
Measure: Turnover Rate for Support Care Professionals		50.10%	<p>The turnover rate for Support Care Professionals has decreased to 50.1% using the newest methodology of turnover of separations divided by the average PINs filled.</p> <p>This is a slight decrease from 52.89% reported at the end of FY24.</p>

<p>Measure: Turnover Rate for All DMH employees</p>		<p>33%</p>	<p>The turnover rate has decreased also using the same recent methodology. Programs are reporting that staffing levels have seen a growth of new hires over the past quarters.</p> <p>This is a slight decrease from 35.40% reported at the end of FY24.</p>
<p>Measure: Vacancy Rate for Support Care Professionals</p>		<p>47%</p>	<p>The vacancy rate for support care professionals has seen improvement 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.</p>
<p>Measure: Number of recruitment recommendations implemented</p>		<p>34</p>	<p>Recruitment activities include career fairs, community job fairs, and partnership opportunities with WIN Job Center, Mississippi Department of Rehab Services, and the Governor's Job Fair along with other recruitment events.</p>
<p>Strategy 5.1.2 - Conduct stay interviews/surveys at DMH state-operated programs to assess job satisfaction and adjust retention efforts as needed</p>	<p>On Track</p>		<p>Implementation of stay surveys and employee satisfaction surveys have seen an increase in success by the reduced rate of turnover with viable feedback on employee job satisfaction.</p>

<p>Measure: Number of stay interview participants</p>		<p>25</p>	<p>Implementation of stay surveys and employee satisfaction surveys have seen an increase in success by the reduced rate of turnover with viable feedback on employee job satisfaction.</p>
<p>Measure: Number of retention strategies implemented</p>		<p>10</p>	<p>Stay interviews play a crucial role in the successful implementation of retention strategies within the programs. Stay interviews provide valuable insights into employee satisfaction, engagement levels, and any potential issues that leads to turnover. By proactively gathering feedback from employees, the agency can identify areas for improvement and develop targeted initiatives that foster a positive work environment, ultimately enhancing employee loyalty and reducing attrition rates.</p>



**Objective 5.2 – Develop a comprehensive state mental health workforce prepared for the complex needs of children, youth and adults in need of services and supports**

Strategy 5.2.1 - Sustain the Mississippi State Hospital Psychiatry Residency Program to strengthen the psychiatry workforce in Mississippi

On Track

Mississippi has historically struggled to attract and retain healthcare professionals, particularly in psychiatry. By offering residency training in-state, the program will provide a strong incentive for new psychiatrists to remain in Mississippi after completing their training. This will not only boost the psychiatric workforce but will also help retain talent within the state, reducing the reliance on out-of-state professionals.

The psychiatry residency program represents a strategic investment in the mental health of Mississippi's residents. By strengthening the state's psychiatric workforce, the program aims to enhance access to care, improve outcomes for individuals with mental health conditions, and help address the growing mental health crisis in the state. As more psychiatrists are

			trained locally and are encouraged to stay in Mississippi, the state's ability to meet its mental health care needs will significantly improve, ultimately benefiting both patients and the healthcare system as a whole.
Measure: Number of residents		21	There are expected to be 22 residents as of July 1, 2025.
Measure: Number of psychiatrists in the Mississippi workforce		165	
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		<p>Psychiatry residents play a key role in alleviating the burden on outpatient clinics, particularly in settings where there may be a shortage of mental health professionals. Their involvement helps improve access to care, reduce wait times, and allows more patients to be seen.</p> <p>The psychiatry residency program currently offers outpatient services at two local community health programs where they dedicate 190 collective hours per week to patient care. Their contributions are vital in addressing the growing demand for mental health services and ensuring that clinics can effectively meet the needs of their</p>

			patient populations, all while providing residents with the hands-on experience they need to become competent, independent practitioners.
Measure: Number of people served through the psychotherapy clinic		28	
Measure: Number of sessions conducted by residents		186	
Strategy 5.2.3 - Provide technical assistance designed to improve delivery of mental health services to stakeholders in the state mental health system	On Track		
Measure: Number of TA provided to certified providers		26	
Measure: Number of individuals reached through TA to DMH Certified Providers		348	

<p>Measure: Number of TA provided to Judges/Chancery Clerks/Chancery Courts</p>		<p>4</p>	<p>In the first half of FY25, DMH staff presented at three specific conferences involving chancery clerks and trial and appellate judges and had one specific meeting with Marshall County representatives. Attendance at those events is estimated to be approximately 160 people.</p> <p>In addition, DMH staff gave presentations to youth courts, court administrators, circuit clerks, at the annual MH/IDD conference, and with representatives from Region 7 (without any chancery clerk staff available) in the first half of the year.</p> <p>They also presented at a chancery clerk conference in February that is not included in this count but will be in the FY25 End Year Report.</p>
<p>Measure: Number of individuals reached through TA to Chancery Clerks/Chancery Courts</p>		<p>160</p>	

<p>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</p>	<p>On Track</p>		<p>In lieu of the Center for START Services, a grant was awarded to The Arc of Mississippi to provide Advanced Crisis Training for providers and families of individuals with IDD. The Arc of Mississippi proposes to provide IDD Behavioral Intervention Training and Technical Assistance to any IDD providers or families across the state of Mississippi who support people with a history of behavioral crisis or are at risk of experiencing a behavioral crisis. This training is intended to teach providers and families to be proactive in their provision of services rather than finding themselves in reactive situations. As of 12/31/2024, there have been seven (7) trainings conducted with eighty-five (85) people trained.</p>
<p>Measure: Number of trainings conducted</p>		<p>7</p>	<p>As of 12/31/2024, there were seven (7) trainings conducted for providers of IDD services with one of those trainings have three (3) different providers in the training session. Trainings are being conducted via a grant awarded to The Arc in lieu of the Center for START Services.</p>

Measure: Number of individuals trained		85	As of 12/31/2024, eighty-five (85) people have been trained in advanced crisis planning techniques via the grant awarded to The Arc in lieu of the Center for START Services.
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		
Measure: Number of initial licenses or certifications obtained		412	Of the 412 initial licenses or certifications, 308 were provisional and 104 were full certifications.
Measure: Number of renewed licenses or certifications		0	There was no renewal during this time period.
Strategy 5.2.6 – Monitor the use of evidence-based and best practices at DMH Programs and Certified Providers	On Track		This information is gathered through a survey each spring and will be reported at the end of the fiscal year.
Measure: Number of evidence-based and best practices actively used by DMH Certified Providers		0	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 Programs		0	This information is gathered through a survey each spring and will be reported at the end of the fiscal year.

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

Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification	On Track		
Measure: Number of agencies participating in interested provider orientation		65	This compares to 58 at mid-year FY24.
Measure: Number of new provider agencies approved		3	This compares to 1 at mid-year FY24.
Measure: Number of new services approved for DMH certified providers		11	This compares to 10 at mid-year FY24.
Measure: Number of new programs approved for DMH certified providers		23	This compares to 34 at mid-year FY24.
Strategy 5.3.2 - Monitor the provision of services by conducting site visits with DMH Certified Providers	On Track		
Measure: Number of full agency site visits		26	
Measure: Number of new program site visits		23	
Measure: Number of provider assessments completed during non-full site visit years		0	DMH is no longer utilizing self-assessments with Certified 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		
Measure: DMH web site users		35,571	This compares to 41,821 at mid-year FY24.
Measure: DMH web site sessions		61,555	This compares to 69,568 at mid-year FY24.
Measure: Mental Health MS web site users		17,187	
Measure: Mental Health MS sessions		23,606	



<p>Strategy 6.1.2 – Utilize social media to provide information to the public</p>	<p>On Track</p>		<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 40,474 accounts in the first half of FY25. The DMH Instagram account had a total reach of 2,474 accounts in that time period.</p> <p>The Stand Up, Mississippi Facebook account had a total reach of 373,780 accounts and its Instagram account had a total reach of 33,922 accounts.</p>
<p>Measure: Social media total reach</p>		<p>450,650</p>	

<b>Objective 6.2 –Educate Mississippians about suicide warning signs, risk factors, and available resources</b>			
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		
Measure: Number of Shatter the Silence presentations		60	During the first half of FY25, 60 STS Presentations were completed: 19 in-person, 28 Recordings, 4 Virtual Training, and 9 Exhibits.  This compares to 74 at mid-year FY24.
Measure: Number of people trained in Shatter the Silence		8,784	During the first half of FY 25, 8,784 people were trained in STS: Youth 7,317, Adult 720, Older Adult 21, Correctional Offices 190, Law Enforcement & First Responders 72, Youth (Faith-Based) 70, Adults (Faith-Based) 144, and Military 250.  This compares to 5,912 at mid-year FY24.
Measure: Number of Shatter the Silence app downloads		146	During the first half of FY 25, the STS app was downloaded 146 times.
Measure: Number of ASIST trainings		2	
Measure: Number of people trained in ASIST		16	During the first half of FY 25, 16 participants were trained in Asist.
Measure: Number of organizations trained in ASIST		2	During the first half of FY 25, 2 different organizations were trained in Asist.

**Objective 6.3 – Provide evidence-based or best practice trainings to various stakeholder groups**

<p>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</p>	<p>On Track</p>		<p>The Mississippi Department of Mental Health Division of Outreach and Training continue to provide Mental Health First Aid to Mississippians across the state. In the first half of FY 25 we trained 936 participants: 841 frontline workers, 2 parent/caregivers, and 93 school district staff members.</p>
<p>Measure: Number of trainings</p>		<p>52</p>	<p>During the first half of FY25, There were 52 Mental Health First Aid Trainings held: 10 Youth MHFA Trainings, 19 Adult MHFA Trainings, and 23 Public Safety Trainings</p>
<p>Measure: People trained</p>		<p>936</p>	<p>During the first half of FY25, 936 people were trained in Mental Health First Aid: 171 participants were trained in Youth MHFA, 210 participants were trained in Adult MHFA, and 555 participants were trained in Public Safety MHFA.</p>
<p>Measure: Organizations trained</p>		<p>81</p>	<p>During the first half of FY25 81 different organizations/departments/schools were trained: 4 different school districts, 17 different organizations/agencies, and 60 different sheriff / police departments.</p>

<p>Strategy 6.3.2 - Provide online trainings through the Mississippi Behavioral Health Learning Network to increase knowledge of evidence-based practices and best practices</p>	<p>On Track</p>		<p>The Mississippi Behavioral Health Learning Network is a partnership between DMH and the Mississippi Public Health Institute to provide professional and workforce development to behavioral health providers in the state of Mississippi. The network offers a variety of online trainings with continuing education units available depending on the training.</p>
<p>Measure: Number of trainings</p>		<p>33</p>	
<p>Measure: People trained</p>		<p>1,639</p>	<p>Total participation across both quarters was 1,639.</p>
<p>Measure: Organizations trained</p>		<p>22</p>	<p>22 unique providers participated in trainings in the first half of FY25.</p>
<p>Strategy 6.3.3. – Partner with stakeholders to expand Crisis Intervention Team training</p>	<p>On Track</p>		<p>During the first half of FY25, there were 10 CIT trainings with 155 officers and 75 law enforcement agencies represented.</p> <p>There are 9 fully functioning CIT teams in the state, with 2 additional regions working towards implementing a full CIT program.</p>
<p>Measure: Number trained in CIT</p>		<p>155</p>	<p>Compares to 65 in the first half of FY24.</p>
<p>Measure: Number of law enforcement entities trained</p>		<p>75</p>	<p>Compares to 32 in the first half of FY24.</p>

Measure: Number of trainings		10	Compares to four in the first half of FY24.
Measure: Number of CIT teams		9	The total number of fully-operational Crisis Intervention Teams in Mississippi for the first half of FY25 is 9.
Measure: Number of partnerships working towards CIT		2	Regions 6 and 15 are actively working towards establishing a fully-operational CIT program through training and/or the development of a single point of entry.