

Rose Isabel Williams Mental Health Reform Act of 2020

Status Report

April 1, 2024 – June 30, 2024

*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)***

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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 successful efforts to maintain Region 14 Community Mental Health Center's Crisis Stabilization Unit services following the discontinuance of a building lease; state legislative changes impacting the public mental health system, including HB 1640 and SB 2966; and financial updates for Community Mental Health Centers (CMHCs), detailing their current financial statuses and notable changes. Additionally, 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)
April 1, 2024 – June 30, 2024

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

- Successful efforts to maintain crisis stabilization unit (CSU) services at Region 14 Community Mental Health Center (CMHC) following the discontinuance of the building lease
- Legislative changes impacting the public mental health system, including HB 1640 and SB 2966
- CMHC Financial Updates
- OCMHA Recommendations

Region 14 CSU Services

All Community Mental Health Centers (CMHCs) provide crisis residential services within their catchment area. *See Map of CMHC Regions in Mississippi attached as Appendix "A".* CSUs are designed to accept admissions (voluntary and involuntary) twenty-four (24) hours per day, seven (7) days per week. According to the Mississippi Department of Mental Health (DMH) *Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers*, crisis residential services are:

...time-limited, residential treatment services provided in a Crisis Residential Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to people who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Residential Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Residential Services content may vary based on each person's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

During Q1-Q3 of FY2024, Region 14 CMHC's CSU served 133 individuals. Of these, three were transferred to higher level of care at a DMH psychiatric facility. (K. Storr, personal communication, October 2, 2024). On or about April 1, 2024, OCMHA was notified that Region 14 CMHC planned to close the CSU located at 330 B Hwy. 90, Gautier, MS 39553, on or before May 1, due to the building owner's decision to discontinue the lease. The information indicated

that Region 14 CSU would cease accepting admissions on April 15. On April 5, after further inquiry into the facts of the situation, the Coordinator of Mental Health Accessibility issued a Notice of Inadequate Services, pursuant to Miss. Code § 41-20-9, to the Region 14 Executive Director expressing concerns about the lack of accessible CSU services for individuals experiencing a mental health crisis given the upcoming CSU closure. The notice was also provided to the Region 14 Mental Health Commissioners, George County Board of Supervisors, and Jackson County Board of Supervisors. The notice requested that the Executive Director provide a plan to continue CSU services for the residents of George and Jackson Counties by April 15.

On April 13, Region 14 submitted a plan to continue to provide CSU services without disruption. Region 14's plan outlined efforts to comply, which included the following:

1. Requesting an extension of the building lease, which was denied.
2. Exploring the potential use of available space at Singing River Hospital. However, the renovations needed to meet DMH environmental and safety standards were cost prohibitive.
3. Utilizing an existing building currently owned by Region 14 as a four-bed CSU, which would require requesting and receiving a waiver from DMH to meet an environmental standard. Region 14 applied for a waiver from DMH for this property, but after subsequent communication between OCMHA, DMH, and Region 14, the decision was made to seek other options.
4. An agreement to use Region 12's CSU facilities in Jones County (Westway) and Harrison County (Gulfport). The Coordinator determined that the Region 12 CSUs to have insufficient capacity to serve the needs George and Jackson Counties, along with the Region 12 counties that it continues to serve.

For all of the above reasons, the Coordinator determined that the initial plan submitted by Region 14 to be insufficient. On April 18, the Region 14 Executive Director proposed a new plan to provide CSU services at an alternative location to be leased, which would also require DMH-approved waivers for one or more operational standards. Subsequently, the Coordinator requested that Region 14 updated its plan to include the following components: 1) a request to DMH to conduct site review and 2) consideration of contracting with a private provider using existing CSU grant funding. Region 14 provided a response that addressed each component.

On April 22, OCMHA and DMH leadership discussed potential solutions for Region 14's CSU service continuity, including certification of temporary sites and using grant funds for private beds. However, both solutions faced certain challenges. The proposed new CSU location in Moss Point was denied waivers due to safety concerns, such as possible elopement and suicide risk, and contracting for private beds would require DMH policy changes and be subject to rate caps.

During this same period, a series of calls between OCMHA and Region 14 focused on identifying options for individuals to have immediate access to treatment services without being housed in jail. A Memorandum of Understanding (MOU) was executed between Region 14 and Region 12, with Region 12 agreeing to provide beds at no cost on a temporary basis from April 30 to June 30. In addition to the successful development and implementation of the MOU, OCMHA, DMH, and Region 14 concurrently explored the potential to temporarily modify the CSU grant to secure crisis stabilization services through private providers.

On May 13, following the completion of renovations at the proposed alternate leased site in Moss Point, DMH provided conditional, temporary approval of the building, pursuant to DMH Operational Standards. The initial certification was approved for the period from May 13, 2024, through November 13, 2024, pending an on-site visit. DMH conducted the on-site visit on May 15 and requested further steps necessary for compliance. Region 14 responded with a plan for compliance, which included a requested waiver of one environmental operational standard. That plan was approved by DMH. *See Region 14 Required Plan of Compliance attached as Appendix “B”*; *see also DMH Approval of Temporary Waiver attached as Appendix “C”*. On May 24, Region 14 received final approval from DMH to offer CSU services at the newly leased building. Figure 1 below provides a summary of the options explored and the outcomes of each option considered. Successful resolution required cooperation and flexibility to ensure continued access to CSU services in George and Jackson Counties. *See Timeline for Continuation of Services attached as Appendix “D”*.

Figure 1: Summary of Options for CSU Services and Outcomes

Option Considered	Outcome
Region 14 CMHC requested an extension of the existing building lease	Requested and denied.
Utilize building located in Jackson County that is currently owned by Region 14 which did not meet DMH environmental operational standards.	Denied for various reasons, including lack of capacity and failure to meet DMH certification criteria due to environmental and safety concerns.
Enter into an agreement with Region 12 to use the CSU in Jones County (Westway) and Harrison (Gulfport) at no cost to Region 14.	Region 14 and Region 12 signed an MOU, and Region 12 agreed to provide beds at no cost to Region 14 on a temporary basis between April 30 and June 30.
Utilize existing CSU grant funding provided to Region 14 to contract with private providers for crisis stabilization services.	This option was not pursued due to challenges relating to policies in the DMH <i>CSU Services Request for Proposals</i> and the cap on the CSU daily per diem.

<p>Lease an identified alternate location which would require DMH-approval of a waiver of one or more environmental standards.</p>	<p>DMH initially denied the request, citing environmental and safety concerns, including possible elopement and potential suicide risk. Renovations addressing the deficiencies were completed by May 8. Region 14 staff inspected the facility on May 9, considered the deficiencies corrected, and requested that DMH re-inspect the proposed facility. As a result, DMH provided an initial six-month certification of the building, beginning May 13, 2024, and ending November 13. However, service provision could not be initiated until an on-site visit was conducted. Following the visit on May 15, DMH requested additional steps needed for compliance. Region 14 submitted a plan for compliance, and on May 24, the Region 14 plan was approved by DMH to provide services in the new building.</p>
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As potential solutions were explored, OCMHA monitored all involuntary commitments during Q2 to ensure individuals in need of CSU services were served. By the end of June, the MOU with Region 12 CSU in Gulfport had been utilized to serve three individuals who were involuntarily committed. Three individuals who were involuntarily committed were identified as too violent to meet CSU admission criteria and whose needs exceeded this level of care and remained in jail until a bed became available at South Mississippi State Hospital. Sixteen individuals were treated at Singing River Hospital. In June (following DMH approval of the newly renovated Region 14 temporary CSU location), six persons were served by the Moss Point CSU. The average wait time from mental health commitment to admission for services during this quarter was 8.7 days. A summary of Q2 Involuntary Commitments for George and Jackson Counties is presented in Figure 2 below.

Figure 2: Q2 Involuntary Commitments for George and Jackson Counties

Month	Number of Involuntary Commitments		Average Days from Commitment to Services	Outcome
	George County	Jackson County		
April	0	3	7	Two individuals were served through the MOU with Region 12 CSU and a third individual who exceeded the level of care offered by the CSU was housed in jail in Jackson County while awaiting transfer to South Mississippi State Hospital for inpatient hospital-level care.
May	1	8	8	One individual was served through the MOU with Region 12 CSU; seven were served at Singing River Hospital as they were determined to need inpatient hospital level of care; one individual required a higher level of care and was housed in jail in George County until a bed was available at South MS State Hospital.
June	2	15	11	Of the 17 commitments, 16 were diverted to either Singing River Hospital (10) or Moss Point CSU (6). One individual was housed in jail in George County for 11 days until admitted to South MS State Hospital.

Legislative Changes

Overview of Amendments to Mississippi Statute Under House Bill (HB) 1640

House Bill 1640, of the Mississippi Legislature's Regular Session of 2024, amended certain sections of the Mississippi Code of 1972 related to mental health facilities and the commitment process. This bill, which received unanimous approval from both the Mississippi House and Senate, was signed into law by Governor Tate Reeves on May 8, 2024. HB 1640 introduces the following changes:

- Reporting to the Board of Supervisors
- Introduction of pre-affidavit screening
- Identification of appropriate holding facilities
- Law enforcement transport
- Revised examination and hearing process

Reporting to the Board of Supervisors. CMHCs are now required to submit quarterly reports to the board of supervisors in each county of their region. These reports must include information on CSU occupancy rates, CSU admission denial rates and reasons, the number of individuals held in jail post-commitment, number of pre-affidavit screenings conducted, the number of individuals diverted to a lesser restrictive alternative than commitment, and other key metrics. Copies of these reports must also be sent to DMH, local sheriffs, and chancery court judges.

Introduction of Pre-Affidavit Screening. Before any affidavit for commitment is filed, the bill requires a mandatory pre-affidavit screening by a CMHC. If the CMHC is unavailable, the screening may be conducted by a reputable licensed physician, psychologist, nurse practitioner, or physician assistant, at the court's discretion. The bill mandates a thorough preliminary investigation by the CMHC before filing an affidavit for commitment. The CMHC is required to appoint a screener to conduct an investigation. This investigation must include interviews with the proposed patient and knowledgeable individuals, identification of specific alleged conduct, and consideration of less restrictive treatment alternatives.

If the investigation does not support the need for commitment, the pre-affidavit screener must refuse to support the affidavit and provide alternative service connections to the prospective petitioner. The pre-affidavit screening must be completed within 24 hours of notification to the CMHC, and the screening report must be provided to the chancery clerk upon completion. If the interested person wishes to proceed with a petition against the recommendation of the pre-affidavit screener, they may apply directly to the chancellor. The chancellor will determine whether to proceed with the petition and notice of this determination will be provided to the interested party.

If a pre-affidavit screener attempts an in-person screening but the person is actively violent or refuses to participate, preventing the screening from being completed, the CMHC may recommend filing an affidavit. Upon this recommendation, an affidavit may be filed, and a writ can be issued for a sheriff to intervene. The pre-affidavit screener must document why the screening could not be completed. After completing the pre-affidavit screening, receiving the screener's written report, and filing the affidavit of commitment, the clerk, upon direction of the chancellor, shall issue a writ to the sheriff to take the person into custody for physical and mental examination and treatment by the appropriate CMHC.

Identification of Appropriate Holding Facilities. “A jail or other detention center may not be used for custody unless the community mental health center has explored and exhausted the availability of other appropriate facilities, such as the crisis stabilization unit, the local hospital, and any Department of Mental Health certified location; the chancellor specifically authorizes it; and the respondent is actively violent.” See Miss Code § 41-21-67 (5)(b). “Actively violent” means that “behavior presents an immediate and serious danger to the safety of the individual or another, the individual has inflicted or attempted to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated.”

The CMHC shall provide documentation of the person's violent behavior and the unavailability of other appropriate facilities are available to the chancellor. Under these circumstances, no person may remain housed in jail for longer than 24 hours unless the CMHC requests an additional 24 hours from the chancellor. The CMHC must provide treatment during this period pending placement at an appropriate facility. The county of residence must pay the cost of interim treatment. These provisions do not apply to jails designated as holding facilities.

Law Enforcement Transport. The bill clarifies the responsibilities of law enforcement officers in transporting individuals in crisis. Officers are now required to transport these individuals to the appropriate healthcare facility “in the county or outside of the county at the request of the crisis intervention team or mobile crisis response team.”

Revised Examination and Hearing Process. The bill also amends the hearing process for commitment cases. If appointed examiners determine that the person is not in need of treatment, the judge or clerk shall dismiss the affidavit without the need for further hearing. If treatment is needed based upon the appointed examiners’ certificates and any other relevant evidence, the hearing must be set within three days of the filing of the certificates, with a possible extension upon request of the respondent’s attorney. The bill specifies that in “no event shall the hearing be more than five days after filing of the certificates.”

Overview of Amendments to Mississippi Statute Under Senate Bill (SB) 2799

Senate Bill 2799 of the Mississippi Legislature's Regular Session of 2024 amended sections of the Mississippi Code of 1972 regarding boards and commissions and agency director positions. These amendments address the procedures and terms of office for appointments to state boards, commissions, and agency director positions by public officials that require Senate confirmation. Senate Bill 2799 was signed into law by Governor Tate Reeves on May 8, 2024, specifically as applied to mental health.

Changes Affecting the State Board of Mental Health. The State Board of Mental Health, created by former Miss. Code § 41-4-3, will continue and be reconstituted effective January 1, 2028. Each member will be appointed by the Governor, with the advice and consent of the Senate, for a four-year term. In 2028, five members will be appointed for terms ending December 31, 2031, and in 2030, four members will be appointed for terms ending December 31, 2033.

Appointments at the start of each four-year cycle will fill expiring terms until a majority of the board or commission is reached. Appointments in the third year of the cycle will complete the remaining positions regardless of their prior appointment times. The Secretary of State will resolve any questions regarding the order of appointments according to specific statute. The State Board of Mental Health has the power and duty to appoint a full-time Executive Director of the Department of Mental Health, with the advice and consent of the Senate. The Executive Director, who will also serve as the executive secretary to the board, will serve for a term of four years.

CMHC Financial Update

OCMHA conducts a quarterly review of the financial health of CMHCs and highlights areas of improvement and concerns that need attention. *See the Map of CMHC Regions in Mississippi attached as Appendix "A."* The CMHCs have various fiscal year ends, with seven of the eleven regions reporting on a September 30 fiscal year. For the quarter ended March 31, 2024, six of the eleven regions (2, 3, 6, 8, 10, and 14) reported an increase in net position, and five (4, 7, 9, 12, and 15) reported a decrease. For the quarter, the CMHCs reported a total increase in net position of \$1,890,650. Figure 3 provides the changes in net position from operations (decrease) for the quarter ended March 31, 2024; Figure 4 provides days of operating cash by CMHC for the quarter ended March 31, 2024.

Among the eleven CMHCs, eight regions (2, 3, 4, 6, 7, 8, 10, and 14) reported increases in net position year to date, and three regions (9, 12, and 15) reported losses. In the aggregate, the CMHCs reported an increase in net position of \$5,712,738 for the quarter ended March 31, 2024.

In the last three 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 continues to assess needs, offer technical assistance, and identify both short-term and long-term sustainability solutions to support these regions.

- Region 9 CMHC serves Hinds County, with a population of 235,604, of which 26.5% are Medicaid beneficiaries. For Q1 2024, Region 9 reported an operational loss but their days of operating cash improved by 28 days. Region 9 reported an operating loss and a net decrease in operating position of (\$72,740) for the quarter and year to date. 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 March 31, 2024, liquidity had improved to 67 days, reflecting a sustained positive trend in days of cash.
- Region 14 serves Jackson and George Counties, with a combined population of 166,970, among whom 19.5% are Medicaid beneficiaries. From Q2 2023 to Q1 2024, the days of operating cash for Region 14 have fluctuated from a high of 40 days to a low of 30 days. As of March 31, 2024, Region 14 reported an increase in net position of \$136,042 and an increase in days of operating cash to 34 days.

Figure 3: Change in Net Position for Quarter Ended March 31, 2024

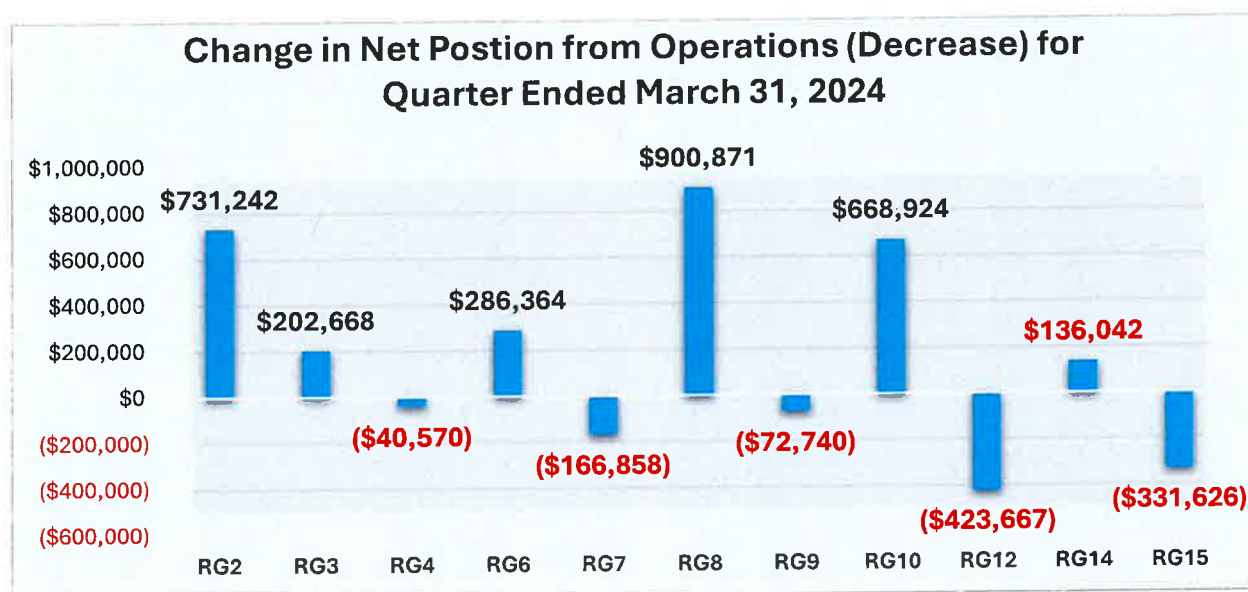
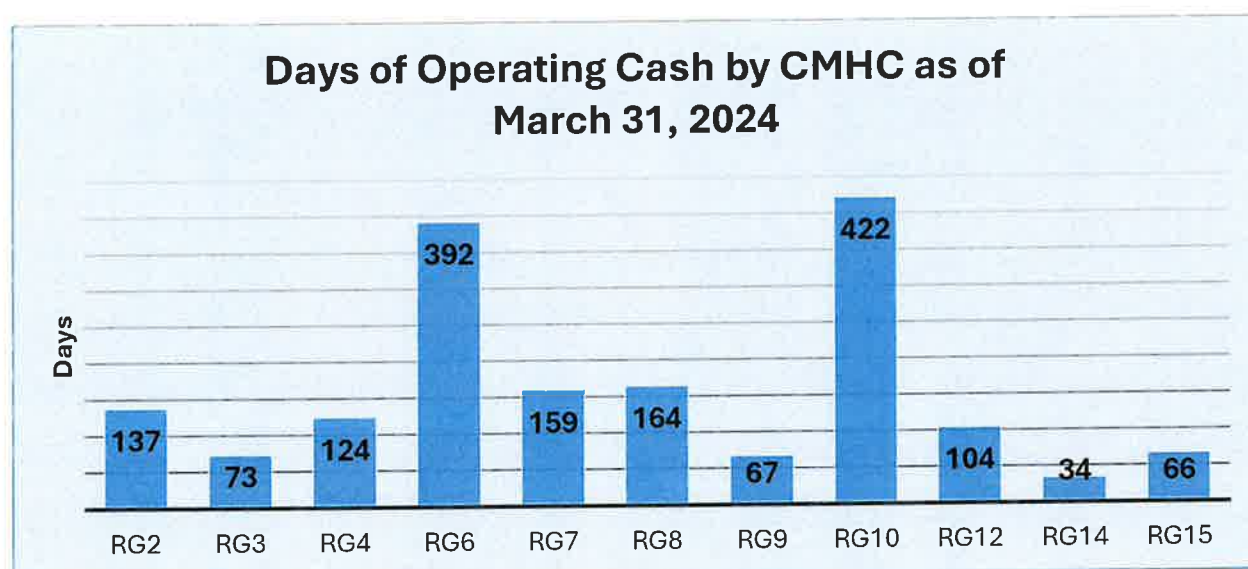


Figure 4: Days of Operating Cash by CMHC for Quarter Ended March 31, 2024

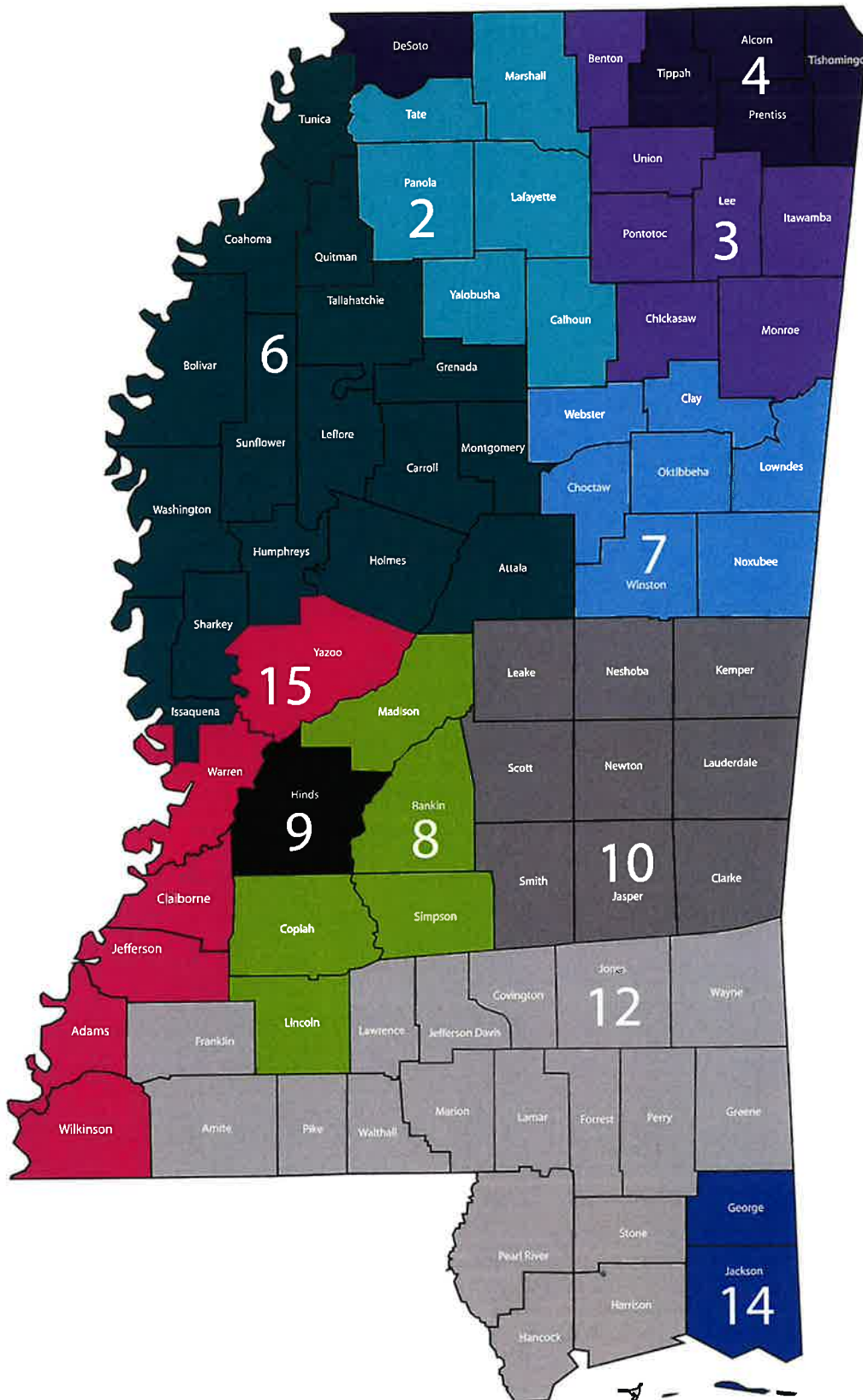


OCMHA Recommendations

<i>Issue: Vulnerability of CSU Services for Region 14 CMHC</i>	
Background	During Q1-Q3 of FY2024, Region 14 CMHC's CSU served 77 individuals, with 42 transferred to higher care facilities. On April 1, OCMHA was notified of the planned closure of the CSU in Gautier, due to lease termination. The Coordinator of Mental Health Accessibility subsequently issued a notice of inadequate services and requested a plan to continue CSU services for George and Jackson counties by April 15. As a result, CSU services continued to be provided to people in Region 14 without interruption through a partnership with the Region 12 CSU, located in Gulfport, and a new CSU location operated by Region 14 in Moss Point, which was approved to operate through a temporary waiver from the Department of Mental Health Operational Standards Rule 19.7.V.
Recommendation 1	OCMHA will monitor the transition and operational status of Region 14's CSU services while collaborating with key parties to ensure coordinated efforts for supporting uninterrupted services.
<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 identifying and implementing sustainable solutions.
<i>Issue: Financial Vulnerability of Region 9 CMHC</i>	
Background	OCMHA conducts quarterly reviews of the financial and operational status of CMHCs. During 2023, OCMHA identified Region 9 as financially vulnerable. Region 9 has demonstrated improvement, sustaining positive trends by increasing their operating cash and cash equivalents from 17 days in Q1 2023 to 67 days in Q2 2024.
Recommendation 1	The financial condition of Region 9 has improved and operating cash is above 30 days. OCMHA will continue to monitor the financial and operational status of the region in the same manner as other CMHC Regions in the State.

Appendix A

Map of CMHC Regions in Mississippi



Appendix B

Region 14 Required Plan of Compliance

Required Plan of Compliance

Plan of Compliance				
<p>Please complete all requested information and mail completed form and supporting documentation to:</p> <p style="text-align: center;">Division of Certification MS Department of Mental Health 239 North Lamar Street, Suite 1101 Jackson, MS 39201</p>		<p>In lieu of mailing the form, you may e-mail the completed electronic form and supporting documentation to the Division of Certification. For contact information call #601-359-1288.</p>		
<p>Provider Name:</p>		<p>Singing River Services</p>		
<p>Provider Contact Person for follow-up:</p>		<p>Beth Fenech</p>		
<p>Phone:</p>		<p>(228) 497-0690</p>		
<p>Fax:</p>		<p>(228) 497-7604</p>		
<p>Email:</p>		<p>bfelech@singingriverservices.org</p>		
Finding (DMH Standard Number)	Program/Service/Record	Corrective Action(s)	Time Line	Plan for Continued Compliance
Rule 13.2.A.1,3,5,6 and 9	Crisis Stabilization	Upon DMH approval to provide crisis stabilization services at this location, the building will be leased. SRS Board of Directors has approved a lease agreement contingent upon approval from DMH. Once leased, fire inspection and pest control will be completed, and documentation of inspections provided to DMH.	Implementation Date: Upon DMH approval of service provision at this location. Projected Completion Date: May 31, 2024	CSU Director will ensure all inspections are current. Documentation will be maintained on site.
Rule 19.7.A	Crisis Stabilization	Constant one-to-one observation will be utilized for each patient in crisis stabilization services. All CSU staff will receive this training which will be documented. Please see attached information.	Implementation Date: Training will begin immediately and implemented when services begin. Projected Completion Date: Ongoing	CSU Director will ensure there is a staff person assigned to each patient in CSU to provide constant one-to-one observation at all times. There will be an additional staff person on duty to ensure shift rotation. RN on duty will oversee each shift to ensure compliance. Security Guard will be present.
Rule 19.7.A	Crisis Stabilization	Constant one-to-one observation will be utilized for each patient in crisis stabilization services. All CSU staff will receive this training which will be documented. Please see attached information.	Implementation Date: Training will begin immediately and implemented when services begin Projected Completion Date: Ongoing	CSU Director will ensure there is a staff person assigned to each patient in CSU to provide constant one-to-one observation at all times. There will be an additional staff person on duty to ensure shift rotation. RN on duty will oversee each shift to ensure compliance. Security Guard will be present.

DMH-Required-Plan-of-Compliance-CSU 2024 (2)

Rule 19.7.V	Crisis Stabilization	<p>Waiver request has been submitted to allow one shower for potential eight (8) capacity. This location is a temporary location until permanent CSU location is complete.</p> <p>Waiver request attached.</p>	<p>Implementation Date: Immediately</p> <p>Projected Completion Date: When relocated to new location, January 1, 2025</p>	<p>Waiver request has been submitted to allow one shower for potential eight (8) capacity. This request is for a temporary location for service provision.</p> <p>The new service location will be in compliance with this standard.</p>
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Appendix C

DMH Approval of Temporary Waiver

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

239 North Lamar Street
1101 Robert E. Lee Building
Jackson, Mississippi 39201



601-359-1288
FAX 601-359-6295
TDD 601-359-6230

Wendy D. Bailey - Executive Director

May 24, 2025

Beth Fenech
Singing River Services
3407 Shamrock Court
Gautier, MS 39553

Dear Ms. Fenech:

Your request for a waiver of the *Department of Mental Health (DMH) Operational Standards* Rule 19.7.V has been reviewed by the DMH Certification Review Committee (CRC) and is approved.

This approval allows the Crisis Residential Unit to operate with (1) operable shower for (8) people.

This waiver will expire May 31, 2025.

Waivers granted by DMH serve only to waive a *DMH Operational Standard*. All issues concerning billing should be forwarded to the Office of the Governor, Division of Medicaid.

If you have any questions, please do not hesitate to contact Ashlee Robinson at ashlee.robinson@dmh.ms.gov. Please retain a copy of this letter in your files for review upon request.

Sincerely,

/s/ MaCall M. Chastain

MaCall M. Chastain, General Counsel
Division of Certification

T:MC/ar

Appendix D

Timeline for Region 14 CSU Continuation of Services

Timeline for Region 14 CSU Continuation of Services

Date	Event
April 1, 2024	OCMHA was notified that Region 14 CMHC planned to close its CSU, located at 330 B Hwy 90, Gautier, MS 39553, on or before May 1, due to the building owner's decision to discontinue the lease and would stop accepting admissions on April 15.
April 5, 2024	The Coordinator of Mental Health Accessibility issued a Notice of Inadequate Services, pursuant to Miss. Code Section 41-20-9, to the Region 14 Executive Director. The Notice was also provided to the Region 14 Commissioners, Board of Supervisors for George County, and Board of Supervisors for Jackson County. The Notice expressed concerns about the lack of accessible CSU services for individuals experiencing a mental health crisis given the upcoming CSU closure. The Notice requested that by April 15, the Region 14 Executive Director provide a plan to continue CSU services for the residents of George and Jackson Counties from May 1 and thereafter.
April 13, 2024	Region 14 submitted a proposed plan indicating that the Region intended to continue to provide CSU services.
April 15, 2024	Region 14 applied for a waiver from DMH to utilize the currently owned Region 14 CMHC building located at 2602 Criswell Street in Jackson County (Pascagoula).
April 15-17, 2024	Teleconferences were held between OCMHA, DMH, and Region 14 leadership to discuss the possibility of granting a waiver that would allow for the certification of a temporary CSU site in Jackson County.
April 17, 2024	A meeting was held with members of DMH leadership to explore the certification of a temporary CSU site in Jackson County and seek other options.
April 18, 2024	The Region 14 Executive Director submitted a new plan for a temporary CSU at an alternative location to be leased, which would also require DMH-approved waivers for one or more operational standards.
April 19, 2024	The Coordinator requested that Region 14 submit an alternative plan with the following components: 1) a request by Region 14 that DMH conduct site reviews at two proposed locations; 2) explore the possibility of contracting with private providers for crisis placement; 3) and consider possibility of using DMH grant funds to pay for private beds. Region 14 responded the same day and addressed all three components in a plan for continuing CSU services without interruption.
April 22, 2024	OCMHA held a teleconference with DMH leadership to discuss potential solutions, including DMH certification of proposed temporary site locations and the potential use of Region 14 CSU grant funds to pay for private beds.
April 24, 2024	DMH conducts a site review of both proposed temporary locations. The DMH Certification Review Committee (CRC) denied waivers necessary for the proposed new CSU lease location in Moss Point, citing safety concerns such as possible elopement and suicide risk. However, the building owner expressed a willingness to make all repairs.

April 24-29, 2024	A series of calls between OCMHA and Region 14 focused on identifying options for individuals to have immediate access to treatment services without being held in jail.
April 24 – June 30, 2024	On or about April 24, 2024, OCMHA began monitoring all involuntary commitments to ensure individuals in need of CSU services were served. The practice continued through June 30, 2024.
April 25, 2024	Two individuals scheduled for admission to closed CSU were be diverted.
April 29, 2024	A Memorandum of Understanding (MOU) was executed between Region 14 and Region 12, wherein Region 12 agreed to provide beds at no cost to Region 14 on a temporary basis from April 30 to June 30.
April 29 - May 2, 2024	OCMHA continued calls with Region 12 and Region 14 to discuss the status of the plan for maintaining CSU access to the community and reducing the risk of persons being in jail who are involuntarily committed for mental healthcare. Further, calls were held with DMH to discuss the situation and possible temporary solutions, including the use of CSU grant funds to pay for private beds.
May 8, 2024	The owner of the proposed new CSU building informed the Region 14 Executive Director that all renovations of the proposed temporary building required by DMH had been completed.
May 9, 2024	Region 14 Executive Director inspected the facility and confirmed that renovations were complete.
May 10, 2024	Region 14 Executive Director contacted DMH to request a re-inspection of the temporary facility and DMH agreed to inspect the facility on May 13.
May 13, 2024	Region 14 is approved for initial certification for the period of May 13, 2024 - November 13, 2024. The on-site Health and Safety Review of the facility must take place prior to service provision and was rescheduled by DMH from May 13 to May 15.
May 15, 2024	DMH inspected the proposed CSU building and advised that a decision would soon be provided.
May 24, 2024	DMH approved the Region 14 request for a waiver of DMH Operational Standards Rule 19.7.V. The waiver will expire on May 31, 2024.
June 6, 2024	Region 14 began accepting patients at the new CSU in Moss Point.

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