

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT

FY20





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

Manda Griffin, DNP

Jim Herzog, Ph.D.

Alyssa Killebrew, 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 for
Programmatic Services**

Steven Allen

**DMH Deputy Director for
Administrative Services**

Wendy Bailey

*If you need additional copies of the DMH FY20
Annual Report, contact Adam Moore, Director of
Planning and Communications at 601-359-2287 or
adam.moore@dmh.ms.gov.*

OVERVIEW OF SERVICE SYSTEM



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.

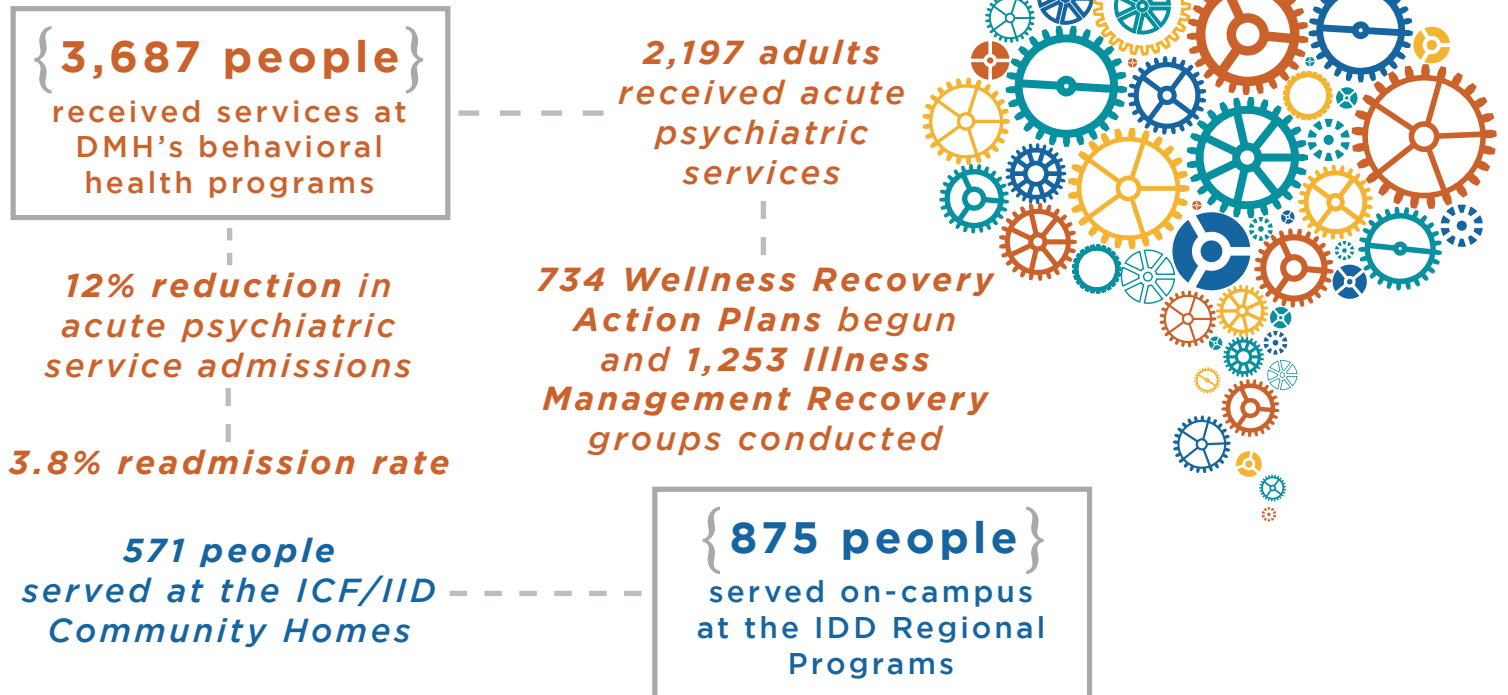
Innovation We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

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.

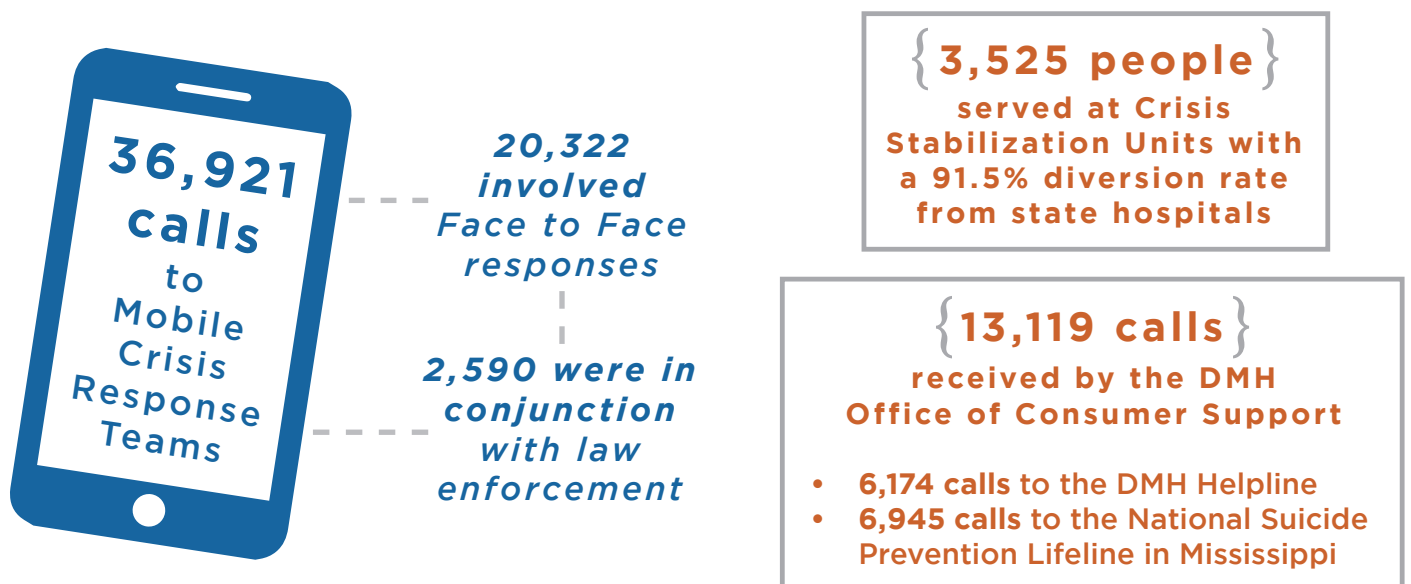
FY20 STRATEGIC PLAN — HIGHLIGHTS AT A GLANCE



DMH Programs



Crisis Services





FY20 STRATEGIC PLAN HIGHLIGHTS AT A GLANCE

Community Services

{ 535 people }

served by PACT teams

- 215 new admissions in FY20
- 10 Programs of Assertive Community Treatment in Mississippi

Six Intensive Community Outreach and Recovery Teams (ICORT) and more coming in FY21

30% increase in the number of people receiving PACT and ICORT services

115 people received ICORT services in FY20

{ 11 sites }

offered **Supported Employment** services for people with serious mental illness

280 people employed through these services in FY20

518 people trained in Youth Mental Health First Aid

{ 2,080 children and youth }

served by **Wraparound Facilitation**

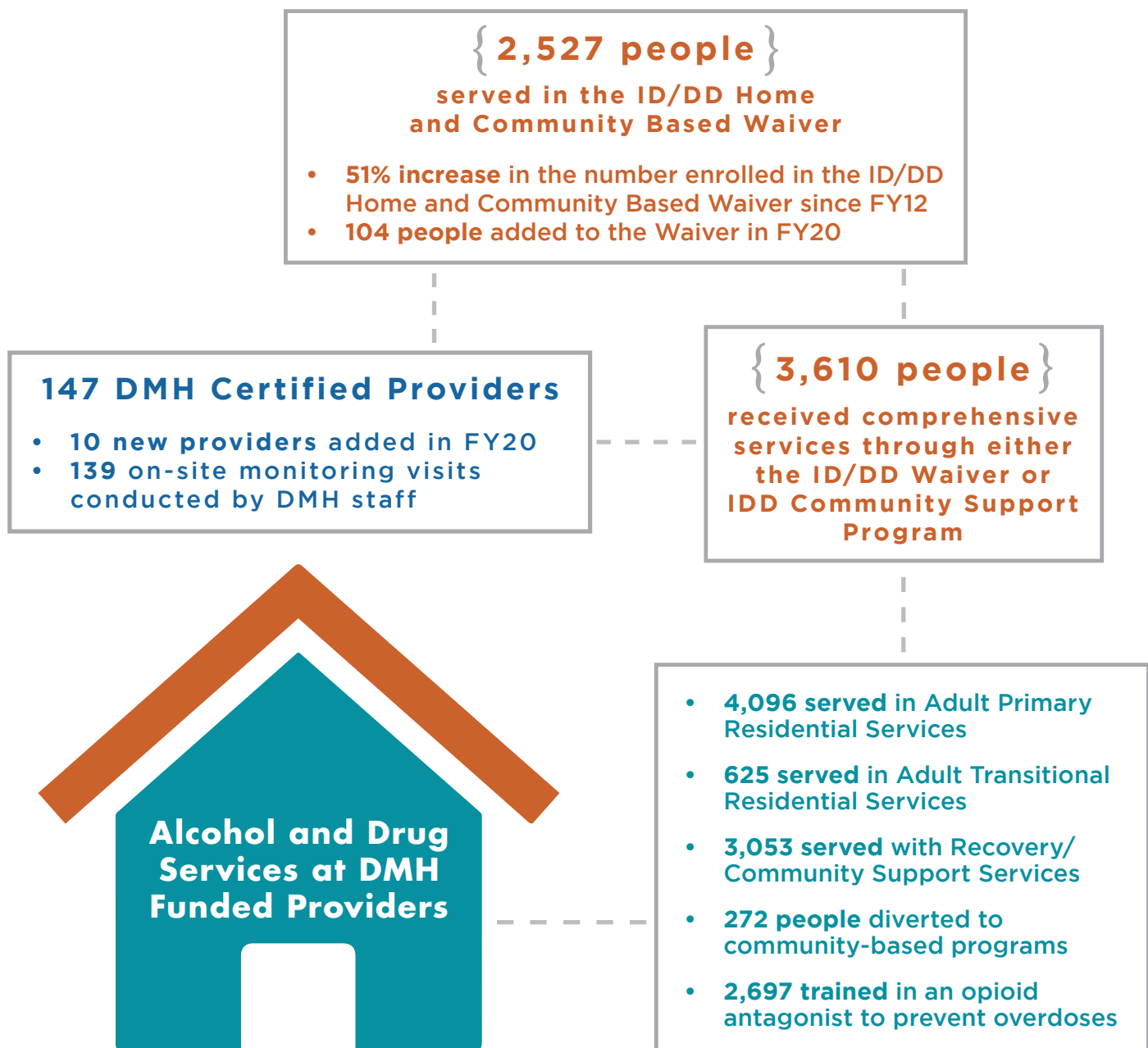
- 324 people trained in Wraparound Facilitation
- 16 providers certified to provide Wraparound Facilitation



FY20 STRATEGIC PLAN — HIGHLIGHTS AT A GLANCE



Community Services





DMH HIGHLIGHTS

Mental Health Mississippi Web Site

DMH launched a web site, www.mentalhealthms.com, in March 2020 to serve as a comprehensive hub for mental health services in Mississippi. Users can find mental health services for children and adults in their counties, learn more about the Mobile Crisis Response Teams, Crisis Stabilization Units and other crisis services in their area, view Recovery Stories and learn about other service options and advocacy organizations. Mental health providers are able to submit a request easily to include their services to the treatment options that are included on the web site. As services are expanding across the state, DMH wants to help Mississippians know what services are available and how to access those services.



Enhancing School Safety

In response to the School Safety Act of 2019 passed by the Mississippi Legislature, DMH and the Mississippi Department of Education have worked to implement a pilot project that consists of a Social Emotional Learning (SEL) curriculum that was under development during FY20. Due to the COVID-19 pandemic, the schools participating in the pilot program will implement their chosen curriculum no later than October 1, 2020. Ten school districts applied to participate in the SEL curriculum pilot program and all 10 were chosen and will participate. The program will include 23 schools from the following districts: Cleveland School District, Jackson Public School District, MS Achievement School District, Meridian Public School District, Natchez-Adams School District, Pontotoc School District, Rankin County School District, Vicksburg-Warren School District, West Tallahatchie School District, and Western Line School District. In November 2019, DMH used a focus group to also review and select refresher trainings on mental health and suicide prevention that will be required every two years for all school employees and personnel.

South Mississippi Peer Bridger Incentive Project

To enhance the current transition process and decrease a person's need for readmissions to a higher level of care, the South Mississippi Peer Bridger Incentive Project began development during FY20, with full implementation to begin in the first quarter of FY21. Peer Bridgers are Certified Peer Support Specialists who serve as outreach liaisons to support people transitioning from a state hospital into outpatient care at their local Community Mental Health Center. Peer Bridgers have been utilized at North Mississippi State Hospital. This expansion of the Peer Bridger program at South Mississippi State Hospital and Regions 12, 13, and 14 will offer incentives in the form of vouchers for follow-up appointments that people attend. Additional vouchers may be offered for other health-related items, such as tobacco cessation. DMH will track several data components, such as readmission rates, admissions to Crisis Stabilization Units, and number of follow-up appointments attended. The goal is to see an increase in follow-up appointments and a decrease in readmissions. The project is funded by the Substance Abuse and Mental Health Services Administration and National Association of State Mental Health Program Directors Transformation Transfer Initiative.



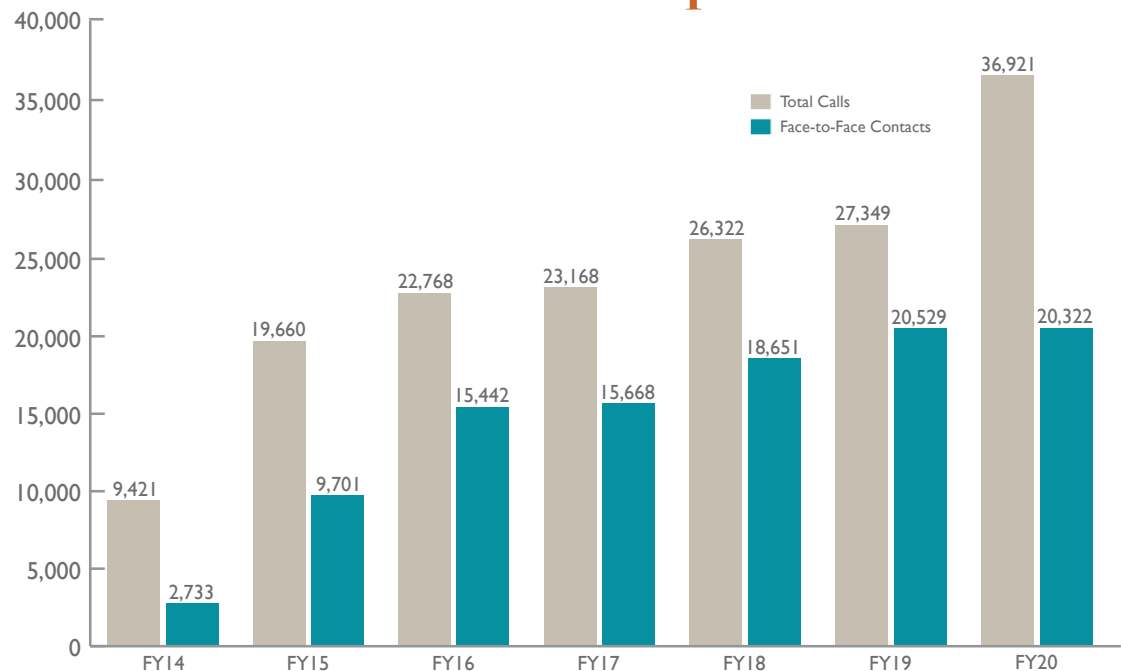
Mobile Crisis Response Teams

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

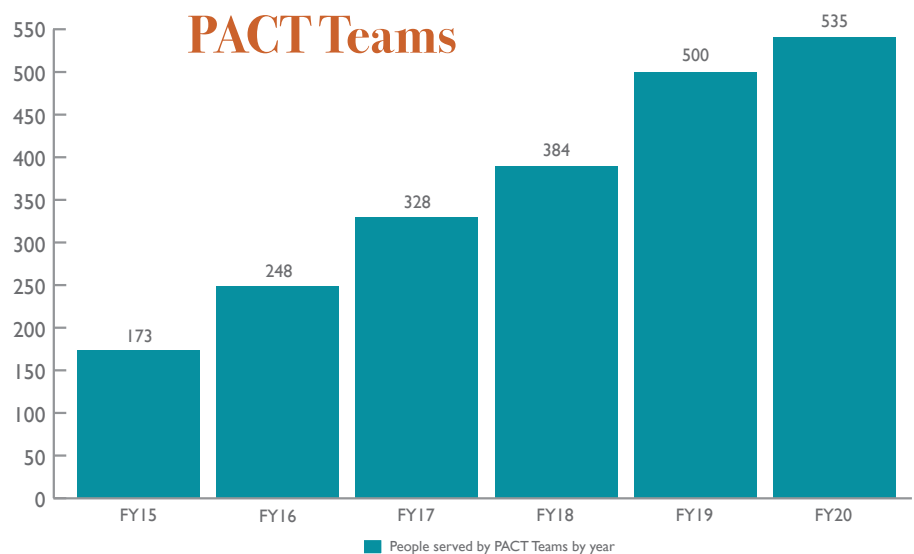




DMH HIGHLIGHTS

Programs of Assertive Community Treatment Teams

Mississippi has 10 PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT Teams), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center, Region 8 Mental Health Services and Timber Hills Mental Health Services (operates two PACT Teams). 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. A PACT team includes a team leader, psychiatrist or a psychiatric nurse practitioner, two registered nurses, a master's level mental health professional, a substance use specialist, an employment specialist, a Certified Peer Support Specialist, an administrative assistant, and additional clinical personnel.



Intensive Community Outreach Recovery Teams

In FY19, DMH further expanded community-based services by shifting an additional \$13.3 million from institutional budgets to the Service Budget to reduce the reliance on institutional care. This shift included funding for a pilot program for an Intensive Community Outreach Recovery Team (ICORT) in Region 2. DMH funded five new ICORT teams in FY20, for a total of six teams that are now operational in Regions 1, 2, 6, 7, 11, and 14.

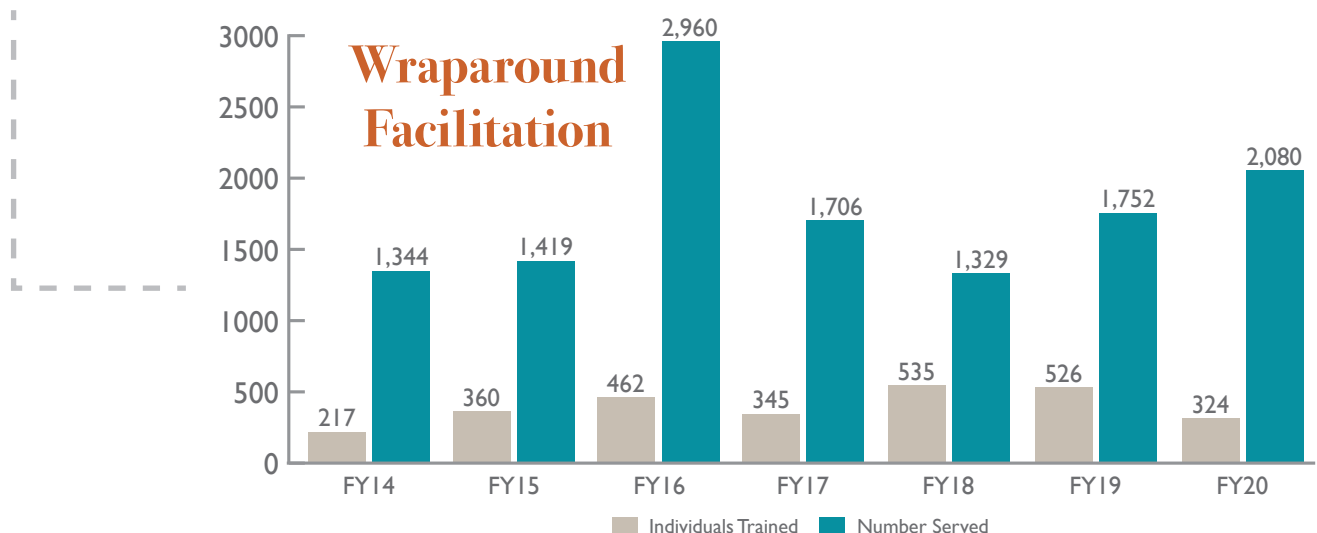
Similar to PACT, these teams provide intensive, mobile services to people who have severe and persistent mental illness. However, an ICORT has fewer staffing requirements and higher staff-client ratios than a traditional PACT Team, allowing them to target more rural areas where there may be staffing issues or clients are spread over a large geographical area. An ICORT is staffed with a registered nurse, a master's level mental health therapist, a Certified Peer Support Specialist, an administrative assistant, and can also utilize a part-time Community Support Specialist.

ICORTs served a total of 115 people in FY20. There was a 30 percent increase in the number of individuals receiving the intensive support services of PACT and ICORT in FY20.



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.



**DMH began reporting an unduplicated number served in the second half of FY17. 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

A Certified Peer Support Specialist (CPSS) is an individual who has received or currently receives mental health services, or a parent/caregiver with experience raising a child with an emotional, mental, or behavioral disorder. The CPSS training is an intensive, 34-hour course followed by a written exam. 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 CPSS program has expanded with designations of Parent/Caregiver CPSS, CPSS Young Adult, and CPSS – Recovery. These designations include customized training blocks within the CPSS training program. A Parent/Caregiver designation focuses on those who will be working with children with behavioral health issues. A CPSS Young Adult is someone between the ages of 18-26 with lived experience with a behavioral health or substance use diagnosis. The CPSS – Recovery designation is for adults with lived experience of substance use. The CPSS-R designation was developed throughout FY20, with the first training taking place in September 2020 with 24 participants.

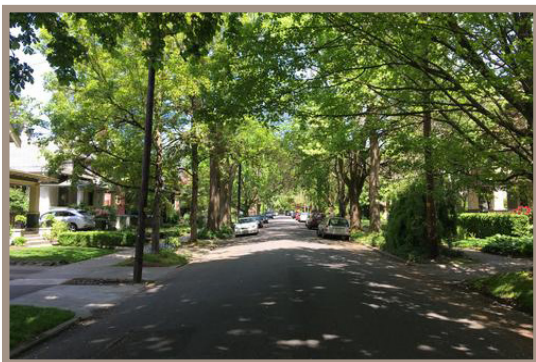


Mississippi held five CPSS Trainings in FY20. During the year, six young people participated in the CPSS Young Adult training, which was developed in conjunction with NAMI Mississippi. Also in FY20, a total of 33 Parent/Caregiver designations were received. DMH also continues to use CPSS Ambassadors to support CPSSs and educate interested stakeholders about peer support. FY20 is the first year to utilize CPSS Ambassadors to support CPSSs upon hire and provide individualized support for up to six months.

At the end of FY20, there were 271 CPSSs (actively employed) in Mississippi.

Though training opportunities were limited due to the COVID-19 pandemic, DMH implemented a virtual training model that included CPSS training, CPSS Supervisor training, and the Golden Thread training for a focus on a person-centered and recovery-oriented system of care.

CHOICE Supported Housing Program



In FY16, the Mississippi Legislature appropriated funding to establish a housing partnership now known as CHOICE – Creating Housing Options in Communities for Everyone. **In FY20, 258 individuals received housing services through CHOICE**, as reported by Mississippi Home Corporation. CHOICE is a partnership between DMH, Mississippi Home Corporation, Mississippi United to End Homelessness (MUTEH), and Open Doors Homeless Coalition. MUTEH can house individuals in all 82 Mississippi counties, and Open Doors can house them in the southern-most six counties in the state. CHOICE can provide funding for a security deposit, utility deposit, and up to 12 months of rent. While CHOICE provides the assistance that makes the housing affordable, local Community Mental Health Centers (CMHC) 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 addition to Individual Placement and Support (IPS) Supported Employment sites in Regions 2, 7, 10, and 12, DMH has partnered with the Mississippi Department of Rehabilitation Services for a Support Employment Expansion program that began in Regions 3, 4, 8, 9, 11, 14, and 15 during FY20. Through the collaboration, CMHCs have hired or designated Supported Employment Specialists to work alongside vocational rehabilitation counselors to coordinate employment services and monitor the health of the employees. Supported Employment, an evidence-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. **There were 280 people employed through supported employment programs in FY20.**

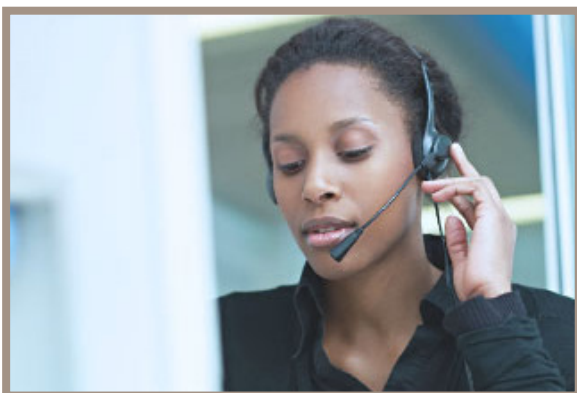
Certification of Providers

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 FY20)	147
On-site Monitoring Visits Conducted (includes certification reviews and new service/new program reviews)	139

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 FY20, OCS received 13,119 documented calls directly through the DMH Helpline (6,174 calls) and National Suicide Prevention Lifeline (6,945 calls).** 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. To combat this statistic, DMH has several initiatives to increase awareness of the warning signs and risks related to people who may be having thoughts of suicide, including the continuation of its awareness campaign, Shatter the Silence: Suicide – The Secret You Shouldn't Keep. The campaign encourages young people to talk through their feelings with friends and trusted adults, and has since expanded to include training presentations and materials for adults, with specific presentations for law enforcement, military, correctional officers, and faith-based communities. DMH has partnered with the Mississippi Department of Public Safety to train members of the Mississippi Highway Safety Patrol and partnered with the Mississippi National Guard to attend its Yellow Ribbon events for soldiers who have returned home to the state after serving overseas. In FY20, DMH expanded the number of Shatter the Silence instructors in the state by holding three train-the-trainer classes. Co-Occurring Disorder Specialists from each Community Mental Health Center were trained, along with staff from Pinelake Church and St. Mark's United Methodist Church. **A total of 8,167 people were trained in Shatter the Silence during FY20.**

Other activities included the 3rd Annual Suicide Prevention Symposium, which focused on Mental Health and Suicide Prevention in Communities of Faith. The Symposium was attended by 215 people and a video of the event was shared on Facebook. A video shared on social media in recognition of National Suicide Prevention Month in September 2019 has been viewed more than 6,100 times.



DMH has also partnered with the Mississippi Department of Public Safety to share educational cards focused on gun safety to reduce suicide. **During FY20, DPS shared 7,797 info cards with individuals receiving firearms permits.** DMH also regularly promotes the Shatter the Silence app in trainings, presentations, and social media outreach. There were 478 downloads of the app during FY20.







WHAT ARE SOME WARNING SIGNS OF SUICIDE?

- Comments like "Things will never get better", or "No one would miss me if I were gone"
- Recent difficulties with chronic health issues, relationships, work, school, or legal problems
- Depressive symptoms, withdrawal or isolation from family, friends and hobbies, or becoming suddenly cheerful after a period of depression
- Noticeable change in behavior including mood, appearance, sleeping habits, or eating habits
- Increase in risky behavior including drug and alcohol consumption
- Giving away prized possessions

WHAT CAN YOU DO?

- By putting time and distance between a suicidal person and a gun, you may save a life.
- By following gun safety tips and recognizing possible warning signs, you can prevent suicides.
- If someone you know shows any of these signs of suicide, **ACT**.
- Acknowledge the risk is real. Care enough to listen without judgement. Tell someone to access help.

If You Don't Know Where to Start:






DID YOU KNOW?

Every year in Mississippi, almost **300 people** end their lives with a gun. In 2017, firearms accounted for **66% of all suicide deaths** in Mississippi compared to 51% across the nation.

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System (Mississippi Data); Centers for Disease Control and Prevention (CDC) Data & Statistics Policy Report for 2017 (National Data)

SAFETY TIPS TO REDUCE SUICIDE BY FIREARMS

- Lock your guns and bullets in separate locations when not in use.
- Free gun locks may be available through your local law enforcement and projectchildsafe.org.
- Ask a friend or local police department about temporarily storing guns away from the home of someone showing signs of suicide.





Postpartum Depression

In October 2019, DMH partnered with the Mississippi State Department of Health to host a one-day symposium on postpartum depression that was attended by 161 people from the medical, social work, and mental health fields. DMH also developed an informational card to be distributed at outreach events that explains the difference between “baby blues” and postpartum depression. DMH established a Postpartum Depression Advisory Workgroup in February 2020 that includes members from the State Department of Health, Mississippi State Board of Medical Licensure, University of Mississippi Medical Center, representatives from seven Community Mental Health Centers, the Mississippi Public Health Institute, and the Mississippi Board of Nursing. DMH released a video sharing one family’s personal story on Facebook in June 2019 that has been viewed more than 1,800 times on Facebook.



Expansion of Stand Up, Mississippi

In 2019, Stand Up, Mississippi expanded its opioid awareness campaign to focus on occupations that have been proven nationally to have higher rates of opioid overdose. These occupations include construction, hospitality and restaurant management, oil and gas refinery, manufacturing, and farming, all of which employ thousands of Mississippians. Stand Up, Mississippi created the Opioid Workplace Awareness Initiative (OWAI), a comprehensive awareness campaign that includes toolkits, resources for employees and employers, and interactive modules available online. Stand Up, Mississippi’s recent outreach has been with industry leaders and advocates to raise awareness of risk of opioid addiction in these industries, and promote resources for recovery for employees. DMH has worked with the Mississippi Economic Council (MEC) to promote the OWAI to its partners and has established relationships with the Mississippi Hospitality and Restaurant Association, the Equal Employment Opportunity Commission, and the Mississippi Worker’s Compensation Commission.

Though outreach has been delayed due to the COVID-19 pandemic and the cancellation of the MEC yearly conference, the OWAI training was completed in an online format to be easily accessible online, and the **OWAI web site had 29,044 views and 15,980**

unique users during FY20. The online OWAI training educates employers on the effects of opioid use, the cost to the employer, signs of addiction and overdose, and how to incorporate recovery into the workplace. Also, online Narcan training has been made available to law enforcement and first responders who need new or refresher training during the pandemic. In addition to online trainings, direct mail pieces were distributed to inform industries that have higher risk for opioid overdoses (farming, construction, manufacturing, hospitality, and oil and gas refinery) of available Stand Up, Mississippi resources. The Opioid Workplace Awareness Initiative is available at <https://owai.standupms.org/>.





DMH HIGHLIGHTS

Mental Health Awareness Training Grant

DMH is offering Youth Mental Health First Aid training at no cost to educators, school resource officers, parents, caregivers, and others who regularly work with young people through a federal grant that is enabling the Mental Health Awareness Training Project, or MHAT, to increase mental health literacy in the state's school districts. Through the project, DMH is also partnering with the Mississippi Department of Education's Office of Safe and Orderly Schools to reach the approximately 400 school resource officers in the state. **There were 35 trainings in Youth Mental Health First Aid during FY20.** Of the trainings offered, there were 24 school districts represented by participants in the trainings.

Though training was halted by the COVID-19 pandemic, Mental Health Awareness Training Grant staff developed two virtual trainings, "Helping Youth During COVID-19" and "Focusing on Your Mental Health during COVID-19," which have respectively reached 1,300 people of June 30. A virtual Mental Health First Aid training curriculum was released in June 2020, and MHAT staff have begun offering trainings in this new, virtual format.

Forensic Services

Mississippi State Hospital (MSH) is the only state-operated inpatient program that provides forensic mental health services in the state, including pre-trial evaluations and treatment for felony-level criminal defendants from Circuit Courts in all 82 Mississippi counties. Historically, the limited number of beds on the Forensic Services unit has been the main factor contributing to delays in completing evaluations and providing expert opinions to courts. The hospital has taken several steps in recent years to decrease wait times, including the conversion of a 21-bed unit on the campus and designating additional clinical staff to provide competency restoration services. MSH has also separated the evaluation and treatment components of the competency evaluation and restoration processes by creating the Forensic Evaluation Service. The filling of additional beds and the creation of the Forensic Evaluation Service have decreased the number of people on the wait list and the average wait times. **In FY20, the average wait time for completion of an initial competency evaluation (Stage 1) decreased to 32 days from 83 days in FY19.**

In 2017, Mississippi State Hospital piloted Jail-Based Competence Education Services in Hinds and Madison Counties that later expanded to Holmes, Harrison, Jackson, Lamar, and Forrest Counties. In those programs, the

hospital contracted with Community Mental Health Centers to provide jail-based services to defendants awaiting an inpatient bed at MSH. In the past two years, the number of individuals awaiting admission has decreased, but the apparent need for collaboration with stakeholders in the criminal justice system in Mississippi remains paramount.

Because continued liaison with the courts, sheriffs, and jail administrators remains a top priority for Forensic Services, CMHCs have redirected resources previously allocated to jail-based competence education services to the development of "spanning" services. The purpose of these "spanning" services is to facilitate community mental health centers' relationships with stakeholders in the criminal justice system so that people with serious mental illness are not in jail without a plan for disposition. Currently, spanners are active in 11 counties: Hinds, Madison, Holmes, Humphreys, Jackson, Harrison, Forest, Lamar, Hancock, Stone, and Pearl River. This is an increase from seven counties in FY19.

MSH is also renovating a building on the campus to serve as an 83-bed Forensic Services unit. The bidding process was interrupted due to the COVID-19 pandemic but is expected to continue later in 2020. When complete, the renovation will more than double the capacity of the current unit.



IDD Transitions and Home and Community Based Services

DMH and its partners have worked to increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care. Using a person-centered approach, people receive transition services that offer community service and support options for living arrangements.

Since 2012, the census at DMH's Regional Programs has decreased by 39.12%. In FY20, a total of 54 persons transitioned to the community from the ICF/IID Regional Programs. A person-centered Plan of Services and Supports was developed for all 3,804 people served through the ID/DD Waiver (2,759 people) and IDD Targeted Case Management (1,045 people) during the year. The DMH Bureau of Intellectual and Developmental Disabilities staff reviews 100% of the Plans of Services and Supports.

The ID/DD Waiver and the Community Support Program (CSP) offer community support for Mississippians living with intellectual and developmental disabilities. The CSP offers four specific services – Day Services Adult, Pre-vocational Services, Supported Employment, and Supported Living. The ID/DD Waiver provides individualized supports and services to assist people living successfully in the community as an alternative to care in institutional settings. **In FY20, 104 new people were enrolled in the ID/DD Waiver, which provided services to 2,759 people during the year. Since 2012, the total number of people enrolled in the ID/DD Waiver has increased by approximately 34%.**

IDD Supported Employment

A multi-agency task force has worked collaboratively to expand the availability of Supported Employment Services for people with intellectual and developmental disabilities (IDD). Partners include the Mississippi Department of Mental Health, Mississippi Department of Rehabilitation Services, Mississippi Council on Developmental Disabilities (MCDD), The Arc of Mississippi, Association of People Supporting Employment First (APSE), Disability Rights Mississippi, Goodwill Industries of Mississippi, and Willowood Developmental Center.

Funded by MCDD, the group in FY19 developed a Mississippi Job Skills Trainer Manual to provide information and support to Job Skills Trainers. Sometimes known as job coaches, they provide one-to-one support in workplaces to assist people with IDD who are taking part in Supported Employment Services. Supported Employment Services focus on someone's abilities, not disabilities, while also providing individual support to the person and advice and information to employers.

In FY20, 650 individuals with intellectual or developmental disabilities utilized Supported Employment services, including 226 people in the IDD Community Support Program and 424 receiving ID/DD Waiver Supported Employment services. Of the total 650 receiving Supported Employment services, 365 were employed in the community with supports such as a job coach.





DMH HIGHLIGHTS

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.

DMH has worked to expand CIT training during the past several years, and there are now seven fully-functional CIT programs in Mississippi: East Mississippi CIT, Pine Belt CIT, Lifecore Health Group CIT, Hinds County CIT, Harrison County CIT, Pike County CIT, and Northwest Mississippi CIT. Additionally, there are now four partnerships working towards expanding CIT in the state. East Mississippi CIT is working in both the Lafayette County and Alcorn County areas to establish CIT, and Pine Belt CIT will begin helping Pearl River County and then Adams County get CIT programs established. **In FY20, there were 143 officers trained and nine classes held in CIT**, despite having no classes held in the last quarter of the year due to the COVID-19 pandemic.





Community-Based Services Expansion

To expand the availability of community-based services around the state and reduce the reliance on inpatient care, DMH shifted \$13.3 million from its institutional programs to the Service Budget in FY19. The funding shift included \$8 million directed towards the expansion of crisis services, including additional crisis stabilization beds, court liaisons, crisis counselors, and an additional Program of Assertive Community Treatment (PACT) Team. Through these funds, additional crisis stabilization beds opened in Regions 1, 3, 7, 9, and 14, while Region 4 added an additional PACT Team.

Additionally, DMH moved \$4 million to expand the ID/DD Home and Community Based Waiver program that provides individualized supports and services to assist people with intellectual or developmental disabilities in living successfully at home in their communities. DMH also shifted \$900,000 to continue the development of Community Transition Homes, which are community-based living opportunities for individuals who have received continued treatment services at Mississippi State Hospital. Another \$400,000 was utilized to expand the jail-based competence education project to alleviate wait times for Mississippi State Hospital's Forensic Services.

DMH continued that funding shift in FY20 and was appropriated \$1 million for the expansion of four additional Intensive Community Outreach and Recovery Teams. From FY19 through FY20, there have been 44 additional Crisis Stabilization Beds opened, two new PACT teams, six new ICORTs, seven new Supported Employment programs, 329 additional people enrolled on the ID/DD Home and Community Based Waiver, and 21 additional beds opened for pre-trial competency restoration services.





ALCOHOL AND DRUG ADDICTION SERVICES

ALCOHOL AND DRUG ADDICTION SERVICES

DMH 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.

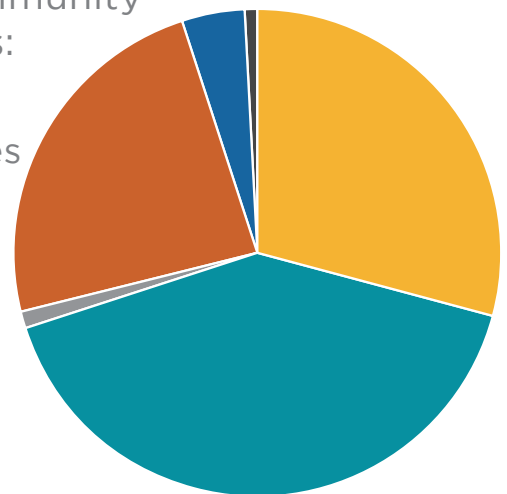
- DMH offers **grant funding** to community providers for the following services:

ADULT SERVICES

- Withdrawal Management Services
- Primary Residential Services
- Transitional Residential Services
- Peer 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

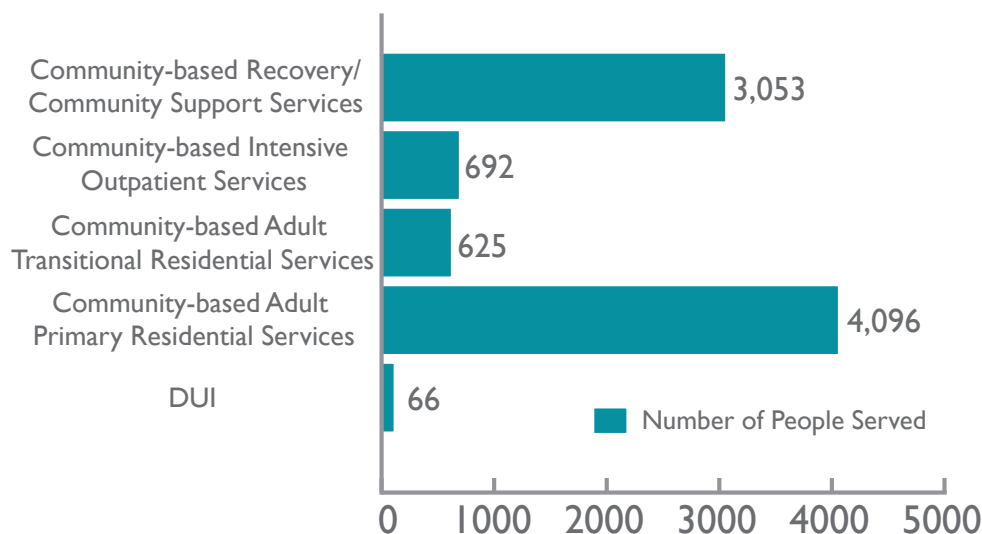


- Federal Block Grant; \$11,833,343
- State Tax Funds; \$8,494,122
- State Opioid Response; \$6,905,702
- Prevention Alliance for Communities and Colleges; \$1,274,753
- State Targeted Opioid Response; \$368,772
- Co-occurring Re-entry Program; \$163,647

ALCOHOL AND DRUG ADDICTION SERVICES



Alcohol and Drug Addiction Services in FY20



**Services include DMH funded providers only.*

• *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

The state behavioral health programs are administered by the Department of Mental Health. These programs offer residential and/or community services for mental health and substance use. The programs are administered by the Bureau of Behavioral Health Services.

East Mississippi State Hospital

Charles Carlisle, Ph.D., Director
P.O. Box 4128 West Station
Meridian, MS 39304-4128
Phone: 601-581-7600
www.emsh.state.ms.us

South Mississippi State Hospital

Sabrina Young, Director
823 Highway 589
Purvis, MS 39475
Phone: 601-794-0100
www.smsl.ms.gov

Mississippi State Hospital

James G. Chastain, FACHE, Director
P.O. Box 157-A
Whitfield, MS 39193
Phone: 601-351-8000
www.msh.state.ms.us

Central Mississippi Residential Center

Donna Creekmore, Director
701 Northside Drive
Newton, MS 39345
Phone: 601-683-4200
www.cmrc.ms.gov

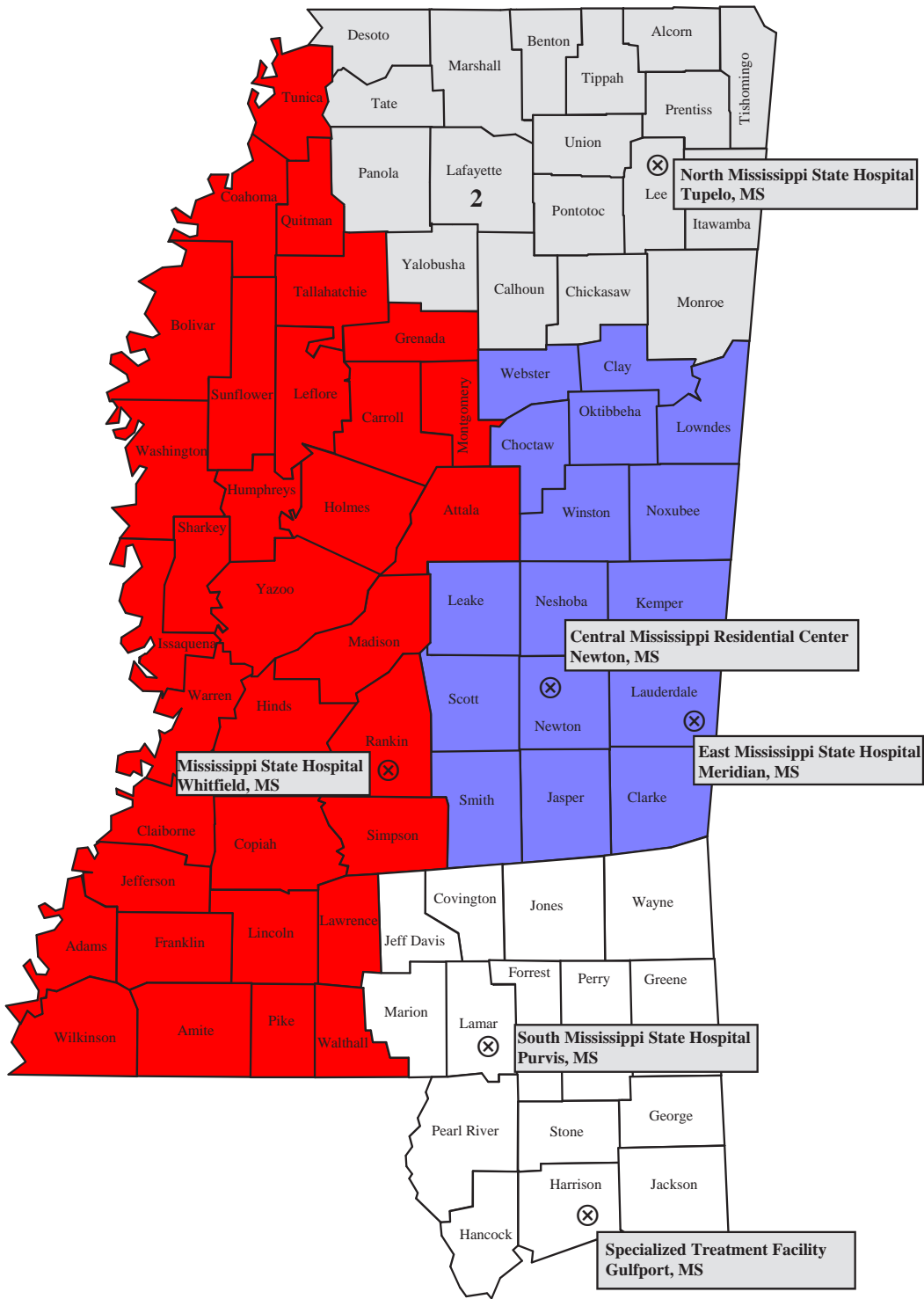
North Mississippi State Hospital

Paul A. Callens, Ph.D., Director
1937 Briar Ridge Rd.
Tupelo, MS 38804
Phone: 662-690-4200
www.nmsl.state.ms.us

Specialized Treatment Facility

Shannon Bush, Director
14426 James Bond Road
Gulfport, MS 39503
Phone: 228-328-6000
www.stf.ms.gov

BEHAVIORAL HEALTH PROGRAMS





BEHAVIORAL HEALTH PROGRAMS

Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	118	849
Continued Treatment Services	65	85
Oak Circle Center for Adolescents	22	142
Forensics	56	104
Chemical Dependency	50	415
Nursing Home Services		
Jaquith Nursing Home	289	271

East Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	108	407
Nursing Home Services		
R.P. White and J.T. Champion Nursing Home	159	186

North Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	475

South Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	466

Central Mississippi Residential Center

	Active Beds	Number Served
Community Living	76	177

Specialized Treatment Facility

	Active Beds	Number Served
Psychiatric Residential	38	110

After April 2020, bed capacity may have been adjusted from usual levels during the year due to the COVID-19 pandemic.

BEHAVIORAL HEALTH PROGRAMS



Counties	MSH	EMSH	SMSH	NMSH
Adams	62	0	0	0
Alcorn	1	2	0	28
Amite	13	0	0	0
Attala	2	0	0	0
Benton	0	0	0	4
Bolivar	10	0	0	1
Calhoun	0	1	0	24
Carrol	0	0	0	0
Chickasaw	0	2	0	21
Choctaw	1	4	0	0
Claiborne	8	0	0	0
Clarke	3	9	1	0
Clay	6	21	0	5
Coahoma	14	0	0	0
Copiah	11	1	0	0
Covington	0	1	15	0
DeSoto	0	1	0	73
Forrest	4	4	85	0
Franklin	5	0	0	0
George	1	2	21	0
Greene	1	1	7	0
Grenada	8	0	0	0
Hancock	0	0	6	0
Harrison	4	3	64	0
Hinds	166	1	0	0
Holmes	10	0	0	0
Humphreys	4	0	0	0
Issaquena	0	0	0	0
Itawamba	0	0	0	8
Jackson	1	3	37	0
Jasper	4	7	2	0
Jefferson	8	0	0	0
Jefferson Davis	2	2	18	0
Jones	2	1	24	0
Kemper	1	6	0	0
Lafayette	0	0	0	49
Lamar	4	0	50	0
Lauderdale	20	105	2	9
Lawrence	36	0	0	0
Leake	8	15	1	4
Lee	2	2	0	56
Leflore	25	0	0	1
Lincoln	10	1	0	0

Breakdown of number of adult psychiatric admissions by county and DMH Behavioral Health Program. Represents admissions from July 1, 2019 – June 30, 2020.

Counties	MSH	EMSH	SMSH	NMSH
Lowndes	10	30	0	4
Madison	15	0	0	0
Marion	1	0	17	0
Marshall	2	1	0	14
Monroe	0	2	0	14
Montgomery	6	0	0	0
Neshoba	4	7	0	1
Newton	3	15	0	0
Noxubee	1	18	0	0
Oktibbeha	2	14	0	1
Panola	2	1	0	49
Pearl River	2	0	48	0
Perry	1	0	14	0
Pike	42	0	0	0
Pontotoc	2	0	0	15
Prentiss	0	2	0	6
Quitman	3	0	0	0
Rankin	58	2	0	0
Scott	3	22	0	2
Sharkey	1	0	0	0
Simpson	35	1	0	0
Smith	2	12	0	0
Stone	0	0	1	0
Sunflower	16	0	0	0
Tallahatchie	3	0	0	0
Tate	1	0	0	7
Tippah	0	0	0	7
Tishomingo	1	0	0	6
Tunica	4	0	0	0
Union	0	0	0	5
Walthall	9	0	0	0
Warren	17	0	0	0
Washington	16	0	0	0
Wayne	1	0	10	0
Webster	0	4	0	0
Wilkinson	18	0	0	0
Winston	2	10	0	1
Yalobusha	0	0	0	19
Yazoo	1	0	0	0
	741	336	423	434



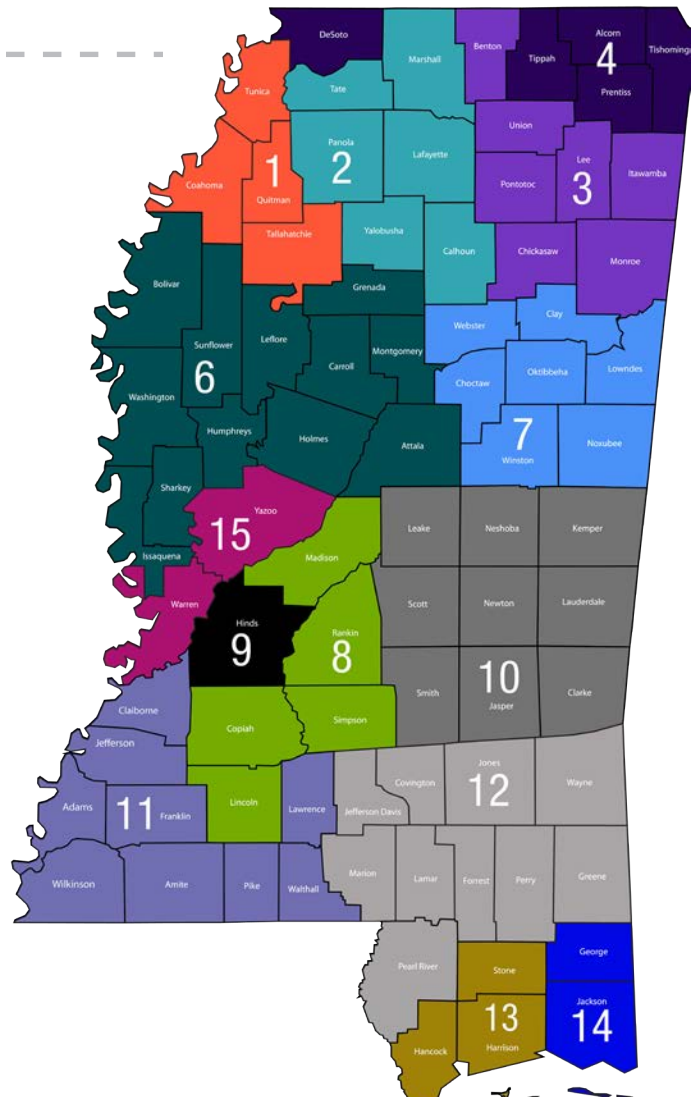
CRISIS STABILIZATION UNITS

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 FY20 Data

CSU	Active Beds	Number of Individuals Served
Batesville	16	432
Brookhaven	16	359
Cleveland	16	285
Corinth	16	385
Grenada	16	338
Gulfport	16	299
Laurel	16	266
Newton	16	392
Jackson	12	246
West Point	8	97
Tupelo	8	182
Gautier	8	104
Marks	8	140
Total	172	3,525



IDD REGIONAL PROGRAMS



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

North Mississippi Regional Center

Dr. Edie Hayles, Director
967 Regional Center Drive
Oxford, MS 38655
Phone: 662-234-1476
www.nmrc.ms.gov

Ellisville State School

Rinsey McSwain, Director
1101 Highway 11 South
Ellisville, MS 39437-4444
Phone: 601-477-9384
www.ess.ms.gov

South Mississippi Regional Center

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

Hudspeth Regional Center

Jerrie Barnes, Director
P.O. Box 127-B
Whitfield, MS 39193
Phone: 601-664-6000
www.hrc.state.ms.us

Mississippi Adolescent Center

Ricky Grimes, Director
760 Brookman Dr. Extension
Brookhaven, MS 39601
Phone: 601-823-5700



IDD REGIONAL PROGRAMS

State-Run Intellectual & Developmental Disabilities Programs

North Mississippi Regional Center

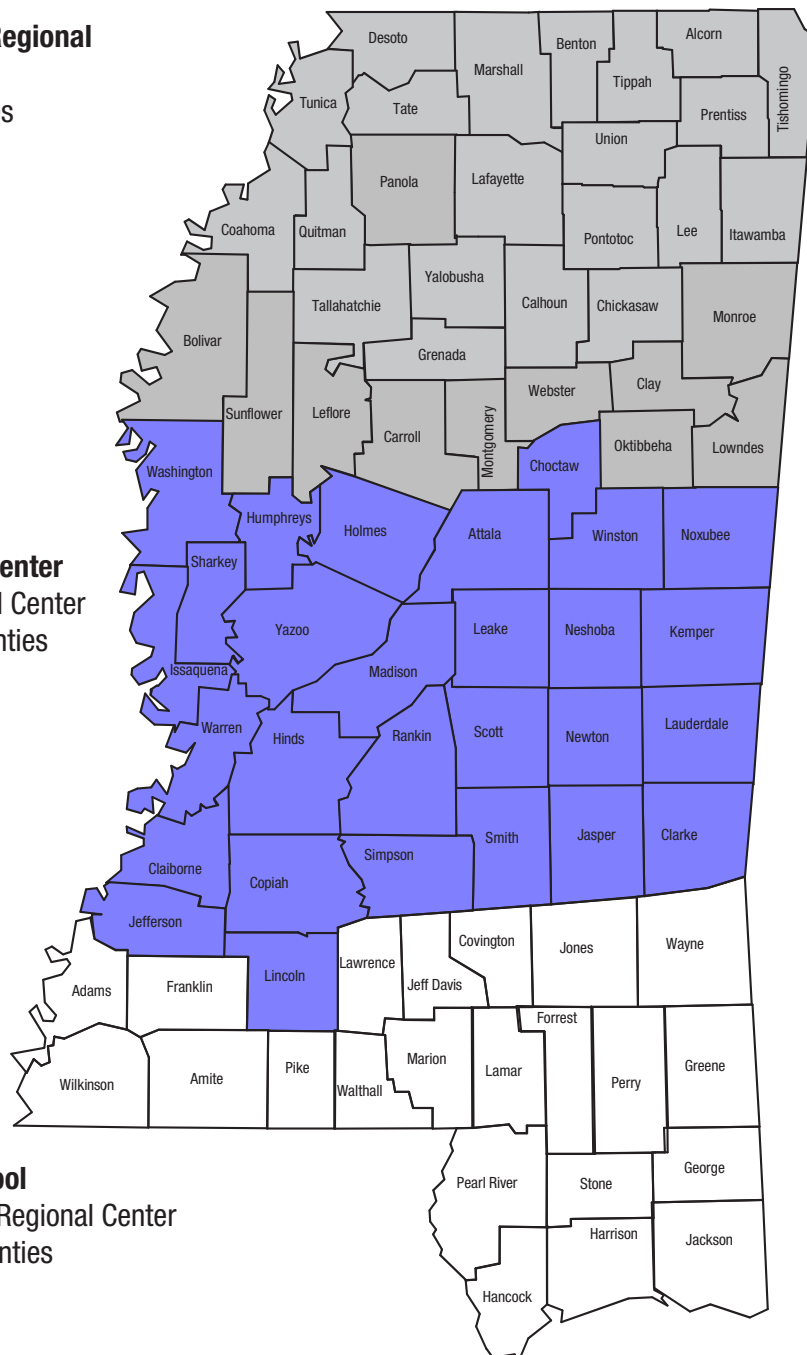
- Top 32 Counties

Boswell Regional Center & Hudspeth Regional Center

- Middle 28 Counties

Ellisville State School & South Mississippi Regional Center

- Bottom 22 Counties



IDD REGIONAL PROGRAMS



Ellisville State School

	Individuals Served
ICF/IID Campus	243
ICF/IID Community Homes	95
ID/DD Waiver Support Coordination	828
Targeted Case Management	275

Hudspeth Regional Center

	Individuals Served
ICF/IID Campus	193
ICF/IID Community Homes	102
ID/DD Waiver Support Coordination	777
Targeted Case Management	425

North Mississippi Regional Center

	Individuals Served
ICF/IID Campus	206
ICF/IID Community Homes	206
ID/DD Waiver Support Coordination	584
Targeted Case Management	182

Boswell Regional Center

	Individuals Served
ICF/IID Campus	98
ICF/IID Community Homes	88
Supervised Living	121
Supported Living	13
Shared Supported	49

South Mississippi Regional Center

	Individuals Served
ICF/IID Campus	96
ICF/IID Community Homes	80
ID/DD Waiver Support Coordination	582
Targeted Case Management	126

Mississippi Adolescent Center

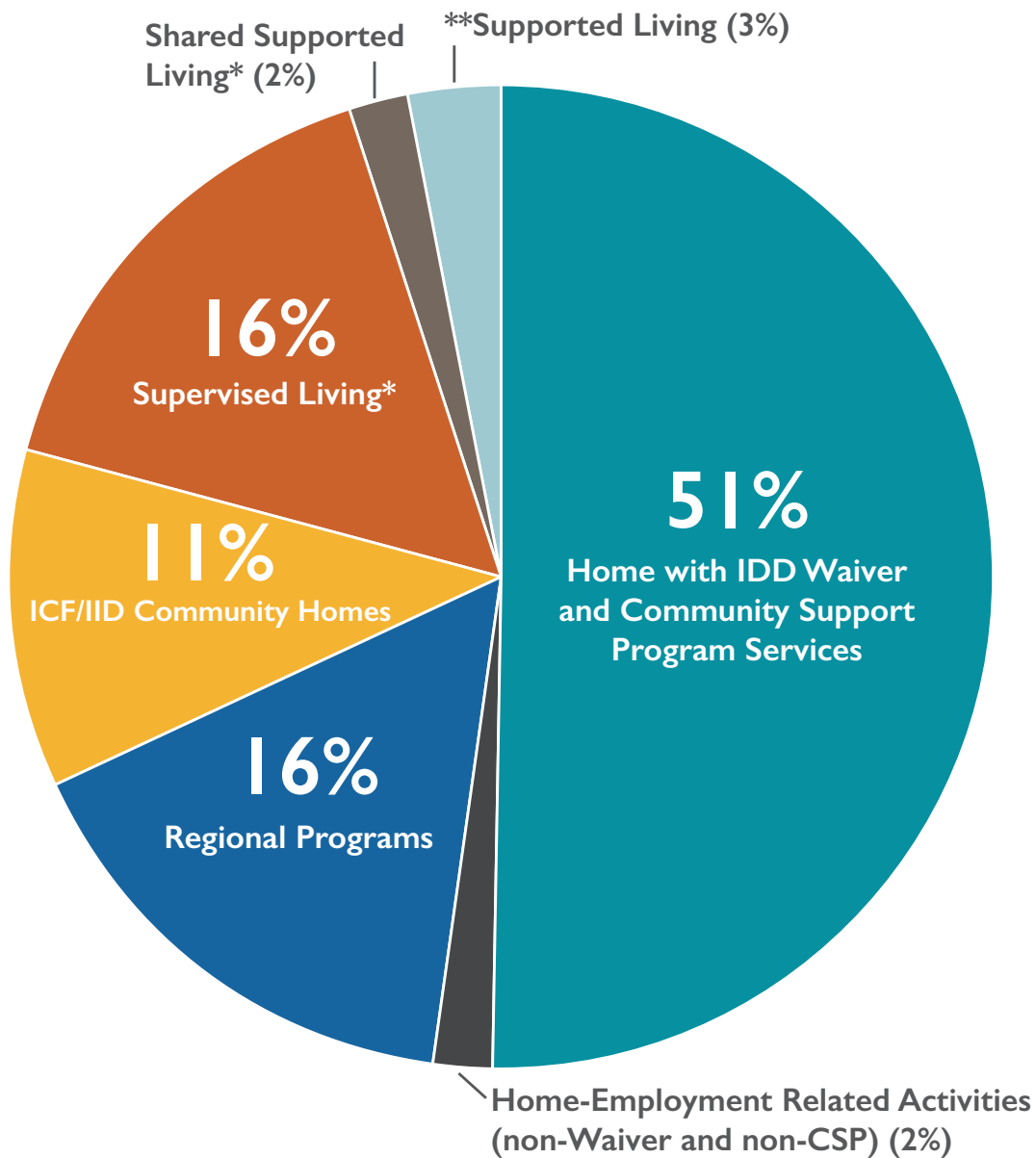
Total Served	39
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IDD REGIONAL PROGRAMS

Serving Individuals with Intellectual and Developmental Disabilities

Where Do They Live?



*Supervised Living and Shared Supported Living – includes Waiver and Non-Waiver

** Supported Living – includes Waiver, CSP and non-waiver

Home with Community Support Program (CSP) includes: Day Services-Adult, Prevocational, and Supported Employment Services

IDD REGIONAL PROGRAMS



Serving Individuals with Intellectual and Developmental Disabilities

Where Do They Live?

Residence	6/30/20 Census	%
Regional Programs	806	16
ICF/IID Community Homes	528	11
Supervised Living*	809	16
Shared Supported Living*	100	2
Supported Living* **	137	3
Home with IDD Waiver and CSP Services	2564	51
Home-Non-Waiver Work/Employment Related Activity	81	2
Total Census	5025	100%

*Waiver and Non-waiver ** Waiver, CSP, and Non-waiver
Census #'s from IDD Data Service Report

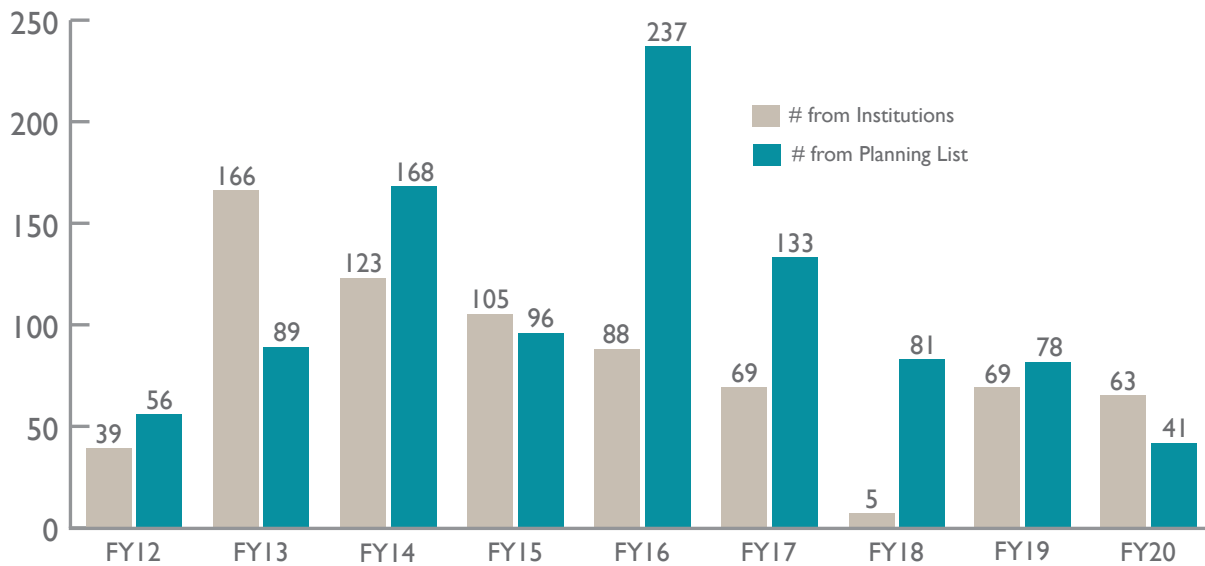
Regional Programs	Census as of 6/30/2015	Census as of 6/30/2016	Census as of 6/30/2017	Census as of 6/30/2018	Census as of 6/30/2019	Census as of 6/30/2020	% Reduced *
NMRC	249	233	215	207	205	185	33.2%
HRC	252	243	226	217	197	185	33.9%
ESS	304	277	263	244	230	231	47.0%
BRC	107	96	93	95	84	87	37.4%
SMRC	138	125	110	104	94	89	44.4%
MAC	32	31	31	32	32	29	9.4%
Total	1082	1005	938	899	842	806	39.12%

*Reduced since January 2012



IDD REGIONAL PROGRAMS

New Enrollment in ID/DD Waiver



	# From Institutions*	# From Planning List	TOTAL
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
FY2019	69	78	147
FY2020	63	41	104
TOTAL	727	979	1706

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

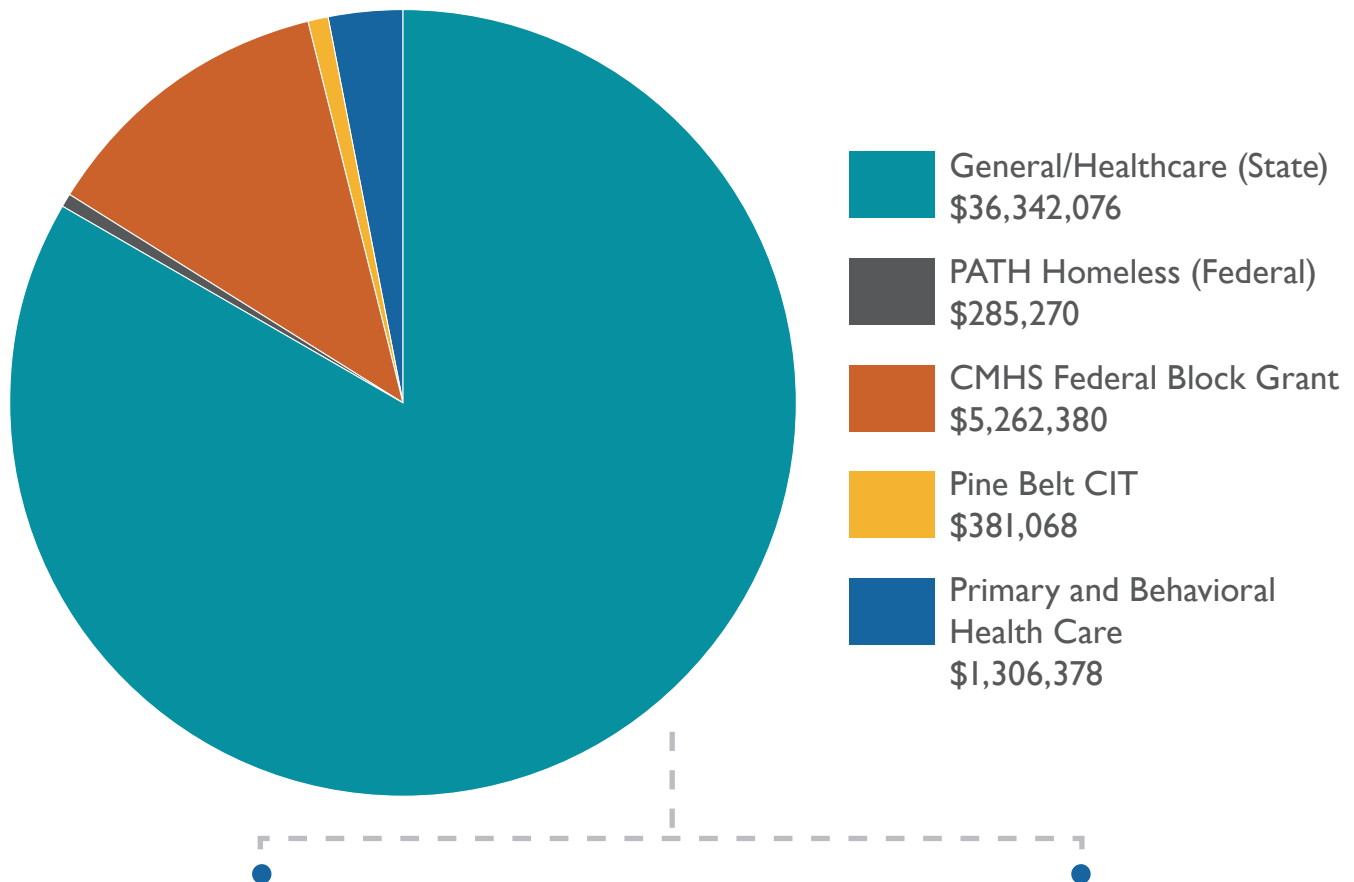
End of FY Census for ID/DD Waiver

	# Discharged	# New Enrolled	Total # of Persons Enrolled End of FY
FY2012	105	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
FY2019	81	178	2675
FY2020	80	104*	2759**
TOTAL	902	1737	51% increase since FY12

*Total enrolled has been adjusted from DMH FY20 Strategic Plan End-of-Year Report due to Medicaid Overall Decisions

**FY20 is not end-year census data, but an unduplicated total of the Medicaid 372 report.

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

Pine Belt CIT - Expansion of Crisis Intervention Team programs for South Mississippi

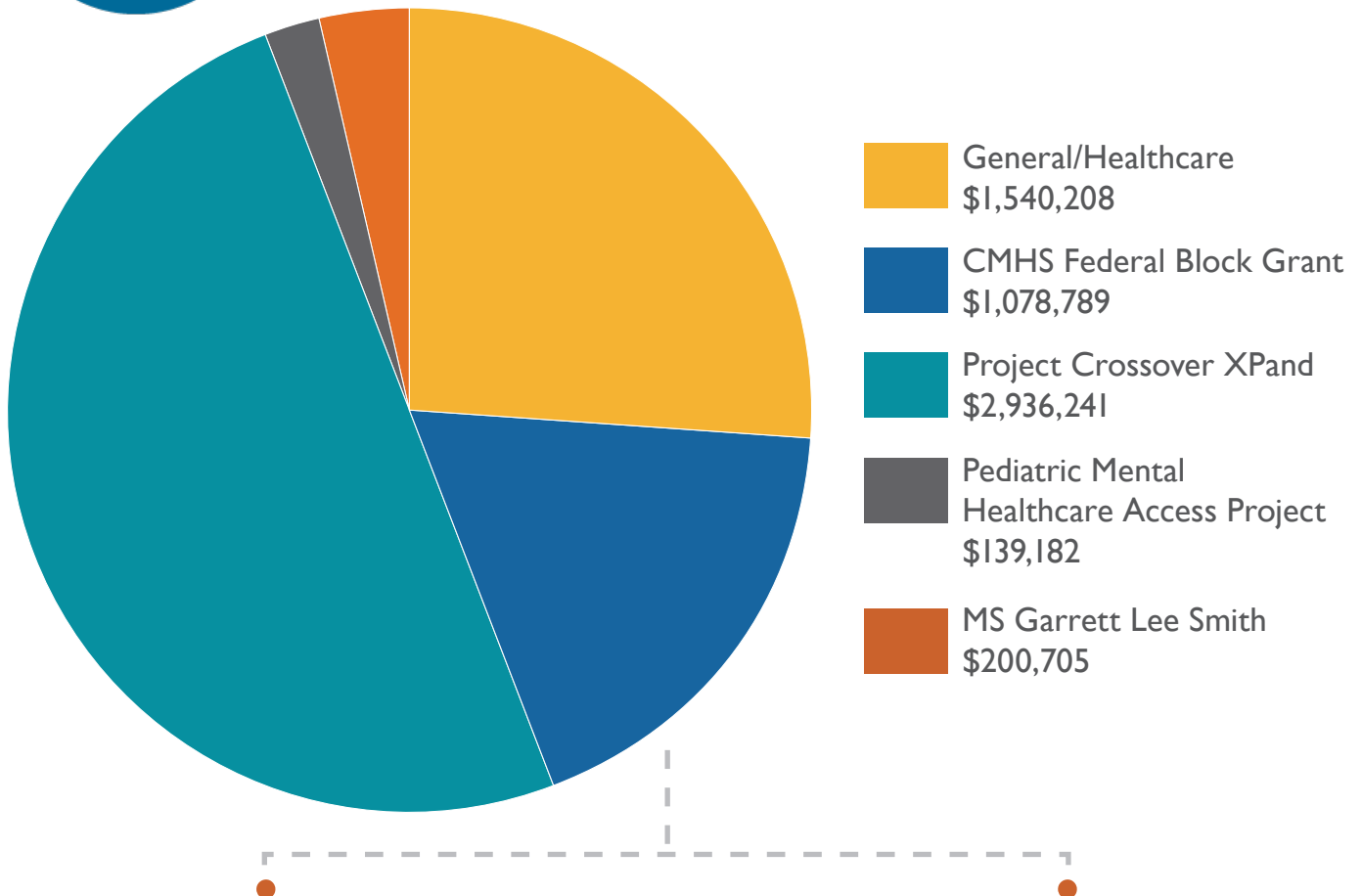
Primary and Behavioral Health Care - A Substance Abuse and Mental Health Services (SAMHSA) grant that provides integrated care for mental health care and primary care services in Jones County and Hinds County

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

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



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

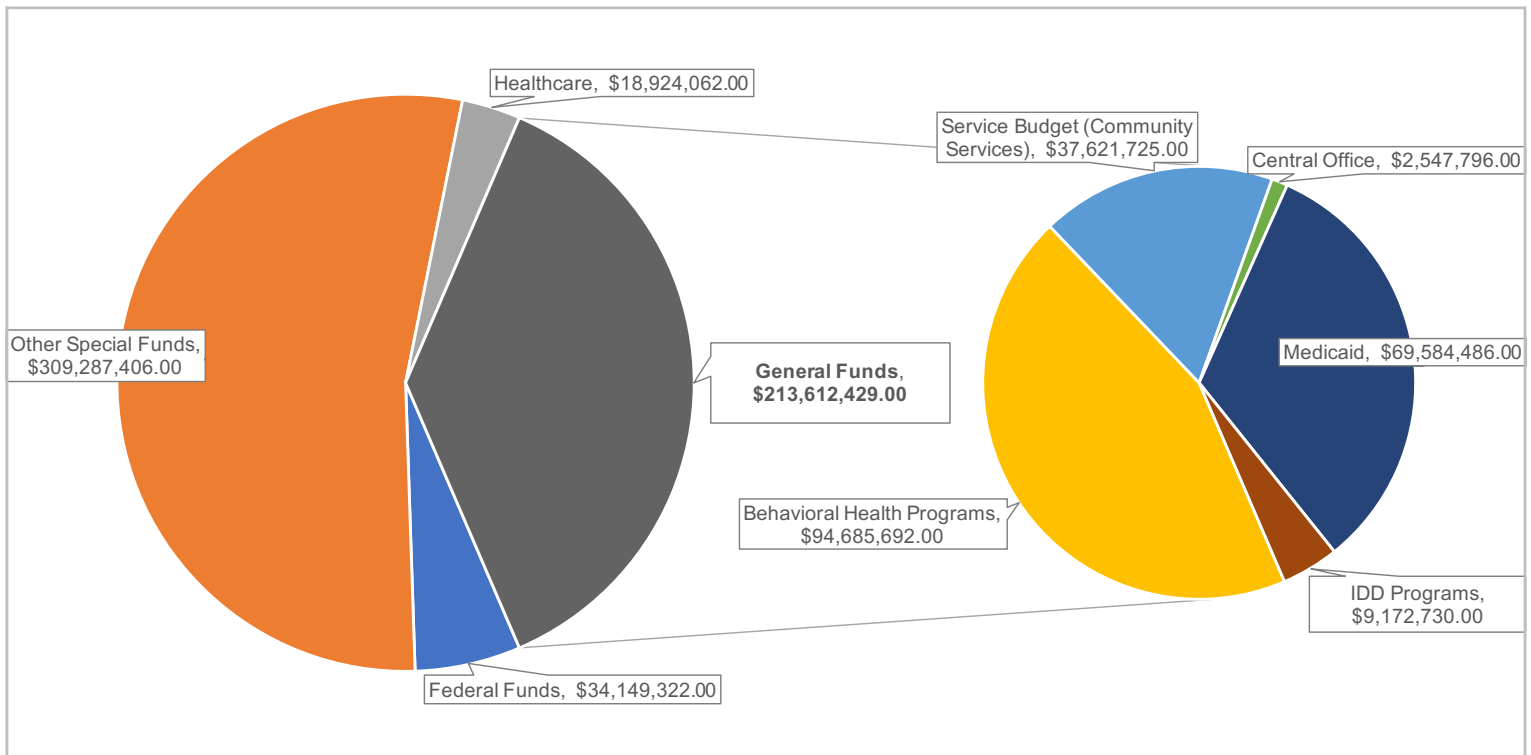
Pediatric Mental Healthcare Access Project - Provides tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions.

Garrett Lee Smith – A youth suicide prevention grant from SAMHSA that involves collaboration between DMH, Mississippi State University, and Region 8 Mental Health Services

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

- MAP Teams
- Juvenile Outreach Programs
- Training for Evidence-based Practices
- Prevention/Early Intervention
- Project Crossover XPand
- Intensive Community Support Services
- Wraparound Facilitation
- Family Education/Support
- NAVIGATE
- Mississippi Transitional Outreach Program
- Crisis Stabilization Unit
- Purchase of Services
- Respite Services

FUNDING SOURCE EXPENDITURES FY20



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

** This only includes DMH funding. This does not include Medicaid State Share for community mental health services which is included in the Division of Medicaid's budget.*



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— November 2020 —