



Rose Isabel Williams Mental Health Reform Act of 2020

Status Report

January 1, 2023 – June 30, 2023

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

Report Developed By:

***Office of the Coordinator of Mental Health Accessibility
(OCMHA)***

Author:

*Bill Rosamond, JD
Coordinator, OCMHA*

Contributions by:

*Steven Allen
Jerrri Gledhill, PhD, LPC
Jerry Mayo, CPA (Retired)*

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. The report covers the period of January 1, 2023, through June 30, 2023, and provides a summary of the background of the Office of the Coordinator of Mental Health Accessibility's efforts towards sustainability of services for counties located in the Region 11 CMHC service area. It also includes the plan for the Region 11 CMHC service area; for Amite, Franklin, Lawrence, Pike, and Walthall Counties to join the Region 12 CMHC; for Adams, Claiborne, Jefferson, and Wilkinson Counties to join Region 15 CMHC; and analysis and implementation of the plan for the Region 11 CMHC service area. Additionally, it provides an overview of House Bill 1222, 2023 Regular Session, and Mental Health Treatment Courts (MHTCs).

Table of Contents

OCMHA'S EFFORTS TOWARDS SUSTAINABILITY OF SERVICES	5
FOR COUNTIES LOCATED IN THE REGION 11 CMHC SERVICE AREA.....	5
PLAN FOR REGION 11 CMHC SERVICE AREA	5
ANALYSIS AND IMPLEMENTATION OF THE PLAN FOR THE REGION 11 CMHC SERVICE AREA.....	6
POWERS AND DUTIES OF THE COORDINATOR OF MENTAL HEALTH ACCESSIBILITY.....	8
STATUTORY PROCESS TO FOLLOW AFTER A DETERMINATION BY THE COORDINATOR THAT MENTAL HEALTH SERVICES ARE INADEQUATE	9
BACKGROUND FOR RECOMMENDED DISSOLUTION OF REGION 11 CMHC	10
STAKEHOLDER MEETINGS.....	11
CMHC MEETINGS.....	12
BOARD OF SUPERVISORS RESOLUTIONS AGREEING TO JOIN NEW CMHC REGIONS	13
COLLABORATION WITH RELEVANT STATE AGENCIES.....	13
TRANSFER OF SERVICES.....	14
FINANCIAL SUPPORT	15
COUNTY CONTRIBUTIONS.....	15
BUILDINGS, REAL PROPERTY AND LEASE AGREEMENTS.....	16
TARGET DATES FOR THE TRANSITION	18
PERS.....	18
HOUSE BILL 1222, 2023 LEGISLATIVE SESSION	18
MENTAL HEALTH FIRST AID TRAINING	18
COURT LIAISONS	19
TERMS FOR MEMBERS OF THE BOARD OF MENTAL HEALTH	19
EXPANDED PARTICIPATION ON COUNTY MENTAL HEALTH COMMISSIONS.....	19
REPORTING COUNTY DATA RELATED TO INVOLUNTARY CIVIL COMMITMENT PROCEEDINGS	20
TRANSPORTATION FOR PERSONS IN CRISIS TO HEALTHCARE FACILITY	20
MENTAL HEALTH TREATMENT COURTS (MHTCS)	20
OCMHA RECOMMENDATIONS	22
WORKS CITED.....	24
APPENDIX A	25

Tables

Table 1: Sources of Financial Support.....	15
Table 2: Current County Contributions by County for the Nine Counties in Region 11 CMHC's Service Area.....	16
Table 3: Comparison of County Contributions Before and After County Resolutions Effective July 1, 2023	16
Table 4: List of Region 11 CMHC Service Buildings and Associated Plan	17
Table 5: PERS Contributions Previously Owed by Region 11	18

Rose Isabel Williams Mental Health Reform Act of 2020
Quarterly Status Report
Submitted Pursuant to Mississippi Code Section 41-20-5(h)
January 1, 2023 – June 30, 2023

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

- ◆ OCMHA's Efforts Towards Sustainability of Services for Counties Located in the Region 11 CMHC Service Area
- ◆ House Bill 1222, 2023 Regular Session
- ◆ Mental Health Treatment Courts (MHTCs)

**OCMHA's Efforts Towards Sustainability of Services
for Counties Located in the Region 11 CMHC Service Area**

Plan for Region 11 CMHC Service Area. Following initial assessments of CMHCs to determine adequacy of services and financial sustainability, OCMHA identified Region 11 CMHC as vulnerable regarding operational and financial stability. Pursuant to Miss Code §41-20-9, OCMHA determined mental health services provided by Region 11 CMHC may not be sustainable and delivery of mental health services in the nine counties was inconsistent. *See OCMHA Quarterly Status Report for July 2021 – September 2021.* In early 2022, OCMHA met with the Region 11 CMHC Board of Commissioners, boards of supervisors, chancery clerks, contiguous CMHC regions, the Southwest Mississippi Mental Health Foundation (SWMMHF), the Department of Mental Health (DMH), and the Division of Medicaid (DOM) in order to develop a plan to provide adequate and sustainable mental health services for each of the nine counties that were a part of Region 11 CMHC. *See OCMHA Quarterly Status Report for July 2022 – September 2022.* OCMHA's plan is as follows:

- ◇ On June 30, 2023, Region 11 CMHC discontinued providing services.
- ◇ As of July 1, 2023, Region 12 CMHC will provide services to Amite, Franklin, Lawrence, Pike, and Walthall Counties pursuant to resolutions passed by its Board of Commissioners.
- ◇ As of July 1, 2023, Region 15 CMHC will provide services to Adams, Claiborne, Jefferson, and Wilkinson Counties pursuant to resolutions passed by its Board of Commissioners.
- ◇ Boards of Supervisors for Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, and Wilkinson Counties signed resolutions requesting to join contiguous regions, increasing county contributions and transferring property.
- ◇ DMH agreed to provide flexible funding for start-up costs using existing resources.

- ◇ DOM agreed to collaborate with the regions to ensure the smooth transfer of consumer prior approvals (PAs) for billing and reimbursement, to support uninterrupted services for individuals.
- ◇ SWMMHF agreed to provide funding to support the plan and agreed to the transfer of Foundation-owned buildings to the CMHC regions providing services in the future.
- ◇ Region 11 Board of Commissioners provided necessary actions to support the plan, including the transfer of real property, buildings, and personal property.
- ◇ OCMHA will maintain involvement for a minimum of one year while conducting a re-assessment of the respective counties.

As a result, Mississippi now has 11 CMHC regions.¹ *See Appendix A: Map of CMHC Regions in Mississippi.* Information regarding the process is outlined in the narrative below.

Analysis and Implementation of the Plan for the Region 11 CMHC Service Area. Prior to the finalization of a plan to maintain public mental health services in counties previously operated by Region 11, OCMHA analyzed the situation and evaluated potential solutions from geographical, financial, organizational and management perspectives. Ultimately, the plan to dissolve Region 11 and integrate the nine counties into Regions 12 and 15 was identified as having the lowest risk and highest likelihood of success. No other option compared to ensuring continuity of operations using similar levels of funding and revenue available. OCMHA consulted with relevant county boards of supervisors, DMH, DOM, CMHC boards of commissioners, and CMHC executive directors in an effort to ensure the delivery of services with minimal interruption. The anticipated outcomes would not only preserve current services but also expand new services. Simultaneously, the transition would enhance financial and service-related efficiencies. Through elimination of many backroom operations of Region 11, more resources are available to Regions 12 and 15 to redirect towards providing services to people in the nine counties.

Despite the inevitable challenges that accompany major organizational transitions of this magnitude, the implementation of this plan likely prevented a sudden and potentially prolonged lack of access to essential mental health services in these counties. Transitioning consumers between CMHCs is much more likely to have success without interruption versus any other viable option. This restructure created the foundation for not only maintaining access to care but also expanding services. Additionally, the plan is expected to:

- substantially increase the likelihood for organizational long-term viability;
- enhance recruitment capabilities;
- reduce workforce turnover;

¹ On February 1, 2023, Region 1 CMHC was dissolved, and Coahoma, Quitman, Tallahatchie, and Tunica Counties began receiving services from Region 6 CMHC, pursuant to the Coordinator's plan for Region 1 CMHC.

- achieve critical financial stability and establish potential for growth; and
- in some cases, add services that did not exist previously in some counties.

For example, Region 11 did not operate a residential alcohol and drug treatment program. Both Regions 12 and 15 have residential alcohol and drug treatment programs and persons in counties previously served by Region 11 now have access to a program operated by the local CMHC system. The transition also established an increase in access for counties served by Region 15, as the Region acquired a Crisis Stabilization Unit (CSU) operated in Natchez. All counties in the Region 15 service area benefit from having increased access to CSU services. This service expansion is occurring at a time when psychiatric inpatient beds operated by a private facility in the Region 15 service area (Vicksburg) are relocated to an area outside of the service area and increased services and supports are needed to fill this potential gap. Now, current Region 15 consumers requiring inpatient services can receive this option in Natchez. During the transition, the CSU did close for approximately two weeks in order to make environmental renovations, which also allowed for the opportunity to train staff. This type of short-term closing also occurred when Region 2 CMHC assumed responsibility for the Batesville CSU previously operated by Region 4 CMHC. Once more, it is essential to acknowledge that such challenges are unavoidable, and OCMHA views a two-week closure for improvements as a minor disruption when weighed against the alternative of potential permanent closure of an organization.

One notable advantage of the transitions is the economy of scale, leading to reduced administrative costs and minimized duplication of facilities, staff, and functionality. As an example, Regions 12 and 15 have functioning electronic health record (EHR) systems and this plan resulted in one less EHR system to support technically and financially in the state mental health system. Although there are costs associated with the initial transition of the counties to the new EHR systems, these expenses are primarily one-time costs. The use of existing EHR systems is expected to result in significant savings for all future years. Further, Region 11 has consistently experienced workforce turnover exceeding 50%, with one primary reason being the absence of employee benefits. In fact, before the transition of counties in the Region 11 service area, out of the 117 employees, only 17 (14.5%) were hired prior to 2020. In contrast, Regions 12 and 15 both provide significant employee benefits, which is anticipated to enhance the organizations' capacity to attract and retain employees, reducing the financial and service impact of high workforce turnover and shortages. The creation of larger service areas also expands the staffing resources to increase the likelihood of consistent services for consumers and secures additional revenue to support continuing operations.

Some benefits were already being observed before the target completion date of July 1, 2023, for the transition. For example, facilities that were duplicative have been closed. In one case, three facilities operated by Region 11 existed within five miles of one another. The consolidation of three facilities into one resulted in immediate efficiencies in staffing and facility costs and made

access to services for consumers more convenient, especially where individuals receive multiple services. Ultimately, the cost savings achieved through maximizing the economy of scale are projected to increase financial stability, enabling the expansion and enhancement of services for individuals in both the previous and newly served counties under Region 15. This plan also increases the population in the service area which should increase the number of consumers and future revenue.

For comparison, in early 2023, Region 6 CMHC accepted the counties that were formerly operated by now defunct Region 1 CMHC. Consumers in all counties served by Region 6 experienced negligible disruption in services and in some cases there was immediate benefit due to the increase or enhancement in available services, including in some areas intensive services for persons with serious mental illness that were not previously available at all. Region 6 reported serving approximately 1,000 more individuals between January 1, 2023, and June 30, 2023, than the same period for the prior year. In regard to financial impact year-to-date, Region 6 reports a net income of \$1,017,916 as compared to \$734,759 a year ago. It is difficult to ascertain how much of the increase can be attributed to the expansion of the service region versus other contributing factors, but this trend implies the transition of services between the two CMHCs did not have a negative impact on Region 6.

Securing the likelihood of success are the recent rate increases enacted by DOM. Most Healthcare Common Procedure Coding System (HCPCS) codes, which include CSU, adult psychosocial rehabilitation, and children's day treatment services, increased by 7.9% on July 1, 2023, and will increase another 7.9% next July, for a total of 15.8%. These increases are expected to benefit all CMHCs that provide significant amounts of services in the service areas affected.

OCMHA's plan for the Region 11 service area is pursuant to the powers and duties of the Coordinator of Mental Health Accessibility, as outlined in the section below.

Powers and Duties of the Coordinator of Mental Health Accessibility. Pursuant to the Rose Isabel Williams Mental Health Reform Act of 2020, codified as Miss. Code § 41-20-1 *et seq.*, the purpose of the Act is to:

"...reform the current Mississippi mental health delivery system so that necessary services, supports and operational structures for all its citizens with mental illness and/or alcohol and drug dependence and/or comorbidity, whether children, youth or adults, are accessible and delivered preferably in the communities where these citizens live."

The Act created the position of the Coordinator of Mental Health Accessibility within the Department of Finance and Administration (DFA). Pursuant to Miss. Code §41-20-5, the coordinator's powers and duties include, but are not limited to, the following:

- (f) To determine where the delivery or availability of services are inadequate.*
- (g) To determine whether each community mental health center has sufficient funds to provide the required services.*

Statutory Process to Follow After a Determination by the Coordinator that Mental Health Services are Inadequate. Miss. Code §41-20-9 provides the steps that the coordinator shall follow upon determining that a county or a geographic area in a county offers inadequate mental health services. The statutory requirements are summarized below:

- When the coordinator determines that a county or geographical area offers inadequate services, the coordinator shall inform the board(s) of supervisors and regional commission.
- When the coordinator determines services are inadequate, the coordinator shall determine if there is a plan in place or if a plan is being developed to increase access to services and shall assess the viability of the plan.
- If there is no plan in place or being developed, the coordinator may allow the county board of supervisors or regional commission a reasonable time to develop and implement a plan.
- If the coordinator determines that the plan is or will be insufficient to provide services to the population of the county, the coordinator shall develop and implement a plan by:
 - Meeting with the board of supervisors for each county and the regional commission to explain in detail the possible consequences of the failure of the county and commission to address the inadequacy of services which shall include putting the regional commission on probation and ultimately decertifying the commission. Then the coordinator shall work with one or more of the regional commissions adjacent to the county or to determine if one of those is willing to provide services in the county, and if they are willing, the coordinator shall take all necessary steps to facilitate the transfer; or
 - If no adjoining regional commission is willing to provide services, the coordinator can then work with other regional commissions to determine if one of those is willing to provide services.
- If the coordinator determines that no regional commission is willing, the coordinator shall notify the Board of Mental Health. Within a reasonable time, the Board shall issue a request for proposals (RFP) to obtain public or private providers of services where they are inadequate. RFPs shall not be subject to Public Procurement Review Board rules and regulations.

Background for Recommended Dissolution of Region 11 CMHC. OCMHA assessed all CMHCs to evaluate operational and financial sustainability and identified Region 11 as the most vulnerable regarding operational and financial stability, thus raising concerns about its long-term viability. See *OCMHA Quarterly Status Report for July 1, 2021 - September 30, 2021*. The Region 11 CMHC service area previously included nine counties: Claiborne, Jefferson, Adams, Franklin, Wilkinson, Amite, Pike, Lawrence, and Walthall Counties. The area has a collective population of 139,735.

OCMHA took action, as allowed based on the powers and duties established by Miss. Code §41-20-5 and the process set forth in Miss. Code §41-20-9, to formulate a strategy and implement a series of actions to help ensure the long-term viability of services for counties in Region 11 service area. OCMHA additionally provided operational and technical assistance in continuing efforts towards sustainability. Early assessments confirmed that Region 11 was not operating profitably and long-ago consumed cash reserves. Ongoing monitoring and evaluation revealed potential threats to the continuity of operations, including factors such as workforce shortages, employee retention barriers, and long-standing financial and clinical challenges. See *OCMHA Quarterly Status Reports for July 1, 2022 – September 30, 2022; see also OCMHA Quarterly Status Report for October 1, 2022 – December 31, 2022*.

OCMHA conducted on-site visits to each of counties and examined the facilities, met with staff, and held discussions with consumers and family members. The results of the analysis indicated significant gaps in consumer access to services and confirmed that the financial condition of the CMHC was fragile. Notable findings included:

- Inconsistent delivery of core mental health services across the nine counties;
- Vacancies in 23.4% of available positions;
- Lack of employee benefits for employees leading to issues with recruitment and retention of staff necessary to provide reimbursable services;
- Lack of cash reserves;
- Delinquent accounts payable;
- Delinquent payments to the Public Employees Retirement System (PERS); and
- Temporary support of services due to COVID relief funding and time-limited federal grants. See *Quarterly Status Report for July 1, 2021 - September 30, 2021*.

In order to receive funding from DMH, CMHCs have to: (1) make application and (2) provide evidence of the ability to provide the necessary resources for grant implementation. A comparison of grant funding allocated by DMH to CMHCs identified that Region 11 received the smallest number of DMH-allocated contracts/grants (23) and the smallest amount of funding (\$2,889,297). See *OCMHA Quarterly Status Report for January 1, 2022 - June 30, 2022, pp. 5-9*.

During early 2022, OCMHA provided notice of service deficiencies to individual county boards of supervisors in all nine counties, pursuant to Miss. Code §41-20-9. The boards of supervisors were informed that despite improvements in services, there was no indication that financial stability was improving. OCMHA offered the opportunity for the counties to submit a plan of correction to address both financial issues and service deficits. In response to OCMHA's determination, the boards of supervisors of the nine counties making up Region 11 formed a study group to look at the causes of limited access to mental health services and financial instability of the region. Participating in the group were members of the boards of supervisors, Region 11 commissioners, chancery clerks, and board attorneys. OCMHA participated in meetings when requested. The study group hired an independent consultant to review Region 11's financial data and provide feedback. *See OCMHA Quarterly Report for July 1, 2022 - September 30, 2022, p.5.*

As of December 31, 2022, no consensus had been reached among the nine counties on the recommendations made by the consultant, which included a capital infusion, increased county contributions, and provision of health insurance as an employee benefit. Since July 2022, OCMHA prioritized consistent planning meetings with the Region 11 executive staff to assess the center's financial and clinical struggles, improve operational performance and identify long-term solutions. The meetings focused on correcting data, improving productivity, and rectifying service issues tangential to productivity. *See OCMHA Quarterly Report for October 1, 2022 - December 31, 2022, p.17.*

Based on information shared during these operations meetings, OCMHA determined that Region 11's ability to continue in operation for the long term and services failed to satisfy standards set forth in Miss. Code § 41-20-5.

Stakeholder Meetings. Throughout the process, OCMHA held individual and group calls and in-person meetings to identify solutions with the following partners throughout the nine-county service area of Region 11:

1. Nine County Boards of Supervisors Representatives
2. County Attorneys
3. Chancery Clerks
4. Regions 11, 12, and 15 Executive Staff and Attorneys
5. Region 11 Staff
6. Region 11 Board of Commissioners
7. SWMMHF Members
8. DOM Staff
9. DMH Staff
10. President of the Mississippi Association of CMHCs

11. Consumers and Family Members
12. Advocacy Organization Leadership

These essential partners were consulted to examine options and identify sources of support. Partners exhibited willingness to work towards solutions and diligently engaged in a series of workgroups spanning several months to finalize a draft plan for transition.

CMHC Meetings. OCMHA held meetings with contiguous CMHC regions, including Regions 12 and 15, to assess their capacity, willingness, and needed resources to provide services to additional counties. While there is no statutory requirement that CMHC regions provide services to additional counties, these CMHCs expressed willingness to approach their boards of commissioners for consideration to include additional counties in their respective service areas, on the condition that reasonable terms are provided for accepting these counties into their service regions.

During March 2023, a meeting was held with leadership representing Amite, Franklin, Lawrence, Pike, and Walthall Counties. Participants were unanimous in support of OCMHA's plan for the respective counties to join Region 12. A meeting was also held with leadership representing Adams, Claiborne, Jefferson, and Wilkinson Counties. These counties also unanimously approved OCMHA's plan to join Region 15. Follow-up meetings with the counties were then scheduled.

OCMHA maintained its engagement with the leadership staff of Regions 11, 12 and 15 to assess the necessary resources for implementing the plan and finding solutions for identified challenges. Topics included the:

1. Review of the current services offered by Region 11 in each of the nine counties.
2. Review of current known debt.
3. Establishment of an MOU between Regions 12 and 15 for the Crisis Stabilization Unit (CSU) in Natchez to be utilized by all counties in the service regions.
4. Review of county financial contributions.
5. Review of the stipulations from the Regions 12 and 15 Boards of Commissioners.
6. Consideration of the feasibility and impact of transfers on existing grants.
7. Review of the necessary Medicaid reimbursement processes to include transferring prior approvals for individuals receiving certain services.
8. Review of consumer transportation resources.
9. Determination of the approach for transferring building leases or ownership from Region 11 and SWMMHF. Notably, more than 20 service locations were included in these discussions.
10. Discussion of personal property owned by Region 11.
11. Expectations for Crisis Services.

12. Review of grant funding including fee for service vs. cost reimbursement.
13. Review of commitment procedures.
14. Review of Region 11 staff positions.
15. Sustainability of the Crisis Intervention Team (CIT).
16. Creation of service models to be used in each county by Regions 12 and 15.
17. Discussion of Electronic Health Records (EHRs).
18. Creation of individual county service needs assessments to be conducted.

Regions 12 and 15 leadership were not agreeable to assuming any debt from Region 11 as part of the merger. In addition, Regions 12 and 15 asked that county financial contributions be increased to at or above the state average. Further, Region 15 raised concerns about the voting share arrangement for existing counties. All parties acknowledged the importance of maintaining program continuity and uninterrupted services.

CMHCs and counties were able to reach agreements and complete the transition by OCMHA's target goal of June 30, 2023.

Board of Supervisors Resolutions Agreeing to Join New CMHC Regions. Pursuant to OCMHA's plan, the boards of supervisors for each of the nine counties drafted resolutions that would sufficiently support the transfer of services from Region 11 to Regions 12 and 15. Each of the boards of supervisors passed resolutions to join new regions by the target date of May 1, 2023. According to each of the resolutions, the new CMHC regions would begin providing services to all nine counties on or before July 1, 2023. The resolutions also offered authorization for such actions as: (1) the transfer of real property, buildings and lease agreements; (2) the transfer of furniture, fixtures and equipment; and (3) enhancement of the minimum per person county financial contributions.

Collaboration with Relevant State Agencies. OCMHA met with DOM and DMH to coordinate the options for the transition of counties from Region 11 to Regions 12 and 15. Other meetings between OCMHA and DMH focused on an evaluation of financial gaps and identification of solutions. Topics included the following:

1. appropriations for FY2024.
2. need for grant revisions for FY 2023.
3. need for flexibility for county services.
4. prioritization of waivers and service expansion.
5. expedition of certifications for Regions 12 and 15 to provide services in additional counties.
6. development of MOUs with Regions 12 and 15 for CSU operation.
7. need for DMH to utilize existing resources to award \$500,000 to Region 12 and \$400,000 to Region 15 for the first year to assist with the transition.

8. review of grant funding and desired outcomes.
9. transfer of staff training records from Region 11 to Regions 12 and 15.

OCMHA asked that DMH allow for flexibility of using existing unexpended funds in the amount of \$500,000 for Region 12 and \$400,000 for Region 15 to be used for startup costs associated with providing services in the newly acquired counties. OCMHA also asked that DMH expedite any needed certifications to allow Regions 12 and 15 to operate services, and waivers for Regions 12 and 15 be considered on an as needed basis. DMH was agreeable to these requests.

Regions 12 and 15 worked with the DOM to allow for the transfer of consumer prior approvals (PAs) for billing and reimbursement to continue without a break in service for individuals enrolled in Psychosocial Rehabilitation Services, CSU, Day Treatment, and Intensive Community Outreach and Recovery Team (ICORT) services.

Transfer of Services. Miss. Code §41-20-9 (4)(a) provides, in part, that if the coordinator determines that a county plan is insufficient to provide mental health services to the population of the county where services are inadequate that “the coordinator shall work with one or more of the regional commissions that are adjacent to the county or geographic area within the county where the mental health services are inadequate to determine if one of those regional commissions is willing to provide those services in the county or geographic area, and if a regional commission is willing to do so, the coordinator shall take all necessary steps to facilitate the transfer the responsibility of providing those services to that regional commission.”

Pursuant to Miss. Code §41-20-9, OCMHA worked with contiguous Regions 12 and 15 to develop a plan to provide sustainable mental health services in the nine counties that were formerly a part of Region 11, and to create a path for the nine counties to become members of Regions 12 and 15. Region 12 will extend its services to Amite, Franklin, Lawrence, Pike, and Walthall counties. Region 15 will provide services in Adams, Claiborne, Jefferson, and Wilkinson Counties. Regions 12 and 15 have existing EHRs and billing systems and processes that offer the technological infrastructure to facilitate the transfer.

Region 15 will be responsible for operating the CSU in Natchez, which will remain accessible to the nine former Region 11 counties. Regions 12 and 15 entered into an MOU for all former Region 11 counties to have the option to utilize the CSU located in Natchez.

Regions 12 and 15 leadership toured the Region 11 buildings and reviewed ongoing leases in order to make determinations as to what facilities are needed for the provision of services. The boards of supervisors passed resolutions approving the transfer of both real property, buildings and personal property from Region 11 to Regions 12 and 15, in accordance with Miss. Code §41-19-33 (1)(m).

Financial Support. A priority for OCMHA is to help create solutions that avoid the need for state appropriations, and rather coordinate with county boards of supervisors, Regions 11, 12, and 15, SWMMHF, DMH and other partners to identify existing assets and resources that can be used to transition services and pay down debt. Thus far, OCMHA and these partners have identified approximately \$1,814,182.77 in financial resources to support the transition of counties from Region 11 to Regions 12 and 15. One example is SWMMHF agreed to provide nearly \$400,000 in cash and is assessing the possibility of contributing further resources. Table 1 below provides a summary of the amounts and sources for funding to support the transition identified to date:

Table 1: Sources of Financial Support

CMHC Recipient	Source	Amount
Region 12	DMH	\$500,000.00
Region 15	DMH	\$400,000.00
Regions 12 and 15	Increase in County Contributions	\$139,726.00
Region 11 Liabilities	Region 11 - Proceeds from sale of excess real estate	\$376,832.21
Region 11 Liabilities	SWMMHF - Loan Payoffs	\$271,098.09
Region 11 Liabilities	SWMMHF - Vendor Payments	\$126,526.47
TOTAL		\$1,814,182.77

County Contributions. OCMHA recommended that each county board of supervisors evaluate their current contributions to Region 11 and increase contributions to the new regions if possible.

Each year the appropriation bill for DMH includes funds for the CMHCs. However, the receipt of such funds is contingent upon receipt of required contributions from the counties served by the CMHCs. The legislation specifically indicates that the contribution must be equal to or greater than the proceeds of a three-fourths (3/4) mill tax on all taxable property in the county as determined in the county in Fiscal Year 1982 or the amount of funds contributed to the CMHC by the county in Fiscal Year 1984, whichever is greater. On or about June 30, 2021, counties in the Region 11 service area were contributing approximately \$2.23 per person (out of a range of \$1.12 (Region 3) to \$6.56 (Region 9)). See *OCMHA Quarterly Status Report for April 1, 2021 – June 30, 2021*. Table 2 below provides a summary of the contribution amounts prior to the signed resolutions.

Table 2: Current County Contributions by County for the Nine Counties in Region 11 CMHC's Service Area

County	Region	Population	Current County Contribution	Contribution Per Resident Prior to Resolutions
Walthall County	12	13,986	\$17,313	\$1.24
Pike County	12	39,104	\$89,450	\$2.29
Amite County	12	12,237	\$37,600	\$3.07
Franklin County	12	7,623	\$18,000	\$2.36
Lawrence County	12	12,862	\$22,500	\$1.75
TOTAL		85,812	\$184,863	\$2.15
Adams County	15	29,991	\$77,143	\$2.57
Claiborne County	15	8,820	\$18,162	\$2.06
Jefferson County	15	6,784	\$17,950	\$2.65
Wilkinson County	15	8,328	\$13,500	\$1.62
TOTAL		53,923	\$126,755	\$2.35
Total All Counties		139,735	\$311,618	\$2.23

As part of the negotiations for counties to join Regions 12 and 15, the resolutions signed by each county agreed to increase county contributions to a minimum of the statewide average of \$3.13. Actual amounts may vary due to population variations; however, the increase is expected to yield approximately \$139,726 in additional contributions and will help support adoption of the counties into their respective CMHC regions. The changes and amounts of county contributions after the newly signed resolutions go into effect July 1, 2023, are illustrated in Table 3 below.

Table 3: Comparison of County Contributions Before and After County Resolutions Effective July 1, 2023

County Contribution Prior to Resolutions Effective July 1, 2023	Annual County Contribution Effective July 1, 2023	Difference
\$311,618	\$451,344	\$139,726

Buildings, Real Property and Lease Agreements. Region 11 provides services to the nine counties in buildings either owned by Region 11 or the SWMMHF, through private leases, or county- or city-owned buildings. OCMHA's plan proposes that all Region 11-owned real property and buildings should be transferred to the respective new CMHC Regions, and any debt related to these properties be removed prior to the transfer. SWMMHF will work with Regions 12 and 15 to support mental health services within the new regions. The Region 11 Board of Commissioners agreed to the transfer of real property, buildings and personal property. Additionally, the Region 11 Board of Commissioners will sell any unused property, and the resulting proceeds are to be utilized to alleviate as much debt as feasible. The Region 11 Board of Commissioners, Regions 12 and 15, SWMMHF, the nine county boards of supervisors, and

OCMHA agreed on a tentative plan for each of the Region 11 service buildings listed in Table 4 below.

Table 4: List of Region 11 CMHC Service Buildings and Associated Plan

County	Address	Plan
Adams	150 Jefferson Davis Boulevard Natchez, MS 39120	All services be consolidated into the main building on Jefferson Davis Boulevard in Natchez and for this building to be transferred to Region 15.
	200 South Wall Street Natchez, MS 39120	Region 11 owned building located on Wall Street in Natchez be sold and the proceeds be transferred to an escrow account to be applied to Region 11 debt.
	14 Feltus Street Natchez, MS 39120	SWMMHF building located on Feltus Street to be sold and the proceeds be used to wind down the Foundation business and ultimately be transferred to be applied to Region 11 debt.
Amite	315 Main Street Liberty, MS 39645	Region 12 shall consult with the county representatives to determine the needs of the services to be provided.
	163 E. Main Street Liberty, MS 39645	Region 12 shall consult with the private lease owner to determine the needs of the services to be provided.
Claiborne	2090 Highway 61 North Port Gibson, MS 39150	Region 11 owned building be transferred to Region 15.
Franklin	47 Main Street East Meadville, MS 39653	Region 11 owned building be transferred to Region 12 after the existing debt is removed.
	29 Second Street Suite A Meadville, MS 39653	Region 12 consult with the private lease owner of the building to determine the future needs of the services.
Jefferson	1555 N. Main Street Fayette, MS 39069	SWMMHF owned building to be transferred to Region 15.
Lawrence	1230 Nola Road Monticello, MS 39654	Region 12 shall consult with Lawrence County representatives to determine the needs of the services to be provided.
Pike	1701 White Street McComb, MS 39648	Region 11 owned building be transferred to Region 12 after the existing debt is removed.
	651 South Broadway McComb, MS 39648	SWMMHF owned building to be transferred to Region 12.
	140 N. 5th Street McComb, MS 39648	Region 12 shall consult with the private lease owner to determine the needs of the services to be provided.
	301 Robb Street Summit, MS 39666	SWMMHF owned building to be transferred to Region 12.
	304 Kendall Street McComb, MS 39648	Region 12 shall consult with the private lease owner to determine the needs of the services to be provided.
Walthall	110 Franklinton Street Tylertown, MS 39667	Region 12 shall consult with the private lease owner to determine the needs of the services to be provided.

	219 Ball Avenue Tylertown, MS 39667	SWMMHF building located on Ball Avenue to be sold and the proceeds be used to wind down the Foundation business and ultimately be transferred to be applied to Region 11 debt.
Wilkinson	260 Main Street Centreville, MS 39631	Region 15 shall consult with the Centerville representatives to determine the needs of the services to be provided.

Target Dates for the Transition. On or before May 1, 2023, the boards of supervisors in all nine counties passed resolutions to join either Region 12 or Region 15. On or before May 15, 2023, the Regions 12 and 15 Boards of Commissioners voted to accept the counties into their regions. On June 30, 2023, Region 11 discontinued operations and provision of services in all nine counties. On July 1, 2023, Regions 12 and 15 were prepared to begin providing services in the respective counties.

PERS. According to PERS (Frantom, 2023), as of June 30, 2023, Region 11 has satisfied all delinquent contributions and penalties owed to PERS and the account is current. However, there may be additional penalties relating to late payment of contributions that have not yet been paid. Table 5 offers a description of amounts that were owed.

Table 5: PERS Contributions Previously Owed by Region 11

<i>Month</i>	<i>Type of Payment</i>	<i>Amount Due</i>
<i>March 2023</i>	Actual Penalties	\$ 949.54
<i>April 2023</i>	Contributions	\$ 112,732.71
<i>May 2023</i>	Contributions	\$ 110,181.96
<i>June 2023</i>	Contributions	\$102,757.48
<i>Total</i>	Contributions	\$ 326,621.69

House Bill 1222, 2023 Legislative Session

On March 22, 2023, Governor Tate Reeves signed House Bill (HB) 1222, known as "The Mississippi Collaborative Response to Mental Health Act", which will take effect on July 1, 2023. The Act amends Miss. Code §41-19-35 and includes significant changes and additions that aim to improve the state's response to mental health concerns. The following provides a summary of the changes.

Mental Health First Aid Training. Under the Act, each municipal and county law enforcement agency (LEA) must provide DMH-approved, evidence-based mental health first-aid training to all officers by July 1, 2031. Mental health first aid training helps law enforcement agencies and officers better understand how to recognize and respond to individuals who may be experiencing a mental health crisis. The training teaches officers how to identify signs and symptoms of mental health disorders and how to approach and communicate with individuals who may be in crisis. Through training, law enforcement officers learn how to de-escalate situations and connect

individuals with appropriate mental health resources, leading to improved outcomes for and reduced stigma surrounding mental health. Furthermore, each municipal and county LEA is required to have at least one crisis intervention trained officer by July 1, 2025. Agencies with less than five officers may establish agreements with other LEAs to meet the requirement.

Court Liaisons. DMH is required to provide funding to each of the 11 CMHCs for the designation of court liaisons in its service area, subject to appropriation by the Legislature. A court liaison works to facilitate communication and coordination between mental health treatment providers and the court system, ensuring that individuals receive the care and support needed to improve their mental health. Under the Act, the court liaison should perform a number of tasks, including:

1. Provide information and education to court personnel on mental health issues and the available resources;
2. Facilitate communication between court personnel and mental health providers;
3. Conduct assessments and evaluations and develop a plan of treatment;
4. Monitor the progress and reporting on compliance with treatment plans; and
5. Advocate for the needs of individuals within the court system.

Overall, the role of a court liaison is to bridge the gap between the legal and mental health systems, ensuring that individuals with mental health issues receive the support and care they need to live healthy, productive lives (Hinds Behavioral Health, 2023; National Center for State Courts, 2023; SAMHSA.gov, March).

Terms for Members of the Board of Mental Health. This Act limits terms for persons appointed to the State Board of Mental Health to two terms. The Board is made up of nine members appointed by the Governor and terms are seven years. The maximum number of years a board member may serve will be 14 years.

Expanded Participation on County Mental Health Commissions. Each CMHC has a regional commission, with the board of supervisors for each participating county appointing one member to represent the county on the regional commission for a term of four years. The Act expands participation. The chancery clerks of the counties in each region will select a chancery clerk or a deputy clerk to serve as a nonvoting liaison to the commission, and the sheriffs of the counties of each region shall select a sheriff or a deputy sheriff to serve as a nonvoting liaison to the commission. All members of the commission are required to attend orientation and annual training sessions held by DMH, with the risk of removal for noncompliance. Additionally, under this Act, each CMHC regional commission must employ or contract with an accountant to manage its finances and provide an annual audit.

Reporting County Data Related to Involuntary Civil Commitment Proceedings. The Act also requires that each county report data, on or before December 1, 2023, related to the placement of individuals before and after an involuntary civil commitment proceeding to DMH. The chancery clerk must record and submit quarterly data on all admissions to treatment facilities, including the number of persons ordered by the court to be admitted to a treatment facility, the number of hearings held by the court, and the number of affidavits filed to admit a person to a treatment facility. The data shall include information concerning individuals held in jails and the cost of holding such individuals in jails. Further, each time an admission to a CSU is denied, the reason for denial and the subsequent action taken by the chancery clerk upon receiving the denial must be recorded and submitted. DMH is authorized to determine the specific data to be submitted. DMH must then provide a summary of admission and denial data to relevant committees and organizations, including the Chairpersons of Appropriations, Public Health and Judiciary A and B Committees for the Mississippi House of Representatives and the Mississippi Senate, the Coordinator of Mental Health Accessibility, and the President of the Mississippi Association of CMHCs within 60 days of receipt of the data. It is anticipated that production of the summary of admission and denial data by DMH will be consistent with HIPAA guidelines.

Transportation for Persons in Crisis to Healthcare Facility. The Act also mandates that law enforcement officers transport individuals in crisis to appropriate healthcare facilities as requested by crisis intervention or mobile crisis response teams.

Mental Health Treatment Courts (MHTCs)

Mississippi began implementation of drug courts more than two decades ago to help rehabilitate persons suffering from a substance use disorder without incarceration. Graduates of drug court intervention programs in Mississippi boast a 3% recidivism rate which is significantly lower than that of persons who are incarcerated at Mississippi State Penitentiary and have a 35% recidivism rate (Perlis, 2023). A milestone of 10,000 graduates was achieved in March 2023 for participants successfully completing the drug intervention court programs.

For similar reasons, states are increasingly establishing MHTCs programs that mandate and oversee mental health treatment rather than long-term incarceration for persons with a diagnosed mental illness who are involved in the justice system for a crime(s) influenced by symptoms of their illness.² Success requires collaboration between attorneys, judges, and mental health service providers.

On March 10, 2023, Governor Tate Reeves signed HB 1218, known as the Rivers McGraw Mental Health Treatment Court Act, which amended the code to include increased focus on

² Southeastern states that have mental health treatment courts include: Louisiana, Texas, Tennessee, Alabama, Georgia, and Arkansas.

evidence-based practices, standardization, reporting, and evaluation. The Act outlines the following goals for the program:

- Reduce the number of future criminal justice contacts;
- Reduce inappropriate institutionalization;
- Improve the mental and behavioral health and well-being of defendants who come in contact with the criminal justice system;
- Improve linkages between the criminal justice and mental health systems;
- Expedite case processing;
- Protect public safety;
- Establish linkages with other state and local agencies and programs that target people with mental illnesses to maximize the delivery of services; and
- Use corrections resources more effectively by redirecting prison-bound offenders whose criminal conduct is driven in part by mental illnesses to intensive supervision and clinical treatment available in the mental health court.

Additionally, the Act defined criteria for eligibility for persons assessed to have a diagnosis of a mental illness and whose symptoms influenced the commission of the crime in some manner.

Criteria include:

- Charge must be a non-violent felony (which can include burglary of a dwelling);
- Crime before the court cannot be a charge of driving under the influence that resulted in death of a person;
- Crime charged cannot be trafficking in controlled substances; and
- Participant must be a part of court's jurisdiction.

In FY23, the Legislature funded MHTCs through an appropriation to the State of Mississippi Judiciary. The pilot courts are in the First, Fourth, Sixth, Seventh and Fourteenth Circuit Court Districts. Like that of drug intervention courts, the MHTCs are administered by the Administrative Office of Courts (AOC) to ensure MHTCs include screenings, clinical assessments, education, referral for treatment, counseling and rehabilitative care, service coordination and case management (State of Mississippi Judiciary Administrative Office of Courts, 2023). The AOC is currently developing the infrastructure needed for MHTCs such as standardization of guidelines, creation of operational standards, formation of a certification process and strategies for monitoring compliance with standards that are established. (Holmes & Wasson, 2023).

OCMHA Recommendations

Issue: Region 11 CMHC Financial and Operational Distress

Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for the Region 11 CMHC service area.

Background

Region 11 CMHC provided services to nine counties with a collective population of 139,735. OCMHA performed assessments of the operational and financial sustainability of all state CMHC regions and identified Region 11 CMHC as the most vulnerable. Significant concerns existed regarding its long-term viability, including issues such as workforce shortages, employee retention challenges, and longstanding financial and clinical difficulties.

Pursuant to Miss. Code §§ 41-20-5 and 41-20-9, OCMHA informed the Boards of Supervisors in all nine counties of deficiencies in Regional 11 CMHC's ability to sustain operations. OCMHA collaborated with Boards of Supervisors, Regional Commissions, Chancery Clerks, SWMMHF, DMH, and DOM to form a plan and implement a series of actions to ensure the long-term viability of services for counties in the Region 11 CMHC service area.

The Boards of Supervisors for the counties of Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall and Wilkinson passed Resolutions requesting to join contiguous regions, increasing county contributions and transferring property.

As of June 30, 2023, Region 11 CMHC discontinued providing services.

- | | |
|-------------------------|--|
| Recommendation 1 | As of July 1, 2023, Region 12 CMHC will provide services to Amite, Franklin, Lawrence, Pike, and Walthall counties pursuant to resolutions passed by its Board of Commissioners. |
| Recommendation 2 | As of July 1, 2023, Region 15 CMHC will provide services to Adams, Claiborne, Jefferson, and Wilkinson counties pursuant to resolutions passed by its Board of Commissioners. |
| Recommendation 3 | Region 11 Commission will provide necessary actions to support the plan, including the transfer of real property, buildings and personal property. |
| Recommendation 4 | OCMHA will maintain involvement for a minimum of one year while conducting a re-assessment of the respective counties. |

Recommendation 5	DMH will expedite needed certifications and grants for CMHC Regions 12 and 15.
Recommendation 6	MOUs between CMHC Regions 12 and 15 will allow all nine counties the opportunity to utilize the CSU located in Natchez.
Recommendation 7	DOM will collaborate with the regions to ensure the smooth transfer of consumer PAs for billing and reimbursement to support uninterrupted services for individuals.

Issue: Funding to Support Transition of Counties from Region 11 CMHC to Region 12 and 15 CMHCs

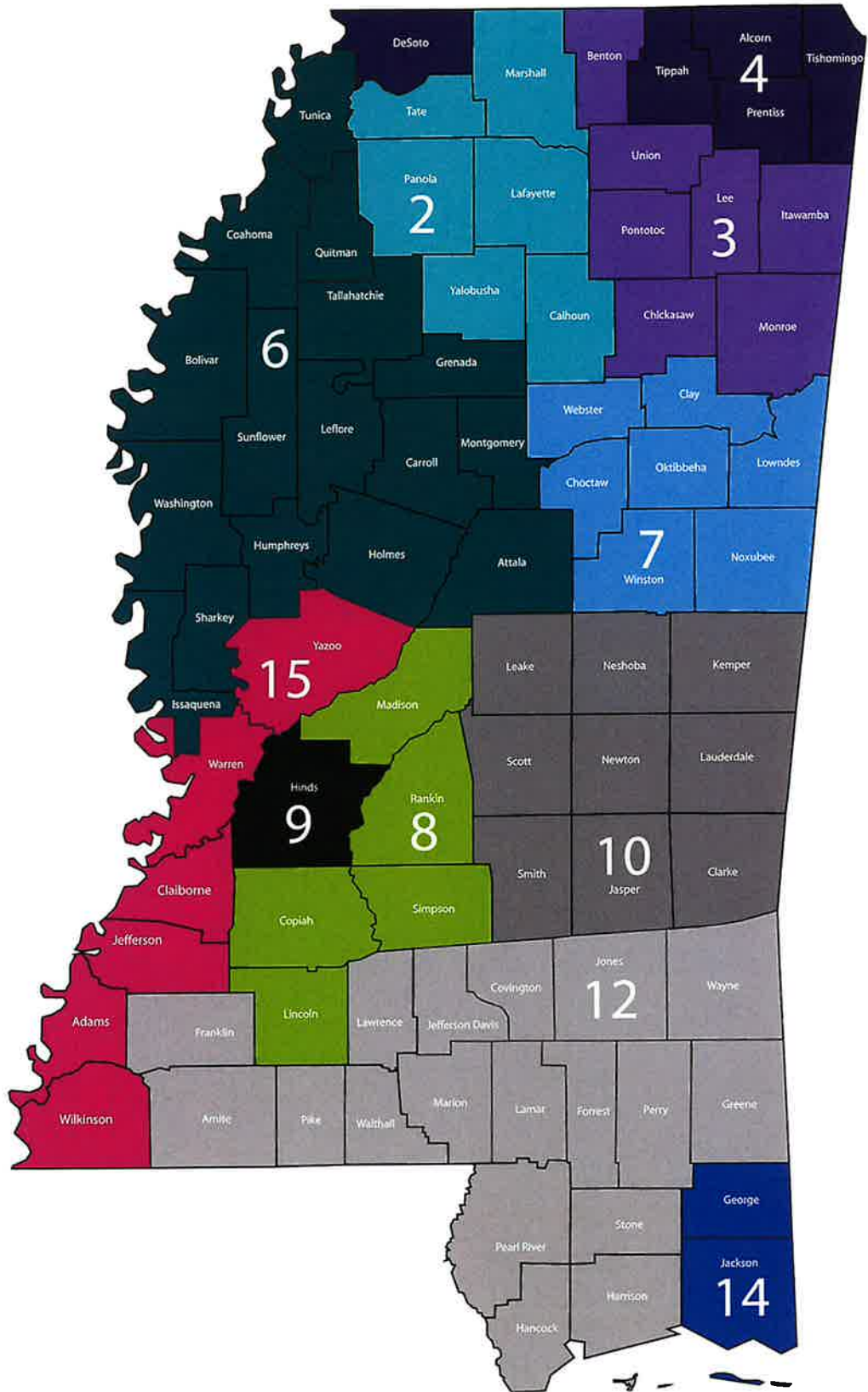
Background	CMHC Regions 12 and 15 requested funding to assist with the transition of counties to their respective regions. Potential sources within the counties and state were identified to help support the transition.
Recommendation 1	DMH will continue to provide flexible funding for start-up costs using existing resources.
Recommendation 2	Boards of Supervisors for the nine counties in Region 11 CMHC service area will, at a minimum, increase contributions to the state average. Boards should continue to increase contributions as needed going forward to help ensure the provision of mental health services.
Recommendation 3	SWMMHF will provide funding to support of the plan and agreed to the transfer of Foundation-owned real property and buildings to the CMHC regions providing services in the future.

Works Cited

- (n.d.). Retrieved from Miss. Code §41-20-9: <https://casetext.com/statute/mississippi-code-1972/title-41-public-health/chapter-20-mental-health-accessibility/section-41-20-9-coordinators-duties-upon-determination-of-inadequate-mental-health-services-in-county-or-geographic-area-within-county>
- (2023, January 17). Retrieved from State of Mississippi Judiciary Administrative Office of Courts:
<https://courts.ms.gov/news/2023/01.17.22Mental%20Health%20Treatment%20Courts%20MKR.php>
- Frantom, G. M. (2023, June 9). Public Employees' Retirement System of Mississippi. *Hinds Behavioral Health*. (2023, March 8). Retrieved from <https://hbhs9.com/court-liaison/>
- Holmes, P., & Wasson, R. (2023, May 11). Director of Intervention Courts. (B. Rosamond, & J. Gledhill, Interviewers)
- National Center for State Courts*. (2023, March 8). Retrieved from <https://www.ncsc.org/behavioralhealth/resourcehub/intercept-3/court-liaison>
- Perlis, W. (2023, January 18). *Mississippi Drug Courts Have Been Successful. Could Mental Health Courts Work as Well?* Retrieved from <https://www.clarionledger.com/story/news/politics/2023/01/18/mental-health-courts-could-become-more-common-in-ms/69813983007/>
- SAMHSA.gov*. (March , 8 2023). Retrieved from <https://www.samhsa.gov/gains-center>

Appendix A

Map of CMHC Regions in Mississippi



This page intentionally left blank.