

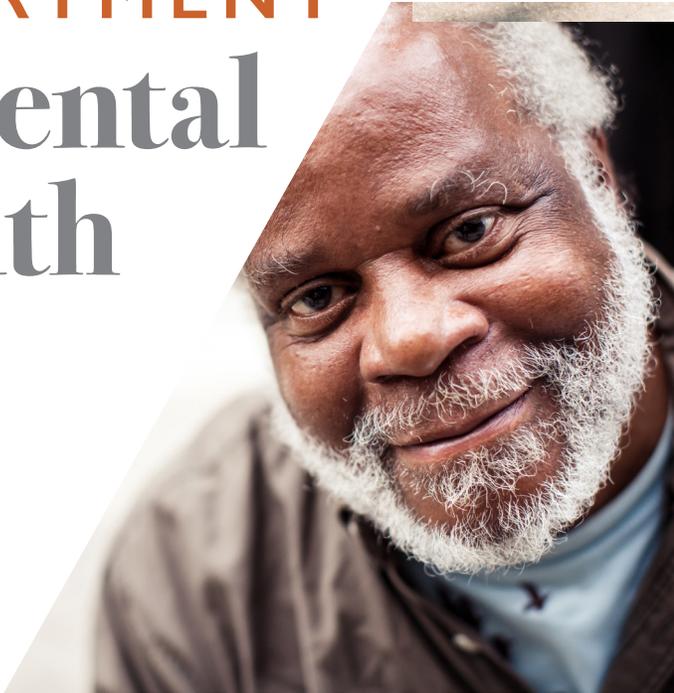
— fy19 —



ANNUAL
REPORT



Mississippi DEPARTMENT OF Mental Health



DMH
Mississippi Department of Mental Health

Supporting a Better Tomorrow...One Person at a Time



MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

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

Board of Mental Health Members

John Montgomery, D.O.

Manda Griffin, Ph.D.

Jim Herzog, Ph.D.

Robert Landrum

Teresa Mosley

Courtney Phillips

Stewart Rutledge

Sampat Shivangi, M.D.

Alyssa Killebrew, Ph.D.

DMH Executive Director

Diana S. Mikula

DMH Deputy Director

Steven Allen

If you need additional copies of the DMH FY19 Annual Report, contact Wendy Bailey, Chief of Staff at 601-359-1288 or wendy.bailey@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.



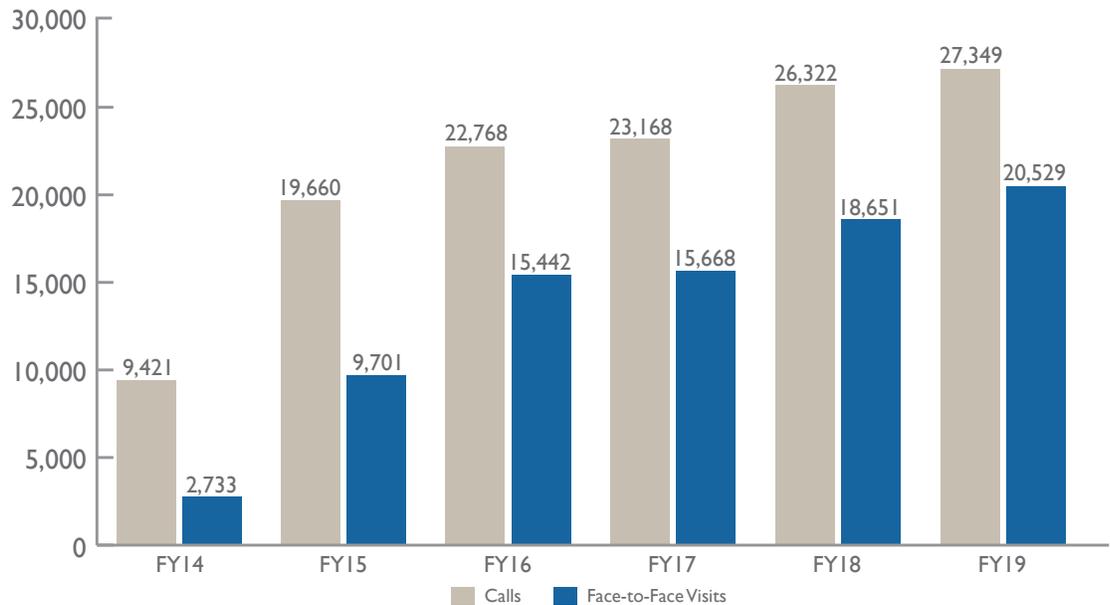
Mobile Crisis Response Teams

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

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

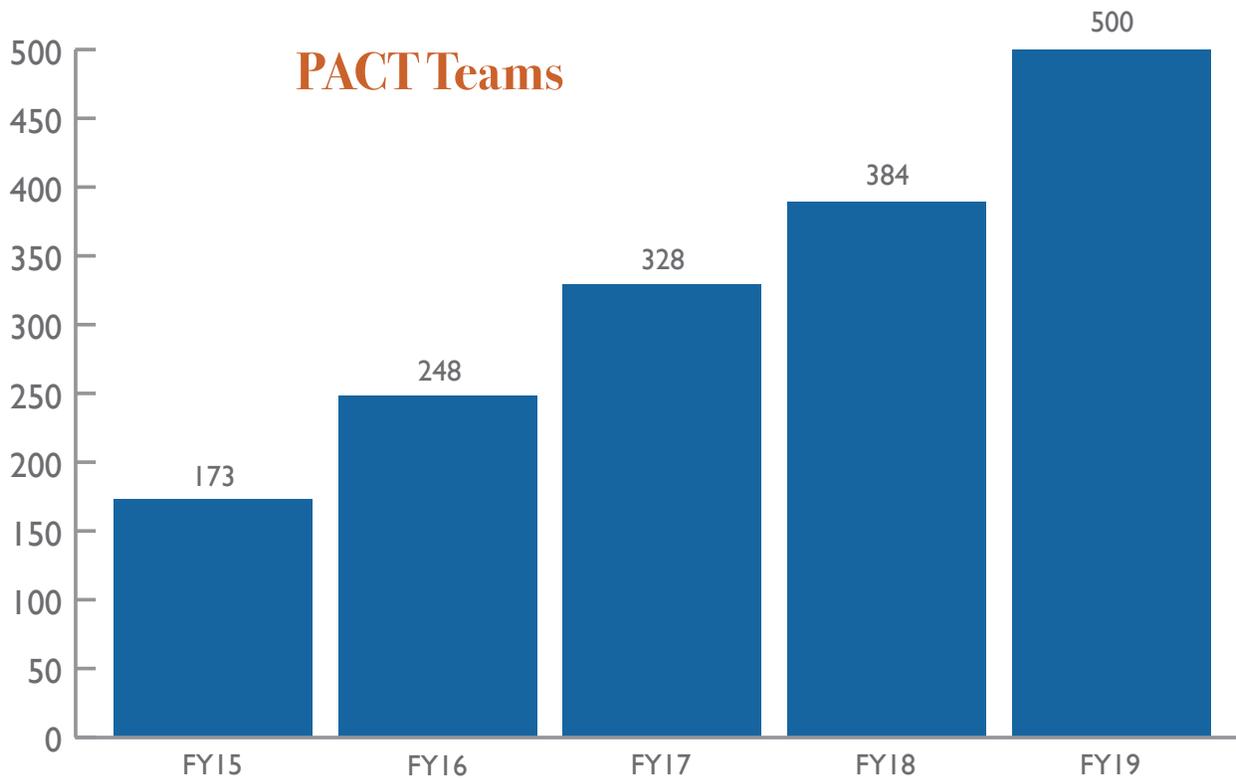
Mobile Crisis Response Teams ensure an individual has a follow-up appointment with their preferred provider and monitor the individual until the appointment takes place. A Mobile Crisis Response Team is staffed with a Master’s level Mental Health Therapist, Community Support Specialist and Peer Support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

Mobile Crisis Response Teams





DMH HIGHLIGHTS



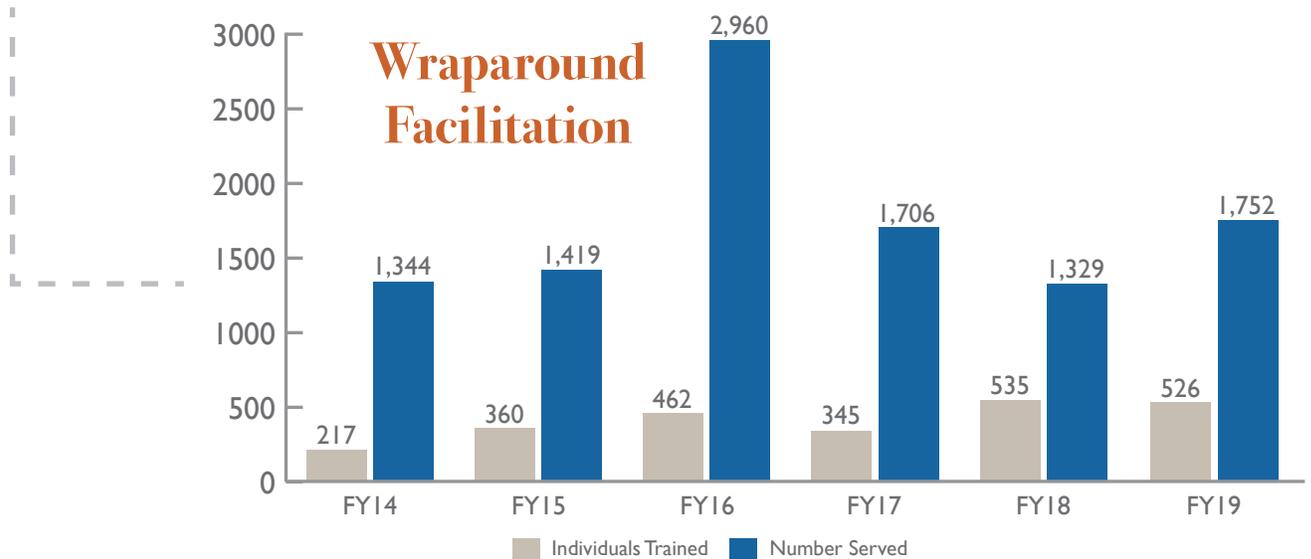
Programs of Assertive Community Treatment Teams

Mississippi now has 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.



Wraparound Facilitation for Children and Youth

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



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

Components of Wraparound Facilitation include the following activities:

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



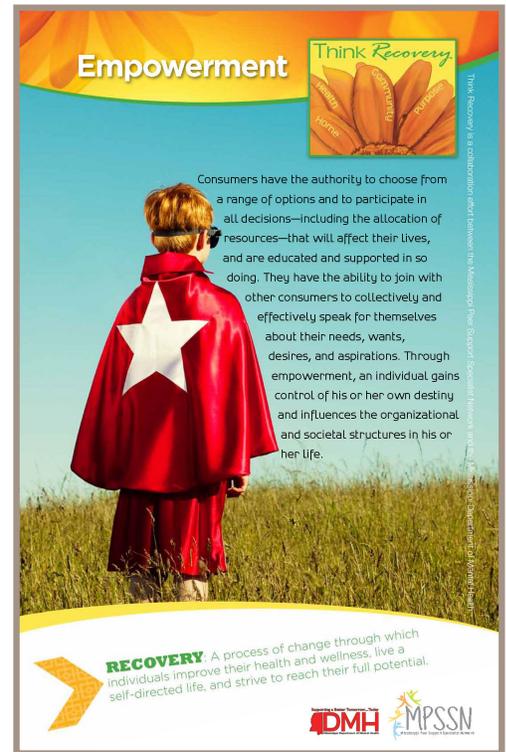
DMH HIGHLIGHTS

Certified Peer Support Specialists

Mississippi's Certified Peer Support Specialist (CPSS) Trainers conducted five Certified Peer Support Specialist Trainings in FY19. The CPSS Training is an intensive 34-hour course followed by a written exam. **In FY19, there were 201 CPSSs in Mississippi.** CPSSs are individuals who self-identify as a family member or an individual who received or is currently receiving mental health services. Upon completion of the training, successfully passing the CPSS examinations, and obtaining employment by a DMH certified provider, participants become Certified Peer Support Specialists. The training and certification process prepares CPSSs to promote hope, personal responsibility, empowerment, education, and self-determination in the communities in which they serve.

The first CPSSs with a designation of a Parent/Caregiver completed their training at the Mississippi Department of Mental Health (DMH) in March 2017. The Parent/Caregiver designation is an expansion of the CPSS Program. Although Mississippi has a successful CPSS training program geared toward adults in recovery, this designation of peers focuses on those who will be working with children with behavioral health issues. The training is a customized, two-day block within the current CPSS training program. **In FY19, a total of 20 Parent/Caregiver designations were received.**

In June 2019, DMH completed the first training for people with a designation of Youth and Youth Adult CPSS. A Youth/Young Adult Peer Support Specialist is a person between the ages of 18-26 with lived experience with a behavioral health or substance use diagnosis. Thirteen young people participated in the training, which was developed in conjunction with NAMI Mississippi. The Youth and Young Adult training is a 2.5-day block in the CPSS training that consists of several youth-specific modules.



Housing



In FY16, the Mississippi Legislature appropriated funding to establish a housing partnership, now known as CHOICE – Creative Housing Options in Communities for Everyone. **In FY19, 308 individuals received housing services through CHOICE.** 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. On June 28, 2019, CHOICE housed its 600th resident.



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 February 2019, DMH offered a \$40,000 grant opportunity to Community Mental Health Centers (CMHCs) that did not have a Supported Employment program. Regions 3, 4, 8, 9, 11, 14, and 15 applied and were awarded grants. DMH also worked with the Mississippi Department of Rehabilitation Services to collaborate on the implementation of Supported Employment around the state. Through the collaboration, CMHCs will hire or designate Supported Employment Specialists to work alongside vocational rehabilitation counselors to coordinate employment services and monitor the health of the employees. The seven new Supported Employment sites joined Regions 2, 7, 10, and 12 who were already offering this service. Supported Employment, an evidenced-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. **In FY19, the DMH Supported Employment Program assisted 245 individuals on their road to recovery by helping them to become employed in the openly competitive job market.**

Certification of Providers

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

DMH Certified Providers (number of agencies certified in FY19)	137
On-site Monitoring Visits Conducted (includes certification reviews and new service/new program reviews)	172



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 FY19, OCS received 10,669 documented calls directly through the DMH Helpline and National Suicide Prevention Lifeline.** OCS continues to contract with the National Suicide Prevention Lifeline as a network provider in Mississippi for crisis intervention, suicide prevention, and information/referral.



DMH HIGHLIGHTS

Suicide Prevention Efforts

Suicide is the third-leading cause of death among young adults in Mississippi. To combat this statistic, DMH has a number of initiatives to increase awareness of the warning signs and risks related to people who may be having thoughts of suicide. In FY19, DMH re-designed its Shatter the Silence campaign for suicide prevention and awareness. The campaign originally began in 2009 to encourage young people to talk through their feelings with friends and trusted adults. In FY19, it was expanded to include 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 in Shatter the Silence. In addition, DMH partnered with the Mississippi National Guard to



attend their Yellow Ribbon Events for soldiers who have returned home to the state after serving overseas, reaching approximately 1,600 soldiers and their family members with information and resources. DMH has also recently completed development of a Shatter the Silence app that provides people with suicide prevention awareness and resources in the palm of their hands. **In FY19, there were a total of 11,347 Mississippians reached through Shatter the Silence presentations.**



Combating Opioid Use

The opioid epidemic affects Mississippians of all backgrounds. However, Mississippians working in the construction, farming, manufacturing, hospitality, and oil and gas industries are at greater risk for opioid overdoses. To help stem the tide of opioid addiction, in FY19 DMH developed the Opioid Workplace Awareness Initiative through its Stand Up, Mississippi opioid awareness campaign. The initiative encourages employers to learn and recognize early warning signs of opioid use disorder and connect employees to treatment and recovery support. A toolkit provides practical tools employers can use to create a healthy, supportive work environment for Mississippians who may be at greater risk for opioid dependence and addiction. To help share this information, DMH has partnered with many groups including the Mississippi Workers' Compensation Commission to distribute informational cards to employees who have filed claims, the Mississippi Economic Development Council, and businesses across the state. **For more information, visit www.standupms.org.**



Mental Health Awareness Training Grant

In September 2018, DMH received 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. DMH is offering Mental Health First Aid training at no cost to educators, school resource officers, parents, caregivers, and others who regularly work with young people. 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. **In FY19, DMH hosted 26 trainings across the state.**



Think Again Chronic Illness Partnership

In May 2019, DMH partnered with the Mississippi State Department of Health's Office of Preventive Health to expand DMH's Think Again campaign. The Think Again About Mental Health + Chronic Illness awareness initiative continues to focus on ways mental health and physical health work together, sharing booklets, posters, and flyers with service providers and people who have received services at DMH programs and other service providers. The material educates readers about programs that promote self-management and wellness for people living with chronic health problems, which can often be linked to mental health problems as well. These evidence-based programs are available through the State Department of Health's Motivated to Live a Better Life Network. A healthy lifestyle can prevent the onset or delay the worsening of depression, anxiety, and other mental health conditions, as well as heart disease, diabetes, obesity, and other chronic health conditions.





DMH HIGHLIGHTS

School Mental Health Learning Community

In February 2019, DMH was notified Mississippi was selected to be a part of the Southeast School Mental Health Learning Community. The 10-month project includes one in-person visit and six virtual learning sessions, technical assistance, coaching and development of strategic improvement plans that are tailored to Mississippi. The Community is co-facilitated by the Southeast Mental Health Technology Transfer Center and the National Center for School Mental Health at the University of Maryland School of Medicine. Mississippi's goal is to improve state and district capacity to implement effective multi-tier systems of school mental health support, with a special emphasis on integrating school mental health into state and district school safety planning. The team is made up of seven representatives - three DMH representatives, two representatives from the Department of Education and two representatives from the local school districts.



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. To aid in decreasing wait times, MSH converted a 21-bed unit on the campus and designated additional clinical staff for use by Forensic Services to provide competency restoration services. When all 21 beds are fully-staffed, it will represent a 140% increase in total competency restoration beds available for Forensic Services admissions. 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. MSH is also renovating a building on the campus to serve as an 83-bed Forensic Services unit. That project is currently in the design and development phase, with construction estimated to start in February 2020. When complete, it will more than double the capacity of the current unit.

In addition, MSH piloted a jail-based Competence Education Services program in 2017 in Hinds and Madison counties, which has been expanded to Holmes, Harrison, Jackson, Lamar, Hancock, Pearl River, Stone, and Forrest counties. Through this program, MSH contracts with Community Mental Health Centers in those counties to provide jail-based services to defendants awaiting an inpatient bed at MSH. From July 2018 through July 2019, a total of 65 defendants have participated in the jail-based Competence Education Services program.



IDD Supported Employment

A multi-agency task force is working 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 2018 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. It includes the supports that help enable people with disabilities to search for and find employment in their communities – and not just any job they can find, but a job they choose, enjoy, and that offers competitive wages. The manual covers a variety of topics, from the benefits of supported employment and job skills training strategies to providing forms a Job Skills Trainer may utilize on the job. The stakeholders group met regularly to determine what should be highlighted in the manual that would work in Mississippi. A total of 102 Job Trainers were trained across the state.



Celebrating Mississippians with Intellectual and Developmental Disabilities

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



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



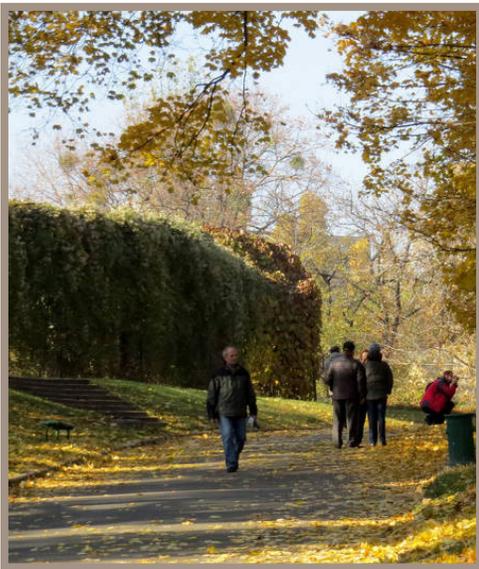
DMH HIGHLIGHTS

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. **In FY19, three new CIT programs became fully functional in Tupelo, Harrison and Pike Counties and new teams were established in Lee and Lamar Counties, and Warren County is developing their own CIT program. In FY19, a total of 170 law enforcement officers received CIT training.**



Home and Community-Based Services (HCBS) Final Rule



DMH operates two Home and Community Based Services (HCBS) programs for people with intellectual disabilities, developmental disabilities, and/or autism disorders – the ID/DD Waiver Program and the IDD Community Support Program. Services are paid for with state and federal funds from the Center for Medicare and Medicaid Services (CMS). CMS has established certain requirements called the Home and Community Based Services (HCBS) Settings Final Rule. The intent of the HCBS Final Rule is to assure people have full access to the benefits of community living. This includes people having choice of services and providers, control over their schedule and activities, and opportunities to work and spend time with people in the community who do not have disabilities.

Each state has until March of 2022 to help providers comply with the HCBS Final Rule. In FY 19, DMH contracted with Public Consulting Group (PCG) to assess all HCBS day program and residential program settings as required by CMS. PCG, in conjunction with DMH's Bureau of IDD, held a series of four webinars discussing the findings from the assessments and strategies to move into compliance with the Final Rule. In FY20, each setting determined to need modification will be required to submit a plan to outline the measures taken to correct areas of noncompliance. Staff with the Bureau of IDD will then reassess each setting to validate compliance with the Final Rule.



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. Over the past year 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.





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.

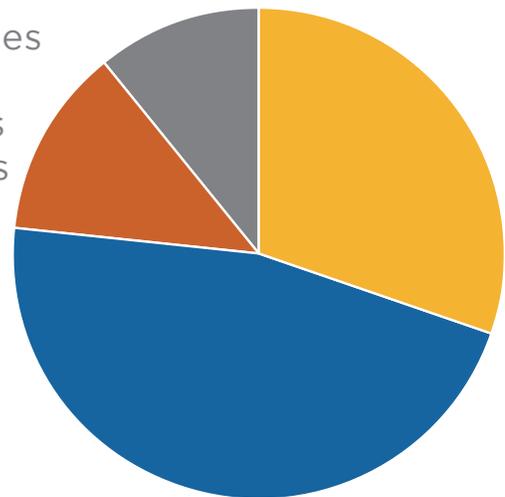
- DMH offers **grant funding** to community providers for the following services:

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

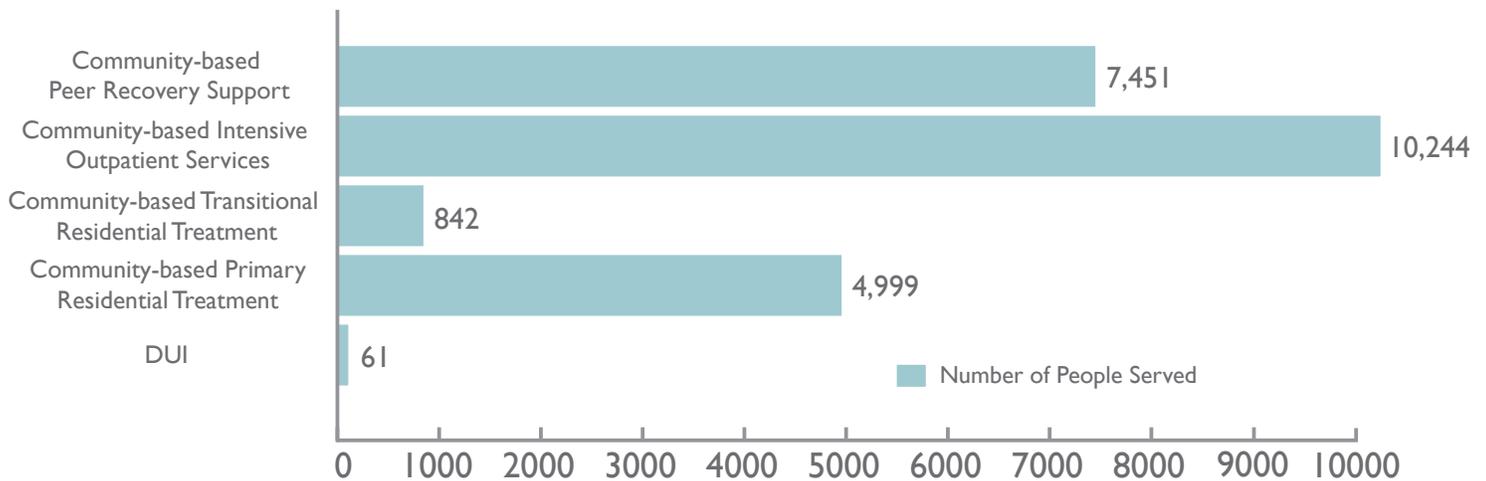


- State Tax Funds; \$7,699,103
- Federal Block Grant; \$11,716,858
- State Targeted Opioid Grant; \$3,105,206
- State Opioid Response Grant; \$2,716,642

ALCOHOL AND DRUG ADDICTION SERVICES



Alcohol and Drug Addiction Services in FY19



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

• ***Prevention IS KEY*** •

Evidence-Based Programs

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

Evidence-Based Curriculums

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



BEHAVIORAL HEALTH PROGRAMS

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: 601-482-6186
www.emsh.state.ms.us

South Mississippi State Hospital

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

Mississippi State Hospital

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

Central Mississippi Residential Center

Donna Creekmore, Director
P.O. Box 470
Newton, MS 39345
Phone: 601-683-4200
www.cmrc.ms.gov

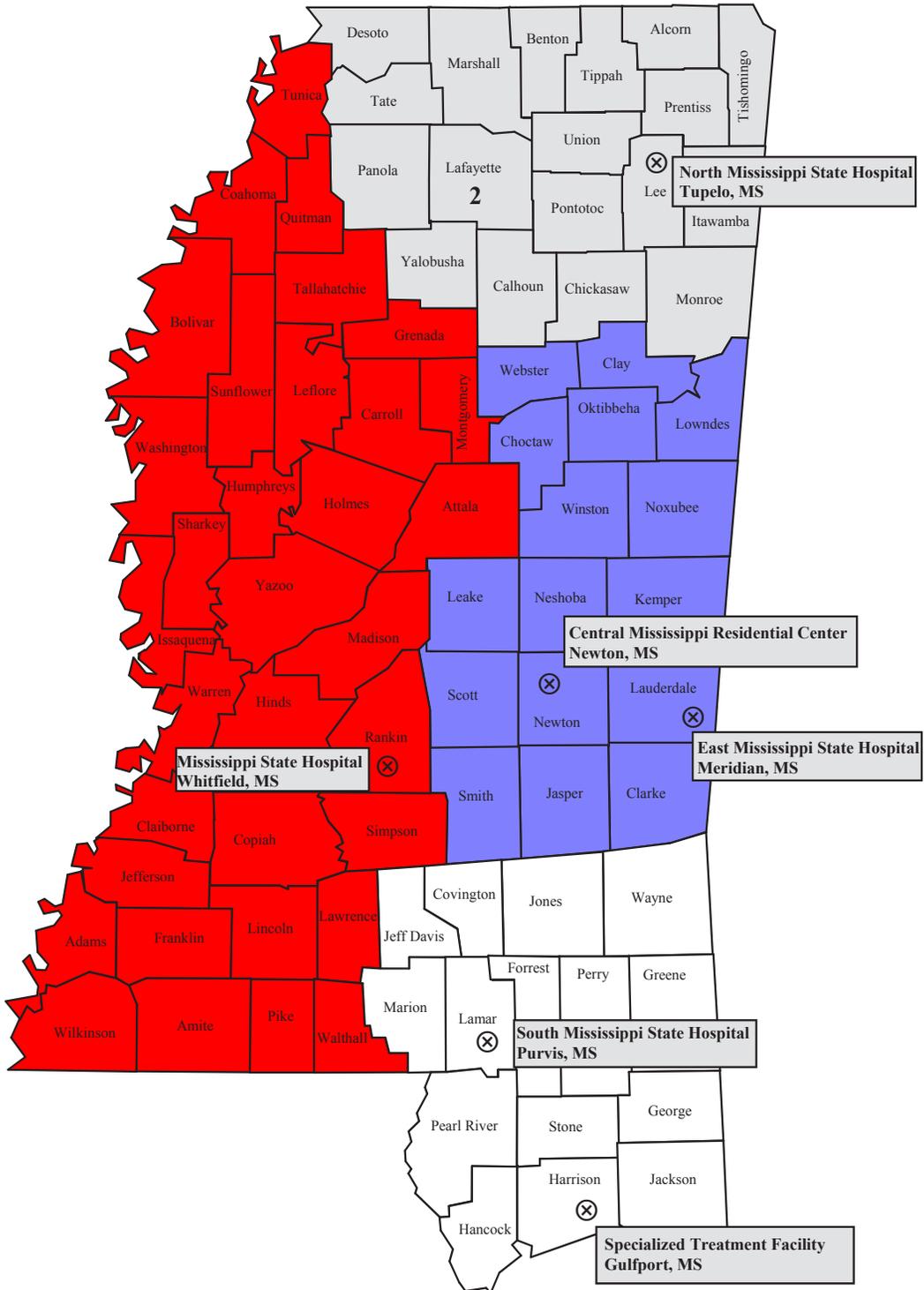
North Mississippi State Hospital

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

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	1,032
Continued Treatment Services	75	100
Medical Surgical Hospital	21	140
Oak Circle Center for Adolescents	22	250
Forensics	56	100
Chemical Dependency	50	533
Nursing Home Services		
Jaquith Nursing Home	289	293

East Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	108	549
Nursing Home Services		
R.P. White and J.P. Champion Nursing Home	159	207

North Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	423

South Mississippi State Hospital

	Active Beds	Number Served
Acute Psychiatric	50	535

Central Mississippi Residential Center

	Active Beds	Number Served
Community Living	76	193

Specialized Treatment Facility

	Active Beds	Number Served
Psychiatric Residential	48	126

BEHAVIORAL HEALTH PROGRAMS



COUNTIES	MSH	EMSH	SMSH	NMSH
Adams	63	0	1	0
Alcorn	1	2	0	31
Amite	11	0	0	0
Attala	7	0	0	0
Benton	0	0	0	4
Bolivar	9	0	0	0
Calhoun	0	1	0	16
Carrol	5	0	0	0
Chickasaw	0	1	0	21
Choctaw	0	12	0	0
Claiborne	16	1	0	0
Clarke	1	22	1	0
Clay	1	25	0	1
Coahoma	23	4	0	0
Copiah	17	0	1	0
Covington	0	1	11	0
DeSoto	4	2	0	67
Forrest	0	3	99	0
Franklin	4	0	1	0
George	1	0	9	0
Greene	0	0	3	0
Grenada	12	0	0	0
Hancock	1	0	5	0
Harrison	2	3	126	0
Hinds	286	5	0	0
Holmes	9	0	0	0
Humphreys	3	0	0	0
Issaquena	0	0	0	0
Itawamba	0	0	0	9
Jackson	1	1	54	0
Jasper	0	11	2	0
Jefferson	20	0	0	0
Jefferson Davis	1	1	16	0
Jones	1	0	25	0
Kemper	0	7	1	0
Lafayette	1	2	0	33
Lamar	1	0	32	0
Lauderdale	5	96	6	2
Lawrence	39	1	0	0
Leake	1	31	0	0
Lee	3	8	0	40
Leflore	27	0	0	0
Lincoln	7	0	0	0
Lowndes	0	45	0	0
Madison	15	0	0	0

Breakdown of number of adult psychiatric admissions by county and DMH Behavioral Health Program. Represents admissions from July 1, 2018 - June 30, 2019.

Marion	0	0	25	0
Marshall	1	2	0	16
Monroe	0	1	0	12
Montgomery	5	0	0	0
Neshoba	1	10	0	1
Newton	2	19	0	0
Noxubee	1	17	1	1
Oktibbeha	0	21	0	0
Panola	3	0	0	46
Pearl River	1	0	26	0
Perry	0	1	13	0
Pike	52	1	1	0
Pontotoc	1	2	0	7
Prentiss	0	2	0	15
Quitman	3	0	0	0
Rankin	75	1	0	0
Scott	4	40	6	0
Sharkey	3	0	0	0
Simpson	21	7	1	0
Smith	2	17	1	0
Stone	0	0	4	0
Sunflower	11	0	0	0
Tallahatchie	11	0	0	0
Tate	0	0	0	3
Tippah	0	1	0	11
Tishomingo	1	0	0	13
Tunica	8	0	0	0
Union	0	0	0	5
Walthall	10	1	0	0
Warren	28	0	0	0
Washington	28	0	0	0
Wayne	0	0	13	0
Webster	3	4	0	3
Wilkinson	28	0	0	0
Winston	0	12	0	0
Yalobusha	1	1	0	18
Yazoo	6	0	0	0



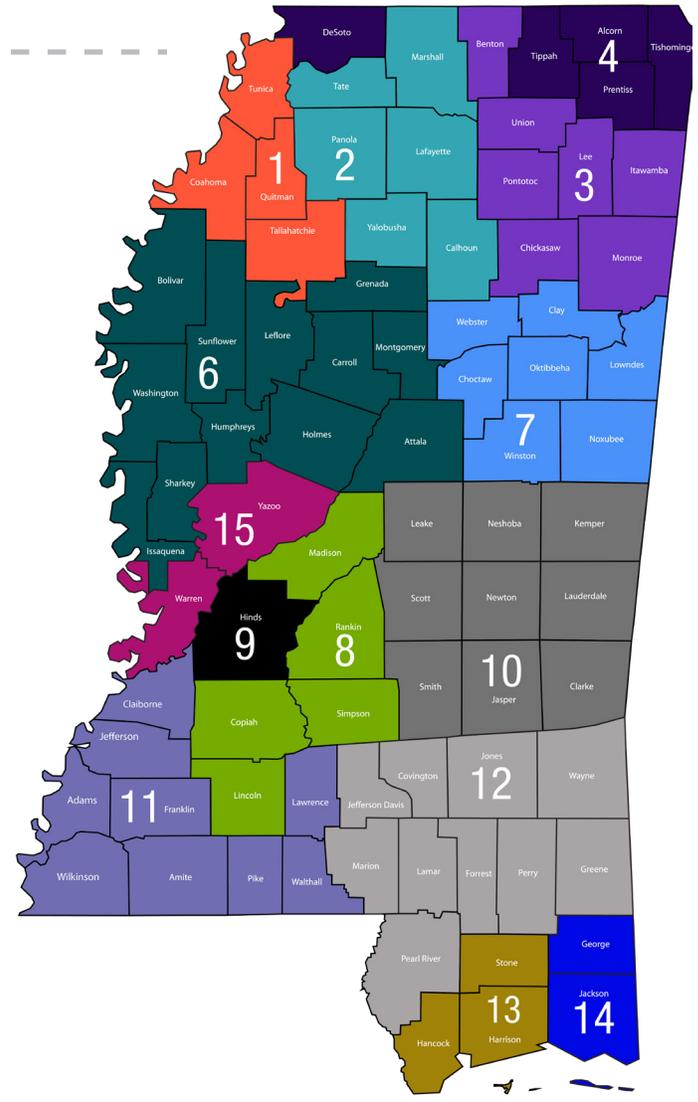
CRISIS STABILIZATION UNITS

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 FY19 Data

CSU	Active Beds	Number of Individuals Served
Batesville	16	512
Brookhaven	16	429
Cleveland	16	324
Corinth	16	447
Grenada	16	339
Gulfport	16	357
Laurel	16	424
Newton	16	515
West Point (opened February 2019)	8	53
Tupelo (opened October 2018)	8	94
Jackson (opened June 2019)	12	13
Gautier (opened May 2019)	8	13
Total	164	3,520



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.state.ms.us

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

Jerri 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
www.mac.dmh.ms.gov



IDD REGIONAL PROGRAMS

State-Run Intellectual & Developmental Disabilities Programs

North Mississippi Regional Center

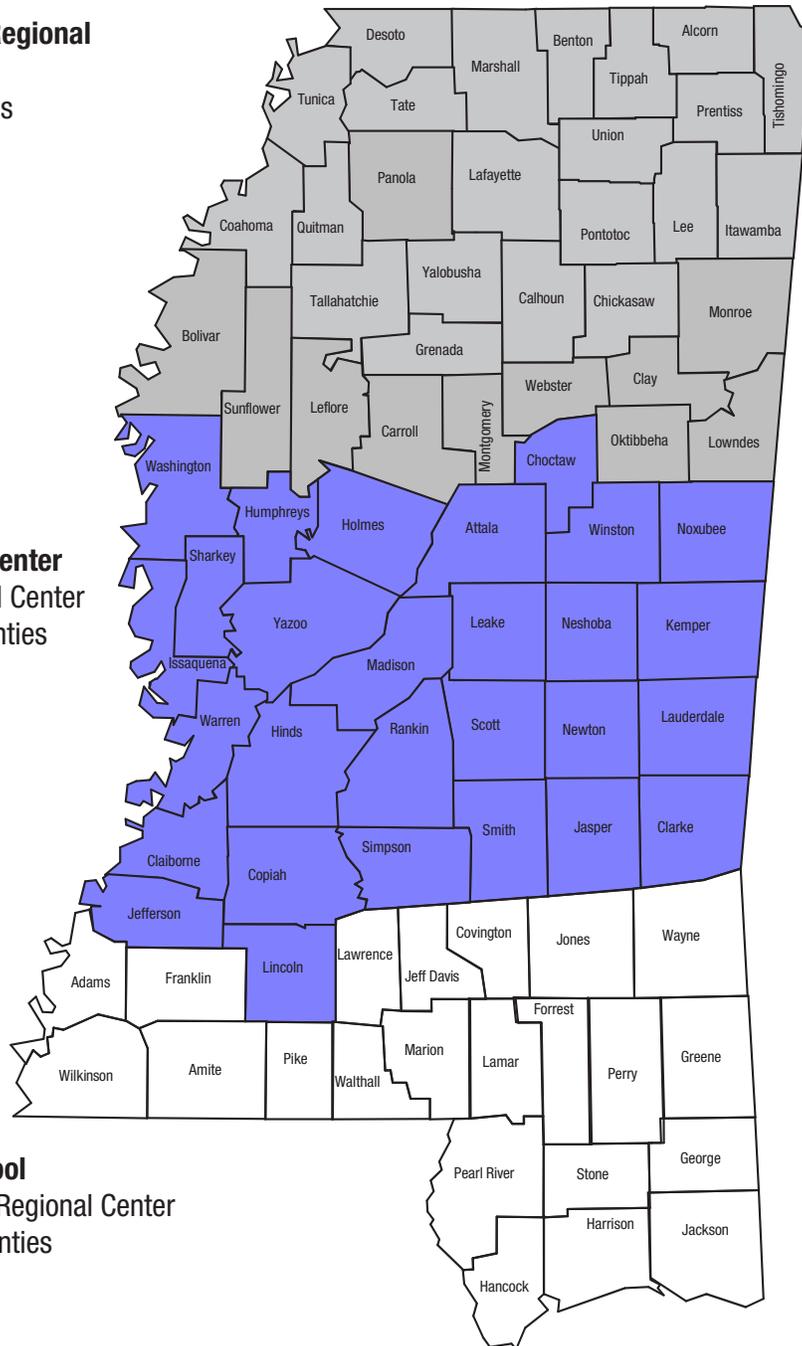
- Top 32 Counties

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	253
ICF/IID Community Homes	104
ID/DD Waiver Support Coordination	871

Hudspeth Regional Center

	Individuals Served
ICF/IID Campus	223
ICF/IID Community Homes	107
ID/DD Waiver Support Coordination	745

North Mississippi Regional Center

	Individuals Served
ICF/IID Campus	212
ICF/IID Community Homes	205
ID/DD Waiver Support Coordination	571

Boswell Regional Center

	Individuals Served
ICF/IID Campus	105
ICF/IID Community Homes	85
Supervised Living	117
Supported Living	15
Shared Supported	48

South Mississippi Regional Center

	Individuals Served
ICF/IID Campus	106
ICF/IID Community Homes	87
Supervised Living	8
Supported Living	10
ID/DD Waiver Support Coordination	583

Mississippi Adolescent Center

Total Served	46
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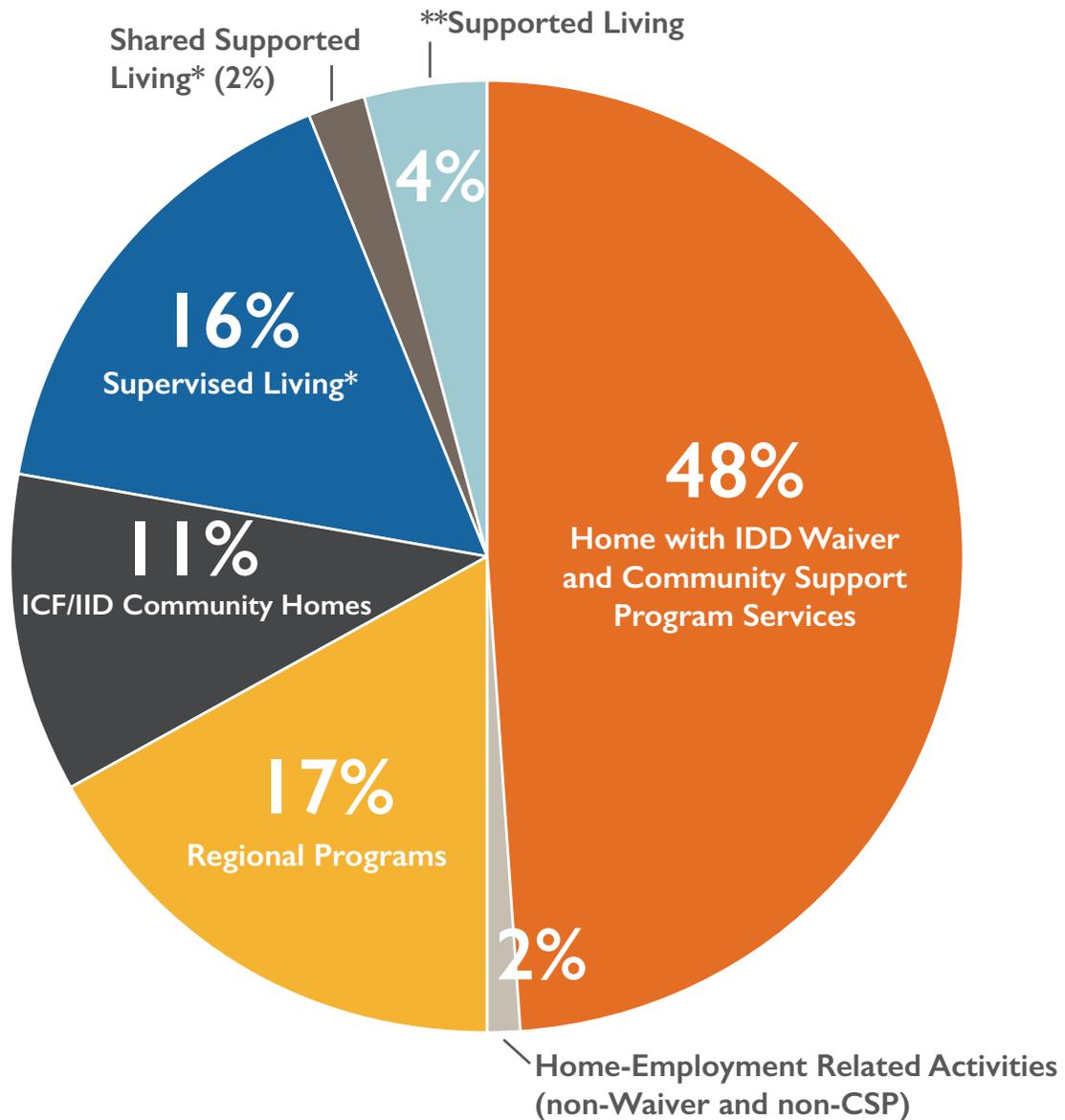
The decrease in numbers for Supervised and Supported Living at four Regional Programs is directly correlated with those services transferring to other certified providers. Boswell Regional Center is now the only State program to provide these services.



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	6/30/19 Census	%
Regional Programs	842	17
ICF/IID Community Homes	541	11
Supervised Living*	790	16
Shared Supported Living*	123	2
Supported Living* **	179	4
Home with IDD Waiver and CSP Services	2433	48
Home-Non-Waiver Work/Employment Related Activity	118	2
Total Census	5026	100%

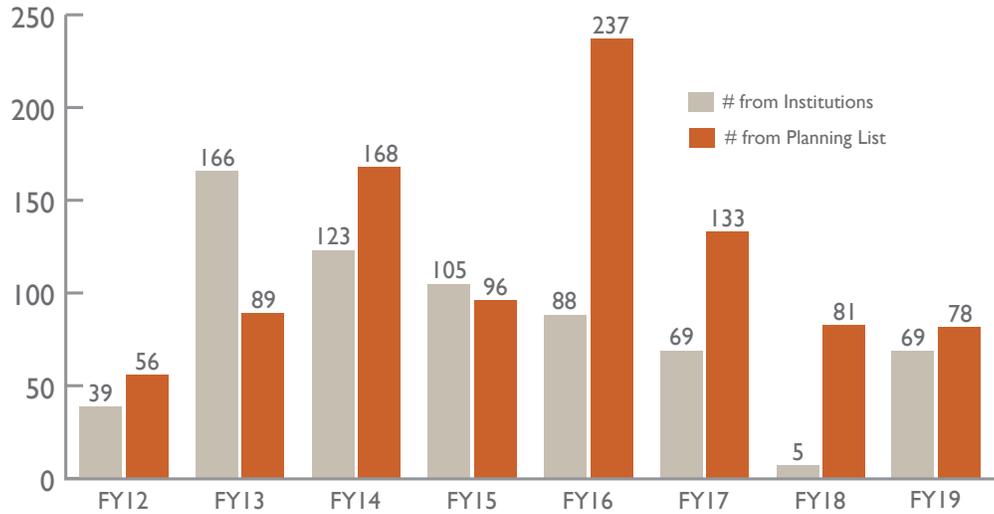
*Waiver and Non-waiver ** Waiver, CSP, and Non-waiver
Census #'s from DMH Monthly Data Report

Regional Programs	Census as of 1/1/2012	Census as of 6/30/2015	Census as of 1/1/2016	Census as of 6/30/2016	Census as of 1/1/2017	Census as of 6/30/2017	Census as of 1/1/2018	Census as of 6/30/2018	Census as of 6/30/2019	% Reduced
NMRC	277	249	246	233	227	215	213	207	205	25.9%
HRC	280	252	245	243	235	226	225	217	197	29.6%
ESS	436	304	285	277	278	263	249	244	230	47.2%
BRC	139	107	105	96	92	93	95	95	84	39.5%
SMRC	160	138	128	125	120	110	109	104	94	41.2%
MAC	32	32	31	31	32	31	32	32	32	0%
Total	1324	1082	1028	1005	984	938	923	899	842	36.4%



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
TOTAL	664	938	1602

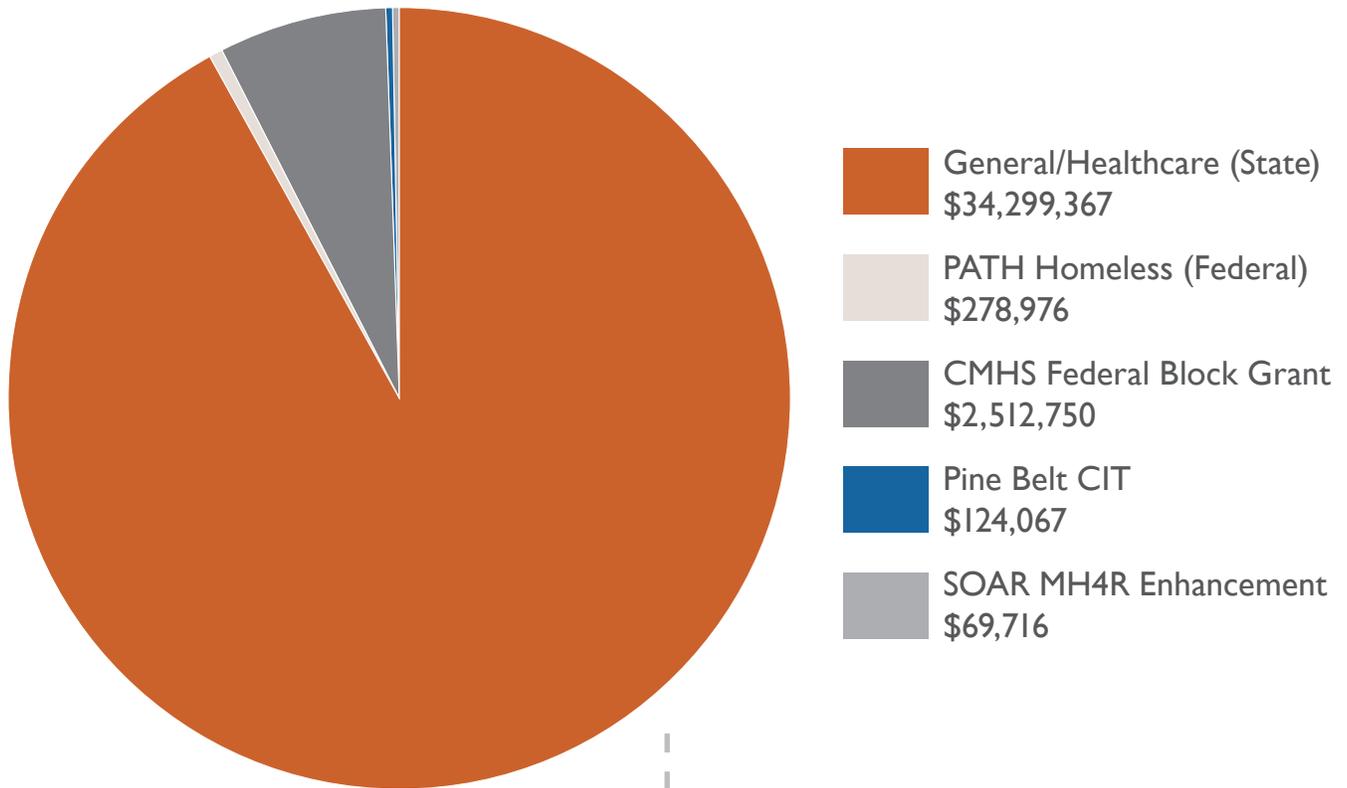
*Institutions include State and Private ICF/IID, as well as Nursing Homes

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
TOTAL	822	1633*	46% increase since FY2012

*Does not include persons on waiver d/c and returned to waiver.
 **FY19 # new enrolled census includes: institutions, planning list, crisis capacity and PASRR diversion.

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

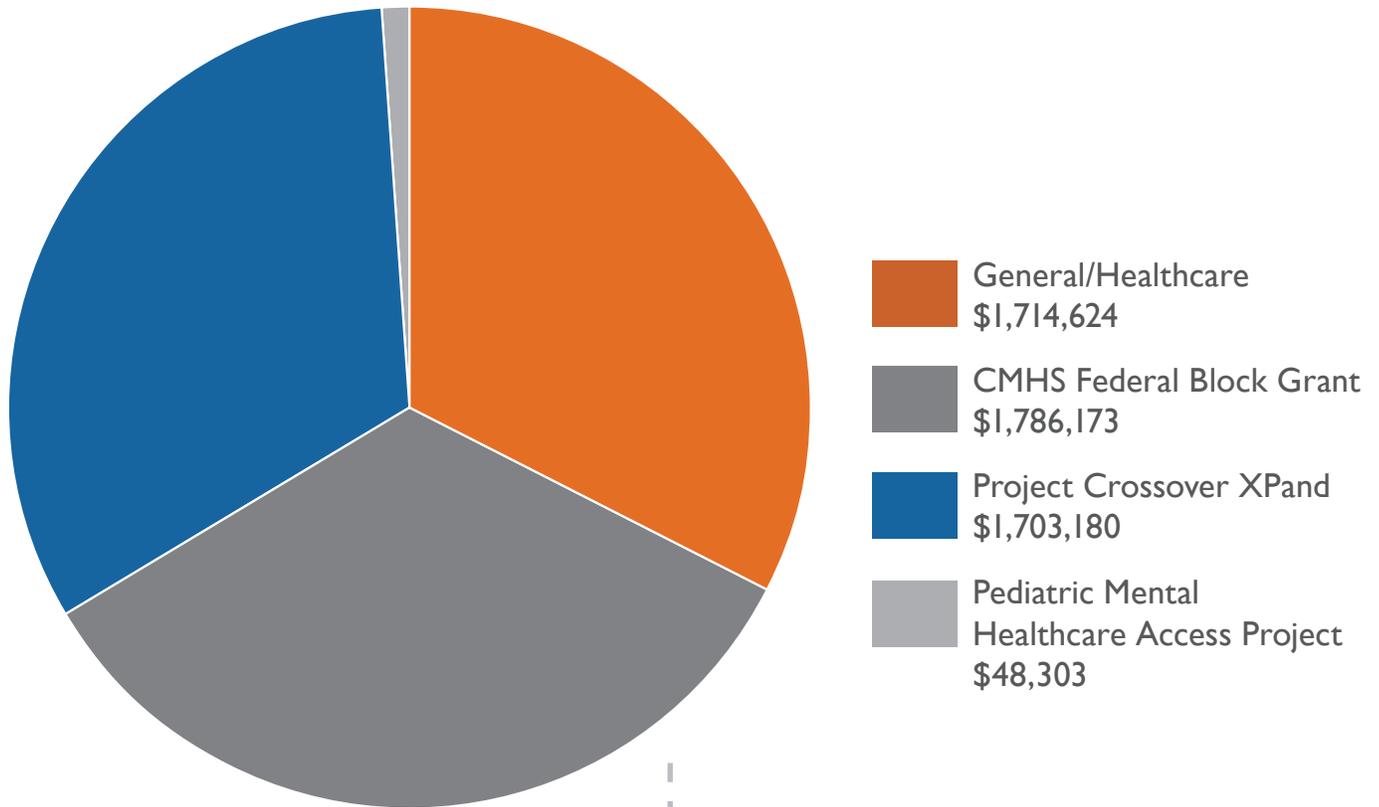
SOAR MH4R Enhancement - Expansion of Crisis Intervention Team efforts in Lauderdale County

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

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



CHILDREN AND YOUTH COMMUNITY MENTAL HEALTH FUNDING

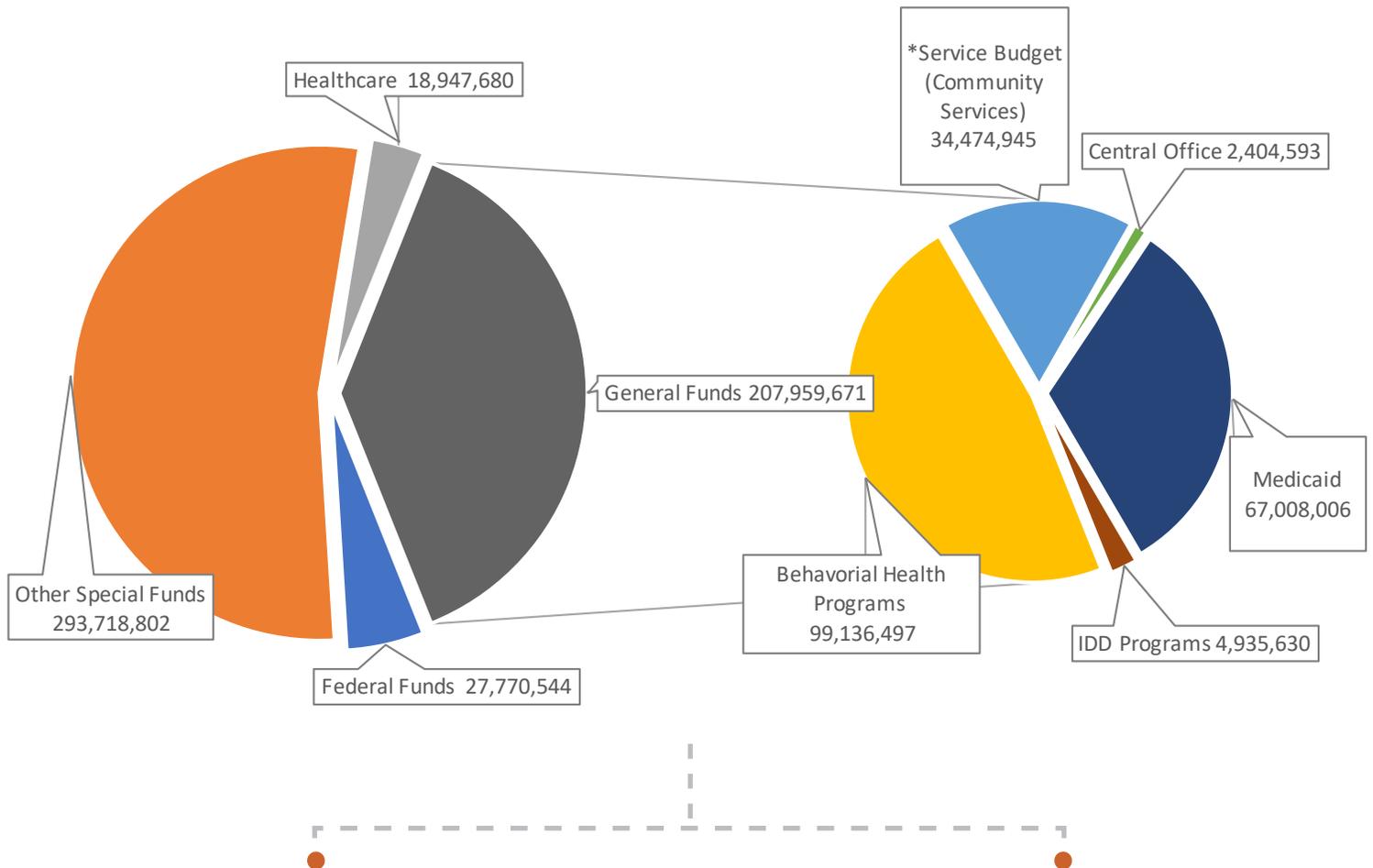


General/Healthcare - appropriated by the Mississippi State Legislature
CMHS Federal Block Grant - Community Mental Health Services Block Grant mandated by the U.S. Congress
XPand - Project XPand federal grant funding
Pediatric Mental Healthcare Access Project - Provides tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions.

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 FY19



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 2019 —