



Rose Isabel Williams Mental Health Reform Act of 2020

Status Report

January 1, 2024 – March 31, 2024

*MS Department of Finance and Administration
Office of the Coordinator of Mental Health
Accessibility*

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Abstract

This report is submitted pursuant to the *Rose Isabel Williams Mental Health Reform Act of 2020*, as codified in Miss. Code § 41-20-5(h), which implemented a process for the comprehensive review and required reporting on Mississippi's mental health system to assess the structure, funding, adequacy, delivery, and availability of services throughout the State. Among the key areas covered in this report are the implementation and effectiveness of Law Enforcement Agency Crisis Intervention Teams (CIT) and financial updates for Community Mental Health Centers (CMHCs), detailing their current financial statuses and any notable changes. Further, the report updates the progress of Region 12 CMHC and Region 15 CMHC in adopting additional counties, highlighting the expansion efforts and their impact on service provision across different regions. Finally, the report incorporates recommendations from the Office of the Coordinator of Mental Health Accessibility (OCMHA), offering insights and suggestions for improving Mississippi's mental health system based on their assessments and observations.

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Rose Isabel Williams Mental Health Reform Act of 2020
Quarterly Status Report
Submitted Pursuant to Mississippi Code Section 41-20-5(h)
January 1, 2024 – March 31, 2024

The Office of the Coordinator of Mental Health Accessibility (OCMHA) has included the following topics for this report:

- Law Enforcement Agency Crisis Intervention Teams (CIT)
- Community Mental Health Center (CMHC) Financial Updates
- Updates Related to Dissolution of Region 11 CMHC and Adoption of Additional Counties by Regions 12 CMHC and Region 15 CMHC
- OCMHA Recommendations

Law Enforcement Agency Crisis Intervention Teams

In response to the growing need for effective management of mental health crises within our communities, Crisis Intervention Teams (CITs) emerged as a vital partnership between law enforcement agencies, mental health providers, hospitals, and community partners. CIT officers are law enforcement officers trained and certified in crisis intervention, authorized to make arrests, and affiliated with CIT-partnered law enforcement agencies (Mississippi Department of Mental Health, 2022, Mississippi Department of Mental Health FY20 Annual Report, 2020). CITs are a nationally recognized best practice, and officers who have received CIT training have been recognized as having the understanding and skills needed to resolve mental health and substance use crises. Rooted in the 'Memphis Model', CITs in Mississippi are aimed at diverting individuals experiencing mental health crises away from the criminal justice system and towards appropriate treatment and support services (University of Memphis CIT Center, 2021). Since 2021, OCMHA has advocated that CMHCs pursue and promote development of CIT in their catchment area. *See OCMHA Status Report #3, Q4 2021.*

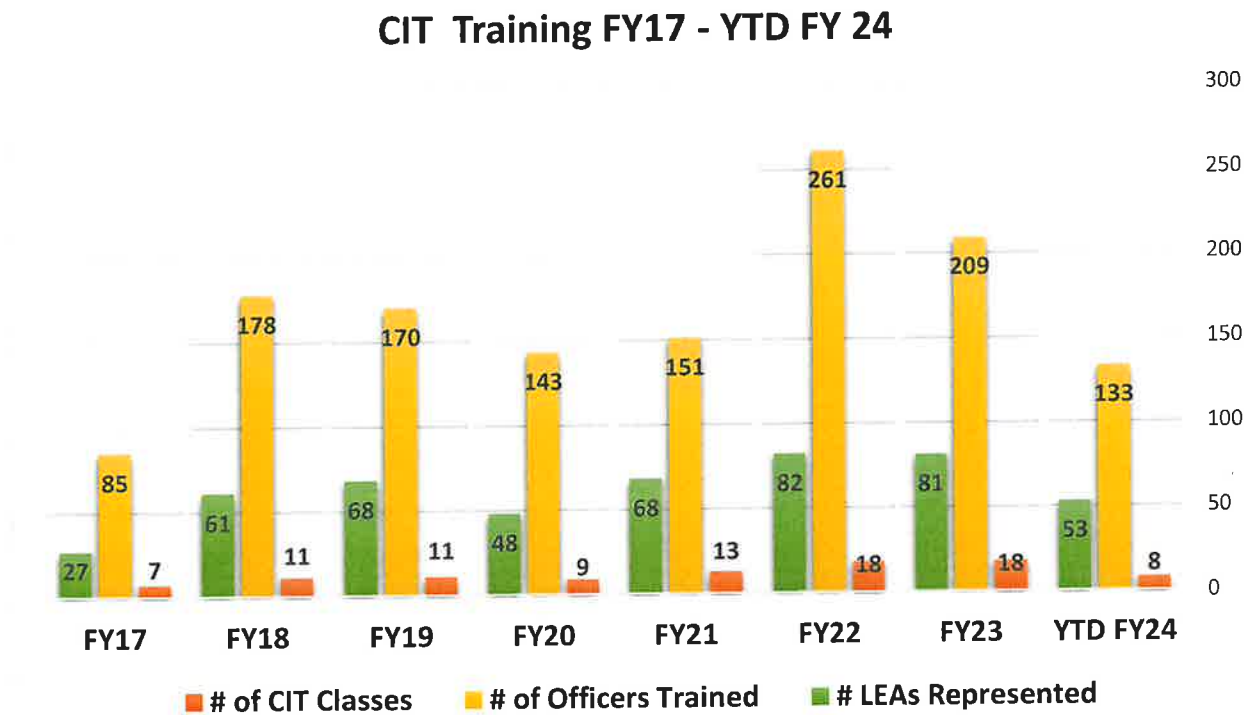
Pursuant to Miss. Code §41-21-133, CITs represent a collaborative effort to provide psychiatric emergency services and triage as humane alternatives to confinement in jails. Specifically, Miss. Code ` § 41-21-133 provides as follows:

- (1) Any law enforcement agency or community mental health center, as a participating partner, is authorized to establish Crisis Intervention Teams to provide for psychiatric emergency services and triage and referral services for persons who are with substantial likelihood of bodily harm as a more humane alternative to confinement in a jail.

The approach entails a police-led initial response program geared towards diverting individuals in mental health crises away from arrest prior to jail involvement, typically operating within the patrol division. CIT collaborates closely with behavioral health providers to establish a service framework that accommodates individuals with mental illness, their families, and law enforcement personnel. Officers undergo training to cultivate both empathy and technical proficiency necessary for effectively resolving mental health crises. Due to the extensive content in the 40-hour curriculum, CIT training carries a significant investment. Mental health experts deliver approximately 18-20 hours of lectures covering diverse mental health topics. Additionally, the training incorporates 11-12 hours of de-escalation instruction and role-playing, conducted by trainers certified by the University of Memphis CIT Center (University of Memphis CIT Center, 2021).

During FY17, seven CIT classes were conducted, training 85 officers. By FY23, the number of classes had increased to 18, with 209 officers trained. FY22 and FY23 saw participation from over 80 Law Enforcement Agencies (LEAs) each year. FY22 recorded the highest activity with 18 CIT classes and 261 officers trained. Figure 1 below provides data for FY17 through March 26, 2024. (Storr, 2024).

Figure 1: CIT Training FY17 through YTD FY24



In 2023, efforts were made by the Mississippi Legislature to enhance CIT in our state. Miss. Code §41-19-35 was amended through House Bill 1222 and approved by Governor Tate Reeves, on March 22, 2023. Known as "The Mississippi Collaborative Response to Mental Health Act," the Act mandates mental health first aid training for all municipal and county law enforcement officers by 2031 and requires each agency to have at least one crisis intervention trained officer by 2025. Overall, this legislation provides support for CIT initiatives and may signify a broader commitment to mental health and ensuring more effective responses to individuals in crisis throughout our state. LEAs and CMHCs provide funding for CIT training. The programmatic administrator at the CMHC is most often the MCERT director.

In FY21, Mississippi had eight fully functioning CIT programs (Mississippi Department of Mental Health FY20 Annual Report, 2021). In the fall of 2023, DMH applied for and received a five-year, \$318,783 federal grant to support CIT trainings under the Mississippi Early Diversion Project. The goal of this project is to expand CIT to all CMHC regions in the state, with CIT trainings being offered at no cost. For 2024, more than 25 regular CIT trainings are scheduled, along with three train-the-trainer classes and two CIT trainings specifically for dispatchers. In addition to the CIT trainings, the grant also funds Sequential Intercept Mapping Workshops. These workshops bring together criminal justice and behavioral health stakeholders to map resources, identify gaps, and develop strategies to enhance service delivery at the intersection of these two systems. DMH has also established a plan to monitor compliance with the requirements of HB 1222 and are communicating with LEAs to keep them informed of the requirements, scheduled trainings, and how to reach out to have a training.

Currently, all but two CMHCs have active CIT programs. Regions 7 and 8 established their programs in Q1 2024. Region 8 collaborates with the Mississippi Law Enforcement Officer Training Academy (MLEOTA) for CIT officer training, with MLEOTA offering use of their facility. Regions 6 and 15 are in the infrastructure development phase and are not yet operational. CIT programs operate as regional teams targeting specific counties, and not all counties within CMHC regions offer CIT services (Foley & Ekpo, 2024).

CMHC Financial Update

OCMHA conducts a quarterly review of the financial health of CMHCs and highlights areas of improvements and concerns that need attention. *See Map of CMHC Regions in Mississippi attached as Appendix "A"*. When observing operating income on a twelve-month rolling basis, improvements have been observed across the last four quarters. Collectively, CMHC operations are demonstrating improvement in comparison to the same period a year ago. Regions 2, 3, 4, 6, 7, 8, 9, and 10 reported a net increase for the most recent quarter. Regions 12, 14 and 15 reported a reduction in net position and have net reductions in financial positions on a rolling twelve-month basis. The changes in net position ranged from increase in net position of \$1,086,499 for Region 6 to a reduction of (\$164,891) for Region 12. Figure 2 provides the changes in net

position from operations (decrease) for quarter ended December 31, 2023; Figure 3 provides days of operating cash by CMHC as of December 31, 2023. In the last two quarters, OCMHA has closely monitored Regions 9 and 14 in response to the amount of operating cash on hand and the vulnerability of operations. *See OCMHA Status Report #8, Q3 2023.* OCMHA initiated meetings and sent requests for information to these regions to assess their needs, offer technical assistance, and identify both short-term and long-term sustainability solutions. OCMHA plans to continue providing ongoing technical assistance to support these regions.

Region 9 CMHC serves Hinds County with a population of 235,604, of which 26.5% are Medicaid beneficiaries. For Q4 2023, Region 9 has continued positive trends towards improved financial positions. Region 9 reported an operating income and a net increase in operating position of \$610,069 for the quarter and \$1,307,460 year-to-date. Figure 1 below provides the quarterly results for changes in net position for each CMHC. At the end of Q1 2023, Region 9 had only 17 days of operating cash and cash equivalents. Days of operating cash at these levels jeopardize normal operations should an interruption in cash flow occur. As of December 31, 2023, liquidity had improved to 39 days, reflecting a sustained positive trend in days of cash. Figure 2 provides details of days of operating cash for each CMHC.

During the last year, Region 9 has been awarded additional grant funding and established new programs.

- SAMHSA's Grant to Benefit Homeless Individuals was awarded 10/1/23. HBHS used this grant to enhance the services offered to the persons who are experiencing homelessness.
- SAMHSA's Minority Aids Initiative was awarded 10/1/23 aimed at enhancing the services already offered to clients at risk of HIV due to substance use disorders.
- DMH grant to establish and operate an Adolescent Offender Program on 7/1/23.
- DMH grant to establish and operate Children and Youth Intensive Community Support Services on 7/1/23.

OCMHA is continuing to closely monitor Region 14, which serves Jackson and George Counties. The counties have a population of 166,970, among whom 19.5% are Medicaid beneficiaries. For Q4 2023, Region 14 reported a (\$6,890) change in net position and \$255,296 year-to-date change in net position. Despite the modest operating loss for the quarter, the region is reporting 30 days of operating cash, down from 40 days the previous quarter. The decrease in days of operating cash is attributable to a \$316,795 increase in accounts receivable from Q3 to Q4 2023. Per Region 14 leadership, the receivables are expected to be collected in a timely manner.

Figure 2: Change in Net Position for Quarter Ended December 31, 2023

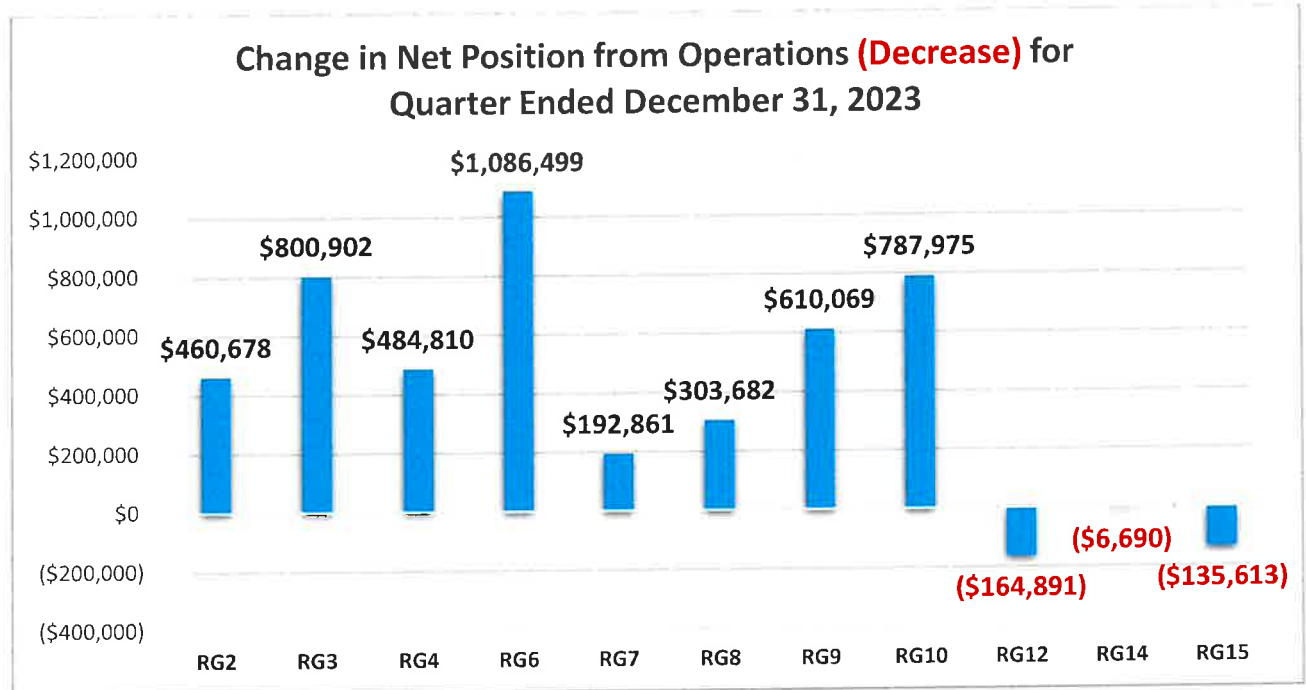
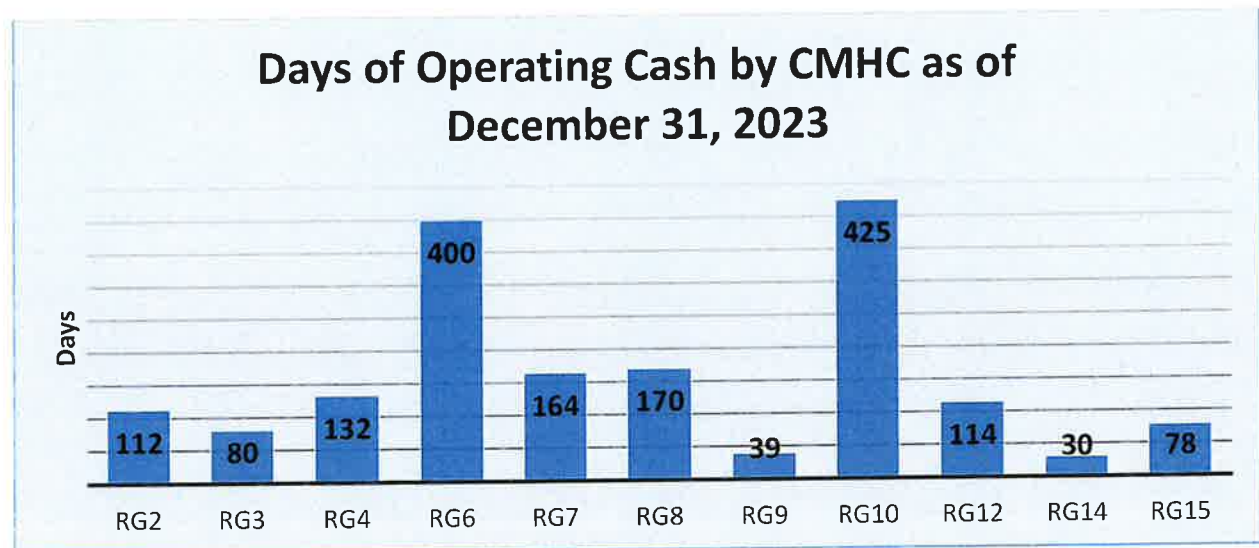


Figure 3: Days of Operating Cash by CMHC for Quarter Ended December 31, 2023



Updates Related to Dissolution of Region 11 CMHC and Adoption of Additional Counties by Regions 12 CMHC and Region 15 CMHC

Following assessments of the CMHCs, OCMHA identified significant operational and financial shortcomings at Region 11. Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan to maintain access to services for the Region 11 area, upon determining that there were inadequate mental health services in the Region 11 counties. This included

inconsistent delivery of mental health services across the nine counties, vacancies in 23.4% of available positions, lack of cash reserves, delinquent accounts payable, and delinquent payments to the Public Employees Retirement System (PERS). See *OCMHA Status Report #7, Q1-Q2 2023*.

On June 30, 2023, Region 11 discontinued providing services. On July 1, 2023, Region 12 began providing services to Amite, Franklin, Lawrence, Pike, and Walthall Counties. Region 15 began serving Adams, Claiborne, Jefferson, and Wilkinson Counties. Updates on key milestones, challenges addressed, and future plans are provided in Figure 4 below for Region 12 and Figure 5 for Region 15.

Figure 4: Updates on the Region 12 Adoption of Amite, Franklin, Lawrence, Pike and Walthall Counties

Region 12 CMHC Update Related to Adoption of Additional Counties
Services
<p>Each county continues to provide services Monday through Friday from 8:00 AM to 5:00 PM, with secretarial, outpatient clinical staff, and nurse practitioner staff available in all five counties. Efforts to fill vacant staff positions are ongoing, with additional Psychosocial Rehabilitation Service (PSR) staff now available in Pike, Amite, and Walthall Counties. Pharmacy services, co-occurring disorder services, lab services, and injection services are also available in all five counties. Both face-to-face and telehealth service delivery methods remain available.</p> <p>Between July 1, 2023, and March 31, 2024, a total of 1,191 intake assessments were completed for individuals accessing services within the five newly added counties and new intake assessments are ongoing. For this quarter, Pine Belt provided a total of 159 unduplicated intake assessments (13 in Amite, 11 in Franklin, 19 in Lawrence, 76 in Pike, and 40 in Walthall). Despite ongoing workforce shortages in the market, crisis services, Intensive Community Outreach and Recovery Team (ICORT), and Mobile Crisis Response Teams (MCERT) are operational across the five counties.</p> <p>Enhancements to children's services have been implemented across the five counties as follows:</p> <ul style="list-style-type: none"> ● Pike: Two clinicians and one community support specialist are available to provide outpatient services for all ages. ● Walthall: School-based therapy is now provided in schools. Outpatient services are also provided to children at the office by a clinician whose time is split with Lawrence County. A part-time staff person is now employed to provide community support services for all ages who meet criteria. ● Lawrence: School-based therapy is now provided in schools. Outpatient services are also provided to children at the office by a clinician whose time is split with Walthall County. A part-time staff person is now employed to provide CSS for

all ages who meet criteria. Additionally, a therapist provides individual and family services one day per week. During this quarter, Region 12 also provided crisis intervention services to the Lawrence County School District at the request of the district.

- **Franklin:** One part-time clinician is providing outpatient services in the office to all ages and one part-time community support specialist is available for all ages.

Also, Region 12 provides a Making a Plan (MAP) Team for all five counties that reviews cases concerning children and youth who have a serious emotional disturbance and are at risk for "inappropriate 24-hour institutional placement." Intensive Consumer Support Services (ICSS) are planned to begin during Q2 2024. One clinician will split their time between Pike, Amite, and Franklin Counties. As referrals increase, Region 12 is actively recruiting additional therapists for children and adolescents, Community Support Specialists (CSS), and Mississippi Youth Programs Around the Clock (MYPAC) team members.

A second CIT advisory board meeting for the area is scheduled for April 2024, and a 40-hour CIT class is planned to be provided at the end of May. The agency is maintaining a crisis on-call system for the five counties operating 24 hours a day, seven days a week.

Finances

As of February 29, 2024, the \$500,000 in flexible spending grant provided by DMH has been depleted. After the utilization of the start-up grant, operational costs have surpassed revenue. Between December and February, the five counties faced a monthly deficit amounting to approximately \$61,000, with specific shortfalls of \$37,694 in December, \$12,822 in January, and \$11,297 in February.

In December, utilizing existing resources, Region 12 allocated \$20,000 for enhancing security at the Pike County office through the installation of additional cameras, door repairs/systems, and parking lot lights. In January, an additional \$8,000 was disbursed to finalize payment for parking lot lights at the same location.

Region 12 CMHC leadership describes pressing facility repair, maintenance, and updating needs as imminent and significant. Anticipated future requirements include replacing furniture that does not meet DMH certification standards, with estimated costs ranging from \$25,000 for smaller facilities to \$75,000 for larger facilities, such as the Pike County main office.

Region 12, utilizing existing resources, is making significant investments in the Franklin County facility to address concerns, including water damage. Plans are underway for extensive refurbishment to enhance the facility and ensure it remains a resource for the community. In addition, the Summit building will receive a floor replacement, with an estimated investment

of just under \$25,000. These enhancements aim to further improve the infrastructure necessary to sustain service provision.

Facilities

Region 12 has installed parking area lighting and exterior building security cameras at the Pike County Mental Health Center to enhance security. Each county facility has reported extensive repair needs. Notably, the Franklin County facility suffered considerable water damage to the ceiling upon receipt and is undergoing assessment for repair and replacement. Furthermore, research is underway regarding the cost of remodeling the Franklin County facility. Efforts are also underway to finalize and install new signage at offices in the five new counties indicating integration into Region 12.

Community Outreach

Region 12 has recently employed a school-based clinician to serve Walthall and Lawrence Counties, with active Memorandums of Understanding (MOUs) established with these districts. An active MAP team operates for the five new counties. A second CIT Advisory Board meeting is scheduled for April, with plans underway to conduct a 40-hour CIT class at the end of May.

Region 12 staff convened with key community partners including the Pike County Chancery Court, chancery clerk, sheriff, and board attorney to discuss enhancements to the involuntary commitment process. Additionally, Region 12 presented at a Lion's Club meeting in Pike County and participated in a Zoom meeting with the Amite County chancery clerk. Moreover, the Director of Chemical Dependency Services has been engaging with the SOAR benefit specialist to connect those who qualify with benefits.

Figure 5: Updates on the Region 15 Adoption of Adams, Claiborne, Jefferson, and Wilkinson Counties

Region 15 CMHC Update Related to Adoption of Additional Counties

Services

A new Psychosocial Rehabilitation Services (PSR) program is scheduled to open in Fayette in April 2024. The newly leased PSR building is to be reviewed by DMH on April 1, 2024. Participants have been identified and the prior authorization process has begun with Medicaid and managed care agencies. Region 15 will begin interviewing for the PSR Coordinator on March 27, 2024.

Plans are underway to create an Adolescent Offender Program (AOP) in Adams County, pending the securing of a service location. Region 15 is actively collaborating with the school to secure a location. An AOP Coordinator has been hired and is actively collaborating with the Adams County Youth Court to identify and enroll participants. Additionally, efforts are underway to coordinate with the Natchez-Adams School District to secure space in the Alternative School for program meetings.

MOUs with all school districts in the four new counties have been finalized, and therapists are now actively providing school-based therapy to children. Day Treatment services have been established in Jefferson County; however, they are currently on hold due to staff turnover. Services are expected to resume once the necessary positions are filled.

Community Outreach

Region 15 staff are actively engaged in the Adams County Criminal Justice Community Committee, collaborating with other agencies and courts to identify solutions for individuals with mental health challenges. During their participation, staff have contributed suggestions concerning the design of a new jail in Adams County, with a specific focus on proposing ideas for the creation and layout of a holding area tailored to individuals with mental health needs.

OCMHA Recommendations

<i>Issue: Need for Additional CIT Teams</i>	
Background	Crisis Intervention Teams (CITs) are a nationally recognized best practice, equipping officers with the understanding and skills needed to effectively resolve mental health and substance use crises.
Recommendation 1	OCMHA recommends that all CMHC regions pursue and promote the development of CIT in their catchment area.
Recommendation 2	A permanent plan for monitoring compliance with the "Mississippi Collaborative Response to Mental Health Act," which mandates that all law enforcement agencies have at least one CIT-trained officer by 2025, should be established by DMH and should include formal collaboration with a state-level law enforcement agency.
Recommendation 3	Currently, CIT services are primarily provided by regional teams covering multiple counties. A more structured approach, based on a needs assessment, should be adopted to identify counties that would benefit from a CIT program tailored to their specific population or geographic size.
<i>Issue: Financial Vulnerability of Region 9 CMHC</i>	
Background	OCMHA conducts a review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 9 is financially vulnerable.
Recommendation 1	OCMHA will continue to meet with leadership of Region 9 to conduct a comprehensive assessment of their financial and operational status, with a focus on providing technical assistance to identify and implement sustainable solutions.
<i>Issue: Financial Vulnerability of Region 14 CMHC</i>	
Background	OCMHA conducts a review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 14 is financially vulnerable.
Recommendation 1	OCMHA will continue to meet with Region 14 leadership to conduct a comprehensive assessment of their financial and operational status, with a focus on providing technical assistance to identify and implement sustainable solutions.

<i>Issue: Progress of Transition of Five Counties from Region 11 CMHC to Region 12 CMHC</i>	
Background	Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for increased access to mental health services for the Region 11 service area. As of July 1, 2023, Region 12 began providing services to Amite, Franklin, Lawrence, Pike, and Walthall Counties following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11.
Recommendation 1	Region 12 should continue to maintain comprehensive accounting records for all expenses associated with the transition of services from Amite, Franklin, Lawrence, Pike and Walthall Counties.
Recommendation 2	Region 12 should continue to establish relationships with all clinics, healthcare providers, elected officials, advocates and other interested parties within the new service area and conduct strategic community outreach to identify persons in need of services.
Recommendation 3	Region 12 should continue to perform needs assessments to determine what other areas of service are needed.
Recommendation 4	OCMHA will continue to monitor the operational and financial integration of counties and transition of services for a minimum of 12 months.
<i>Issue: Progress of Transition of Four Counties from Region 11 CMHC to Region 15 CMHC</i>	
Background	Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for the Region 11 CMHC service area. As of July 1, 2023, Region 15 began providing services to Adams, Claiborne, Jefferson, and Wilkinson Counties following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11.
Recommendation 1	Region 15 should continue to maintain comprehensive accounting records for all expenses associated with the transition of services from Adams, Claiborne, Jefferson and Wilkinson Counties.
Recommendation 2	Region 15 should continue to establish relationships with all clinics, healthcare providers, elected officials, advocates and other interested parties within the new service area conduct strategic community outreach to identify persons in need of services.
Recommendation 3	Region 15 should continue to perform needs assessments to determine what other areas of services are needed.

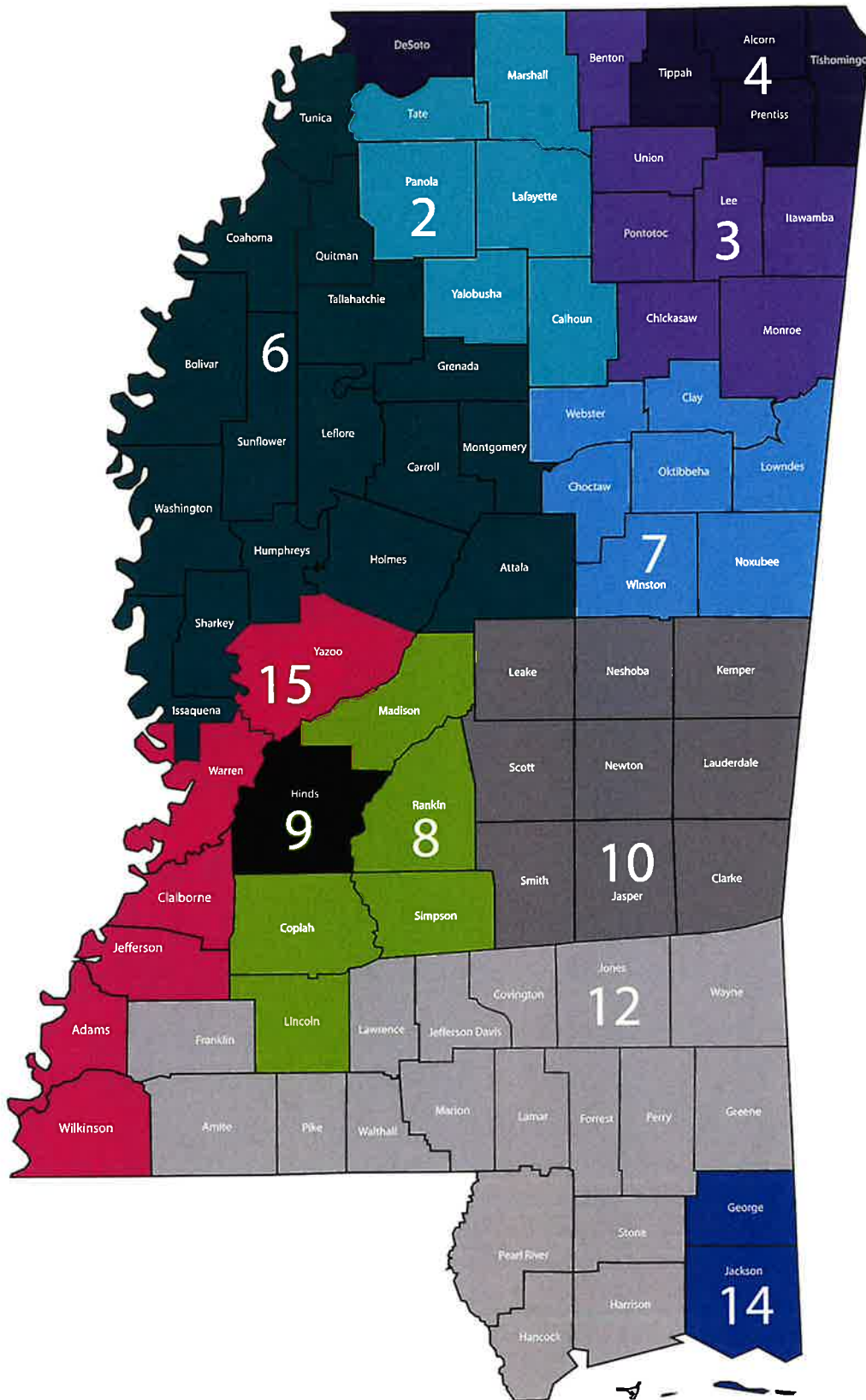
Recommendation 4	OCMHA will continue to monitor the operational and financial integration of counties and transition of services for a minimum of 12 months.
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Bibliography

- Foley, L., & Ekpo, B. (2024, April 24). Mississippi Department of Mental Health. (J. Gledhill, Interviewer)
- Mississippi Department of Mental Health FY20 Annual Report*. (2021). Retrieved December 2021, from DMH FY20 Annual Report: <http://www.dmh.ms.gov/wp-content/uploads/2020/11/DMH-FY20-Annual-Report-Reduced-Size.pdf>
- Storr, K. (2024, April 5). Personal Communication. Mississippi Department of Mental Health. *MS Department of Mental Health*.
- University of Memphis CIT Center. (2021, December). Retrieved from http://www.cit.memphis.edu/information_files/CoreElements.pdf
- University of Memphis CIT Center. (2021, December). Retrieved from http://www.cit.memphis.edu/information_files/CoreElements.pdf

Appendix A

Map of CMHC Regions in Mississippi



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