



# ANNUAL REPORT

**Mississippi Department of Mental Health**

# FY 2023

[dmh.ms.gov](https://dmh.ms.gov)

# 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

Stewart Rutledge, Chair  
Courtney Phillips, Vice Chair  
Sara Gleason, M.D.  
Manda Griffin, DNP  
Jim Herzog, Ph.D.  
Alyssa Killebrew, Ph.D.  
Robert Landrum  
Teresa Mosley  
Sampat Shivangi, M.D.

## Executive Director

Wendy D. Bailey

## Deputy Executive Director Behavioral Health Services

Jake Hutchins

## Deputy Executive Director Intellectual/Developmental Disability Services

Craig Kittrell



## 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.

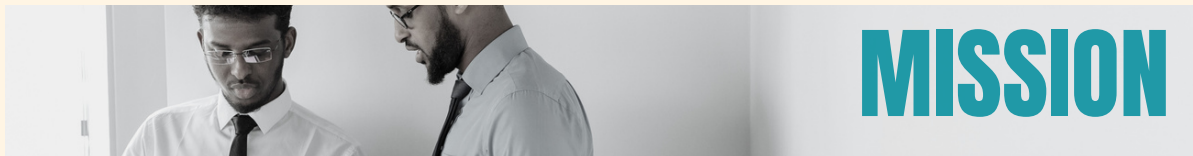
The programs for persons with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. These programs include Boswell Regional Center and its satellite program, Mississippi Adolescent Center; Ellisville State School and its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

### Regional Community Mental Health Centers

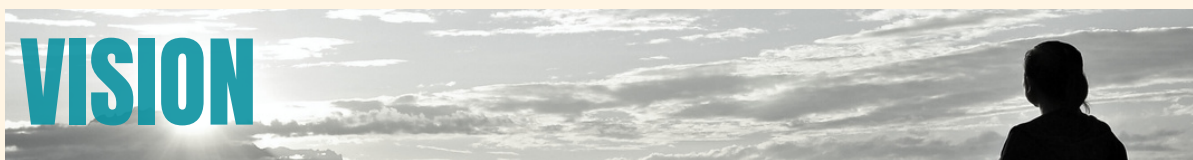
Regional Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 11 regional centers make available a range of community-based mental health, substance abuse, and in some regions, 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.



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.



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.



# CORE VALUES



## People

We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

## Community

We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

## Commitment

We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

## Excellence

We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

## Accountability

We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

## Respect

We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

## Awareness

We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

## 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.

# HIGHLIGHTS

**3,663**

people received services at DMH's behavioral health programs

**1,965**

acute psychiatric admissions to the four state hospitals

**726**

people served on campus at the IDD Regional Programs

**530**

people served at ICF/IID Community Homes

**2,733**

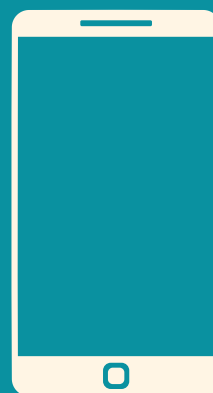
people served by the ID/DD Home and Community Based waiver

**3,402**

admissions to Crisis Stabilization Units

**92%**

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



**13,549**

calls to 988 answered in Mississippi

**9,877**

calls made to Mobile Crisis Response Teams, with

**2,100**

Face-to-Face visits, resulting in 21% of all calls receiving personal contact

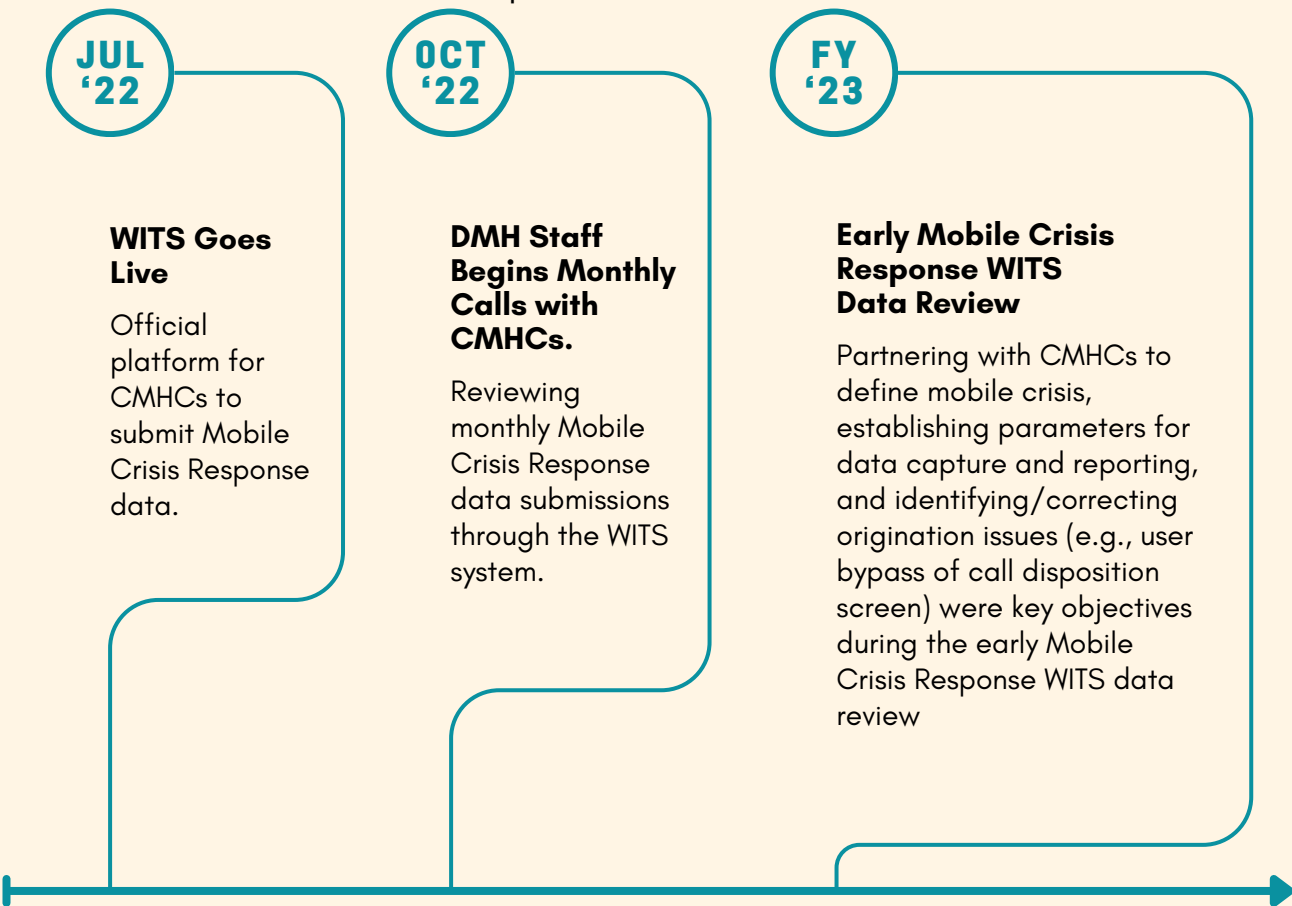
**7,796**

calls to the DMH Helpline. This includes **6,192** calls directly to the Helpline and **1,604** calls answered by CONTACT the Crisis Line after hours.

# HIGHLIGHTS

## WITS Crisis Data System

On July 1, 2022, the Mobile Crisis Module within the WITS crisis data system became operational, serving as the official platform for Community Mental Health Centers (CMHCs) to submit Mobile Crisis Response data. WITS, the Web Infrastructure for Treatment Services, is a web-based tool that collects client information, provides billing services, and facilitates cooperation and collaboration among service providers through data sharing. Early activities in Fiscal Year 2023 involved collaborative efforts with CMHCs to define mobile crisis, establish data parameters, and address issues like the ability to bypass call disposition screens. In October 2022, monthly calls were initiated between DMH staff and CMHCs to review Mobile Crisis Response data submissions via WITS. Ongoing efforts focus on reconciling Mobile Crisis-related data statewide, with a specific emphasis on distinguishing between Mobile Crisis Services and Crisis Response Services.



# HIGHLIGHTS

## Outreach & Training

Throughout FY23, there were 17 meetings between members of DMH's leadership team and judges, chancery clerks, and their staff members. These meetings provided details on the commitment process, available community mental health services, and focused on diverting individuals from commitment to a state hospital to the most appropriate community services. These meetings reached 244 people throughout the state's Chancery Court Districts.

DMH continues to provide Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), Shatter the Silence suicide prevention trainings, and other trainings offered through a partnership with the Mississippi Public Health Institute.

## PEOPLE REACHED THROUGH TRAINING

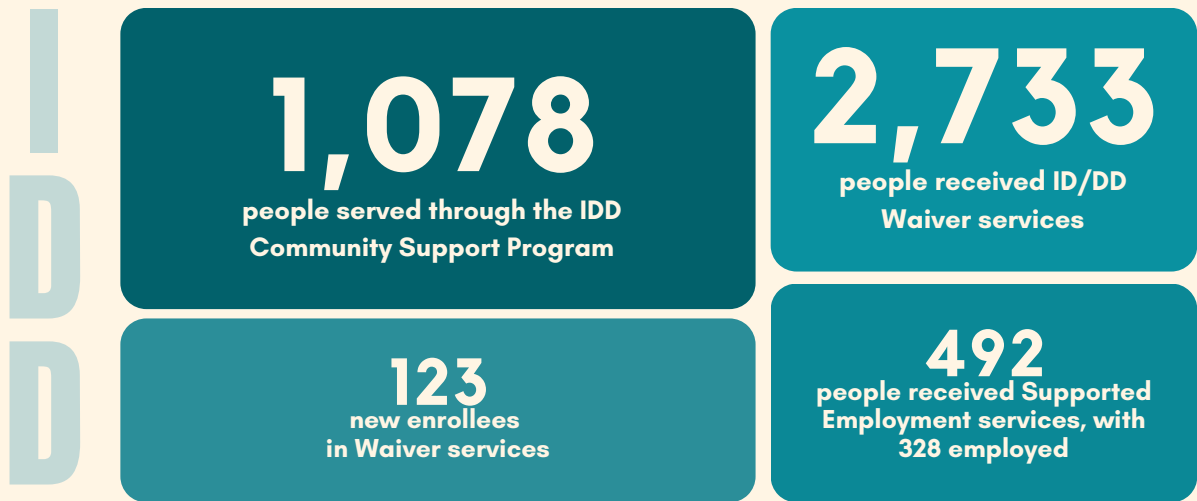


## Mississippi State Hospital Psychiatric Residency Program

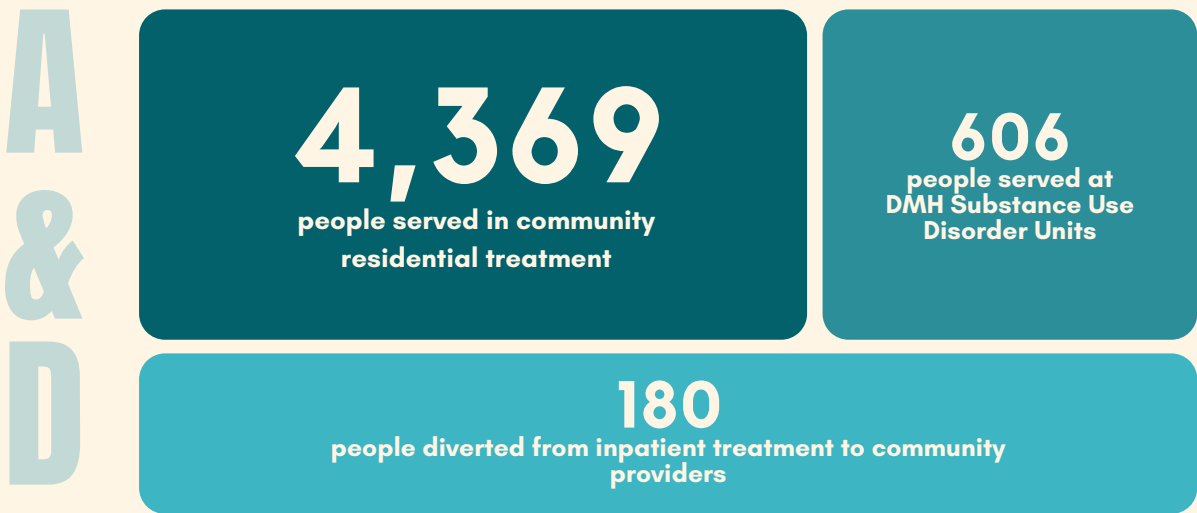
Mississippi State Hospital's Psychiatry Residency Program continues to grow, with six new residents joining the program each July until there is a total of 24 residents. It also continues to grow in impact, providing outpatient services to 36 people through more than 300 treatment sessions in FY23.



# HIGHLIGHTS



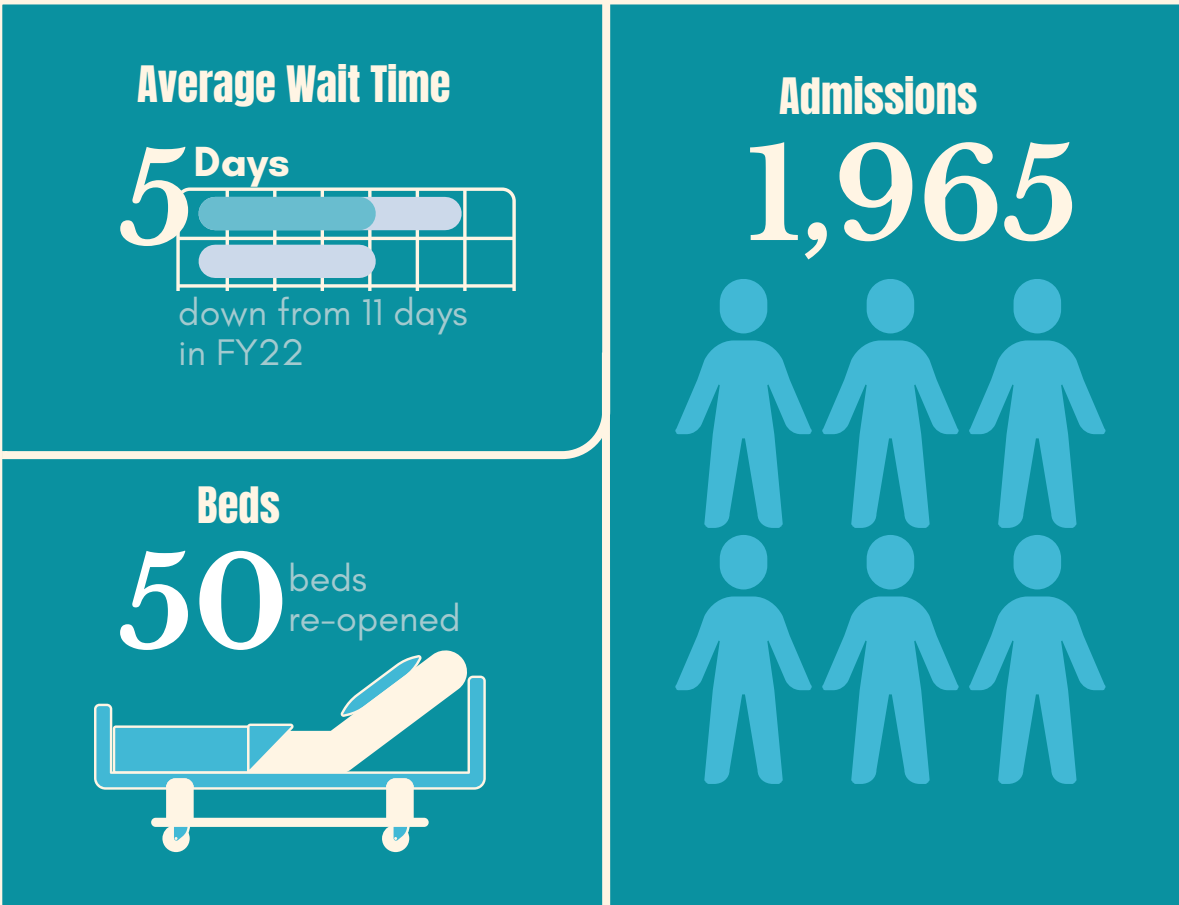
Of the 5,086 people who received services through Regional Programs, the Waiver, the CSP, Targeted Case Management, or other IDD grant services, 4,362, or 86% were served in the community.



During FY23, Mississippi State Hospital began serving only females in its Substance Use Disorder (SUD) unit and East Mississippi State Hospital began serving only males. MSH now operates 25 SUD beds for females and EMSH operates 35 SUD beds for males. MSH served 225 people and EMSH served 381 people in FY23, for a total of 606 people served on these SUD units in FY23.

# ACUTE PSYCHIATRIC SERVICES

2,289 people received acute psychiatric services in FY23. There were 1,965 acute psychiatric admissions to the four state hospitals in FY23. Wait times decreased from an average of 11 days in FY22 to five days in FY23. This decrease is partially attributable to the re- opening of 50 beds previously closed during the COVID-19 pandemic. In addition to acute psychiatric services, services available through DMH’s behavioral health programs include continued treatment services, substance use disorder treatment, forensic services, child and adolescent services, and nursing home services.



# PACT, ICORT, ICSS

## PACT

Programs of Assertive Community Treatment (PACT) Teams help people who have the most severe and persistent mental health problems who have not benefited from traditional outpatient services to live successfully in the community while receiving mental health treatment services.

## ICORT

Intensive Community Outreach and Recovery Teams (ICORTs) are a modification of PACT with fewer staffing requirements and higher client-staff ratios than a traditional PACT Team. An ICORT is an opportunity for CMHCs unable to sustain a PACT Team to provide a similar intensive service to help keep people out of the hospitals.

## ICSS

Intensive Community Support Services (ICSS) are provided by specialists who have a direct involvement with the person receiving services. These services are similar to targeted case management, but they maintain lower client to staff ratios and provide services primarily in the community instead of office settings.

## Fidelity Reviews

The Department of Mental Health partnered during FY23 with the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University for fidelity review training in the Bureau of Behavioral Health Services. CEBP supports behavioral healthcare organizations globally in implementing evidence-based practices. They provide technical assistance in the form of skills training, clinical and administrative consultation, and program evaluation. The training and fidelity review process will help Mississippi standardize monitoring, foster collaboration on improving behavioral health services, and have constructive and supportive conversations with providers about services.

## TOTAL SERVED FY23

PACT

796

7%

READMISSION

ICORT

638

8%

READMISSION

ICSS

781

14%

READMISSION

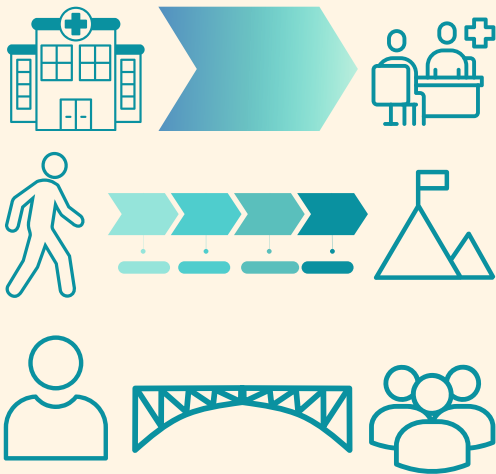


# DISCHARGES

During FY23 there were 1,902 total discharges from all four of DMH's state hospitals. DMH began a formal audit of the discharge process during the year that measures discharge plans, intakes or meetings with CMHCs, follow-up appointments, and more.

1,902

- 67% were discharged to CMHCs
- 67% began Wellness Recovery Action Plans or Illness Management and Recovery plans before discharge
- 55% of discharges to CMHCs participated in Peer Bridging Meetings



# CHOICE

The CHOICE housing program provides temporary rental assistance to make housing affordable throughout the state of Mississippi for people with serious mental illness. Referrals to CHOICE in FY23 were made through Mississippi United to End Homelessness (MUTEH) and Open Doors Homeless Coalition, and CMHCs provide services to people in CHOICE. A new process has been approved for FY24, and Open Doors will be handling all referrals to CHOICE.





# CHILDREN & YOUTH

In FY23, a total of 2,478 children and youth were served by local level MAP Teams, Navigate, and Wraparound facilitation services across the state.



## Navigate

The NAVIGATE program is a specialized system of coordinated care for adolescents and young adults (ages 15-30) who have experienced first-episode psychosis. The evidence-based program focuses on strengthening abilities, recovery from the impact of symptoms associated with mental illness, and resiliency at home, school, work, and in the community.

## MAP

MAP Teams are local multidisciplinary teams that review cases concerning children and youth who have serious emotional disorder and who are at immediate risk for an inappropriate 24 hour institutional placement. The members of these teams meet on a monthly basis to identify community-based services and resources that may divert children from inappropriate inpatient care.

## Wraparound

Wraparound Facilitation is a family and youth guided process that gathers individuals from different parts of the entire family's life to create a child and family team. The team develops a single plan of care to address the needs of youth with complex mental health challenges and their families. The team meets every 30 days to monitor and evaluate treatment and services.

# HB 1222

HB 1222, the Collaborative Response to Mental Health Act, was signed into law on March 22, introducing measures to enhance mental health services in the state.

## **Key components of the law include:**

### **Law Enforcement Training:**

Mandates that law enforcement agencies provide Mental Health First Aid and Crisis Intervention Team (CIT) training for officers, emphasizing a proactive approach to handling mental health crises.

### **Court Liaisons for CMHCs:**

Directs the Department of Mental Health (DMH) to allocate funding to Community Mental Health Centers (CMHCs) for the designation of Court Liaisons in their respective service areas, fostering collaboration between mental health services and the legal system.

### **Board of Mental Health Membership:**

Establishes term limits for Board of Mental Health members, restricting individuals to two consecutive terms. The legislation also outlines provisions for the re-appointment of current Board members following the passage of this act.

### **Regional Commissioners:**

Specifies that regional commissioners may also be chancery clerks, sheriffs, or their deputies. It also allows chanceries and sheriffs to serve as non-voting liaisons to regional commissions. The bill outlines specific training requirements for commissioners and allows chancery clerks and sheriffs to appoint non-voting liaisons to commissions, enhancing the diversity and expertise within these roles.

### **Data Reporting Requirements:**

Counties are required to report several data points to DMH regarding the placement of individuals before and after involuntary civil commitment proceedings, as well as information regarding the total number of commitment hearings that were held, denials from Crisis Stabilization Units, and more. DMH shall provide a summary of this info to the Legislature, the Coordinator of Mental Health Accessibility, and the President of the Mississippi Association of CMHCs.

The Collaborative Response to Mental Health Act reflects a multifaceted approach to mental health care, incorporating training for law enforcement, collaborative efforts between mental health services and the legal system, and enhanced oversight and reporting mechanisms to aid in effective implementation and continuous improvement in mental health services.

# HB 231

HB 231 mandates DMH to establish a comprehensive statewide fentanyl and drug abuse education, prevention, and cessation program. The program is designed to be evidence-based, utilizing scientific data and research proven to be effective. [\\$1 million in funding](#) for this initiative has been allocated through SB 3025 from the Health Care Expendable Fund.

## **Key components of the law include:**

### **Media Campaign:**

Utilize media, including paid advertising and other communication tools, to discourage fentanyl and drug abuse.

### **Education in Schools and Other Locations:**

Develops materials, curricula, and programs for use in schools and various locations to educate youth about the dangers of fentanyl and other harmful drugs, while also focusing on empowering them to refuse such substances, developing skills for informed choices, and demonstrating ways to stop usage.

### **Local Community Programs:**

Establishes community-based programs, including youth-based partnerships, that engage community organizations in tailored education, prevention, and cessation efforts to discourage fentanyl and drug abuse.

### **Cessation Programs:**

Implements programs to assist individuals in stopping the use of fentanyl and/or abusing other drugs.

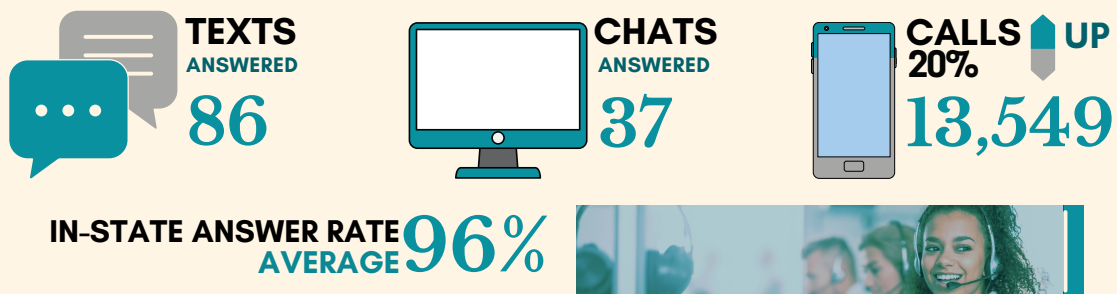
### **Surveillance and Evaluation System:**

Requires development of a surveillance and evaluation system to monitor program accountability and results, including the production of publicly available reports on program fund expenditure, evaluations of the program's effectiveness in reducing and preventing fentanyl and drug abuse, and annual recommendations for improvements to enhance overall effectiveness.



# 988

988, the new three-digit dialing code for the Suicide and Crisis Lifeline (formerly the National Suicide Prevention Lifeline) launched on July 16, 2022. The Lifeline provides free and confidential support through calls, texts, and chats. Nationwide, 988 has already received approximately 6.5 million engagements. Mississippi contracts with CONTACT the Crisis Line in Jackson and Contact Helpline in Columbus as call centers for 988. *The state has one of the highest in-state answer rates in the nation, with 96% of calls routed to the call centers answered.* CONTACT The Crisis Line initiated text and chat responses on a limited basis in April 2023, with plans for future capacity expansion.



## 988 Study Commission

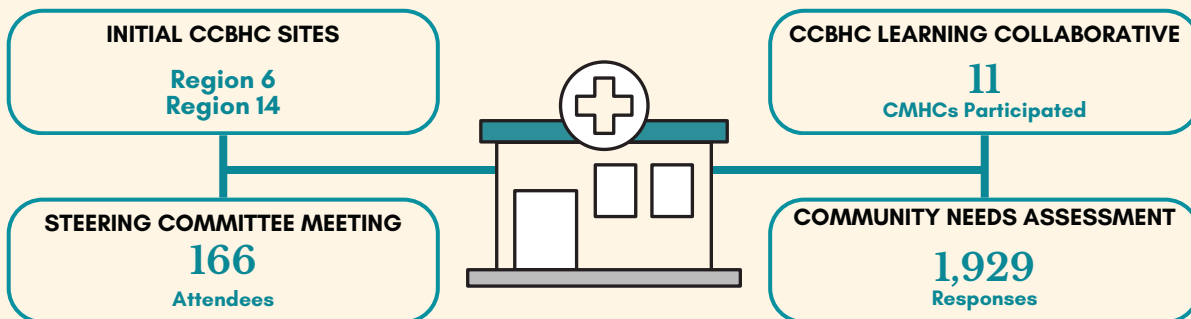
The 988 Study Commission, established through HB 732 during the 2022 Regular Session of the Mississippi Legislature, aims to enhance the statewide crisis response system. Their objectives involve evaluating the existing system, proposing strategies to eliminate barriers to behavioral health crisis services, securing adequate funding, supporting sustainability of call centers, and recommending investments in new technology for call triage. The commission consists of key state officials, such as the Executive Director of the Department of Mental Health, the State Health Officer or their Deputy Director, the Chairs of the Senate Public Health and Welfare Committee and the House Public Health and Human Services Committee, along with representatives from public safety, law enforcement, public services, and other relevant fields. *The commission had two meetings in FY23.*

# CCBHC

## Certified Community Behavioral Health Center

The Mississippi Department of Mental Health was one of only 15 states in FY23 to receive a \$1 million-dollar Certified Community Behavioral Health Clinic (CCBHC) planning grant from the Substance Abuse and Mental Health Services Administration. This planning grant will help implement Mississippi's efforts to transform our community mental health and substance use treatment services to the CCBHC model.

A CCBHC is a specially-designated clinic that provides a comprehensive range of mental health and substance use services to anyone who walks through the door, regardless of their diagnosis and insurance status. In FY24, DMH intends to apply for participation in the Section 223 CCBHC Demonstration Program, which will allow for testing a new strategy for delivering and reimbursing a comprehensive array of services provided in community behavioral health clinics.



## SERVICES

CCBHCs are responsible for providing services directly or through formal relationships with Designated Collaborating Organizations:

- Crisis Services
  - ▶ Treatment Planning
  - ▶ Screening
  - ▶ Assessment
- Targeted Case Management
- Diagnosis & Risk Assessment
- Outpatient Primary Care Screening and Monitoring
- Peer/Family Support & Counselor Services
- Outpatient Mental Health & Substance Use Services
- Community-Based Mental Health Care for Veterans
- Psychiatric Rehabilitation Services

# COURT LIAISONS

Court Liaisons assist and advocate for adults living with a mental illness or co-occurring mental health and substance use disorder who are involved with the court system. These Court Liaisons will intervene early in the commitment process, working with the individual in need of services and their loved ones to aid them in receiving appropriate evaluations and needed mental health services.



## Services

- Pre-evaluation screenings and coordination with Chancery Courts and families before commitments to proactively connect individuals with community-based services
- Development of diversion, alternative sentencing, and post-release plans that take into account best-fit treatment alternatives and Court stipulations
- On-site outreach to court defendants and individual service needs assessments to inform the Court, and individuals in need, of available treatment options
- Support and assistance to defendants and families in navigating the court system
- Coordination of documents or communication between law enforcement, attorneys, court officials, and other relevant parties
- Referral to an Intensive Community Support Specialist and Certified Peer Support Specialist
- Mental health referrals and linkage to support services



# STAND UP, MISSISSIPPI

Stand Up, Mississippi is a statewide initiative to put an end to the opioid crisis in our state and inspire all Mississippians to create a stronger and healthier future. This project is a collaborative effort by the Mississippi Department of Mental Health, Department of Public Safety, Mississippi Bureau of Narcotics, Mississippi Board of Pharmacy, Federal Bureau of Investigation, Mississippi Department of Human Services, and Drug Enforcement Agency. Funding is provided by the Substance Abuse and Mental Health Services Administration.



**25,000** More than 25,000 doses of the life-saving medication naloxone distributed to law enforcement and first responders since Stand Up began.

**11,122** Narcan kits distributed in FY23

**550** first responders, law enforcement and community members trained in Narcan use in FY23.

**89** Participating Organizations in FY23

**11** Narcan Training Events in FY23

The primary goals of this comprehensive effort is improving public perception of people dealing with substance use disorder, strengthening policies for prevention and treatment, and promoting statewide partnerships to combat the opioid crisis in Mississippi. Find more information and request training at [www.standupms.org](http://www.standupms.org).

# OFFICE OF CONSUMER SUPPORT

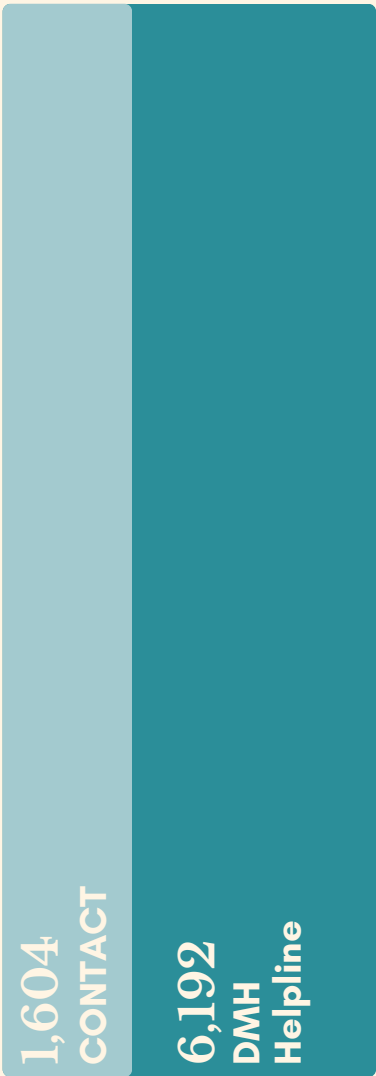
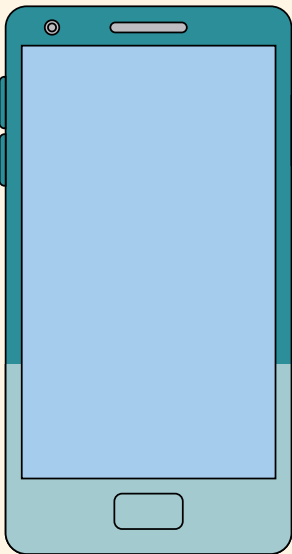
## DMH Helpline

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.

## CALLS DMH HELPLINE

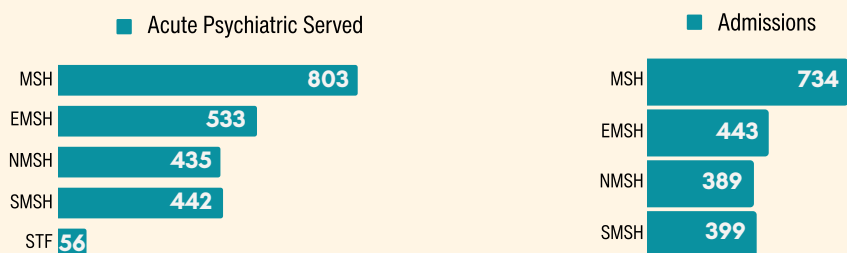
7,796

Total calls to  
DMH Helpline  
in FY23





# BEHAVIORAL HEALTH PROGRAMS



## Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	100	803
Continued Treatment	60	77
Child and Adolescent	22	131
Forensics	65	128
Substance Use Disorder	25	225
Jaquith Nursing Home	194	199

## Specialized Treatment Facility

Service	Active Beds	Individuals Served
Psychiatric Residential	32	76

## East Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	120	533
Nursing Home	120	142
Substance Use Disorder	35	381
Transitional Programs	72	91

## North Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	50	435

## South Mississippi State Hospital

Service	Active Beds	Individuals Served
Acute Psychiatric	50	442

# BEHAVIORAL HEALTH PROGRAMS

Adult psychiatric admissions by county and DMH behavioral health program. This table represents admissions from July 1, 2022 through June 30, 2023. Note that during FY23, Region 6 assumed responsibility for the Region 1 service area, and on July 1, 2023, Region 15 and Region 12 assumed responsibility for different counties in the Region 11 service area.

Region 1	MSH	EMSH	NMSH	SMSH	Total
Coahoma	17	0	1	0	18
Quitman	5	0	0	0	15
Tallahatchie	3	0	0	0	3
Tunica	15	0	0	0	15
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41</b>

Region 4	MSH	EMSH	NMSH	SMSH	Total
Alcorn	0	2	34	0	36
DeSoto	4	4	99	0	107
Prentiss	0	1	17	0	18
Tippah	0	1	8	0	9
Tishomingo	0	1	11	0	12
<b>Total</b>	<b>4</b>	<b>9</b>	<b>169</b>	<b>0</b>	<b>182</b>

Region 8	MSH	EMSH	NMSH	SMSH	Total
Copiah	25	0	0	0	25
Lincoln	13	0	0	0	13
Madison	56	0	0	0	56
Rankin	18	0	0	0	18
Simpson	23	2	0	0	25
<b>Total</b>	<b>135</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>137</b>

Region 11	MSH	EMSH	NMSH	SMSH	Total
Adams	45	0	0	0	45
Amite	10	0	0	0	10
Claiborne	20	1	0	0	21
Franklin	4	0	0	0	4
Jefferson	8	0	0	0	8
Lawrence	28	0	0	0	28
Pike	35	0	0	0	35
Walthall	5	0	0	0	5
Wilkinson	10	0	0	0	10
<b>Total</b>	<b>165</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>166</b>

Region 14	MSH	EMSH	NMSH	SMSH	Total
George	0	0	0	14	14
Jackson	1	0	0	52	53
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>67</b>

Region 2	MSH	EMSH	NMSH	SMSH	Total
Calhoun	1	1	10	0	12
Lafayette	1	3	13	0	17
Marshall	0	1	11	0	12
Panola	2	0	15	0	17
Tate	0	0	6	0	6
Yalobusha	0	0	4	0	4
<b>Total</b>	<b>4</b>	<b>5</b>	<b>59</b>	<b>0</b>	<b>68</b>

Region 6	MSH	EMSH	NMSH	SMSH	Total
Attala	6	0	0	0	6
Bolivar	9	0	0	0	9
Carroll	1	0	0	0	1
Grenada	4	0	0	0	4
Holmes	7	0	0	0	7
Humphreys	8	0	0	0	8
Issaquena	2	0	0	0	2
Leflore	25	0	0	0	25
Montgomery	5	0	0	0	5
Sharkey	0	0	0	0	0
Sunflower	13	0	0	0	13
Washington	19	0	0	0	19
<b>Total</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>

Region 12	MSH	EMSH	NMSH	SMSH	Total
Covington	0	0	0	24	24
Forrest	5	4	0	52	61
Greene	0	0	0	5	5
Hancock	0	0	0	15	15
Harrison	4	1	0	124	129
Jeff Davis	0	0	0	6	6
Jones	2	5	0	26	33
Lamar	1	2	0	22	25
Marion	1	1	0	21	23
Pearl River	4	1	0	21	26
Perry	2	1	0	2	5
Stone	0	0	0	1	1
Wayne	1	1	0	12	14
<b>Total</b>	<b>20</b>	<b>16</b>	<b>0</b>	<b>331</b>	<b>367</b>

Region 3	MSH	EMSH	NMSH	SMSH	Total
Benton	0	0	7	0	7
Chickasaw	0	3	23	0	26
Itawamaba	0	1	15	0	16
Lee	1	2	85	0	88
Monroe	0	3	14	0	17
Pontotoc	1	0	5	0	6
Union	1	0	4	0	5
<b>Total</b>	<b>3</b>	<b>9</b>	<b>153</b>	<b>0</b>	<b>165</b>

Region 7	MSH	EMSH	NMSH	SMSH	Total
Choctaw	1	14	0	0	15
Clay	0	36	2	0	38
Lowndes	2	36	3	0	41
Noxubee	0	15	0	0	15
Oktibbeha	1	21	2	0	24
Webster	1	1	0	0	2
Winston	0	15	0	0	15
<b>Total</b>	<b>5</b>	<b>138</b>	<b>7</b>	<b>0</b>	<b>150</b>

Region 9	MSH	EMSH	NMSH	SMSH	Total
Hinds	208	1	0	0	209
<b>Total</b>	<b>208</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>209</b>

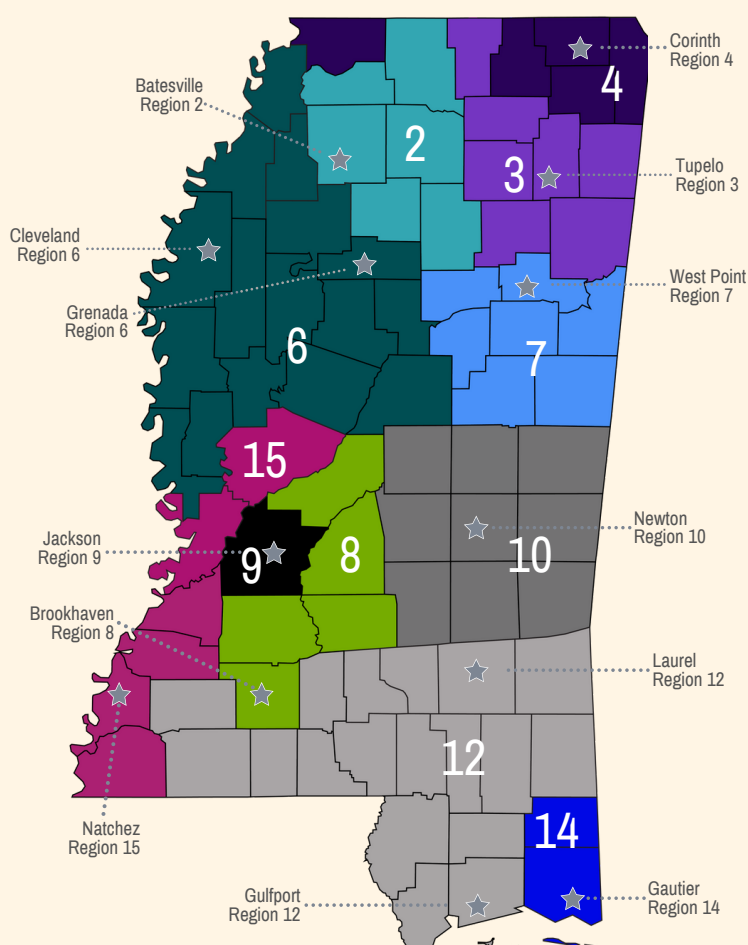
Region 10	MSH	EMSH	NMSH	SMSH	Total
Clark	0	15	0	0	15
Jasper	2	17	0	0	19
Kemper	0	0	0	0	0
Lauderdale	9	135	0	2	146
Leake	0	21	0	0	21
Neshoba	0	6	0	0	6
Newton	0	27	0	0	27
Scott	1	20	0	0	21
Smith	1	21	0	0	22
<b>Total</b>	<b>13</b>	<b>262</b>	<b>0</b>	<b>2</b>	<b>277</b>

Region 15	MSH	EMSH	NMSH	SMSH	Total
Warren	34	0	0	0	34
Yazoo	3	0	0	0	3
<b>Total</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</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 began shifting funding from DMH-operated behavioral health programs to allow additional CSU beds to open in CMHC regions that did not have CSUs. In FY23, the Region 1 service area was consolidated into the Region 6 service area and a previously-opened eight-bed CSU in Marks was closed. In addition, Regions 15 and 12 assumed responsibility for the service areas of Region 11 on July 1, 2023, with the 12-bed CSU in Natchez now providing services for the six counties now in Region 15. **There are now 13 CSUs and 180 CSU beds in Mississippi.**



CSU	Beds	FY22 Admissions
Batesville	16	313
Brookhaven	16	339
Cleveland	16	320
Corinth	16	313
Gautier	8	157
Grenada	16	319
Gulfport	16	307
Jackson	16	269
Laurel	16	223
Marks	8*	56
Natchez	12	153
Newton	16	338
Tupelo	8	184
West Point	8	111
<b>Total</b>	<b>180</b>	<b>3,402</b>

*The eight-bed Marks CSU closed following the consolidation of CMHCs Region 1 and Region 6 in early 2023. There are currently 180 CSU beds.*

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

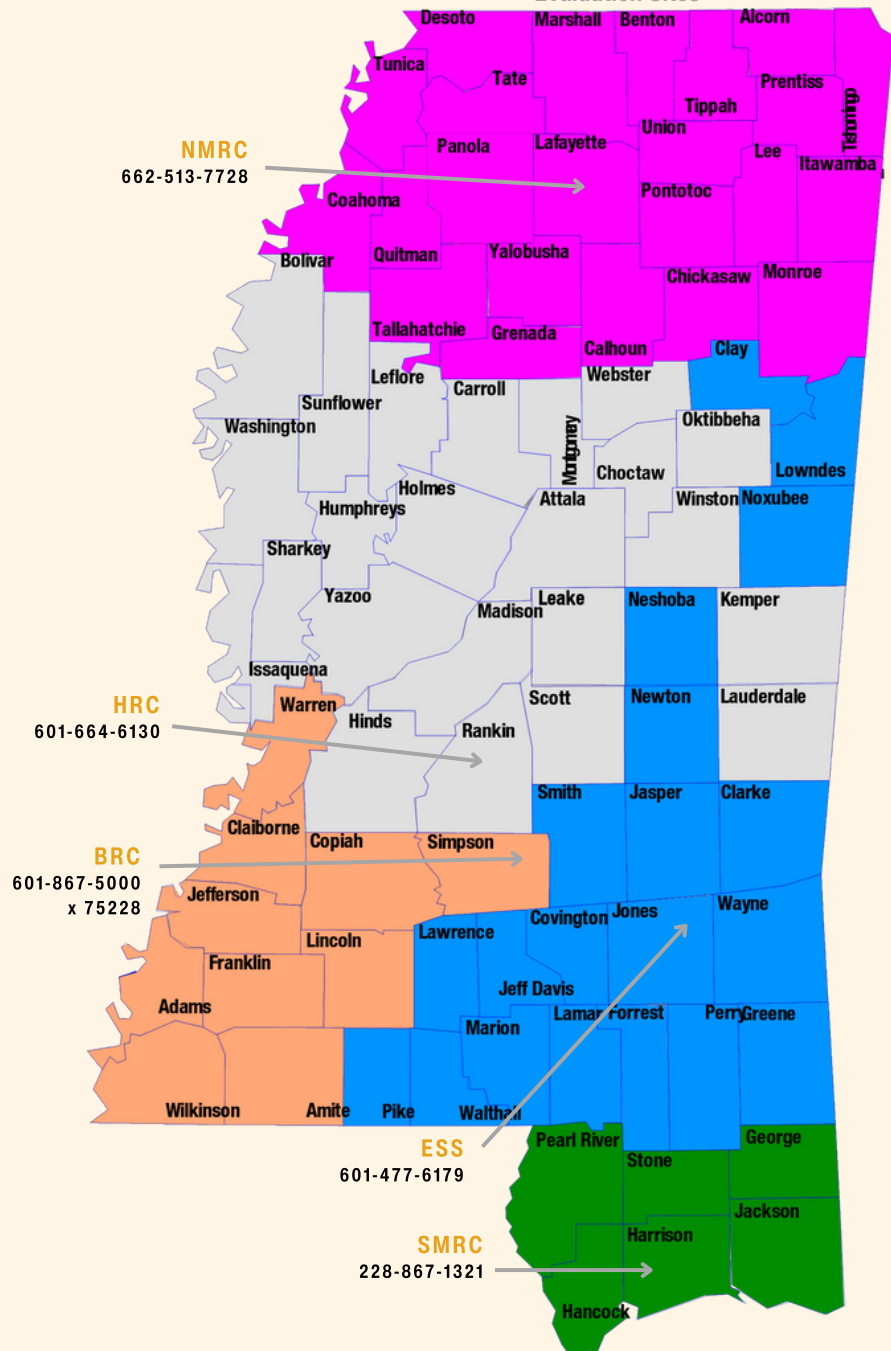
## Ellisville State School

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	167
ICF/IID Community Homes	184
ID/DD Waiver Support Coordination	555
Targeted Case Management (1915i)	242

### Boswell Regional Center

Service	Individuals Served
ICF/IID Campus	100
ICF/IID Community Homes	80
Supervised Living	101
Supported Living	12
Shared Supported	52

### Hudspeth Regional Center

Service	Individuals Served
ICF/IID Campus	167
ICF/IID Community Homes	94
ID/DD Waiver Support Coordination	740
Targeted Case Management (1915i)	365

### Mississippi Adolescent Center

Service	Individuals Served
Total Served	38

### Ellisville State School

Service	Individuals Served
ICF/IID Campus	200
ICF/IID Community Homes	95
ID/DD Waiver Support Coordination	806
Targeted Case Management (1915i)	281

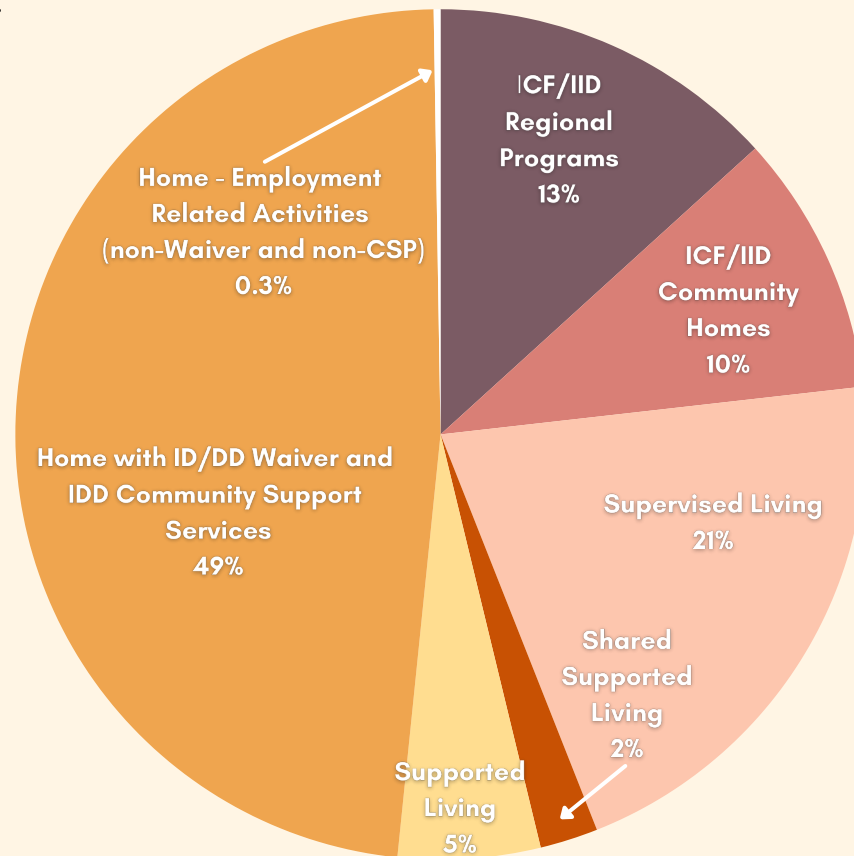
### South Mississippi Regional Center

Service	Individuals Served
ICF/IID Campus	54
ICF/IID Community Homes	77
ID/DD Waiver Support Coordination	593
Targeted Case Management (1915i)	144

# ID/DD SERVICES

## Where They Live

As of June 30, 2023, approximately 86% of people served through the ICF Regional Programs, Community Homes, and other community living services were living in the community.



## IDD Regional Program Census

	1/1/12	6/30/16	6/30/18	6/30/20	6/30/22	6/30/23	% Reduced
NMRC	277	233	207	185	166	161	42%
HRC	280	243	217	185	170	164	41%
ESS	436	277	244	231	195	182	58%
BRC	139	96	95	87	93	88	37%
SMRC	160	125	104	89	56	45	72%
MAC	32	31	32	29	28	27	16%
<b>Total</b>	<b>1,324</b>	<b>1,005</b>	<b>899</b>	<b>806</b>	<b>708</b>	<b>667</b>	<b>50%</b>

Percentage reduced is overall reduction in campus census since 2012

# 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
FY12	39	56	95
FY13	166	89	255
FY14	123	168	291
FY15	105	96	201
FY16	88	237	325
FY17	69	133	202
FY18	5	81	86
FY19	69	78	147
FY20	63	41	104
FY21	25	57	82
FY22	27	110	137
FY23	27	96	123
<b>Total</b>	<b>779</b>	<b>1,146</b>	<b>1,925</b>

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

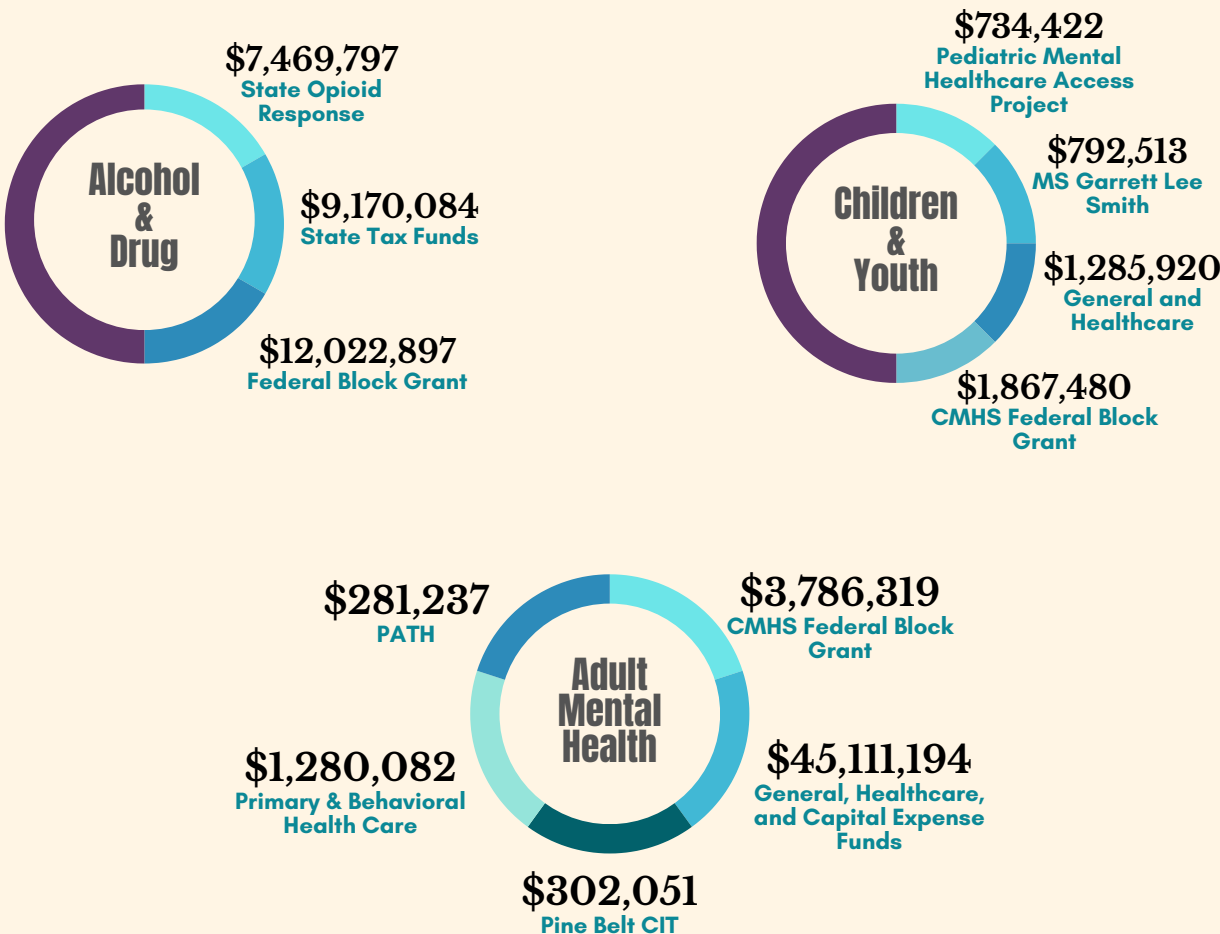
	Discharged	Newly Enrolled	Total Enrolled
FY12	105	95	1,831
FY13	90	255	1,961
FY14	125	291	2,189
FY15	118	201	2,296
FY16	106	325	2,503
FY17	112	202	2,646
FY18	85	86	2,682
FY19	81	178	2,675
FY20	80	104	2,759
FY21	136	82	2,765
FY22	139	137	2,747
FY23	107	123	2,733
<b>Total</b>	<b>1,284</b>	<b>2,079</b>	<b>49%</b>

*Increase since FY12*

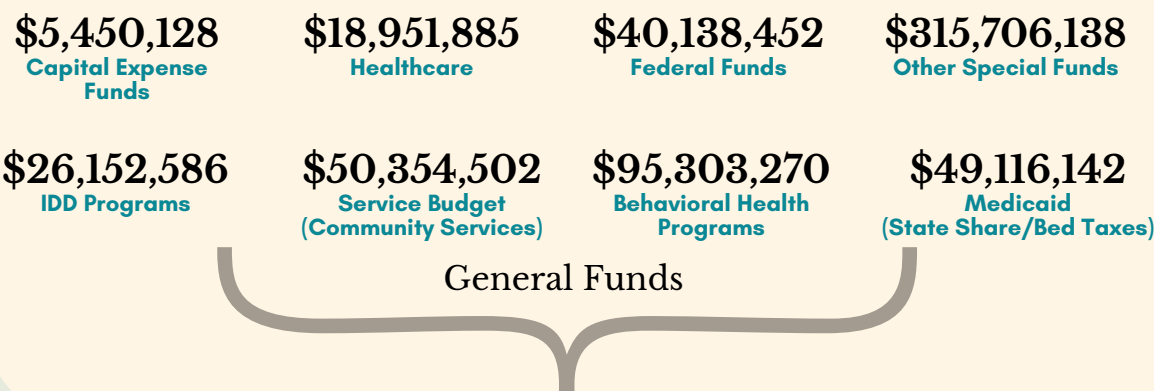
Institutions include state and private ICF/IIDs, nursing homes, and PASRR Diversion. The planning list numbers indicated here also include enrollments from crisis capacity. In addition, Medicaid enrollments may become retroactive, which could change the number of individuals reported enrolled during a year.

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 served from the Medicaid 372 report.

# FUNDING



## FUNDING SOURCE EXPENDITURES





# FY24 GOALS

## IDD

- ▶ Partner with an outside consultant to provide effective technical assistance regarding crisis supports to people with IDD and mental health needs.
- ▶ Provide training for professionals working with people with IDD who have a mental health crises.
- ▶ Increase availability of crisis beds for people with IDD.
- ▶ Expand Home and Community Based Services (HCBS) to prevent institutionalization:
  - ▶ Increase enrollment to the ID/DD Waiver program, to add 200 additional persons in FY24, with additional enrollments possible based on funding.
  - ▶ Increase enrollment to the IDD Community Support Program (1915i) to add 100 additional persons in FY24.
  - ▶ Request funding to enroll up to 400 additional people to the ID/DD Waiver program in FY25.
- ▶ Continue to transition people from institutional care to home and community-based services (HCBS).
- ▶ Continue communication with special education directors at school districts to promote HCBS services for students transitioning from school to community services.
- ▶ Provide interested and new IDD providers policy review and technical assistance to enhance quality and increase the number of DMH Certified Providers that provide IDD services.
- ▶ Partner to provide psychiatric time at DMH Regional Programs for people needing behavioral services.
- ▶ Enhance partnership with Mississippi Department of Rehabilitation Services to provide employment opportunities for persons with IDD.
- ▶ Maintain compliance with the HCBS Final Rule through assessment of all new IDD settings and ongoing monitoring of current certified HCBS settings as described in the State Transition Plan.
- ▶ Enhance Case Management (Support Coordination for ID/DD Waiver and Targeted Case Management for IDD Community Support Program) through ongoing training and support.
- ▶ Expand partnerships with community stakeholders through education and training.

# FY24 GOALS

## A&D

- Expand bed capacity on the Mississippi Gulf Coast for the Pregnant and Parenting Women with Dependent Children population.
- Continue maternal and child wellness campaigns related to substance use services.
- Make efforts to sustain the substance use treatment workforce through a workforce retention initiative.
- Continue the "Put Your Foot Down, Mississippi" campaign to help fight the HIV/AIDS epidemic.
- Continue HIV prevention and awareness network in Hinds County with faith-based organizations.
- Enhance public awareness and communication regarding alcohol and drug use prevention and treatment services.
- Create a pilot program with four colleges or universities for substance use prevention strategies aimed to reduce health disparities and achieve health equity for college-aged students.
- Conduct statewide training on trauma-informed care and substance use/misuse for first responders.
- Expand the pilot Congregational Recovery Outreach Program (CROP) throughout Hinds County targeting minority and marginalized populations through faith-based organizations.
- Continue the statewide data enhancement project.
- Monitor bed registry and waitlist to prevent priority populations from waiting for longer than 48 hours.
- Focused statewide service expansion
  - ▶ Meet the demand for mental health and substance use disorder services due to increased depression, anxiety, trauma, and grief due to COVID-19.
  - ▶ Expand access to treatment in rural areas via telehealth services.
  - ▶ Increase bed capacity at East Mississippi State Hospital for substance use disorder.
  - ▶ Increase funding for priority populations including pregnant and parenting women with dependent children and IV drug users.
- Continue Substance Abuse Block Grant funding to provide for additional DMH Helpline staff, targeting populations in crisis due to substance use/misuse.
- Enhance the newly established Recovery Support Outreach Program to reduce recidivism and prevent relapse for persons recently discharged from residential treatment settings.
- Distribute overdose kits statewide that contain naloxone, an opioid antagonist that prevents drug overdoses, to first responders and DMH Certified Providers

# FY24 GOALS

## **Behavioral Health** | Improving Access to Care to Prevent Institutionalization

- Increase access to intensive community services by expanding Intensive Community Support Services for children and youth to all CMHC regions in the state.
- Increase access to Crisis Stabilization Unit (CSU) beds for children & youth by adding at least eight additional beds in north Mississippi, complementing the children's CSU beds in Jackson.
- Utilize Court/Hospital/Law Enforcement Liaisons for diversion from state hospitals, with a goal of 33 liaisons and 11 diversion coordinators.
- Create a Diversion Center in south Mississippi to offer a living room-model of respite service.
- Increase access to adult CSU beds by adding 60 beds around the state through the use of ARPA funds, as well as a 12-bed CSU in DeSoto County through General Funds.
- Enhance Crisis Stabilization Units to improve access and decrease denial rates.
- Support the continued operations of 988, including partnerships between Mobile Crisis Response Teams and 988 call centers related to dispatch protocols, as well as follow-up contact and care coordination between call centers and CMHCs.
- Continue utilization of a recently-developed bed registry to aid local officials in awareness of bed availability at CSUs and state hospitals.

## **Behavioral Health** | Improving the Continuum of Care

- Enhance the Peer Bridger program at the state hospitals and CMHCs.
- Develop Adolescent Offender Programs in all CMHC regions that provide an alternative to juvenile detention centers.
- Develop three pilot Peer Respite programs in the state through the use of ARPA funds.
- Expand the IPS Supported Employment model to all CMHCs regions in the state.
- Continue the utilization of Wraparound, MAP Teams, and Juvenile Outreach Programs for children and youth in need.
- Continue partnerships related to Forensic Services that allow for timely evaluations and stratified levels of inpatient care for court-involved individuals.

## **Behavioral Health** | Community Education and Awareness

- Increase the number of officers receiving Crisis Intervention Team training and the number of fully-operational CIT programs in the state, with a goal of having at least one CIT-trained officer available for every law enforcement agency in the state by July 1, 2025.
- Provide Mental Health First Aid Training to law enforcement officers throughout the state, with a goal of having trained officers at all law enforcement agencies in the state by July 1, 2031.
- Continue Shatter the Silence suicide prevention training in schools, churches, and other groups.
- Continue Mental Health First Aid training with educators, churches, and other groups.
- Maintain communication with judges and chancery clerks statewide regarding mental health commitments and available services.



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