

Mississippi Department of Mental Health (MDMH) FY24 Budget Request

| Funding Source | Total Request FY 2024 |
|-----------------------------|-----------------------|
| General Funds* | \$246,803,322 |
| State Support Special Funds | \$23,852,275 |
| Other Special Funds | \$432,568,385 |
| Total | \$703,223,982 |

*General funds requested include \$25,183,576 million increase from FY23:

- \$15 million for personnel with approximately \$10.5 million for direct care staff
- \$5,150,000 Service Budget for mental health community service expansion
- \$4,494,000 Service Budget for ID/DD Home and Community Based Waiver
- \$504,169 for MS State Hospital Psychiatry Residency Program

DMH continues to focus on community-based mental health services for adults to prevent unnecessary institutionalization. Over the past several years, many services and supports have been expanded and new ones implemented, including mobile crisis response teams, community transition homes, crisis stabilization beds, Programs of Assertive Community Treatment, Intensive Community Outreach and Recovery Teams, supported employment, supported housing, court liaisons, and Crisis Intervention Teams. DMH is also working to enhance transition planning as people leave state hospitals and return to their communities.

Following a four-week trial in the summer of 2019, United States District Judge Carlton Reeves issued a Memorandum Opinion and Order, writing that the United States proved its case, while also acknowledging the complexity of the mental health system and the progress the state made in moving towards a community-based system of care. Over the next year, the State and DOJ worked with a Special Master. The State of Mississippi filed a response and report to the court in April 2021 that includes an overview of core community-based services. In September 2021, Judge Reeves appointed Dr. Michael Hogan to serve as monitor in this case.

For FY 2024, DMH is requesting the following amounts vs. the FY 2023 reported appropriation:

Within the salaries category, there are areas planned to be funded internally with one-time resources during FY 2023 to stabilize the workforce at DMH programs. The summarization of significant decision units are:

- 10% Direct Care (FY 2023 proposed implementation) For continuation funding of what is being
 assessed for implementation of a 10% increase to direct care areas during FY 2023. The areas of direct
 care include: Support Care (including Professional) series, Registered Nurses, Licensed Practical Nurses,
 and Behavioral Health Specialist series. The amount requested in general funds is \$5,117,610.
- In-Range Salary Adjustment for Non-Direct Care (FY 2023 proposed implementation) based of years of service - For continuation funding during FY 2024 for in-range, non-direct care, salary adjustments to address salary compression. The amount requested in general funds is \$1,681,979.

• Shift Differential for Support Care Professionals (FY23 proposed implementation) - For funding to continue in FY 2024 related to shift differential for Support Care Professionals. The amount requested in general funds is \$2,549,273.

Other items requested for funding and implementation in FY 2024 are requested as follows:

- 5% Direct Care This 5% increase is requested for implementation during FY 2024. The areas of direct care include Support Care (including Professional) series, Registered Nurses, Licensed Practical Nurses, and Behavioral Health Specialist series. The amount requested in general funds is \$2,858,563.
- Longevity Increases This is dependent upon years of DMH service. The amount requested in general funds is \$1,858,739. These longevity increases are proposed at 1% for employees with less than 15 years of service, and 2% for employees with at least 15 years of service.
- Workforce needs specific to agencies within DMH are requested for certain occupations, but non-direct care, that have been difficult to recruit and/or retain. This group includes social services, program specialists, maintenance, and security. The requested amount of general funds is \$688,928.
- Add Employee for Crisis Services Programs This is a request for an additional headcount in Crisis Services at DMH. This area continues to grow, and this staff would assist to manage the workload of crisis services that DMH coordinates for the state. The amount requested is \$96,041 in general funds.
- ID/DD Home and Community Based Waiver Additional funding within the subsidies category in the amount \$4,494,000 in general funds for the state share of support for up to 350 additional people to be enrolled on the Waiver starting in FY 2024. The Waiver is a Medicaid funded program that allows reimbursement to providers when serving qualified individuals in need of support and treatment in the community. Without the waiver, people who benefit from its services would likely only have more restrictive services available to them.
- Crisis Stabilization Units Additional funds for operations are requested in general funds totaling \$5,150,000. The following areas and services are proposed for use of the funds:
 - 4 additional beds in Adams County Region 11
 - 10 bed IDD Crisis Stabilization Unit
 - Diversion Center in Forrest/Lamar Counties Region 12
 - Additional funding to sustain beds in Hinds County Region 9 (children and youth)
 - 8 beds in Northern Mississippi (children and youth)
 - 8 beds in Southern Mississippi (children and youth)
- MS State Hospital Psychiatry Residency Program The program established in July 2021 is designed to
 train psychiatrists to aid in alleviating the shortage of psychiatrists in our state. The program enrolled six
 residents in FY 2022, 12 residents in FY 2023, and 18 residents in FY 2024. The goal is to expand the
 program to a maximum of 24 residents by FY 2025. MSH is requesting funding for residents' salaries in
 the amount of \$504,169 in general funds.
- In Range Salary Adjustments for employees who have attained additional education or licensure are requested to be funded in the amount of \$184,274 of general funds related to employees who have achieved completion of the qualifications for approved programs.



Mississippi Department of Mental Health FY24 Budget Request







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What is the state's mental health system?

Mississippi's mental health service delivery system comprises three major components:

- 1) state-operated programs and community service programs,
- 2) regional community mental health centers, and
- 3) other nonprofit/profit service agencies/organizations.
- DMH believes community-based services and supports, that meet the particular needs of the person, should be available and accessible in the community.



Mental Health Highlights from FY22



- 6% decrease in admissions to state hospitals vs. FY21.
- 1,684 acute psychiatric admissions vs. 1,769 in FY21.
- Trainings for all state hospitals to aid in transition and discharge planning.
- Peer Bridger Program at all state hospitals.
- Mississippi State Hospital received accreditation for a Psychiatry Residency Program, which selected its first six residents who began the four-year program on July 1, 2021 and another six residents on July 1, 2022. An additional six residents will be added each year, until there are 24 residents participating.
- 198 children/youth served at Specialized Treatment Facility and Oak Circle Center.
- Prepared for launch of 988 on July 16, 2022.

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Community Mental Health Highlights from FY22

- Intensive Community Support Services are now available in all counties.
 - 760 served by PACT. 10 teams. 4% readmitted to state hospitals.
 - 610 served by ICORT. 16 teams. 6% readmitted to state hospitals.
 - 1,054 served by Intensive Community Support Service (ICSS) specialists. 35 ICSS. 7.5% readmitted to state hospitals.
 - 2,424 people served by Intensive Community Support Services.
- 219 employed through Supported Employment, available at all CMHCs.
- 239 served through CHOICE, with another 283 served in Supervised and Supportive Living.
- More than 200 CPSSs working at DMH Certified providers.
- 30,571 calls/contacts to Mobile Crisis Response Teams. 11,657 face-to-face response visits.
- 3,108 people at CSUs, 90% diverted from a higher level of care.
- 83 served in Navigate program for first-episode psychosis. 4 programs added.



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Addiction Services Highlights from FY22

- EMSH opened a Substance Use Disorder treatment unit in June 2021 to provide additional alcohol and drug treatment beds. 160 people diverted from inpatient treatment to community-based services.
- 320 served at MSH SUD treatment unit. 254 served at EMSH SUD treatment unit.
- 3,960 people served in community residential treatment for alcohol and drug addiction.
- 9,760 doses of Narcan distributed to prevent opioid overdose deaths.
- CROP Congregational Recovery Outreach Program launched in Hinds County targeting minority populations in faith-based community.



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IDD Services Highlights from FY22

- 41 people transitioned from IDD Regional Programs to community-based care.
- 1,034 people enrolled in the IDD Community Support Program at the end of FY22.
- 137 additional people enrolled in the ID/DD Home and Community Based Waiver.
- 2,747 total enrollees ID/DD Waiver.
- 86% of people with IDD served in a community setting vs. Institution.
- 753 served at ICF/IID Regional Program Campus
- 531 served at ICF/IID Community Homes





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| Total | \$704,109,942 |

*General funds requested include \$26,069,536 million increase from FY23:

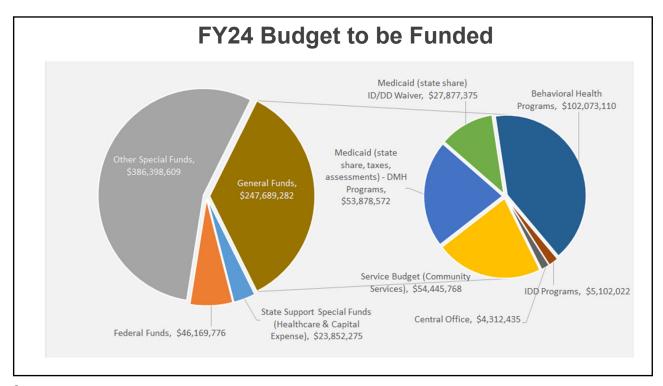
- \$15 million for personnel with approximately \$10.5 million for direct care staff
- \$5,150,000 Service Budget for mental health community service expansion
- \$4,494,000 Service Budget for ID/DD Waiver increase
- \$1,390,129 for MSH Psychiatry Residency Program

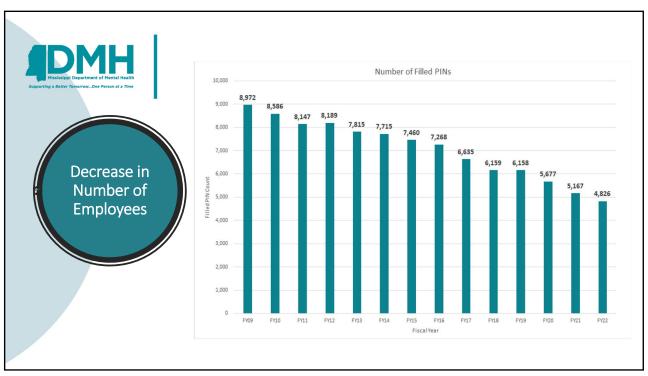
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Institutional Care Spending vs. Community Services Spending



- FY12 to FY22: Decrease in institution care \$96,781,016
- FY12 to FY22: Increase in community services \$107,713,197







Future Goals for FY23 and FY24



- Coordinate 988 in Mississippi for behavioral health crisis.
- Expand access to addiction treatment services.
- Increase availability of crisis services for people with IDD.
- Increase access to intensive/crisis services for children and youth.
- ➤ Utilize court/hospital liaisons for diversion from state hospitals.
- Expand Home and Community Based Services to prevent institutionalization for people with IDD.
- Statewide outreach campaign for service availability.
- > Expand mental health law enforcement training.
- > Develop three peer respite programs.
- ➤ Build 83-bed Forensic Services Unit at MSH.

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