



FY 2024

ANNUAL REPORT

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 congressional districts.

Board of Mental Health Members

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

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.

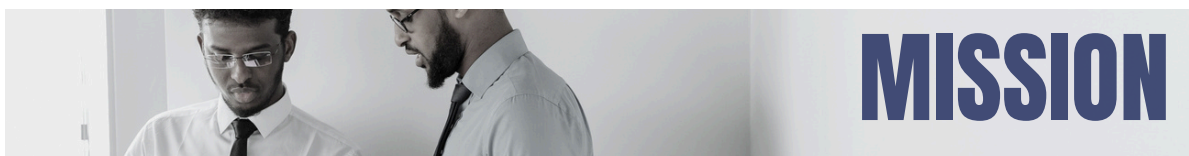
The programs for persons with intellectual and developmental disabilities provide residential services. The programs also provide licensed homes for community living. These programs include Boswell Regional Center and its satellite program, Mississippi Adolescent Center; Ellisville State School and its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

Regional Community Mental Health Centers

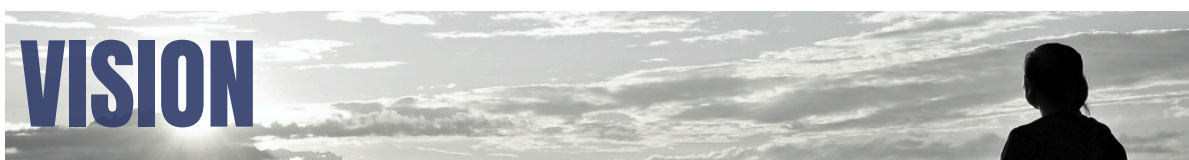
Regional Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The regional centers make available a range of community-based mental health, substance abuse, and in some regions,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



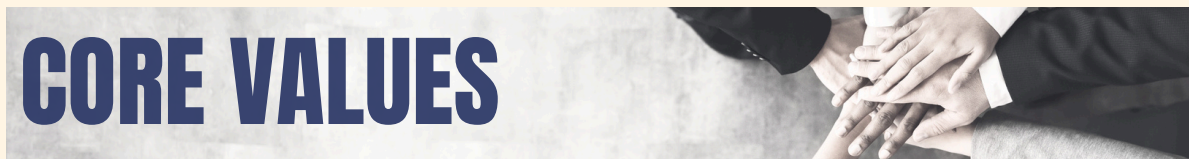
Supporting a better tomorrow by making a difference in the lives of Mississippians with a mental illness, substance use disorder and/or intellectual and developmental disability one person at a time.



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.



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

DMH Serving Mississippians

1,897

acute psychiatric admissions to the four state hospitals

3,710

people served across all services at behavioral health programs

690

people served on campus at the IDD Regional Programs

504

people served at ICF/IID Community Homes



Crisis Support & Response

15,467

calls to 988 in Mississippi

7,830

calls made to Mobile Crisis Response Teams

3,873

admissions to Crisis Stabilization Units

5,745

calls to the DMH Helpline. **1,469** calls answered by CONTACT the Crisis Line after hours.

2,711

Mobile Crisis face-to-face visits, resulting in 35% of all calls receiving personal contact

93%

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



HIGHLIGHTS

Court Liaisons

Section 3 of HB 1222 requires DMH to provide funding for Court Liaisons, which are employed by CMHCs and funded through grants provided by DMH. The Court Liaison program aims to reduce the number of involuntary commitments to state hospitals through diversion strategies and increase the awareness and usage of community-based services. In FY24, Court Liaisons conducted 1,130 assessment interviews and diverted 654 people from placement under a writ or involuntary commitment, for a diversion rate of approximately 58%.

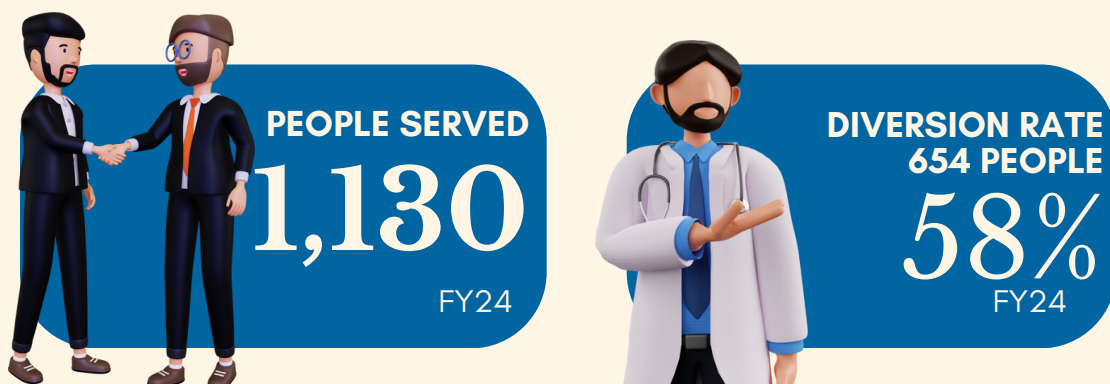
DMH is funding 33 Court Liaisons statewide. Some CMHCs have reported trouble in finding qualified applicants for these positions, but recruitment continues. DMH conducted a virtual training for Court Liaisons in FY24 and held individual meetings with representatives from each CMHC to discuss the program.

The Region 2 CMHC, Communicare, Executive Director Melody Madaris said Court Liaisons have allowed for streamlined communication between the chancery clerk’s office and local treatment providers, allowing for quicker access to appropriate mental health care and reducing the need for people to be placed in inpatient programs.

The Region 3 CMHC, Lifecore Health Health Group, served a total of 423 people under their Court Liaison program alone during FY24, diverting 79 people from placement under a write or involuntary process.

Amy Neighbors, Adult Services Director with Lifecore, said the addition of the Court Liaison positions have been beneficial in adding a personal contact to assist county courts, jails, and law enforcement in helping individuals receive services when needed.

“I think it is safe to say that there was a need for such positions and the numbers show that there are great benefits to continuing to have these positions in the CMHCs,” she said.



HIGHLIGHTS

Outreach & Training

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.



Shatter The Silence

9,001 people reached through training
5,519 people trained in Youth
1,730 people trained in Adult
560 people trained in Older Adult
132 total training sessions completed

ASIST

78 people reached through training
5 organizations participated in training
5 total training sessions completed

Mental Health First Aid

914 people reached through training
32 organizations participated in training
61 total training sessions completed

Behavioral Health Learning Network

5,538 people reached through training
29 DMH Certified Providers participated in training
70 total trainings provided

Mississippi State Hospital Psychiatric Residency Program

Mississippi State Hospital's Psychiatry Residency Program continues to grow the state's psychiatric resources with **6 new residents** joining the residency program in FY24. It also continues to grow in impact, providing outpatient services to **44 people** through more than **400 treatment sessions**.



HIGHLIGHTS



Of the 5,277 people who received services through Regional Programs, the Waiver, the CSP, Targeted Case Management, or other IDD grant services, 4,587, or 87%, were served in the community.

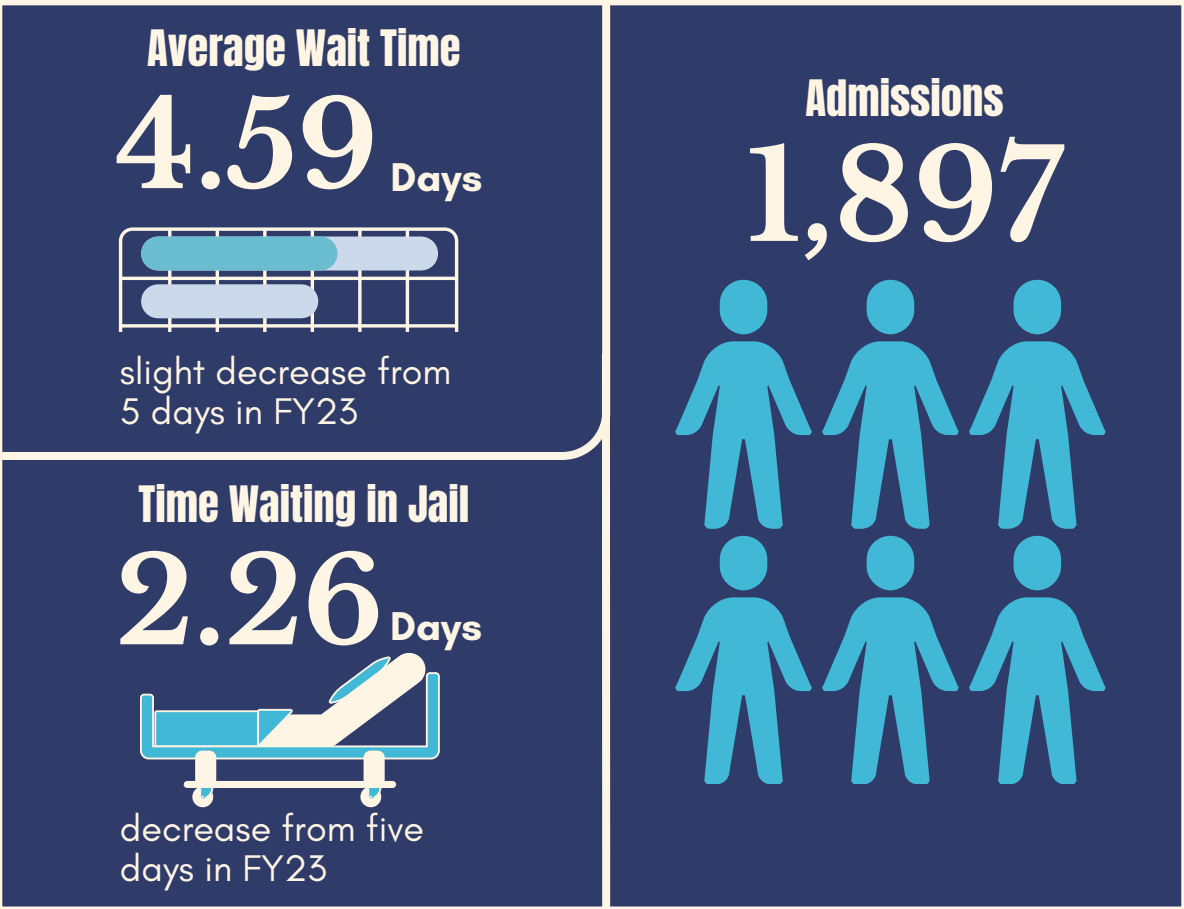


DMH operates Substance Use Disorder Units (SUD) at Mississippi State Hospital (MSH) in Rankin County and East Mississippi State Hospital (EMSH) in Meridian. Mississippi State Hospital's adolescent unit also provides substance use treatment services for young people. In FY24, the SUD units served a total of 672 people, 210 at MSH and 462 at EMSH. At MSH, the average wait time for admission to the SUD unit was 5.76 days. Average wait time at EMSH was 7 days. DMH also certifies and helps fund 632 community residential beds operated by CMHCs or other providers that served 3,801 people in high intensity residential treatment in FY24.

HIGHLIGHTS

Acute Psychiatric Services

2,277 people received acute psychiatric services in FY24. There were 1,897 acute psychiatric admissions to the four state hospitals in FY24. There was a slight decrease in wait time for admissions, from approximately five days to 4.59 days. 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. DMH has continued to emphasize diversion to community services, utilizing the commitment process only when there are no other alternatives, and limiting the use of jail as a holding location. The length of time spent waiting in jail after the commitment order has been sent to the hospital but prior to admission has decreased from five days reported in FY23 to 2.26 days in FY24.



HIGHLIGHTS

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. DMH funds 10 PACT teams that are operated by the Community Mental Health Centers.

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. DMH funds 16 ICORTs that are operated by CMHCs.

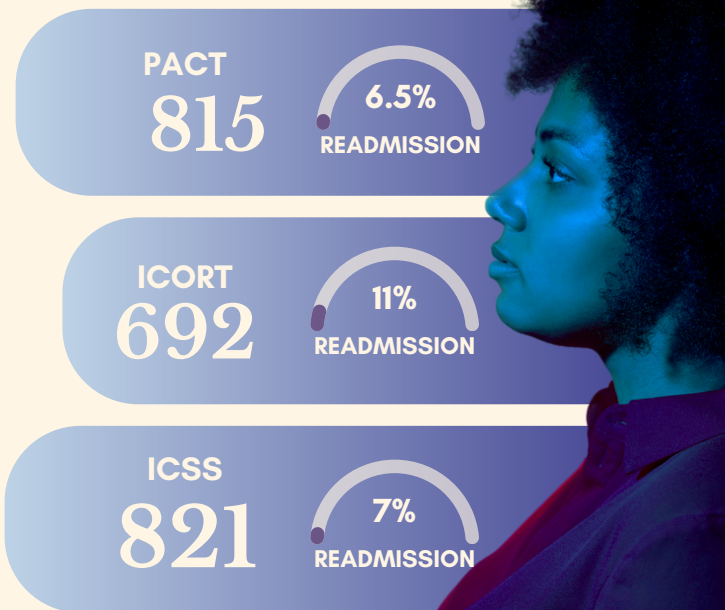
ICSS

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. DMH funds 35 ICSS positions at the Community Mental Health Centers.

Fidelity Reviews

The Department of Mental Health continued the fidelity review process during FY24. Of the regions and services that were scored during the fiscal year, all of these intensive services met or exceeded the expectations. All of the PACT and ICORT fidelity reviews had a total consensus score of 85 or above, which is considered at least fair fidelity. For ICSS, all reviews had a consensus score of 15 or above, which is considered good fidelity. Fidelity reviews are a crucial way to validate effectiveness of the programs provided and enhance service provision. DMH will continue to assess fidelity going forward to ensure adherence to the standards and principles of these services and to sustain improved outcomes for the individuals served.

TOTAL SERVED FY24



HIGHLIGHTS

DISCHARGES

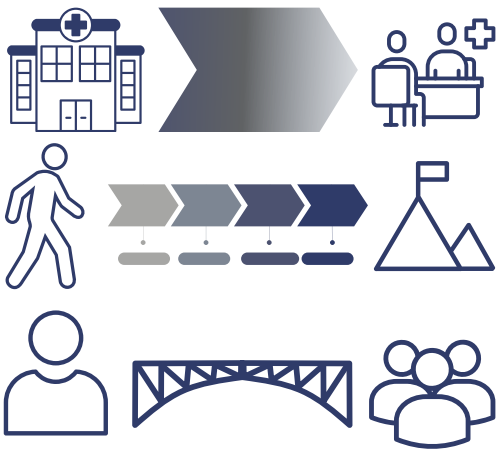
During FY24 there were 1,954 total discharges from all four of DMH's state hospitals. DMH continued its formal audit of the discharge process during FY24 that measures discharge plans, intakes or meetings with CMHCs, follow-up appointments, and more.

1,954

82%
were discharged to CMHCs

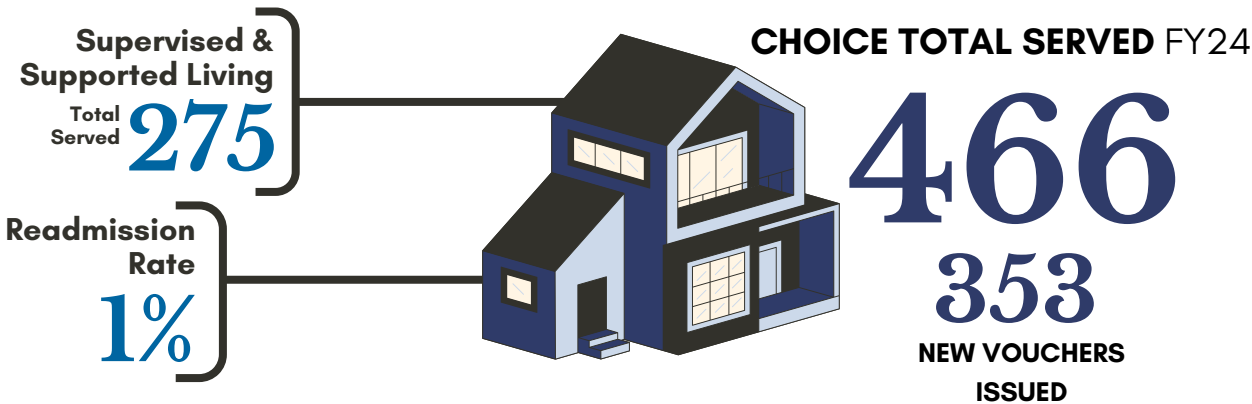
78%
began Wellness Recovery Action
Plans or Illness Management and
Recovery plans before discharge

55%
of discharges to CMHCs participated
in Peer Bridging Meetings



CHOICE & HOUSING SERVICES

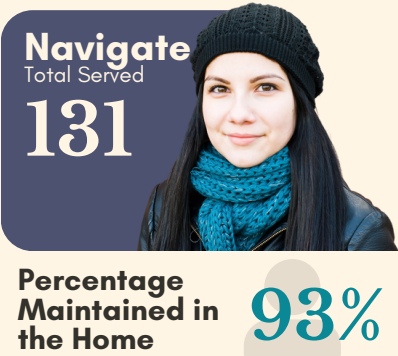
The CHOICE housing program provides temporary rental assistance to make housing affordable throughout the state of Mississippi for people with serious mental illness. In FY24, providers began using a new referral process, with Open Doors Homeless Coalition handling all referrals throughout the state. In addition to CHOICE, six CMHCs receive grants to provide either Supervised Living or Supported Living services across the state. In total, there are 260 beds certified by DMH for Community Living.



HIGHLIGHTS

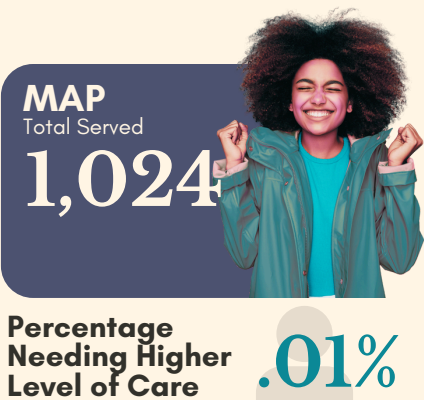
CHILDREN & YOUTH

In FY24, a total of 2,582 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 Teams

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.

HIGHLIGHTS

NALOXONE SATURATION POLICY ACADEMY

Mississippi was chosen to participate in the 2024 Naloxone Saturation Policy Academy by SAMHSA, one of only 10 states selected. This opportunity will help expand access to naloxone and other opioid overdose reversal medications, focusing on high-risk communities. A multidisciplinary team from DMH, the Attorney General's Office, the Department of Public Safety, Mississippi Public Health Institute, and the Mississippi State Department of Health has collaborated through the academy to learn from successful state models and develop strategies to combat the opioid crisis. State representatives attended an event in Bethesda, Maryland in the spring of 2024 as part of the policy academy.



Representatives from Mississippi State Department of Health, Bureau of Narcotics, Attorney General's Office, MSPHI, and Department of Mental Health

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AWARENESS MONTH

In honor of Intellectual and Developmental Disabilities (IDD) Awareness Month this March, DMH proudly participated in a proclamation signing with Governor Tate Reeves on February 29. This proclamation celebrates the strength, abilities, and contributions of over 53,000 individuals in Mississippi living with an intellectual or developmental disability.



HIGHLIGHTS

HB 1640

During the 2024 Legislative Session, Mississippi lawmakers introduced and passed House Bill 1640. The bill makes significant changes to the civil commitment process, notably through the introduction of a pre-affidavit screening process that must be completed before someone can file an affidavit for commitment. The bill also includes additional restrictions on the use of jail, time frames for evaluations and examinations, and clarifies that law enforcement can provide transportation outside of their counties.

The Mississippi Department of Mental Health believes HB 1640 represents significant positive changes in the commitment process in Mississippi. This new process connects someone in need of services with a mental health professional as the first step in the process, before the chancery court or law enforcement become involved.

The bill went into effect on July 1, 2024, at the start of FY25. We hope this bill will enhance diversion from state hospitals as we remain dedicated to enhancing availability of services in our state and hope to share positive data from the implementation of HB 1640 in future reports.



HIGHLIGHTS

HB 1222

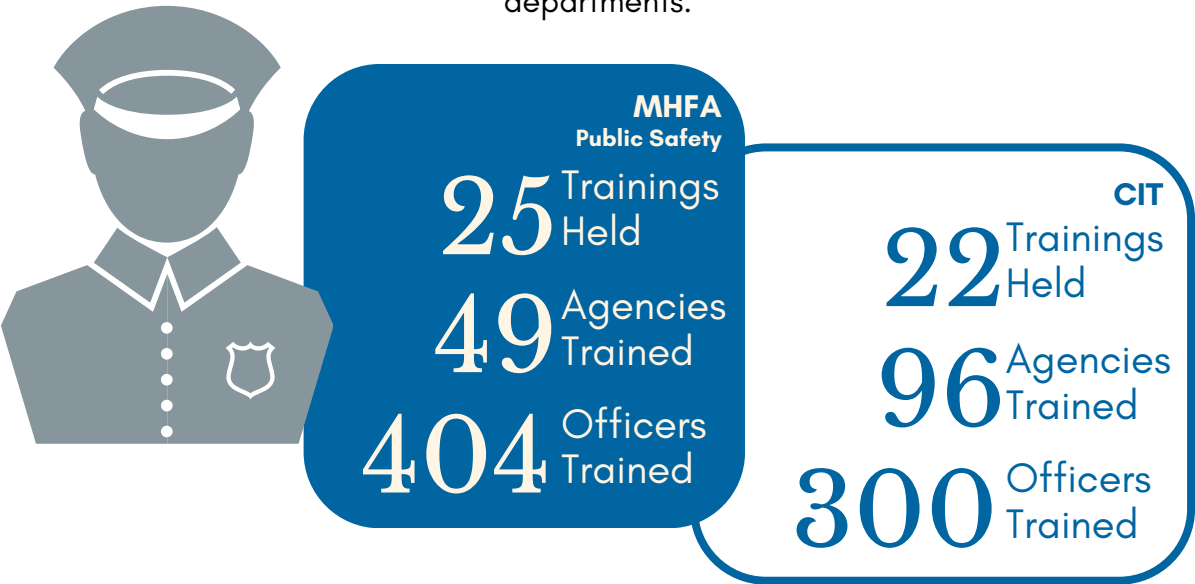
HB 1222 from the 2023 Legislative Session, the Mississippi Collaborative Response to Mental Health Act, took effect in FY24. Among its provisions, the bill requires Mental Health First Aid and Crisis Intervention Team training for law enforcement officers throughout the state.

DMH has hired two staff whose primary role is to conduct these Mental Health First Aid trainings, and also has dedicated staff to coordinate Crisis Intervention Team trainings.

The Mississippi Department of Mental Health (DMH) provided its first MHFA for Public Safety training in response to HB 1222 in November 2023. The first Train-the-Trainer class for MHFA for Public Safety was held in December 2023, and included participants from DMH, Mississippi Department of Corrections, local law enforcement, and the Mississippi Public Health Institute.

Law Enforcement Agencies Trained

These include sheriff’s departments, municipal police departments, representatives from the Attorney General’s office, the Capitol Police, and college police departments.



HIGHLIGHTS

HB 231

HB 231 from the 2023 Legislative Session directs the Mississippi Department of Mental Health 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 from the Health Care Expendable Fund.

DMH has partnered with community organizations to implement this program. The workgroup implementing this educational initiative has selected a combination of two programs to form the curriculum: Positive Action and BirdieLight.



Positive Action

Positive Action teaches students a basic philosophy about the value of positive actions and the consequences of the negative action of substance use. Instead of scare tactics, short-term strategies, or information-only approaches, the Positive Action program teaches students daily how and why they can be strong and live without drugs.



BirdieLight

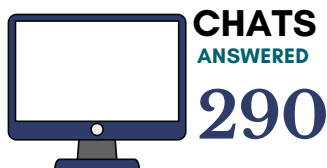
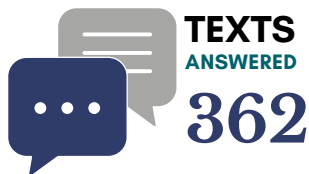
BirdieLight was founded following the accidental overdose death of Eli Weinstock in Washington, D.C. His family has made it their mission to educate young people about the dangers of fentanyl. They work to educate the public on resources like test strips and Narcan training to help people proactively manage their risks.

The workgroup has developed a pilot program, called the **Mississippi Communities United for Prevention**, to educate students and communities about the dangers of fentanyl and equip them with the tools they need to stay safe. The program focuses on students entering sixth grade starting with the school year that began in 2024. The workgroup is working to identify schools to participate in the program in eight areas around the state and later to engage in a multimedia campaign to continue outreach and promotion.

HIGHLIGHTS

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 97% 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.



IN-STATE ANSWER RATE
AVERAGE 97%



988 Billboard Campaign

In an effort to raise awareness about the 988 Suicide & Crisis Lifeline, the Mississippi Department of Mental Health launched a comprehensive advertising campaign featuring eye-catching billboards, mobile truck ads, and gas station signage. This campaign aims to ensure that every Mississippian knows that help is just a phone call, text, or chat away. By placing these messages in high-traffic areas, we've expanded the reach of 988, making it easier for those in crisis to connect with the support they need.



HIGHLIGHTS



One Pill Can Kill and Be the Solution Partnerships

DMH has partnered with the Attorney General's Office on two initiatives in FY24, the One Pill Can Kill and the Be the Solution campaigns.

Led by Attorney General Lynn Fitch, the One Pill Can Kill initiative raises awareness about fentanyl's dangers among college students. The campaign provides students on college campuses around the state with access to fentanyl test strips and naloxone to prevent overdose deaths from opioids. The goal is to educate, support, and empower Mississippians about the dangers associated with fentanyl and the resources available to save lives.

Launched in 2021, the "Be The Solution" campaign initially trained truck and school bus drivers to spot and report trafficking. It has since expanded to include multiple professional fields, and in FY24, the third phase of the campaign kicked off at North Mississippi State Hospital. The Attorney General's Office is including mental health, child advocacy, and other medical professionals through in the campaign, and DMH was proud to be a part of the launch of this phase.



HIGHLIGHTS

MENTAL HEALTH MISSISSIPPI APP & DMH WEB SITE

To complement the Mental Health Mississippi web site, DMH has released an app that is now available on the Apple App Store and the Google Play Store for Android phones. The app allows users to search for mental health services in Mississippi and provides information on crisis services, advocates, and connects them to free online mental health screenings. *It was released in May 2024 and has since been downloaded to more than 1,500 devices, with more than 2,000 sessions.*

In addition, the DMH web site saw significant growth in FY24, with 77,065 users and 134,416 sessions, a substantial increase from FY23, which recorded 35,693 users and 67,729 sessions. This increase demonstrates a growing public interest in accessing resources and improving mental health literacy.

Active Devices

1,558

Sessions

2,092



Users

77,065

up from 35,693 in FY23

Sessions

134,416

up from 67,729 in FY23

HIGHLIGHTS

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.

TOTAL CALLS

FY24
5,745

CONTACT
1,469

4,276
DMH
Helpline



Sequential Intercept Model Training

In the spring of 2024, DMH hosted a Sequential Intercept Model (SIM) mapping train-the-trainer class led by representatives from the SAMHSA GAINS Center. The SIM helps communities identify resources and gaps in services at various intercepts in the service system – places where and times when people with mental and substance use disorders come into contact with and move through the criminal justice system. [This training will be essential in assisting communities to identify points to divert individuals from the criminal justice system.](#) There were 25 facilitators certified.



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

Specialized Treatment Facility

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

East Mississippi State Hospital

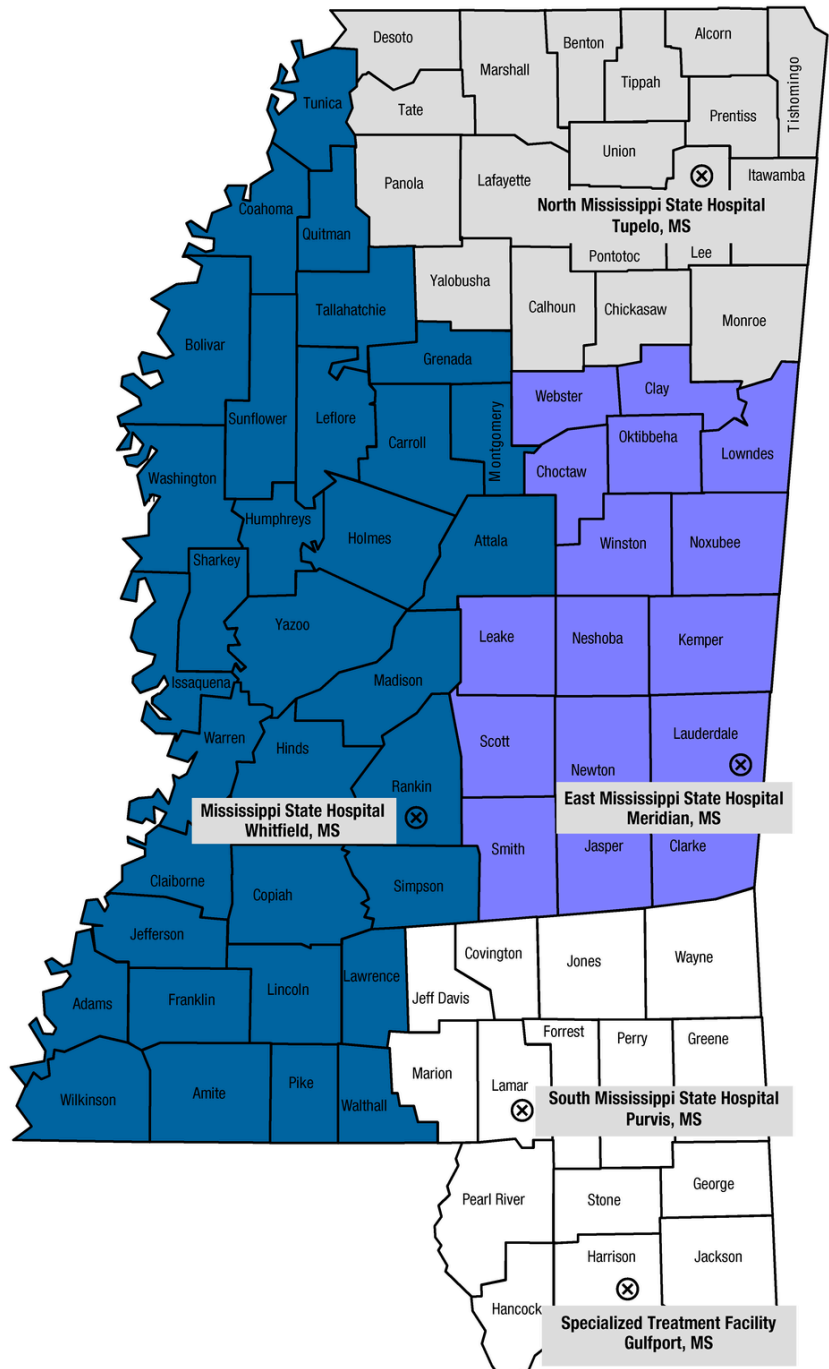
Charles Carlisle, Ph.D., Director
P.O. Box 4128 West Station
Meridian, MS 39304-4128
Phone: 601-581-7600
www.emsh.state.ms.us

North Mississippi State Hospital

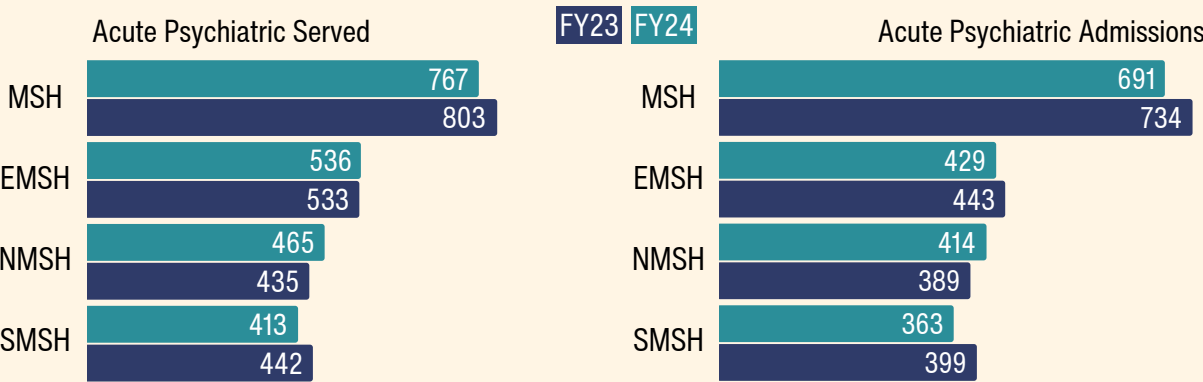
Paul A. Callens, Ph.D., Director
1937 Briar Ridge Rd.
Tupelo, MS 38804
Phone: 662-690-4200
www.nmsh.state.ms.us

South Mississippi State Hospital

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



BEHAVIORAL HEALTH PROGRAMS



Mississippi State Hospital		
Service	Active Beds	FY24 Individuals Served
Acute Psychiatric	79*	767
Continued Treatment	56	62
Child and Adolescent	22	143
Forensic	65	122
Substance Use Disorder	25	210
Jaquith Nursing Home	198	209

* MSH operates 100 acute psychiatric beds for adults at full capacity, but ongoing projects related to Joint Commission accreditation have led to temporary closures. MSH was operating 79 of these beds on 6/30/24.

Specialized Treatment Facility		
Service	Active Beds	FY24 Individuals Served
Psychiatric Residential Treatment Facility	32	96

East Mississippi State Hospital		
Service	Active Beds	FY24 Individuals Served
Acute Psychiatric	79*	536
Substance Use Disorder	25	462
Nursing Home	140**	144
Community Transition	72	82
Footprints Alzheimer's Program	20	116

*EMSH operates 120 beds at full capacity, but staffing issues have led to the closure of beds until staff returns to capacity.

**For much of FY24, EMSH operated 120 beds, but 20 additional beds were opened in February 2024.

North Mississippi State Hospital		
Service	Active Beds	FY24 Individuals Served
Acute Psychiatric	50	465

South Mississippi State Hospital		
Service	Active Beds	FY24 Individuals Served
Acute Psychiatric	50	413

BEHAVIORAL HEALTH PROGRAMS

Adult psychiatric admissions by county, CMHC Region, and DMH behavioral health program. This table represents admissions from July 1, 2023 through June 30, 2024.

Region 2	MSH	EMSH	NMSH	SMSH	Total
Calhoun	1	3	14	0	18
Lafayette	0	2	19	0	21
Marshall	1	2	7	0	10
Panola	3	5	37	0	45
Tate	2	2	3	0	7
Yalobusha	0	0	6	0	6
Total	7	14	86	0	107

Region 6	MSH	EMSH	NMSH	SMSH	Total
Attala	5	0	0	0	5
Bolivar	18	0	0	0	18
Carroll	0	0	0	0	0
Coahoma	29	0	0	0	29
Grenada	8	0	0	0	8
Holmes	8	0	0	0	8
Humphreys	1	0	0	0	1
Issaquena	0	0	0	0	0
Leflore	18	0	0	0	18
Montgomery	4	2	0	0	6
Quitman	1	0	0	0	1
Sharkey	3	0	0	0	3
Sunflower	13	0	0	0	13
Tallahatchie	3	0	0	0	3
Tunica	5	0	0	0	5
Washington	28	0	0	0	28
Total	144	2	0	0	146

Region 9	MSH	EMSH	NMSH	SMSH	Total
Hinds	193	1	0	0	194
Total	193	1	0	0	194

Region 14	MSH	EMSH	NMSH	SMSH	Total
George	0	1	0	9	10
Jackson	4	0	0	58	62
Total	4	1	0	67	72

Region 3	MSH	EMSH	NMSH	SMSH	Total
Benton	2	0	5	0	7
Chickasaw	3	2	19	0	24
Itawamaba	2	0	12	0	14
Lee	2	6	78	0	86
Monroe	2	2	19	0	23
Pontotoc	0	0	12	0	12
Union	0	1	10	0	11
Total	11	11	155	0	177

Region 7	MSH	EMSH	NMSH	SMSH	Total
Choctaw	1	8	0	1	10
Clay	1	26	2	0	29
Lowndes	0	77	1	0	78
Noxubee	0	21	1	1	23
Oktibbeha	0	23	0	0	23
Webster	0	2	0	0	2
Winston	1	13	1	0	15
Total	3	170	5	2	180

Region 10	MSH	EMSH	NMSH	SMSH	Total
Clark	3	11	0	0	14
Jasper	2	27	0	1	30
Kemper	0	2	0	0	2
Lauderdale	2	73	0	0	75
Leake	3	12	0	1	16
Neshoba	0	8	0	0	8
Newton	0	20	0	0	20
Scott	1	28	0	3	32
Smith	1	15	0	0	16
Total	12	196	0	5	213

Region 15	MSH	EMSH	NMSH	SMSH	Total
Adams	24	0	0	0	24
Claiborne	8	0	0	0	8
Jefferson	13	0	0	0	13
Warren	21	0	0	0	21
Wilkinson	16	0	0	0	16
Yazoo	7	0	0	0	7
Total	89	0	0	0	89

Region 4	MSH	EMSH	NMSH	SMSH	Total
Alcorn	3	1	30	0	34
DeSoto	4	20	86	0	110
Prentiss	2	1	20	0	23
Tippah	0	0	9	0	9
Tishomingo	0	2	23	0	25
Total	9	24	168	0	201

Region 8	MSH	EMSH	NMSH	SMSH	Total
Copiah	25	0	0	0	25
Lincoln	11	0	0	0	11
Madison	13	0	0	0	13
Rankin	49	0	0	0	49
Simpson	13	2	0	0	13
Total	111	2	0	0	111

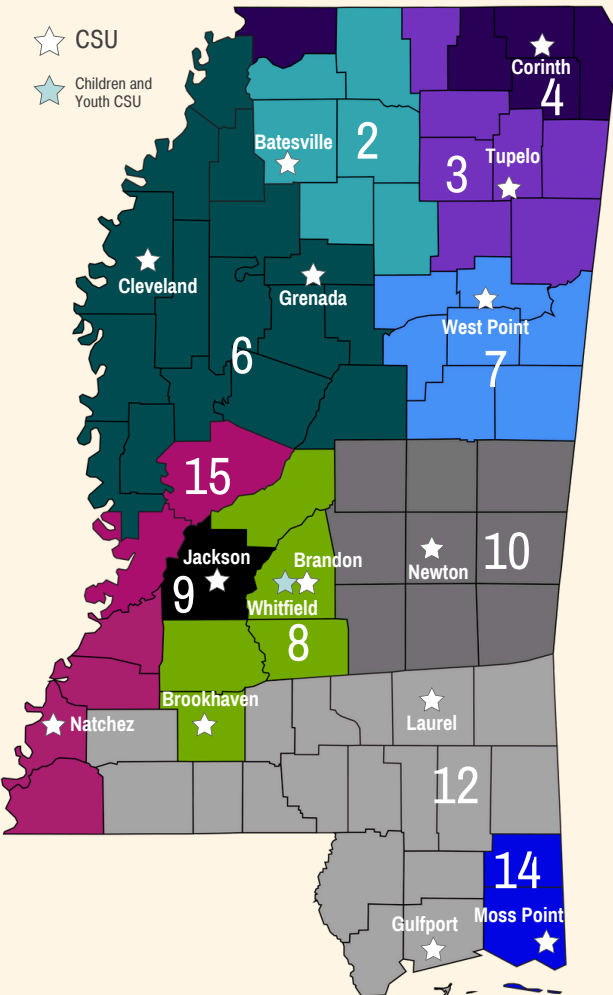
Region 12	MSH	EMSH	NMSH	SMSH	Total
Amite	12	0		0	12
Covington	0	1	0	15	16
Forrest	2	5	0	73	80
Franklin	3	0	0	0	3
Greene	0	0	0	3	3
Hancock	0	0	0	7	7
Harrison	9	0	0	94	103
Jeff Davis	0	0	0	7	7
Jones	2	0	0	22	24
Lamar	0	0	0	27	27
Lawrence	21	0	0	0	21
Marion	3	2	0	12	17
Pearl River	2	1	0	16	19
Perry	1	0	0	3	4
Pike	49	0	0	0	49
Stone	0	0	0	4	4
Walthall	4	0	0	0	4
Wayne	0	1	0	6	7
Total	108	10	0	289	407

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 FY24, Region 8 opened a new 16-bed CSU in Brandon. Region 3 also added eight additional beds in Tupelo, though they were not fully staffed for those beds during the year. Also in late FY24, the Gautier CSU changed locations and is now in Moss Point. **There are now 14 CSUs and 204 certified CSU beds in Mississippi.**

In addition to the adult CSUs, Region 9 operates a children and youth CSU that, though located on the grounds of Mississippi State Hospital, is staffed and fully operated by the CMHC. Funding is also available for an additional child and youth CSU in Region 2 as soon as that CMHC is able to secure a location.



CSU	Beds	FY24 Admissions
Batesville	16	454
Brandon	16	N/A
Brookhaven	16	311
Cleveland	16	341
Corinth	16	523
Gautier/Moss Point	8	141
Grenada	16	342
Gulfport	16	375
Jackson	16	336
Laurel	16	227
Natchez	12	188
Newton	16	371
Tupelo	16	155
West Point	8	109
Total	204	3,873
Region 9 Children and Youth	12	152

The Brandon CSU opened in February 2024, but admissions there were not processed in the CSU admissions report within the Data Warehouse in FY24. Note that the number reported here is the information captured by the DMH Data Warehouse and represents admissions, not unduplicated individuals.

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

Hudspeth Regional Center

Jerrie Barnes, Director
P.O. Box 127-B
Whitfield, MS 39193
Phone: 601-664-6000
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

Mississippi Adolescent Center

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

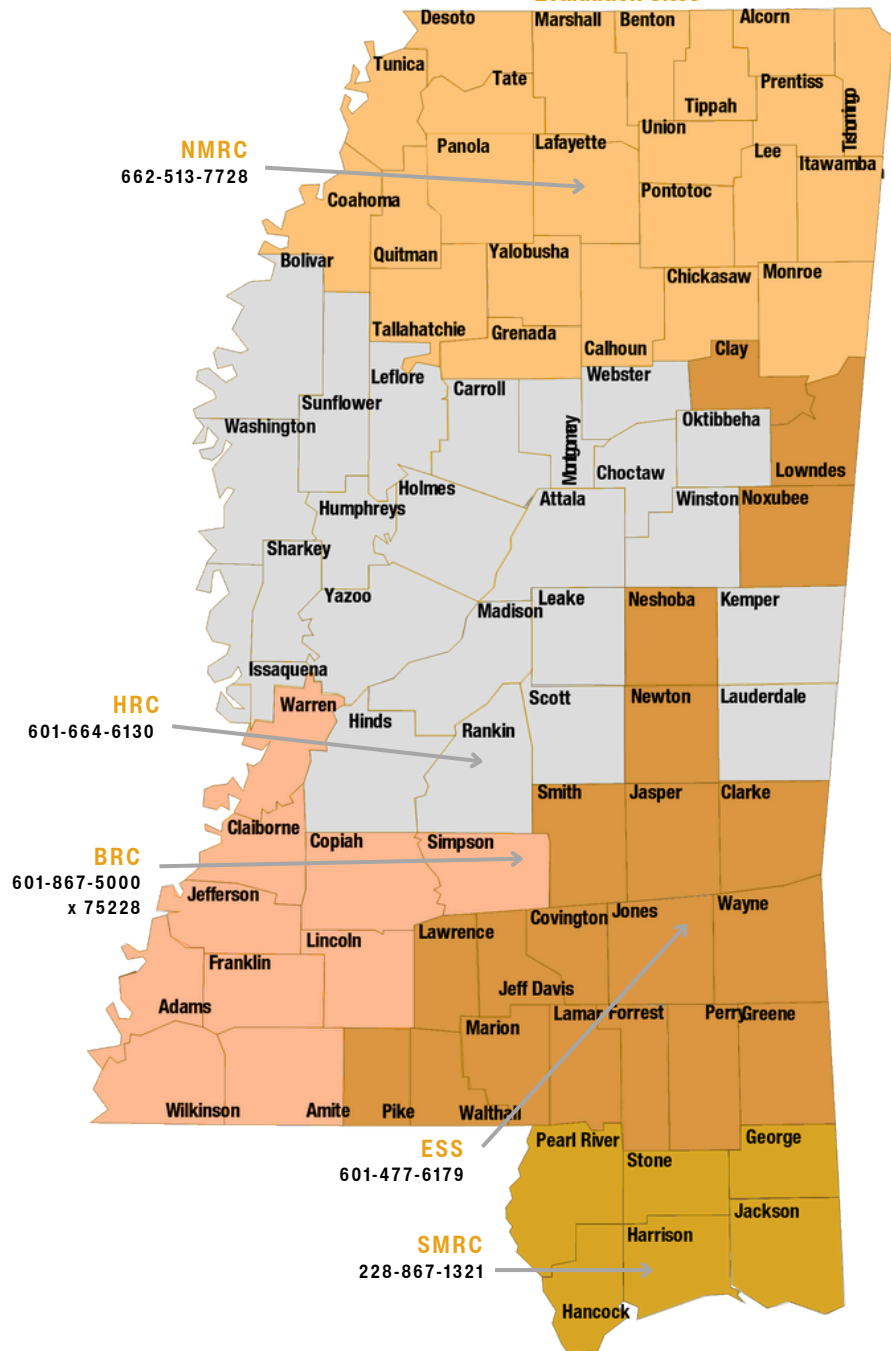
Ellisville State School

Dr. Rinsey McSwain, Director
1101 Highway 11 South
Ellisville, MS 39437-4444
Phone: 601-477-9384
www.ess.ms.gov

South Mississippi Regional Center

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

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	FY24 Individuals Served
ICF/IID Campus	162
ICF/IID Community Homes	176
ID/DD Waiver Support Coordination	574
Targeted Case Management (1915i)	241

Hudspeth Regional Center	
Service	FY24 Individuals Served
ICF/IID Campus	161
ICF/IID Community Homes	94
ID/DD Waiver Support Coordination	773
Targeted Case Management (1915i)	361

Boswell Regional Center	
Service	FY24 Individuals Served
ICF/IID Campus	96
ICF/IID Community Homes	81
Supervised Living	100
Supported Living	52
Shared Supported	12

Mississippi Adolescent Center	
Service	FY24 Individuals Served
ICF/IID Campus	36

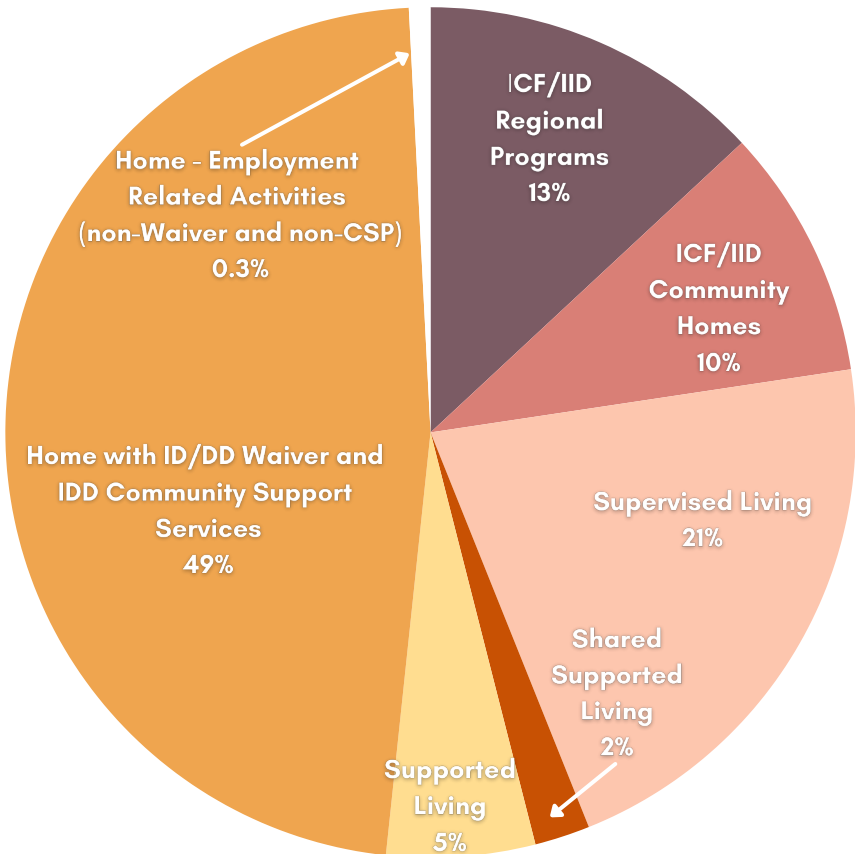
Ellisville State School	
Service	FY24 Individuals Served
ICF/IID Campus	188
ICF/IID Community Homes	88
ID/DD Waiver Support Coordination	811
Targeted Case Management (1915i)	279

South Mississippi Regional Center	
Service	FY24 Individuals Served
ICF/IID Campus	47
ICF/IID Community Homes	74
ID/DD Waiver Support Coordination	576
Targeted Case Management (1915i)	124

ID/DD SERVICES

Where They Live

As of June 30, 2024, 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	6/30/24	% Reduced
NMRC	277	233	207	185	166	161	159	43%
HRC	280	243	217	185	170	164	151	46%
ESS	436	277	244	231	195	182	177	59%
BRC	139	96	95	87	93	88	86	38%
SMRC	160	125	104	89	56	45	45	72%
MAC	32	31	32	29	28	27	31	7%
Total	1,324	1,005	899	806	708	667	649	51%

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 2,868 individuals served in FY24.

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
FY24	31	167	198
Total	837	1,409	2,246

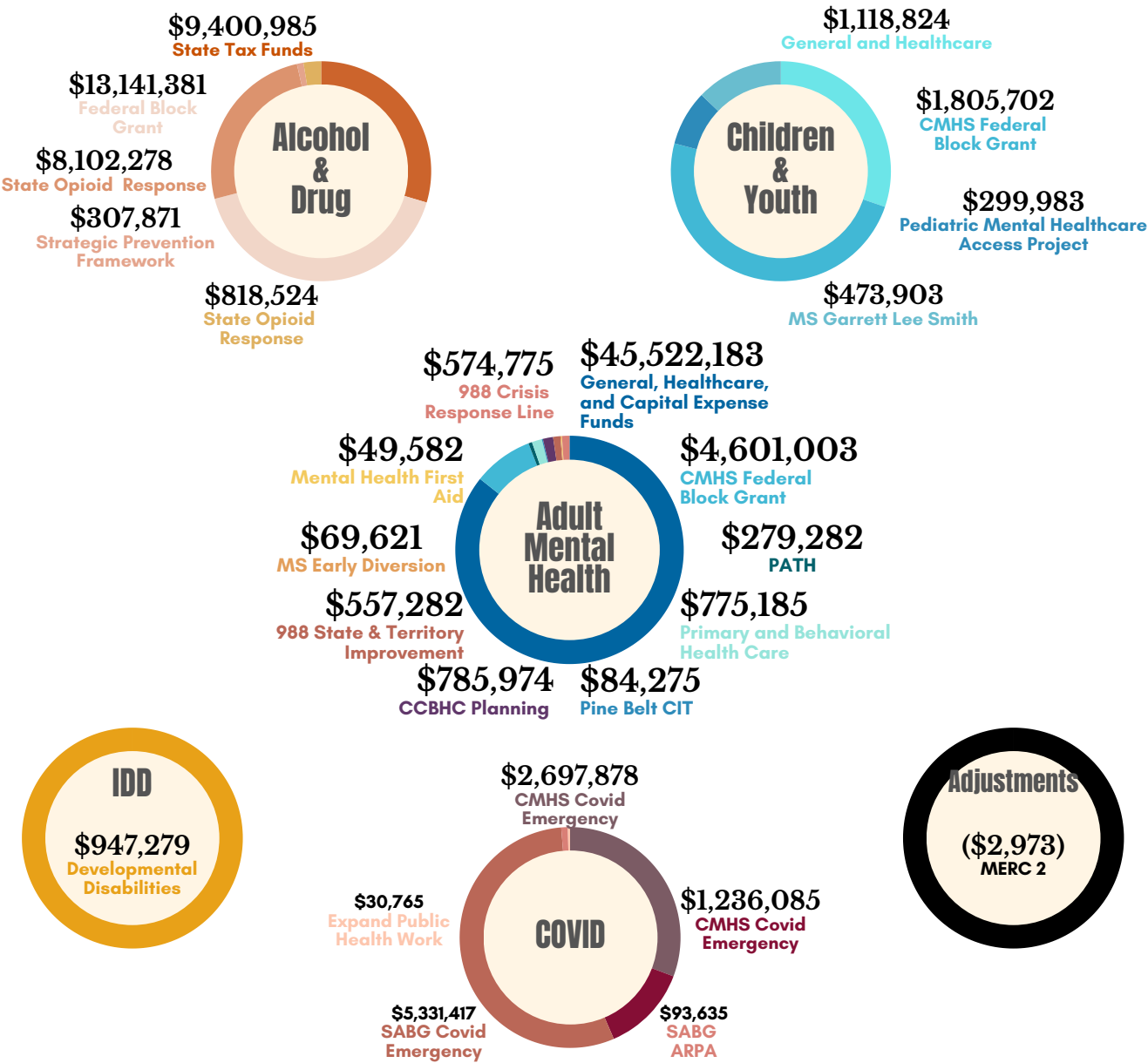
End of FY Census for ID/DD Waiver

	Newly Enrolled	Total Enrolled
FY12	95	1,831
FY13	255	1,961
FY14	291	2,189
FY15	201	2,296
FY16	325	2,503
FY17	202	2,646
FY18	86	2,682
FY19	178	2,675
FY20	104	2,759
FY21	82	2,765
FY22	137	2,747
FY23	123	2,733
FY24	198	2,868
Total Increase Since FY12		56%

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

\$796,226 Legislative ARPA	\$18,777,635 Healthcare	\$43,313,378 Federal Funds	\$326,140 Other Special Funds
\$33,689,483 IDD Programs	\$52,193,316 Service Budget (Community Services)	\$98,249,459 Behavioral Health Programs	\$50,044,578 Medicaid (State Share/Bed Taxes)
General Funds			



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