

# Mississippi

DEPARTMENT  
OF **Mental  
Health**

— fy17 —

ANNUAL  
REPORT

Supporting a Better Tomorrow...Today





# MISSISSIPPI DEPARTMENT — OF MENTAL HEALTH

The governing board of the Mississippi Department of Mental Health is composed of nine members appointed by the Governor of Mississippi and confirmed by the State Senate. Members' terms are staggered to ensure continuity of quality care and professional oversight of services. By statute, the nine-member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's five congressional districts (as existed in 1974).

## Board of Mental Health Members

Robert Landrum

Manda Griffin, Ph.D.

Sampat Shivangi, M.D.

Jim Herzog, Ph.D.

John Montgomery, M.D.

Teresa Mosley

Hon. J. Richard Barry

Stewart Rutledge

## DMH Executive Director

Diana S. Mikula

## DMH Deputy Director

Steven Allen

*If you need additional copies of the DMH FY17 Annual Report, contact Wendy Bailey, Director of Bureau of Outreach, Planning and Development at 601-359-1288 or [wendy.bailey@dmh.ms.gov](mailto:wendy.bailey@dmh.ms.gov).*

# OVERVIEW OF SERVICE SYSTEM

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## **Statutory Authority of the Department of Mental Health**

The Mississippi Department of Mental Health was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated. The statute placed into one agency mental health, alcohol/drug abuse, and intellectual and developmental disabilities programs which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Intellectual and Developmental Disabilities, the Board of Trustees of Mental Institutions, and the Governor's Office. The statute also addresses the Department of Mental Health's responsibilities concerning services for persons with Alzheimer's disease and other dementia.

The **network of services** comprising the public system is delivered through **three major components**:

**State-operated programs:** DMH administers and operates state behavioral health programs, a mental health community living program, a specialized behavioral health program for youth, regional programs for persons with intellectual and developmental disabilities, and a specialized program for adolescents with intellectual and developmental disabilities. These programs serve designated counties or service areas and offer community living and/or community services.

The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI) and substance use disorders. These programs include: Mississippi State Hospital and its satellite program Specialized Treatment Facility; East Mississippi State Hospital and its satellite programs - North Mississippi State Hospital, South Mississippi State Hospital and

Central Mississippi Residential Center. Nursing home services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital. In addition to the inpatient services mentioned, East Mississippi State Hospital provides transitional, community-based care.

The programs for persons with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. These programs include Boswell Regional Center and its satellite program Mississippi Adolescent Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.

**Regional community mental health/mental retardation centers** operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 14 regional centers make available a range of community-based mental health, substance abuse, and in some regions, intellectual and developmental disabilities services. The governing authorities are considered regional and not state-level entities. The Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers.

**Other nonprofit service agencies/organizations**, which make up a smaller part of the service system, are certified and may also receive funding through the Department of Mental Health to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Programs currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with developmental disabilities and community services for children with mental illness or emotional problems.



# MISSION, VISION AND CORE VALUES

## DMH Mission

*Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities, one person at a time.*

## Vision

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

*A better tomorrow exists when...*

- All Mississippians have equal access to quality mental healthcare, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared.
- Research, outcomes measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

## Core Values and Guiding Principles

**People** We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

**Community** We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

**Commitment** We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

**Excellence** We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

**Accountability** We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

**Collaboration** We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

**Integrity** We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

**Awareness** We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

**Innovation** We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

**Respect** We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.





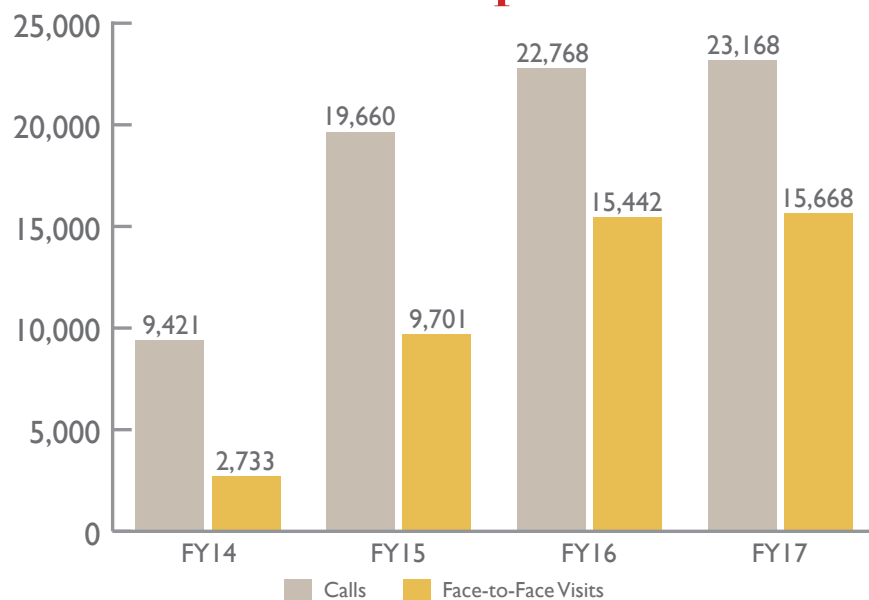
## Mobile Crisis Response Teams

Mobile Crisis Response Teams provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis. Mobile Crisis Response Teams work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to ensure a seamless process.

Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital.

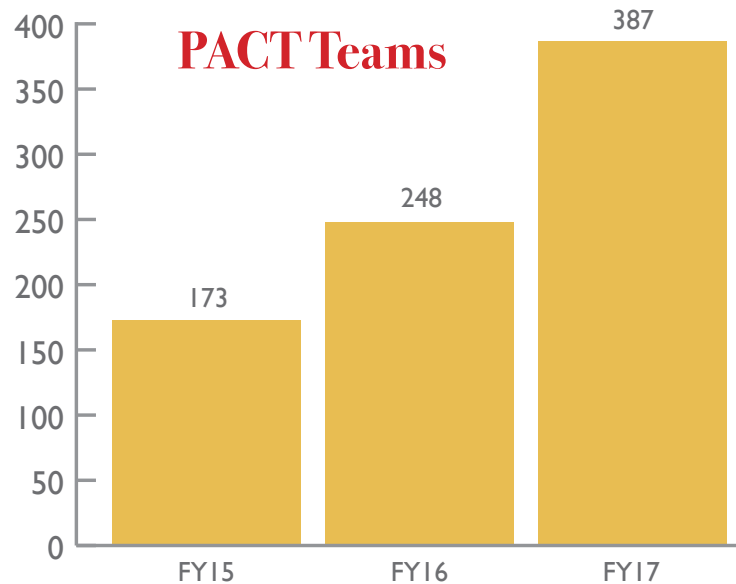
Mobile Crisis Response Teams ensure an individual has a follow-up appointment with their preferred provider and monitor the individual until the appointment takes place. A Mobile Crisis Response Team is staffed with a Master's level Mental Health Therapist, Community Support Specialist and Peer Support Specialist. Mobile crisis services are funded through DMH grants provided to the 14 Community Mental Health Centers.

### Mobile Crisis Response Teams





## DMH HIGHLIGHTS



### Programs of Assertive Community Treatment Teams

Mississippi now has eight PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT - one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center and Timber Hills Mental Health Services. PACT is a mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT teams are funded through DMH grants provided to the Community Mental Health Centers.

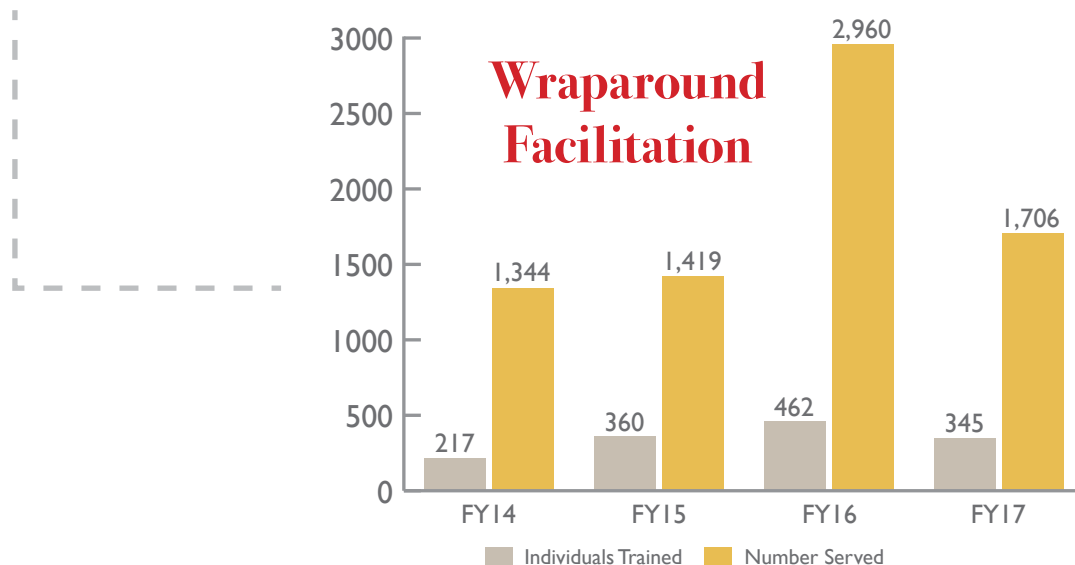
### When PACT Teams Began

Greenwood	June 2010
Vicksburg/Yazoo	April 2011
Hattiesburg	December 2014
Gulfport/Biloxi	December 2014
Jackson	February 2015
DeSoto	March 2015
Tupelo	June 2015
Meridian	June 2015



## Wraparound Facilitation for Children and Youth

In partnership with the Division of Medicaid and the University of Southern Mississippi's School of Social Work, DMH created the Mississippi Wraparound Initiative (MWI) to train, support and sustain high-fidelity Wraparound in the State. Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community.



*\*FY17 is the first year with an unduplicated number served. Some providers shared duplicated numbers in FY14, FY15 and FY16.*

## Components of Wraparound Facilitation include the following activities:

- Creation and facilitation of a child and family team (team includes wraparound facilitator, child's service providers, caregiver/guardian, other family members and informal supports, and the child if over the age of 8).
- Child and Family team meets at a minimum every thirty (30) days.
- Development of an individualized plan including a crisis prevention plan.
- Referral to resources and services in the community.
- Continuous communication between team members.
- Monitor and evaluate the implementation of plan and revise when necessary.

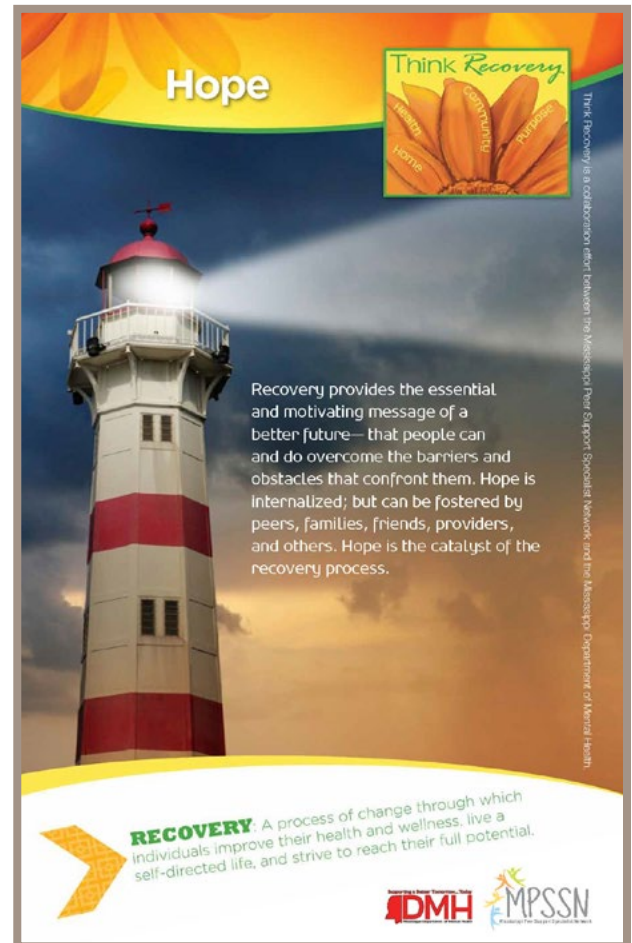


## DMH HIGHLIGHTS

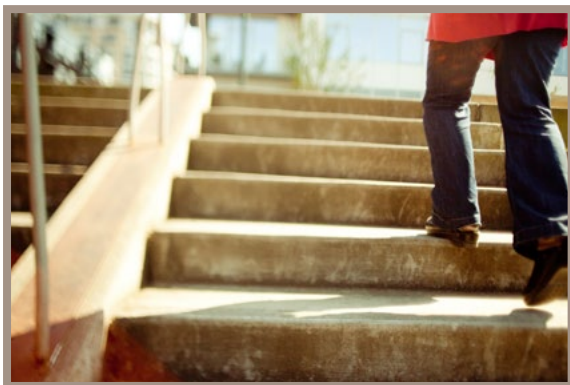
### Certified Peer Support Specialists

Mississippi's Certified Peer Support Specialist (CPSS) Trainers conducted five Certified Peer Support Specialist Trainings in FY17. The CPSS Training is an intensive 34-hour course followed by a written exam. **In FY17, there were 159 CPSSs in Mississippi.** CPSSs are individuals who self-identify as a family member or an individual who received or is currently receiving mental health services. Upon completion of the training, successfully passing the CPSS examinations, and obtaining employment by a DMH certified provider, participants become Certified Peer Support Specialists. The training and certification process prepares CPSSs to promote hope, personal responsibility, empowerment, education, and self-determination in the communities in which they serve.

The first Certified Peer Support Specialists with a designation of a Parent/Caregiver completed their training at the Mississippi Department of Mental Health (DMH) in March 2017. The Parent/Caregiver designation is an expansion of the CPSS Program. Although Mississippi has a successful CPSS training program geared toward adults in recovery, this new designation of peers focuses on those who will be working with children with behavioral health issues. The training is a customized, two-day block within the current CPSS training program.



### Housing



In FY16, the Mississippi Legislature appropriated funding to establish a housing partnership, now known as CHOICE – Creative Housing Options in Communities for Everyone. **In FY17, 205 individuals received housing services through CHOICE.** While CHOICE provides the assistance that makes the housing affordable, local Community Mental Health Centers provide the appropriate services, all based on the needs of the individual. It is currently being piloted in Regions 3, 4, 8, 12, and 14.



# DMH HIGHLIGHTS



## Supported Employment



DMH believes that work plays a critical role in improving quality of life and mental health outcomes of the people we serve as part of their recovery journey. In January 2015, DMH provided funding to develop four pilot sites to offer Supported Employment to 75 individuals with mental illness. The sites are located in Community Mental Health Center Regions 2, 7, 10 and 12. Supported employment, an evidenced-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. **In FY17, the DMH Supported Employment Pilot Program assisted 116 individuals on their road to recovery by helping them to become employed in the openly competitive job market.**

## Certification of Providers

In addition to the provision of services through the public mental health system, DMH is responsible for the supervision, coordination and establishment of standards for the operations and activities of the public mental health system. DMH develops standards of care for all certified providers; approves community-based agencies to provide mental health, intellectual/developmental disabilities and substance use services throughout the state; and certifies the provision of mental health, intellectual/developmental disabilities and substance use services.

DMH Certified Providers (number of agencies certified in FY17)	101
On-site Monitoring Visits Conducted (includes certification reviews and new service/new program reviews)	225



## Office of Consumer Support

The Office of Consumer Support (OCS) serves as the point of contact for DMH for information/referral and for expressing grievances and concerns. **In FY17, OCS received 6,441 documented calls directly through the DMH Helpline and National Suicide Prevention Lifeline.** OCS continues to contract with the National Suicide Prevention Lifeline as a network provider in Mississippi for crisis intervention, suicide prevention, and information/referral.



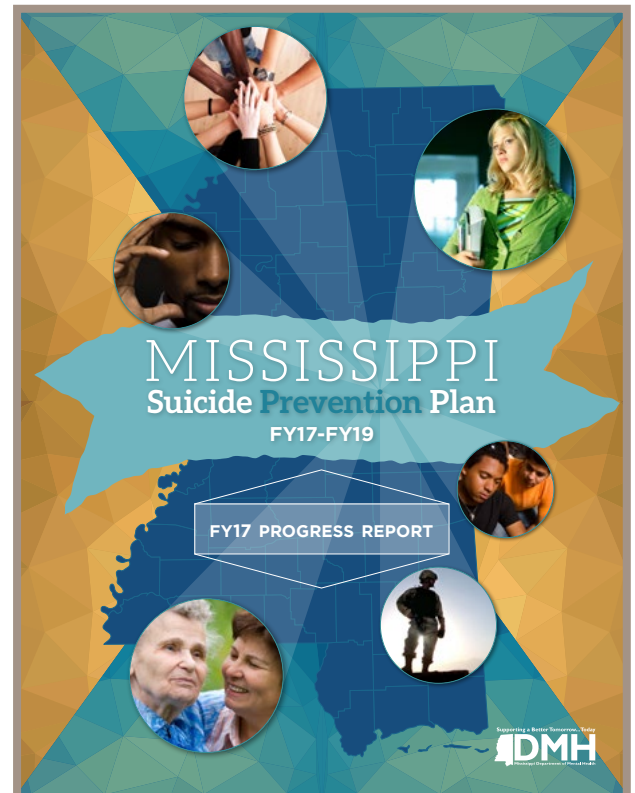
# DMH HIGHLIGHTS

## Suicide Prevention Efforts

In September 2017, DMH and the Suicide Prevention Workgroup released the state's first comprehensive suicide prevention plan. This was an important step for our state as we work to ensure mental health and wellness for all citizens. The plan formalizes efforts and brings together in one document a comprehensive look at our state and the efforts that are taking place. It sets a series of goals and objectives for us to follow as we partner with other agencies to help curb this problem.

**In FY17, there were 258 presentations conducted reaching 10,589 participants.** These participants received suicide prevention information through a variety of trainings including ASIST, QPR, Mental Health First Aid, Shatter the Silence, and others. Participants included: school nurses, law enforcement, students, healthcare employees, parents, and others. Information included risk factors, protective factors, warning signs, and referral information.

To see all of the progress, visit <http://www.dmh.ms.gov/wp-content/uploads/2017/07/FY17-Suicide-Prevention-Progress-Report.pdf>.



## Combating Opioid Use

In April 2017, it was announced that DMH would receive \$3.58 million in federal funding to combat opioid addiction and overdose related deaths. The State Targeted Response to the Opioid Crisis Grants issued by the U.S. Department of Health and Human Services will allow Mississippi to expand access to opioid treatment, implement a broad range of prevention strategies, train health care providers, and continue to improve prescription drug monitoring throughout the state.

In May 2017, DMH also began partnering with the Department of Public Safety, Mississippi Bureau of Narcotics, and the Mississippi Board of Pharmacy to host Town Hall meetings across the state, which will continue in FY18. The goal is for communities to learn more about opioid abuse and what they can do to help reduce the death and destruction caused by opioid addiction.





## Partnering to Reduce Recidivism

In September 2016, DMH was awarded a three-year \$647,461 federal grant aimed at reducing recidivism by addressing untreated co-occurring substance use and mental health disorders in offenders under community supervision. DMH and the Department of Corrections are partners in administering the Second Chance Act Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders.

The grant allows DMH and DOC to do several things, including improve identification of inmates with co-occurring substance use and mental health disorders, provide training to staff, integrate individualized treatment plans and track participant outcomes. Mental health assessments will be used to determine individuals' needs and collaborate to develop re-entry plans, including pre- and post-release treatment. Those treatment services will include cognitive-behavioral therapy, crisis intervention, and recovery support services such as housing, vocational, and educational services.

As the program begins, it will focus on non-violent offenders returning to Hinds County. Current plans are to serve 90 individuals during the three-year pilot program in order to develop a program model that can be replicated statewide with the receipt of additional federal grant funding. Unlike similar re-entry models, this program will require people under community supervision to participate in a minimum number of intensive outpatient therapeutic hours, based on their individual recidivism risk level.



## Peer Bridger Pilot Project

The Peer Bridger Project in North Mississippi is intended to improve the transition process from inpatient care to a community based level of care so as to decrease individuals' need for readmissions to inpatient care and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. Peer Bridgers support individuals transitioning into natural community supports in order to provide consistent, uninterrupted quality care. They support individuals one-on-one by building bridges with treatment teams and recovery oriented model programs. They work closely with the treatment team to locate resources and build support networks in the community as well as perform a wide range of tasks to assist peers of all ages in building or regaining independence within the community. The pilot project consists of two Peer Bridgers at North Mississippi State Hospitals and one Peer Bridger at each of the three Community Mental Health Centers – Timber Hills Mental Health Services, Communicare and LIFECORE Health Group.

In FY17, a total of 431 people were transitioned from North Mississippi State Hospital and connected with a Peer Bridger for continual care in the community. More than 440 Wellness Recovery Action Plans were conducted at North Mississippi State Hospital. A total of 71% of the people discharged from NMSH who were connected with a Peer Bridger attended their follow-up appointment at their CMHC. This doesn't include people discharged who chose a different mental health provider.





# ALCOHOL AND DRUG SERVICES

## BUREAU OF ALCOHOL AND DRUG SERVICES

The MS Bureau of Alcohol and Drug Services (BADS) administers fiscal resources for the public system of prevention, treatment and recovery support services for substance use disorders. BADS network of services includes regional community mental health centers and other non-profit community-based programs.

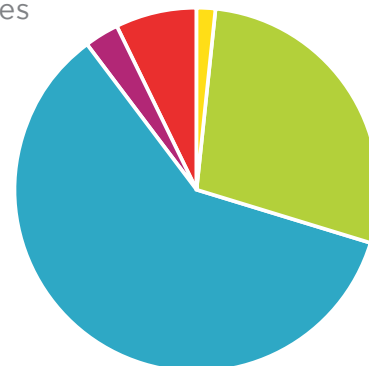
• BADS offers **State and Federal grant funding** to community providers for the following services:

### ADULT SERVICES

- Withdrawal Management Services
- Primary Residential Services
- Transitional Residential Services
- Recovery Support Services
- Outpatient Services
- DUI Diagnostic Assessment Services
- Prevention
- Opioid Treatment Services
- Intensive Outpatient Services

### ADOLESCENT SERVICES

- Outpatient Services
- Intensive Outpatient Services
- Prevention
- Primary Residential Services

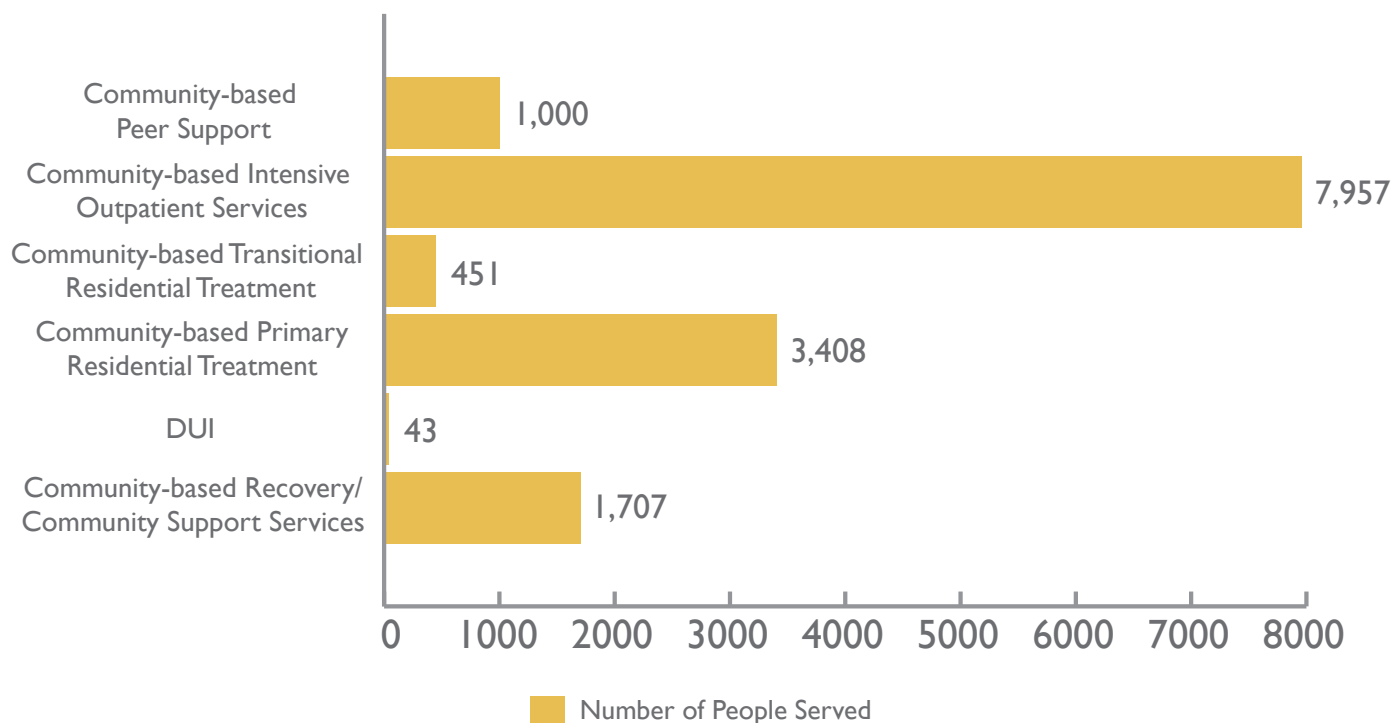


- General Funds; \$412,939
- State Tax Funds; \$6,470,268
- Federal Block Grant; \$13,803,568
- Federal Adolescent Treatment Grant; \$950,000
- Federal Prevention Grant; \$1,648,188

# ALCOHOL AND DRUG SERVICES



## Alcohol and Drug Services in FY2017



*\*Services are partially funded by both state and/or federal funds.*

## • *Prevention IS KEY* •

### Evidence-Based Programs

All funded Prevention agencies are required to implement at least one (1) Evidence-Based Program. In addition to focusing on substance abuse related behavior, these programs also address issues related to mental health promotion, problem solving, violence, coping skills, peer mentoring just to name a few. These programs are implemented in the community in both public and private schools, and after-school programs such as the Boys and Girls Clubs.

#### Evidence-Based Curriculums

Above the Influence	Parenting Wisely
All Stars	Positive Action
Coping and Support Training (CAST)	Project Alert
Challenging College Alcohol Abuse	Project Northland
Class Action	Project Towards No Drug Abuse
Creating Lasting Family Connections	Reconnecting Youth
Communities Mobilizing for Change on Alcohol	Residential Student Assistance Program (RSAP)
Guiding Good Choices	Say it Straight
Incredible Years	Too Good for Drugs
Keep a Clear Mind	Too Good for Violence
Life Skills Training	Kids Series





## BEHAVIORAL HEALTH PROGRAMS

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*The state behavioral health programs are administered by the Department of Mental Health. These programs offer residential and/or community services for mental health, substance use, and Alzheimer's disease and other dementia. The programs are administered by the Bureau of Mental Health.*

### East Mississippi State Hospital

Charles Carlisle, Ph.D., Director  
P.O. Box 4128 West Station  
Meridian, MS 39304-4128  
Phone: 601-482-6186  
[www.emsh.state.ms.us](http://www.emsh.state.ms.us)

### Mississippi State Hospital

James G. Chastain, Director  
P.O. Box 157-A  
Whitfield, MS 39193  
Phone: 601-351-8000  
[www.msh.state.ms.us](http://www.msh.state.ms.us)

### North Mississippi State Hospital

Paul A. Callens, Ph.D., Director  
1937 Briar Ridge Rd.  
Tupelo, MS 38804  
Phone: 662-690-4200  
[www.nmsh.state.ms.us](http://www.nmsh.state.ms.us)

### South Mississippi State Hospital

Sabrina Young, Director  
823 Highway 589  
Purvis, MS 39475  
Phone: 601-794-0100  
[www.smsh.ms.gov](http://www.smsh.ms.gov)

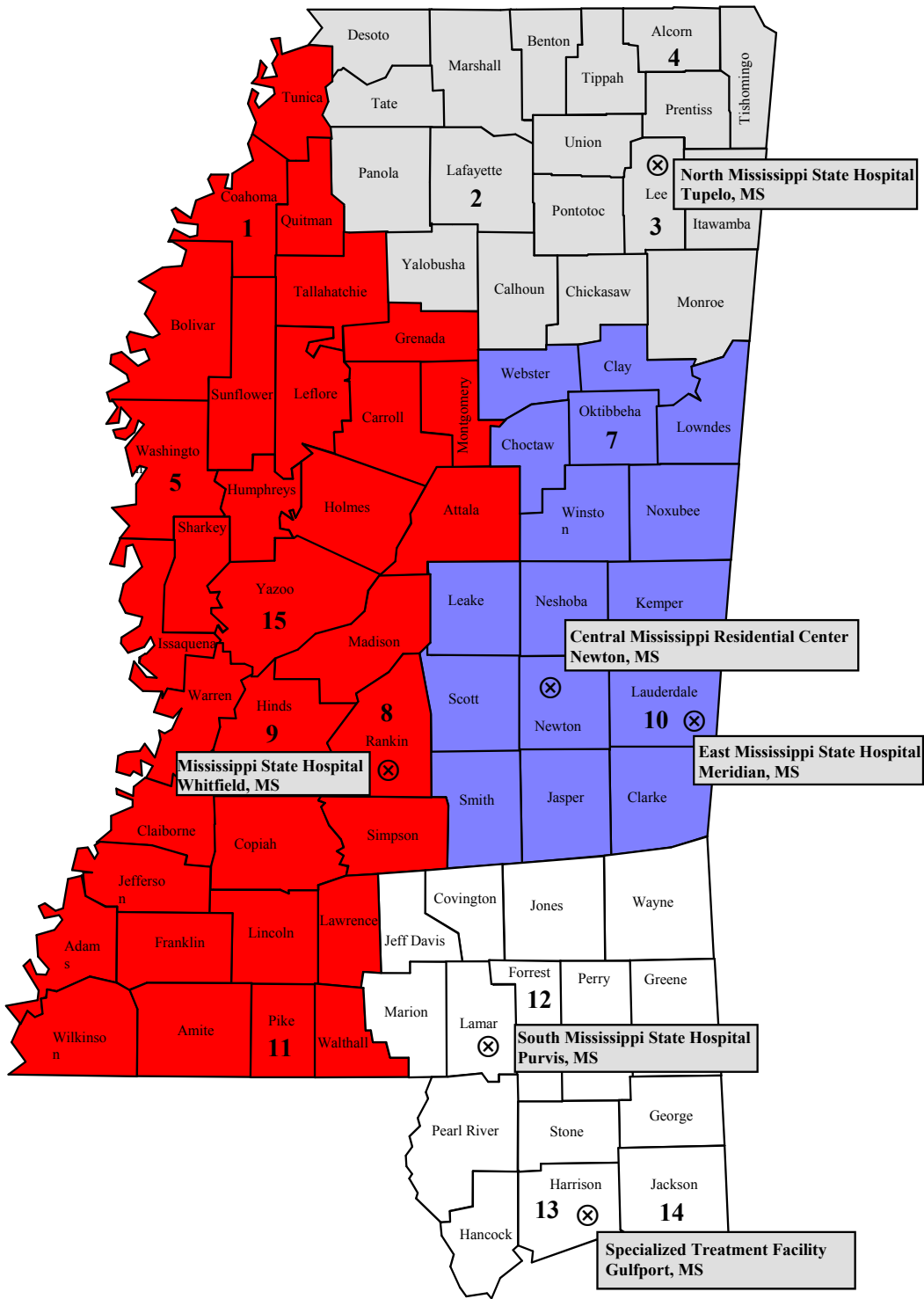
### Central Mississippi Residential Center

Donna Creekmore, Support  
Services Director  
Dr. Steven Smith, Clinical Director  
P.O. Box 470  
Newton, MS 39345  
Phone: 601-683-4200  
[www.cmrc.ms.gov](http://www.cmrc.ms.gov)

### Specialized Treatment Facility

Stacy Miller, Director  
14426 James Bond Road  
Gulfport, MS 39503  
Phone: 228-328-6000  
[www.stf.ms.gov](http://www.stf.ms.gov)

# BEHAVIORAL HEALTH PROGRAMS





# BEHAVIORAL HEALTH PROGRAMS

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## Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	154	1,142
Continued Treatment Services	97	123
Medical Surgical Hospital	21	189
Oak Circle Center for Adolescents	60	274
Forensics	35	75
Chemical Dependency	37	397
<b>Nursing Home Services</b>		
Jaquith Nursing Home	379	407

## East Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	100	551
Adolescent Psychiatric	25	98
Adolescent Chemical Dependency	25	115
Kemper County Group Homes		70
<b>Nursing Home Services</b>		
R.P. White and J.P. Champion Nursing Home	183	213

## North Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	619

## South Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	45	593

## Central Mississippi Residential Center

	Active Beds	Number Served
Community Living	68	89

## Specialized Treatment Facility

	Active Beds	Number Served
Psychiatric Residential	48	142

# BEHAVIORAL HEALTH PROGRAMS



COUNTIES	MSH	EMSH	NMSH	SMSH
Adams	61			1
Alcorn	1		47	
Amite	17			
Attala	7	1		
Benton			5	
Bolivar	18			
Calhoun	1		18	
Carrol	8			
Chickasaw		1	29	
Choctaw		4		
Claiborne	14			
Clarke		9		1
Clay		21	4	1
Coahoma	21	3	3	
Copiah	14			
Covington				27
DeSoto			86	
Forrest	2	6		94
Franklin	8			
George		2		18
Greene				6
Grenada	11			
Hancock				13
Harrison		4		131
Hinds	260			
Holmes	31		4	
Humphreys	7			
Issaquena	1			
Itawamba			18	
Jackson		1		67
Jasper		29		
Jefferson	17			
Jefferson Davis				24
Jones				39
Kemper		3	1	
Lafayette			32	
Lamar	1	3		52
Lauderdale	1	131	3	3
Lawrence	29	1		
Leake		48	7	1
Lee	2	4	68	
Leflore	65		4	
Lincoln	13			
Lowndes	1	44	5	1
Madison	15			

**Breakdown of number of adult psychiatric admissions by county and DMH Behavioral Health Program. Represents admissions from July 1, 2016 – June 30, 2017.**

COUNTIES	MSH	EMSH	NMSH	SMSH
Marion	1			34
Marshall	1		24	
Monroe	1	1	18	
Montgomery	10		1	
Neshoba		11	1	1
Newton	2	28	1	
Noxubee		25	3	
Oktibbeha		38		
Panola	2	2	81	
Pearl River	2			16
Perry		1		9
Pike	47			2
Pontotoc			7	
Prentiss		2	37	
Quitman	11			
Rankin	86	1		
Scott	2	58		3
Sharkey	3			
Simpson	33	2		
Smith		37		3
Stone		1		10
Sunflower	24			
Tallahatchie	11			
Tate			18	
Tippah	1	1	9	
Tishomingo			14	
Tunica	11		1	
Union			6	
Walthall	15			
Warren	22			
Washington	48		2	
Wayne		2		35
Webster		4	4	
Wilkinson	28			
Winston		22	1	1
Yalobusha			9	
Yazoo	20			

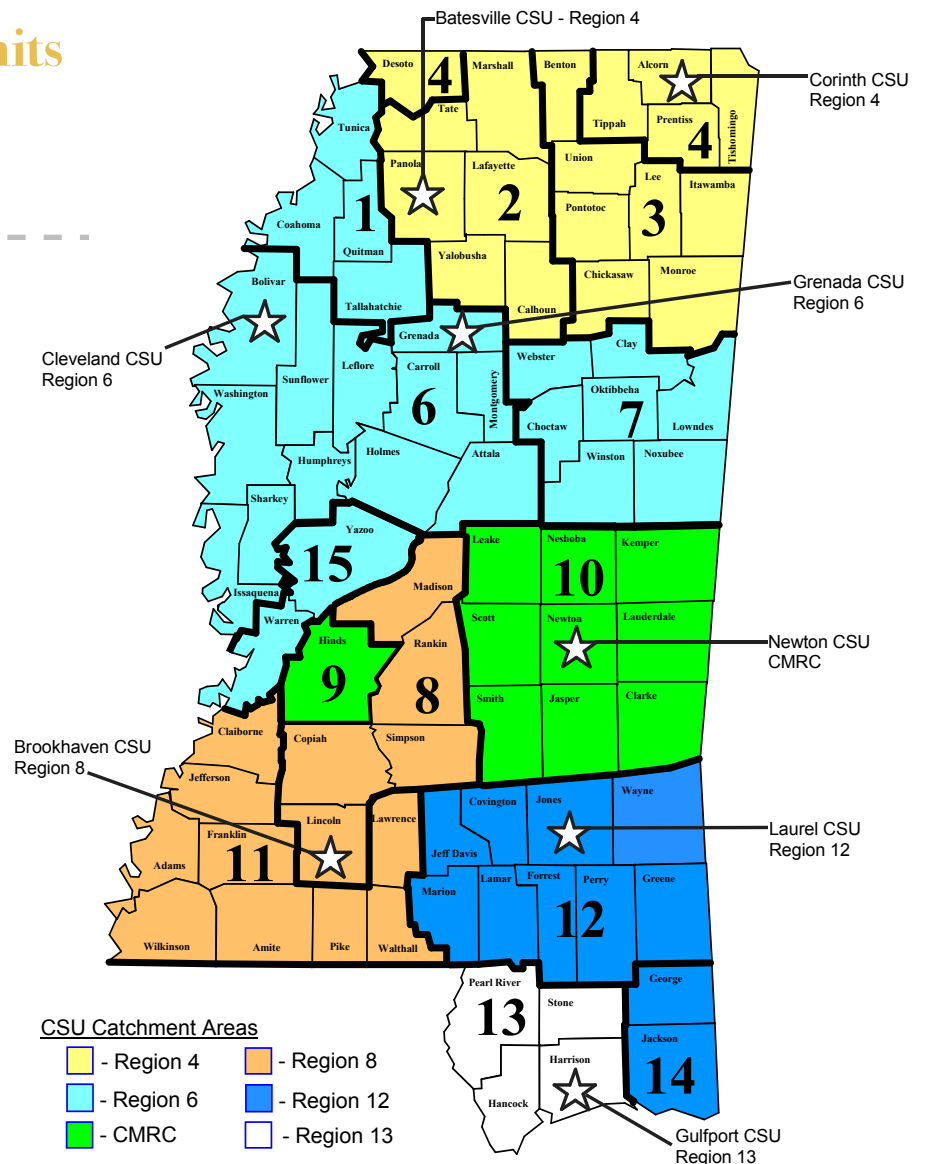


# CRISIS STABILIZATION UNITS

*Crisis Stabilization Units (CSUs) offer time-limited residential treatment services designed to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient care. The community-based service setting provides intensive mental health assessment and treatment. Follow-up outreach and aftercare services are provided as an adjunct to this service. Crisis Stabilization Units are funded through DMH grants provided to the Community Mental Health Centers.*

## Crisis Stabilization Units

CSUs	Total Served
Batesville CSU	370
Brookhaven CSU	430
Cleveland CSU	314
Corinth CSU	445
Grenada CSU	340
Gulfport CSU	390
Laurel CSU	359
Newton CSU	481
<b>Total</b>	<b>3,129</b>





# IDD REGIONAL PROGRAMS

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*DMH is responsible for the development and implementation of services to meet the needs of individuals with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive programs, a state-operated program for youth who require specialized treatment, 14 regional community mental health/IDD centers and other non-profit community agencies/organizations that provide community services. Community and residential services are offered.*

## **Boswell Regional Center**

Clint Ashley, Director  
P.O. Box 128  
Magee, MS 39111  
Phone: 601-867-5000  
[www.brc.state.ms.us](http://www.brc.state.ms.us)

## **North Mississippi Regional Center**

Edie Hayles, Director  
967 Regional Center Drive  
Oxford, MS 38655  
Phone: 662-234-1476  
[www.nmrc.state.ms.us](http://www.nmrc.state.ms.us)

## **Ellisville State School**

Rinsey McSwain, Director  
1101 Highway 11 South  
Ellisville, MS 39437-4444  
Phone: 601-477-9384  
[www.ess.state.ms.us](http://www.ess.state.ms.us)

## **South Mississippi Regional Center**

Lori Brown, Director  
1170 W. Railroad St.  
Long Beach, MS 39560-4199  
Phone: 228-868-2923  
[www.smrc.ms.gov](http://www.smrc.ms.gov)

## **Hudspeth Regional Center**

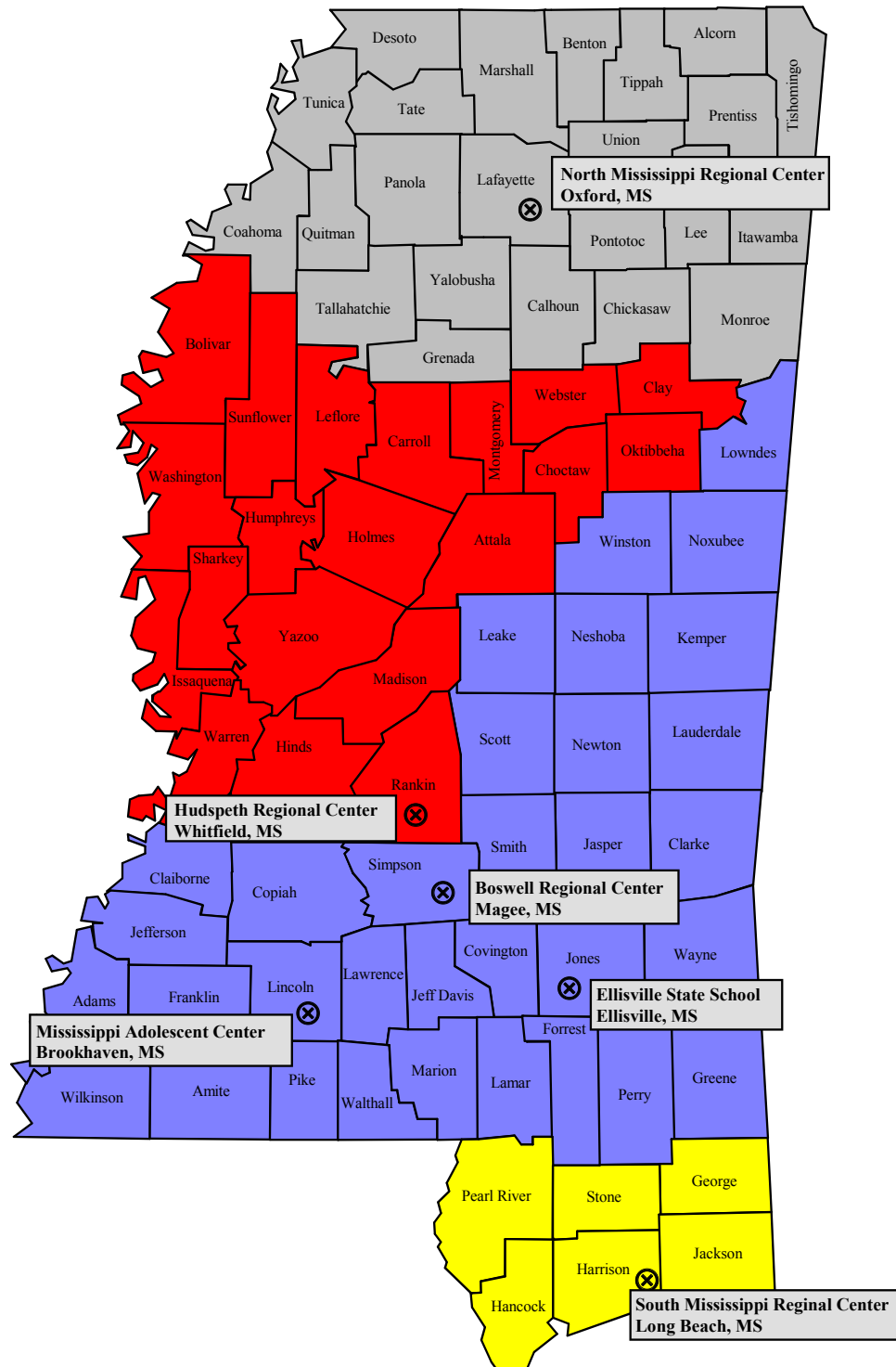
Mike Harris, Director  
P.O. Box 127-B  
Whitfield, MS 39193  
Phone: 601-664-6000  
[www.hrc.state.ms.us](http://www.hrc.state.ms.us)

## **Mississippi Adolescent Center**

Tiffany Wyatt-Howell, Director  
760 Brookman Dr. Extension  
Brookhaven, MS 39601  
Phone: 601-823-5700  
[www.mac.dmh.ms.gov](http://www.mac.dmh.ms.gov)



# IDD REGIONAL PROGRAMS



# IDD REGIONAL PROGRAMS



## Ellisville State School

	Individuals Served
ICF/IID Campus	290
ICF/IID Community Homes	140
Supervised Living	41
Supported Living	21
ID/DD Waiver Support Coordination	493

## Hudspeth Regional Center

	Individuals Served
ICF/IID Campus	252
ICF/IID Community Homes	127
Supervised Living	38
Supported Living	51
ID/DD Waiver Support Coordination	729

## North Mississippi Regional Center

	Individuals Served
ICF/IID Campus	238
ICF/IID Community Homes	180
Supervised Living	37
Supported Living	11
ID/DD Waiver Support Coordination	554

## Boswell Regional Center

	Individuals Served
ICF/IID Campus	118
ICF/IID Community Homes	49
Supervised Living	144
Supported Living	41
ID/DD Waiver Support Coordination	348

## South Mississippi Regional Center

	Individuals Served
ICF/IID Campus	121
ICF/IID Community Homes	87
Supervised Living	8
Supported Living	11
ID/DD Waiver Support Coordination	562

## Mississippi Adolescent Center

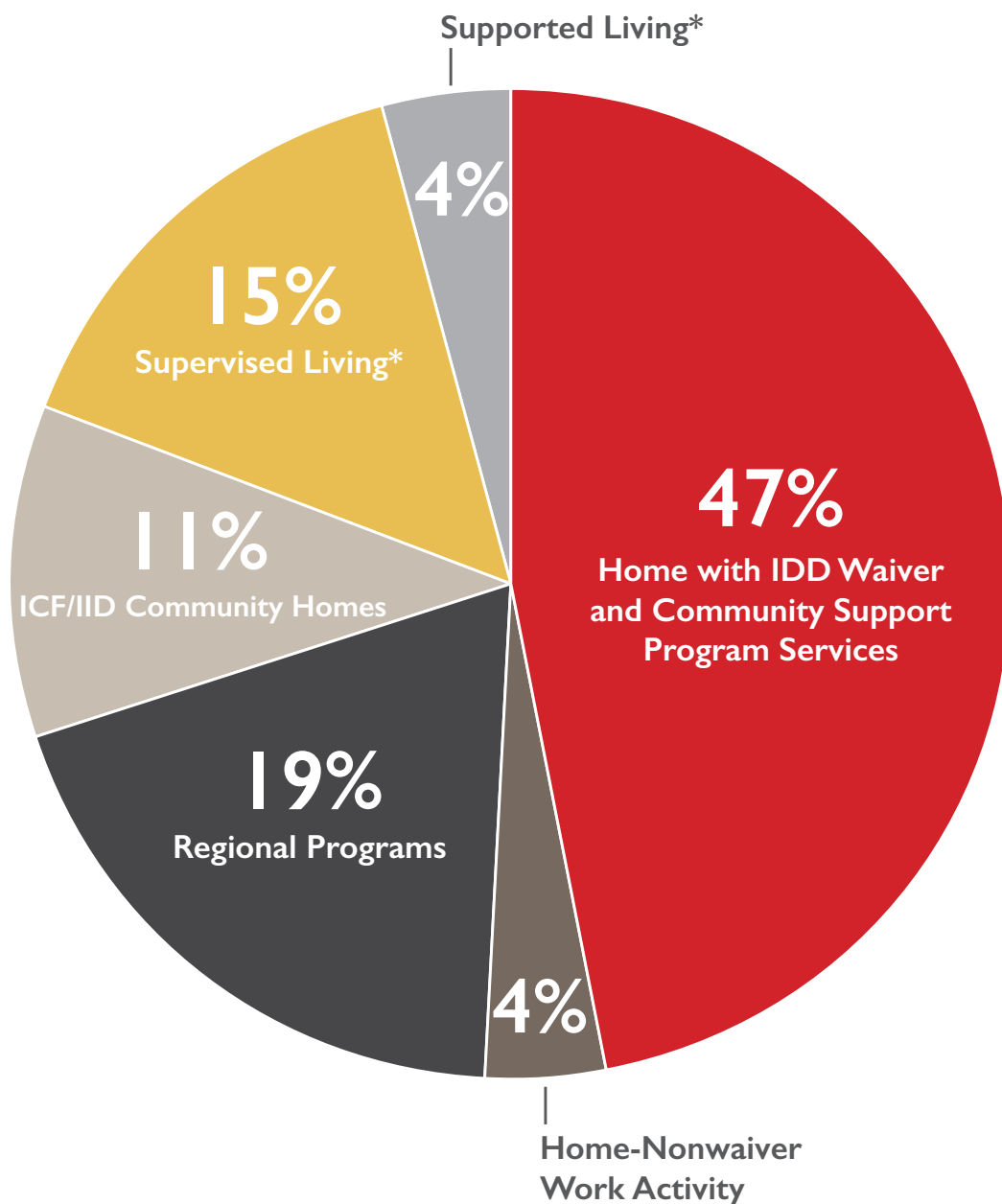
Total Served	42
Transitions to the Community	6



## IDD REGIONAL PROGRAMS

### Serving Individuals with Intellectual and Developmental Disabilities

#### *Where Do They Live?*



\*Waiver and Non-Waiver

# IDD REGIONAL PROGRAMS



## Serving Individuals with Intellectual and Developmental Disabilities

### *Where Do They Live?*

Residence	Census	%
Regional Programs	938	19
ICF/IID Community Homes	548	11
Supervised Living*	771	15
Supported Living*	191	4
Home with IDD Waiver and CSP Services	2382	47
Home-Non-Waiver Work Activity	205	4
Total Census	5035	

\*Waiver and Non-Waiver

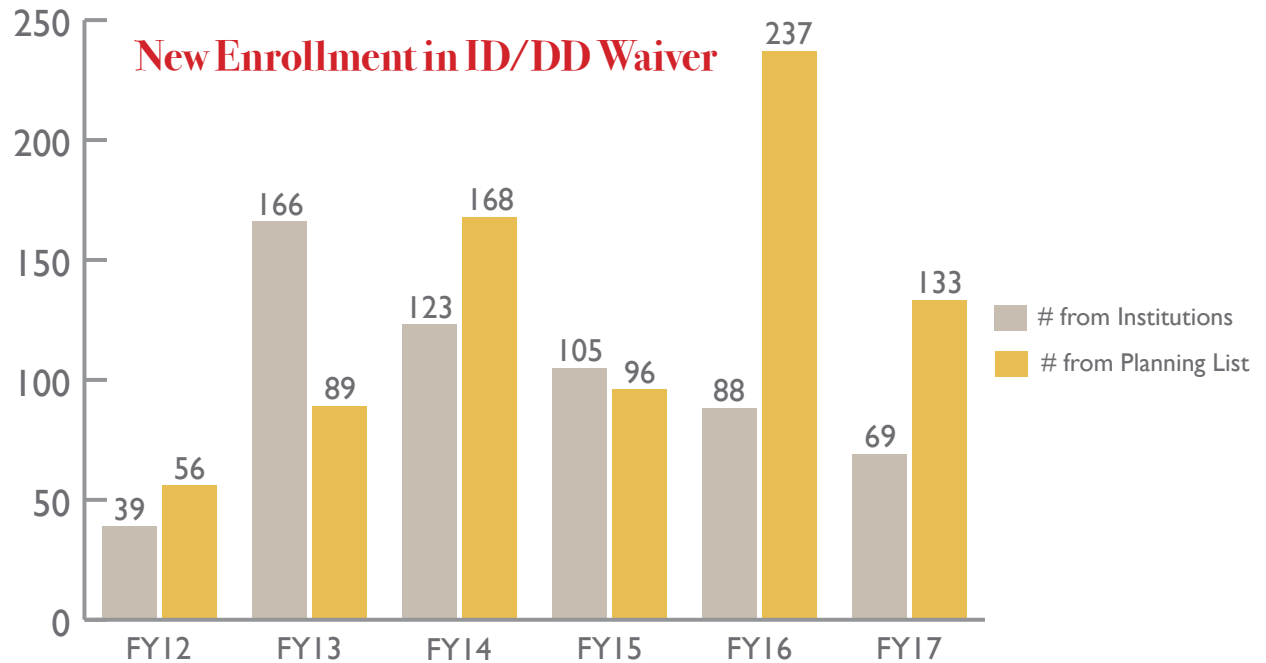
Regional Programs	Census as of 1/1/2012	Census as of 6/30/2015	Census as of 1/1/2016	Census as of 6/30/2016	Census as of 1/1/2017	Census as of 6/30/2017	% Reduced
NMRC	277	249	246	233	227	215	22%
HRC	280	252	245	243	235	226	19%
ESS	436	304	285	277	278	263	39%
BRC	139	107	105	96	92	93	33%
SMRC	160	138	128	125	120	110	31%
MAC	32	32	31	31	32	31	1%
Total	1324	1082	1028	1005	984	938	29%

As of June 30, 2017 Monthly Data Report





## IDD REGIONAL PROGRAMS



	# From Institutions *	# From Planning List	TOTAL NEW ENROLLED
FY2012	39	56	95
FY2013	166	89	255
FY2014	123	168	291
FY2015	105	96	201
FY2016	88	237	325
FY2017	69	133	202
TOTAL	590	779	1369

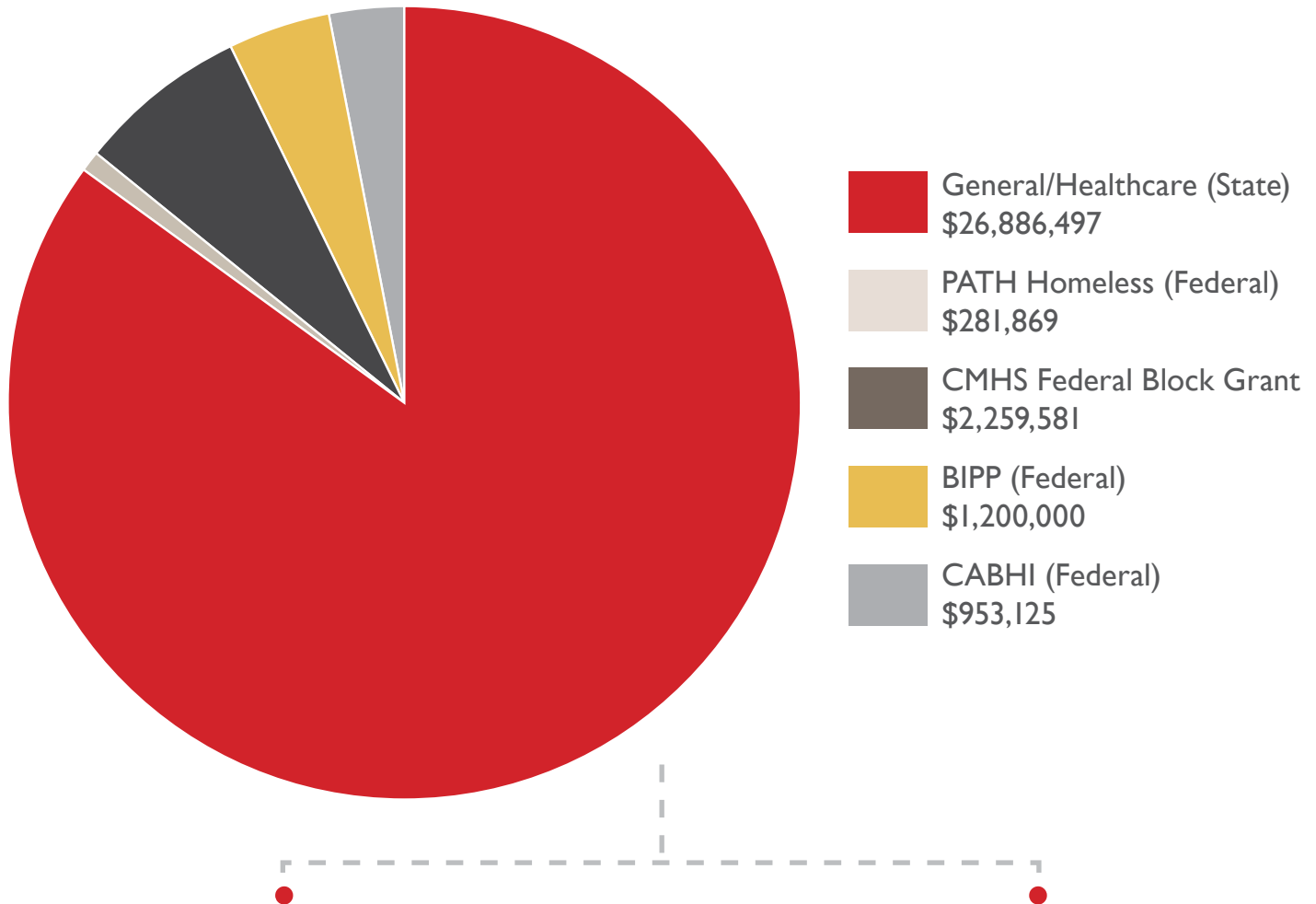
\*Institutions include State and Private ICF/IID, as well as Nursing Homes

### End of FY Census for ID/DD Waiver

	# Discharged	# New Enrolled	Total # of Persons Enrolled End of FY
FY2012	105	96	1831
FY2013	90	256	1961
FY2014	125	291	2189
FY2015	118	205	2296
FY2016	106	325	2503
FY2017	112	202	2646
TOTAL	656	1375 *	2646 - 44% increase since FY2012

\*Does not include persons on waiver d/c and returned to waiver

# ADULT COMMUNITY MENTAL HEALTH FUNDING



**General/Healthcare** - appropriated by the Mississippi State Legislature

**PATH Homeless** - Projects for Assistance in Transition from Homelessness federal grant program administered by the Center for Mental Health Services

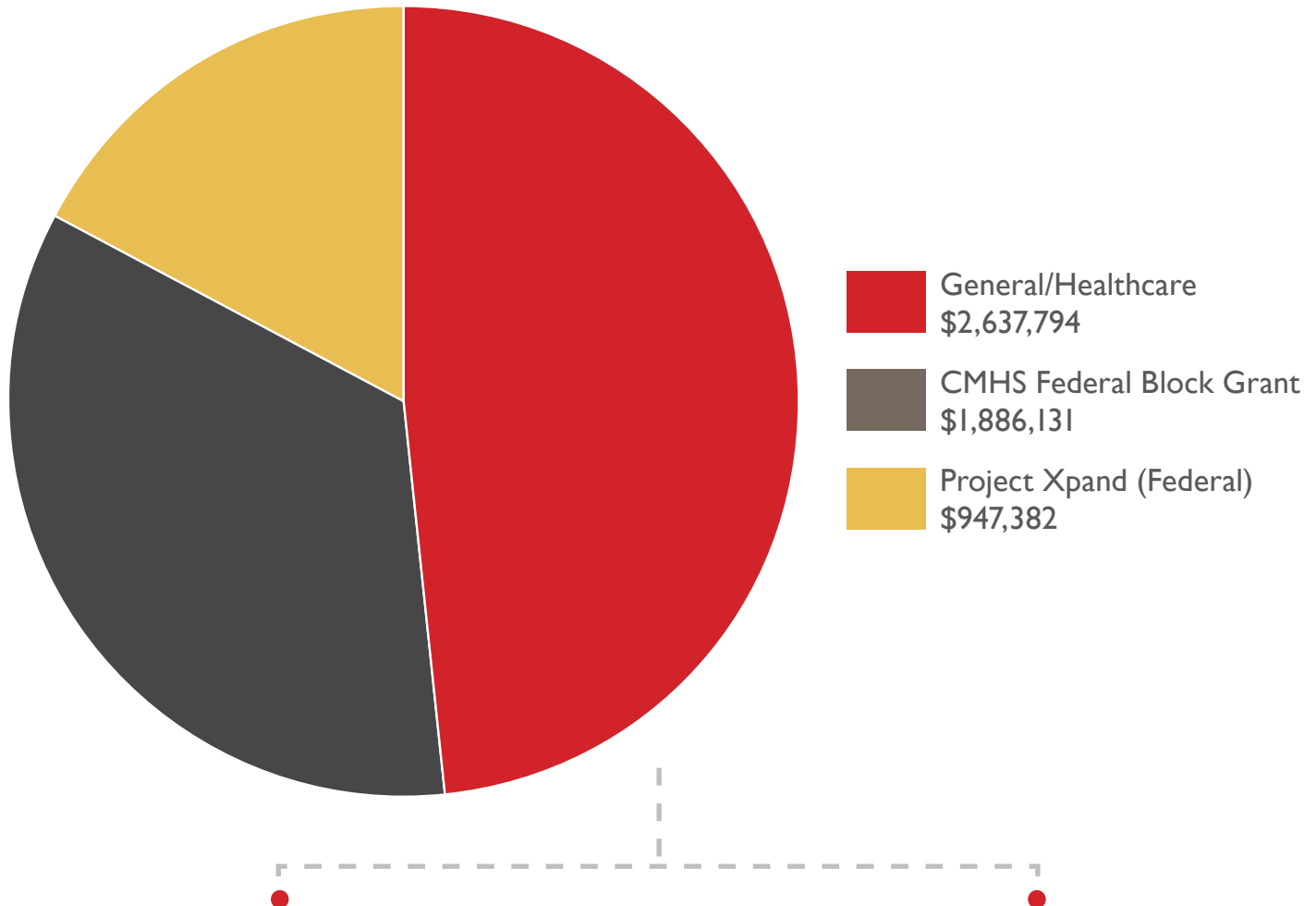
**CMHS Federal Block Grant** - Community Mental Health Services Block Grant mandated by the U.S. Congress

*The Division of Adult Services offer grant funds to community providers for some of the following services:*

- Purchase of Services
- Personal Outcome Measures
- Intensive Case Management
- NAMI
- Drop In Center
- Mobile Crisis Teams
- PACT Teams
- Supported Employment
- Crisis Stabilization Units
- Community Support Services
- Supported/Supervised Housing
- Homeless Services
- Physician Services



## CHILDREN AND YOUTH COMMUNITY MENTAL HEALTH FUNDING

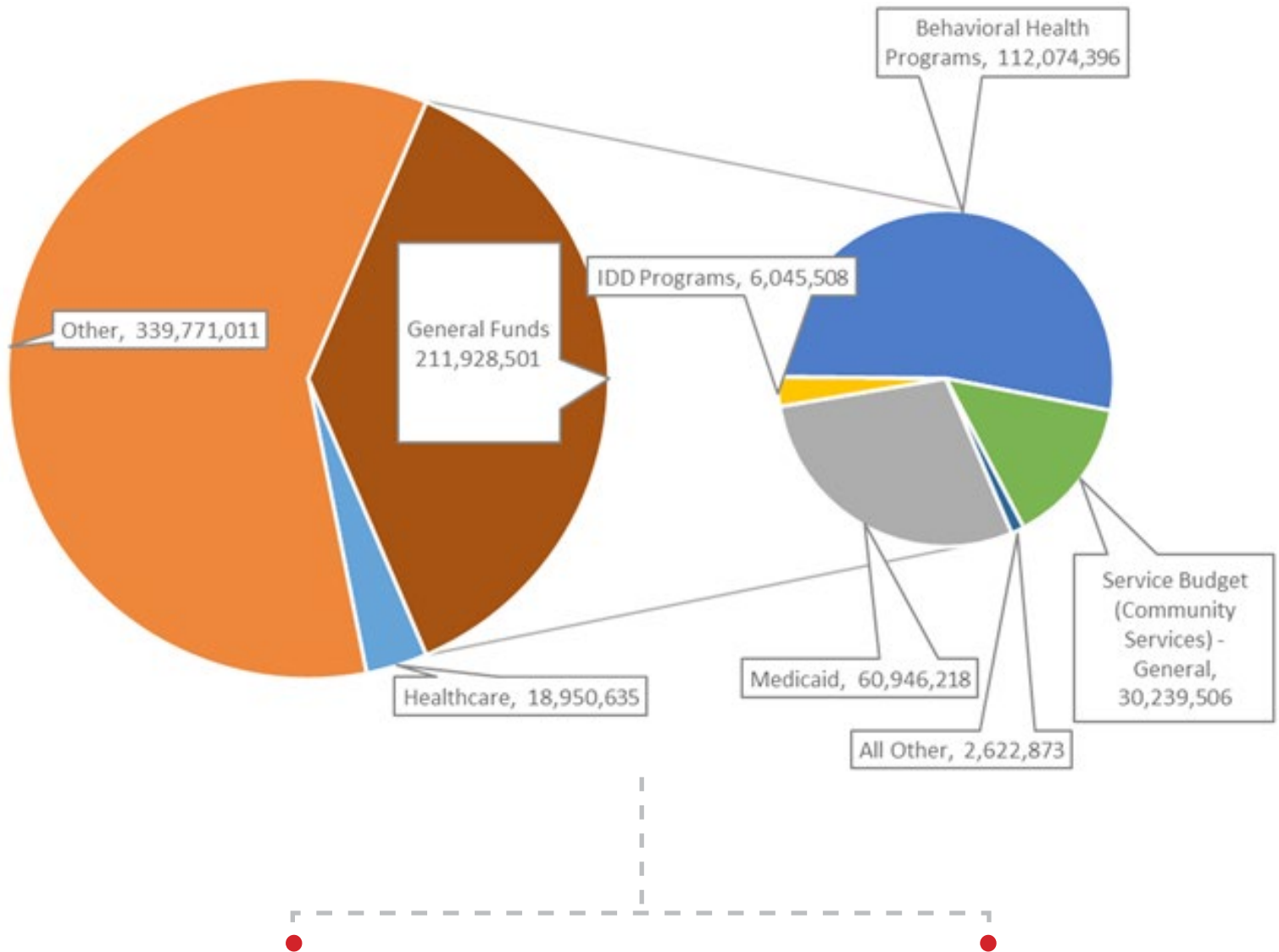


**General/Healthcare** - appropriated by the Mississippi State Legislature  
**CMHS Federal Block Grant** - Community Mental Health Services Block Grant mandated by the U.S. Congress  
**XPand** - Project XPand federal grant funding

*The Division of Children & Youth Services offers grant Funds to Community Providers to provide the following services:*

- Crisis Intervention Services
- MAP Teams
- Juvenile Outreach Programs
- Training for Evidence-based Practices
- Prevention/Early Intervention
- Therapeutic Foster Care
- Therapeutic Group Homes
- Wraparound Facilitation
- Family Education/Support
- Project XPand
- Mississippi Transitional Outreach Program
- Crisis Stabilization Unit

# FUNDING SOURCE EXPENDITURES FY17



## Three types of revenue/funding:

**General Funds** – state funds appropriated by Mississippi Legislature

**Other/Special** – generated by DMH Programs

**Healthcare Trust Fund** – tobacco settlement funds appropriated by Mississippi Legislature

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—● September 2017 ●—