

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		Wait times have decreased year over year, but wait times were increasing in the second half of the fiscal year. Staffing and renovation projects have affected bed availability, and an increase in HB 1088 admissions has also contributed to increased wait times. However, weekend admissions may have also aided in preventing further increases in wait times.
Average length of wait for acute psychiatric admissions		2.95	This compares to 4.59 reported at the end of FY24.
MSH: Average length of wait for acute psychiatric admissions		2.43	The ligature project on male/female receiving has led to a decrease of beds on both male and female receiving at times in order to accommodate having one ward closed so renovations could be done. Also, the influx of HB 1088 admissions leading to discharge planning challenges has led to a slower turnover of open beds.
EMSH Average length of wait for acute psychiatric admissions		3.92	One inpatient male unit is closed for safety due to staffing. Another inpatient male unit is being used to treat forensic patients. These factors contributed to a higher waiting list average for the fourth quarter, which increased the yearly average.
NMSH Average length of wait for acute psychiatric admissions		2.83	
SMSH Average length of wait for acute psychiatric admissions		2.61	
Percentage of admissions to DMH acute psychiatric services from a jail setting		28.06%	515 admissions from a jail setting out of 1,835 total admissions. This compares to 40% at the end of FY24, a reduction of 12 percentage points. In total admissions from jail, there has been a decrease of 31.61%, from 753 admissions in FY24 to 515 in FY25.
MSH: Percentage of admissions from a jail setting		18.71%	108 MSH admissions from a jail setting out of 577 total admissions. This compares to 28.82% at the end of FY24.
EMSH: Percentage of admissions from a jail setting		32.75%	152 EMSH admissions from a jail setting out of 464 total admissions. This compares to 35.66% at the end of FY24.
NMSH: Percentage of admissions from a jail setting		30.90%	127 NMSH admissions from a jail setting out of 411 total admissions. This compares to 58.21% at the end of FY24.
SMSH: Percentage of admissions from a jail setting		33.42%	128 SMSH admissions from a jail setting out of 383 total admissions. This compares to 45.74% at the end of FY24.
Average length of time waiting in jail for acute psychiatric services from a jail setting		1.23	This compares to average length of time of 2.30 days waiting in jail for acute psychiatric services from a jail setting reported at the end of FY24. Weekend admissions have also aided in decreasing wait times.
MSH: Average length of time waiting in jail for acute psychiatric admission		0.98	
EMSH: Average length of time waiting in jail for acute psychiatric admission		0.86	
NMSH: Average length of time waiting in jail for acute psychiatric admission		1.57	
SMSH: Average length of time waiting in jail for acute psychiatric admission		1.55	
Percentage of admissions to DMH acute psychiatric services from same level of care setting		37.60%	690 out of 1835 total admissions. This is an increase from 32.84% in FY24.
MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		40.03%	231 out of 577 total admissions.
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		29.52%	137 out of 464 total admissions.

NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		31.87%	131 out of 411 total admissions.
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		49.87%	191 out of 383 total admissions.
Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units	Off Track		
Average length of wait for substance use disorder admissions		9.35	This compares to 6.38 in FY24.
MSH: Average length of wait for substance use disorder admissions		7.69	This compares to 5.76 days in FY24. Female Adult SUD began using the ASAM principles and the length of stay increased to an average of 44.29 days for FY25 when compared to FY24, which was 41.70 days. This change has led to a longer waiting list.
EMSH: Average length of wait for substance use disorder admissions		11	This compares to 7 days in FY24. The SUD unit was closed in April due to staffing. Quarters 1-3 averaged around 8-9 days while Quarter 4 was 19 days.
Percentage of admissions to a DMH substance use disorder unit from a jail setting		55.59%	This is a decrease from 60.68% in FY24. As with civil commitments, DMH becomes aware of someone waiting for SUD admission once an order is sent to the state hospitals and has no control over the location of someone waiting for services.
MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		26.18%	50 out of 191 admissions. This is a decrease from 35.36% in FY24.
EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		85%	349 out of 409 admissions. This is a slight decrease from 86% FY24.
Average length of time waiting in jail for SUD admission		7.06	This is an increase from 4.83% in FY24.
MSH: Average length of time spent waiting in jail for SUD admission		3.12	This is an increase from 2.66 in FY24. Female Adult SUD began using the ASAM principles and the length of stay increased to an average of 44.29 days for FY25 when compared to FY24, which was 41.70 days. This change has led to a longer waiting list.
EMSH: Average length of time spent waiting in jail for SUD admission		11	This is an increase from 7 in FY24. The closing of one unit increased LOW, with wait increasing significantly in the fourth quarter to 20 days.
Strategy 1.1.3: Monitor admissions, readmissions, and length of stay in hospitals for acute psychiatric services	On Track		Data from the SAMHSA URS 2023 state mental health measures indicates the 30-day state hospital readmission rate is 8%, the 180-day rate is 19.6%, and the readmission rate to any psychiatric hospital within 30 days is 16.9%. Info from: Mississippi 2023 Uniform Reporting System Mental Health Data Results. The URS data does not measure 365-day readmission rates, but various reports reviewed by DMH staff have seen rates range from 30% through approximately 50%. DMH is monitoring the 365-day rate while seeking to keep the averages of the 30-day and 180-day rates below the national rates indicated in the SAMHSA data.
30 Day Readmission Rate		3.54%	65 of 1835 admissions. This is a slight increase from 2.82% reported in FY24.
MSH: 30 Day Readmission Rate		3.99%	23 of 577 admissions
EMSH: 30 Day Readmission Rate		5%	22 of 464 admissions
NMSH: 30 Day Readmission Rate		3.65%	15 of 411 admissions
SMSH: 30 Day Readmission Rate		1.31%	5 of 383 admissions
180 Day Readmission Rate		13.4%	246 of 1,835 admissions. This is a slight increase from 12.46% reported in FY24.
MSH: 180 Day Readmission Rate		15.89%	92 of 577 admissions

EMSH: 180 Day Readmission Rate		15%	69 of 464 admissions
NMSH: 180 Day Readmission Rate		12.41%	51 of 411 admissions
SMSH: 180 Day Readmission Rate		8.88%	34 of 383 admissions
365 Day Readmission Rate		20%	359 of 1,835 admissions. This is a slight increase from 17.60% reported in FY24.
MSH: 365 Day Readmission Rate		22.18%	128 of 577 admissions
EMSH: 365 Day Readmission Rate		24%	112 of 464 admissions
NMSH: 365 Day Readmission Rate		15.82%	65 of 411 admissions
SMSH: 365 Day Readmission Rate		14.10%	54 of 383 admissions
Geometric Average Length of Stay		33.64	The geometric mean of the figures below is 33.64, a slight decrease from 36 reported last year. The geometric mean may be considered more representative of the central value of a set of numbers and less sensitive to outliers than a mathematical average.
MSH: Geometric Average Length of Stay		25.79	
EMSH: Geometric Average Length of Stay		46	This is a significant decrease from 70 days reported in FY24.
NMSH: Geometric Average Length of Stay		33.45	
SMSH: Geometric Average Length of Stay		32.29	
Number of Admissions		1,835	This is a decrease from 1,897 admissions in FY24, or approximately 3.69%.
MSH: Number of admissions		577	
EMSH: Number of admissions		464	
NMSH: Number of admissions		411	
SMSH: Number of admissions		383	
Total number served (acute psychiatric)		2094	This is a decrease from 2,277 people served in FY 24.
MSH: Total number served (acute psychiatric)		626	
STF: Total number served		95	
EMSH: Total number served (acute psychiatric)		488	
NMSH: Total number served		458	
SMSH: Total number served		427	
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		94%	
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%	

Number of discharges from DMH behavioral health programs		1,797	
MSH: Number of discharges from DMH behavioral health programs		541	
EMSH: Number of discharges from DMH behavioral health programs		468	
NMSH: Number of discharges from DMH behavioral health programs		410	
SMSH: Number of discharges from DMH behavioral health programs		378	
Number of discharges from DMH behavioral health programs to CMHCs		1,316	
MSH: Number of discharges from DMH behavioral health programs to CMHCs		413	
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		467	
NMSH: Number of discharges from DMH behavioral health programs to CMHCs		210	
SMSH: Number of discharges from DMH behavioral health programs to CMHCs		226	
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		100%	
Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		72%	
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		63%	252 of 406 referrals
EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		73%	338 of 460
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		69.54%	169 of 243 appointments

SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		49.12%	111 of 226
Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		77.17%	
MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		53%	
EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge		72%	
NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		95.86%	
SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		87.83%	
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	At Risk		
Percentage of people with bridging meetings		47.38%	In FY25, there were 625 Peer Bridger meetings, 47.38% of all discharges to CMHCs. This is a decrease from 55% reported in FY24. Ideally, each person discharged to a CMHC would be connected with a Peer Bridger. However, some programs, both state hospitals and CMHCs, have experienced difficulty recruiting and retaining the Peer Bridger positions. It is also possible that some patients may have had meetings that included only one Peer Bridger, but the numbers reported here include meetings that took place with a Peer Bridger at both the hospital and the local CMHC. In future reports, DMH will begin to include meetings with only one Peer Bridger in the information that is reported for this item.
MSH: Number of people with bridging meetings		47	
EMSH: Number of people with bridging meetings		19	
NMSH: Number of people with bridging meetings		352	
SMSH: Number of people with bridging meetings		207	

Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		33%	DMH is aware of 209 follow-up appointments that were attended out of the 625 Peer Bridger connections, or about 33%. Given that more than 60% of patients discharged from state hospitals are attending their 14-day follow-up appointments, it seems possible this is simply a gap in the data DMH is able to collect, particularly given the difficulty in retaining Peer Bridger staff who would be most likely able to collect and confirm the information. Some people connected with a Peer Bridger may also choose to receive follow-up services at another provider or move to a different service area.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		57	
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		0	
NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		76	
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		86	
Number of individuals with bridging meetings readmitted 0-30 days after discharge		21	
MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		7	
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		13	
SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		1	
<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, restoration, and clinical treatment resources made available by DMH Forensic Services	At Risk		The newly-renovated Forensic Services building began receiving patients in June 2025. It is expected to significantly decrease the wait time for competency restoration admissions. However, MSH Forensic Services has been receiving increasing numbers of referrals in recent years, likely due to the added capacity that has been established and wait times that began to fall as a result. The increase in referrals has been significant, with the total number of orders received increasing from 177 in 2019 to 342 in 2024, an almost doubling in the amount of orders received.
Average time for completed initial competency evaluations		N/A	Initial competency evaluations are now handled directly by counties themselves on contract with a forensic evaluator certified by DMH.
Average length of wait for competency restoration admissions		276	This is a decrease from 295 reported in FY24.
Average length of stay for competency restoration		292	This is an increase from 176 reported in FY24.
<b>Goal 2 - Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary hospitalizations for children, youth and</b>			
<b>Objective 2.1 Provide Programs of Assertive Community Treatment, Intensive Outreach and Recovery Teams, and Intensive Community Support Services as</b>			
Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS	On Track		During FY25, the PACT program served 751 unduplicated individuals, ICORT Teams served 702 unduplicated individuals, and ICSS served 742 unduplicated individuals. Overall, 2,195 individuals have been served through these intensive programs from July 2024 through June 2025. This is a decrease from a total of 2,328 people served in these three programs in FY24. These intensive teams have maintained an average readmission rate of 7.8%. DMH did not conduct fidelity reviews in FY25 but they will resume in FY26.
PACT number served		751	751 unduplicated individuals were reported to the Data Warehouse as served by the PACT Teams during FY25. In FY24, 815 individuals were reported to be served.

PACT readmission rate		5.32%	40 of 751 people served through PACT, or 5.32% were re-admitted into a State Hospital in FY25. This is compared to 6.50% in FY24.
PACT fidelity rate			DMH did not conduct fidelity reviews in FY25 and will resume in FY26.
ICORT number served		702	702 unduplicated individuals have been served by ICORT teams for FY25. In FY24, 692 unduplicated individuals were reported to be served.
ICORT readmission rate		8.83%	62 of 702 unduplicated people served through ICORT, or approximately 8% were re-admitted to a state behavioral health hospital. This compares to 11% in FY24.
ICORT fidelity rate			DMH did not conduct fidelity reviews in FY25 and will resume in FY26.
ICSS number served		742	In FY25 there were 742 unduplicated individuals served by Intensive Community Support Specialists throughout the state. This compares to 821 in FY24.
ICSS readmission rate		5.5%	In FY25, 41 of the 742 individuals served by ICSS, or approximately 5.5% were re-admitted to a State Hospital. This compares to 7% in FY24.
ICSS fidelity rate			DMH did not conduct fidelity reviews in FY25 and will resume in FY26.
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 were not conducted in FY25 and will resume in FY26.
IPS Supported Employment fidelity rate			DMH did not conduct fidelity reviews in FY25 and will resume in FY26.
Number employed through IPS Supported Employment		197	There were 197 individuals employed through IPS in FY25 compared to 213 in FY24.
Supported Employment - VR fidelity rate			MSDMH did not conduct fidelity reviews in FY25 and will resume in FY26.
Number employed through Supported Employment - VR		52	There were 52 individuals employed through Supported Employment VR in FY25 compared to 67 in FY24.
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 FY25, the CHOICE program issued 157 new housing vouchers and served 410 unduplicated people during the year, a decrease from 353 vouchers and 466 people in FY24. Supervised and Supported Living programs served 269 individuals in FY25.
CHOICE number served		157	157 new CHOICE vouchers were issued in FY25 and 410 unduplicated individuals were served through CHOICE in FY25.
CHOICE housing program readmission rate		1.70%	7 of the 410 individuals housed by CHOICE were re-admitted to a State Hospital.
Supervised and Supported Living number served		269	There were 269 unduplicated individuals served in Supervised and Supported Living compared to 275 in FY24.
Supervised and Supported Living readmission rate		7.8%	There were 21 individuals out of the 269 unduplicated individuals served who were re-admitted to a State Hospital.
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	On Track		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.
Number of new sites		1	
Number of individuals served		116	116 individuals have visited the respite for support. 27 were overnight guests.
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. Fifty-five MAP Teams serve children and youth with SED referred from all 82 counties.
Number served by MAP Teams		970	This is a decrease from 1,024 in FY24.

Number of cases referred by local partners attending MAP Team meetings		344	In FY25, 344 of the 970 cases reviewed by local level MAP Teams were referred by Child Protection Services, local school districts, parents, and youth courts. This is an increase from 235 in FY24.
Percentage of youth needing a higher level of care		0	Five children and youth were referred from local level MAP Teams to a higher level of care. This is less than one percent of the 970 served.
Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth	On Track		1,554 children and youth were served by Wraparound Facilitation. This an increase from the 1,427 served in FY24,
Number served by Wraparound Facilitation/Supportive Aftercare		1,554	This is an increase from 1,427 served in FY24.
Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement		31%	475 children and youth, approximately 31% of those served, received Wraparound Facilitation as an alternative to a more restrictive placement. This is an increase compared to 21% of those served in FY24.
Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement		12%	180 children and youth, approximately 12% of those served, transitioned to Wraparound Facilitation from a more restrictive placement.
Percentage of youth needing a higher level of care		6%	101 children and youth, 6%, of the 1,554 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	Off Track		The number of Navigate programs in the state has decreased from eight to four following the loss of supplemental federal funding that supported these programs. Programs in Regions 4 and 7 were planned to end on March 14, 2025. The programs in Regions 2 and 14 ended following the unscheduled termination of ARPA funding that ended unexpectedly on March 24, 2025. Currently, there are four (4) NAVIGATE programs operating in Regions 6,8,9, and 15. The programs served 104 youth and young adults experiencing first episode psychosis by the end of FY25.
Number served by Navigate		104	This is a decrease compared to 131 at the end of FY24. While some programs had relatively low utilization, the decrease may also be attributed to the unexpected loss of federal funding for four of the programs.
Percentage maintained in their homes and communities		92%	Eight (8) of the 104 youth and young adults served in the NAVIGATE Program required hospitalization.
Percentage who are employed or enrolled in school or educational courses		54%	56 of the 104 youth and young adults served in the NAVIGATE programs were either enrolled in school or educational courses or were employed. 54% of the youth and young adults served in NAVIGATE were enrolled in school and/or gainfully employed. This is a decrease from 67% in 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 the end of FY25, 1,372 youth detained in juvenile detention centers were provided mental health services through the Juvenile Outreach Programs.
Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs		68%	937 of the 1,372 youth, or 68%, served in the Juvenile Outreach Programs were referred to continue treatment with the CMHCs in their communities. This is a slight decrease from 70% in FY24.
Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP		9%	129 of the 1,372 youth, or 9%, 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% in FY24.
Number referred to Adolescent Offender Programs as an alternative to incarceration		140	Adolescent Offender Programs operated by Regions 2,3, 4, 7, 9, and 15 serve as an alternative to incarceration. By the end of FY25, 140 youth were referred to and served in AOPs diverting, 87 of those youth from incarceration. This is an increase from 103 served in FY24.



Number completing the Adolescent Offender Programs with no reoffending behaviors		45	This is an increase from 12 in FY24.
Number completing the Adolescent Offender Programs with reoffending behaviors		13	
Strategy 2.3.5 – Utilize Intensive Community Support Services to maintain children and youth in their communities without the need for inpatient hospitalization	On Track		227 children and youth were served by Intensive Community Support Services. 219 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 referred from acute and/or residential treatment		155	By the end of FY25, of the 227 children and youth served through Intensive Community Support Services, 155 were referred from acute and/or residential treatment.
Number maintained in the community with supports from the ICSS program		219	By the end of 2025, 227 children and youth were served by Intensive Community Support Services. 219 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		8	By the end of FY25, 8 of the 227 children and youth served by Intensive Community Support Services required readmission to acute or residential treatment.
Objective 2.4 - Provide an array of substance use disorder treatment, prevention, and recovery support services			
Strategy 2.4.1 – Divert individuals who are court committed to DMH for alcohol and drug treatment to a community-based program	On Track		
Number of individuals diverted from inpatient treatment		250	This is an increase over 203 reported in FY24.
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		3,758	This includes 3,563 adults in High-Intensity Residential, 10 Adolescents in Medium Intensity Residential, 72 pregnant women, and 113 parenting women, for a sum total of 3,758 in Primary.
Number of individuals served in transitional residential treatment		565	Many of these clients were served in primary and transferred to transitional services during their treatment.
Number of community-based beds available for residential treatment		630	Bed capacity decreased from 654 beds to 630 as of March 25, 2025. Mississippi Drug and Alcohol Treatment Center opted to discontinue Pregnant and Parenting Women Residential Services immediately after the unscheduled termination of federal funding.
Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	On Track		
Number of intravenous drug users served		549	
Number of pregnant women served		72	
Number of parenting women served		113	
Number of individuals served through Medication Assisted Treatment for opioid use disorder		286	

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		Although no new beds were added in FY25, the total number of beds has increased from 180 beds at the end of FY23. DMH continues to work towards adding additional beds in DeSoto County as well as the new, initially-certified Region 16 CMHC in Jackson County.
Number of new CSU beds added		0	
Total number of CSU beds		204	
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		
Number served		3,611	There were 2,697 unduplicated people served in Crisis Residential Units according to the Data Warehouse. However, data from Region 12 and Region 14 did not carry over into the Data Warehouse during the entire fiscal year due to updates with their EHR systems. Monthly paper reporting shows there were 3,611 admissions to CSUs during the FY25 fiscal year, a decrease from 3,873 admissions in FY24. While some services have had a general decrease in the numbers of people served, the FY25 decrease may possibly also be attributable to incomplete data that was available from CMHCs
Percentage of individuals diverted from a state hospital		92%	
Average length of stay		8	
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		In FY25, there were 30 crisis beds available. These included: four beds available at Matt's House operated by Region 8 in Brookhaven; 12 beds available through Brandi's Hope that may be funded at several certified provider locations around the state (this is an expansion from eight beds in FY24); eight beds available through the Success program in homes rented by Boswell Regional Center around the Magee area; and six beds at Boswell Regional Center's Morton Group Home. In addition to these beds, there are five crisis diversion beds available at DMH- operated ICFs: two at HRC, two at ESS, and one at MAC.
Number of new crisis diversion beds added since FY22		15	These include four new beds added at Brandi's Hope in FY25, the six beds at BRC's Morton Group Home, and the five beds available on the state ICF programs.
Number of individuals served		39	
Percentage of people transitioned with appropriate supports		82.05%	32 of 39 people were successfully transitioned with ID/DD Waiver supports.
Average length of stay		125	
Strategy 3.2.2 – Support people with intellectual/developmental disabilities or dual diagnoses through the use of emergency safe beds	On Track		
Number of individuals served		7	
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		The newly-established Bureau of Crisis Services is working to strengthen and foster cross-system relationships with 911 Public Safety answering Points (PSAPs), MCeRTs and CSUs to improve post- 988 crisis response services, establish warm hand-offs, quality care and improved communication; and working with first responders and SUD and/or COD treatment facilities for situations involving overdoses.
Number of calls		17,678	Of the 17,678 calls routed in state, 17,285 calls were answered by the two 988 Suicide & Crisis Lifeline Centers. This is an increase over 15,467 calls routed in FY24, an increase of approximately 12%.
Number of texts and chats		2315	This is an increase from 652 in FY24, or 255%.
In-state answer rate		97.80%	This ranks among the highest in-state answer rates in the nation.
Number of calls to 988 referred to Mobile Crisis Response Teams		267	The number reported for FY25 Mid Year should have been 145, with 122 reported in the second half of the year for a total of 267.

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		
Number of technology demos viewed		0	No technology demos were viewed for 988 in FY25. The 988 Director is working with 988 Suicide & Crisis Lifeline Centers to improve data collection within their internal data systems (iCarol).
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		
Number of contacts/calls		8,513	This compares to 7,830 in FY24, an 8.72% increase. This number was reported from the WITS system on August 22, 2025.
Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		31%	Out of 8,513 calls, 2,637 resulted in a face-to-face meeting. This number was reported from WITS on August 22, 2025.
Percentage of individuals receiving a face-to-face response who are in need a higher level of care		43%	Out of those 2,637 face-to-face meetings, 1,135 were in need of a higher level of care. This number was reported from WITS on August 22, 2025.
Average response time for rural MCErT responses		21	21 minutes
Average response time for urban MCErT responses		18	18 minutes
MCErT fidelity rate		N/A	Fidelity reviews were not conducted in FY25 as the DMH Operational Standards were under revision.
Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination	On Track		This is underway as a part of the DMH Certification process with the 988 Suicide & Crisis Lifeline Centers (CONTACT Helpline and CONTACT The Crisis Line).
Number of MOUs		0	
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		
Number of referrals to SPOTT		139	
Number of appropriate referrals to SPOTT		130	
Percentage of appropriate referrals connected to services/supports through SPOTT		98%	
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		
Number of DMH Helpline calls		4,295	
Number of grievances filed through the Office of Consumer Support		150	

Goal 4 - To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service			
Objective 4.1 – Provide community supports and services that allow individuals to transition from the ICF/IID regional program campus to appropriate			
Strategy 4.1.1 – Transition people from the ICF/IID regional program campus to the ICF/IID Community Homes and the ID/DD Home and Community Based Waiver	On Track	27	For FY25, a total of 27 individuals transitioned from an ICF/IID Regional Program to the community. Nineteen transitioned from the ICF/IID Regional Program to an ICF/IID Community Home and eight transitioned to the ID/DD Waiver. This is an increase from 22 transitions in FY24.
Number of people transitioned from Regional Program to ICF/IID Community Homes		19	This is an increase from 15 individuals who transitioned from an ICF/IID Regional Program to an ICF/IID Community Home in FY24.
NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		1	
BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		3	
HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		2	
ESS: Number of people transitioned from Regional Program to ICF/IID Community Homes		4	
SMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		9	
Number of people transitioned from Regional Program to the ID/DD Waiver		8	This is an increase from seven individuals who transitioned from an ICF/IID Regional Program to the ID/DD Waiver in FY24.
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		7	All transitions from MAC.
HRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
ESS: Number of people transitioned from Regional Program to the ID/DD Waiver		1	
SMRC: Number of people transitioned from Regional Program to the ID/DD Waiver		0	
Number of people transitioned from the ICF/IID Community Homes to the community		3	This is a slight decrease from four transitions in FY24.
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		2	
SMRC: Number of people transitioned from the ICF/IID Community Homes to the community		1	
Number of people served in the ICF/IID Regional Programs		657	This is a decrease from FY24 in which 690 individuals were served.
NMRC: Number of people served in the ICF/IID Regional Programs		158	
HRC: Number of people served in the ICF/IID Regional Programs		140	
BRC: Number of people served in the ICF/IID Regional Programs		92	
MAC: Number of people served in the ICF/IID Regional Programs		38	
ESS: Number of people served in the ICF/IID Regional Programs		183	
SMRC: Number of people served in the ICF/IID Regional Programs		46	
Percent of people served in the community versus an institutional setting		87%	Of the 5,252 individuals served in FY25, approximately 87% received services in the community. A total of 4,595 individuals received services in the community: 514 individuals were served in an ICF/IID Community Home; 2,965 were served by the ID/DD Waiver; 1,110 received 1915(i) Community Support Program and/or IDD Targeted Case Management (TCM); and 6 received IDD Grant Services (employment related). There was a total of 657 individuals that received services in an institutional setting.
<b>Objective 4.2 - Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking</b>			
Strategy 4.2.1 – Increase the number of people receiving ID/DD Waiver services	On Track		Utilization of the ID/DD Waiver increased throughout FY25, increases in the number of new admissions, the total number of individuals who received services during the year, and the number of individuals enrolled in the Waiver at the end of the fiscal year. During the FY25 legislative session, the Mississippi Legislature appropriated funding to meet a new rate increase proposed by the Division of Medicaid. Without that funding increase, individuals enrolled in the Waiver may have faced discharge during FY26, which began July 1, 2025 due to an inability to meet the new rate. However, that rate increase does mean that additional growth in the Waiver is not expected this year, and the DMH FY26 funding bill capped the number of Waiver slots at 3,000.
Number of people who received ID/DD Waiver services		2,965	
Number of people admitted to the ID/DD Waiver services		205	
Number of people on the ID/DD Waiver Census		2,838	
Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program	On Track		In FY25, there were 1,084 people who received 1915(i) Community Support Program services. This is a decrease from the total served in FY24 of 1,094. However, FY25 had more enrollments and fewer discharges than in FY24. FY25 had a total of 177 people admitted and 135 people discharged from the program. In FY 24, there were 128 initials and 178 discharges.
Number of individuals who received 1915(i) Community Support Program Services		1,084	

Number of individuals admitted to 1915(i) Community Support Program		177	This is an increase in enrollment from FY24 which had 128 individuals to enroll.
Number of individuals on the 1915(i) Community Support Program Census		950	On 6/30/2025, there were 950 people receiving services. On 6/30/2024, there were 918 people receiving services. FY25 had more people to enroll and fewer to discharge than in FY24.
Number of individuals receiving Targeted Case Management		1,110	For FY25, there were 1,110 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 while exploring Community Support Program services. Referrals to the 1915(i) Community Support Program continue to be received. For FY24, there were 1,150 individuals that received IDD Targeted Case Management services.
<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>Off Track</b>		
Number of individuals searching for employment		119	This is a decrease from 143 reported in FY24.
Number of individuals employed		343	This is a decrease from 360 reported in FY24.
<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>		
Turnover Rate for Support Care Professionals		49.20%	The turnover rate for Support Care Professionals has decreased to 49.2% using the newest methodology of turnover of separations divided by the average PINs filled. This is a slight decrease from 52.89% reported at the end of FY24.
Turnover Rate for All DMH employees		34.80%	The turnover rate has exhibited a slight decrease, consistent with the application of the recent methodology. Programs have indicated that staffing levels have decreased in new hires from previously reported figure of 35.40% at the end of FY24.
Vacancy Rate for Support Care Professionals		47%	The vacancy rate for support care professionals has remained steady throughout FY25 with the implementation of the recruitment strategies and with special compensation designed to incentivize recruitment and retention in SPO which is a high turnover family. However, the 47% reported here is a slight increase from 45.70% reported at the end of FY24.
Number of recruitment recommendations implemented		46	Recruitment activities include college career fairs, community job fairs, and partnership opportunities with WIN Job Center, MS Department of Employment Security, Mississippi Department of Rehab Services, and the Governor's Job Fair along with 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	<b>On Track</b>		
Number of stay interview participants		321	The implementation of stay surveys and employee satisfaction surveys is experiencing increased success, as indicated by a reduction in turnover rates and the provision of significant feedback regarding employee job satisfaction.
Number of retention strategies implemented			Stay interviews are critical to the effective implementation of employee retention strategies within organizations. These interviews offer valuable insights into employee satisfaction, engagement levels, and potential factors contributing to turnover. By proactively soliciting feedback from employees, organizations can identify areas that require enhancement and develop targeted initiatives to cultivate a positive work environment. This proactive approach ultimately strengthens employee loyalty and commitment.
<b>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</b>			
Strategy 5.2.1 - Sustain the Mississippi State Hospital Psychiatry Residency Program to strengthen the psychiatry workforce in Mississippi	<b>On Track</b>		
Number of residents		21	The first class of residents graduated in June 2025. Although the three graduates who completed the program moved out of state to continue their careers, DMH is hopeful the residency program will lead to increased retention of psychiatrists in Mississippi and continue to attract talented doctors to pursue their residency at Mississippi State Hospital.

Number of psychiatrists in the Mississippi workforce		278	DMH has relied on the Office of Mississippi Physician Workforce to report this information. The new director in that office reports there are multiple sources for this data. Approximately 278 is the most accurate estimate for actively practicing in-state psychiatrists. While that is an increase from 189 reported at the end of FY24, that increase is likely attributed to different sources used for that data.
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		
Number of people served through the psychotherapy clinic		34	
Number of sessions conducted by residents		346	
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		
Number of TA provided to certified providers		62	In FY25, there were 62 occurrences of technical assistance compared to 33 in FY24.
Number of individuals reached through TA to DMH Certified Providers		584	In FY25, 584 individuals were reached through the process of technical assistance as compared to 473 in FY24.
Number of TA provided to Judges/Chancery Clerks/Chancery Courts		9	DMH staff presented at nine conferences or meetings throughout the year that included attendance from chancery clerks or court staff members. These include specific meetings with county representatives, conferences like Chancery Clerk Conferences held in Ridgeland and Hattiesburg, mental health conferences like the MH/IDD Conference, the NAMI CIT Conference, and the Bridging the Gap meeting at South Mississippi State Hospital.
Number of individuals reached through TA to Chancery Clerks/Chancery Courts		310	DMH staff estimates they spoke to approximately 310 people in the audiences at the various meetings and conferences where they discussed the commitment process and state mental health system.
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	On Track		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 provides IDD behavioral intervention 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. Positive feedback has been received, and a condensed version has been created. Mini reviews of the training are being presented to providers to engage interest.
Number of trainings conducted		40	
Number of individuals trained		500	
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		On June 30, 2025, there were 3,569 credentials in current status.
Number of initial licenses or certifications obtained		924	This includes 677 provisional certifications and 247 full certifications.
Number of renewed licenses or certifications		130	The renewal credentialing programs for this time period were the DMH Intellectual and Developmental Disabilities Therapist - IDD (102) and the DMH Licensed Administrator (28) programs. (These are the two smallest credentialing 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		129	A survey was sent to all 126 certified providers with responses being received from 71. These providers reported using a total of 129 evidence-based and best practices. These practices include, but are not limited to: Trauma-Focused Cognitive Behavioral Therapy, DBT Emotional Regulation, Functional Adaptive Skills Training, Motivational Interviewing and Wellness Recovery Action Planning.
Number of evidence-based and best practices actively used by DMH Programs		209	The survey of evidence-based and best practices used found there are currently 209 being used by DMH certified programs. Examples are Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Family Psychoeducation, and Illness Management and Recovery.
Objective 5.3 – Provide initial and ongoing provider certification services to maintain a qualified and diverse mental health system to meet the needs of			
Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification	On Track		
Number of agencies participating in interested provider orientation		224	This is compared to 63 who participated in FY24.
Number of new provider agencies approved		9	In FY25, there were 9 new provider agencies approved compared to 5 who were approved in FY24.
Number of new services approved for DMH certified providers		12	In FY25 there were 12 new services approved compared to 18 that were approved in FY24. This decrease was due to a fewer number of applications being submitted by providers.
Number of new programs approved for DMH certified providers		45	In FY25, there were 45 new programs approved compared to 56 that were approved in FY24. This decrease is due to fewer applications being submitted from providers.
Strategy 5.3.2 - Monitor the provision of services by conducting site visits with DMH Certified Providers	On Track		
Number of full agency site visits		41	In FY25, there were 41 full agency site visits compared to 51 in FY24. This decrease was due to the certification visits not starting until May 2025 to allow for providers to revise their Policies and Procedures to meet the 2024 Operational Standards.
Number of new program site visits		45	In FY25, there were 45 new program site visits compared to 56 in FY24.
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			
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		
DMH web site users		66,251	
DMH web site sessions		121,808	
Mental Health MS web site users		32,605	
Mental Health MS sessions		42,507	
Strategy 6.1.2 – Utilize social media to provide information to the public	On Track		DMH maintains accounts on Facebook and Instagram that provide general information about mental health and awareness, 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. The DMH Facebook account had a total reach of 88,363 accounts in FY25, an increase from 62,540 accounts in FY24. The DMH Instagram account had a total reach of 6,040 accounts in FY25, an increase from 2,204 accounts in FY24. The Stand Up, Mississippi Facebook account had a total reach of 376,141 accounts and its Instagram account had a total reach of 33,922 accounts. The Stand Up accounts primarily reach audiences through paid advertising as opposed to organic reach. Together, the DMH and Stand Up accounts across Facebook and Instagram had a combined reach of 504,466.
Social media total reach		504,466	



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		
Number of Shatter the Silence presentations		146	During FY25, there were 146 total Shatter the Silence presentations given by DMH. This is an increase from 132 in FY24.
Number of people trained in Shatter the Silence		10,155	This includes 8,566 youth, 720 adults, 21 older adults, 300 correctional officers, 84 law enforcement and first responders, 70 youth faith-based, 144 adults faith-based, and 250 military.
Number of Shatter the Silence app downloads		365	
Number of ASIST trainings		2	
Number of people trained in ASIST		16	
Number of organizations trained in ASIST		2	
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		122	These included 16 Youth Mental Health First Aid, 39 Adult Mental Health First Aid, and 67 Mental Health First Aid for Public Safety trainings.
People trained		1,881	These included 227 in Youth Mental Health First Aid, 543 in Adult Mental Health First Aid, and 1,111 in Mental Health First Aid for Public Safety.
Organizations trained		137	These organizations included six school districts, 104 law enforcement agencies, and 27 other agencies/organizations.
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		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. The Network offers a variety of continuing education certificates that are available through its trainings. During FY25, 911 people received various certificates from MBHLN. These included 376 through PLACE, 808 through the Mississippi Board of Examiners for Social Work, 1,400 Certified Health Education Specialist certifications, and 75 certificates through the Mississippi Association of Addiction Professionals.
Number of trainings		78	
People trained		4,208	
Organizations trained		25	
Strategy 6.3.3. – Partner with stakeholders to expand Crisis Intervention Team training	On Track		During FY25, there were 28 CIT trainings with 418 officers and 155 law enforcement agencies represented. Of those 155, 64 had representatives attending CIT training for the first time. There are 11 fully functioning CIT teams in the state, with 1 additional region working towards implementing a full CIT program.
Number trained in CIT		418	
Number of law enforcement entities trained		155	In FY25, 155 law enforcement agencies participated in CIT training. Of those, 64 had representatives in CIT training for the first time.
Number of trainings		28	
Number of CIT teams		11	There are currently 11 functioning CIT Teams across the state, including Regions 2, 3, 4, 6, 7, 8, 9, 10, 12, 15 and 14.
Number of partnerships working towards CIT		1	The newly-established Region 16 is currently working towards establishing a functioning CIT in FY26.