Rose Isabel Williams Mental Health Reform Act of 2020

Quarterly Status Report
July 1, 2021 – September 30, 2021

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Abstract

This report is submitted pursuant to MCA § 41-20-5(h) of the Rose Isabel Williams Mental Health Reform Act of 2020 that implemented a comprehensive review and report on the Mississippi mental health system to assess the structure, funding, adequacy, delivery, and availability of mental health services throughout the State. This quarterly report covers the period of July 1, 2021, through September 31, 2021. Assessments performed during this period included review of various regional mental health centers (Community Mental Health Centers or "CMHC") that are under the control of regional commissions established by "the boards of supervisors of the various counties in the region." MCA § 41-19-33. As discussed in more detail herein, our assessment at one such CMHC, Region 11 Community Mental Health Center (also known as Southwest MS Mental Health Complex) revealed that despite over $7 million in new grants there are operational financial concerns that indicate present financial risk. Changes for long-term viability are needed and attention is warranted to sustain services for persons within the catchment area. New developments this period include the creation of a Best Practices Committee offering resources for maximizing CMHC operations that support sustainability. Barriers associated with the behavioral health workforce were identified that impair the provision of effective, evidence-based accessible services by trained staff. The report also identifies a model that creates an avenue for a CMHC to become a designated Certified Community Behavioral Health Clinic (CCBHC) that is gaining momentum around the nation and that may have merit for application in Mississippi. Other topics addressed in this report are Core Services as defined by DMH and progress on OCMHA assessment tools. The report concludes with five recommendations that offer support for increasing accessibility for mental health services in Mississippi.

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Community Mental Health Centers (CMHCs)

Mississippi has 13 Community Mental Health Centers (CMHCs) that provide services to persons with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD).

CMHCs are established by "the boards of supervisors of the various counties in the region[s]". MCA § 41-19-31. Once established by the boards of supervisors, the CMHCs are under the control and management of regional commissions. MCA § 41-19-33. Each CMHC is responsible for funding facilities and services for people within the region. The regional commission must request funding from the boards of supervisors of the counties within the established region (catchment area). The boards of supervisors may use any available funds and may also levy a tax "not to exceed (2) mills" for such purposes. MCA § 41-19-39.

The Office of the Coordinator of Mental Health Accessibility (OCMHA) has established a priority of investigating CMHCs that are most vulnerable regarding financial sustainability.

Region 11 CMHC Regional Overview

Region 11 CMHC ("Southwest MS Mental Health Complex") is the most vulnerable regarding operational financial stability, and will be focused on in this report. However, since Region 11 CMHC was not able to provide recent financial statements, a complete assessment is not possible at this time. Region 11 CMHC is reportedly operating month to month. After a broad review of expenditures of DMH grant dollars allocated to Region 11, a more detailed examination is warranted to determine if the organization is fully utilizing these resources. As of the writing of this report, it is not known if the regional commission has requested additional funding from authorized taxation or other available funds.

Region 11 CMHC was established to serve nine (9) counties, which collectively has a total population of 139,735. The region is comprised of the following counties: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, and Wilkinson Counties. Staff are divided according to geography with part serving counties on the East Side of the Region (Amite, Lawrence, Pike and Walthall), and part serving counties on the West Side of the Region (Adams, Claiborne, Franklin, Jefferson, and Wilkinson). Although not a part of any approved

DMH plan, the terms East Side and West Side are service districts as delineated by Region 11 CMHC staff. This report will utilize the self-prescribed portions of the Region (East Side and West Side) as referenced by Region 11 CMHC.

According to the Division of Medicaid, as of September 27, 2021, there are 36,243 Medicaid beneficiaries; 1,679 individuals enrolled in the Children's Health Insurance Program (CHIP); and 1,131 individuals enrolled in Combo CHIP/Medicaid. This amounts to 28% of the population of the catchment area. The nine counties that make up Region 11 CMHC make an annual contribution of $308,174, with the largest county by population, Pike, contributing the most ($89,450). Region 11 CMHC leadership reports serving 1,785 persons during a three-month period beginning April 2021 and ending June 2021.

Table 1: Region 11 CMHC County Populations and Annual Contributions

County	Population	County Contribution
Adams County	29,991	$77,143
Amite County	12,237	$37,560
Claiborne County	8,820	$18,162
Franklin County	7,623	$18,000
Jefferson County	6,784	$17,952
Lawrence County	12,862	$22,500
Pike County	39,104	$89,450
Walthall County	13,986	$17,313
Wilkinson County	8,328	$10,094
	Total:	**$308,174**
	Contribution Per Person	$2.21

Region 11 CMHC has a fiscal year end of September 30. As of September 25, 2021, there were 98 filled positions and 30 vacant positions. With 23.4% of total positions currently vacant, staff are required to provide multiple services in multiple counties. Currently, staff are not provided health insurance and the lack of employee benefits and capital further hinders their ability to hire and retain staff. Consequently, the CMHC's ability to develop adequate and comprehensive services with trained staff is impaired.

Region 11 CMHC leadership provides a monthly recap of their net cash position to the Board of Commissioners in lieu of an income statement. This may be an inaccurate reflection of Region 11 CMHC's financial position. A review of the statements presented to the Board of Commissioners from January 2021 through August 2021 reflects total revenue collected from Medicaid, grants, county support and some other services of $2,124,062 and total paid payroll costs of $2,357,646.

Table 2: Results of Region CMHC 11 Financial Reports from January 2021 through August 2021

Revenue Collected	Payroll Costs	Difference
$2,124,062	$2,357,646	($233,584)

Region 11 CMHC has received $948,090 in COVID-relief and other federal grant funds that reportedly have allowed them to continue operations. The COVID-relief funds are potentially subject to repayment should they not meet the required employment expectations, presenting a contingent liability. Further, Region 11 CMHC has accounts payable of $317,000 and leadership reports these are being paid as funds become available. Bank debt totals $292,672, most of which was used to purchase and remodel a building for a Crisis Stabilization Unit (CSU) in Adams County.

Region 11 CMHC has an additional $571,000 of possible debts, which may be duplicates of amounts recorded in accounts payable or previously paid debts. Region 11 CMHC reports that no vendors are currently actively pursuing collection of these owed amounts.

Region 11 CMHC participates in PERS and is required to submit employer and employee contributions monthly. On August 31, 2021, according to documentation reviewed by the OCMHA, Region 11 CMHC was delinquent in paying employer and employee contributions to PERS. On September 1, 2021, PERS notified the Division of Medicaid (DOM) that Region 11 CMHC was in arrears for delinquent contributions in the amount of $147,078.90 and requested that the DOM withhold any future payments due to Region 11 CMHC and redirect the reimbursements to PERS until the past due obligations are satisfied. *See Appendix A: September 1, 2021, Correspondence from H. Ray Higgins, Jr., Executive Director of PERS to Drew Snyder, Executive Director of the Division of Medicaid.*

On September 28, 2021, PERS notified the Department of Mental Health (DMH) that Region 11 CMHC was in arrears for delinquent contributions in the amount of $142,752.22 and requested that DMH withhold any future payments due to Region 11 CMHC and redirect the payments to PERS until the past due obligations are satisfied. PERS further notified DMH that after considering August contributions that the estimate of the amount actually owed by Region 11 CMHC to PERS was approximately $190,000 and likely to grow. *See Appendix B: September 28, 2021, correspondence from H. Ray Higgins, Jr., Executive Director of PERS to Wendy Bailey, Executive Director of the Department of Mental Health.*

OCMHA understands that DOM has acted on the PERS request and is currently withholding some percentage of Medicaid receipts from Region 11 CMHC and redirecting those reimbursements to PERS. Further, OCMHA understands that DMH is considering PERS request to redirect grant funds but has not yet acted. Additionally, Region 11 CMHC has a net pension liability with the amount presently unknown.

Region 11 CMHC leadership reports recent efforts to improve its capacity and infrastructure. They are in the process of implementing a new electronic health record (EHR) system, which is scheduled to go live on October 1, 2021. The new system may markedly enhance capacity to report and manage aggregate service data as well as data by county and by staff.

Region 11 CMHC has seen benefits from the use of telehealth since the COVID-19 pandemic. Currently, there is a telehealth cart in each Region 11 CMHC office. This allows staff from other county offices to perform client intakes and nurse practitioners to see patients. Additionally, Region 11 CMHC has provided telehealth kiosks in the Adams, Lawrence, and Pike County Jails.

The Mississippi Department of Mental Health has provided approximately $800,000 in grant funds to establish a Crisis Stabilization Unit (CSU) in the Region. *See Appendix C: July 22, 2021 Correspondence from Wendy D. Bailey, DMH Executive Director to Sherlene Vince, Region 11 CMHC Executive Director.* Additionally, Region 11 was awarded two SAMHSA federal discretionary grants, one of which just began September 30, 2021.

1. **Certified Community Behavioral Health Center (CCBHC) Expansion Grant**. The award amount was $4,000,000 and the project period is from February 15, 2021, to February 14, 2023. Region 11 CMHC plans to increase access to services across all counties served. Additionally, Region 11 CMHC plans to develop and implement additional program services including Assisted Outpatient Treatment (AOT), Assertive Community Treatment (ACT), and expand the use of Telehealth services throughout the entire Region. The overarching goals of the project include: 1) meet all criteria to become a CCBHC; 2) increase access to behavioral health services; 3) expand the available crisis intervention services; 4) continue to improve staff development and training; 5) increase community and family-centered services; 6) increase available and reliable transportation for ease of access to services; and 7) maintain a strict data collection, evaluation and quality improvement plan.

2. **Community Mental Health Centers (CMHC) Grant Program**. The award amount was $2,994,791 and the project period is from September 30, 2021, through September 29, 2023. Region 11 CMHC proposes to support and restore delivery of clinical services impacted by the COVID-19 pandemic, including adult psychosocial rehabilitation, children's day treatment programs, remote monitoring for individuals who are SMI and have co-occurring disorders, and an enhanced community outreach strategy to re-engage clients displaced from services due to the pandemic (SAMHSA.gov).

These SAMHSA grant awards, like DMH grants, offer potential to make marked improvement in access to care. As with all federal discretionary grants, these funds are not available to address general operational issues or general populations, but rather are targeted

to specific goals, services and populations as outlined in the grant awards. As an example, these funds could not be used to pay the deficit to PERS.

Children's Services

Children's Services are available in Pike County for the East Side of the Region and Adams County for the West Side of the Region. Children's Services staff travel from Pike and Adams Counties to the other counties in the region and provide services by appointment only. The current protocol is for staff to divide their work week among county offices, working in different counties on different days. This requires that appointments are made in advance and walk-in services are not available for Children's Services in any county. Day Treatment, a Children's Core Service as outlined in the *2020 Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers* (Mississippi Department of Mental Health), hereafter referred to as *DMH Operational Standards*, is not provided in any of the nine counties.

Substance Use Disorder (SUD) Services

In-person SUD services are primarily offered in Pike (Summit) and Adams Counties only. In-person groups are provided in Pike County and residents from surrounding counties can attend this group. Therapists are not available in all counties.

Adult Services

Outpatient services are offered in Adams, Jefferson, Pike, and Wilkinson counties and walk-ins are accepted. Services in the remaining five counties are only available through appointment and staff are shared among the different counties. Walk-ins from these counties are accepted in Pike, Wilkinson, and Adams Counties.

Nursing services are offered in Adams County for all persons residing in the West Side of the Region. This is available on Wednesdays only and individuals without their own means of transportation must schedule Medicaid Transport or rely on family and friends for transportation.

Mobile Crisis Response services are divided between East Side and West Side with different staff providing the 24-hour coverage.

Psychosocial Rehabilitation Services (PSR), a Core Service as outlined in the *DMH Operational Standards*, for Region 11 are provided from facilities in Pike County. Individuals from the East Side are transported to this location via Region 11 CMHC vans. The program is certified for 32 individuals and is currently at maximum capacity. Prior to the COVID-19 pandemic, PSR was provided to individuals in the West Side of Region 11 CMCH at an Adams County facility. Region 11 CMHC Commission has since transferred the building the West Side PSR program

operated in to another organization in Natchez. PSR is not available for individuals residing in counties in the West Side of the Region at this time.

Crisis Stabilization Unit (CSU) Services

CSU services have historically not been available at Region 11 CMHC. Individuals needing this level of care were routinely referred to the Region 8 CMHC CSU in Brookhaven, crisis and residential programs located in other CMHC regions, or Behavioral Health Hospitals in Vicksburg, Jackson, Hattiesburg, and Harrison County. Others were committed to Mississippi State Hospital in Whitfield. Some individuals age 50 and over were referred to Senior Care Programs. However, according to the Executive Director of Region 11 CMHC, Crisis Stabilization Services should be available on October 18, 2021. Region 11 CMHC plans to open a newly renovated facility in Adams County, which will provide services for up to eight individuals experiencing a crisis. The Department of Mental Health (DMH) is providing state source grant funds to assist in the financial support of this program. *See Appendix C.*

As illustrated in Figure 1, one in 400 residents are committed to inpatient psychiatric care according to data provided by Chancery Clerks in the nine county catchment area.

Figure 1: Total Region 11 CMHC Mental Health Commitments

*Number of Commitments 2020/2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Total SWMSBH Population
349	1:400 residents	201	139,735

*Commitment information provided by Region Chancery Clerks
**DMH FY 2020 Fast Facts

Services for individuals with IDD are not offered by Region 11 CMHC with the exception of the Mobile Crisis Response Services. There are other organizations offering residential and day services for persons with IDD located in Adams and Pike Counties.

As noted, Region 11 CMHC was not able to provide recent financial statements. Given the currently available financial information, Region 11 CMHC may not have sufficient funds to sustain consistent delivery of mental health services throughout the Region. Despite the availability of core mental health services in Region 11, consistency and delivery remains a challenge. Region 11 CMHC presently has 98 staff and provides services to nearly 1,800 individuals in the counties it serves. Continuation of operations should be a priority until long-term solutions can be assessed, selected, and implemented.

OCMHA completed visits at each of the nine counties located in Region 11 CMHC. *See Appendix D: Region 11 CMHC Information by County.*

Transportation

For individuals in need of services and lacking transportation, arrangements must be made for Medicaid Transport (if a Medicaid recipient) or rely on transportation from family and friends. Depending on the county, distance and transportation can provide challenges to accessing care.

Best Practices Committee

Throughout the months of looking into the current CMHC structure in Mississippi, OCMHA has determined there is wide variability in their operations. CMHCs vary in profitability, extent and efficient of streamlined processes, involvement of CMHC Regional Commissions, workforce, and other critical areas of infrastructure. OCMHA has established a Best Practices Committee to look at the different models within Mississippi's public mental health system in order to create a *Best Practices Handbook* for all CMHCs to use in order to determine the best approaches to operate in a manner that maximizes sustainability. The Committee is made up of the following members:

- Jerry Mayo, Financial Consultant for OCMHA
- Phaedra Cole, Executive Director of Region 6 CMHC and President of the Mississippi Association of Community Mental Health Centers
- Dave Van, Executive Director of Region 8 CMHC
- Russ Andreacchio, Executive Director of Region 10 CMHC
- Mona Gautier, Executive Director of Region 12 CMHC
- Mallory Malkin, PhD, Chief Clinical Officer for Behavioral Health Services for DMH

Progress on Assessment Tools

Quality Indicators for Behavioral Health Service System Framework. OCMHA continues to work towards creation and identification of assessment tools that offer measures that are meaningful, feasible, and actionable (Herman and Palmer). OCMHA is drawing from existing frameworks promoted by SAMSHA, the National Council for Mental Wellbeing, and peer reviewed journal articles. OCMHA will compare the current Mississippi mental health system with the systems in nearby states. OCMHA is continuing to identify the type of data that is collected and analyzed in Mississippi that allows for quantification of quality indicators, paying particular attention to availability and quality.

CMHC Crisis Services Self-Assessment. As stated in the *Quarterly Status Report for April 1 through June 30, 2021*, OCMHA is developing a self-evaluation instrument for CMHCs to assess current services. This would be in addition to the reporting required by MCA §§ 41-19-33(1)(x)(vi) and 41-19-33(3). The self-evaluation tool kit will be based on the *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* (2020) published by the Substance Abuse and Mental Health Services Administration (SAMHSA). The National Association of State Mental Health Program Directors' (NASMHPDs) materials located at

www.crisisnow.com will serve as an additional resource and well as the CRISES framework (Balfour, Tanner and Jurica). The CRISES framework was created to identify avenues for internal performance improvement and allow for comparison across programs. The domains include: timely, safe, accessible, least-restrictive, effective, consumer/family-centered, and partnership. OCMHA believes these domains can be applicable for use with crisis call hubs, mobile teams, and CSUs.

Developing self-assessment tools offers standardized terminology and measures to increase the ability to conduct comparisons. Measures should evolve over time as needs and resources shift, including increased technological capacity due to the implementation of electronic health records.

Core Services

MCA § 41-4-7 authorizes the State Board of Mental Health to set standards relating to mental health and the provision of mental health services. Specifically, MCA § 41-4-7 provides that the State Board of Mental Health shall have the following powers and duties:

> (i) To certify, coordinate and establish minimum standards and establish minimum required services, as specified in Section 41-4-1(2), for regional mental health and intellectual disability commissions and other community service providers from community or regional programs and services in adult mental health, children and youth mental health, intellectual disabilities, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders and related programs throughout the state.

DMH offers certification for multiple provider types. Each provider type is described in the *DMH Operational Standards*. Two specific provider types are required to provide a set of "Core Services" and these two types are (1) DMH/C and (2) DMH/P.

- DMH/CMHC (DMH/C) is the type used to certify CMHCs operating under the authority of regional commissions established under Miss. Code Section 41-19-31, *et seq*. Providers certified as DMH/C must meet requirements established by the Division of Medicaid to become a Medicaid provider of mental health services.
- DMH/Private Provider (DMH/P) is a certification available to non-CMHC programs and must provide Core Services for the population the agency is serving in all counties identified for services. Providers certified as DMH/P must also meet requirements

established by the Division of Medicaid to become a Medicaid provider of mental health services.

Both DMH/C and DMH/P Providers must provide all Core Services, which are established at the discretion of DMH. The Core Services are designed to establish a comprehensive system of care between providers and create barriers to providers choosing to provide only the services with the largest margin of revenue ("cherry-picking"). DMH/C programs are at times provided supplemental funding to carry out the required Core Services via grants while DMH/P programs may or may not have access to such funding. One example is crisis response services. Grants are made available to DMH/C (CMHCs) to supplement the funding of these services for persons without a reimbursement source, such as Medicaid or commercial insurance.

The DMH Operational Standards identify Core Services by population type. DMH/P must provide all of the Core Services and have the capacity to offer these services in all counties designated in the DMH/C region or all counties identified by DMH/P providers. The Operational Standards have an additional section for substance use providers certified as a DMH/P. *See Appendix D: DMH Operational Standards for Mental Health, Intellectual Disabilities, and Substance Use Community Service Providers, pp. 23-24.*

Core Services can serve as a driver for creating and supporting increased capacity and competition for an effective, modern, comprehensive system of care. DMH determines the Core Services as outlined in the DMH Operational Standards. The CMHCs are responsible to report on their operations and "shall on or before July 1 of each year, submit an annual operational plan to the State Department of Mental Health for approval or disapproval based on the minimum standards and minimum required services established by the department for certification and itemize the services specified in Section 41-4-1(2)," MCA §§ 41-4-7(i) and 41-19-33(1)(a). DMH is also responsible for assessing compliance among DMH/C and DMH/P providers.

Behavioral Health Workforce

SAMHSA reports that the United States needs an additional 110,546 general psychiatrists; 43,320 addiction psychiatrists; 41,313 addiction medicine physicians; and 49,316 child and adolescent psychiatrists to treat persons with SMI and/or SUDs (SAMHSA, 2020). Also, a full spectrum shortage of mental health workers that includes psychologists, counselors, social workers, psychiatric nurse practitioners, physician assistants, technicians, and peer support specialists has now created an additional need for an estimated 4,242,370 mental health professionals (SAMHSA). The behavioral health workforce in Mississippi is impacted by this same nationwide workforce shortage. Current research indicates that, on average, the United States population-to-provider ratio is 380 to 1.

A review of the data illustrates that Mississippi's psychiatric workforce (psychiatrists, advanced practice psychiatric nurse practitioners, psychiatric physician assistants, and psychiatric pharmacists combined) is 14.45 – 17.40 per 100,000 persons. Mississippi's ratio of psychiatrists is 6.27 per 100,000 persons. No state bordering Mississippi exceeds more than 10.6 per 100,000 persons (Beck, Page and Buche), leaving it a challenge to recruit from nearby states. Mississippi has 546 nurse practitioners (Morris) and has a much higher ratio of providers to population (Beck, Page and Buche). Studies show that the primary professional shortage areas in Mississippi are rural (DHHS).

There has been a recent positive workforce development. A four-year Psychiatric Residency Program began in June 2021, which will provide an avenue to train six residents per year at Mississippi State Hospital. The goal is to retain more psychiatric physicians in an effort to increase access to mental healthcare.

OCMHA interviewed leadership of three CMHCs situated in various locales across the state regarding their experiences with the behavioral health workforce. Strengths that were identified included the family atmosphere that was considered to positively impact the retention of employees. This environment may be more favorable in rural communities where employees are more likely to have roots in the area and are less likely to move away, and where competition for behavioral health employees are limited.

CMHC leadership reported difficulties in the recruitment and retention of employees. Recruiting workforce personnel to rural areas is a significant challenge. Figure 2 illustrates a review of bachelor's and master's level teachers' salaries (Mississippi Department of Education) and the salaries paid by one rural CMHC. The difference may present a challenge for recruitment and retention.

Figure 2: Comparable Degrees and Associated Salaries

Profession/Degree in Education	Annual Salary	Profession/Degree in Behavioral Health	Annual Salary	Difference
Teacher with a bachelor's degree and no experience	$37,000	Consumer Support Specialist with bachelor's degree	$25,000	($12,000)
Teacher with a master's degree	$39,280	Master's Level Counselor	$32,000	($6,280)

Another consistent concern was that of entry-level workforce shortfalls in staff aids, van drivers, and other positions that are generally paid at minimum wage or slightly above. Some leaders report that they have increased pay as they were left unable to compete with other options in their communities, such as fast-food restaurants paying $15/hour. One respondent reported that

the CSU in the Region had been particularly hard hit in entry-level tech positions and RNs. CSUs are considered a critical resource for reducing the risk of hospitalization.

CMHC leadership also reports a consistent loss of master's level counselors and social workers as criteria are met by employees to obtain professional licensure. Persons professionally licensed as a counselor or social worker can earn in excess of $100,000 annually, leaving mental health centers unable to compete for professionally licensed persons.

Anticipating a shortage of professionally licensed staff, DMH worked collaboratively with Medicaid to establish an alternative to professional licensure by creating an avenue for certification programs available to persons with master's degrees in behavioral health who do not have or do not meet the criteria for professional licensure. Medicaid reimburses for services provided by persons with appropriate DMH certifications. The certification program is administered by DMH and is only available to persons employed at programs operated by DMH or certified by DMH. This certification program offers the following certifications:

- DMH Mental Health Therapist
- DMH Intellectual and Developmental Disabilities Therapist
- DMH Addictions Therapist
- DMH Community Support Specialist
- DMH Licensed Administrator

Certified Community Behavioral Health Center (CCBHC)

The Excellence in Mental Health and Addiction Act demonstration program established a federal definition for a CCBHC and criteria necessary to achieve the CCBHC designation. This model encourages states to develop innovative behavioral health delivery models and to use a Prospective Payment System (PPS) to more accurately reimburse CCBHCs for services provided. Nine types of services are required which support an emphasis on 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care (The National Council CCBHC Success Center). This is a new provider type that can be made available through Medicaid allowing a CMHC to receive an enhanced rate based on anticipated costs of expanding services.

In Mississippi three CMHCs have applied for and were awarded CCBHC Expansion Grants (Regions 2, 11, and 14) from SAMHSA to assist in meeting the necessary criteria. While it is still early on in the evaluation of this model, there may be potential benefits to the state from such initiatives including reduced Medicaid costs as behavioral and physical health needs are addressed due to enhanced services and improved outcomes. In states where the model has taken hold, the following outcomes are reported: reduced hospitalization, increased access to services,

elimination of wait lists, reduced health issues, and an increase in veterans' services. There are currently 431 CCBHCs in the U.S., Guam, and Washington, D.C. (The National Council CCBHC Success Center).

OCMHA is currently researching the model through the resources available at the National Council for Mental Wellbeing and available documents offered by SAMHSA. Enhanced payments via Medicaid reimbursement have been created in other states and implementation in Mississippi would require a collaborative effort between the Division of Medicaid, DMH, and CMHCs. At this time, such a collaborative effort is promising but would require a sustained effort by the state for it to gain momentum. The next quarterly report developed by OCMHA will provide more detailed information on the CCBHC model.

OCMHA Recommendations

Issue: Region 11 CMCH	
OMHCA has had the opportunity to visit the nine counties served by Region 11 CMHC and has determined that this Region does not have sufficient operational funds to sustain the required mental health services and that the delivery of mental health services is inconsistent in the nine county region.	
Background	Region 11 CMHC, whose organization is named Southwest Mississippi Behavioral Health, is currently considered to be the most vulnerable regarding financial stability. Region 11 CMHC serves a population of 139,735 and is comprised of nine counties which include Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, and Wilkinson Counties. As of September 25, 2021, there were 98 filled positions and 30 vacant positions. Region 11 CMHC leadership reports serving 1,785 persons during a three-month period beginning April 2021 and ending June 2021. According to the Division of Medicaid, as of September 27, 2021, there are 36,243 Medicaid beneficiaries; 1,679 individuals enrolled in the Children's Health Insurance Program (CHIP); and 1,131 individuals enrolled in Combo CHIP/Medicaid. This amounts to 28% of the population of the catchment area. In addition to an $800,000 grant for the operation of a CSU from DMH, Region 11 CMHC has also secured two new grants from SAMSHA as outlined below: **Certified Community Behavioral Health Center (CCBHC) Expansion Grant**. The award amount was $4,000,000 and the project period is from February 15, 2021 to February 14, 2023.

	Community Mental Health Centers (CMHC) Grant Program. The award amount was $2,994,791 and the project period is from September 30, 2021 through September 29, 2023. These SAMHSA grant awards offer potential to make marked improvement in access to care. As with all federal discretionary grants, these funds are not available to address general operational issues or general populations, but rather are targeted to specific goals, services and populations as outlined in the grant awards. As an example, these funds could not be used to pay the deficit to PERS. Region 11 CMHC is delinquent in paying employee contributions totaling $24,630 and employer contributions totaling $182,671 to PERS. PERS requested that the Division of Medicaid withhold any future payments made to Region 11 CMHC and redirect the reimbursements to PERS until the past due obligations are satisfied.
Recommendation 1:	OCHMA recommends that continuation of operations for Region 11 CMHC should be a priority until long term solutions can be assessed, selected, and implemented. Pursuant to DMH Operational Standards, Rule 2.8, Region 11 CMHC should provide a Plan of Compliance as to PSR services and Children's Day Treatment services to the Department of Mental Health. Region 11 CMHC should explore all sources of additional funding.
Recommendation 2:	OCHMA recommends that Region 11 examine all relevant available grant funding to support access to care, such as transportation grants made available by the MS Department of Transportation. Funding may be available that offers support for the transportation of persons who are elderly or disabled. These grants allow for assistance with purchasing vehicles and/or contracting with existing funded transportation providers. At least three other CMHCs are currently working in collaboration with MDOT, Division of Public Transit.
Issue: Unmet Training and Community Outreach Needs	
OCMHA has had the opportunity to visit many counties in Mississippi and receive feedback from stakeholders regarding concerns. One consistent issue that arises is that many people are unaware of the services available in their individual county. Further, many stakeholders, such as emergency room personnel and first responders, do not know the process of accessing services in their county.	
Background	§ 41-19-33. Regional commissions; establishment; duties and authority. (1) Each region so designated or established under Section 41-19-31 shall establish a regional commission to be composed of members appointed by the boards of supervisors of the various counties in the region. It shall be the duty of such regional commission to administer

	mental health/intellectual disability programs certified and required by the State Board of Mental Health and as specified in Section 41-4-1(2). In addition, once designated and established as provided hereinabove, a regional commission shall have the following authority and shall pursue and promote the following general purposes: (c) To promote increased understanding of the problems of mental illness, intellectual disabilities, alcoholism, developmental and learning disabilities, narcotic addiction, drug abuse and drug dependence and other related problems (including the problems of the aging) by the people of the region, and also to promote increased understanding of the purposes and methods of the rehabilitation of persons suffering from such illnesses, disorders, handicaps or problems as designated and certified by the Department of Mental Health. (f) To promote the general mental health of the people of the region. DMH Operational Standards, Rule 8.2(6) requires a "[p]rocess for meaningful individual and family involvement in service planning, decision making, implementation and evaluation. People should be provided the opportunity for meaningful participation in planning at least for their service area."
Recommendation 3:	Each CMHC and their respective governing regional commissions should evaluate more ways to ensure more effective communication about the mental health services and how and where such services can be accessed within the catchment areas, including improved signage as well as updates to reflect current physical addresses of locations providing services in all published and online information. Focused attention should be given not only to local hospital staff and clinicians, Chancery Court and staff, law enforcement and first responders but also to families and individuals receiving services.

Issue: Expanded Access to Information
Communication and ready public access to information regarding services for mental health that are available across the state is essential. Ease of access to decision-making by the CMHC Commissions that control the CMHCs is a potential need. Although the posting of Board Minutes is not a requirement, several state boards post minutes on their official web site for public view. Examples of these agencies and boards include the Department of Mental Health, Public Procurement Review Board, Tort Claims Board, and State and School Employees Health Insurance Management Board. Because the mental health system involves so many partners who operate statewide, it would be beneficial to these partners to have an opportunity to review Commission Board Minutes. Additionally, Regional CMHC Commissions are public bodies, as defined by MCA § 25-41-3(a), and must provide notice of meetings.

Background	§ 25-41-11. Minutes. (1) Minutes shall be kept of all meetings of a public body, whether in open or executive session, showing the members present and absent; the date, time and place of the meeting; an accurate recording of any final actions taken at such meeting; and a record, by individual member, of any votes taken; and any other information that the public body requests be included or reflected in the minutes. The minutes shall be recorded within a reasonable time not to exceed thirty (30) days after recess or adjournment and shall be open to public inspection during regular business hours. § 25-41-13. Notice of meetings. (2) Any public body, other than a legislative committee, which does not have statutory provisions prescribing the time and places and the procedures by which its meetings are to be held shall, at its first regular or special meeting after January 1, 1976, spread upon its minutes the times and places and the procedures by which all of its meetings are to be held.
Recommendation 4:	Each CMHC Commission publish the official minutes on their website within a reasonable time not to exceed thirty (30) days after final approval. Each CMHC Commission provide proper notice of its meetings.
Recommendation 5:	Each CMHC should consider expanded online information about the mental health services available in its region. As an example for consideration is DMH's web information http://www.dmh.ms.gov/may-marks-mental-health-awareness-month-dmh-encourages-mississippians-to-think-again-about-personal-mental-health-in-light-of-pandemic/ , the DMH Helpline at 1-800-210-8513 and the information available at https://mentalhealthms.com/find-services/?fwp_find_services=adams-coiunty

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Appendix A

Letter from PERS to the Division of Medicaid

PERS
of MISSISSIPPI

Providing Benefits for Life

September 1, 2021

Mr. Drew Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson MS, 39201

via certified mail

Re: Delinquent Contributions owed by Southwest MS Behavioral Health Commission

Dear Mr. Snyder:

The Southwest MS Behavioral Health Commission executed a joinder agreement with the Public Employees' Retirement System of Mississippi (PERS) for State Retirement Annuity coverage, effective October 1, 1973. The Southwest MS Behavioral Health Commission is currently in arrears for delinquent contributions in the amount of $147,078.90.

On April 28, 2021, and subsequently on August 24, 2021, the PERS Board of Trustees certified the necessary delinquent amounts including those that total the requested amount above. The PERS Board of Trustees also requested that we take the legal steps necessary to collect the delinquent contributions due by the Southwest MS Behavioral Health Commission.

Acting under the authority of Miss. Code Ann. §25-11-105(1972), we are asking the Mississippi Division of Medicaid to withhold any future payments due to Southwest MS Behavioral Health Commission through your office and to forward these payments to PERS until the above amount has been satisfied. To facilitate the timeliness and convenience of the payments, PERS will provide their MAGIC vendor number to the Division of Medicaid upon request.

H. Ray Higgins, Jr.
Executive Director

Board of Trustees:

Randy D. McCoy
Retiree, Chair

Bill Benson
County Employees, Vice Chair

Kelly Breland
State Employees

Lee Childress
Public Schools Community/Jr. Colleges

George Dale
Retiree

Chris Howard
State Employee

Chris Graham
Gubernatorial Appointee

Kimberly Hanna
Municipal Employees

David McRae
State Treasurer

Brian Rutledge
Institutions of Higher Learning Employees

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 601.359.3589 800.444.PERS www.pers.ms.gov

Appendix B

Letter from PERS to the Division of Mental Health

PERS
of MISSISSIPPI

Providing Benefits for Life

September 28, 2021

Ms. Wendy Bailey
Executive Director
Mississippi Department of Mental Health
239 N. Lamar Street, Suite 1101
Jackson MS, 39201

via certified mail

Re: Delinquent Contributions owed by Southwest MS Behavioral Health Commission

Dear Ms. Bailey:

The Southwest MS Behavioral Health Commission executed a joinder agreement with the Public Employees' Retirement System of Mississippi (PERS) for State Retirement Annuity coverage, effective October 1, 1973. As of the date of this letter, The Southwest MS Behavioral Health Commission (SWMBHC) is in arrears for certified delinquent contributions in the amount of $142,752.22.

On August 24, 2021, the PERS Board of Trustees certified the necessary delinquent amounts that lead to the total above and requested that we take the legal steps necessary to collect the delinquent contributions due by the Southwest MS Behavioral Health Commission.

Acting under the authority of Miss. Code Ann. 25-11-105(f)(v)(4), which states in pertinent part:

"Any state agency, school, political subdivision, instrumentality or any employer that is required to submit contribution payments or wage reports under any section of this chapter shall be assessed interest on delinquent payments or wage reports as determined by the board of trustees in accordance with rules and regulations adopted by the board and delinquent payments, assessed interest and any other amount certified by the board as owed by an employer, may be recovered by action in a court of competent jurisdiction against the reporting agency liable therefor or may, upon due certification of delinquency and at the request of the board of trustees, be deducted from any other monies payable to the reporting agency by any department or agency of the state."

H. Ray Higgins, Jr.
Executive Director

Board of Trustees:

Randy D. McCoy, *Retirees, Chair*
Bill Benson, *County Employees, Vice Chair*
Kelly Breland, *State Employees*
Lee Childress, *Public Schools Community/Jr. Colleges*
George Dale, *Retirees*
Chris Howard, *State Employees*
Chris Graham, *Gubernatorial Appointee*
Kimberly Hanna, *Municipal Employees*
David McRae, *State Treasurer*
Brian Rutledge, *Institutions of Higher Learning Employees*

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 601.359.3589 800.444.PERS www.pers.ms.gov

We are asking the Mississippi Department of Mental Health to withhold any future payments due to Southwest MS Behavioral Health Commission through your office and to forward these payments to PERS until the above amount has been satisfied. To facilitate the timeliness and convenience of the payments, PERS will provide their MAGIC vendor number to the Department of Mental Health upon request.

As additional background, after considering August contributions which are now also due, we estimate that the SWMBHC actually owes around $190K and this number is likely to grow. We plan to pursue future board certifications as needed. However, at this time, we are only requesting you consider remitting any funds available up to the official board-certified amount at the beginning of this letter as that is the amount currently subject to Miss Code Ann. 25-11-105.

Should you or your agency have any questions regarding this letter or need additional information, please contact Deputy Administrator for Member and Employer Services Mason Frantom at 601-359-2251 or via email at mfrantom@pers.ms.gov.

Sincerely,

H. Ray Higgins, Jr.
Executive Director

HRH/gmf

cc: Ms. Sherlene Vince, Executive Director Southwest MS Behavioral Health Commission
Mrs. Mary Hamberlin, Chair of the Southwest MS Behavioral Health Commission Board
Mr. Crane Kripp, Attorney, Southwest MS Behavioral Health Commission
Ms. Amelia Gamble, Special Assistant Attorney General
Mr. Mason Frantom, Deputy Administrator

Appendix C

July 22, 2021 Correspondence from Wendy D. Bailey, DMH Executive Director to Sherlene Vince, Region 11 CMHC Executive Director

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

239 North Lamar Street601-359-1288

1 101 Robert E. Lee BuildingFAX 601-359-6295
Jackson, Mississippi 39201TDD 601-359-6230

Wendy D. Bailey - Executive Director

July 22, 2021

Ms. Sherlene Vince, Executive Director
Region I I — Southwest MS Mental Health Complex
P. O. Box 768
McComb, MS 39649-0768

Dear Ms. Vince,

As you know, the Mississippi Department of Mental Health (DMH) has been working with Region I I Southwest MS Mental Health Complex for several years to provide crisis services in the form of establishing a Crisis Stabilization Unit (CSU) in your catchment area. In FYI 9, DMH granted funds to assist Region I I with start-up costs of a CSU. In FY20, FY21 and FY22, DMH made available a grant for $800,000 for the operation of a CSU, and to date, there is still not an operating CSU for your area. Crisis services have been at the core of the litigation that the State of Mississippi has been involved in with the United States Department of Justice. The opening of a CSU in Region I I is essential to the State's expansion of and commitment to providing community-based mental health services in all regions of the State to prevent unnecessary hospitalizations.

After speaking with your staff on Friday, I was informed that Region I I will have the CSU operational and ready to serve individuals with serious mental illness no later than September 30, 2021. Please be advised via this notice that if the CSU is not operational and ready to serve individuals by September 30, then DMH will issue a Requests for Proposals to operate a CSU within the Region I I catchment area. Region I I has had several years to make this service available, and we are now heading into FY22 still awaiting access to CSU services in your community. While we appreciate your efforts to make this happen, time is of the essence, and we cannot wait any longer.

Sincerely,

Wendy D. Bailey
Executive Director

cc. Senator Hob Bryan, Chairman Public Health and Welfare Committee
Representative Sam Mims, Chairman Public Health and Human Services Committee
Bill Rosamond, Coordinator of Mental Health Accessibility

Appendix D

Region 11 CMHC Information by County

Adams County

Adult Services
200 S. Wall Street
Natchez, MS 39120

OCMHA visited the Adult Services location on Wall Street in Natchez on September 21, 2021. This location serves as the "hub" for all operations for the West Side of Region 11 CMHC.[1] The West Side consists of Adams, Claiborne, Franklin, Jefferson, and Wilkinson Counties. There were staff present in the Adams County Office at the time of the visit, but their time is reportedly shared among all of the counties on the West Side. This office is open five days per week. According to staff interviews, the West Side is in need of additional staffing to sustain services for all of the counties. Individuals in need of nursing services in the West Side counties must travel to this Adams County location, especially people receiving injections. This service is provided on Wednesdays. Psychosocial Rehabilitation Services (PSR) are not provided in Adams County at this time.[2]

All SUD services for the West Side of the Region are provided in Adams County. Individuals from other counties are eligible to receive SUD services in Adams County.

The Adams County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Children's Services
14 Feltus Street
Natchez, MS 39120

This office is located in an industrial park setting with no visible sign directing individuals to the building. Office hours at this location are Monday through Friday from 7:30 a.m. to 4:30 p.m. At the time of the visit, which was during the operating hours, there were no Children's Services staff present. This building is also the location that houses the Region 11 CMHC West Side Intensive Community Outreach and Recovery Team (ICORT). There was one ICORT staff present, who was not able to offer information regarding how to access Children's Services. The Children's Services location does not accept walk-ins. Region 11 CMHC does not provide Day Treatment in the Adams County Schools.

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[1] As noted earlier, the terms East Side and West Side are not a part of any DMH approved plan, but are rather service districts as delineated by Region 11 CMHC staff.
[2] Psychosocial Rehabilitation Services (PSR) were offered in the West Side of the Region in Adams County prior to the COVID-19 pandemic. The building the PSR program operated out of has since been transferred to another organization in Natchez.

Crisis Stabilization Unit Services
150 Jefferson Davis Blvd.
Natchez, MS 39120

Although as of the close of this Q3 report no Crisis Stabilization Unit (CSU) services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Funding for this CSU was obtained from private lending for renovations and from an $800,000 grant provided by DMH for services. *See Appendix C.* Prior to the Region 11 CSU coming on-line, individuals in Adams County experiencing mental health crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Vicksburg or Jackson, or committed to Mississippi State Hospital.

Figure 3: Adams County Mental Health Commitments

*Number of Commitments 2020-2021	Commitments per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
45	1:666	62	29,991	$77,143

*Commitment information provided by Adams County Chancery Clerk
**DMH FY 2020 Fast Facts

Amite County

315 Main Street
Liberty, MS 39645

OCMHA visited this location on Thursday, August 12, 2021. This office is not available for walk-in services. The office hours for this location are Monday through Friday from 8:00 a.m. until 4:00 p.m. Upon arrival, the door was locked and the staff present was in an individual counseling session. A brief personal interview with this staff person revealed that the location may be closed on Fridays. No additional interview questions were asked due to the staff having an ongoing counseling session.

The Amite County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Amite County experiencing mental health crises

requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Hattiesburg, or admitted to the Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Amite County. PSR is not provided in Amite County at this time, but is available in Region 11 at the Pike County facility. Individuals living in Amite County can be transported to the facility in McComb if there is enough capacity to accept new referrals. Region 11 CMHC does not provide Day Treatment in the Amite County Schools.

All SUD services for the East Side of the Region are provided in Summit in Pike County. Individuals from Amite County are eligible to receive SUD services in Pike County.

Figure 4: Amite County Mental Health Commitments

*Number of Commitments 2020-2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
26	1:470	13	12,237	$37,560

*Commitment information provided by Amite County Chancery Clerk
**DMH FY 2020 Fast Facts

Claiborne County

2090 Hwy 61 N
Port Gibson, MS 39150

OCMHA visited this location on Thursday, August 12, 2021. A number on the door was called and answered by the Natchez office. Office hours for this location are Mondays and the first Tuesday of each month, from 8:00 a.m. until 5:00 p.m.

A brief interview with staff who provide services in Claiborne County was conducted in a nearby county. According to this staff, the Claiborne County Office has been open one day a week for the last two years and is open one day each month for a medical clinic. In the event that the Claiborne County Chancery Clerk contacts Region 11 CMHC about the need for a pre-screening evaluation for commitment, Region 11 CMHC staff will open the Claiborne County office and conduct the prescreening.

The Claiborne County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Claiborne County experiencing mental health crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Vicksburg or Jackson, or committed to Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Claiborne County. PSR is not currently provided in Claiborne County. Region 11 CMHC does not provide Day Treatment in the Claiborne County Schools.

All SUD services for the West Side of the Region are provided in Adams County. Individuals from Claiborne County are eligible to receive SUD services in Adams County.

It was discovered that several individuals from Claiborne County travel to Vicksburg to Region 15 CMHC for services.

Figure 5: Claiborne County Mental Health Commitments

*Number of Commitments 2020/2021	Commitments per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
27	1:326	8	8,820	$18,162

*Commitment information provided by Claiborne County Chancery Clerk
**DMH FY 2020 Fast Facts

Franklin County

47 Main Street East
Meadville, MS 39653

OCMHA visited this location on August 12, 2021, at 9:00 a.m. No one appeared to be present in the office, but there was a sign on the door stating that the office is open for scheduled appointments only and a number for the McComb office was provided.

After visiting other counties on the West Side of Region 11 CMHC, it was discovered that most of the people receiving services are appointment-only and many others travel to the Adams County office. Staff are shared throughout the West Side and no staff are consistently assigned to the Meadville office. Walk-in services are not available.

The Franklin County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Franklin County experiencing mental health crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Vicksburg or Jackson, or committed to Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Franklin County. PSR is not currently provided in Franklin County. Region 11 CMHC does not provide Day Treatment in the Franklin County Schools.

All SUD services for the West Side of the Region are provided in Adams County. Individuals from Franklin County are eligible to receive SUD services in Adams County.

Staff interviews indicate several individuals from Franklin County go to Brookhaven to the Region 8 CMHC to access mental health services.

Figure 6: Franklin County Mental Health Commitments

*Number of Commitments 2020-2021	Commitments per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
18	1:423	5	7,623	$18,000

*Commitment information provided by Franklin County Chancery Clerk
**DMH FY 2020 Fast Facts

Jefferson County

1555 N. Main Street
Fayette, MS 39069

OCMHA visited this location on August 12, 2021. The building was open and staffed with four employees. There was a sign at the door stating that office hours are Monday through Friday from 8:00 a.m. – 5:00 p.m.

A brief interview with staff was conducted. Region 11 CMHC staff assigned to other counties come to Jefferson County if patients at the Jefferson County Office are in need of certain services. This is not an entirely uncommon practice among CMHC Regions; however, it seems standard operating procedure for many counties in Region 11 CMHC.

The Jefferson County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Jefferson County experiencing mental health crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Vicksburg or Jackson, or committed to Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Jefferson County. PSR is not currently provided in Jefferson County. Region 11 CMHC does not provide Day Treatment in the Jefferson County Schools.

All SUD services for the West Side of the Region are provided in Adams County. Individuals from Jefferson County are eligible to receive SUD services in Adams County.

Figure 7: Jefferson County Mental Health Commitments

*Number of Commitments 2020-2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
22	1:308	8	6,784	$17,952

*Commitment information provided by Jefferson County Chancery Clerk
**DMH FY 2020 Fast Facts

Lawrence County

1230 Nola Road
Monticello, MS 39654

Although the office was closed and only available by appointment, a staff person was present and a brief interview was conducted. There are few staff that are shared among many counties on the East Side of Region 11 CMHC to include Lawrence, Walthall, Pike, and Amite Counties.

The Lawrence County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Lawrence County experiencing a mental health

crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Hattiesburg or Jackson, or committed to Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Lawrence County. PSR is not provided in Lawrence County at this time, but is available in Region 11 at the Pike County facility. Individuals living in Lawrence County can be transported to the facility in McComb if there is enough capacity to accept new referrals. Region 11 CMHC does not provide Day Treatment in the Lawrence County Schools.

All SUD services for the East Side of the Region are provided in Summit in Pike County. Individuals from Lawrence County are eligible to receive SUD services in Pike County.

Also, it was discovered that several individuals from Lawrence County travel to Brookhaven to Region 8 CMHC for services.

Figure 8: Lawrence County Mental Health Commitments

*Number of Commitments 2020/2021	Commitment per population	**Admissions to State Hospitals 2019/2020	Population	County Contributions
65	1:197	36	12,862	$22,500

*Commitment information provided by Lawrence County Chancery Clerk
**DMH FY 2020 Fast Facts

Pike County

Adult Services
1701 White Street
McComb, MS 39648

OCMHA visited this location on September 22, 2021. This facility is considered the main office building for all of Region 11 CMHC. This location is where all administrative staff are housed, and where individuals can receive services from clinical staff. OCMHA was able to interview Region 11 CMHC Executive Director and was able to share observations from individual county visits and discuss the current financial status of Region 11 CMHC. After the interview, OCMHA representatives participated in a brief tour of the Pike County PSR facility a few blocks away. Individuals from Pike, Walthall, Amite and Franklin Counties were present and receiving services at the PSR program. This program is at capacity and is certified by DMH for 32 individuals and there were 32 individuals registered.

The Pike County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Adult Substance Use Disorder Services
301 Robb Street
Summit, MS 39666

OCMHA visited this location on September 22, 2021. This location serves adult individuals with Substance Use Disorders (SUDs). Individuals from the East Side of the Region are eligible to receive services at this location. Some staff at this location are assigned to the East Side; however, the Coordinator of the West Side of the Region provides services at this location for two days a week. The Coordinator position for the East Side of Region 11 CMHC is currently vacant. There were two PEER support staff present at the time of the visit, as well as the Coordinator for the West Side of Region 11 CMHC.

Children's Services
140 N 5th Street
McComb, MS 39648

OCMHA visited this location on September 22, 2021. This facility is the Children's Services location. There was a sign on the door that said services available by appointment-only and, in order to receive services, individuals must go to the other office building located on White Street to receive an intake assessment. The facility was locked at the time of our visit. Walk-ins are not accepted at this location.

Region 11 CMHC does not provide Day Treatment in the Pike County Schools.

Crisis Stabilization Unit Services

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Pike County experiencing a mental health crises requiring in patient or residential treatment were referred to Region 8's CSU, a private hospital in Hattiesburg or Jackson, or committed to Mississippi State Hospital. Individuals 50 years of age and older are often referred to a senior care facility in Magnolia.

Figure 9: Pike County Mental Health Commitments

*Number of Commitments 2020-2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
83	1:471	42	39,104	$89,450

*Commitment information provided by Pike County Chancery Clerk
**DMH FY 2020 Fast Facts

Walthall County

219 Ball Ave
Tylertown, MS 39667

OCMHA staff visited this office on August 12, 2021. Office hours for this location are Wednesday and Thursday from 8:00 a.m. to 4:00 p.m. and Friday by appointment only. Walk-ins are not accepted on Monday, Tuesday and Friday.

The Walthall County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Walthall County experiencing a mental health crises requiring in patient or residential treatment were referred to other providers in Hattiesburg or Harrison County or committed to Mississippi State Hospital. If the person is 50 years of age or older, they are sometimes referred to a senior care program.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Walthall County. PSR is not provided in Walthall County at this time but is available in Region 11 at the Pike County facility. Individuals living in Walthall County can be transported to the facility in McComb if there is enough capacity to accept new referrals. Region 11 CMHC does not provide Day Treatment in the Walthall County Schools.

All SUD services for the East Side of the Region are provided in Summit in Pike County. Individuals from Walthall County are eligible to receive SUD services in Pike County.

Figure 10: Walthall County Mental Health Commitments

*Number of Commitments 2020-2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
11	1:1271	9	13,986	$17,313

*Commitment information provided by Walthall County Chancery Clerk.
**DMH FY 2020 Fast Facts

Wilkinson County

260 Main St
Centerville, MS 39631

OCMHA staff visited this office on August 12, 2021. Office hours for this location are Monday through Friday 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. There were five staff present and a brief interview was conducted.

Historically, no services have been provided in Wilkinson County. Region 11 CMHC applied for and received a Certified Community Behavioral Health Center (CCBHC) grant through Substance Abuse and Mental Health Services Administration (SAMHSA) for $4 million. The grant began February 2021 and is scheduled to last through February 2023. As a result, a facility in Wilkinson County opened, which also houses a pharmacy operated by another provider. Walk-ins are accepted at this location. Staff are shared among other counties on the West Side of the Region.

The Wilkinson County office provides telehealth services, and all Region 11 CMHC therapists offer treatment services to individuals using telehealth.

Although as of the close of this Q3 report no CSU services were operational within Region 11, an eight bed CSU was scheduled to open in Adams County on October 18, 2021. Prior to the Region 11 CSU coming on-line, individuals in Wilkinson County experiencing a mental health crises requiring in patient or residential treatment were referred to providers in other areas of the state or committed to Mississippi State Hospital.

All Core Services, as described in *DMH Operational Standards,* are not directly provided in Wilkinson County. PSR is not currently provided in Wilkinson County. Region 11 CMHC does not provide Day Treatment in the Wilkinson County Schools.

All SUD services for the East Side of the Region are provided in Summit in Pike County. Individuals from Wilkinson County are eligible to receive SUD services in Pike County.

Figure 11: Wilkinson County Mental Health Commitments

*Number of Commitments 2020-2021	Commitment per population	**Admissions to State Hospitals 2019-2020	Population	County Contributions
52	1:158	18	8,328	$10,094

*Commitment information provided by Wilkinson County Chancery Clerk.
**DMH FY 2020 Fast Facts

Appendix E

DMH Operational Standards (Rule 3.1) Core Services

Operational Standards For Mental Health, Intellectual/Developmental Disabilities, And Substance Use Community Service Providers

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Part 2: Chapter 3: Service Options

Rule 3.1 Core Services for DMH/C and DMH/P Providers

A. Community Mental Health Centers (DMH/C) operated under the authority of regional commissions established under MCA Section 41-19-31 et seq. and DMH/P must provide all the following core services and have the capacity to offer these services in all counties designated in the DMH/C region or all counties identified by (DMH/P) providers.

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1. Adult Mental Health Services	
(a) Crisis Response Services	111
(b) Community Support Services	131
(c) Psychiatric/Physician Services	135
(d) Outpatient Therapy	137
(e) Psychosocial Rehabilitation	145
(f) Pre-Evaluation Screening for Civil Commitment (required only for centers operated by regional commissions' est. under MCA Section 41-19-31 et seq.)	259
(g) Peer Support Services	279
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(b) Community Support Services	131
(c) Psychiatric/Physician Services	135
(d) Outpatient Therapy	137
(e) Day Treatment Services	161
(f) Pre-Evaluation Screening for Civil Commitment (for youth age 14 and over)	259
(g) Making A Plan (MAP) Teams	273
(h) Peer Support Services	279
3. Substance Use Services	
(a) Crisis Response Services	111
(b) Prevention	313
(c) Residential Services	
1) Primary Residential Services (Adult or Adolescent)	231
2) Transitional Residential Services	230
(d) Outpatient Services/Intensive Outpatient Services	137
(e) DUI Assessment Services	317
(f) Early Intervention Services for HIV & AIDS	305
(g) Peer Support Services	279
(h) Withdrawal Management Services	334
4. Intellectual/Developmental Disabilities Services	
(a) Crisis Response Services	111

B. Services for Substance Use Providers designated as (DMH/O) or (DMH/P) must include the following:

1. Outpatient Services (PHP, Intensive Outpatient/General Outpatient)	
(a) Crisis Response Services	111
(b) Outpatient Services	137
(c) Peer Support Services	279
2. Substance Use Treatment Services	
(a) Crisis Response Services	111
(b) Residential	
(1) Primary Residential Services (Adult or Adolescent)	231
(2) Transitional Residential Services (Adult)	230
(c) Peer Support Services	279
(d) DUI Assessment Services	317
(e) Early Intervention Services for HIV & AIDS	305
(f) Withdrawal Management Services	334
3. Opioid Services	
(a) Crisis Response Services	111
(b) Outpatient Services	137

Source: Section 41-4-1 of the *Mississippi Code, 1972, as amended*

Rule 3.2 Intellectual/Developmental Disabilities Services

A. Services available through the ID/DD Waiver include:	Page
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2. Crisis Support	127
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16. In-Home Nursing Respite	292
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