

# Mississippi Department of Mental Health

## FY 2022 Annual Report

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*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

Sampat Shivangi, M.D.

Stewart Rutledge

Sara Gleason, M.D.

Manda Griffin, DNP

Jim Herzog, Ph.D.

Alyssa Killebrew, Ph.D.

Robert Landrum

Teresa Mosley

Courtney Phillips

## Executive Director

Wendy D. Bailey

## Deputy Executive Director Behavioral Health Services

Jake Hutchins

## Deputy Executive Director Intellectual/Developmental Disability Services

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.

### 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.

### 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

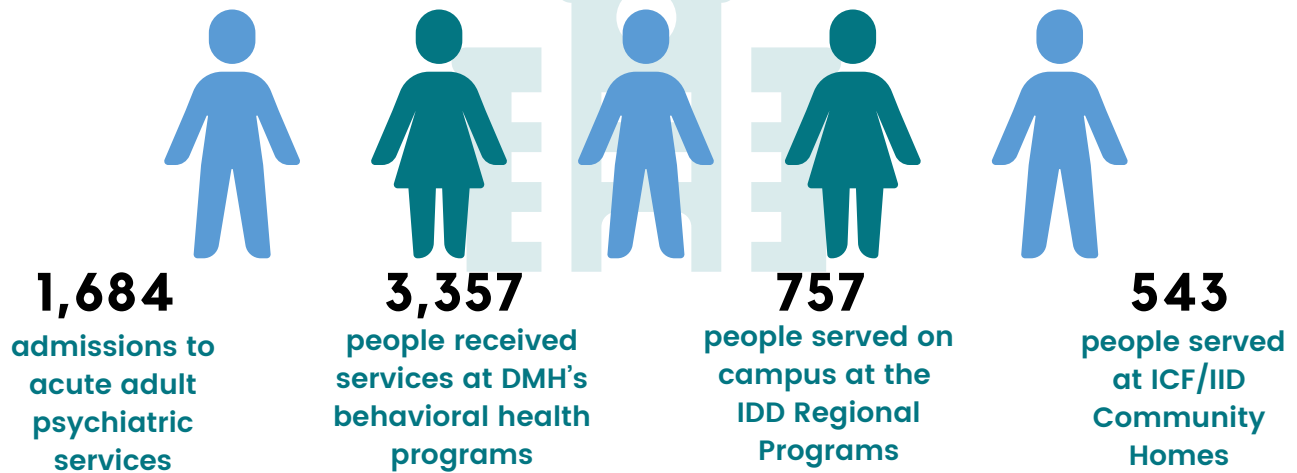
We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

### Innovation

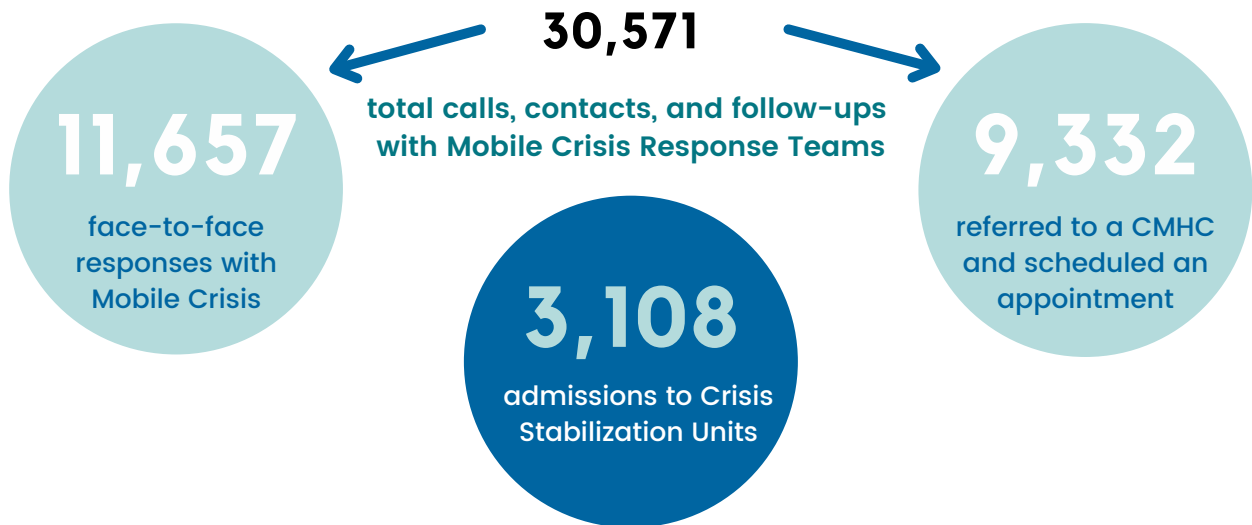
We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

# FY22 Highlights At A Glance

## DMH PROGRAMS

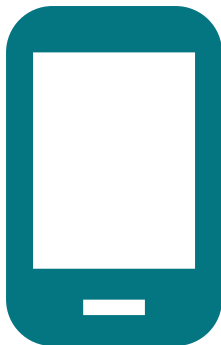


## CRISIS SERVICES



90.9%

of CSU admissions were diverted from requiring a higher level of care at a state hospital



## HELPLINE AND LIFELINE

9,934 calls made to the DMH Helpline.

11,256 calls made to the National Suicide Prevention Lifeline in Mississippi

# FY22 Highlights At A Glance

## BEHAVIORAL HEALTH SERVICES

**760**

clients received Program of Assertive Community Treatment services. Of these, only 31 were readmitted to state hospitals.



**610**

clients received Intensive Community Outreach & Recovery Team services. Of these, only 39 were readmitted to state hospitals.

**1,054**

clients received Intensive Community Support Services. Of these, only 79 were readmitted to state hospitals.

## INTELLECTUAL & DEVELOPMENTAL DISABILITY SERVICES



**1,034** people served through the IDD Community Support Program

**137** new enrollees in Waiver services

**2,747** people received ID/DD Waiver services

**539** people received Supported Employment services, with 347 employed

**41** people transitioned to the community

## ALCOHOL & DRUG ADDICTION TREATMENT SERVICES



**3,960** people served in community residential treatment

**574** people served at DMH Substance Use Disorder Units

**160** people diverted from inpatient treatment to community providers



# DMH FY22 Highlights

## ARPA Funding Proposal

During the 2022 Legislative Session, DMH provided a proposal to the Mississippi Legislature for the utilization of funding available through the federal American Rescue Plan Act (ARPA). Two bills provided DMH funding through ARPA: **SB 3062 provides \$40 million for capital projects** related to infrastructure at DMH programs. In addition, **SB 2865 provides funding for behavioral health needs** and expenses allowed under ARPA. Through this bill, \$86 million is provided for behavioral health crisis services, diversion from a higher level of care, IDD crisis services, and more for up to 4.5 years. It also provides \$18.5 million for information technology resources at Community Mental Health Centers. DMH's proposal for this funding includes:

- **988 Implementation** – 988 funding includes start-up costs and continued operation costs for the implementation of the 988 call system, a national, universal behavioral health crisis line.
- **Mobile Crisis Response Teams** – The implementation of 988 is predicted to lead to an increase in the need for and referrals to Mobile Crisis Response Teams. DMH requested an additional \$100,000 for each of the 14 teams funded by the agency to aid in the anticipated increased need.
- **Crisis Services (SMI)** – DMH has expanded access to Crisis Stabilization Units in recent years by funding 44 additional crisis stabilization beds in the state. Additional funding will be utilized to expand capacity to include approximately 60 more beds in the state.
- **Mental Health First Aid for Public Safety Training** – DMH proposes Mississippi to host a train-the-trainer and then provide MHFA Public Safety Training for approximately 300 people.
- **Crisis Intervention Training for Law Enforcement** – With this funding, DMH can fund four staff dedicated to CIT expansion and contract with off duty CIT officers to help conduct the training.
- **Peer Support Services** – DMH will utilize funding to begin three pilot peer respite programs that provide community-based, non-clinical crisis support during the day in a homelike environment.
- **Court/Law Enforcement/Hospital Liaisons** – Liaisons will connect people with community-based services to decrease the number of commitments to inpatient, acute psychiatric services. DMH recommends the pilot program for up to 18 liaisons in CMHCs based on commitment data.
- **Intensive Community Support Specialists for Children and Youth** – The Intensive Community Support Specialist works closely with inpatient programs facilities to develop and coordinate aftercare plans to promote successful transitions to the communities. DMH would like to expand this to the remaining seven CMHCs that do not have an ICSS to have this service available in all CMHCs.
- **Adolescent Offender Program** – With AOPs in operation, youth court judges have an alternative to court-ordering youth with mental health needs to lengthened stays in juvenile detention centers or other consequences that may lack a mental health component. DMH recommends adding one program in each of the 13 Community Mental Health Centers.
- **Crisis Services (IDD)** – This proposal includes adding one six-bed, and four four-bed Crisis Diversion Homes for adults with IDD. This also includes working with the Center for START Services, University of New Hampshire Institute on Disability UCED to provide consultation and training to DMH for the purpose of strengthening the services and supports for children and adults with Intellectual and Developmental Disabilities and co-occurring mental health needs.

# DMH FY22 Highlights

## 988 Suicide and Crisis Lifeline



Throughout FY22, DMH participated in multiple meetings of the 988 Planning Coalition in preparation for **the nationwide launch of 988 on July 16, 2022**. The result of federal legislation, 988 provides a national, unified number to reach what was formerly the National Suicide Prevention Lifeline. People can call or text 988 or chat at [www.988lifeline.org](http://www.988lifeline.org) for themselves or if they are worried about a loved one who may need crisis support. **988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.**

In Mississippi, the **Planning Coalition for the 988 Implementation** invited representatives from DMH, Mississippi's CMHCs, community members with lived experience, representatives from Contact the Crisis Line and Contact Helpline, the Mississippi Alliance to End Suicide, the Mental Health Association, NAMI Mississippi, representatives from multiple law enforcement agencies, and others. The Planning Coalition submitted a draft of the 988 Implementation Plan to Vibrant, the federal administrator of the crisis line, on September 30, 2021, with the final plan submitted in January 2022. The plan outlined steps intended to develop crisis services and develop a coordinated crisis system within Mississippi.

### Highlights of action steps outlined in this plan include:

- Add additional staff to the Lifeline centers to meet the anticipated demand, as funding is available
- Expand technology to utilize the most efficient approaches and enhance the data collection and monitoring approaches
- Facilitate the engagement of stakeholders to implement the 988 Implementation Plan and ensures that the voices of those with lived experience are front and center
- Work with 911 and law enforcement and other first responders to build out the coordinated crisis system



# DMH FY22 Highlights

## 988 Suicide and Crisis Lifeline

During the FY22 Legislative Session, the Mississippi Legislature passed HB 732, which created the **988 Study Commission** to assess the statewide crisis response system and make recommendations to remove barriers to accessing behavioral health crisis services. The commission is also tasked with studying crisis response system funding and sustainability of call centers, proposing strategies to support the system, supporting investment in new technology to triage calls, and more. The first meeting was held in August 2022. In addition to establishing the 988 Study Commission, the bill laid out legislative intent to assure that all Mississippians receive a consistent level of crisis behavioral health services no matter where they live, work or travel in the state.

In time, the 988 system is intended to reimagine the crisis services system in Mississippi and in the country. Implementation of the 988 dialing code is only the first step in that transformation. Since the National Suicide Prevention Lifeline began in 2005, it has served as a free and confidential support system. It's important to note that 988 provides an easy-to-remember way to access it, and does not replace the Lifeline.

**Ideally, 988 will become as recognizable a resource for behavioral health and substance abuse crises as 911 is for medical crises.** DMH and its partners will continue to work towards the further development of 988 and a revitalized crisis care system in the country.



# DMH FY22 Highlights

## Intensive Community Services PACT, ICORT, & ICSS

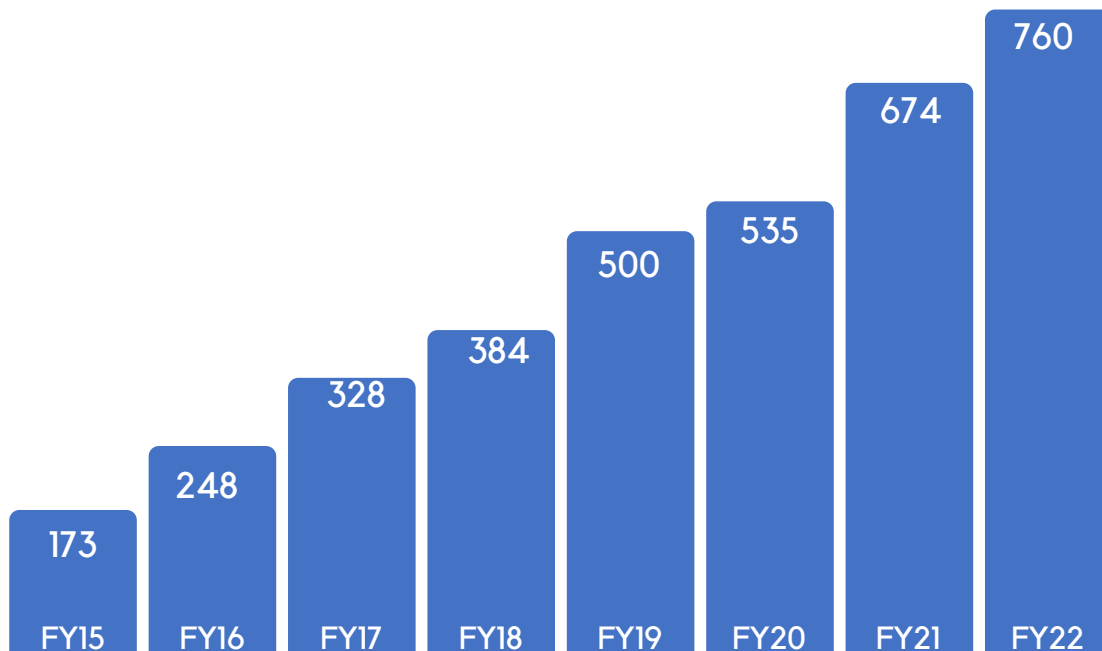
The Department of Mental Health now funds 10 Programs of Assertive Community Treatment (PACT) Teams, 16 Intensive Community Outreach and Recovery Teams (ICORT), and 35 Intensive Community Support Specialists (ICSS) at CMHCs throughout the state. These programs are designed to maintain individuals in their homes and communities without the need for admission to an inpatient behavioral health program. **Each county in Mississippi now has access to intensive community services through either one or more PACT, ICORT, or ICSS service.**

### PACT Teams

Mississippi has 10 PACT Teams operated by the following Community Mental Health Centers:

- **Warren-Yazoo Mental Health Services**
- **Life Help**
- **Pine Belt Mental Health** (operates two PACT Teams)
- **Hinds Behavioral Health**
- **Weems Community Mental Health Center**
- **Region III Mental Health Center**
- **Region 8 Mental Health Services**
- **Timber Hills Mental Health Services** (operates two PACT Teams).

**In FY22, 760 clients received PACT services.**



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

Mississippi Department of Mental Health | FY22 Annual Report

# DMH FY22 Highlights

## Intensive Community Services PACT, ICORT, & ICSS

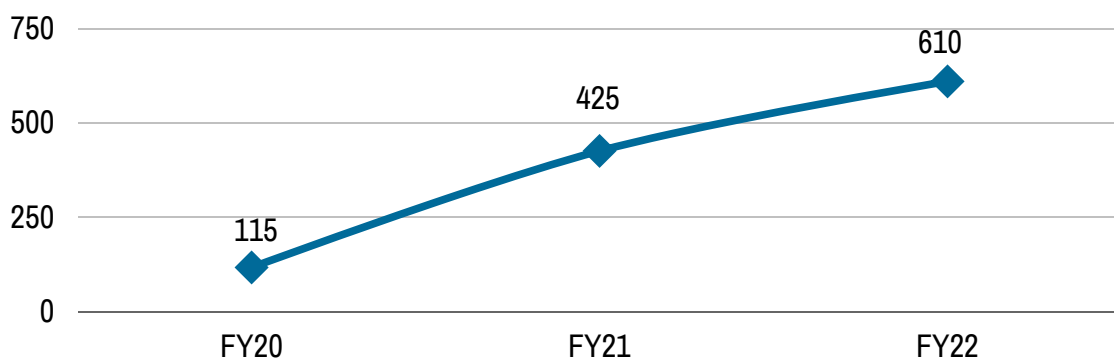
### ICORT

Intensive Community Outreach and Recovery Teams began as a modified version of PACT Teams designed to reach more rural areas where there may be staffing issues or clients may be spread over a large geographic area. ICORT began as a pilot program in FY19 with a single team in Region 2 and has since expanded to 16 teams in 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 teams 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

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.

#### ICORTs served 610 clients in FY22.



# DMH Highlights

## Intensive Community Services PACT, ICORT, & ICSS

### ICSS

DMH funds 35 Intensive Community Support Specialists for adults throughout the state who provide Intensive Community Support Services that are designed to be a key part of the continuum of mental health services and supports for people (adults and children/youth) with serious mental illness or emotional disturbance. These ICSS services differ from traditional case management in several ways:

- Engaging with community settings of people with severe functional impairments
- Serving people in the community who have traditionally been managed in psychiatric hospitals
- Maintaining an unusually low client to staff ratio
- Providing services multiple times per week as needed
- Providing interventions primarily in the community rather than in office settings.

ICSS served 1,054 clients in FY22.

Each county in Mississippi has access to one or more of these intensive community services through grants provided by the Mississippi Department of Mental Health to regional CMHCs. These programs provide services to individuals in their homes, rather than an inpatient facility, allowing them to continue living in their communities.

## Office of Consumer Supports DMH Helpline & 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 FY22, a total of 6,964 calls came to the DMH Helpline during working hours and a total of 2,970 came to CONTACT after hours, for a total of 9,934 calls to the DMH Helpline.** In FY21, there were 8,014 calls to the Helpline, for an increase of approximately 24% in FY22.

In addition, CONTACT the Crisis Line serves as the Mississippi Call Center for the National Suicide Prevention Lifeline. **There were 11,256 calls to the National Suicide Prevention Lifeline in FY22, as reported by Vibrant, the administrator of the National Suicide Prevention Lifeline.** This is an approximate 22% increase over the 9,223 calls reported in FY21.

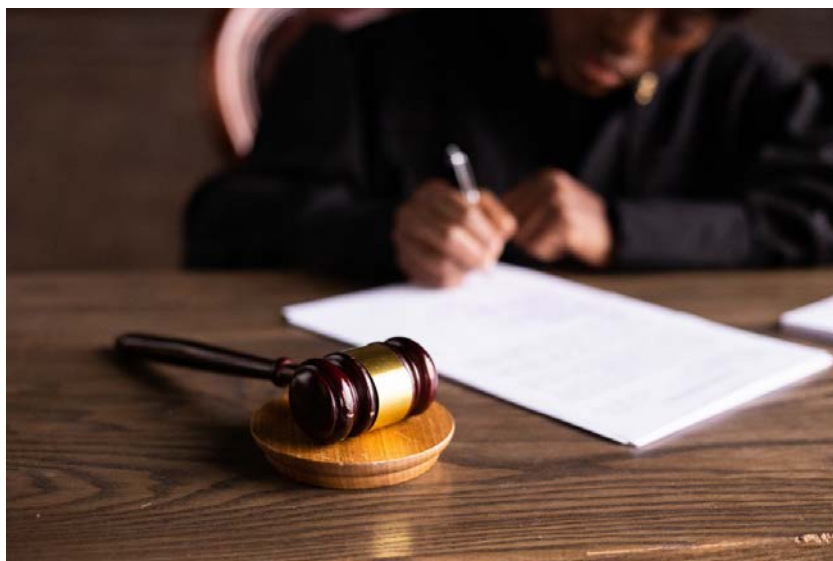
# DMH Highlights

## Court Liaisons Diversion Efforts

The Mississippi Department of Mental Health is partnering with Community Mental Health Centers to dedicate court liaisons who will serve the needs of individuals with behavioral health challenges who come into contact with the court system and law enforcement. **The goal of this court liaison pilot program is to connect individuals with community-based services and decrease the number of commitments to inpatient acute psychiatric services.** These court liaisons will intervene early in the commitment process, working with the individual in need of services and their loved ones to ensure they receive appropriate evaluations and needed mental health services. In the mental health system, it is vital to have individuals dedicated to interacting with the court system and law enforcement to spread awareness of services and how to access those services.

**The liaison will be available on-site to provide individual service needs assessments and to inform the court, individuals in need, and their loved ones, of available treatment options. The court liaison will also work to help the Mississippi State Hospital Forensic Unit in decreasing their waiting list.** Court Liaisons are working with the Forensic Unit Coordinator from Region 8 and Region 12 on the Stage 2 (inpatient services required) waiting list by collaborating with jail administrators in their catchment area. Court Liaisons will be trained to contact the Forensic Unit to inquire about anything needed from the county to reduce the number of days the offender waits in jail for the competency assessment.

The Court Liaison program is partially funded through a Transformation Transfer Initiative grant from SAMHSA, which has supported the hiring of four Court Liaisons in Regions 2, 4, 7, and 10. An allocation from General Funds has also been made to Regions 3 and 9 to each hire a Court liaison. **In FY22, these liaisons diverted 504 people from placement under a writ/involuntary commitment.**



# DMH Highlights

## Governor's Challenge to Prevent Suicide Among Service Members, Veterans, & Families

Mississippi's team in the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families held **its first face-to-face meeting in April 2022, when the state hosted representatives from the Substance Abuse and Mental Health Services Administration (SAMHSA)**. The state was selected in 2021 to be a part of the the program that brings together representatives from SAMHSA, the United States Department of Veterans Affairs (VA), and other stakeholders to develop and implement statewide suicide prevention best practices. The meeting in April was the first in-person meeting following a series of virtual meetings, including a three-day Policy Academy that that was a mix between a conference and a working academy that included professionals from eight different states.

Participants have focused on **three priority areas of need: identifying service members, veterans, and family members and screening for suicide risk; promoting connectedness and improving care transitions; and increasing lethal means safety and safety planning**. The Governor's Challenge has allowed key stakeholders whose mission is to prevent deaths by suicide to come to the table and develop a plan for that mission.

During the April 2022 two-day workshop, the group also heard presentations regarding outreach for lethal means safety and stakeholder outreach, conducted breakout sessions to focus on different priority areas, and discussed sustaining the workgroup.



*Representatives from DMH, the Mississippi Board of Mental Health, and SAMHSA at the April 2022 meeting of the Mississippi team of the Governor's Challenge to End Suicide*

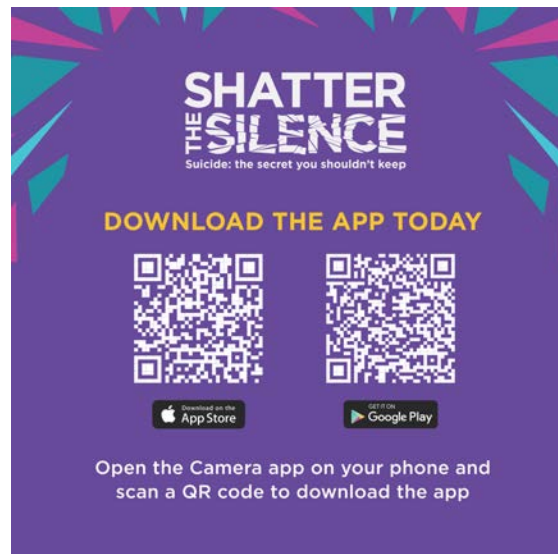


# DMH Highlights

## Shatter the Silence Suicide Prevention Efforts

DMH continues to provide Shatter the Silence suicide prevention trainings to audiences around the state. In recent years, DMH has expanded the types of training available by developing versions specifically for several different audiences. Partnerships have also been established and expanded with CMHC staff, other state agencies, faith-based groups, and more. In FY22, new partnerships developed include the Juanita Sims Foundation, Clarksdale School District, Quitman County School District, Mississippi Coroner Association, Mississippi Society for Social Work Leadership in Healthcare, Mississippi Judicial College, NFusion Metro and National Association of Social Work. Hinds Community College, the University of Southern Mississippi and Mississippi Delta Community College requested Shatter the Silence presentations in FY22 as well. **DMH also hosted the Fifth Annual Suicide Prevention Symposium, which was offered virtually and attended by 441 people**, and has continued to offer several virtual suicide prevention and mental health awareness trainings. In addition, DMH has continued to lead the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families, with the other stakeholder groups involved in that program.

There are now nine customized versions of Shatter the Silence presentations. Added to the existing youth and older adult Shatter the Silence presentations are versions customized for military, law enforcement and first responders, postpartum, faith-based youth, faith-based adult, correction officers, and general adult. **In FY22, a total of 5,245 people were trained in Shatter the Silence:** 3,046 people were trained in the youth Shatter the Silence presentation, 1,090 trained in the General Adult version, 125 were trained in Military, 458 were trained in Law Enforcement and First Responders, 50 were trained in Postpartum Depression, 306 were trained in the Adult Faith-Based, and 170 Correctional Officers were trained.



# DMH Highlights

## Congregational Recovery Outreach Program CROP

DMH partnered with the Mississippi Public Health Institute (MSPHI), Region 9 Hinds Behavioral Health Services, and three Hinds County churches on a new outreach initiative titled the **Congregational Recovery Outreach Program (CROP)**, developed to help foster recovery for individuals living with substance use disorders and mental illnesses.

CROP involves predominately African American faith-based communities to reach their congregations and encourage training and awareness of local resources and services for members. **A virtual campaign kick-off was held on March 2, 2022, with three participating churches, Jackson Revival Center, New Horizon Church International, and Pearl Street A.M.E. Church.**

CROP's vision is to equip congregations to assist mental health providers in connecting with individuals living with substance use disorders and mental illness, expanding on the atmosphere of hope, healing, and peace found in the faith-based communities. The campaign is funded through a grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered through DMH and MSPHI.

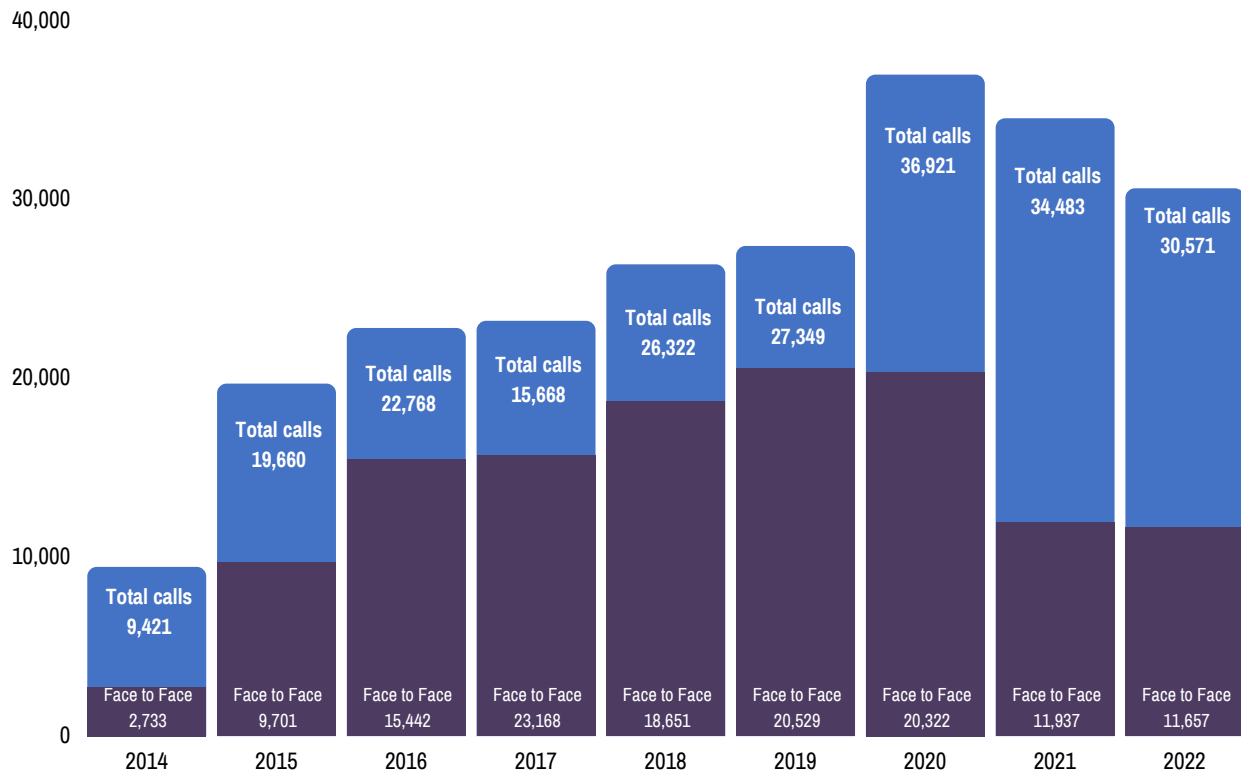
**Since CROP launched through mid-November 2022, there have been 39 referrals from the program, and as of November 2022, Region 9 was in the process of partnering with three additional churches in Hinds County.**





# DMH Highlights

## 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. 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.

**In FY22, there were 30,571 calls, contacts, and follow-ups made with Mobile Crisis Response Teams.** Of those calls, 11,657 resulted in face-to-face contacts, and 3,536 were in conjunction with law enforcement.

# DMH Highlights

## Certified Peer Support Specialists Peer Bridgers, Peer Support, & Recovery

A Certified Peer Support Specialist (CPSS) is an individual using their lived experiences with a behavioral health diagnosis in combination with skills training to support peers and/or family members with similar experiences.

The CPSS training is an intensive, 21 to 36-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 Association of Mississippi Peer Support Specialists (AMPSS) was instrumental in working with DMH on the peer support training. **Also trained during FY22 were 35 CPSS Supervisors.** AMPSS and support staff also conducted continuing education and technical assistance trainings in August 2021, September 2021, May 2022, and June 2022.

**As of June 30, 2022, there were 240 Certified Peer Support Specialists employed within the state mental health system.** In addition, there are reportedly 11 employed Peer Support Specialists and 9 volunteer Peer Support Specialists at providers who are not certified by DMH. This is a total of 260 employed peer support professionals who have received training.

**During FY22, six virtual CPSS Trainings were held during the months of July, September, November, January, March, and May. These trainings produced 161 trained peer support specialists.** Ten peers returned to be trained in a second designation during this time period. A total of three Peer Bridger trainings were held in September 2021, March 2022, and June 2022. These trainings produced 69 trained Peer Bridgers. **The 230 total peers trained in FY22 is an approximate 67% increase over the 138 trained in FY21.**

### Peer Bridgers

The Peer Bridger program assists individuals with mental illness and/or co-occurring disorders by utilizing trained peer support specialists at CMHCs, CSUs and state hospitals to bridge their transitions to the community. **By the end of FY22, all providers with the Peer Bridger program had received funding for implementation of the program, including all 13 CSUs, all 13 CMHCs, and the four state hospitals.**

Although these services have begun to be implemented by several providers, some providers continue their search in securing Peer Bridger staff as of June 30, 2022. All providers have either a trained Peer Bridger Supervisor or have received the training manual to begin implementing the program. During FY22, a total of three Peer Bridger trainings and three Peer Bridger Supervisor trainings were held in September 2021, March 2022, and June 2022. **In FY22, there were 661 Peer Bridger connections reported made with individuals in the Peer Bridger program.**

# DMH Highlights

## Navigate First Episode Psychosis

Navigate expanded in FY22 through federal supplemental COVID-19 funding, with four additional Navigate programs funded in Regions 2, 4, 7, and 14 in the spring of 2022. There are now eight Navigate programs currently operating across the state. This evidence-based program to serve youth and young adults 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 has previously funded the program at Life Help, Hinds Behavioral Health Services, Warren- Yazoo Behavioral Health, and Region 8 Mental Health Services. Throughout FY22, a total of 83 youth and young adults with first episode psychosis were served, an increase over the 76 served in FY21.

## Juvenile Outreach Programs

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 FY22, 2,150 young people were served in these programs by CMHCs. Of those, 1,778 continued treatment with the CMHC when they left the detention centers.

## 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.

At the end of FY22, 778 children and youth were served by the MAP Teams. Participants from local partners - representatives from Child Protection Services, local school districts, and youth courts - increased compared to the prior year. There were 893 participants on MAP Teams from local partners during FY22. This is an increase of 172 local representatives compared to the end of FY21.

# DMH Highlights

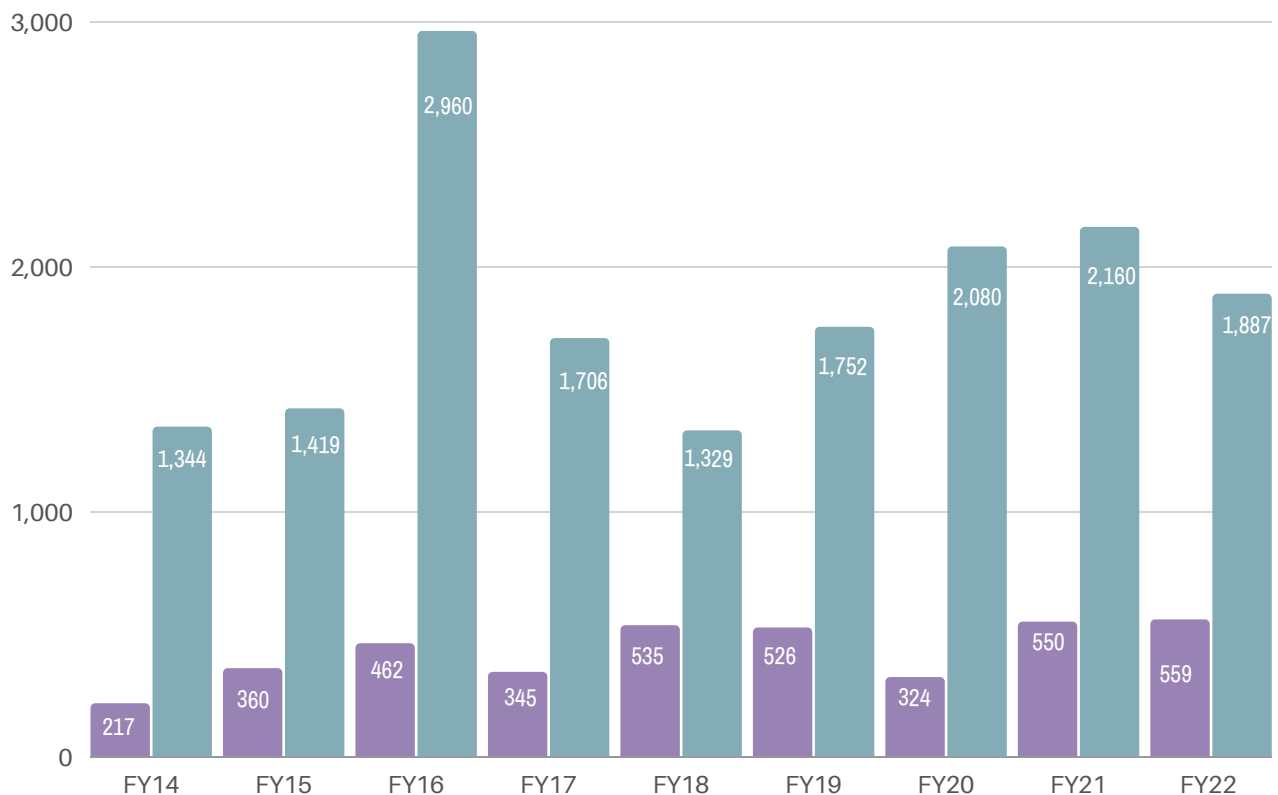
## Wraparound Facilitation

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 supported the development of the Mississippi Wraparound Initiative (MWI) to train, support and sustain high-fidelity Wraparound in the state.

**In FY22, 559 individuals were trained to provide Wraparound Facilitation in Mississippi, and 1,887 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

## Crisis Intervention Teams

In FY22, there were 197 officers who received Crisis Intervention Team training during the year. There were 67 law enforcement agencies represented in the 13 CIT training classes held in FY22, including two officers from the Mississippi Highway Safety Patrol, one from the Mississippi Department of Corrections, seven from Camp Shelby, and one from the U.S. Probation and Parole Office. There are now eight fully-functioning CITs in Mississippi.

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. There are several communities that have been sending officers to CIT training in Meridian and the Pine Belt with the desire to establish full CIT programs. **Those communities outside of the Meridian and Pine Belt catchment areas include: Corinth, Clarksdale, Grenada, Natchez, Greenville, Southwest MS, Jackson County, and Senatobia.**



# DMH Highlights

## IDD Transitions

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 46.5%. In FY22, a total of 41 persons transitioned to the community from institutions – 28 transitioned from an ICF (including two who were contacted from the ID/DD Waiver Planning List), one transitioned from a nursing facility with ID/DD Waiver supports, and 12 transitioned to an ICF Community Home.

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. In FY22, 1,034 persons were served through the IDD Community Support Program and 2,747 persons were served 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 FY22, there were 153 new individuals enrolled in the CSP and 137 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 50%.



*The ladies and staff at Ellisville State School's Brookwood Community Home in Sumrall held a celebration on April 29, marking the dedication of their new home. The former home was destroyed in a tornado in December, 2019.*

# Alcohol and 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

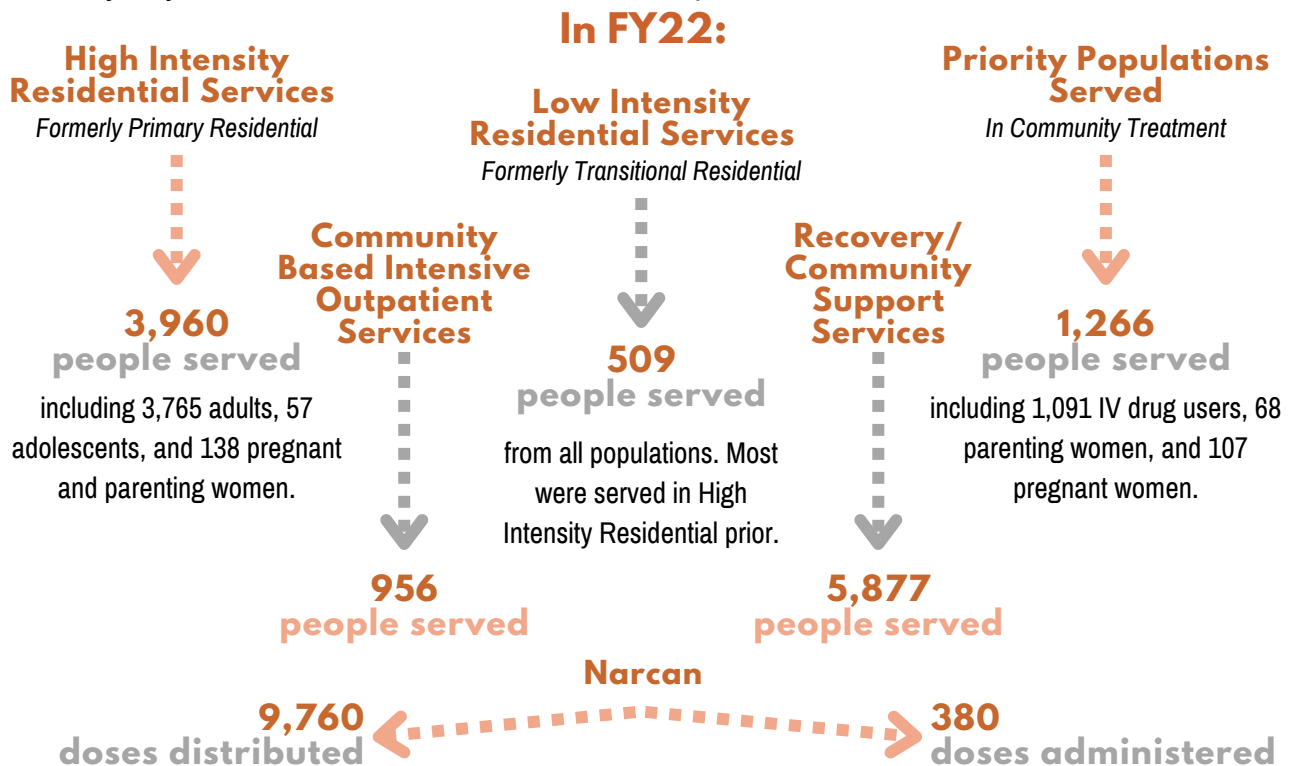
- Withdrawal Management Services
- Primary Residential Services
- Transitional Residential Services
- Peer Recovery Support Services
- DUI Diagnostic Assessment Services
- Prevention
- Opioid Treatment Services
- Intensive Outpatient Services
- Outpatient Services

## Adolescent Services

- Outpatient Services
- Intensive Outpatient Services
- Prevention
- Primary Residential Services

## Evidence Based Programs & Community Treatment

Certified and funded providers - the 13 CMHCs and four standalone substance use disorder treatment providers - have been trained in evidence-based and best practice recovery treatment models. These include approximately 50 evidence-based practices utilized by co-occurring disorder specialists, with more than 30 of those targeted towards populations receiving services for substance use disorders. Evidence-based programs and practices include various kinds of therapeutic interventions, screeners, functional assessments, trainings, evidence-based peer support groups, and therapeutic module programs. **In FY22, there were 646 community certified beds for substance use residential services**, though bed availability may have been affected due to the COVID-19 pandemic.



In addition, the Mississippi Opioid and Heroin Data Collaborative reports 2,551 doses of naloxone administered by EMS in FY22



# Behavioral Health Programs

The state behavioral health programs are administered by the Department of Mental Health. All programs offer acute psychiatric services with admissions handled through the court commitment process. In addition, East Mississippi State Hospital and Mississippi State Hospital both offer nursing home services and substance use disorder services. East Mississippi State Hospital also provides a community living program, and Mississippi State Hospital provides Forensic Services for Circuit Court defendants.

## 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](http://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](http://www.stf.ms.gov)

## East Mississippi State Hospital

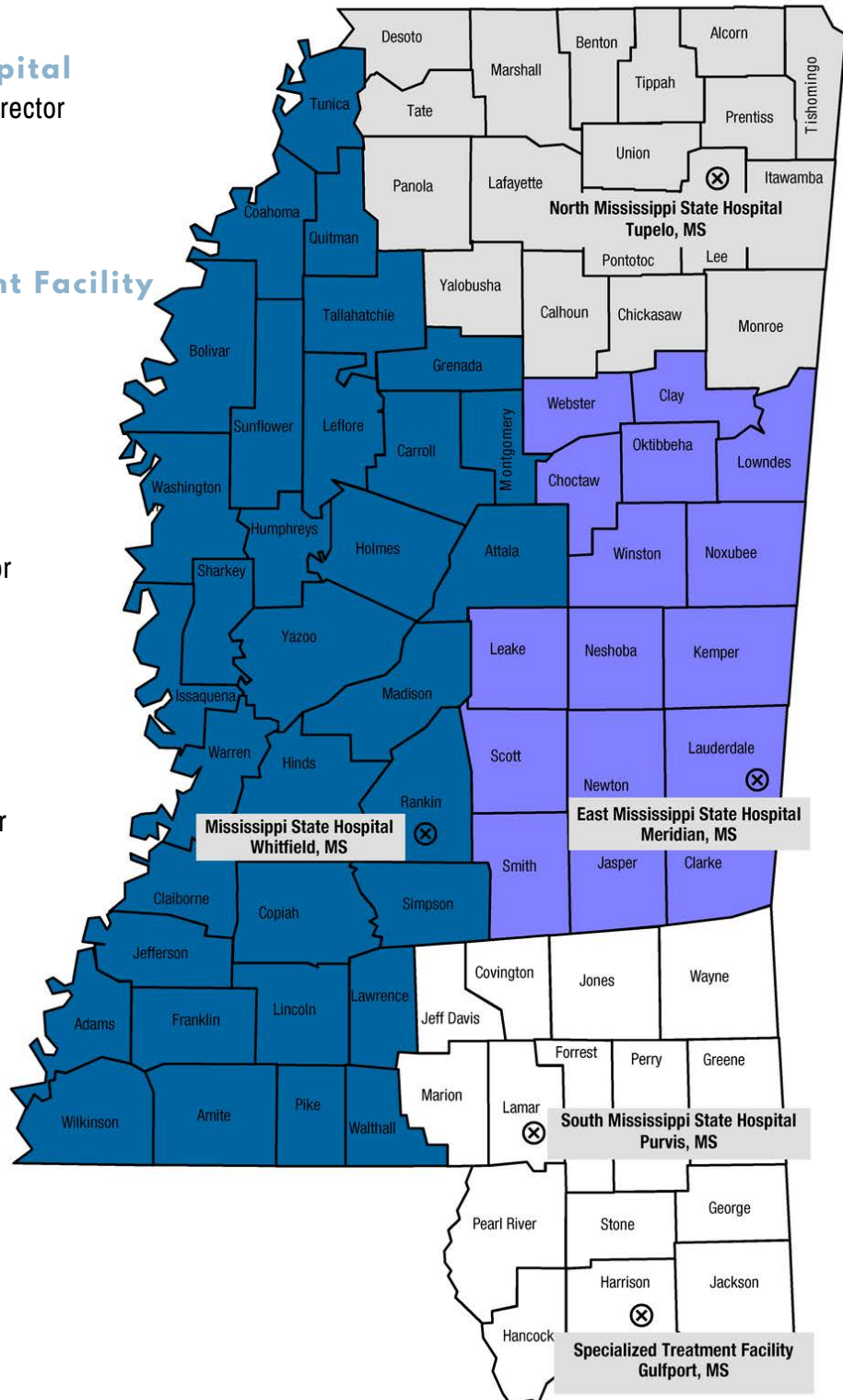
Charles Carlisle, Ph.D., Director  
P.O. Box 4128 West Station  
Meridian, MS 39304-4128  
Phone: 601-581-7600  
[www.emsh.state.ms.us](http://www.emsh.state.ms.us)

## North Mississippi State Hospital

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

## South Mississippi State Hospital

Sabrina Young, Director  
823 Highway 589  
Purvis, MS 39475  
Phone: 601-794-0100  
[www.smsm.ms.gov](http://www.smsm.ms.gov)





# Behavioral Health Programs

The number of active beds available at DMH programs may have changed throughout the fiscal year due to staffing or 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, 2022.

## Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	80	746
Continued Treatment	60	70
Child and Adolescent	22	114
Forensics	57	86
Substance Use Disorder	38	320
Jaquith Nursing Home	194	197

## Specialized Treatment Facility

Service	Active Beds	Individuals Served
Psychiatric Residential	26	84

## East Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	90	359
Nursing Home	120	128
Substance Use Disorder	25	254
Transitional Programs	72	142

## North Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	50	426

## South Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	46	431

# Behavioral Health Programs

Adult psychiatric admissions by county and DMH behavioral health program. This table represents admissions from July 1, 2021 through June 30, 2022.

Region 1	MSH	EMSH	NMSH	SMSH	Total
Coahoma	19	0	0	0	19
Quitman	10	0	0	0	10
Tallahatchie	6	0	0	0	6
Tunica	8	0	0	0	8
<b>Total</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43</b>

Region 2	MSH	EMSH	NMSH	SMSH	Total
Calhoun	0	0	18	0	18
Lafayette	0	1	22	0	23
Marshall	0	0	21	0	21
Panola	1	2	36	0	39
Tate	0	0	9	0	9
Yalobusha	1	0	9	0	10
<b>Total</b>	<b>2</b>	<b>3</b>	<b>115</b>	<b>0</b>	<b>120</b>

Region 3	MSH	EMSH	NMSH	SMSH	Total
Benton	0	1	6	0	7
Chickasaw	0	1	35	0	36
Itawamaba	0	0	16	0	16
Lee	4	0	51	0	55
Monroe	0	0	9	0	9
Pontotoc	0	0	4	0	4
Union	0	0	2	0	2
<b>Total</b>	<b>4</b>	<b>2</b>	<b>123</b>	<b>0</b>	<b>129</b>

Region 4	MSH	EMSH	NMSH	SMSH	Total
Alcorn	0	1	21	0	22
DeSoto	2	2	86	0	90
Prentiss	0	0	14	0	14
Tippah	0	0	6	0	6
Tishomingo	0	0	10	0	10
<b>Total</b>	<b>2</b>	<b>3</b>	<b>137</b>	<b>0</b>	<b>142</b>

Region 6	MSH	EMSH	NMSH	SMSH	Total
Attala	4	0	0	0	4
Bolivar	23	0	0	0	23
Carroll	1	0	0	0	1
Grenada	4	0	0	0	4
Holmes	11	0	0	0	11
Humphreys	8	0	0	0	8
Issaquena	0	0	0	0	0
Leflore	26	0	0	0	26
Montgomery	5	0	0	0	5
Sharkey	2	0	0	0	2
Sunflower	14	0	0	0	14
Washington	14	0	0	0	14
<b>Total</b>	<b>112</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>112</b>

Region 7	MSH	EMSH	NMSH	SMSH	Total
Choctaw	0	5	0	0	5
Clay	0	16	3	0	19
Lowndes	1	10	3	0	14
Noxubee	1	13	0	0	14
Oktibbeha	0	11	1	0	12
Webster	1	1	0	0	2
Winston	3	13	0	0	16
<b>Total</b>	<b>6</b>	<b>69</b>	<b>7</b>	<b>0</b>	<b>82</b>

Region 8	MSH	EMSH	NMSH	SMSH	Total
Copiah	15	0	0	0	15
Lincoln	8	1	0	0	9
Madison	5	0	0	0	5
Rankin	59	1	0	0	60
Simpson	24	0	0	0	24
<b>Total</b>	<b>111</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>113</b>

Region 9	MSH	EMSH	NMSH	SMSH	Total
Hinds	167	1	0	0	168
<b>Total</b>	<b>167</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>168</b>

Region 11	MSH	EMSH	NMSH	SMSH	Total
Adams	45	0	0	0	45
Amite	8	1	0	0	9
Claiborne	8	0	0	0	8
Franklin	7	0	0	0	7
Jefferson	7	0	0	0	7
Lawrence	19	0	0	0	19
Pike	40	1	0	0	41
Walthall	14	0	0	0	14
Wilkinson	12	0	0	0	12
<b>Total</b>	<b>160</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>162</b>

Region 12	MSH	EMSH	NMSH	SMSH	Total
Covington	2	0	0	20	22
Forrest	4	0	0	65	69
Greene	1	0	0	2	3
Hancock	0	0	0	13	13
Harrison	2	1	0	83	86
Jeff Davis	0	0	0	6	6
Jones	2	0	0	28	30
Lamar	1	0	0	36	37
Marion	0	0	0	19	19
Pearl River	2	0	0	37	39
Perry	2	0	0	6	8
Stone	0	0	0	2	2
Wayne	2	0	0	10	12
<b>Total</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>327</b>	<b>346</b>

Region 10	MSH	EMSH	NMSH	SMSH	Total
Clark	0	13	0	0	13
Jasper	0	17	0	0	17
Kemper	0	1	0	0	1
Lauderdale	8	75	4	4	91
Leake	1	12	0	0	13
Neshoba	1	3	0	0	4
Newton	0	14	0	0	14
Scott	0	17	1	0	18
Smith	2	13	0	0	15
<b>Total</b>	<b>12</b>	<b>165</b>	<b>5</b>	<b>4</b>	<b>186</b>

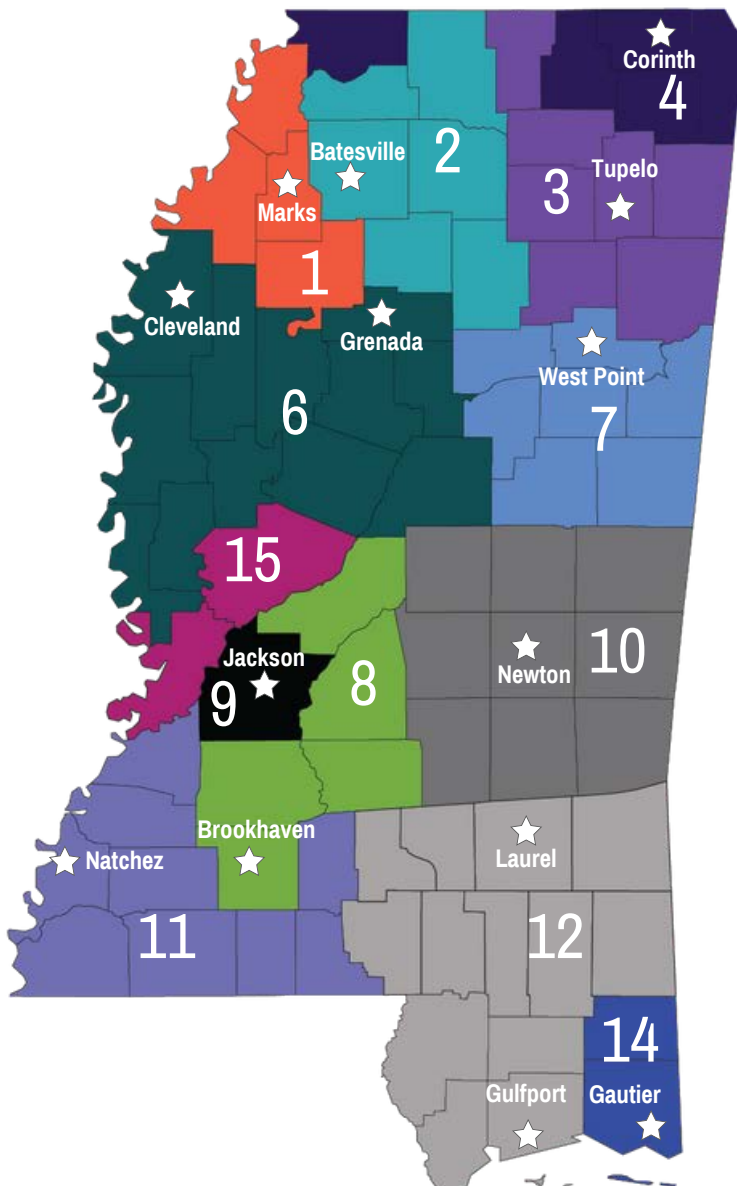
Region 14	MSH	EMSH	NMSH	SMSH	Total
George	0	0	0	12	12
Jackson	2	0	0	40	42
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>52</b>	<b>54</b>

Region 15	MSH	EMSH	NMSH	SMSH	Total
Warren	25	0	0	0	25
Yazoo	2	0	0	0	2
<b>Total</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>

# 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 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), Community Counseling Services (Region 7), Singing River (Region 14), Hinds Behavioral Health Services (Region 9), and Region One Mental Health Center opened additional beds in FY19. In FY21, Region 9 added four beds, and in FY22, Region 11 opened an eight-bed CSU in Natchez. **There are now 14 CSUs and 184 CSU beds in Mississippi. In FY22, there were 3,108 admissions to CSUs. The CSUs diverted approximately 91% of individuals discharged there from admission to a state hospital in FY22.**



CSU	Beds	FY22 Admissions
Batesville	16	167
Brookhaven	16	311
Cleveland	16	289
Corinth	16	236
Gautier	8	174
Grenada	16	215
Gulfport	16	323
Jackson	16	252
Laurel	16	276
Marks	8	142
Natchez	8	74
Newton	16	332
Tupelo	8	193
West Point	8	124
<b>Total</b>	<b>184</b>	<b>3,108</b>

*Effective July 1, 2022, the Region 2 CMHC, Communicare, took on operation of the Batesville CSU.*

# IDD Regional Programs

The Department of Mental Health operates 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 residential services, licensed homes for community living, and other community services. They also offer evaluation services for the ID/DD Waiver and IDD Community Support Program (1915i).

## North Mississippi Regional Center

Dr. Edie Hayles, Director  
967 Regional Center Drive  
Oxford, MS 38655  
Phone: 662-234-1476  
[www.nmrc.ms.gov](http://www.nmrc.ms.gov)

## Hudspeth Regional Center

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

## Boswell Regional Center

Clint Ashley, Director  
P.O. Box 128  
Magee, MS 39111  
Phone: 601-867-5000  
[www.brc.state.ms.us](http://www.brc.state.ms.us)

## Mississippi Adolescent Center

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

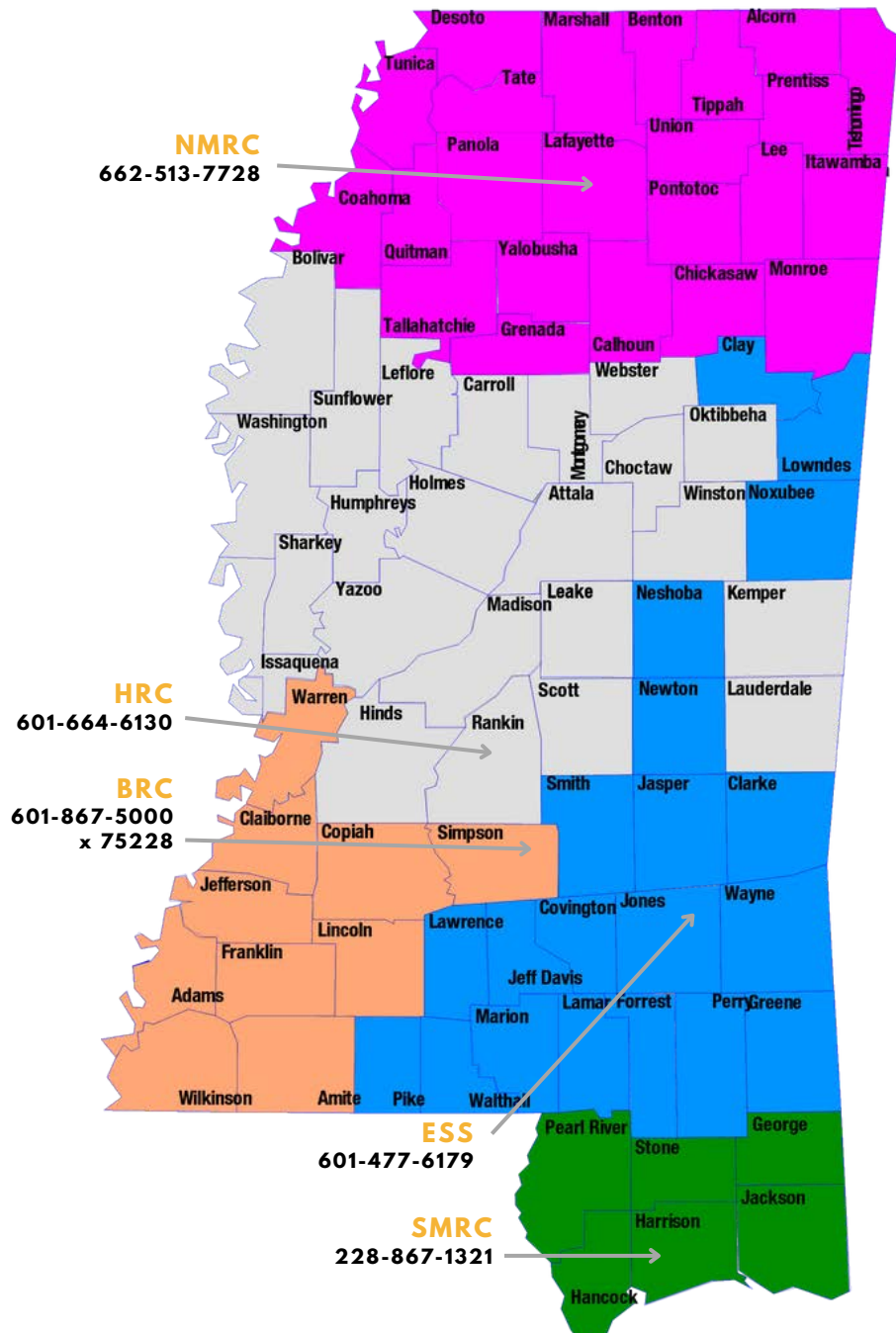
## Ellisville State School

Rinsey McSwain, Director  
1101 Highway 11 South  
Ellisville, MS 39437-4444  
Phone: 601-477-9384  
[www.ess.ms.gov](http://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](http://www.smrc.ms.gov)

ID/DD Waiver & IDD Community Support Program  
Evaluation Sites



# IDD Regional Programs

The types of services offered through the programs for individuals with intellectual and developmental disabilities vary according to location but statewide include ICF/IID residential services, psychological services, social services, diagnostic and evaluation services, speech/occupational/physical therapy, employment-related services, and community services programs.

## North Mississippi Regional Center

Service	Individuals Served
ICF/IID Campus	178
ICF/IID Community Homes	189
ID/DD Waiver Support Coordination	562
Targeted Case Management (1915i)	195

## Boswell Regional Center

Service	Individuals Served
ICF/IID Campus	96
ICF/IID Community Homes	79
Supervised Living	102
Supported Living	13
Shared Supported	52

## Mississippi Adolescent Center

Service	Individuals Served
Total Served	34

## Hudspeth Regional Center

Service	Individuals Served
ICF/IID Campus	177
ICF/IID Community Homes	100
ID/DD Waiver Support Coordination	777
Targeted Case Management (1915i)	389

## Ellisville State School

Service	Individuals Served
ICF/IID Campus	209
ICF/IID Community Homes	97
ID/DD Waiver Support Coordination	823
Targeted Case Management (1915i)	325

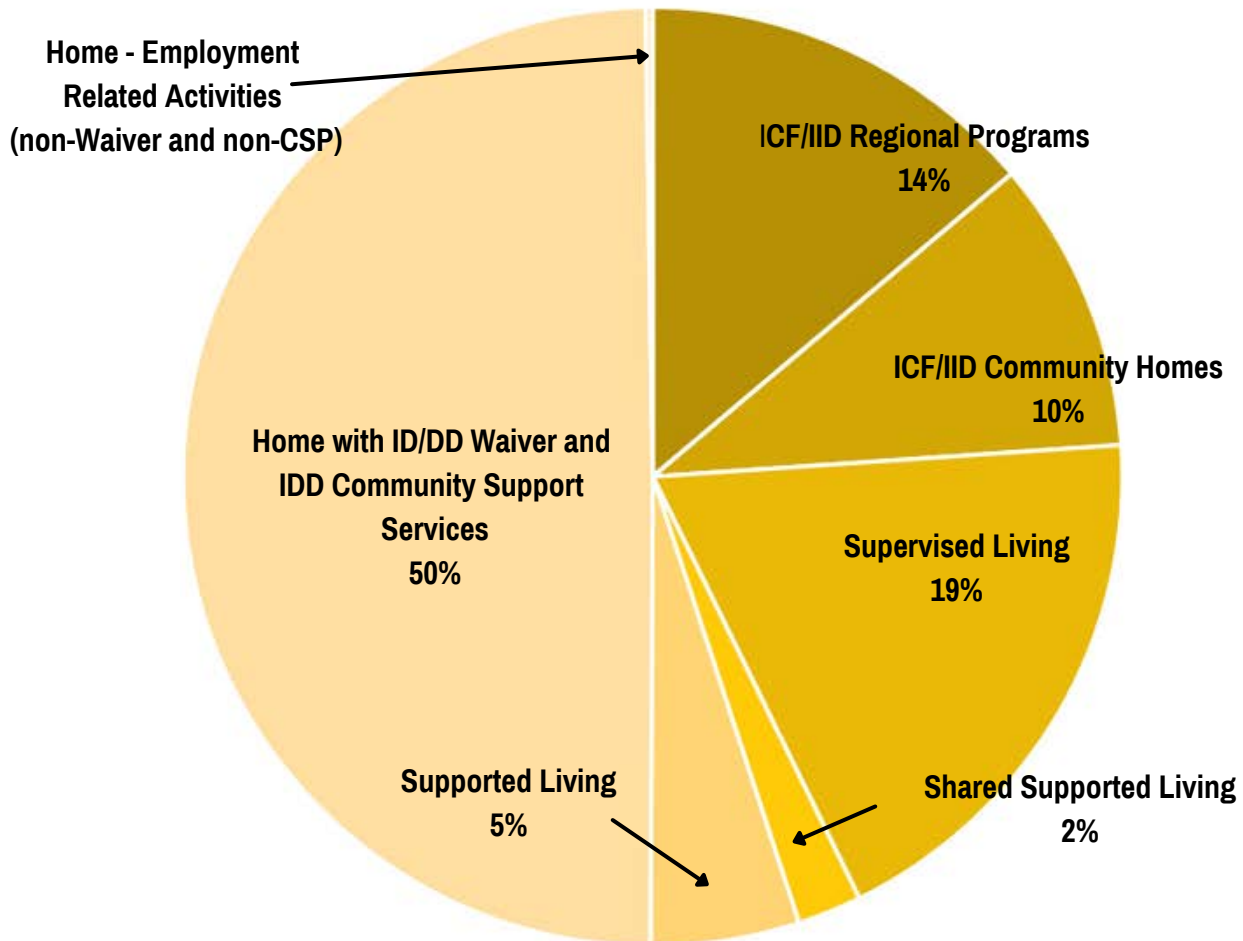
## South Mississippi Regional Center

Service	Individuals Served
ICF/IID Campus	63
ICF/IID Community Homes	78
ID/DD Waiver Support Coordination	590
Targeted Case Management (1915i)	144

# IDD Regional Programs

## Serving Individuals with Intellectual and Developmental Disabilities

### Where They Live:



## IDD Regional Program Census

	1/1/12	6/30/16	6/30/18	6/30/20	6/30/22	% Reduced
<b>NMRC</b>	277	233	207	185	166	40%
<b>HRC</b>	280	243	217	185	170	39%
<b>ESS</b>	436	277	244	231	195	55%
<b>BRC</b>	139	96	95	87	93	33%
<b>SMRC</b>	160	125	104	89	56	65%
<b>MAC</b>	32	31	32	29	28	12.5%
<b>Total</b>	<b>1,324</b>	<b>1,005</b>	<b>899</b>	<b>806</b>	<b>708</b>	<b>46.5%</b>

Percentage reduced is overall reduction in campus census since 2012

# IDD Community Services

## ID/DD Waiver Services

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 enrolled at the end of FY12 to 2,747 individuals served in FY22.

### New Enrollment in ID/DD Waiver

	From Institutions	From Planning List	Total
<b>FY12</b>	39	56	95
<b>FY13</b>	166	89	255
<b>FY14</b>	123	168	291
<b>FY15</b>	105	96	201
<b>FY16</b>	88	237	325
<b>FY17</b>	69	133	202
<b>FY18</b>	5	81	86
<b>FY19</b>	69	78	147
<b>FY20</b>	63	41	104
<b>FY21</b>	25	57	82
<b>FY22</b>	27	110	137
<b>Total</b>	<b>779</b>	<b>1,146</b>	<b>1,925</b>

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. Data here is as of 6/30/22.

### End of FY Census for ID/DD Waiver

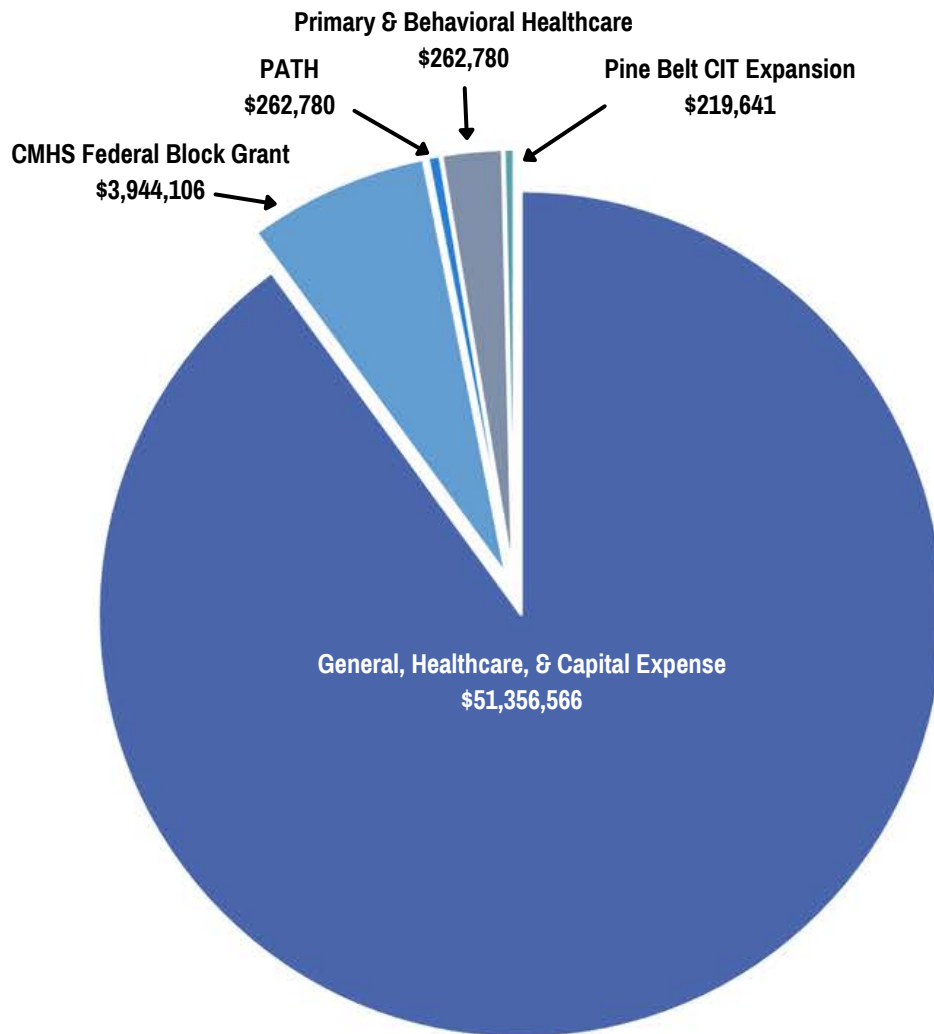
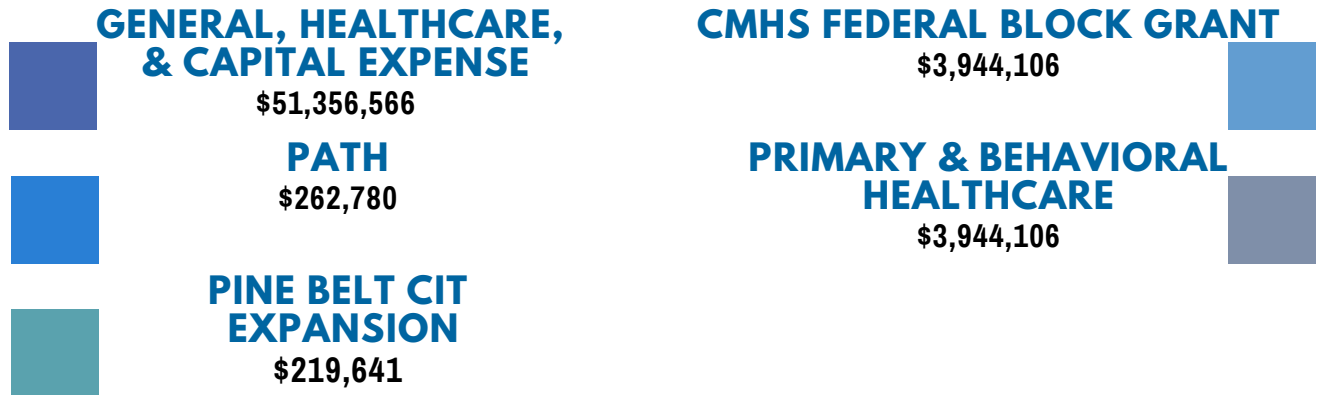
	Discharged	Newly Enrolled	Total Enrolled
<b>FY12</b>	105	95	1,831
<b>FY13</b>	90	255	1,961
<b>FY14</b>	125	291	2,189
<b>FY15</b>	118	201	2,296
<b>FY16</b>	106	325	2,503
<b>FY17</b>	112	202	2,646
<b>FY18</b>	85	86	2,682
<b>FY19</b>	81	178	2,675
<b>FY20</b>	80	104	2,759
<b>FY21</b>	136	82	2,765
<b>FY22</b>	139	137	2,747
<b>Total</b>	<b>1,117</b>	<b>1,956</b>	<b>50%</b>

increase since FY12

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.

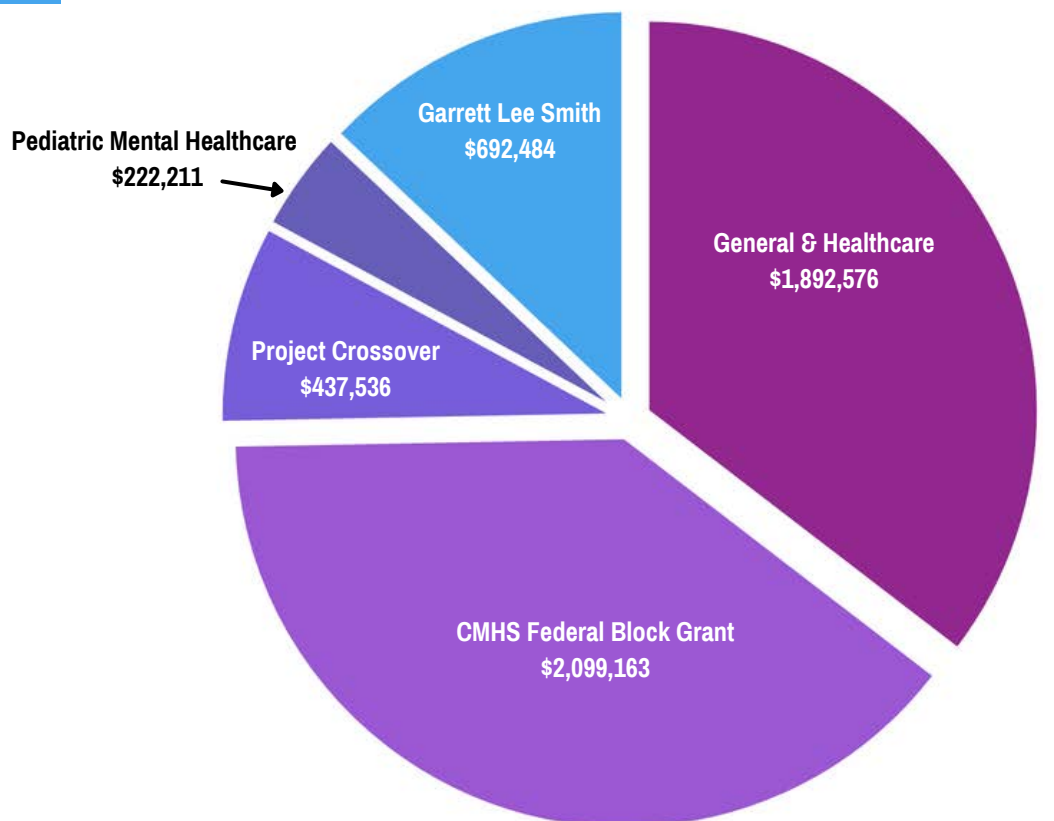
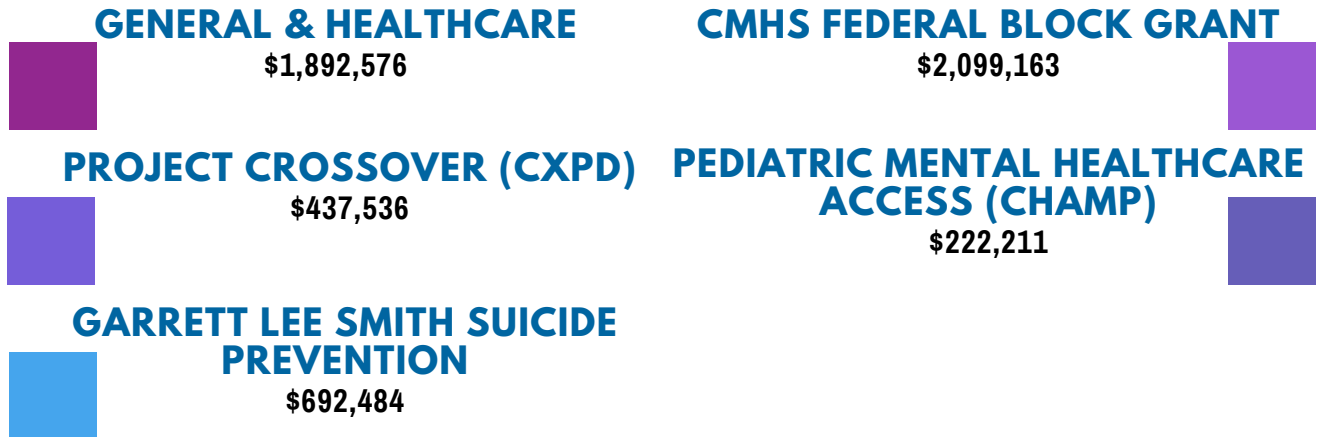


# Behavioral Health Funding

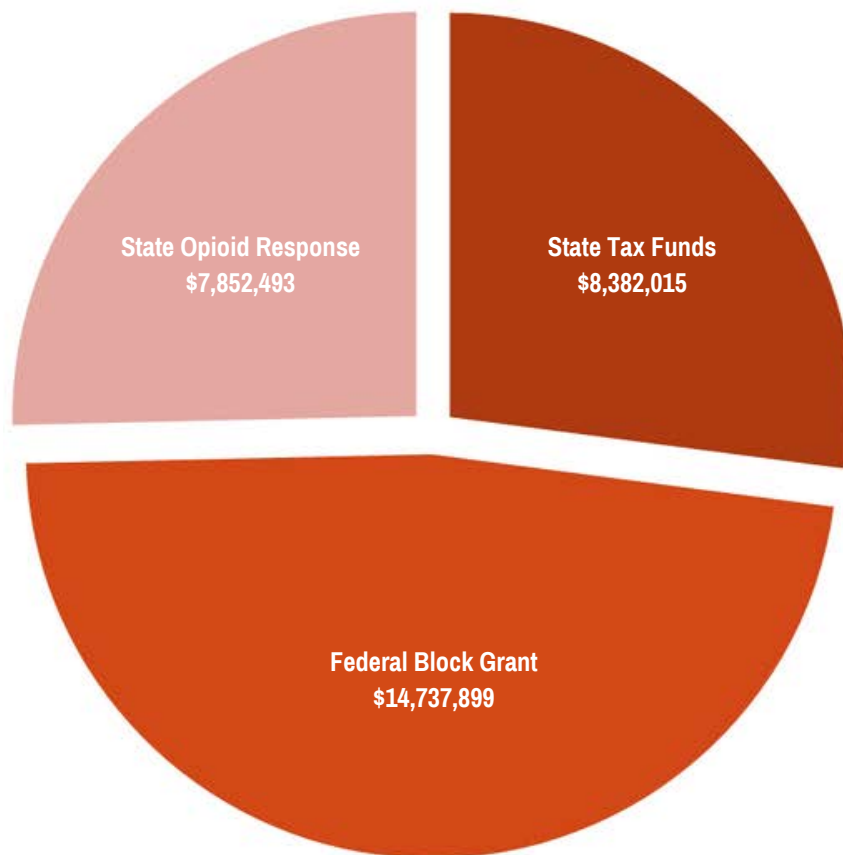




# Children and Youth Funding



# Alcohol and Drug Addiction Services



# Funding Source Expenditures FY22

## OTHER SPECIAL FUNDS

**\$302,195,979**

Generated by DMH programs

## FEDERAL FUNDS

**\$41,942,042**

Federal grant revenue

## HEALTHCARE TRUST FUNDS

**\$18,951,885**

Tobacco settlement funds appropriated by the Mississippi Legislature

## GENERAL FUNDS

**\$213,935,807**

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

**\$89,978,751**

## MEDICAID

**\$57,143,457**

## IDD PROGRAMS

**\$14,608,147**

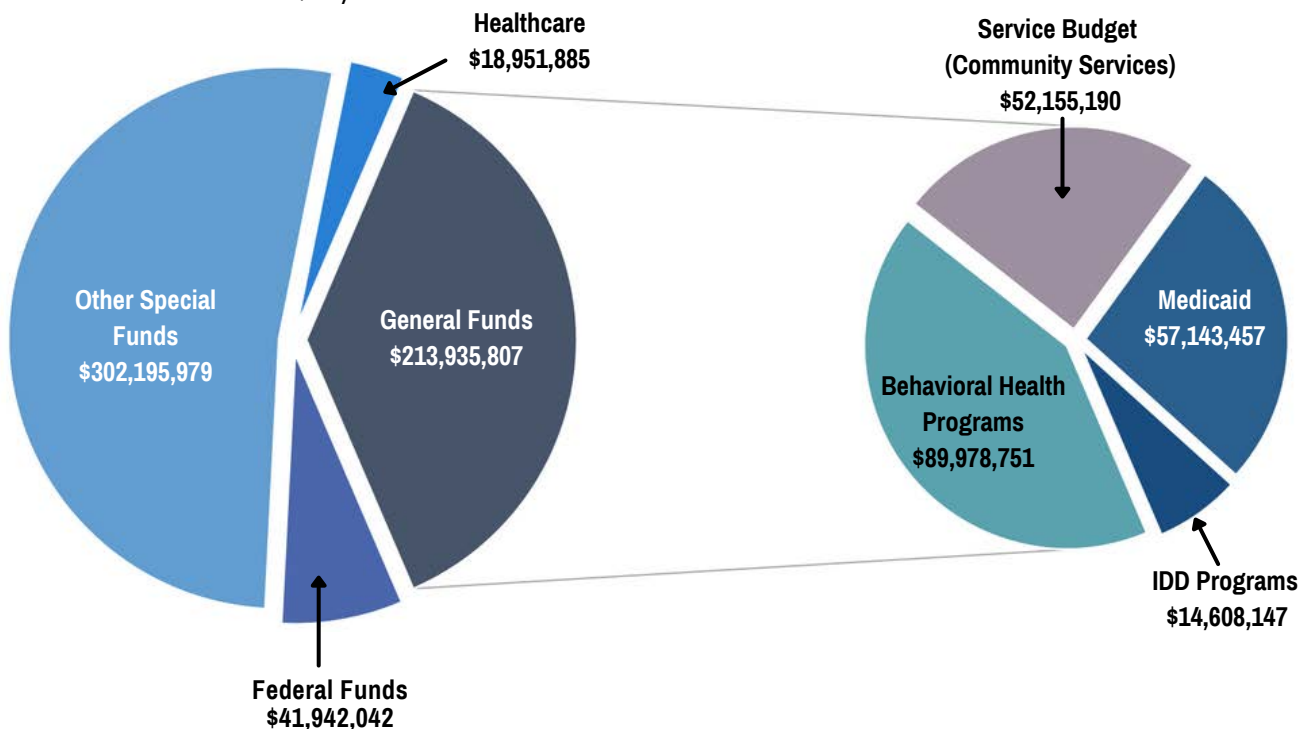
## SERVICE BUDGET

**\$52,155,190**

Community Services funding provided to Certified Providers

## CAPITAL EXPENSE FUNDS

**\$50,261**





DMH Helpline | 1-877-210-8513