



# Mississippi

DEPARTMENT

# OF Mental Health

— fy18 —



ANNUAL  
REPORT



Mississippi Department of Mental Health  
*Supporting a Better Tomorrow...One Person at a Time*



# 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

Hon. J. Richard Barry

Manda Griffin, Ph.D.

Jim Herzog, Ph.D.

Robert Landrum

John Montgomery, D.O.

Teresa Mosley

Courtney Phillips

Stewart Rutledge

Sampat Shivangi, M.D.

## DMH Executive Director

Diana S. Mikula

## DMH Deputy Director

Steven Allen

*If you need additional copies of the DMH FY18 Annual Report, contact Wendy Bailey, Chief of Staff 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 programs Mississippi Adolescent Center and Hudspeth Regional Center, Ellisville State School and its satellite program South Mississippi Regional Center, and North 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.



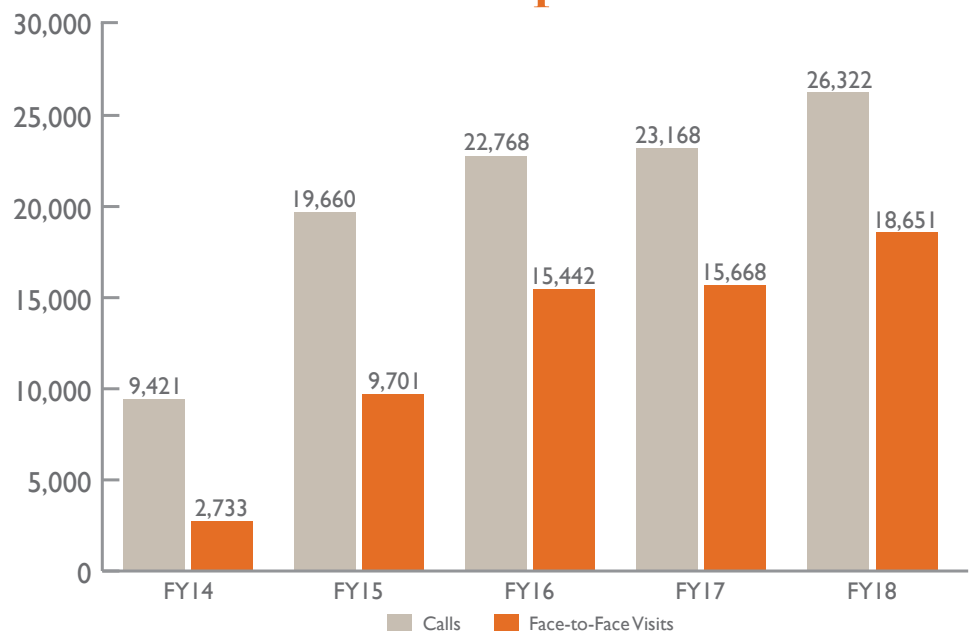
## Mobile Crisis Response Teams

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.

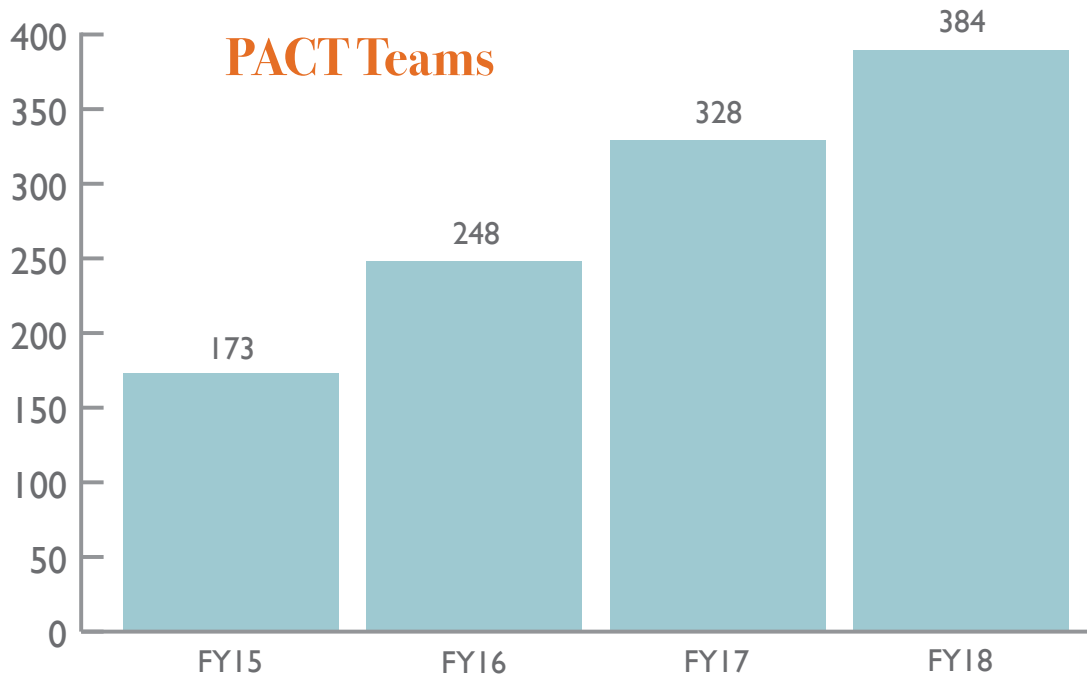
Mobile Crisis Response Teams ensure an individual has a follow-up appointment with their preferred provider and monitor the individual until the appointment takes place. A Mobile Crisis Response Team is staffed with a Master's level Mental Health Therapist, Community Support Specialist and Peer Support 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

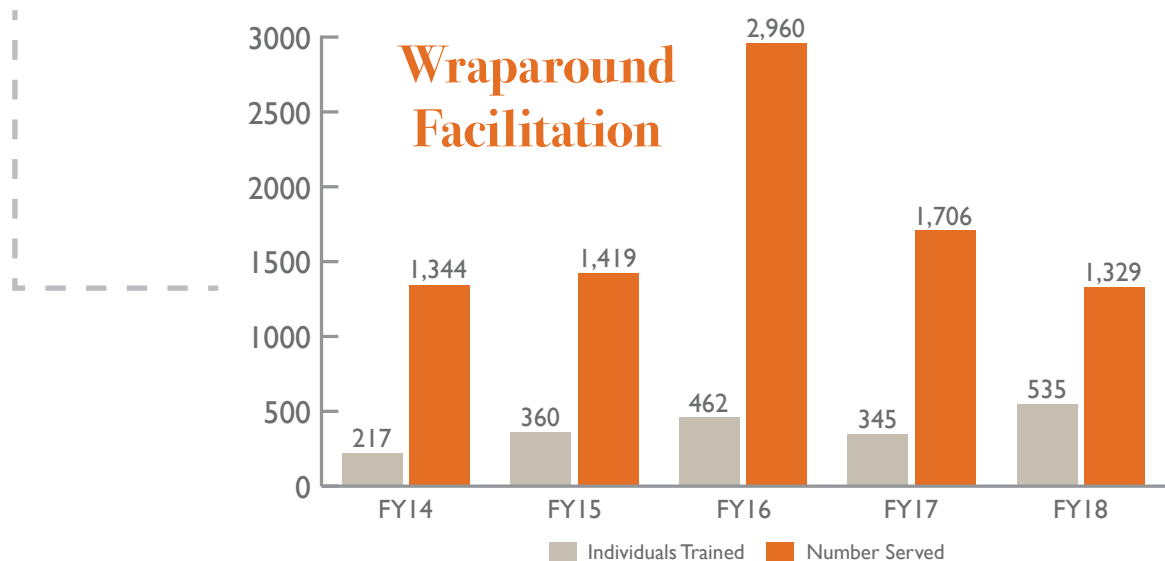
Greenwood	June 2010
Vicksburg/Yazoo	April 2011
Hattiesburg	December 2014
Gulfport/Biloxi	December 2014
Jackson	February 2015
DeSoto	March 2015
Tupelo	June 2015
Meridian	June 2015





## 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.



*\*The second half of FY17 was when DMH began reporting an duplicated number served. Some providers shared duplicated numbers in FY14, FY15, FY16 and part of FY17.*

## 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.

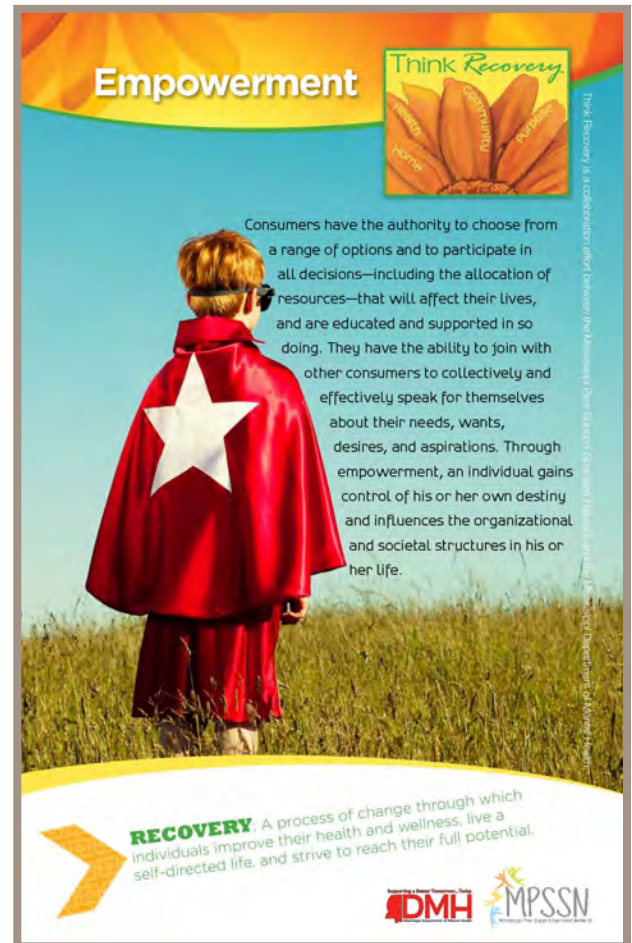


# DMH HIGHLIGHTS

## 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 FY18, there were 230 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 FY18, 211 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. The program is available in all CMHC regions.





## 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 FY18, the DMH Supported Employment Pilot Program assisted 257 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)	119
On-site Monitoring Visits Conducted (includes certification reviews and new service/new program reviews)	190



## 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 FY18, OCS received 7,643 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

Suicide is the third leading cause of death among young adults in Mississippi. Often times, warning signs are missed or a person doesn't know what to do if they know someone who may be having thoughts of suicide. To increase awareness, DMH partnered with the Mississippi Department of Education (MDE) to offer web-based suicide prevention training to all school district staff.

As a result of HB 263 passed during the 2017 Legislative Session, two professional development series were selected for all certified and classified school district staff to complete during the 2017-2018 school year. DMH gathered a focus group consisting of school professionals, people affected by suicide, mental health professionals, and others to provide input on the course selection. During the 2017 – 2018 school year, more than 60,197 school district staff across the state were trained in suicide prevention, with 26 districts left to report.



DMH was also responsible for developing a model policy template on suicide prevention for school districts. According to the law, all school districts are required to adopt a policy for suicide prevention. A template was developed through focus group participation and provided to MDE for implementation.

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The policy template was adapted from the Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources developed by The American Foundation for Suicide Prevention, The American School Counselor Association, the National Association of School Psychologists, and The Trevor Project.

## Combating Opioid Use

In the fall of 2017, DMH began efforts to educate and distribute naloxone, a life-saving medication that blocks or reverses the effects of opioid overdoses, to law enforcement officers in high risk areas to combat overdose deaths. DMH is providing the naloxone through funding provided by the State Targeted Response to the Opioid Crisis grant awarded as part of the 21st Century Cures Act passed by Congress.

To date, DMH has distributed more than 9,814 doses of naloxone and provided education to 5,896 law enforcement officers. At the end of FY18, there were at least 58 lives saved and are likely many others that have not been reported.



# DMH HIGHLIGHTS

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## Community Transition Homes

DMH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi have partnered to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital.

Region 8 began a Community Transition Home for four females in Simpson County in April 2018; with plans to add an additional house for four more females in the near future. Region 9 began a Community Transition Home in May for four males in Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in community.



## Think Again Mississippi

In May 2018, DMH and its partners launched a statewide campaign encouraging Mississippians to change the way they think about mental health. The campaign, Think Again, urges adults, no matter their background, to realize mental health is an essential part of their overall health and wellness.

Think Again encourages Mississippians to toss out their preconceived notions about mental health, focusing on the fact that mental health problems are no different than other health problems. It is important for Mississippians to understand how common mental illness is and that there is nothing to be ashamed of for seeking help. It is important to understand that good mental health and good physical health go hand-in-hand.





# DMH HIGHLIGHTS

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## Juvenile Outreach Programs

What began as an effort to develop a collaborative partnership for Juvenile Outreach Programs (JOP) in 2010 has turned into a sustained program that served 1,760 youth in FY18.

DMH supports 14 JOP 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, and a number of other services to youth with serious emotional disorders and/or mental illnesses who are in detention centers or the juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms, and also to prevent future contacts between them and the youth courts.



## Jail Based Restoration

In 2017, Mississippi State Hospital (MSH) began a jail based restoration pilot program with Region 8 Mental Health Services that is currently offered in Hinds, Rankin and Madison Counties. In this program, Region 8 provides restoration services in the jail setting which can help alleviate wait times. Jail-based services can divert some individuals from ever requiring an admission to the hospital for restoration, removing them from the waiting list. For those cases where admission is required, the provision of services in jail can reduce the time a patient may require inpatient services once admitted to MSH. The overall cost savings already generated by this program has exceeded the annual expense of program.





## Bridging the Gap

“Bridging the Gap” started at South Mississippi State Hospital (SMSH) as a series of quarterly meetings that included outpatient providers and other service agencies in the 15-county SMSH catchment area, where the hospital provides services. The hospital invited legislators, chanceries, and local law enforcement to participate so everyone could get a better knowledge base about mental health services available in the community. The program grew quickly and has evolved into a quarterly resource sharing session that provides an important communication tool for SMSH staff and community service providers as they locate resources and services for people as they are discharged from the hospital. In 2018, the program was replicated at North Mississippi State Hospital in Tupelo, East Mississippi State Hospital in Meridian, and Mississippi State Hospital in Rankin County.

The meetings help ensure continuity of care for adults transitioning from the hospitals back into the community. Community Mental Health Center staff and hospital staff get to discuss patient care directly, including conversations about medication efficacy, new service programs, and how clients sustain recovery in the community.



## Celebrating Mississippians with Intellectual and Developmental Disabilities

DMH and the Intellectual and Developmental Disabilities (IDD) Advisory Council, comprised of service providers and advocacy organizations, launched an IDD Awareness Campaign in recognition of March as IDD Awareness Month. The campaign titled, “Celebrating Mississippians with Intellectual and Developmental Disabilities,” highlights the connection between people with intellectual or developmental disabilities and their communities.



Throughout the month of March, “Celebrating Mississippians with Intellectual and Developmental Disabilities” rolled out videos, stories, posters, and information graphics about people who have an IDD and are embracing choices and enriching their lives through employment, home ownership, social relationships, and a variety of community activities. Celebrating Mississippians with Intellectual and Developmental Disabilities promotes awareness, and illustrates that people with disabilities have the ability to contribute significantly to their schools, families, relationships, neighborhoods, faith communities, and the workforce and the right to work, worship, learn, and enjoy life wherever they choose.





## DMH HIGHLIGHTS

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### Crisis Intervention Teams

Crisis Intervention Teams are partnerships between local law enforcement agencies and a variety of agencies, including Community Mental Health Centers, primary health providers, advocacy groups such as NAMI, and behavioral health professionals. Officers joining a team learn the skills they need to respond to people experiencing a mental health crisis and divert them to an appropriate setting for treatment, ensuring people are not arrested and taken to jail due to the symptoms of their illness. In January and February of 2018, three groups of officers - one in Hinds County, one in Hattiesburg, and another in Meridian - completed Crisis Intervention Team certification in Mississippi. The Hinds County CIT became the fourth fully-operating Crisis Intervention Team in the state, joining the East Mississippi CIT, the Pine Belt CIT, and the Northwest Mississippi CIT. Stakeholders in Forrest County, Lee County, and Adams County are also taking steps to establish a CIT. In FY18, there were 10 CIT Classes conducted with 177 officers graduating and receiving a DPS/DMH Certificate.



### 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. The pilot project consists of two Peer Bridgers at North Mississippi State Hospital (NMSH) and one Peer Bridger at each of the three Community Mental Health Centers – Timber Hills Mental Health Services, Communicare and LIFECORE Health Group. In FY18, a total of 372 people were transitioned from NMSH and connected with a Peer Bridger for continual care in the community. A total of 74% 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.



## Conflict Free Case Management System of Care

Since 2012, DMH has transferred several ID/DD Waiver state-run programs to certified private providers.

- South Mississippi Regional Center's Supervised Living Program to Brandi's Hope Community Services.
- South Mississippi Regional Center's Day Service Program to Millcreek Rehabilitation Centers.
- Ellisville State School's Supervised Living Programs to Pine Belt Mental Healthcare Resources.
- Ellisville State School's Day Services Programs to REM Mississippi, Pine Belt Mental Healthcare Resources, Community Counseling Services, and Weems Community Mental Health.
- North Mississippi Regional Center's Supervised Living Programs to Communicare and Timber Hills.
- North Mississippi Regional Center's Day Services Program to Millcreek Rehabilitation Centers, Timber Hills, and Communicare.
- Hudspeth Regional Center's Supervised Living Programs to Region VIII Mental Health and Willowood Developmental Center.
- Hudspeth Regional Center's Day Service Programs to Weems Community Mental Health and Life Help.

Persons receiving the ID/DD Waiver services including - Home and Community Supports, In-Home Nursing Respite, Supported Living, and Behavior Support from the IDD Regional Programs - were given the opportunity to choose a private certified provider.

CMS issued Final Rules regarding Home and Community Based Services in March 2014. Part of the Final Rule states that a state cannot allow an entity to provide both Waiver services and Support Coordination (case management) for people receiving ID/DD Waiver services; it is perceived as a conflict of interest. Therefore, DMH leadership made the decision to transfer services provided by the four IDD Regional Programs to private providers who do not also provide Support Coordination in order to come into compliance with the Final Rule. With a target date of December 1, 2018, these four designated programs will only provide Support Coordination, Crisis Support and Transition Assistance services.



# ALCOHOL AND DRUG SERVICES

## BUREAU OF ALCOHOL AND DRUG SERVICES

The Bureau of Alcohol and Drug Services (BADS) has the responsibility of administering fiscal resources (state and federal) to the public behavioral health system of prevention, treatment, and recovery supports for persons with substance use disorders.

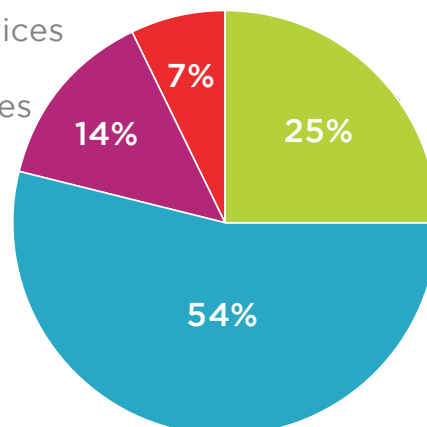
- BADS offers **grant funding** to community providers for the following services:

### 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

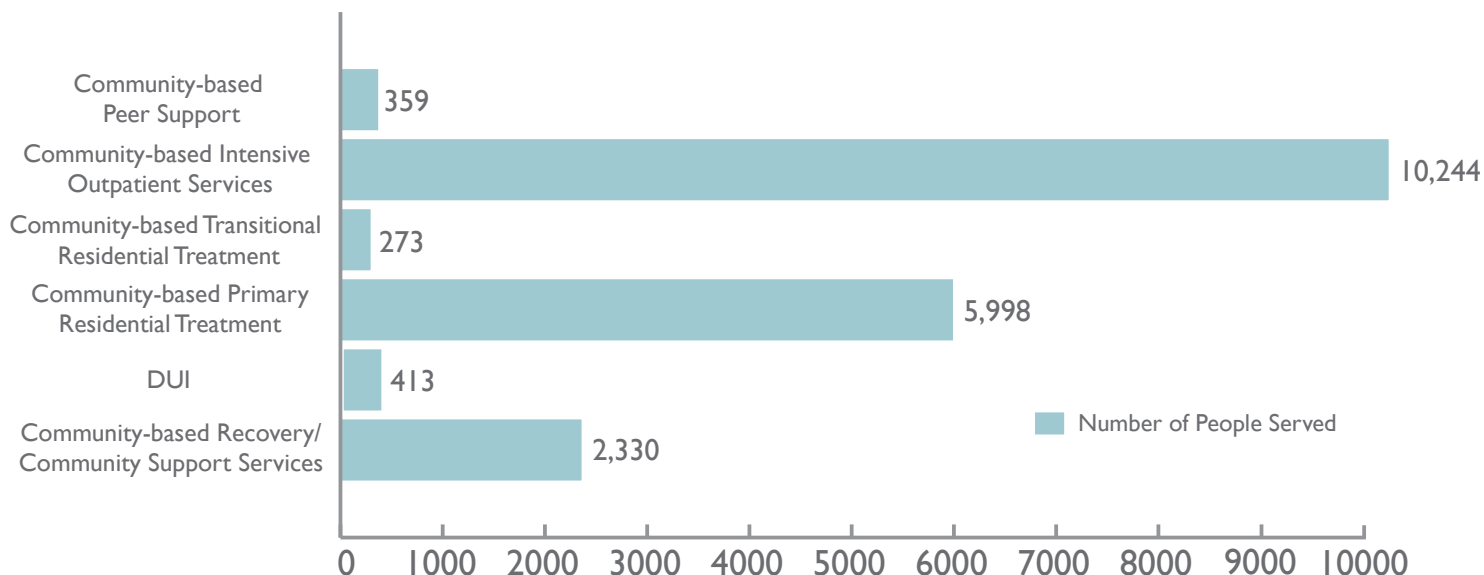


- State Tax Funds; \$6,491,446
- Federal Block Grant; \$13,803,562
- State Targeted Opioid Grant; \$3,584,702
- Federal Prevention Grant; \$1,648,188

# ALCOHOL AND DRUG SERVICES



## Alcohol and Drug Services in FY2018



*\*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)

### 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)

### 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)

### Central Mississippi Residential Center

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

### North Mississippi State Hospital

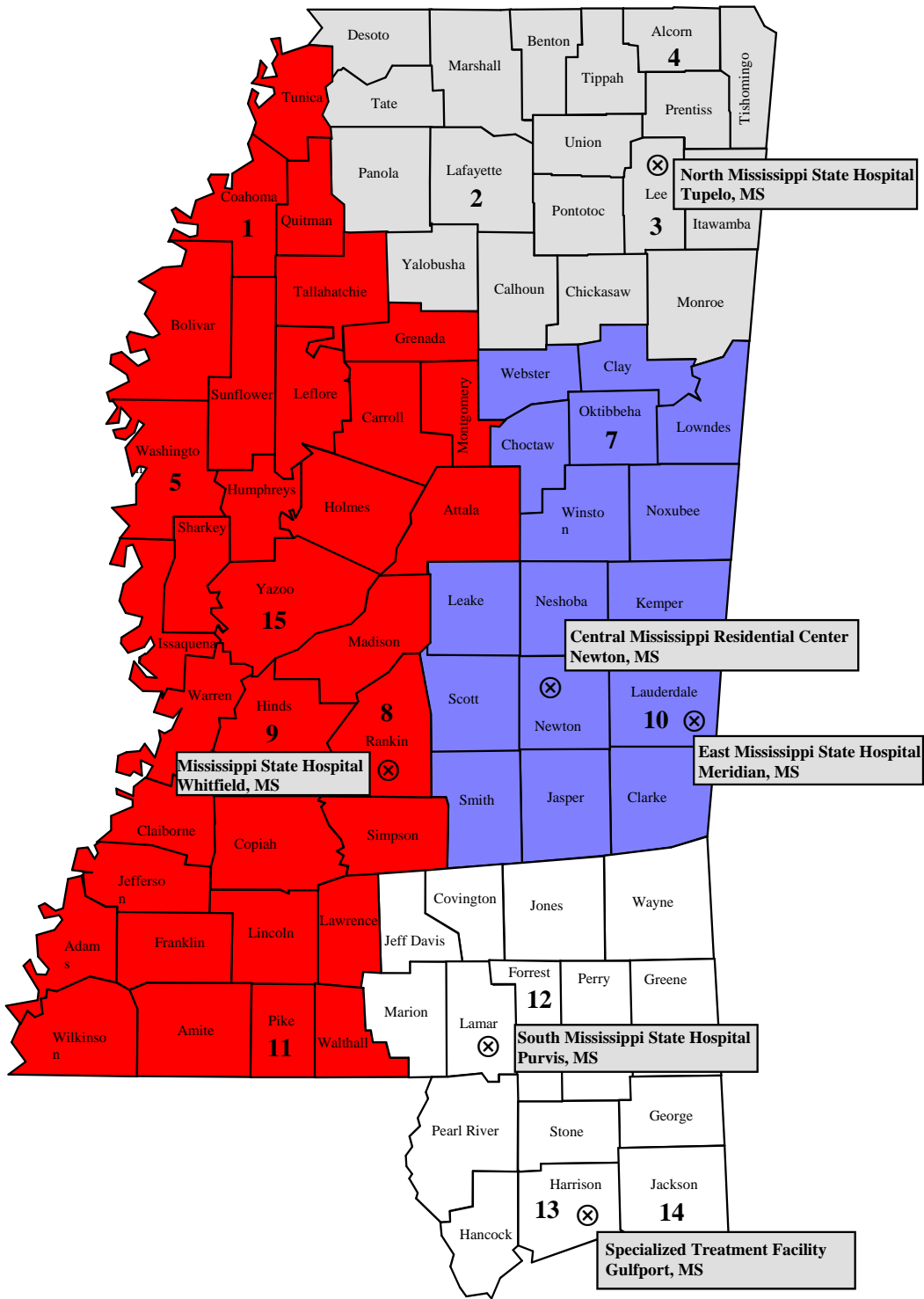
Paul A. Callens, Ph.D., Director  
1937 Briar Ridge Rd.  
Tupelo, MS 38804  
Phone: 662-690-4200  
[www.nmsh.state.ms.us](http://www.nmsh.state.ms.us)

### Specialized Treatment Facility

Shannon Bush, 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

## Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	139	1,030
Continued Treatment Services	92	100
Medical Surgical Hospital	21	140
Oak Circle Center for Adolescents	36	236
Forensics	35	69
Chemical Dependency	50	441
<b>Nursing Home Services</b>		
Jaquith Nursing Home	328	352

## East Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	108	591
Kemper County Group Homes	32	102
<b>Nursing Home Services</b>		
R.P. White and J.P. Champion Nursing Home	159	219

## North Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	541

## South Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	522

## Central Mississippi Residential Center

	Active Beds	Number Served
Community Living	68	128

## Specialized Treatment Facility

	Active Beds	Number Served
Psychiatric Residential	48	139

# BEHAVIORAL HEALTH PROGRAMS



COUNTIES	MSH	EMSH	NMSH	SMSH
Adams	58	1		1
Alcorn		2	38	1
Amite	13			1
Attala	3		1	
Benton		1	7	
Bolivar	8	1		
Calhoun	1	1	18	
Carrol	9		1	
Chickasaw		1	19	
Choctaw		7		
Claiborne	9			
Clarke	1	14		1
Clay		15		
Coahoma	12	1	2	
Copiah	24			
Covington	1	1		15
DeSoto	2	2	85	
Forrest	1	5		75
Franklin	5			1
George	1			11
Greene		1		5
Grenada	12		2	
Hancock				8
Harrison	1	5		99
Hinds	246	5		
Holmes	14	1		
Humphreys	4	1		
Issaquena	1			
Itawamba			8	
Jackson		1		68
Jasper		15		6
Jefferson				23
Jefferson Davis	14			
Jones	1	3		34
Kemper		3	1	
Lafayette	3	3	52	
Lamar	1	1		33
Lauderdale	4	123	11	20
Lawrence	27	1		
Leake		19		2
Lee	1	1	50	
Leflore	40	2	8	
Lincoln	6	2		2
Lowndes		54		
Madison	18	1		

Breakdown of number of adult psychiatric admissions by county and DMH Behavioral Health Program. Represents admissions from July 1, 2017 – June 30, 2018.

COUNTIES	MSH	EMSH	NMSH	SMSH
Marion				31
Marshall			17	
Monroe	1	2	10	
Montgomery	9		2	
Neshoba		10	1	2
Newton		29		3
Noxubee		32	2	1
Oktibbeha		19	1	
Panola	1	2	50	
Pearl River		1		16
Perry		2		16
Pike	43			4
Pontotoc			13	
Prentiss			20	
Quitman	5			
Rankin	82	1		1
Scott		44	5	6
Sharkey	4			
Simpson	27	6		2
Smith	2	33	6	4
Stone	1			6
Sunflower	27	1	2	
Tallahatchie	3		1	
Tate			11	
Tippah	1		8	
Tishomingo			16	
Tunica	10		1	
Union			5	
Walthall	9			
Warren	36	1		
Washington	29	1	5	
Wayne		2		22
Webster		4		
Wilkinson	21			
Winston		14	3	2
Yalobusha			12	
Yazoo	8			



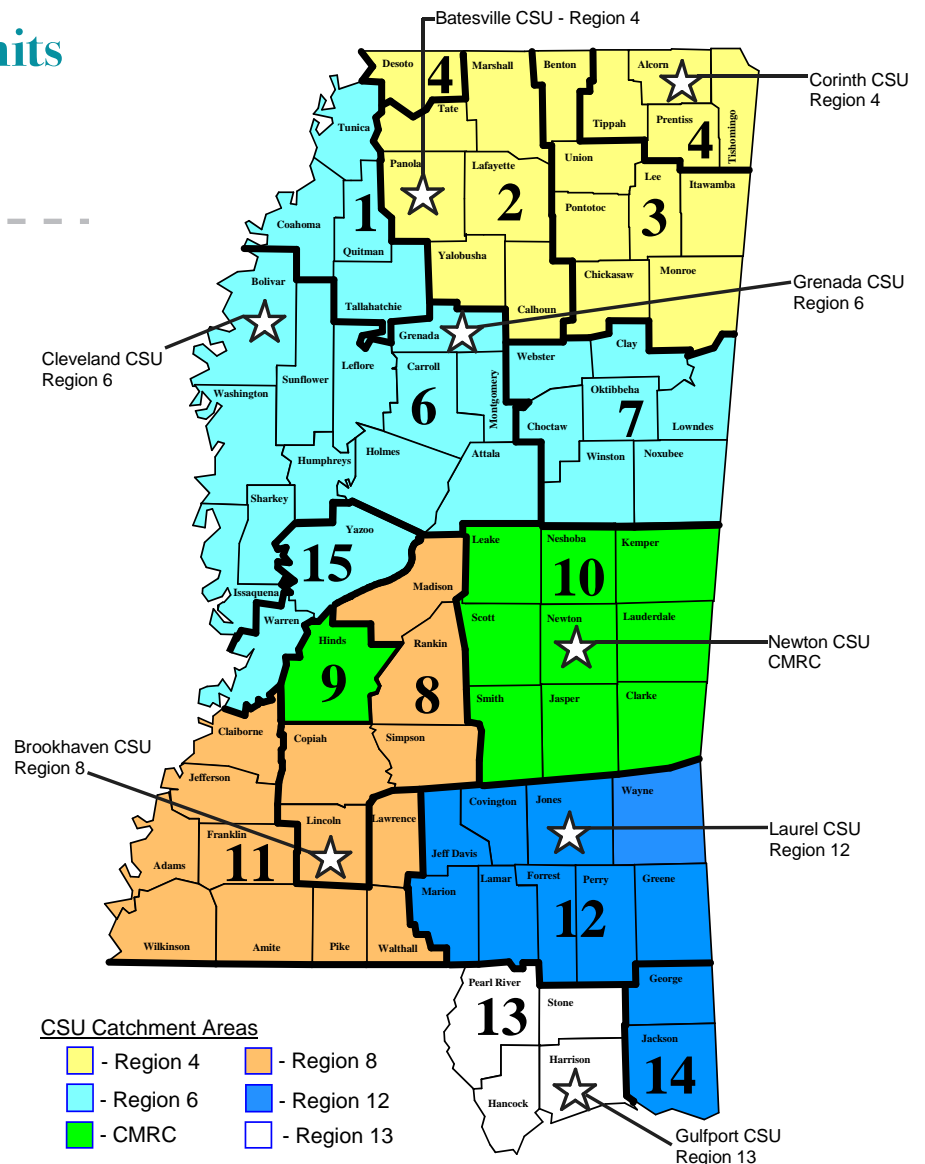
# CRISIS STABILIZATION UNITS

*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

CSU FY18 Data

CSU	Number of Individuals Served
Batesville	377
Brookhaven	386
Cleveland	403
Corinth	493
Grenada	403
Gulfport	517
Laurel	400
Newton	534
<b>Total</b>	<b>3,513</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**

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

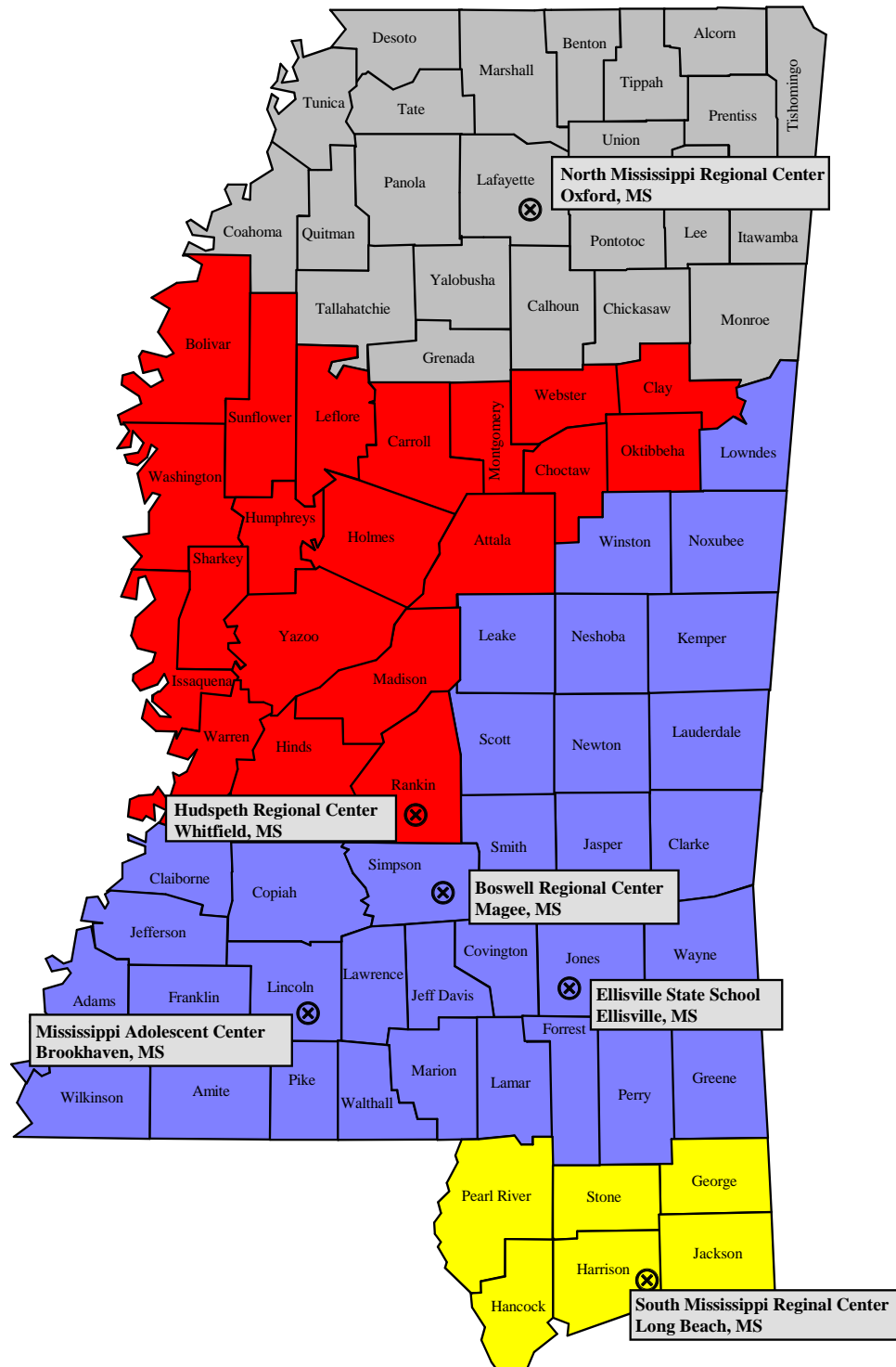
## **Mississippi Adolescent Center**

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	263
ICF/IID Community Homes	140
Supervised Living	41
Supported Living	20
ID/DD Waiver Support Coordination	818

## Hudspeth Regional Center

	Individuals Served
ICF/IID Campus	229
ICF/IID Community Homes	120
Supervised Living	34
Supported Living	33
ID/DD Waiver Support Coordination	727

## North Mississippi Regional Center

	Individuals Served
ICF/IID Campus	217
ICF/IID Community Homes	179
Supervised Living	24
Supported Living	0
ID/DD Waiver Support Coordination	548

## Boswell Regional Center

	Individuals Served
ICF/IID Campus	107
ICF/IID Community Homes	50
Supervised Living	129
Supported Living	41
ID/DD Waiver Support Coordination	0*

*\*No longer provides due to conflict free case management.*

## South Mississippi Regional Center

	Individuals Served
ICF/IID Campus	111
ICF/IID Community Homes	82
Supervised Living	8
Supported Living	10
ID/DD Waiver Support Coordination	564

## Mississippi Adolescent Center

Total Served	37
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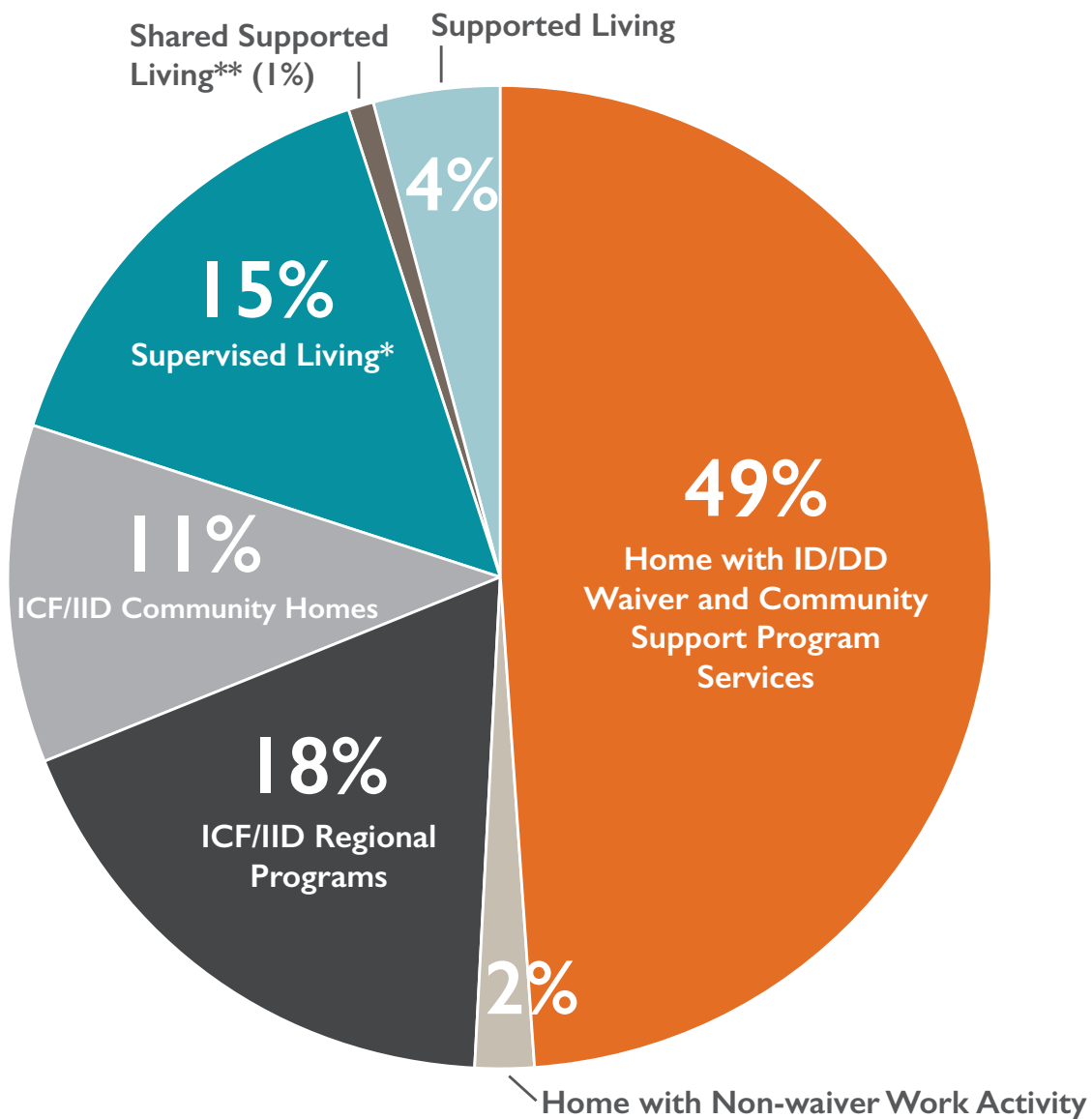
*The decrease in numbers for Supervised and Supported Living at four Regional Programs in FY 18 is directly correlated with those services transferring to other certified providers. Boswell Regional Center will be the only State program to provide these services in FY19.*



## IDD REGIONAL PROGRAMS

### Serving Individuals with Intellectual and Developmental Disabilities

#### *Where Do They Live?*



\*Total ID/DD Waiver and Non-Waiver

\*\* ID/DD Waiver Shared Supported Living began FY18

\*\*\* Community Support Program 1915 (i) includes: Day Habilitation, Prevocational, and Supported Employment Services

# IDD REGIONAL PROGRAMS



## Serving Individuals with Intellectual and Developmental Disabilities

### *Where Do They Live?*

Residence	6/30/18 Census	%
Regional Programs	899	18
ICF/IID Community Homes	540	11
Supervised Living*	775	15
Shared Supported Living* **	70	1
Supported Living*	197	4
Home with IDD Waiver and CSP Services	2512	49
Home-Non-Waiver Work Activity	84	2
Total Census	5077	100%

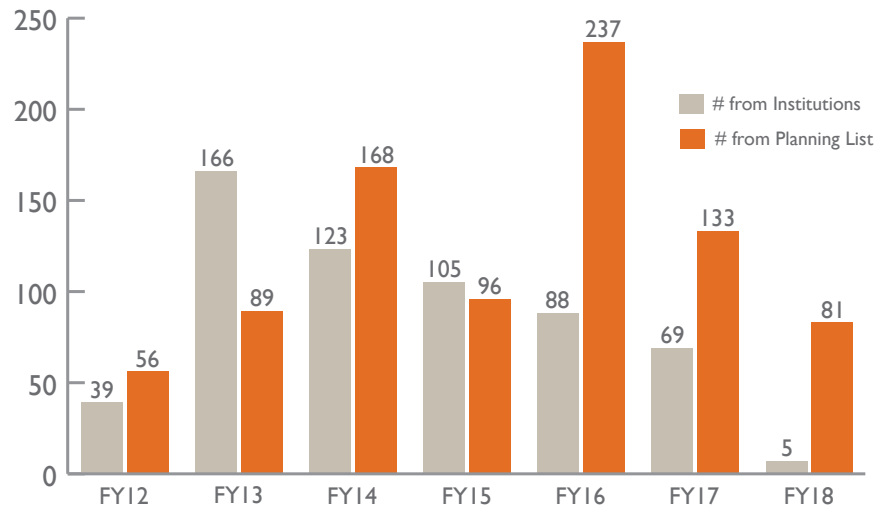
\*Waiver and Non-Waiver \*\*Shared Supported Living began FY18  
Census as of 6/30/18 DMH Monthly Data Report

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	Census as of 1/1/2018	Census as of 6/30/2018	% Reduced
NMRC	277	249	246	233	227	215	213	207	25.2%
HRC	280	252	245	243	235	226	225	217	22.5%
ESS	436	304	285	277	278	263	249	244	44.0%
BRC	139	107	105	96	92	93	95	95	31.6%
SMRC	160	138	128	125	120	110	109	104	35.0%
MAC	32	32	31	31	32	31	32	32	0%
Total	1324	1082	1028	1005	984	938	923	899	32.0%



# IDD REGIONAL PROGRAMS

## New Enrollment in ID/DD Waiver



	# 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
FY2018	5	81	86
TOTAL	595	860	1455

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

\*\*The number of people transitioned to waiver services is a reflection of Section 22 of DMH's appropriations bill capping the ID/DD Home and Community Based Waiver spending at a cost not to exceed \$28.5 million.

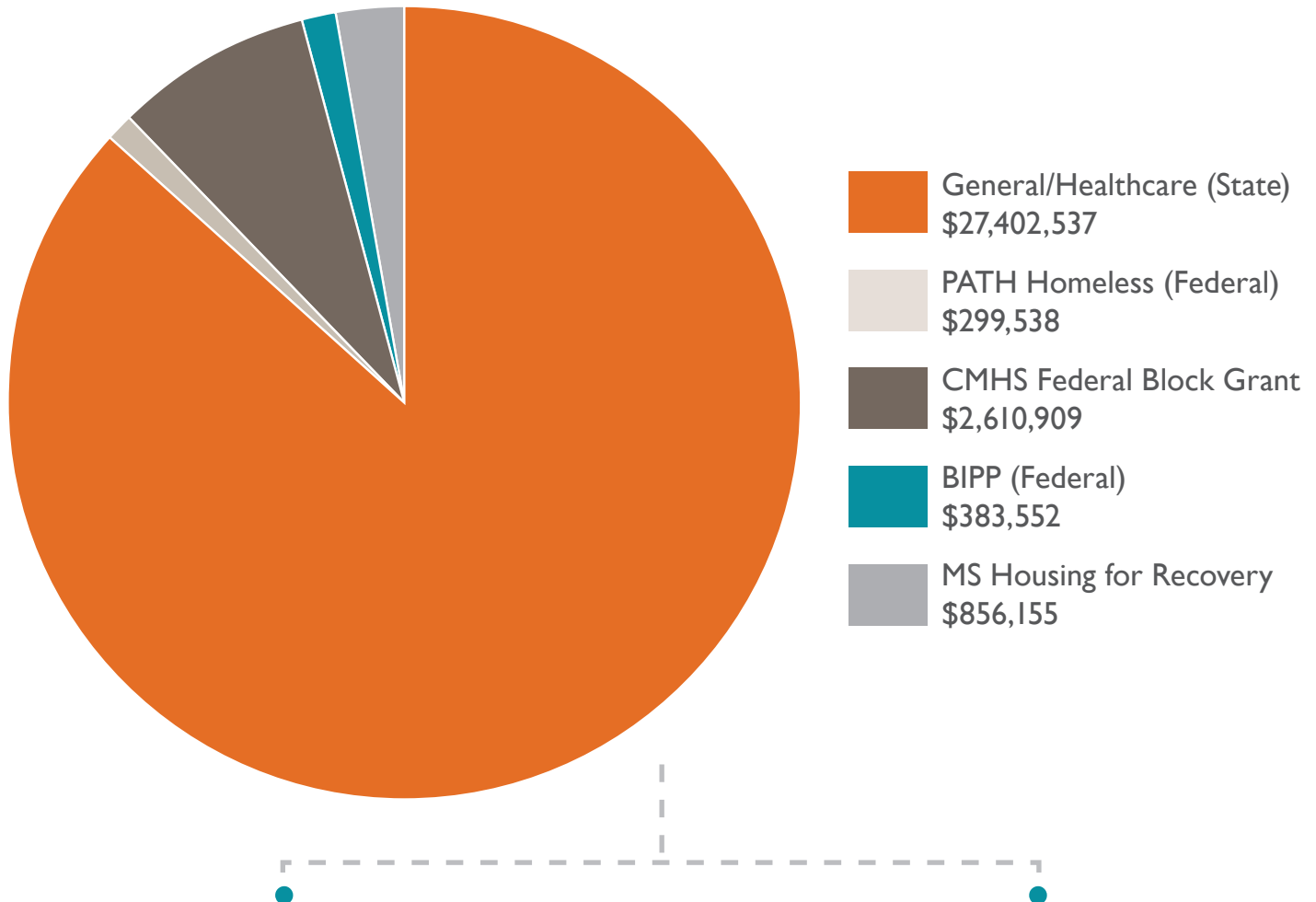
## End of FY Census for ID/DD Waiver

	# Discharged	# New Enrolled	Total # of Persons Enrolled End of FY
FY2012	105	95	1831
FY2013	90	255	1961
FY2014	125	291	2189
FY2015	118	201	2296
FY2016	106	325	2503
FY2017	112	202	2646
FY2018	85	86	2682
TOTAL	741	1455 *	46% 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

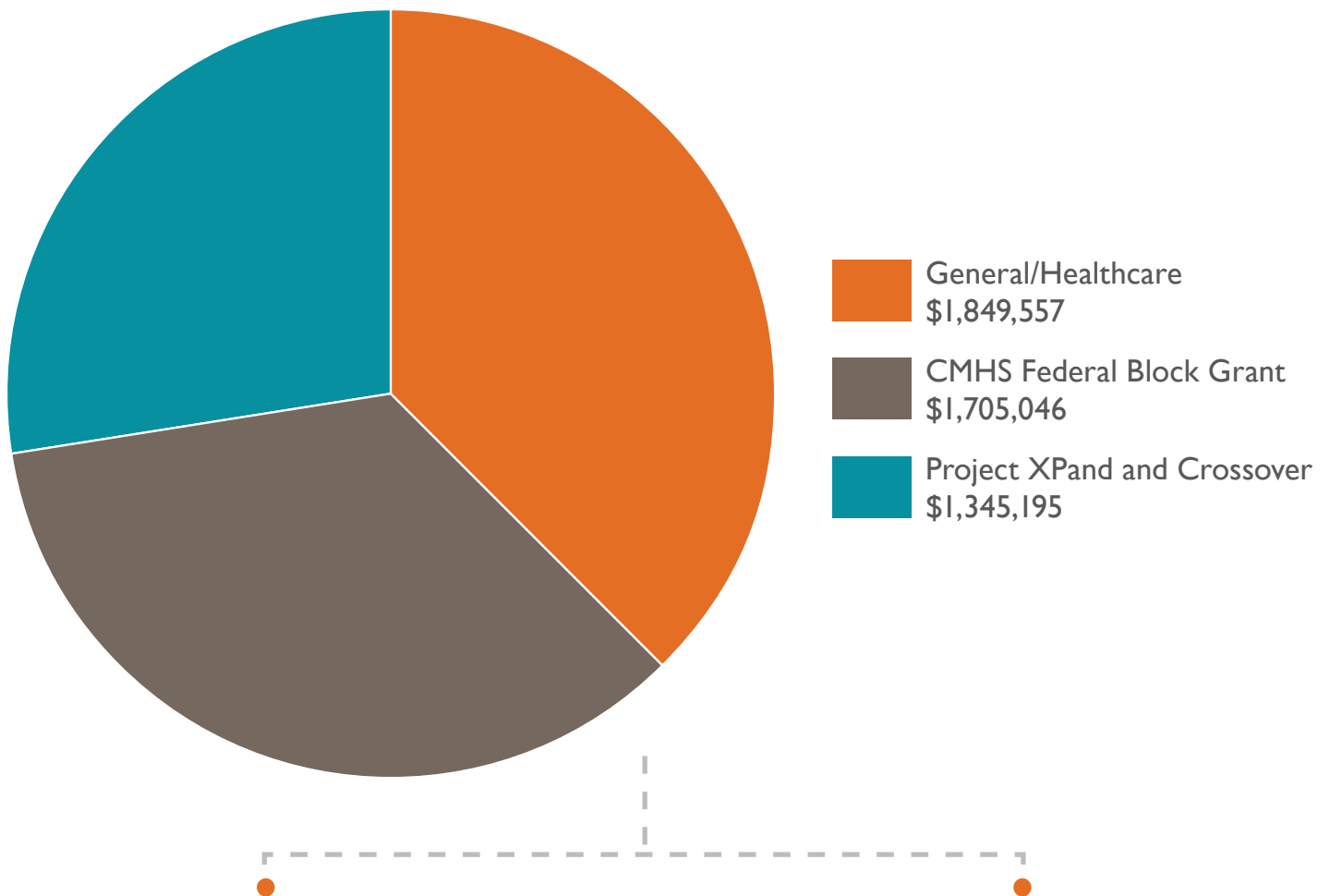
**CMHS Federal Block Grant** - Community Mental Health Services Block Grant mandated by the U.S. Congress

*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

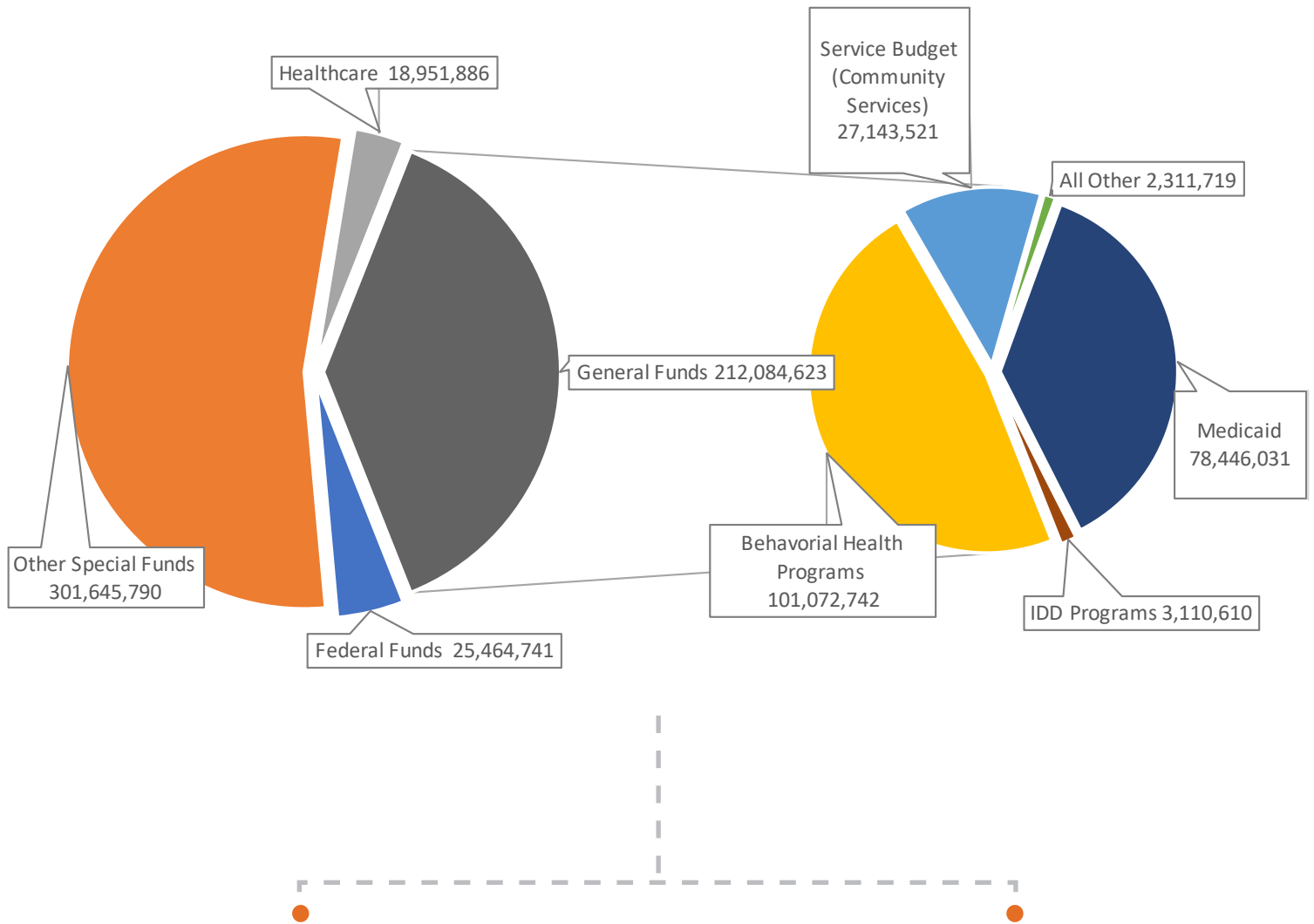


**General/Healthcare** - appropriated by the Mississippi State Legislature  
**CMHS Federal Block Grant** - Community Mental Health Services Block Grant mandated by the U.S. Congress  
**XPand** - Project XPand federal grant funding

*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 FY18



## Four 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

**Federal Funds** – federal grant revenue



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— September 2018 —