

DMH FY26 Mid-Year Strategic Plan 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.

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| Strategy 1.1.1 Monitor wait times and location of waiting for acute psychiatric services | At Risk | | The length of wait for acute psychiatric admission to the four state hospitals is increasing largely because the hospitals are serving people with higher clinical acuity and more complex needs. HB 1088 now allows circuit courts to admit people from jail directly to state hospitals. These individuals have complex needs, higher acuity, and a history of violence that requires careful consideration prior to discharge. Patients admitted through HB 1088 require more intensive treatment and stabilization, which naturally extends their length of stay. In addition, hospitals are contemplating history of violence, current severity of symptoms, history of homelessness, intractable mental health symptoms, and other factors prior to discharge to prevent repeated cycling through the system. While these practices support better clinical outcomes, they also slow the rate of discharges and reduce bed turnover. As a result, fewer beds become available for new admissions at any given time, contributing to longer waiting times. Additionally, staffing and renovation projects have impacted bed availability. Currently, the hospitals are operating continuously at full staffed bed capacity. DMH's priority is to open additional beds at EMSH by the end of FY26 to increase capacity. |
| Average length of wait for acute psychiatric admissions | | 6.76 | This compares to 1.83 at mid-year FY25 and 2.95 at the end of FY25. |
| MSH: Average length of wait for acute psychiatric admissions | | 6.21 | This compares to 2.43 at the end of FY25. |
| EMSH Average length of wait for acute psychiatric admissions | | 10 | This is an increase from 3.92 at the end of FY25. |
| NMSH Average length of wait for acute psychiatric admissions | | 3.8 | This is an increase from 2.83 reported in FY25. |
| SMSH Average length of wait for acute psychiatric admissions | | 7.03 | This is an increase from 2.61 reported in FY25. |

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| Percentage of admissions to DMH acute psychiatric services from a jail setting | | 35.56% | 286 of 807 admissions. This is an increase from 24.94% reported at mid-year FY25. |
| MSH: Percentage of admissions from a jail setting | | 26.81% | 59 of 220 admissions. This is an increase from 19.54% reported at mid-year FY25. |
| EMSH: Percentage of admissions from a jail setting | | 34.51% | 68 of 197 admissions. This is an increase from 29.09% reported at mid-year FY25. |
| NMSH: Percentage of admissions from a jail setting | | 45.11% | 83 of 184 admissions. This is an increase from 24.01% reported at mid-year FY25. |
| SMSH: Percentage of admissions from a jail setting | | 36.89% | 76 of 206 admissions. This is an increase from 29.83% reported at mid-year FY25. |
| Average length of time waiting in jail for acute psychiatric services from a jail setting | | 2.11 | This is an increase from 0.92% reported at mid-year FY25. Wait times for all services have increased in FY26. |
| MSH: Average length of time waiting in jail for acute psychiatric admission | | 1.4 | This is an increase from 0.93 reported at mid-year FY25. |
| EMSH: Average length of time waiting in jail for acute psychiatric admission | | 2.03 | This is an increase from 0.67 reported at mid-year FY25. |
| NMSH: Average length of time waiting in jail for acute psychiatric admission | | 2.19 | This is an increase from 1.19 reported at mid-year FY25. |
| SMSH: Average length of time waiting in jail for acute psychiatric admission | | 2.63 | This is an increase from 0.96 reported at mid-year FY25. |
| Percentage of admissions to DMH acute psychiatric services from same level of care setting | | 28.38% | 229 of 807 admissions. This is a decrease from 43.75% reported at mid-year FY25. |
| MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting | | 29.09% | 57 of 220 admissions. This is a decrease from 46% reported at mid-year FY25. |
| EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting | | 24.87% | 49 of 197 admissions. This is a decrease from 35% reported at mid-year FY25. |
| NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting | | 19.57% | 36 of 184 admissions. This is a decrease from 44% reported at mid-year FY25. |
| SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting | | 42.23% | 87 of 206 admissions. This is a decrease from 50% reported at mid-year FY25. |
| Strategy 1.1.2: Monitor wait times and location of waiting for substance use services at the two DMH substance use disorder units | At Risk | | |
| Average length of wait for substance use disorder admissions | | 15.01 | |
| MSH: Average length of wait for substance use disorder admissions | | 3.01 | This compares to 7.69 at the end of FY25. |
| EMSH: Average length of wait for substance use disorder admissions | | 26.29 | This compares to 11 at the end of FY25. |

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| Percentage of admissions to a DMH substance use disorder unit from a jail setting | | 40.08% | 99 of 247 admissions. This is a decrease from 54.93% in FY25. |
| MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting | | 27.78% | 25 out of 90 admissions. This is an increase from 23.86% at mid-year FY25. |
| EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting | | 47% | 74 of 157 admissions. This is a significant decrease from the FY25 Mid-Year value of 86%. More patients are now coming from other mental health programs. |
| Average length of time waiting in jail for SUD admission | | 14.04 | This is an increase from 5.69 reported at mid-year FY25. It is an average of both programs' wait times, which has been affected by bed availability at EMSH. |
| MSH: Average length of time spent waiting in jail for SUD admission | | 2.08 | This is a decrease from 3.12 at the end of FY25. |
| EMSH: Average length of time spent waiting in jail for SUD admission | | 25.32 | This is an increase from 8 days at mid-year FY25. Length of wait for SUD admissions has increased in FY26 due to staffing and environmental factors. |
| 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%. DMH measures are below these values. |
| 30 Day Readmission Rate | | 2.85% | 23 of 807 admissions. |
| MSH: 30 Day Readmission Rate | | 2.27% | 5 of 220 admissions |
| EMSH: 30 Day Readmission Rate | | 4.57% | 9 of 197 admissions |
| NMSH: 30 Day Readmission Rate | | 3.26% | 6 of 184 admissions |
| SMSH: 30 Day Readmission Rate | | 1.46% | 3 of 206 admissions |
| 180 Day Readmission Rate | | 14.25% | 115 of 807 admissions |
| MSH: 180 Day Readmission Rate | | 15.45% | 34 of 220 admissions |
| EMSH: 180 Day Readmission Rate | | 15.73% | 31 of 197 admissions |
| NMSH: 180 Day Readmission Rate | | 12.50% | 31 of 184 admissions |
| SMSH: 180 Day Readmission Rate | | 9.22% | 19 of 206 admissions |
| 365 Day Readmission Rate | | 20.82% | 168 of 807 admissions |
| MSH: 365 Day Readmission Rate | | 23.18% | 51 of 220 admissions |
| EMSH: 365 Day Readmission Rate | | 21.32% | 42 of 197 admissions |
| NMSH: 365 Day Readmission Rate | | 19.57% | 47 of 184 admissions |
| SMSH: 365 Day Readmission Rate | | 13.59% | 28 of 206 admissions |
| Geometric Average Length of Stay | | 37.76 | 37.76 is the geometric mean of the below values. This is an increase from 34.92 at mid-year FY25 and 33.64 at end-year FY25. Length of stay is increasing. State hospital acute psychiatric services are serving increasing numbers of high acuity, high risk patients who |

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| | | | are requiring more days of acute care before they are able to transition to intermediate or community-based care. |
| MSH: Geometric Average Length of Stay | | 37.28 | This is an increase from 25.79 at the end of FY25. |
| EMSH: Geometric Average Length of Stay | | 43.32 | |
| NMSH: Geometric Average Length of Stay | | 36.45 | |
| SMSH: Geometric Average Length of Stay | | 34.00 | |
| Number of Admissions | | 807 | This is a decrease from 898 at mid-year FY25 |
| MSH: Number of admissions | | 220 | |
| EMSH: Number of admissions | | 197 | |
| NMSH: Number of admissions | | 184 | |
| SMSH: Number of admissions | | 206 | |
| Total number served (acute psychiatric) | | 1121 | A decrease compared to 1,152 at mid-year FY24. |
| MSH: Total number served (acute psychiatric) | | 304 | |
| STF: Total number served | | 65 | |
| EMSH: Total number served (acute psychiatric) | | 262 | |
| NMSH: Total number served | | 235 | |
| SMSH: Total number served | | 255 | |
| 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 | | As DMH continues to work towards more streamlined data collection and processes, the audits previously conducted on a monthly basis are moving to an annual report. This information will be reported in the FY26 End Year Report. |
| Percent of audits conducted by the Office of Utilization Review that meet all requirements | | | This will be reported at the end of FY26 |
| 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 | | | This will be reported at the end of FY26 |
| Number of discharges from DMH behavioral health programs | | 791 | |
| MSH: Number of discharges from DMH behavioral health programs | | 215 | |
| EMSH: Number of discharges from DMH behavioral health programs | | 189 | |
| NMSH: Number of discharges from DMH behavioral health programs | | 182 | |

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| SMSH: Number of discharges from DMH behavioral health programs | | 205 | |
| Number of discharges from DMH behavioral health programs to CMHCs | | 562 | 562 of 791 discharges, or approximately 71.09%, were discharged to Community Mental Health Centers. People may be discharged to other private providers, move between different CMHC catchment areas, or move out of the state as well. |
| MSH: Number of discharges from DMH behavioral health programs to CMHCs | | 149 | |
| EMSH: Number of discharges from DMH behavioral health programs to CMHCs | | 189 | |
| NMSH: Number of discharges from DMH behavioral health programs to CMHCs | | 100 | |
| SMSH: Number of discharges from DMH behavioral health programs to CMHCs | | 124 | |
| 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 | | | This information will be reported with the additional audit information at the end of FY26. |
| Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge | | 67.62% | 380 of 562 referrals |
| MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge | | 76% | 112 of 149 referrals |
| EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge | | 78% | 148 of 189 referrals |
| NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge | | 57.00% | 57 of 100 referrals |
| SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge | | 50.81% | 63 of 124 referrals |
| Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge | | | |

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| MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge | | 70% | Behavioral Health Services staff conducted IMR with 151 of 215 patients discharged during the first half of the year. In addition, Social Services staff conducted WRAPs with 56 of 149, or 38%, of Adult Receiving Services discharges. To remain consistent with previous reporting, this percentage includes only the IMR numbers. |
| EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge | | 88% | This is a significant increase from FY25 Mid-Year of 66% |
| NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge | | 55.24% | |
| SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge | | 87.32% | |
| 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 | On Track | | Peer Bridger information will be reported at the end of the end of the fiscal year. |
| Percentage of people with bridging meetings | | | |
| MSH: Number of people with bridging meetings | | | |
| EMSH: Number of people with bridging meetings | | | |
| NMSH: Number of people with bridging meetings | | | |
| SMSH: Number of people with bridging meetings | | | |
| Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC | | | |
| MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC | | | |
| EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC | | | |
| NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC | | | |

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| SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC | | | |
| Number of individuals with bridging meetings readmitted 0-30 days after discharge | | | |
| MSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge | | | |
| EMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge | | | |
| NMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge | | | |
| SMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge | | | |
| Objective 1.3 Decrease the wait times for initial competency evaluations, admissions for competency restoration, and admissions for high-risk mentally unrestorable defendants and insanity acquittees. | | | |
| Strategy 1.3.1 Monitor evaluation, restoration, and clinical treatment resources made available by DMH Forensic Services | On Track | | |
| Average time for completed initial competency evaluations | | 114 | This is an increase from 74 days for FY25. Initial competency evaluations are now handled directly by counties themselves on contract with a forensic evaluator certified by DMH. The 114 reported is the average for all reports that were completed during the mid-year time frame. |
| Average length of wait for competency restoration admissions | | 161 | This is a decrease from 276 reported in FY25. |
| Total number of forensic referrals (initial evaluations and competency restoration admissions) to Forensic Services | | 138 | This includes 77 Stage 1 evaluations and 61 Stage 2 evaluations. The total number of referrals has increased drastically in recent years, with the total number of orders received increasing from 177 in 2019 to 342 in 2024. |
| Number of DMH certified evaluators available to conduct initial competency and sanity evaluations for Mississippi Courts | | 25 | |
| Number of available MSH inpatient forensic beds for admission for the highest-risk patients and patients needing competency restoration | | 72 | This represents the maximum security pre-trial beds. No more than 10 are used for non pre-trial patients at any given time. |
| Number of available non-MSH inpatient forensic beds for admission for the highest- | | 96 | 70 beds are medium security and 26 are low/medium security. These beds are located across the campuses of MSH and EMSH. |

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| risk patients and patients needing competency restoration | | | |
| Goal 2 - Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary hospitalizations for children, youth and adults | | | |
| Objective 2.1 Provide Programs of Assertive Community Treatment, Intensive Outreach and Recovery Teams, and Intensive Community Support Services as intensive community services that are designed to prevent the need for hospitalization | | | |
| Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS | On Track | | During the first half of FY26, the PACT program served 637 unduplicated individuals, ICORT Teams served 535 unduplicated individuals, and ICSS served 478 unduplicated individuals. Overall, 1,650 individuals have been served through these intensive programs from July 2025 through December 2025. These intensive teams have maintained an average readmission rate of 2.7%. |
| PACT number served | | 637 | This compares to 650 at mid-year FY25. |
| PACT readmission rate | | 3.10% | 20 of 637 people served through PACT, or 3.1% were readmitted into a State Behavioral Health Hospital in the first half of FY26. This is a increase from 2.9% at mid-year FY25. |
| PACT fidelity rate | | 100% | The FY26 fidelity rate was On Track for the four (4) PACT programs reviewed. |
| ICORT number served | | 535 | This compares to 583 at mid-year FY25. |
| ICORT readmission rate | | 4.60% | 25 of 583 people served through I-CORT, or 4.6% were readmitted into a State Behavioral Health Hospital in the first half of FY26. |
| ICORT fidelity rate | | | Individual service fidelity reviews are no longer being conducted, but site visit reviews now include a more comprehensive process that includes reviews of these services. |
| ICSS number served | | 478 | This compares to 458 at mid-year FY25. |
| ICSS readmission rate | | 1.20% | 6 of 478 people served through Intensive Community Support Services, or 1.2%, were re-admitted into a State Behavioral Health Hospital in the first half of FY26. |
| ICSS fidelity rate | | | Individual service fidelity reviews are no longer being conducted, but site visit reviews now include a more comprehensive process that includes reviews of these services. |
| Objective 2.2 Provide community services that support a person's continued recovery in the community | | | |

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| Strategy 2.2.1 Monitor the fidelity of Supported Employment services | On Track | | The FY26 fidelity rate was On Track for the two (2) IPS programs reviewed. |
| IPS Supported Employment fidelity rate | | 100% | The FY26 fidelity rate was On Track for the two (2) IPS programs reviewed. |
| Number employed through IPS Supported Employment | | 68 | This compares to 65 at mid-year FY25. |
| Supported Employment - VR fidelity rate | | | All VR Supported Employment programs have transitioned to IPS. |
| Number employed through Supported Employment - VR | | | All VR Supported Employment programs have transitioned to IPS. |
| 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 the first half of FY26, the CHOICE program served 149 people and had a readmission rate of 2.0%. Supervised and Supported Living programs served 194 individuals and had a readmission rate of 3.0%. |
| CHOICE number served | | 149 | By Mid-Year 2026, CHOICE has served a total of 149 unduplicated individuals. This compares to 148 at mid-year FY25. The 149 in FY26 data includes 83 new vouchers that were issued during the first half of the year. |
| CHOICE housing program readmission rate | | 2% | In the first half of FY26, 3 of the 149 people housed by CHOICE were readmitted to a State Behavioral Health Hospital, for a readmission rate of 2.0%. This compares to 2.7% at mid-year FY25. |
| Supervised and Supported Living number served | | 194 | This compares to 248 at mid-year FY25. |
| Supervised and Supported Living readmission rate | | 3% | In the first half of FY26, 6 of the 194 unduplicated people served in Supervised and Supported Living were readmitted to a State Behavioral Health Hospital, for a 3.0% readmission rate. This is a slight decrease from 4% at mid-year FY25. |
| 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 | | |
| Number of new sites | | 2 | There are currently two locations and providers providing Peer Respite programs with the funding from ARPA appropriations. These providers are the Mental Health Association of South Mississippi in Gulfport and Positive Pathways Behavioral Health in Jackson. These programs provide community-based, non-clinical crisis support during the day in a homelike environment. |
| Number of individuals served | | 7 | The Gulf Coast Respite Home has had seven overnight guests. In addition they have had 74 unduplicated non-guests who did not stay overnight but attended groups. |

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| Percentage of individuals requiring a more intensive service | | 0 | Individuals who require more intensive services are not accepted into the respite home . |
| Percentage of individuals with a follow-up appointment scheduled at their local CMHC | | 42% | 3 of the 7 individuals who were overnight guests at the respite were referred to a CMHC. This number does not include the data for the 74 that were not overnight guests. |
| 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 | | |
| Number served by MAP Teams | | 389 | This is a decrease from 555 served in FY 2025. The decrease can be partially attributed to the creation of the new CMHC in Jacson County, Region 16. As a result of this restructuring, neither Region 14 nor Region 16 have been able to operate MAP Teams |
| Number of cases referred by local partners attending MAP Team meetings | | 29 | 29 of the 389 cases referred to MAP Teams were referred by local partners such as youth court, CPS, schools, and parents. |
| Percentage of youth needing a higher level of care | | 0 | |
| Strategy 2.3.2 – Increase the utilization of Wraparound Facilitation/Supportive Aftercare with children and youth | On Track | | |
| Number served by Wraparound Facilitation/Supportive Aftercare | | 1,216 | In the first half of FY26, 1,216 children and youth were served by Wraparound Facilitation. This is an increase from mid-year of FY25, when 1,124 children and youth were served. |
| Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement | | 56% | By mid-year of FY26, 296 of the 530 newly enrolled children and youth receiving Wraparound Facilitation, or 56%, received the service as an alternative to more restrictive placement. , |
| Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement | | 22% | By mid-year of FY26, 115 of the 530 newly enrolled children and youth receiving Wraparound Facilitation, or 22%, were transitioned to the service from a more restrictive placement. |
| Percentage of youth needing a higher level of care | | 0.04% | By mid-year of FY26, 48 of the 1,216 children and youth served by Wraparound Facilitation, or less than 1%, required a higher level of care. |
| Strategy 2.3.3 – Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis | At Risk | | The number of Navigate teams in the state decreased in FY25 and there has been a |

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| | | | corresponding decrease in the number of people served through the program. |
| Number served by Navigate | | 70 | In the first half of FY26, 70 youth and young adults were served in NAVIGATE. This is a decrease compared to 89 served at mid-year FY25. The decrease in the number served is due to the decrease in the number of programs. Due to the ending of federal ARPA and COVID-19 funding, four (4) of eight (8) NAVIGATE programs ceased providing NAVIGATE services. |
| Percentage maintained in their homes and communities | | 96% | By mid-year of FY26, 67 of the 70 youth and young adults served by NAVIGATE, or 96%, were maintained in their homes and communities. |
| Percentage who are employed or enrolled in school or educational courses | | 69% | By mid-year of FY26, 48 of the 70 youth and young adults, or 69%, served in NAVIGATE were either employed or enrolled in educational courses. This is an increase from 52% reported at mid-year FY25 and 54% reported at the end of FY25. |
| 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 | | |
| Percentage of youth in Juvenile Outreach Programs that continue treatment with CMHCs | | 49% | |
| Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP | | 6% | |
| Number referred to Adolescent Offender Programs as an alternative to incarceration | | 16 | |
| Number completing the Adolescent Offender Programs with no reoffending behaviors | | 27 | By mid-year of FY26, 80 youth were served by CMHC Regions 4,7,9, and 15 in Adolescent Offender Programs. By January 2026, two additional CMHCs, Regions 2 and 3 began operating programs. By mid-year of FY26, 27 youth completed Adolescent Offender Programs with no reoffending behaviors. |
| Number completing the Adolescent Offender Programs with reoffending behaviors | | 5 | Adolescent Offender Programs are operated by CMHC Regions 4,7,9, and 15. |
| 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 | | Four CMHCs providing ICSS services for children and youth served 118 people during the first half of FY26. |
| Number referred from acute and/or residential treatment | | 29 | |

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| Number maintained in the community with supports from the ICSS program | | 106 | |
| Number readmitted to acute and/or residential treatment from the ICSS program | | 12 | |
| 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 | | With the passage of HB 1404 in the 2025 Legislative Session, alcohol and drug commitments are now following the pre-affidavit screening process, which diverts people from commitment before an affidavit is filed at the Chancery Clerk's office. This number is only reflective of the direct referrals or placements DMH made to the CMHCs from the Chancery Clerk's Office. With that pre-affidavit screening process in place, CMHCs should be connecting people with services before an affidavit can be filed and the commitment process can move forward. |
| Number of individuals diverted from inpatient treatment | | 20 | |
| 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 | | 1,296 | This is a decrease from 1,546 reported in the first half of FY25. |
| Number of individuals served in transitional residential treatment | | 334 | This is an increase from 268 in the first half of FY25. |
| Number of community-based beds available for residential treatment | | 540 | |
| Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations | On Track | | |
| Number of intravenous drug users served | | 244 | 244 is only reflective of persons served in the residential level of care. 235 adults and 9 pregnant women. |
| Number of pregnant women served | | 17 | The number served across the two designated Pregnant and Parenting Women with Dependent Children providers has decreased due major turn over at both facilities |
| Number of parenting women served | | 17 | |
| Number of individuals served through Medication Assisted Treatment for opioid use disorder | | 173 | This includes five pregnant women. |
| 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 | | | |
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| Strategy 3.1.1 – Increase the number of available CSU beds throughout the state | On Track | | The CSU bed availability has changed based on operations at Community Mental Health Centers, which operate the CSUs. |
| Number of new CSU beds added | | 0 | |
| Total number of CSU beds | | 184 | |
| Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units | On Track | | Following updates with multiple CMHC regions' electronic health records, DMH has received inconsistent data for CSU admissions and the numbers served. DMH will attempt to verify data with the CMHCs for the FY26 End Year Report. |
| Number served | | | There have been 1,775 admissions to CSU in the first half of FY26 and at least 1,147 unduplicated people served. The admissions data has been compiled from a mix of DMH Data Warehouse reports and monthly reporting from the CMHCs. The unduplicated people served has been reported from the DMH Data Warehouse and contains incomplete information from some of the CMHCs. |
| Percentage of individuals diverted from a state hospital | | 91.85% | |
| Average length of stay | | 14 | |
| 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 | | |
| Number of new crisis diversion beds added since FY22 | | 15 | At the end of FY25, 4 beds were not renewed at Matt's House. There are 14 beds at BRC and 12 beds at Brandi's Hope for a total of 26. |
| Number of individuals served | | 27 | |
| Percentage of people transitioned with appropriate supports | | 44.44% | 12 of 27 |
| Average length of stay | | 150.5 | |
| 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 | | 1 | |
| Objective 3.3 – Expand capacity of 988 Lifeline Centers within the crisis continuum. | | | |

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| Strategy 3.3.1 – Meet increased demand in crisis calls, texts, and chats at the state’s two Lifeline Centers. | On Track | | DMH continues to work with the two 988 Suicide & Crisis Lifeline Centers (CONTACT The Crisis Line and CONTACT Helpline) to meet the increased demand to handle 24/7 calls, texts, chats. The Mississippi call centers continue to sustain one of the highest in-state answer rates in the country, at more than 98%. |
| Number of calls | | 11,909 | Of the 11,909 calls routed in state, 11,688 calls were answered by the two 988 Suicide & Crisis Lifeline Centers. That is a 33.76% increase answered at mid-year FY25. |
| Number of texts and chats | | 5584 | Of the 5,584 texts/chats routed in state, 2,520 texts/chats were answered by the two 988 Suicide & Crisis Lifeline Centers. |
| In-state answer rate | | 98.10% | |
| Number of calls to 988 referred to Mobile Crisis Response Teams | | 198 | This is an increase over 145 at mid-year FY25, a 36.55% increase. |
| 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 | | The Bureau of Crisis Services has upcoming demos scheduled for the second half of the year. |
| Number of technology demos viewed | | | |
| 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 | | 4,410 | |
| Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response | | 30.61% | 1,351 of 4,410 calls, or 30.61%, resulted in a deployment. That compares to 35% at mid-year FY25. |
| Percentage of individuals receiving a face-to-face response who are in need a higher level of care | | 666 | |
| Average response time for rural MCERT responses | | 22 | 22 minutes |
| Average response time for urban MCERT responses | | 18 | 18 minutes |
| MCERT fidelity rate | | | MCERT fidelity reviews are no longer being conducted, but site visit reviews now include a more comprehensive process that includes reviews of these services. |
| Strategy 3.4.2 – Initiate MOUs between 988 Lifeline Centers and Community Mental Health Centers to improve care coordination | On Track | 0 | |
| 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

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| Strategy 3.5.1 - Utilize the Specialized Planning Options to Transition (SPOTT) to help people access services | On Track | | |
| Number of referrals to SPOTT | | 66 | |
| Number of appropriate referrals to SPOTT | | 64 | |
| Percentage of appropriate referrals connected to services/supports through SPOTT | | 68% | 44 of 64 have been connected to services and supports |
| 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 | | 2,470 | This compares to 2,237 calls at mid-year FY25. |
| Number of grievances filed through the Office of Consumer Support | | 97 | |

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

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| 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 | 7 | In the first half of FY26, a total of seven individuals transitioned from an ICF/IID Regional Program to the community. Three transitioned from the ICF/IID Regional Program to an ICF/IID Community Home and four transitioned to the ID/DD Waiver. This is comparable to mid-year FY25 which had 8 total transitions. |
| Number of people transitioned from Regional Program to ICF/IID Community Homes | | 3 | This compares to the 4 transitions that occurred by mid-year FY25. |
| NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes | | 0 | |
| BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes | | 0 | |
| HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes | | 0 | |

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| ESS: Number of people transitioned from Regional Program to ICF/IID Community Homes | | 0 | |
| SMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes | | 3 | |
| Number of people transitioned from Regional Program to the ID/DD Waiver | | 4 | This compares to the same number of transitions at the mid-year for FY25. |
| NMRC: Number of people transitioned from Regional Program to the ID/DD Waiver | | 1 | |
| BRC: Number of people transitioned from Regional Program to the ID/DD Waiver | | 3 | All 3 transitions were from the 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 | | 0 | |
| 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 | | 1 | This is a slight decrease from the 2 reported at mid-year FY25. |
| NMRC: The number of individuals transitioned from the ICF/IID Community Homes to the community | | 1 | |
| 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 | | 0 | |
| SMRC: Number of people transitioned from the ICF/IID Community Homes to the community | | 0 | |
| Number of people served in the ICF/IID Regional Programs | | 633 | In the first half of FY26, a total of 633 individuals were served in the ICF/IID Regional Programs' campuses. In the first |

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| | | | half of FY25, there were 655 individuals served. |
| NMRC: Number of people served in the ICF/IID Regional Programs | | 158 | |
| HRC: Number of people served in the ICF/IID Regional Programs | | 134 | |
| BRC: Number of people served in the ICF/IID Regional Programs | | 91 | |
| MAC: Number of people served in the ICF/IID Regional Programs | | 36 | |
| ESS: Number of people served in the ICF/IID Regional Programs | | 179 | |
| SMRC: Number of people served in the ICF/IID Regional Programs | | 35 | |
| Percent of people served in the community versus an institutional setting | | 87% | In the first half of FY26, a total of 4,427 individuals received services in the community. There were 2,874 individuals served by the ID/DD Waiver, 1,058 individuals served by CSP/TCM, and 495 individuals served in an ICF/IID Community Home. A total of 633 individuals received services from an ICF/IID Regional Program campus. Of the 5,060 individuals that received services, approximately 87% received services in the community versus 13% in an institutional setting. |
| Objective 4.2 - Provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based service options | | | |
| Strategy 4.2.1 – Increase the number of people receiving ID/DD Waiver services | On Track | | |
| Number of people who received ID/DD Waiver services | | 2,874 | Data maintained by the Bureau of IDD in DMH includes 2,874 people served on the Waiver in the first half of the year. The 372 report from Medicaid, which often lags behind service provision, included 2,805 people. At mid-year FY25, 2,858 people were reported. |
| Number of people admitted to the ID/DD Waiver services | | 28 | There was no increase in Waiver slots or funding in FY26 to allow for significant increases in enrollment. |
| Number of people on the ID/DD Waiver Census | | 2,805 | This was calculated using the Bureau of IDD unduplicated spreadsheet instead of 372 Report. At mid-year FY25, there were 2,638 people reported on the Waiver census. |
| Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program | On Track | | In the first half of FY26, there were 1,037 individuals who received 1915(i) Community Support Program services. This is an increase from the number served of 1,001 by mid-year of FY25. Mid-year of FY26 had a total of 92 individuals admitted and 30 people to discharge from the program. |

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| Number of individuals who received 1915(i) Community Support Program Services | | 1,037 | |
| Number of individuals admitted to 1915(i) Community Support Program | | 92 | This is an increase in enrollment in comparison with the mid-year of FY25. |
| Number of individuals on the 1915(i) Community Support Program Census | | 1,007 | On 12/31/2025, there were 1,007 individuals receiving services. This is an increase from mid-year FY25 which had 947 individuals receiving services. |
| Number of individuals receiving Targeted Case Management | | 1,058 | As of 12/31/2025, there were 1,058 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. For mid-year FY25, there were 1,011 individuals that received IDD Targeted Case Management services. |
| Objective 4.3 – Provide Supported Employment Services that lead to gainful community employment for people with IDD | | | |
| Strategy 4.3.1 – Increase the number of individuals utilizing Supported Employment Services in ID/DD Waiver and IDD Community Support Services | On Track | | |
| Number of individuals searching for employment | | 80 | This is an increase from 75 at mid-year FY25. |
| Number of individuals employed | | 308 | This is an increase from 299 at mid-year FY25. |
| Goal 5 - To develop and build capacity of the behavioral health and IDD workforce | | | |
| Objective 5.1 - Identify and address DMH workforce shortages to maintain a diverse and engaged mental health workforce to sustain appropriate staffing levels | | | |
| Strategy 5.1.1 - Monitor DMH workforce data and develop recruitment recommendations | On Track | | DMH workforce data are monitored, and strategies of recruitment are developed based on the need of personnel for individual programs. Implementation of the recruitment recommendations has resulted in a significant increase in new hires. The specific rates in the measures below will be reported at the end of the fiscal year and based on the twelve-month period of the year. |
| Turnover Rate for Support Care Professionals | | | There have been 463 separations in the Support Care Professional series across all DMH programs through the FY25 mid-year period. |
| Turnover Rate for All DMH employees | | | There is a total of 711 separations across all DMH programs through the FY25 mid-year period. |

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| Vacancy Rate for Support Care Professionals | | | As of December 31, 2025, there were 1,729 vacant positions as part of DMH’s total headcount. Of those vacancies, 259 are in the Support Care series. |
| Number of recruitment recommendations implemented | | 26 | 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. Social Media presence, 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 | On Track | | Implementation of stay surveys and employee satisfaction surveys continues to reduce rate of turnover with viable feedback on employee satisfaction. |
| Number of stay interview participants | | 360 | The stay surveys and employee satisfaction surveys have increased successfully, 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 essential for implementing effective employee retention strategies. They provide insights into employee satisfaction, engagement, and reasons for turnover. By proactively gathering feedback, organizations can identify areas for improvement and develop targeted initiatives to foster a positive work environment. This approach strengthens employee loyalty and commitment. |
| 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 | | |
| Number of residents | | 22 | 6 PGY-1s, 7 PGY-2s, 6 PGY-3s, 3 PGY-4s |
| Number of psychiatrists in the Mississippi workforce | | 205 | Office of Mississippi Physician Workforce reported access to updated licensure data since our last communication. Using the 2025 MS State Board of Medical Licensure Data, there are 205 Psychiatrists with permanent MD or DO licensure: 184 Psychiatry, 15 Psychiatry, child & adolescent, 2 Psychiatry, forensic, 4 dual-practice with Neurology and Psychiatry. OMPW further reported 107 Psychiatrists in the state registered with CMS. While the total number of psychiatrists reported is a decrease from 278 reported at the end of FY25, that |

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| | | | decrease is attributed to a different source 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 | | 18 | |
| Number of sessions conducted by residents | | 131 | |
| 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 | | 21 | |
| Number of individuals reached through TA to DMH Certified Providers | | 127 | |
| Number of TA provided to Judges/Chancery Clerks/Chancery Courts | | | DMH will be attending upcoming meetings with Chancery Clerks in the second half of FY26 and will report info at the end of the year. |
| Number of individuals reached through TA to Chancery Clerks/Chancery Courts | | | |
| 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. |
| Number of trainings conducted | | 23 | This is an increase from 7 reported at mid-year FY25. |
| Number of individuals trained | | 293 | This is an increase from 85 reported at mid-year FY25. |
| 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 | | |

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| Number of initial licenses or certifications obtained | | 409 | Of these, 306 were provisional and 103 were full certifications. |
| Number of renewed licenses or certifications | | 305 | This renewal period included the Community Support Program. |
| 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 | | | This information is gathered through a survey each spring and will be reported at the end of the fiscal year. |
| Number of evidence-based and best practices actively used by DMH Programs | | | 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 | | |
| Number of agencies participating in interested provider orientation | | 86 | This compares to 65 at mid-year FY25 |
| Number of new provider agencies approved | | 2 | This compares to 3 at mid-year FY25. |
| Number of new services approved for DMH certified providers | | 11 | This compares to 11 at mid-year FY25. |
| Number of new programs approved for DMH certified providers | | 37 | This compares to 23 at mid-year FY25. |
| 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 | | 39 | This compares to 26 at mid-year FY25. |
| Number of new program site visits | | 37 | This compares to 23 at mid-year FY25. |
| Number of provider assessments completed during non-full site visit years | | | 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 | | |
| DMH web site users | | 43,270 | |
| DMH web site sessions | | 68,245 | |
| Mental Health MS web site users | | 16,715 | |
| Mental Health MS sessions | | 22,751 | |

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| Strategy 6.1.2 – Utilize social media to provide information to the public | On Track | | DMH maintains social media accounts on Facebook and Instagram, and the Stand Up, Mississippi campaign has accounts on those outlets as well. In the first half of the year, the DMH Facebook account had 316,247 views, Instagram had 20,958, and the Stand Up campaign had 5,638 views on Facebook and 3,806 on Instagram. |
| Social media total reach | | 346,649 | |
| 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 | | 65 | This includes in-person and virtual trainings. It compares to 60 presentations provided in the first half of FY25. |
| Number of people trained in Shatter the Silence | | 3,015 | Includes youth, adult, correctional Officers, law enforcement officers, faith-based and school staff |
| Number of Shatter the Silence app downloads | | 963 | This compares to 146 in the first half of FY25. |
| Number of ASIST trainings | | 0 | |
| Number of people trained in ASIST | | 0 | |
| Number of organizations trained in ASIST | | 0 | |
| 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 | | 74 | This includes Adult, Youth and Public Safety curriculums and compares to 52 in the first half of FY25. |
| People trained | | 1,184 | This includes Law Enforcement Officers, Frontline Workers, Parents/Caregivers, and School District Staff and is an increase over 936 in the first half of FY25. |
| Organizations trained | | 55 | |
| 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. In the first half of the year, participants in these trainings |

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| | | | earned certificates from DMH PLACE, the Mississippi Board of Examiners for Social Work, the Mississippi Association of Addiction Professionals, and as Certified Health Education Specialists. |
| Number of trainings | | 47 | |
| People trained | | 1,798 | Total participation in the first half of the year was 1,798. |
| Organizations trained | | 24 | There were 24 DMH-funded providers served in the first half of FY26. |
| Strategy 6.3.3. – Partner with stakeholders to expand Crisis Intervention Team training | On Track | | |
| Number trained in CIT | | 150 | |
| Number of law enforcement entities trained | | 66 | Of these 66, 17 had representation in CIT training for the first time. DMH is aware of 249 law enforcement agencies with a trained CIT officer out of 366 agencies in the state. |
| Number of trainings | | 9 | |
| Number of CIT teams | | 12 | |
| Number of partnerships working towards CIT | | 33 | |