

Mississippi Department of Mental Health

FY 2021 Annual Report



ACKNOWLEDGEMENTS

The Members of the Governing Board of DMH

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:

Jim Herzog, Ph.D.

Sampat Shivangi, M.D.

Manda Griffin, DNP

Alyssa Killebrew, Ph.D.

Courtney Phillips

Stewart Rutledge

DMH EXECUTIVE DIRECTOR

Wendy D. Bailey

DMH DEPUTY EXECUTIVE DIRECTOR FOR COMMUNITY OPERATIONS

Jake Hutchins

DMH DEPUTY EXECUTIVE DIRECTOR FOR STATE OPERATED PROGRAMS

Craig Kittrell

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 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 and substance use disorders. These programs include: Mississippi State Hospital and its satellite program, Specialized Treatment Facility; and East Mississippi State Hospital and its satellite programs, North Mississippi State Hospital, and South Mississippi State Hospital.

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

REGIONAL COMMUNITY MENTAL HEALTH CENTERS

Regional Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 13 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

These 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, & CORE VALUES

OUR MISSION

Supporting a better tomorrow by making a difference in the lives of Mississippians with a mental illness, substance use disorder and/or intellectual and developmental disability one person at a time.

OUR 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 health care, 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, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and support.

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 / non-governmental 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.

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.

OUR CORE VALUES

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.

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.

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.

COVID-19

FISCAL YEAR 2021 WAS THE FIRST FULL YEAR THAT DMH FACED THE CHALLENGES PRESENTED BY THE COVID-19 PANDEMIC. THE AGENCY WAS NOT IMMUNE TO THE CHALLENGES FACED THROUGHOUT THE HEALTHCARE INDUSTRY AND THE STATE AS A WHOLE - STAFFING SHORTAGES, SUPPLY SHORTAGES, AND VARIOUS RELATED ISSUES ALL AFFECTED DMH OPERATIONS THROUGHOUT THE YEAR.

VACCINATIONS

DMH employees were offered the chance to receive a COVID-19 vaccination early in the vaccine availability. As of late October 2021, **51% of DMH staff among all program locations had been fully vaccinated.**

Mississippi State Hospital and North Mississippi State Hospital also facilitated additional vaccinations at Community Mental Health Centers in their service areas.

The vaccination of patients and clients to protect them against possible infection was also a priority during the year. **As of October 29, 2021, 73% of the individuals served in a DMH program had been fully vaccinated.**

STAFFING

As in the larger healthcare field, staffing has been an ongoing issue at DMH programs since the pandemic began. **At the end of FY21, there were 5,167 filled PINs across all DMH programs - a decrease from 5,677 at the end of FY20 and a decrease from 6,158 at the end of FY19.** Both direct care employees and nurses have seen particular shortages in DMH programs throughout the pandemic. The work is demanding, and private agencies offer significant sign-on bonuses and higher hourly rates than DMH is able to offer.

However, the Mississippi State Personnel Board authorized temporary adjustments to compensation for several series of nursing positions through December 2021. In addition, DMH programs applied a 20% recruitment flex pay increase to existing and new direct care staff to aid in recruitment and retention efforts.

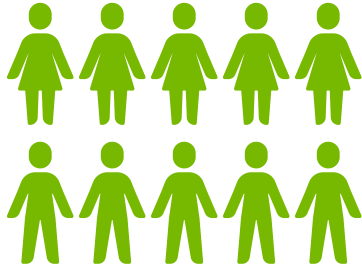
ADDITIONAL FUNDING OPPORTUNITIES

In response to the pandemic, the Substance Abuse and Mental Health Services Administration has awarded **two additional rounds of funding for both the Community Mental Health Services Block Grant (MHBG) and the Substance Abuse Prevention and Treatment Block Grant (SABG).**

The first round of additional funding totals nearly \$20.5 million with approximately \$13 million dedicated for the SABG and approximately \$7.5 million for the MHBG. The second round includes approximately \$11 million for the SABG and approximately \$13 million for the MHBG, for a total of approximately \$24 million. Both of these increased SAMHSA grants are one-time funding opportunities and will be utilized to increase access to community services, particularly mental health and substance use needs as a result of the COVID-19 pandemic.

FY21 HIGHLIGHTS AT A GLANCE

DMH PROGRAMS



3,409 people received services at DMH's behavioral health programs

1,784 admissions to acute adult psychiatric services

837 people served on campus at the IDD Regional Programs

564 people served at the ICF/IID Community Homes

HELPLINE AND LIFELINE

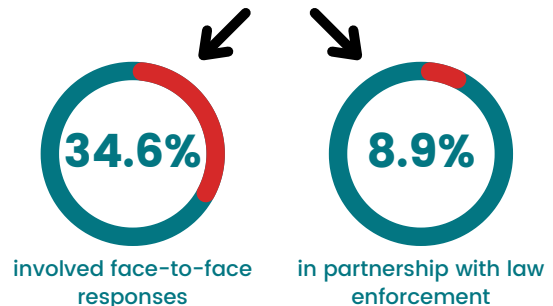


8,014 calls were made to the DMH Helpline.

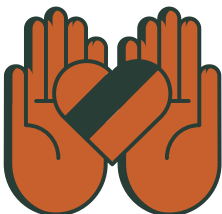
9,223 calls were made to the National Suicide Prevention Lifeline in Mississippi.

CRISIS SERVICES

34,483 calls made to Mobile Crisis Response Teams



ALCOHOL & DRUG SERVICES

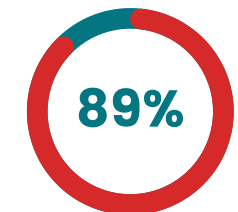


4,287 people served in Primary Residential Services.

1,759 people served in Transitional Residential Services.

221 people diverted from inpatient substance use disorder services to community providers.

3,022 people served at Crisis Stabilization Units



did not need to go on to a state hospital

FY21 HIGHLIGHTS AT A GLANCE

COMMUNITY SERVICES

EACH COUNTY IN MISSISSIPPI NOW HAS ACCESS TO AN INTENSIVE COMMUNITY SUPPORT THROUGH EITHER PACT, ICORT, OR INTENSIVE COMMUNITY SUPPORT SERVICES.

674

people were served by PACT Teams in FY21. Of those, 16 people were readmitted to a state hospital. There are 10 PACT Teams in the state.



425

people were served by ICORTs in FY21. Of those, 23 people were readmitted to a state hospital. There are now 16 ICORTs in the state, with 10 of those teams becoming operational during the year.

938

people received Intensive Community Support Services. ICSS is available in any county that does not have a PACT or ICORT service.

ALL CMHCS NOW OFFER SUPPORTED EMPLOYMENT. THERE ARE FOUR INDIVIDUAL PLACEMENT AND SUPPORT (IPS) PROGRAMS. AS OF JUNE 30, 2021, 177 PEOPLE WERE EMPLOYED THROUGH THE IPS SITES

Wraparound Facilitation



4,287 children and youth were served by Wraparound Facilitation during FY21.

1915i Community Support Program



1,042 enrollees in the 1915i Community Support Program with 79 new individuals.

ID/DD Waiver program



2,765 enrollees in the ID/DD Waiver program with 82 new individuals.

DMH HIGHLIGHTS

A&D SERVICES NEW TREATMENT UNIT AT EMSH IN MERIDIAN

In FY 2021, DMH was able to use existing resources to open a Substance Use Disorder (SUD) unit at East Mississippi State Hospital in Meridian. The only other state-operated SUD unit is currently at Mississippi State Hospital in Rankin County. To aid in decreasing wait times at the hospital, DMH also operates a diversion program that connects individuals who are court-committed to DMH with available treatment beds in the community. That program diverted 224 people to community services in FY21. However, due to the **continued need for alcohol and drug addiction treatment services**, the diversion project may not have a significant effect on the number of people waiting for inpatient services at the CDU.

The SUD at East Mississippi State Hospital in Meridian opened in late June 2021 and served five individuals before the end of the fiscal year on June 30. It has continued to admit individuals and will be a 50-bed unit as staffing allows. The goal is for these additional beds to aid in decreasing wait times for individuals in need of substance use addiction treatment services.

The establishment of a the Psychiatric Residency Program at Mississippi State Hospital has been a multi-year process. Following a referral from US Senator Cindy Hyde-Smith to Dr. John Mitchell with the Office of Mississippi Physician Workforce (OMPW), the OMPW connected Mississippi State Hospital with consultants and other resources needed to become a sponsoring institution with the Accreditation Council for Graduate Medical Education (ACGME) in January 2020. The Mississippi State Personnel Board provided authorization for positions to utilize for residents in the program at MSH, and the program began interviewing candidates in December 2020. Fourteen interviews were conducted in December, with nine additional interviews scheduled in January 2021.

The program received full accreditation from the ACGME in February 2021. MSH prepared a building on its campus to utilize for the program, and a ribbon cutting was held in June 2021, shortly before the program participants began their first official day as residents. **The MSH Psychiatry Residency Program officially admitted its first residents on July 1, 2021.**

The program will have a total of 24 residents in 2024. Six new residents will be admitted each year; the program had six residents as of July 2021, will have 12 residents in July 2022, 18 in July 2023, and 24 in July 2024.

MSH PSYCHIATRIC RESIDENCY PROGRAM

DMH HIGHLIGHTS

INTENSIVE COMMUNITY SERVICES

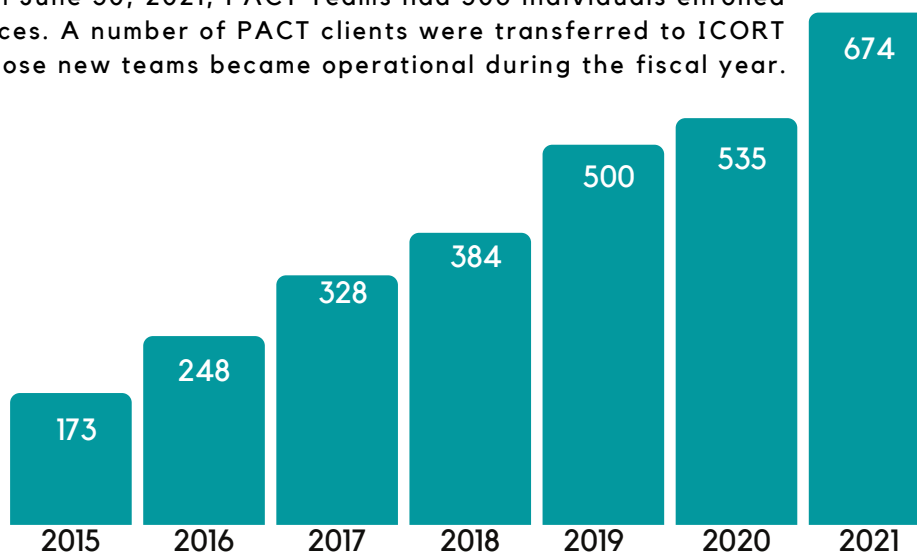
In FY21, the state expanded intensive community services designed to keep individuals in need of behavioral health services in their communities without the need for admission to an inpatient program. While DMH maintained funding for 10 Program of Assertive Treatment (PACT) Teams throughout the state, it added funding for **10 additional Intensive Community Outreach and Recovery Teams (ICORT)** and **12 additional Intensive Community Support Specialists (ICSS)** at Community Mental Health Centers around the state. There are now **16 ICORTs and 35 ICSSs funded by DMH** in Mississippi, along with the **10 PACT Teams**.

Each county in Mississippi now has access to intensive community services through either **one or more PACT, ICORT, or ICSS service**.

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.

In FY21, 674 individuals received PACT services. At the end of the fiscal year, on June 30, 2021, PACT Teams had 506 individuals enrolled in those services. A number of PACT clients were transferred to ICORT services as those new teams became operational during the fiscal year.

PACT TEAMS PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT



Prior to FY21, PACT clients reported represented the individuals enrolled in PACT at the end of the fiscal year.

DMH HIGHLIGHTS

ICORT INTENSIVE COMMUNITY OUTREACH & RECOVERY TEAMS

In FY21, DMH continued the expansion of ICORTs that began last year by funding an additional 10 teams. ICORT began as a pilot program in FY19 with a single team in Region 2 and expanded to five additional teams in FY20. 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 client-staff 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. With the addition of new ICORT teams in FY21, Mississippi is now providing funding for 16 ICORTs that serve the following areas:

- **Region 1** operates one team and serves Coahoma, Quitman, Tallahatchie, and Tunica Counties
- **Region 2** operates two teams and serves Tate, Marshall, Panola, Lafayette, Yalobusha, and Calhoun Counties
- **Region 6** operates one team that serves Bolivar and Washington Counties
- **Region 7** operates two teams and serves Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties
- **Region 8** operates one team that serves Copiah, Lincoln, and Simpson Counties
- **Region 9** operates one team that serves Hinds County
- **Region 10** operates two teams that serve Leake, Scott, Newton, Smith, and Clarke Counties
- **Region 11** operates two ICORTs that serve Pike, Amite, Lawrence, Walthall, Franklin, Adam, Wilkinson, Claiborne, and Jefferson Counties
- **Region 12** operates three teams that serve Lamar, Pearl River, Marion, Jefferson Davis, Covington, and Jones County
- **Region 14** operates one team that serves George and Jackson Counties

ICORTs served a total of 425 people in FY21.

Intensive Community Support Services are provided by specialists who have a direct involvement with the person receiving services and are designed to be a key part of the continuum of mental health services and supports for people with serious mental illness. **Mississippi is providing funding for 35 Intensive Community Support Specialists (ICSS) throughout the state, with 12 of those added during FY21.** These services are similar to targeted case management, but they maintain lower client to staff ratios and provide services primarily in the community instead of office settings. In FY21, Regions 3, 6, 9, and 10 each received grants for two ICSSs, and Region 11 received a grant for four additional ICSSs. **938 people received ICSS in FY21.**

Each county in Mississippi now has access to intensive community services through either one or more PACT, ICORT, or ICSS service.

ICSS INTENSIVE COMMUNITY SUPPORT SERVICES

DMH HIGHLIGHTS

In January 2021, DMH launched Behind the Mask: The Hidden Impact of COVID-19, a public awareness campaign to promote mental health services during the ongoing COVID-19 pandemic. The statewide campaign was customized at the local level for CMHCs and DMH Certified Providers. The campaign was made available through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health, alcohol, and drug addiction problems as a result of COVID-19 among the most vulnerable residents of Mississippi, including healthcare workers. Grant funding, dubbed MERC-19 (Mississippi Emergency Response to COVID-19), was distributed to 15 mental health providers statewide through an application process. **The Behind the Mask campaign includes a web site, available at www.behindthemaskms.com**, that features information on local service providers and online mental health screenings, as well as targeted social media messaging to encourage people to reach out to their regional mental health providers for help.

BEHIND THE MASK



The hidden impact of COVID-19

DMH HELPLINE & NATIONAL SUICIDE PREVENTION LIFELINE

The Office of Consumer Support (OCS) serves as the point of contact for DMH for information/ referral and for expressing grievances and concerns. DMH staff answers the Helpline during weekday working hours, and DMH contracts with CONTACT the Crisis Line to answer the Helpline after hours and on weekends. In FY21, a total of 5,514 calls came to the DMH Helpline during working hours and a total of 2,500 came to CONTACT after hours in FY21, for **a total of 8,014 calls to the DMH Helpline**. In FY20, there were 6,174 calls to the Helpline, for **an increase of approximately 30% in FY21**.

In addition, CONTACT the Crisis Line serves as the Mississippi Call Center for the National Suicide Prevention Lifeline. **In FY21, there were 9,223 calls answered from the National Suicide Prevention Lifeline**. In FY20, there were 6,945 calls answered, for **an increase of approximately 33% in FY21**.

DMH HIGHLIGHTS

GOVERNOR'S CHALLENGE TO PREVENT SUICIDE

Mississippi was pleased to be **one of eight states accepted in FY21** for the Governor's Challenge to Prevention Suicide Among Service Members, Veterans, and their Families. This initiative is a partnership between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the United States Department of Veterans Affairs (VA) to develop and implement statewide suicide prevention best practices through a public health approach. The eight states recently accepted into the Governor's Challenge join 27 others in their efforts to form local partnerships and action plans that prevent suicide in service members, veterans, and their families. The challenge included several technical assistance events throughout the year, including a three-day Policy Academy that served as a mix of a conference and a working academy. During the months spent planning, the Mississippi team identified **three specific priority areas**:

- Identifying service members, veterans, and families and providing screenings for suicide risk;
- Promoting connectedness and improving care transitions;
- Increasing lethal means safety and safety planning.

The partnerships made through the Governor's Challenge will continue as the agencies work to implement the goals and objectives set during the planning phase. DMH leadership and additional members of the Governor's Challenge Committee met with representatives from the Mississippi National Guard at Camp Shelby in late September 2021 to gain further insight into the programs the Military Family Assistance Center there uses to assist service members and their families who are experiencing stress and may be at risk of harming themselves. With action plans finalized in August 2021, the partner agencies will continue their efforts in implementing the goals set during the challenge.



DMH HIGHLIGHTS

988 PLANNING COALITION

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-273-8255 (TALK). To help aid in the implementation of this project, DMH has established a Planning Coalition that includes key stakeholders in the field of suicide prevention and awareness. Representatives from DMH, Mobile Crisis Response Teams, Crisis Stabilization Units, CONTACT the Crisis Line, peer support services, and the National Alliance on Mental Illness have been included. Also participating are suicide attempt survivors and those who have lost loved ones to suicide.

This nationwide transition has been made possible by federal legislation that authorized 988 as the three-digit dialing code for the National Suicide Prevention Lifeline. The legislation passed in October 2020, and 988 is planned to become operational in July 2022. As the number becomes operational, it will be promoted throughout DMH's outreach materials and other statewide communications efforts. DMH has been aided in the implementation project by \$125,000 in funding from Vibrant Emotional Health, the nonprofit administrator of the National Suicide Prevention Lifeline and the 988 State Planning Grant. The grant funds and Planning Coalition are working to help Mississippi Lifeline call centers prepare for infrastructure needs, volume growth, training and educating staff, data collection, and more.

Alongside CONTACT the Crisis Line in Jackson and CONTACT Helpline in Columbus, DMH will develop clear roadmaps to address coordination, capacity, funding, and communications surrounding the launch of 988. DMH contracts with CONTACT the Crisis Line and CONTACT Helpline to answer calls to the National Suicide Prevention Lifeline in Mississippi.



DMH HIGHLIGHTS

DMH continues its Shatter the Silence: Suicide – the Secret You Shouldn't Keep public awareness campaign to combat startling fact that suicide is the third-leading cause of death among young adults in Mississippi. The campaign encourages young people to talk through their feelings with friends and trusted adults, and it also includes specific training presentations for law enforcement, military, correctional officers, and faith-based communities. **A total of 5,379 people were trained in Shatter the Silence for FY21.** Of those, 1,786 people were trained in the youth Shatter the Silence presentation, 2,574 trained in the General Adult version, 434 were trained in Military, 564 were trained in Faith-Based, and 21 were trained in Law Enforcement and First Responders. FY21 presented the first full fiscal year with challenges caused by the COVID-19 pandemic. In September 2020, DMH hosted its 4th annual symposium, the topic of which was on Fitting Suicide Prevention into Our Changing Times. **It was attended by 595 people.** As a result of the COVID-19 pandemic, DMH has continued offering virtual suicide prevention and mental health awareness trainings.

Other components of the Shatter the Silence include a lethal means campaign, which encourages gunowners to practice safe ownership habits and reduce access to firearms for individuals who may be showing warning signs of suicide. **In partnership with the Mississippi Department of Public Safety, DMH helped distribute 27,377 info cards through the Mississippi Bureau of Investigation as firearm permits are issued in the state.** DMH has also established partnerships that will enable the distribution of gun safety cards and posters at retail outlets that sell firearms or provide firearms training. In addition to the lethal means campaign, the Shatter the Silence app is promoted at all trainings and presentations. **The app was downloaded 223 times in FY21.**

SHATTER THE SILENCE

THE PEER BRIDGER PROJECT

The Peer Bridger Project became operational at South Mississippi State Hospital in October 2020. 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, and this expansion of the program at South Mississippi State Hospital and Regions 12, 13, and 14 includes a component that offers 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. 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.

During FY21, a total of 571 Peer Bridger connections were completed at North Mississippi State Hospital and South Mississippi State Hospital.

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.

As of June 30, 2021, there were 287 CPSSs employed in the state mental health system. During FY21, there were five CPSS virtual trainings conducted, with **138** peers taking part. **Of those peers, 110 were newly-certified and 28 were returning to become trained and certified in a second designation.** some of them returning for training in a second designation. **The development and support of Certified Peer Support Specialists will be provided by the Association of Mississippi Peer Support Specialists (AMPSS).** The mission of AMPSS is to provide support and advocacy for Peer Support Specialists by building AMPSS into a sustainable consumer-driven organization.

In addition to the CPSS training, DMH also facilitates CPSS supervisor training, designed for agency administration, management, and CPSS supervisors. This training focuses on preparing organizational culture for peer support, the role of the CPSS, and the recruitment, hiring, and retention of peer support professionals. **During FY21, 83 CPSS supervisors were trained during five virtual trainings. As of June 30, 2021, there are 43 DMH Certified Providers employing CPSSs.**



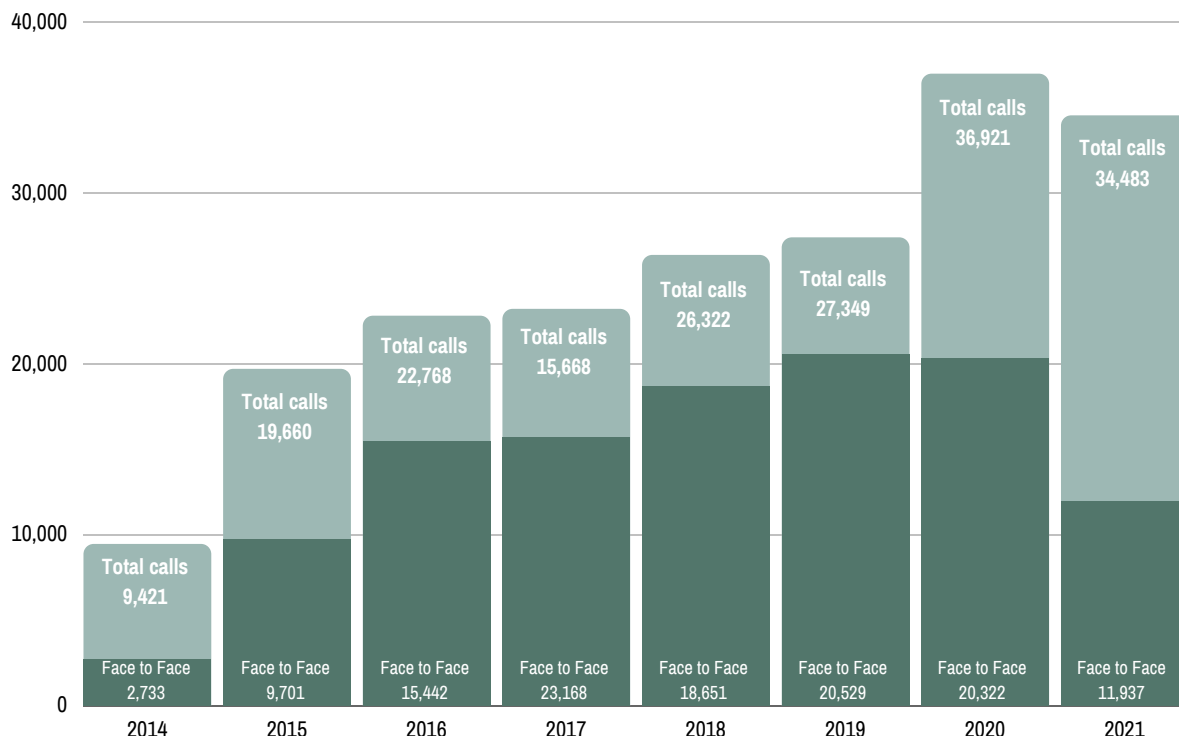
DMH HIGHLIGHTS

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. 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 for these teams is to respond in a timely manner to where individuals are experiencing the crisis or meet them at a designated location, such as a local hospital.

Mobile Crisis Response Teams work to set up follow-up appointments with an individual's preferred provider and also monitors 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 13 Community Mental Health Centers.

MOBILE CRISIS RESPONSE TEAMS

In FY21, there were 34,483 calls made to Mobile Crisis Response Teams. Of those calls, 11,937 resulted in face-to-face contacts, and 3,087 were in conjunction with law enforcement.



DMH HIGHLIGHTS

NAVIGATE FIRST EPISODE PSYCHOSIS

Navigate assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported education and employment services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, and Region 8 Mental Health Services.

At the end of FY21, a total of 76 youth and young adults with first episode psychosis were being served. At the end of FY20, a total of 63 youth and young adults were being served. **This is an increase of approximately 20% compared to FY20.**

DMH supports 14 Juvenile Outreach Programs operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, crisis intervention, and therapy to youth with SED or SMI who are in the detention centers or juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms and to prevent future contacts between them and the youth courts. **In FY21, 1,644 young people were served in these programs by CMHCs. Of those, 1,592 continued treatment with the CMHC when they left the detention centers.**

JUVENILE OUTREACH PROGRAMS

MAP TEAMS MAKING A PLAN

A Making A Plan (MAP team) is made up of individuals from the local community agencies that work with children and youth. The priority of the MAP Team is to review cases concerning children and youth who have serious emotional/behavioral disorder or serious mental illness and who are at risk for an inappropriate placement due to the lack of access to or availability of needed services and supports in the community.

During FY21, there was an increase of 57% in the number of children and youth served by MAP Teams. At the end of FY21, 786 children and youth were served by the MAP Teams. This is an increase of 286 children and youth compared to the 500 served in FY20. Participants from local partners - representatives from Child Protection Services, local school districts, and youth courts - also increased compared to the prior year. There were 721 participants on MAP Teams from local partners during FY21.

DMH HIGHLIGHTS

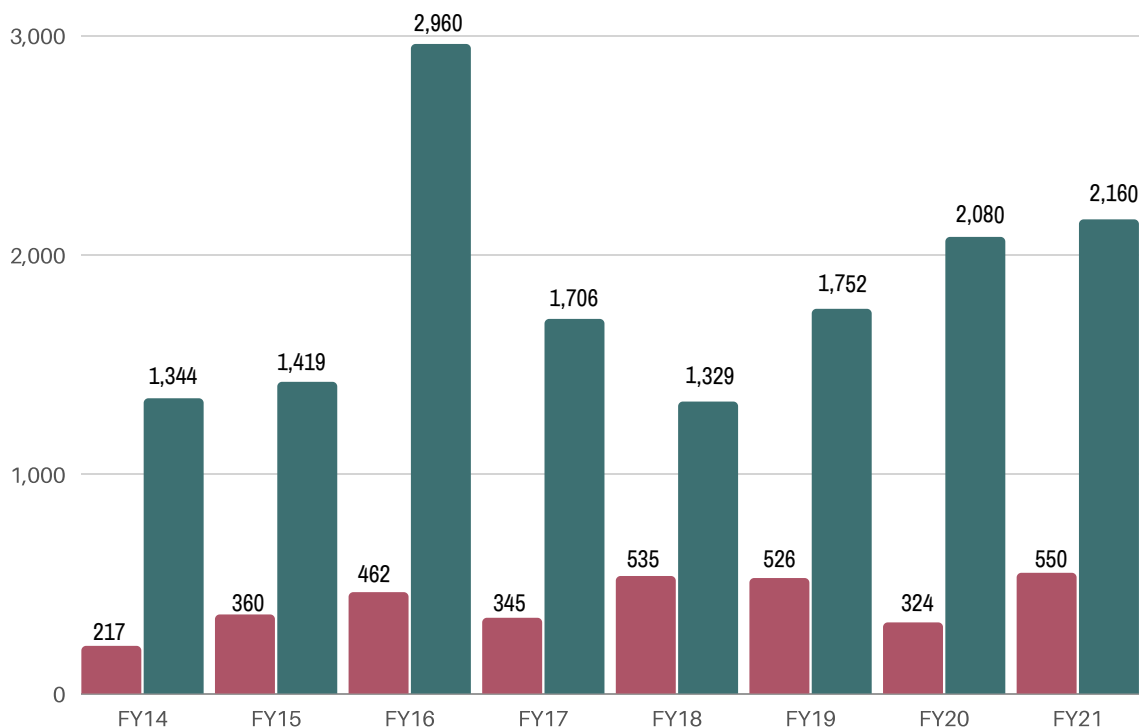
WRAPAROUND FACILITATION

Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. 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.

In FY21, 550 individuals were trained to provide Wraparound Facilitation in Mississippi, and 2,160 children and youth received this service.

Components of Wraparound Facilitation include:

- 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 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.

DMH HIGHLIGHTS

CIT CRISIS INTERVENTION TEAMS

With the addition of a new CIT program established in the Oxford/Lafayette County area in FY21, Mississippi now has **eight fully-functioning CIT programs**.

The fully-functional CIT programs in Mississippi are:

- East Mississippi CIT serves Lauderdale, Kemper, Clarke, Smith, Scott, Newton, Neshoba, Leake, and Jasper Counties
- Pine Belt CIT serves Forrest, Lamar, Marion, Perry, Covington, Jeff Davis, Jones, and Pearl River Counties
- Lifecore Health Group CIT serves Lee and Itawamba Counties
- Hinds County CIT serves Hinds County
- Harrison County CIT serves Harrison County
- Pike County CIT serves Pike County
- Northwest Mississippi CIT serves DeSoto County
- The Oxford CIT serves Oxford and Lafayette County

Through grants given to the Lauderdale County Sheriff's Department and Pine Belt Mental Health for CIT expansion, efforts continue to help new communities establish CIT programs. In FY21, there were 13 CIT classes conducted, with 49 different law enforcement agencies participating. **Through these trainings, 151 officers received training and certification as CIT officers during the year.**



DMH HIGHLIGHTS

CRISIS SERVICES CENTER

In FY21, DMH received a Transformation Transfer Initiative grant from the Substance Abuse and Mental Health Services Administration that has enabled the creation of a **Crisis Services Center in Oxford**. Operated by the Region 2 CMHC, Communicare, the Crisis Services Center operates on a "living room model" that provides observation and crisis stabilization services to all referrals in a home-like, non-hospital environment. **The Crisis Services Center enables individuals in a mental health crisis to be diverted from more restrictive settings like hospital emergency rooms, state hospitals, and even jails.** It began operating in the first half of 2021 and was quickly utilized by local stakeholders.

Since the center began operating, it has been successful in getting individuals the help they needed without requiring a higher level of care. That success has included helping one individual develop a safety plan that utilizes visits to the Crisis Services Center instead of calling 911 or visiting the emergency room due to symptoms of serious mental illness, which had been happening frequently. In another success, the center aided one individual struggling with postpartum depression, engaging this person's family and outpatient providers in the safety plan. **Through October 2021, there had been 27 admissions to the center.**

DMH has partnered with Pine Belt Mental Health Resources, the Region 12 CMHC, in the development of Forensic Certified Peer Support Specialists – a new branch of CPSSs who are working in the jail system in Forrest, Jones, and Harrison counties. These peers are specifically utilizing trauma-informed care training to identify trauma and its symptoms among inmates, as well training staff members to understand the impact trauma can have on individuals. The prevalence of trauma and posttraumatic stress disorder (PTSD) is higher among individuals in prison and jail than in the general population. Research has shown a connection between trauma and criminality due in part to the coping mechanisms of aggression and substance misuse after a traumatic event.

Many incarcerated Mississippians have experienced some sort of trauma, whether that is abuse as a child, witnessing violence, or experiencing violence themselves. Individuals often experience trauma ongoing throughout their lives. Also enabled by a Transformation Transfer Initiative grant from the Substance Abuse and Mental Health Services Administration, this pilot program aims to improve outcomes for individuals with serious mental illness who are in the jail system.

FORENSIC PEER SUPPORT SPECIALISTS

DMH HIGHLIGHTS

IDD TRANSITIONS AND HOME & 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 43%. In FY21, a total of 57 persons transitioned to the community from the ICF/IID Regional Programs – 25 transitioned with ID/DD Waiver supports, 31 transitioned to an ICF Community Home, and one person transitioned from a private ICF with IDD targeted case management supports and IDD Community Support Program Supported Living services.

Both the IDD Community Support Program (1915i) and the ID/DD Home and Community Based Waiver provide supports and services to individuals in the community. **As of June 30, 2021, there were 1,042 persons enrolled in the IDD Community Support Program and 2,765 persons enrolled in the ID/DD Waiver.** A person-centered Plan of Services and Supports was developed for everyone served through these services. 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 FY21, there were 79 new individuals enrolled in the CSP and 82 new individuals enrolled in the ID/DD Waiver.**

Since 2012, the total number of people enrolled in the ID/DD Waiver has increased by approximately 51%.

ALCOHOL & DRUG ADDICTION SERVICES

DMH HAS THE RESPONSIBILITY OF ADMINISTERING FISCAL RESOURCES (STATE AND FEDERAL) TO THE STATE'S 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

EVIDENCE BASED PROGRAMS

DMH's certified and funded providers, including four standalone substance use disorder treatment providers as well as the 13 Community Mental Health Centers, have been trained in evidence-based and best practice recovery treatment models. There are approximately 50 evidence-based practices utilized by co-occurring disorder specialists at the Community Mental Health Centers, with more than 30 of those targeted towards populations receiving services for substance use disorders. These include various kinds of therapeutic interventions, screeners, functional assessments, trainings, evidence-based peer support groups, and therapeutic module programs. In addition to focusing on substance abuse related behavior, these programs also address issues related to mental health promotion, problem solving, violence, coping skills, and peer mentoring, to name a few. These programs may be implemented in the community in both public and private schools, as well as after-school programs such as the Boys and Girls Clubs.

In FY21:

COMMUNITY-BASED PRIMARY RESIDENTIAL SERVICES

→ **4,287**
People Served

COMMUNITY-BASED TRANSITIONAL RESIDENTIAL SERVICES

→ **1,759**
People Served

COMMUNITY-BASED RECOVERY/ COMMUNITY SUPPORT SERVICES

→ **6,183**
People Served

COMMUNITY-BASED INTENSIVE OUTPATIENT SERVICES

→ **857**
People Served
Includes 752 adults and
105 adolescents

PRIORITY POPULATIONS SERVED

→ **154**
Parenting
Women
104
Pregnant
Women

NARCAN DOSES DISTRIBUTED & ADMINISTERED

→ **9,581**
Distributed
by DMH
226
Known to be
Administered

ALCOHOL & DRUG ADDICTION SERVICES

SERVICES ARE PROVIDED FROM THE FOLLOWING FUNDING SOURCES

FEDERAL BLOCK GRANT

\$12,586,326

STATE OPIOID RESPONSE

\$7,650,158

CO-OCCURRING RE-ENTRY PROGRAM

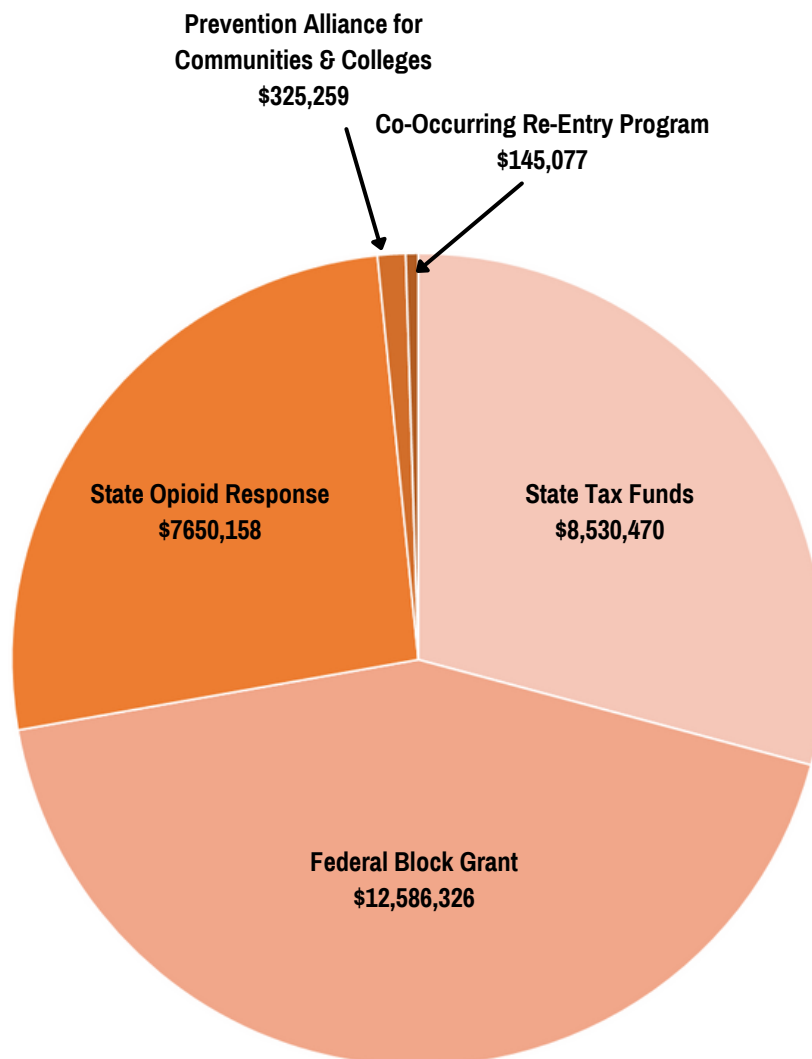
\$145,077

STATE TAX FUNDS

\$8,530,470

PREVENTION ALLIANCE FOR COMMUNITIES AND COLLEGES

\$325,259



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.

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

SPECIALIZED TREATMENT FACILITY

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

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

CENTRAL MISSISSIPPI RESIDENTIAL CENTER

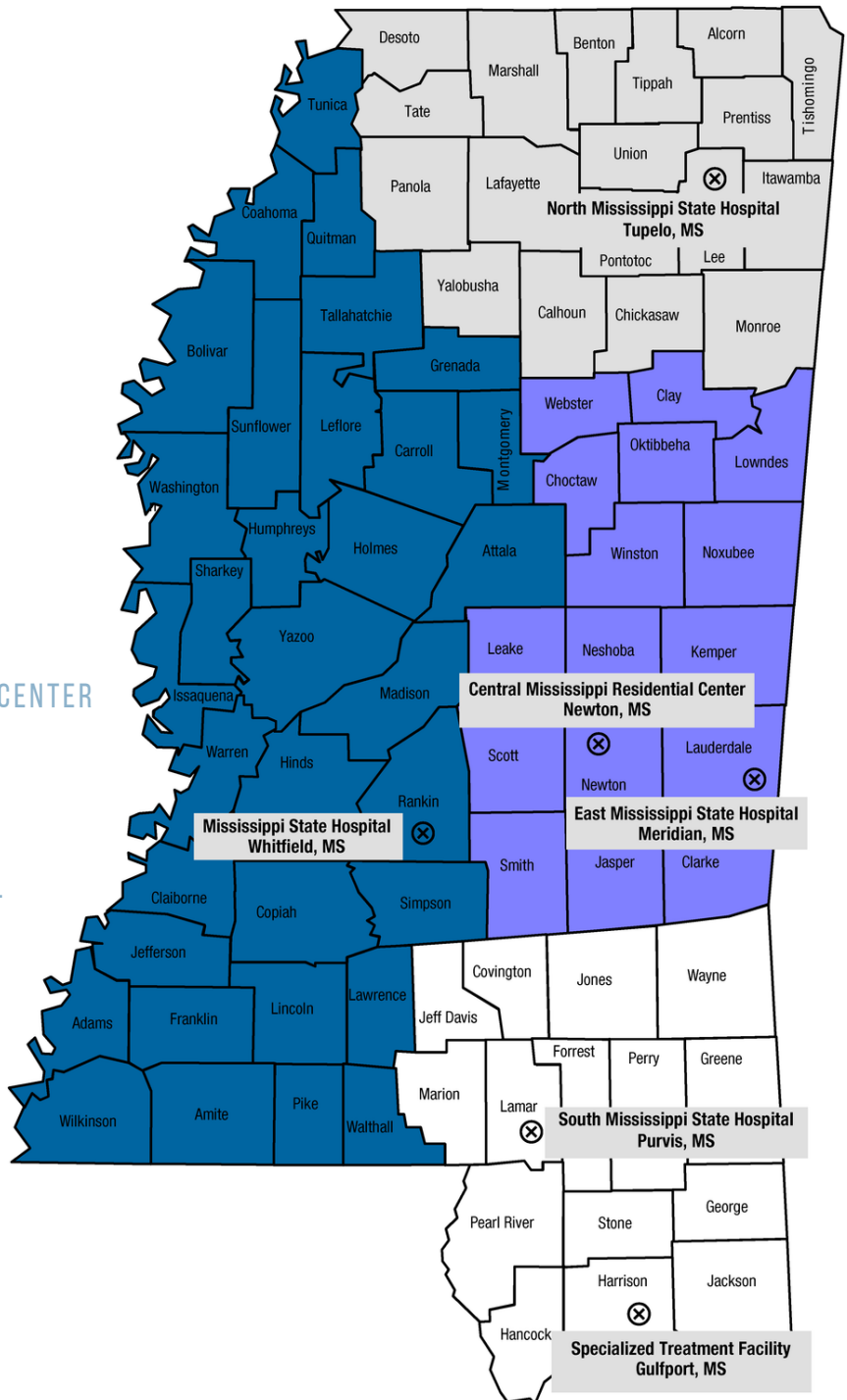
701 Northside Drive
Newton, MS 39345
Phone: 601-683-4200
www.cmrc.ms.gov

NORTH MISSISSIPPI STATE HOSPITAL

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

SOUTH MISSISSIPPI STATE HOSPITAL

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



BEHAVIORAL HEALTH PROGRAMS

Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	80	596
Continued Treatment	60	72
Child and Adolescent	22	114
Forensics	57	77
Substance Use Disorder	38	275
Jaquith Nursing Home	210	275

Specialized Treatment Facility

Service	Active Beds	Individuals Served
Psychiatric Residential	26	85

East Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	120	472
Nursing Home	159	152
Substance Use Disorder	25	5
Community Living	76	364

North Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	50	497

South Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	50	425

The number of active beds may have changed throughout the fiscal year to accommodate social distancing, isolation, and quarantine guidelines related to the COVID-19 pandemic. The active beds indicated here are those operating as of the end of the fiscal year on June 30, 2021. The Substance Use Disorder Unit at East Mississippi State Hospital did not begin operating until late June 2021.

BEHAVIORAL HEALTH PROGRAMS

ADULT PSYCHIATRIC ADMISSIONS BY COUNTY AND DMH BEHAVIORAL HEALTH PROGRAM. THIS TABLE REPRESENTS ADMISSIONS FROM JULY 1, 2020 THROUGH JUNE 30, 2021.

Region 1	MSH	EMSH	SMSH	NMSH	Total
Coahoma	19	1	0	0	20
Quitman	2	0	0	0	2
Tallahatchie	4	0	0	0	4
Tunica	9	0	0	0	9
Total	34	1	0	0	35

Region 3	MSH	EMSH	SMSH	NMSH	Total
Benton	0	0	0	4	4
Chickasaw	0	2	0	29	31
Itawamba	0	0	0	13	13
Lee	2	2	0	50	54
Monroe	1	1	0	13	15
Pontotoc	1	0	0	10	11
Union	0	0	0	4	4
Total	4	5	0	123	132

Region 6	MSH	EMSH	SMSH	NMSH	Total
Attala	5	0	0	0	5
Bolivar	17	0	0	0	17
Carroll	4	0	0	0	4
Grenada	12	0	0	0	12
Holmes	13	0	0	0	13
Humphreys	8	0	0	0	8
Issaquena	0	0	0	0	0
Leflore	17	0	0	0	17
Montgomery	4	0	0	0	4
Sharkey	1	0	0	0	1
Sunflower	6	0	0	0	6
Washington	19	0	0	0	19
Total	106	0	0	0	106

Region 8	MSH	EMSH	SMSH	NMSH	Total
Copiah	5	0	0	0	5
Madison	5	0	0	0	5
Rankin	29	1	0	0	30
Lincoln	10	0	0	0	10
Simpson	23	1	0	0	24
Total	72	2	0	0	74

Region 11	MSH	EMSH	SMSH	NMSH	Total
Adams	40	0	0	0	40
Amite	16	0	0	0	16
Claiborne	6	0	0	0	6
Franklin	4	1	0	0	5
Jefferson	8	0	0	0	8
Lawrence	16	0	0	0	16
Pike	45	0	0	0	45
Walthall	14	1	0	0	15
Wilkinson	28	0	0	0	28
Total	177	2	0	0	179

Region 13	MSH	EMSH	SMSH	NMSH	Total
Hancock	0	0	15	0	15
Harrison	2	2	66	0	70
Stone	0	0	0	0	0
Total	2	2	81	0	85

Region 15	MSH	EMSH	SMSH	NMSH	Total
Warren	21	0	0	0	21
Yazoo	8	0	0	0	8
Total	29	0	0	0	29

Region 2	MSH	EMSH	SMSH	NMSH	Total
Calhoun	0	0	0	16	16
Lafayette	1	5	0	50	56
Marshall	0	0	0	10	10
Panola	0	2	0	66	68
Tate	0	0	0	16	16
Yalobusha	0	0	0	21	21
Total	1	7	0	179	187

Region 4	MSH	EMSH	SMSH	NMSH	Total
Alcorn	0	0	0	18	18
DeSoto	2	0	0	87	89
Prentiss	0	0	0	19	19
Tippah	0	0	0	8	8
Tishomingo	0	1	0	12	13
Total	2	1	0	144	147

Region 7	MSH	EMSH	SMSH	NMSH	Total
Choctaw	2	9	0	0	11
Clay	2	18	0	0	20
Lowndes	0	30	0	0	30
Noxubee	0	16	0	1	17
Oktibbeha	0	23	0	0	23
Webster	0	3	0	0	3
Winston	0	12	0	1	13
Total	4	111	0	2	117

Region 9	MSH	EMSH	SMSH	NMSH	Total
Hinds	91	2	0	0	93
Total	91	2	0	0	93

Region 10	MSH	EMSH	SMSH	NMSH	Total
Clarke	1	12	0	0	13
Jasper	0	21	0	0	21
Kemper	0	3	0	0	3
Lauderdale	8	115	1	2	126
Leake	0	23	0	0	23
Neshoba	0	11	0	0	11
Newton	2	26	0	0	28
Scott	3	29	0	0	32
Smith	2	14	1	0	17
Total	16	254	2	2	274

Region 12	MSH	EMSH	SMSH	NMSH	Total
Covington	0	1	13	0	14
Forrest	2	1	83	0	86
Greene	0	0	2	0	2
Jeff Davis	0	0	13	0	13
Jones	1	1	36	0	38
Lamar	1	2	35	0	38
Marion	0	0	27	0	27
Pearl River	0	1	41	0	42
Perry	0	0	5	0	5
Wayne	0	0	9	0	9
Total	4	6	264	0	274

Region 14	MSH	EMSH	SMSH	NMSH	Total
George	0	1	7	0	8
Jackson	0	0	44	0	44
Total	0	1	51	0	52

The Region 13 service areas of Hancock, Harrison, and Stone counties were moved into Region 12 in February 2021. Region 5 was previously consolidated into other CMHC regions.

BEHAVIORAL HEALTH

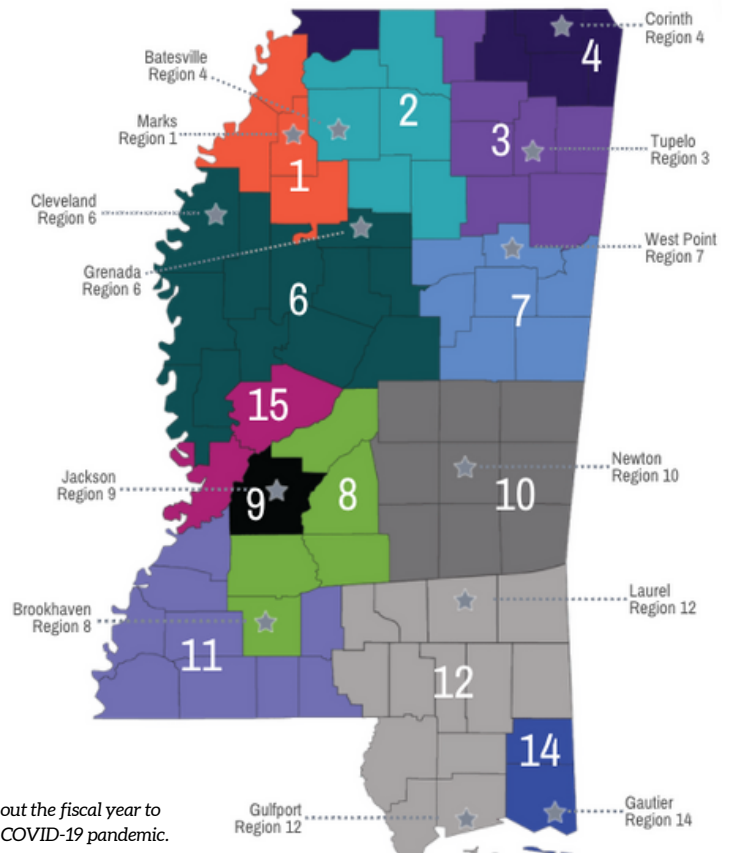
CRISIS STABILIZATION UNITS

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. CSUs are partially funded through DMH grants provided to the Community Mental Health Centers.

Prior to 2019, the state had eight, 16-bed CSUs. In FY19, DMH shifted funding from DMH-operated behavioral health programs to allow additional CSU beds to open in CMHC regions that did not have CSUs: LifeCore Health Group (Region 3) opened eight crisis beds in Tupelo; Community Counseling Services (Region 7) opened eight beds in West Point; Singing River (Region 14) opened eight beds in Gautier; Hinds Behavioral Health Services (Region 9) opened 12 beds in Jackson; and Region One Mental Health Center opened eight beds in Marks. In FY21, an additional four beds were added by Region 9 in Jackson. In October 2021, Region 11 opened a CSU in Natchez.

In FY21, there were 3,022 admissions to CSUs.

CSU	Beds	Admissions
Batesville	16	259
Brookhaven	16	324
Cleveland	16	241
Corinth	16	285
Grenada	16	265
Gulfport	16	183
Jackson	16	211
Laurel	16	264
Newton	16	378
Gautier	8	128
Marks	8	163
Tupelo	8	183
West Point	8	138
Total	176	3,022



The number of active beds available during the year may have changed throughout the fiscal year to accommodate social distancing, isolation, and quarantine guidelines related to the COVID-19 pandemic.

* The Jackson CSU expanded from 12 to 16 beds during FY21.

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, 13 REGIONAL COMMUNITY MENTAL HEALTH/IDD CENTERS AND OTHER NON-PROFIT COMMUNITY AGENCIES/ORGANIZATIONS THAT PROVIDE COMMUNITY SERVICES. COMMUNITY AND RESIDENTIAL SERVICES ARE OFFERED.

NORTH MISSISSIPPI REGIONAL CENTER

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

NORTH MISSISSIPPI REGIONAL CENTER

Serves the northern 32 counties

BOSWELL REGIONAL CENTER

Clint Ashley, Director
P.O. Box 128
Magee, MS 39111
Phone: 601-867-5000
www.brc.state.ms.us

MISSISSIPPI ADOLESCENT CENTER

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

BOSWELL REGIONAL CENTER & HUDSPETH REGIONAL CENTER

Serve the central 28 counties

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

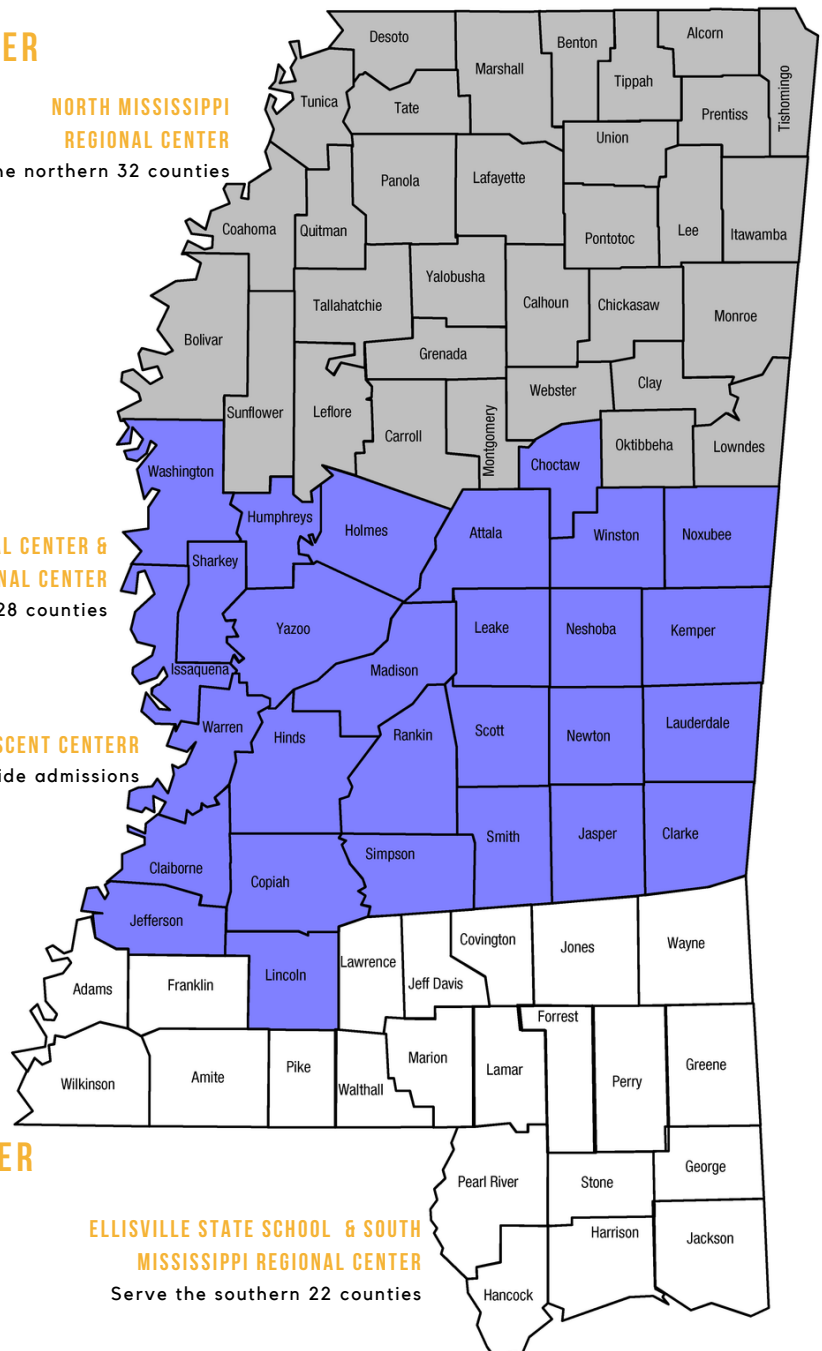
Takes statewide admissions

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

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



ELLISVILLE STATE SCHOOL & SOUTH MISSISSIPPI REGIONAL CENTER

Serve the southern 22 counties

IDD REGIONAL PROGRAMS

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Boswell Regional Center

Service	Individuals Served
ICF/IID Campus	102
ICF/IID Community Homes	86
Supervised Living	112
Supported Living	15
Shared Supported	49

Hudspeth Regional Center

Service	Individuals Served
ICF/IID Campus	182
ICF/IID Community Homes	101
ID/DD Waiver Support Coordination	775
Targeted Case Management (1915i)	397

Ellisville State School

Service	Individuals Served
ICF/IID Campus	237
ICF/IID Community Homes	84
ID/DD Waiver Support Coordination	768
Targeted Case Management (1915i)	324

South Mississippi Regional Center

Service	Individuals Served
ICF/IID Campus	90
ICF/IID Community Homes	93
ID/DD Waiver Support Coordination	585
Targeted Case Management (1915i)	131

North Mississippi Regional Center

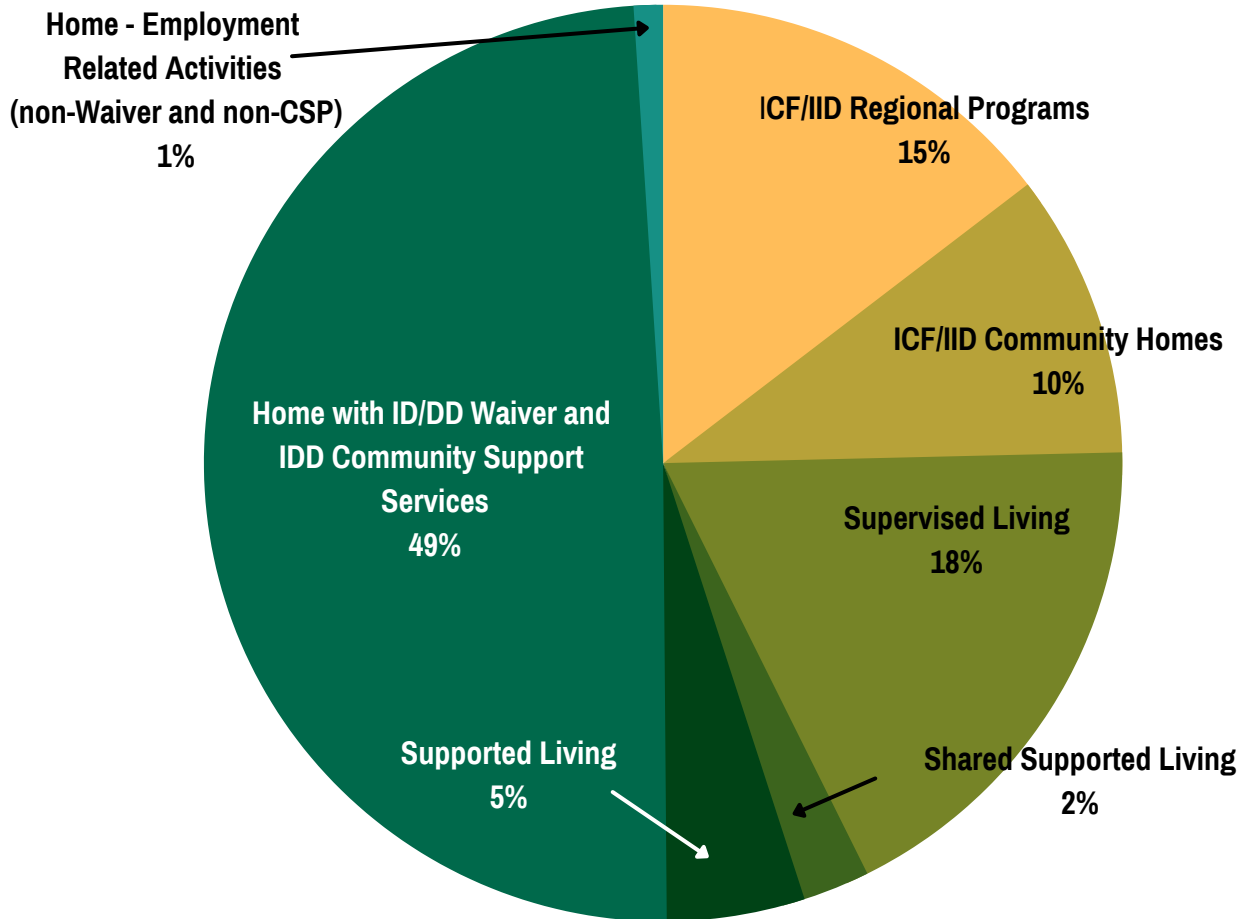
Service	Individuals Served
ICF/IID Campus	184
ICF/IID Community Homes	200
ID/DD Waiver Support Coordination	584
Targeted Case Management (1915i)	211

Mississippi Adolescent Center

Service	Individuals Served
Total Served	42

IDD REGIONAL PROGRAMS

Serving Individuals with Intellectual and Developmental Disabilities Where Do They Live?



IDD Regional Program Census

	1/1/2012	6/30/2016	6/30/2018	6/30/2020	6/30/2021	PERCENT REDUCED
NMRC	277	233	207	185	177	36%
HRC	280	243	217	185	175	38%
ESS	436	277	244	231	218	50%
BRC	139	96	95	87	87	37%
SMRC	160	125	104	89	64	60%
MAC	32	31	32	29	30	6%
TOTAL	1,324	1,005	899	806	751	43%

Percentage reduced is overall reduction in campus census since 2012

IDD COMMUNITY SERVICES

MISSISSIPPI'S ID/DD WAIVER

Mississippi's ID/DD Waiver provides individualized supports and services to assist people in living successfully at home and in the community and are an alternative to care in institutional settings. These Medicaid funded supports and services are available as long as the cost of supporting individuals in the home or community does not exceed the cost of caring for individuals in institutional settings. The ID/DD Waiver includes an array of services aimed at assisting people to live as independently as possible in their home and community. Services include: Supported Employment, Home and Community Supports, Supervised Residential Habilitation, Day Services-Adult, In-Home Nursing Respite, Community Respite, ICF/MR Respite, Prevocational Services, Specialized Medical Supplies, Behavior Support/Intervention Services, and Speech, Occupational and Physical Therapy. To access ID/DD Waiver services, contact the appropriate ID/DD Regional Centers to arrange for an evaluation.

Since FY12, the number of people enrolled in the ID/DD Waiver has increased from 1,831 individuals to 2,765 individuals at the end of FY21.

New Enrollment in ID/DD Waiver

	From Institutions	From Planning List	Total
FY12	39	56	95
FY13	166	89	255
FY14	123	168	291
FY15	105	96	201
FY16	88	237	325
FY17	69	133	202
FY18	5	81	86
FY19	69	78	147
FY20	63	41	104
FY21	25	57	82
TOTAL	752	1,036	1,788

End of FY Census for ID/DD Waiver

	Discharged	New Enrolled	Total Enrolled
FY12	105	95	1,831
FY13	90	255	1,961
FY14	125	291	2,189
FY15	118	201	2,296
FY16	106	325	2,503
FY17	112	202	2,646
FY18	85	86	2,682
FY19	81	178	2,675
FY20	80	104	2,759
FY21	136	82	2,765
TOTAL		1,819	51% INCREASE SINCE FY12

Institutions include state and private ICF/IIDs as well as nursing homes. The planning list numbers indicated here also include enrollments from crisis capacity. In addition, Medicaid enrollments may become retroactive, which could affect the number of individuals enrolled during a year. The number of new enrollments in this table represent information DMH had as of 6/30/21.

Prior to FY20, the Total Number Enrolled figure represents an end-of-year census. From FY20 onward, the figure is an unduplicated total number of individuals from the Medicaid 372 report.

ADULT COMMUNITY MENTAL HEALTH FUNDING

GENERAL AND HEALTHCARE (STATE)

\$41,626,012
Appropriated by the Mississippi State Legislature

PRIMARY AND BEHAVIORAL HEALTH CARE

\$1,554,150
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

PINE BELT CIT

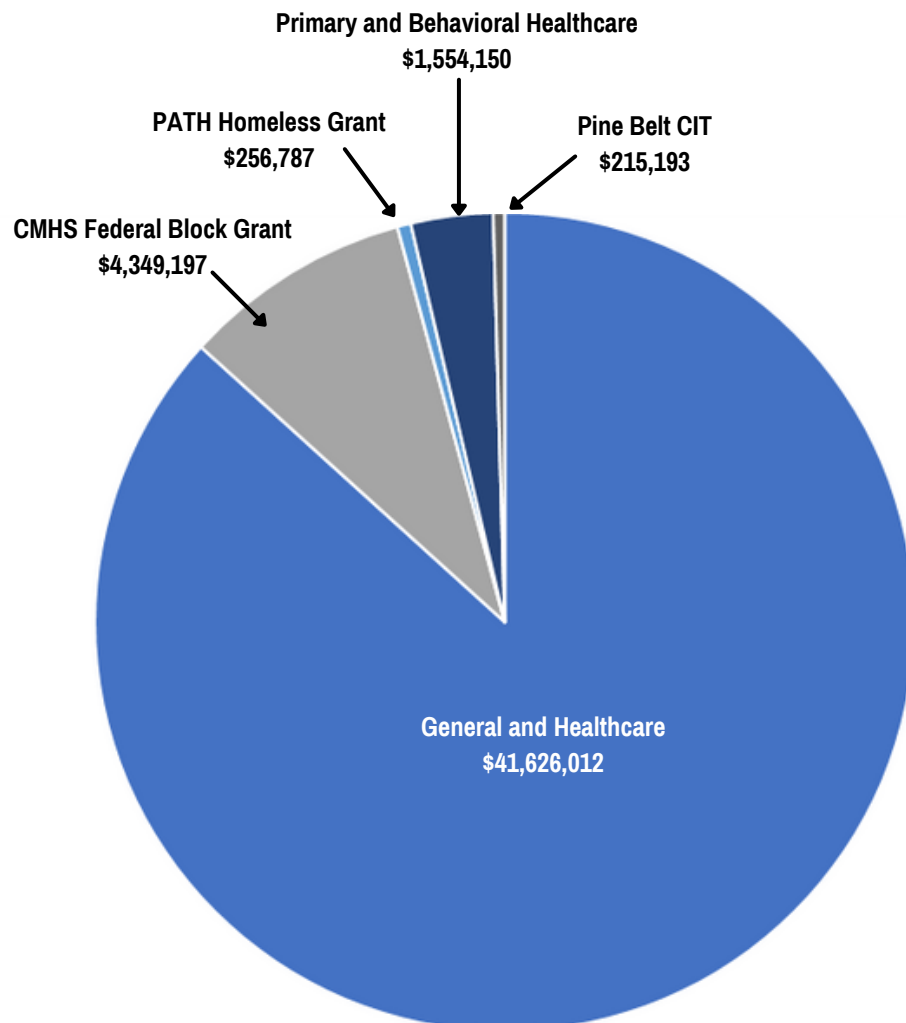
\$215,193
Expansion of Crisis Intervention Team programs for South Mississippi

CMHS FEDERAL BLOCK GRANT

\$4,349,197
Community Mental Health Services Block Grant mandated by the U.S. Congress

PATH HOMELESS (FEDERAL)

\$256,787
Projects for Assistance in Transition from Homelessness federal grant program administered by the SAMHSA Center for Mental Health Services



CHILDREN AND YOUTH COMMUNITY MENTAL HEALTH FUNDING

PROJECT CROSSOVER XPAND

\$2,299,392
A federal System of Care program that prioritizes underserved children and youth involved in the child welfare/advocacy system and/or the juvenile justice system

CMHS FEDERAL BLOCK GRANT

\$1,163,302
Community Mental Health Services Block Grant mandated by the U.S. Congress

GARRETT LEE SMITH GRANT

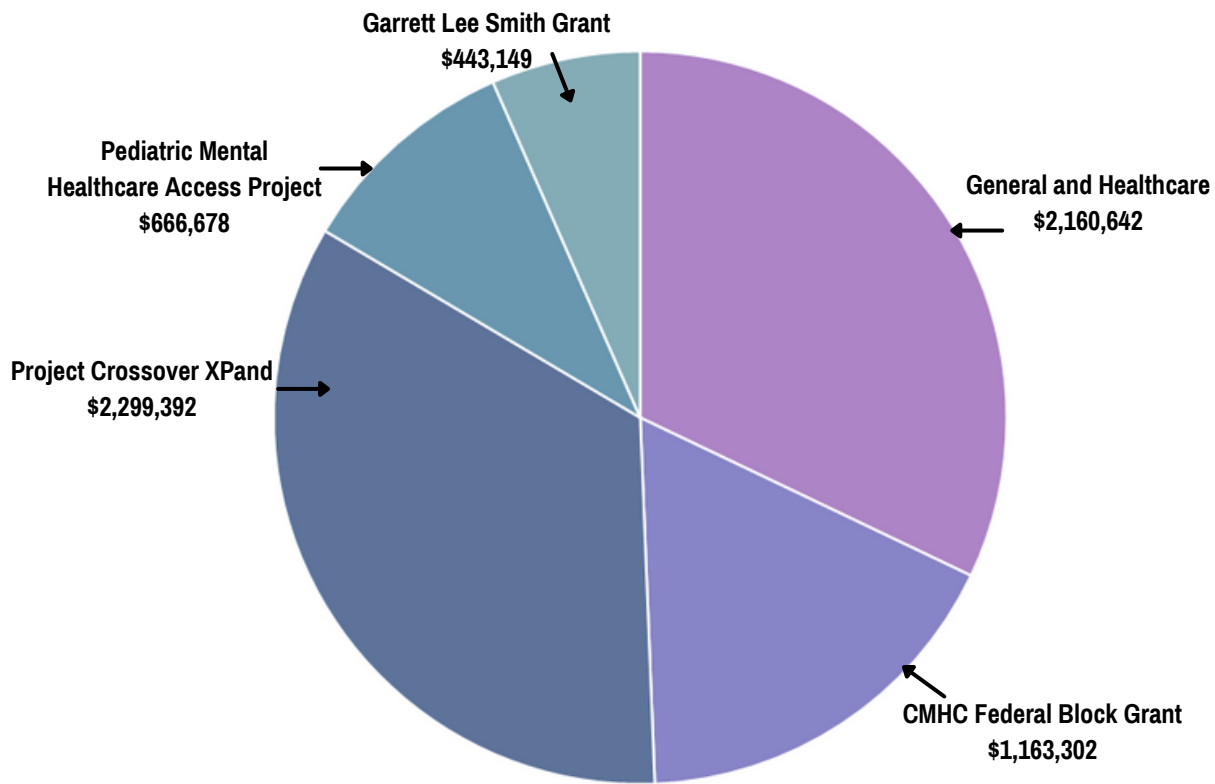
\$443,149
A youth suicide prevention grant from SAMHSA that involves collaboration between DMH, Mississippi State University, and Region 8 Mental Health Services

GENERAL AND HEALTHCARE

\$2,160,642
Appropriated by the Mississippi Legislature

PEDIATRIC MENTAL HEALTHCARE ACCESS PROJECT

\$666,678
Provides tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions.



FUNDING SOURCE EXPENDITURES

FY21

OTHER SPECIAL FUNDS

\$276,300,323
Generated by DMH programs

HEALTHCARE TRUST FUNDS

\$18,951,511
Tobacco settlement funds appropriated by Mississippi Legislature

GENERAL FUNDS

\$211,527,444
State funds appropriated by the Mississippi Legislature. Included within General Funds is funding for Behavioral Health Programs, IDD Programs, Community Services, Medicaid funding, the Budget Contingency Fund, and all other funds.

BEHAVIORAL HEALTH PROGRAMS

\$92,838,795

IDD PROGRAMS

\$11,996,210

ALL OTHER FUNDS

\$2,442,325

FEDERAL FUNDS

\$35,662,859
Federal grant revenue

BUDGET CONTINGENCY FUND

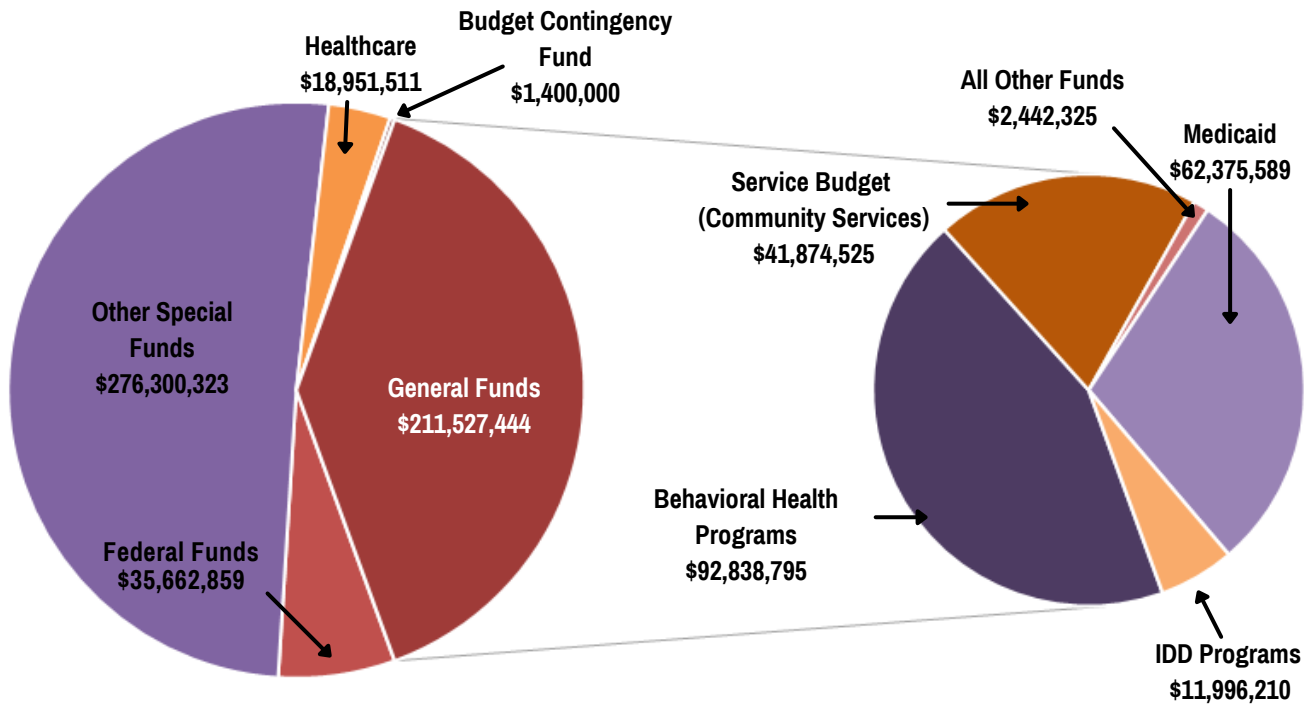
\$1,400,000

MEDICAID

\$62,375,589

SERVICE BUDGET (COMMUNITY SERVICES)

\$41,874,525



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Mississippi Department of Mental Health

FY21 Annual Report

Supporting a better tomorrow . . . Today.



MENTAL HEALTH
SERVICES



ALCOHOL AND DRUG
ADDICTION SERVICES



INTELLECTUAL AND
DEVELOPMENTAL DISABILITY
SERVICES