

Mississippi Department of Mental Health

Strategic Plan FY26 End Year Report

Goal 1 - To provide efficient and effective inpatient services for adolescents and adults with serious mental illness

Objective 1.1 Maximize the efficiency and effectiveness of inpatient services at DMH's behavioral health programs serving adolescents

Strategy 1.1.1 Monitor wait times and location of waiting for acute psychiatric services	Off Track		As previous reports have indicated, wait times for admission began increasing during FY25 as the state hospitals began serving people with higher clinical acuity and more complex needs. The HB 1088 legislation allows circuit courts to admit patients with intense needs as well as patients with history of violence that requires careful consideration and planning prior to discharge and more intensive treatment and stabilization. In general, length of stay has increased at the hospitals as discharge planning includes history of violence, current severity of symptoms, history of homelessness, intractable mental health symptoms, and other issues that could otherwise result in readmissions. This discharge planning is intended to support better clinical outcomes but it also decreases the rate of discharges and reduces bed turnover, with fewer beds available for new admissions at any given time. DMH leadership believes referring this population back to the community could place undue burdens on their resources and is contrary to the duty to treat patients with dignity and to safely serve communities in Mississippi.
Average length of wait for acute psychiatric admissions		7.01	This is an increase from 2.95 in FY25.
MSH: Average length of wait for acute psychiatric		7.67	This compares to 2.43 in FY25.
EMSH Average length of wait for acute psychiatric admissions		9.63	This compares to 3.92 in FY25.
NMSH Average length of wait for acute psychiatric admissions		5.63	This compares to 2.83 in FY25.
SMSH Average length of wait for acute psychiatric admissions		5.12	This compares to 2.61 in FY25.

Percentage of admissions to DMH acute psychiatric services from a jail setting		38%	577 of 1,501 admissions to state hospitals came from a jail setting in FY26. These numbers do not include admissions to state hospitals through the HB 1088 process, which allows civil commitments for circuit court defendants who are already involved with the justice system. There were 31 admissions to state hospitals through that process in FY26, 25 to Mississippi State Hospital and six to East Mississippi State Hospital. The 38% reported in FY26 is an increase from 28% in FY25.
MSH: Percentage of admissions from a jail setting		25%	99 of 396 total admissions
EMSH: Percentage of admissions from a jail setting		36%	142 of 393 total admissions
NMSH: Percentage of admissions from a jail setting		55%	186 of 337 total admissions
SMSH: Percentage of admissions from a jail setting		40%	150 of 375 total admissions
Average length of time waiting in jail for acute psychiatric services from a jail setting		2.44	This is an increase from 1.23 in FY25.
MSH: Average length of time waiting in jail for acute psychiatric admission		1.73	
EMSH: Average length of time waiting in jail for acute psychiatric admission		1.88	
NMSH: Average length of time waiting in jail for acute psychiatric admission		2.92	
SMSH: Average length of time waiting in jail for acute psychiatric admission		2.87	
Percentage of admissions to DMH acute psychiatric services from same level of care setting		25%	375 of 1,501. This is a decrease from 37% reported in FY25.
MSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		17%	69 of 396 total admissions
EMSH: Percentage of admissions to DMH acute psychiatric services in same level of care setting		22%	86 of 393 total admissions
NMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		22%	75 of 337 total admissions
SMSH: Percentage of admissions to DMH acute psychiatric services from same level of care setting		39%	145 of 375 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		12.83	This is the average of the two programs and an increase from 9.35 in FY25.
MSH: Average length of wait for substance use disorder admissions		8.11	This compares to 7.69 at the end of FY25.
EMSH: Average length of wait for substance use disorder admissions		17.55	This is an increase from 11 in FY25.
Percentage of admissions to a DMH substance use disorder unit from a jail setting		32%	160 out of 494 admissions. This is a decrease from 56% in FY25.
MSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		26%	45 out of 173 admissions. This compares to 26% at the end of FY25.

EMSH: Percentage of admissions to a DMH substance use disorder unit from a jail setting		36%	115 out of 321 admissions. This is a decrease from the 56% of FY25
Average length of time waiting in jail for SUD admission		10.82	This is an increase from 7.06 in FY25.
MSH: Average length of time spent waiting in jail for SUD admission		5.13	This is an increase from 3.12 at the end of FY25.
EMSH: Average length of time spent waiting in jail for SUD admission		16.5	This is an increase from 11 days in FY25. One unit remains closed due to renovations, contributing to increased wait times.
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%. The URS data does not measure 365-day rates. DMH's readmission rates at state hospitals are below the national data that SAMHSA has available.
30 Day Readmission Rate		2.50%	38 of 1,501 admissions. This is a decrease from 3.54% in FY25.
MSH: 30 Day Readmission Rate		2%	8 of 396 admissions
EMSH: 30 Day Readmission Rate		4%	16 of 393 admissions
NMSH: 30 Day Readmission Rate		3%	10 of 337 admissions
SMSH: 30 Day Readmission Rate		1%	4 of 375 admissions
180 Day Readmission Rate		13%	193 of 1,501 admissions.
MSH: 180 Day Readmission Rate		13%	52 of 396 admissions
EMSH: 180 Day Readmission Rate		13%	52 of 393 admissions
NMSH: 180 Day Readmission Rate		15%	50 of 337 admissions
SMSH: 180 Day Readmission Rate		10%	39 of 375 admissions
365 Day Readmission Rate		19%	291 of 1,501 admissions.
MSH: 365 Day Readmission Rate		20%	80 of 396 admissions
EMSH: 365 Day Readmission Rate		20%	80 of 393 admissions
NMSH: 365 Day Readmission Rate		22%	74 of 337 admissions
SMSH: 365 Day Readmission Rate		15%	57 of 375 admissions
Geometric Average Length of Stay		40	Length of stay has increased from 33.64 in FY25. The state hospitals are treating patients with higher acuity needs, resulting in a longer length of stay for many patients. 40 is the geometric mean of the below numbers, compared to an average of 41. 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		40	This is an increase from 26 at the end of FY25.
EMSH: Geometric Average Length of Stay		47	A slight increase compared to 46 in FY25.

NMSH: Geometric Average Length of Stay		39	An increase compared to 33 in FY25.
SMSH: Geometric Average Length of Stay		36.5	An increase compared to 32 in FY25.
Number of Admissions		1,501	This is a decrease of 18% compared to 1,835 admissions in FY25, attributed to the longer length of stay.
MSH: Number of admissions		396	A decrease compared to 577 in FY25.
EMSH: Number of admissions		393	A decrease compared to 464 in FY25.
NMSH: Number of admissions		337	A decrease compared to 411 in FY25.
SMSH: Number of admissions		375	A decrease compared to 383 in FY25.
Total number served (acute psychiatric)		1,859	This is a decrease of 11% compared to 2,094 people served in FY25, due to longer length of stay.
MSH: Total number served (acute psychiatric)		482	
STF: Total number served		106	
EMSH: Total number served (acute psychiatric)		462	
NMSH: Total number served		385	
SMSH: Total number served		424	
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		100%	
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		1,460	
MSH: Number of discharges from DMH behavioral health programs		377	
EMSH: Number of discharges from DMH behavioral health programs		374	
NMSH: Number of discharges from DMH behavioral health programs		335	
SMSH: Number of discharges from DMH behavioral health programs		374	
Number of discharges from DMH behavioral health programs to CMHCs		1,066	
MSH: Number of discharges from DMH behavioral health programs to CMHCs		269	
EMSH: Number of discharges from DMH behavioral health programs to CMHCs		370	
NMSH: Number of discharges from DMH behavioral health programs to CMHCs		201	
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		70%	Approximately 70%, or 747, of 1,066 discharges attended their follow-up appointment at a CMHC within 14 days of discharge.
MSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		68%	182 of 269 discharges.
EMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		77%	286 of 372 discharges.
NMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		73%	146 of 201 discharges to CMHCs attended their first follow up appointment
SMSH: Percentage of individuals who attend their first follow-up appointment with CMHCs within 14 days of discharge		59%	133 of 226 appointments
Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		82%	1199 of 1,460 total discharges.
MSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		67%	At MSH, Behavioral Health Services conducts IMR and Social Services conducts WRAP. 254 of 377 patients discharged from Behavioral Health Services, or 67%, participated in IMR. Social Services conducted WRAP with 153 of 363, or 42%, Acute Receiving Service discharges in FY26.
EMSH: Percentage of individuals who began Wellness Recovery Action Plans or Illness Management and Recovery prior to discharge		93%	346 of 374 discharges.
NMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		81%	273 of 335 discharges.
SMSH: Percentage of individuals who began Wellness Recovery Action Plans or participated in Illness Management and Recovery prior to discharge		87%	326 of 374 discharges

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		Availability and retention of Peer Bridger staff at all state hospitals and CMHCs has been an issue. In the past, these numbers have been reported based only on people who had a meeting with both a Peer Bridger at the hospital and at the CMHC. In FY26, DMH is reporting on people connected with services at CMHCs or other providers even if they did not have a Peer Bridger available. However, staff will continue to provide TA with Peer Bridgers at the hospitals to refine and clarify the data they are able to collect.
Percentage of people with bridging meetings		81%	There were 866 people reported to have had meetings with Peer Bridgers in FY26. These people could have been connected with a service at a CMHC such as PACT, ICORT, or Mobile Crisis. Additional patients at the hospitals could have had a meeting with a Peer Bridger at the hospital even though they were discharging to a private program or to a CMHC that did not have a Peer Bridger at the time. This is based on people Peer Bridger staff at the hospitals reported as having at least one meeting with.
MSH: Number of people with bridging meetings		179	An additional 96 patients were reported to have had meetings with Peer Bridgers at the hospital but were discharged to non-DMH Certified Providers.
EMSH: Number of people with bridging meetings		314	
NMSH: Number of people with bridging meetings		258	
SMSH: Number of people with bridging meetings		115	

Percentage of people with bridging meetings who attended the first post-discharge appointment at the CMHC		60%	Gaps in data collection are affecting this measure. For instance, Peer Bridgers submit data monthly but those reports may be submitted before all follow-up appointments take place, resulting in some appointments that may be attended but never reported. Turnover in staff has also resulted in periods where Peer Bridger staff were unable to collect this information. The information below is based on people who received Peer Bridger services, even if not strictly a Bridger-to-Bridger meeting, who were reported to have attended their follow-up appointments. We will work closely to align processes used by the Peer Bridgers with social services staff who also collect data on the number of follow-up appointments attended.
MSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		120	
EMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		248	
NMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		115	
SMSH: Number of bridged individuals who attended their first post-discharge appointment with a CMHC		37	
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		1	
EMSH: Number of individuals with bridging meetings readmitted 0-30 days after discharge		5	
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		2	
Objective 1.3 Decrease the wait times for initial competency evaluations, admissions for competency restoration, and admissions for			
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		117	This number represents the days between when adequate information has been received to begin the evaluation to when the report is completed. It compares to 74 days for FY25. Initial competency evaluations are now handled directly by counties themselves on contract with a forensic evaluator certified by DMH. There were 194 reports completed in FY26.
Average length of wait for competency restoration admissions		151	This is a decrease from 276 reported in FY25.

Total number of forensic referrals (initial evaluations and competency restoration admissions) to Forensic Services		326	This includes 188 Stage 1 and 138 Stage 2 evaluations.
Number of DMH certified evaluators available to conduct initial competency and sanity evaluations for Mississippi Courts		26	This is an increase from 25 reported at mid-year FY26.
Number of available MSH inpatient forensic beds for admission for the highest-risk patients and patients needing competency restoration		105	At MSH there are 72 male beds on B63 and an additional 21 beds on B201 have been opened for competency restoration. MSH also continues to have 12 female beds for competency restoration.
Number of available non-MSH inpatient forensic beds for admission for the highest-risk patients and patients needing competency restoration		78	This includes 48 community transition beds at EMSH as well as 30 intermediate care beds at EMSH for high-risk patients.
Goal 2 - Maximize the efficiency and effectiveness of community services and supports that prevent unnecessary			
Objective 2.1 Provide Programs of Assertive Community Treatment, Intensive Outreach and Recovery Teams, and Intensive			
Strategy 2.1.1 Monitor the readmissions and fidelity of intensive community services of PACT, ICORT, and ICSS	On Track		
PACT number served		708	This compares to 751 in FY25.
PACT readmission rate		4%	28 of 708 people. This compares to 5.32% in FY25.
PACT fidelity rate		100%	Of the seven CMHCs with PACT, reviews were conducted on five. All PACT team service provision was approved through the DMH site visit process that is based on revised Operational Standards. Any deficiencies found were addressed through that process, which includes the submission and acceptance of Plans of Correction.
ICORT number served		626	This compares to 692 in FY25.
ICORT readmission rate		7%	46 of 626 people. This compares to 9% in FY25.
ICORT fidelity rate			Fidelity is now measured based on site visits taking place in accordance with DMH Operational Standards. Any issues found will be addressed with programs' Plans of Compliance.
ICSS number served		590	This compares to 742 in FY25.
ICSS readmission rate		3%	16 of 590 people. This compares to 5.5% in FY25.
ICSS fidelity rate			Fidelity is now measured based on site visits taking place in accordance with DMH Operational Standards. Any issues found will be addressed with programs' Plans of Compliance.

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		
IPS Supported Employment fidelity rate		100%	Of the five CMHCs offering Supported Employment, reviews were conducted on three. All Supported Employment service provision was approved through the DMH site visit process that is based on revised Operational Standards. Any deficiencies found were addressed through that process, which includes the submission and acceptance of Plans of Correction.
Number employed through IPS Supported Employment		137	This compares to 197 in FY25. Some CMHCs have asked for waivers to no longer require the provision of this service, so there are fewer CMHCs offering Supported Employment services.
Supported Employment - VR fidelity rate			VR Supported Employment programs have transitioned to IPS during FY26.
Number employed through Supported Employment - VR			VR Supported Employment programs have transitioned to IPS during FY26.
Strategy 2.2.2 – Monitor the readmission rate to state hospitals of individuals served the CHOICE housing program, Supervised Living, and Supported Living	At Risk		
CHOICE number served		260	Of these 260, 192 were new vouchers that were received during the year. This compares to 410 people served and 157 new vouchers in FY25.
CHOICE housing program readmission rate		14%	36 of 260 people. This is an increase from 2% in FY25.
Supervised and Supported Living number served		240	This compares to 269 in FY25.
Supervised and Supported Living readmission rate		2%	Five of 240 people. This is a decrease from 8% in 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 now two peer respites, Positive Pathways Respite House and Gulf Coast Respite House.
Number of individuals served		383	These 383 people include 45 who were overnight guests (43 at Gulf Coast and two at Positive Pathways), 299 people who participated in group sessions (285 at Gulf Coast and 14 at Positive Pathways), and 39 people who received peer support services at Gulf Coast.

Percentage of individuals requiring a more intensive service		17%	Gulf Coast reported no individuals requiring redirection, while Positive Pathways reported a total of eight individuals out of their 45 overnight guests. Of these, two required alcohol and drug treatment services, and the remaining six were individuals experiencing homelessness who mistakenly sought services under the assumption that the respite program functioned as a shelter.
Percentage of individuals with a follow-up appointment scheduled at their local CMHC		33%	A total of 15 individuals from Gulf Coast were referred to a CMHC upon discharge, while no referrals were reported from Positive Pathways. Additionally, two individuals at Gulf Coast received one-on-one peer support services and successfully attended at least one follow-up appointment with a CMHC.
Objective 2.3 - Provide community supports for children and youth with serious emotional disturbance and prevent the need for out-of-			
Strategy 2.3.1 – Utilize MAP Teams to prevent unnecessary institutionalizations among children and youth	At Risk		
Number served by MAP Teams		645	This is a decrease from 970 children and youth served in FY26.
Number of cases referred by local partners attending MAP Team meetings		578	This is an increase from FY25 where 344 of the total number of cases were referred from local partners serving on the MAP Teams.
Percentage of youth needing a higher level of care		0.40%	In FY26, only 3, or less than 1%, of the 645 children referred to the MAP Teams required a high level of care and could not be served by the services and supports found in their communities. This is a decrease from the 5 children and youth referred to a higher level of care in FY25.
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		1654	883 of the 1,654 children and youth were newly enrolled in the service. This is an increase from 1,554 children and youth served in FY25.

Percentage of youth who received Wraparound Facilitation / Supportive Aftercare as an alternative to more restrictive placement		70%	622 of the 883 newly-enrolled youth received Wraparound Facilitation/Supportive Aftercare as an alternative to more restrictive placement. This is an increase from the 475 youth served in FY25. The 70% is also a significant increase, because previous years have reported this percentage based off of the larger number of total number of people served. Use of the newly-enrolled number is likely a better measure of the program's utilization.
Percentage of youth transitioned to Wraparound Facilitation / Supportive Aftercare from a more restrictive placement		30%	261 of the 883 newly-enrolled children and youth transitioned to Wraparound Facilitation/Supportive Aftercare from a more restrictive placement. This is an increase from the 180 newly-enrolled children and youth in FY25. As mentioned above, this measure is being reported based off of the newly-enrolled children while previous years have been reported from the total number of people enrolled.
Percentage of youth needing a higher level of care		7%	109 of the 1654 children and youth receiving Wraparound Facilitation/Supportive Aftercare required a higher level of care, about the same as FY25.
Strategy 2.3.3 – Utilize the Navigate program to assist youth and young adults experiencing first episode psychosis	At Risk		
Number served by Navigate		76	76 youth and young adults experiencing first-episode psychosis were served through the NAVIGATE program by four teams, located in Regions 6, 8, 9, and 15. Staff turnover on most teams impacted service provision. One team experienced vacancies in four positions simultaneously which impacted the CMHCs ability to provide services. The number of people served has decreased since the loss of federal funding last year, which resulted in the loss of four Navigate teams.
Percentage maintained in their homes and communities		93%	71 of the 76 served through NAVIGATE were able to be maintained in their homes and communities. Only five (5) individuals of 76 served in NAVIGATE required hospitalization to maintain their safety and receive the treatment needed to stabilize.

Percentage who are employed or enrolled in school or educational courses		72%	55 of 76 youth/young adults, or 72%, served through NAVIGATE were enrolled in educational courses and/or able to maintain employment while receiving treatment.
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	1,003	DMH supports 11 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. In FY26, 1,003 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		57%	574 of 1,003 people served in Juvenile Outreach Programs continued treatment with CMHCs.
Percentage of youth in Juvenile Outreach Programs that re-enter the detention center following participation in the JOP		7%	69 of 1,003
Number referred to Adolescent Offender Programs as an alternative to incarceration		104	104 youth were referred and served in AOPs during FY26, with 34 of those youth diverted from incarceration. AOPs utilize a day treatment model where referred and enrolled participate in the program from 6 months up to one year. Two providers operating AOPs in FY25 did not provide the service in FY 2026 which may be the cause of the decrease in number served. 34 of the 104 youth served were referred as an alternative to incarceration.
Number completing the Adolescent Offender Programs with no reoffending behaviors		34	Youth referred to AOPs are treated from 6 months up to one year. Only 10 youth are permitted to be served in the program at one time.
Number completing the Adolescent Offender Programs with reoffending behaviors		12	

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		218 children and youth were served by Intensive Community Support Services. 203 of those children and youth were maintained in the community due to the services and did not require admission or readmission to acute or residential care.
Number referred from acute and/or residential treatment		39	This is a decrease from last year that is likely attributable to the fact that there are two fewer providers now that Regions 2 and 3 are no longer funded through ARPA funds for these programs.
Number maintained in the community with supports from the ICSS program		203	
Number readmitted to acute and/or residential treatment from the ICSS program		15	
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		423	These are diversions made by providers based off of orders they receive. The 20 reported at mid-year accounted for only referrals the DMH Central Office sent directly to providers. The number of diversions the providers would have reported themselves in that time frame was 190.
Strategy 2.4.2 – Provide community residential services for individuals in need of substance use disorder treatment			
Number of individuals served in primary residential treatment		3,219	Reported service numbers have decreased compared to previous years. Based on provider feedback and program trends, this is likely attributable to providers operating with reduced staffing levels, which has affected census and admissions.
Number of individuals served in transitional residential treatment		876	
Number of community-based beds available for residential treatment		545	
Strategy 2.4.3 – Monitor utilization of community-based treatment services by high-risk populations	On Track		
Number of intravenous drug users served		501	487 adults plus 14 Pregnant and Parenting IV Drug Users served
Number of pregnant women served		43	
Number of parenting women served		91	Providers reported a total of 91 parenting women served.
Number of individuals served through Medication Assisted Treatment for opioid use disorder		329	Of these 329 people, nine were pregnant women who received MAT services.

Goal 3 - To improve connections to care and the effectiveness of the crisis services continuum network of services			
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		
Number of new CSU beds added		8	Region 16 opened an 8-bed CRU July 1, 2025, taking only individuals from Jackson County, and was officially certified to take individuals from all areas of the state November 1, 2025. However, there have been reductions as well. The former Region 14 CRU closed on June 30, 2025, and Region 3 Tupelo requested an 8-bed reduction from the 16 they were certified due to inability to fully staff the facility.
Total number of CSU beds		196	
Strategy 3.1.2 – Monitor effectiveness and utilization of Crisis Stabilization Units	On Track		
Number served		3,456	Monthly paper reporting indicates 3,456 admissions to the Crisis Residential Units during FY26, with 3,186 unduplicated individuals reported from the Data Warehouse. Updates at several of the CMHC EHR systems during FY26 have affected their communication with the Data Warehouse, so the 3,456 is the self-reported number from the CMHCs.
Percentage of individuals diverted from a state hospital		92%	
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. No new crisis diversion beds were added in FY26.
Number of individuals served		43	
Percentage of people transitioned with appropriate supports		44%	19 of 43 people were successfully transitioned.
Average length of stay		171.5	
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		3	

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		
Number of calls		23,646	This is an increase from 17,678 in FY25 - an increase of 33%.
Number of texts and chats		5,566	An increase from 2,315 in FY25 - an increase of 140%.
In-state answer rate		98%	Mississippi has achieved the highest in-state answer rate in the nation.
Number of calls to 988 referred to Mobile Crisis Response Teams		338	An increase from 267 in FY25.
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		1	DMH staff reported viewing a demo from Behavioral Health Link in FY26. Technology designed to support quality coordination across the real-time continuum of crisis services in expected to begin implementation in FY27.
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		9,496	This is an increase from 8,513 in FY25, an increase of 11.55%. This represents 6,488 unduplicated client contacts. However, these numbers are reported from the WITS Crisis Module system, and the specific numbers may change based on corrections and error reporting that take place with DMH and CMHCs each month. Data for this strategy was taken from the WITS crisis Crisis Module on August 21, 2026.
Percentage of calls resulting in a Mobile Crisis Response Team face-to-face response		33%	Out of 9,496 total crisis calls, 3,104 resulted in a face-to-face response.
Percentage of individuals receiving a face-to-face response who are in need a higher level of care		49%	Out of those 3,104 face-to-face meetings, 1,531 individuals were in need of a higher level of care.
Average response time for rural MCERT responses		21	
Average response time for urban MCERT responses		15	
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		
Number of MOUs			MOUs are expected to be put into place in FY27.

Objective 3.5 - Provide Mississippians with an objective avenue for accessing services and resolution of grievances related to services			
Strategy 3.5.1 - Utilize the Specialized Planning Options to Transition (SPOTT) to help people access services	On Track		
Number of referrals to SPOTT		104	
Number of appropriate referrals to SPOTT		72	
Percentage of appropriate referrals connected to services/supports through SPOTT		97%	70 of 72 SPOTT referrals were connected to appropriate 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		5,337	This is an increase from 4,295, an increase of 24%, over FY25.
Number of grievances filed through the Office of Consumer Support		137	
Goal 4 - To increase access to community-based care and supports for people with intellectual and/or developmental			
Objective 4.1 – Provide community supports and services that allow individuals to transition from the ICF/IID regional program			
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	13	For FY26, a total of 13 individuals transitioned from an ICF/IID Regional Program to the community. Four transitioned from an ICF/IID Regional Programs to ICF/IID Community Homes and seven transitioned to the ID/DD Waiver. This is a decrease from 27 transitions in FY25.
Number of people transitioned from Regional Program to ICF/IID Community Homes		6	
NMRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		1	
BRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		0	
HRC: Number of people transitioned from Regional Program to ICF/IID Community Homes		2	
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		7	
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		6	5 from MAC and 1 from BRC
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		3	
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		1	
ESS: Number of people transitioned from the ICF/IID Community Homes to the community		0	
SMRC: Number of people transitioned from the ICF/IID Community Homes to the community		1	
Number of people served in the ICF/IID Regional Programs		653	This is a decrease from FY25 in which there were 657 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		132	
BRC: Number of people served in the ICF/IID Regional Programs		91	
MAC: Number of people served in the ICF/IID Regional Programs		37	
ESS: Number of people served in the ICF/IID Regional Programs		200	
SMRC: Number of people served in the ICF/IID Regional Programs		35	
Percent of people served in the community versus an institutional setting		87%	Of the 5,136 individuals served in FY26, approximately 87% received services in the community. A total of 4,483 individuals received services in the community: 496 were served in an ICF/IID Community Home; 2,858 were served by the ID/DD Waiver; 1,129 were served via the 1915(i) Community Support Program and/or IDD Targeted Case Management (TCM). There was a total of 653 individuals that received services in an institutional setting.
Objective 4.2 - Provide a comprehensive system of community programs and services for people with intellectual and developmental			
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		2,983	An increase from 2,965 in FY25.
Number of people admitted to the ID/DD Waiver services		85	A decrease from 205 in FY25.
Number of people on the ID/DD Waiver Census		2,816	A decrease from 2,838 in FY25.
Strategy 4.2.2 – Increase the number of individuals receiving services through the 1915(i) Community Support Program	On Track		
Number of individuals who received 1915(i) Community Support Program Services		1,111	This is an increase from FY25 which had 1,084 individuals to receive services.
Number of individuals admitted to 1915(i) Community Support Program		168	

Number of individuals on the 1915(i) Community Support Program Census		1,033	On 6/30/2026, 1,033 people were receiving services. This is an increase from 6/30/2025 which had 950 people receiving services.
Number of individuals receiving Targeted Case Management		1,129	This includes individuals enrolled in the 1915(i) Community Support Program and individuals receiving IDD Targeted Case Management while exploring Community Support Program services. Referrals to the 1915(i) Community Support Program continue to be received.
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	Off Track		
Number of individuals searching for employment		60	Job Development. This is a decrease from 119 reported in FY25.
Number of individuals employed		247	Job Maintenance. This is a decrease from 343 reported in 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			
Strategy 5.1.1 - Monitor DMH workforce data and develop recruitment recommendations	On Track		
Turnover Rate for Support Care Professionals		48%	The turnover rate for Support Care Professionals has decreased to 47.83%, based on the updated methodology of dividing separations by the average number of filled PINs. This represents a slight decrease from the 49.20% turnover rate reported at the end of FY25.
Turnover Rate for All DMH employees		36%	The turnover rate exhibited a slight increase, consistent with the application of the recent methodology. Programs have indicated higher staffing needs for new hires compared with the previously reported figure of 34.80% at the end of FY25.

Vacancy Rate for Support Care Professionals		45%	The vacancy rate for Support Care Professionals (SCPs) remained relatively stable throughout FY26 following the implementation of targeted recruitment strategies and special compensation incentives intended to improve recruitment and retention within SPO, a high-turnover family. The FY26 vacancy rate of 45.3% reflects a modest improvement from the 47.0% vacancy rate reported at the end of the previous full fiscal year. While the overall vacancy rate remains elevated, the decrease suggests that the implemented recruitment and retention strategies have contributed to incremental progress in addressing staffing vacancies.
Number of recruitment recommendations implemented		60	Recruitment efforts include college and community job fairs, partnerships with WIN Job Center, MDES, MDRS, and the Governor's Job Fair, as well as speaking engagements with local nursing and residency programs. Additional strategies will include increased social media promotion and use of recruitment platforms such as Indeed and LinkedIn, along with other targeted 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 job satisfaction.
Number of stay interview participants		1,059	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		26	Retention strategies implemented to strengthen employee retention through recognition, career growth, training, and engagement. Provided training and leadership development opportunities to prepare employees for advancement. Promoted engagement through team activities and recognize employees through birthday celebrations, Employee of the Month, and Employee of the Quarter programs.

Objective 5.2 – Develop a comprehensive state mental health workforce prepared for the complex needs of children, youth and adults			
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		223	Using the 2026 MS State Board of Medical Licensure Data, there are 223 Psychiatrists with permanent MD or DO licensure and a primary practice site in Mississippi: 194 Psychiatry, 22 Psychiatry (child & adolescent), 2 Psychiatry (forensic), 1 Psychiatry (addiction), 4 dual-practice with Neurology and Psychiatry.
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		12	
Number of sessions conducted by residents		97	
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		52	
Number of individuals reached through TA to DMH Certified Providers		395	
Number of TA provided to Judges/Chancery Clerks/Chancery Courts		11	Various members of DMH leadership are commonly in contact with judges, court staff, and chancery clerks, and staff have presented at conferences and regularly speak with relevant stakeholders one-to-one. Presentations have been given to the Mississippi Judicial College, Municipal Court Clerks Conference, law enforcement agencies, CMHCs, and more.
Number of individuals reached through TA to Chancery Clerks/Chancery Courts		905	This is the estimated attendance at a number of presentations/trainings/events that primarily focused on CIT and included target populations of law enforcement, CMHC staff, and justice court judges.

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 provider or family 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		50	An increase from 40 in FY25.
Number of individuals trained		725	An increase from 500 in 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		
Number of initial licenses or certifications obtained		851	621 of these were provisional and 230 were full certifications/licensure.
Number of renewed licenses or certifications		305	There were 305 renewals in the Community Support Program. There were no other renewals in FY26 because the renewal deadline for the Mental Health and Substance Use programs was postponed until September 30, 2026.
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		154	A survey was sent to all 132 certified providers with responses being received from 77. These providers reported using a total of 154 evidence-based and best practices. These practices include but are not limited to: Trauma-Focused Cognitive Behavioral Therapy, DBT Emotion Regulation, Motivational Interviewing, and Person-Centered Planning.
Number of evidence-based and best practices actively used by DMH Programs		236	The survey of evidence-based and best practices used found there are currently 236 being used by DMH certified programs. Examples are Cognitive Behavioral Therapy, Wellness Recovery Action Planning, Positive Behavior Support, and Cognitive Diffusion.

Objective 5.3 – Provide initial and ongoing provider certification services to maintain a qualified and diverse mental health system to			
Strategy 5.3.1 - Provide interested provider orientation to educate agencies seeking DMH certification	On Track		
Number of agencies participating in interested provider orientation		177	
Number of new provider agencies approved		12	
Number of new services approved for DMH certified providers		19	This decrease is due to fewer applications being submitted by DMH certified providers for new services.
Number of new programs approved for DMH certified providers		69	This decrease is due to fewer applications for new programs being submitted by DMH certified 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		70	
Number of new program site visits		69	
Number of provider assessments completed during non-full site visit years		0	DMH is no longer utilizing self-assessments. Other options for assessing providers are being explored.
Goal 6 - To engage Mississippians and promote the development of effective educational resources and			
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		88,513	
DMH web site sessions		137,736	
Mental Health MS web site users		31,927	
Mental Health MS sessions		44,179	
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 FY26, the DMH Facebook account had 778,633 views and the DMH Instagram account had 160,116 views. In addition, DMH maintains a Stand Up, Mississippi social media presence specifically for opioid awareness. That account had 90,854 views on Facebook and 6,348 views on Instagram. The combined total is a reach of 1,035,951.
Social media total reach		1,035,951	
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 people trained in Shatter the Silence		7,665	This number is broken down by categories. Youth - 6576, Adult-305, CO-194, LE&FR-12, Faith-Based-29, School Personnel-556

Number of Shatter the Silence app downloads		7	Significantly lower than FY25 which was
Number of Shatter the Silence presentations		106	
Number of people trained in ASIST		10	One ASIST Instructor training was held, which consisted of 10 people being trained in the T4T training.
Number of organizations trained in ASIST		3	These included staff from 988 Call Center, DMH and East Mississippi State Hospital.
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		165	This includes Adult MHFA-36, Youth MHFA-28, Public Safety MHFA-101
People trained		2,631	This includes 689 frontline workers, 128 school district personnel, 7 parents/caregivers, 1478 police agencies/county sheriff agencies and 329 other first responders (jailers, SROs)
Organizations trained		207	This number includes 35 school districts, 23 Behavioral Health organizations, 58 Sherrif agencies and 91 local police agencies.
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 Behavioral Health Learning Network taught 87 classes in FY26, with total participation of 4,485 people across its trainings and participation from 26 DMH-funded providers. It had a total instructional time of 252 hours and issued 4,801 certificates, including 629 for DMH PLACE credentials, 1,139 social work certificates, 2,435 Certified Health Education Specialist certificates, and 182 MAAP certificates.
Number of trainings		87	
People trained		4,485	
Organizations trained		26	
Strategy 6.3.3. – Partner with stakeholders to expand Crisis Intervention Team training	On Track		At the end of FY26 there were 9 fully functioning CIT programs in the state and two teams working on reactivating their programs – Region 8 is working on having additional CIT classes, and Region 16 is redeveloping their program after the changes in the former Region 14. Each team may have multiple collaborators and partners, including advocacy groups, providers, law enforcement agencies, Single Points of Entry, and more. To be fully-functioning, a CIT must include trained officers, partnerships with the healthcare professionals, but also a Single Point of Entry for admission and diversion. These partnerships are essential to implementing and sustaining comprehensive CIT programs across the state.

Number trained in CIT		342	
Number of law enforcement entities trained		123	
Number of trainings		24	
Number of CIT teams		9	This is a decrease due to changes in the Region 14 and 16 areas, and Region 8's program was temporarily inactive, but additional CIT training classes are taking place there in FY27 to re-establish the program.
Number of partnerships working towards CIT		2	Region 8 is re-establishing their program by conducting additional training classes and Region 16 is re-establishing its program following the changes that took place between Regions 16 and 14.

Reported revised on 9/24/26 to include additional information on CIT programs, edit information on transitions from HRC, and for a correction on Mobile Crisis Response Team information.