Rose Isabel Williams Mental Health Reform Act of 2020

Status Report
July 1, 2022 – September 30, 2022

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 MCA § 41-20-5(h) and the *Rose Isabel Williams Mental Health Reform Act of 2020* which implemented a comprehensive review and report 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 July 1, 2022, through September 30, 2022. The report provides an update on the operations and services provided by Region 11 CMHC; OCMHA's recommendation for the consolidation of Region 1 CMHC with Region 6 CMHC and for Coahoma, Quitman, Tallahatchie, and Tunica Counties to join Region 6 CMHC; civil commitment data by county for FY22 and comparison of that data with commitment data from FY21.

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Quarterly Status Report
Submitted Pursuant to Mississippi Code Section 41-20-5(h)
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OCMHA has included the following topics for the third quarter report:

- Update on the Operation and Services of Region 11 Community Mental Health Center (CMHC)
- Recommendation for Consolidation of Region 1 CMHC with Region 6 CMHC and for Coahoma, Quitman, Tallahatchie, and Tunica Counties to Join Region 6 CMHC
- Civil Commitment Data by County for FY 22 and Comparison with FY 21 Commitment Data

Region 11 Community Mental Health Center (CMHC) Update

In August 2021, OCMHA performed a complete review of Region 11 CMHC, including an analysis of the financial condition and the mental health services available in each of the nine counties that form Region 11 CMHC. OCMHA provided its findings from the investigation in the Quarterly Status Report for July 1, 2021, through September 30, 2021. OCMHA determined that Region 11 CMHC may not have sufficient operational funds to sustain consistent delivery of mental health services throughout the region. Despite the availability of the core mental health services in Region 11 CMHC, delivery of services is inconsistent in the nine county region. *See OCMHA Quarterly Status Report for July 1, 2021 – September 30, 2021.*

Pursuant to MCA § 41-20-9, the Coordinator of Mental Health Accessibility (Coordinator) determined that mental health services are inadequate, taking into account financial viability and service deficits, in each of the nine counties that form Region 11 CMHC. The Coordinator appeared before the Board of Supervisors in all nine counties and put them on notice and requested a plan from each county to increase access to mental health services.

In response to the Coordinator's determination, the Boards of Supervisors of the nine counties making up Region 11 CMHC 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 are members of the Boards of Supervisors, Regional Commissioners, Chancery Clerks, and Board Attorneys. OCMHA has attended certain meetings at the request of the group. The study group hired an independent consultant to review Region 11 CMHC's financial data and provide feedback.

On September 6 and 7, 2022, OCMHA conducted an updated review of Region 11 CMHC services. Region 11 CMHC has implemented some notable service changes and additions and

other areas continue to remain inadequate. Service changes are discussed in detail below in the **Services** section of the report.

While COVID created challenging situations for many businesses and governmental agencies, operational challenges and service deficits are reportedly a part of the history of Region 11 CMHC since long before the pandemic. Whether the operational difficulties occurred first, or the service deficits occurred first can be argued, but they appear correlated.

The organizational model for CMHCs is dependent on a workforce that performs services and an organization that requests reimbursement for each covered service from payors, including Medicaid, state and federal source grants, and commercial insurance for each covered service. Reimbursement is based on standard rates specified by individual payors. Individuals without a health plan or access to grant funds are considered self-pay based on the CMHC's self-developed sliding fee scale. CMHCs provide care to individuals regardless of their ability to pay. *See Department of Mental Health (DMH) Operational Standards (2020), Rules 10.7 and 16.2.* These reimbursements are the sources of revenue which support operations.

In the case of Region 11 CMHC, financial difficulties have resulted in the elimination of most employee benefits, except participation in Public Employees Retirement System (PERS) and FICA. The lack of employee benefits may increase the challenges of workforce recruitment and retention, and consequently, cause services to suffer and deteriorate. Region 11 CMHC has consumed cash reserves as a result of a number of actions, some of which occurred before the tenure of the current management team. Region 11 CMHC has continued its operations as a beneficiary of COVID-related funding and two federal grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). A summary of the current status of operational prospects and services are provided below.

Financial

Region 11 CMHC serves a nine-county region with a population of 142,441, of which 27.5% are Medicaid recipients. *See Map of the CMHC Regions and Counties attached as Appendix "A.* The counties make an annual contribution to Region 11 CMHC in the amount of $308,174. Region 11 CMHC has a fiscal year end of September 30.

Despite improvements having been made in services, there is no indication that financial stability is improving.

Two federal grants and COVID-related funding have offered considerable assistance for sustaining operations. With the addition of newly hired staff, service numbers are increasing.

The first SAMHSA-funded grant is the *Certified Community Behavioral Health Center (CCBHC) Expansion Grant* in the amount of $4,000,000 for a project period ending February 14, 2023. The grant objectives are supportive in nature allowing outreach and improving access to

services. Region 11 CMHC reports that they are in substantial compliance with the grant requirements and continue to work with a technical advisor from SAMSHA to successfully complete the grant objectives.

Region 11 CMHC was just awarded an additional $998,872 for the SAMHSA-funded CCBHC-Improvements and Advancements Grant that extends the work of the CCBHC Expansion Grant (expiring February 14, 2023) for another four years. This project period is September 30, 2022, through September 29, 2026 (SAMHSA.gov). The focus of this grant is crisis services and care coordination with the following goals: 1) Plan, develop, implement and sustain services thereby increasing access and availability to high-quality integrated care responsive to emerging needs; 2) Support recovery by delivering comprehensive community-based MH/SUD services; 3) Use trauma-informed, evidence-based practices and team-based care coordination; 4) Utilize a CQI approach; 5) Meaningfully involve consumers and family members in their own care and the broader governance of the CCBHC; and 6) Improve integrated care treatment outcomes while addressing health-related disparities (SAMHSA.gov).

Region 11 CMHC also has a SAMHSA-funded federal grant in the amount of $2,994,791 that targets increasing psychosocial rehabilitation services (PSR) for adults with serious mental illness and day treatment services for children. The grant period is from September 30, 2021, to September 29, 2023. Again, Region 11 CMHC leadership reports substantial compliance and continues to work with a SAMHSA grant technical advisor on this grant.

These SAMHSA grant awards, like DMH grants, offer potential to make improvements in access to care. As with all federal discretionary grants, these funds are not available to address general operational issues or general populations, but rather are targeted to specific goals, services and populations as outlined in the grant awards. As an example, these funds could not be used to pay the deficit to PERS. The two federal grants are significant in that they allow Region 11 CMHC to fund additional staff positions without dependency on billing for services. A typical CMHC requires an average of 90 to 180 days to transition newly hired staff to expected productivity levels, and even then, most positions are not self-supporting. Staff positions that are not self-supporting must be funded from existing cash reserves, of which Region 11 CMHC has little, or from other services that are cash flowing, and again, Region 11 has few, if any, such services. Consequently, these two federal grants have been very beneficial is sustaining operations.

Region 11 CMHC has received a total of $1,435,079 in COVID funds. While Region 11 CMHC believes that they have met all of the requirements for the COVID-related loans to be forgiven, $573,523 is recorded as a liability and is awaiting notification of forgiveness.

Region 11 has experienced difficulty in paying the employer portion of the PERS contribution to the state and, at times, the CMHC has been delinquent in making the withheld employee contribution. In September 2021, PERS requested that the Division of Medicaid (DOM) and the Department of Mental Health (DMH) withhold portions of future payments due to Region 11

CMHC for billed services and redirect those amounts to PERS to satisfy past due obligations. *See OCMHA Quarterly Status Report for July 1, 2021 – September 30, 2021.* The amount owed to PERS fluctuates with each payroll period and Medicaid payment cycle. On April 30, 2022, Region 11 CMHC was delinquent in paying employee contributions of $26,160 and employer contributions totaling $54,681 into PERS. On June 30 and August 31, 2022, Region 11 owed PERS $132,152 and $84,096, respectively. As of September 2022, Region 11 CMHC was current with in paying both employer and employee contributions into PERS.

Other operational issues include delinquent accounts payable that exceed $500,000. Region 11 CMHC has maintained an $80,000 line of credit with a local bank since 2018. This line of credit had an outstanding balance of $76,955.82, as of August 31, 2022. Region 11 CMHC reports that it is current on payments due on the line of credit.

Management has received a cost estimate of approximately $100,000 to audit fiscal years 2019, 2020, and 2021. While this is an important step for evaluating historical financial trends, practices and challenges, the need for audits and a sound review of historical financial trends is taking a back seat to the urgent priority of maintaining current operations. Region 11 CMHC does not have the necessary funds to have the audits performed and maintain current operations.

Presently, Region 11 CMHC operations are not cash-flowing, and they are not operating profitability. Region 11 continues to operate month-to-month. However, they are now producing monthly financial statements and the integrity of the statements are evolving. The CMHC continues to experience software issues that impact the capacity to bill accurately for services and obtain needed revenue. They do not have historical financial statements and their records cannot be audited as of today.

OCMHA is working with Region 11 CMHC to increase access to mental health services through weekly meetings with the Executive Director and Chief Financial Officer to provide salutation-focused technical assistance aimed at creating internal measures that are intended to continue operations.

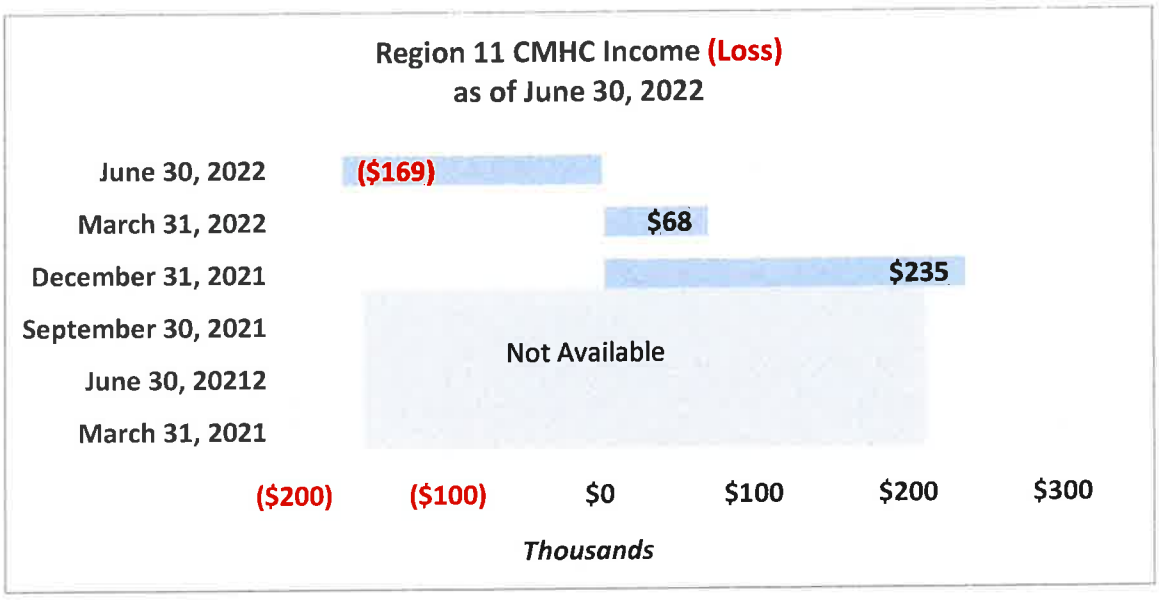
A summary of the quarterly operating results is provided in Table 1 below.

Table 1: Region 11 CMHC Summary of Quarterly Operating Results

	QTR ENDED SEP-21	QTR ENDED DEC-21	QTR ENDED MAR-22	QTR ENDED JUN-22
REVENUE	$1,115,528	$1,523,572	$1,927,585	$1,825,699
EXPENSE	$1,369,762	$1,817,698	$1,859,274	$1,994,452
INC (LOSS) FROM OPERATIONS	($254,234)	($294,126)	$68,311	($168,753)
COVID FUNDS	$332,544	$529,013		
NET INC (LOSS)	$78,310	$234,887	$68,311	($168,753)

Figure 1 below offers an illustration of Region 11 CMHC's profit and/or loss for the most recent three quarters. Management did not start producing an income statement to OCMHA prior to the quarter ending September 30, 2021.

Figure 1: Region 11 CMHC Quarterly Net Income (Loss)



In conclusion, although Region 11 CMHC has continued to operate and is providing additional services, the financial stability of Region 11 CMHC has not changed as of September 30, 2022. Operations have been financially bolstered by: (1) $1,435,079 in COVID-related funds received as a result of the pandemic ($573,523 remains recorded as a liability as the region awaits official word of loan forgiveness) and (2) the award of federal SAMHSA grants. Without the COVID funds and federal grants, it is unlikely Region 11 CMHC would have remained operational as it is currently structured.

Software Implementation

Over the years, Region 11 CMHC has made a series of poor or delayed decisions regarding electronic medical record (EMR) and billing software that necessitated the implementation of a new system that was implemented on October 1, 2021. The difficulty of implementing a new EMR and service software is challenging. As of August 2022, leadership continues to work with the software company to resolve issues. Compounding the difficulty in issue resolution was a change in financial officers in early 2022. Region 11 CMHC continues to work on resolution of EMR gaps and barriers and continues to provide training to increase the capacity of the financial officer regarding CMHC-specific financial operations. The staff at Region 11 CMHC meets weekly with the EMR vendor to address and resolve issues.

Presently, Region 11 CMHC management reports over 900 hours of unbilled services that are unlikely to be fully reimbursed, but if timely billed could serve as an additional source of revenue. Region 11 leadership is of the opinion that the existing accounting system does not have the capability to meet some of the needs of the organization. As an example, the system will not accommodate operational statements by various cost centers or services. A replacement accounting system has been identified at a cost of approximately $85,000.

Workforce

Similar to the rest of the nation, recruitment and retention of the behavioral health workforce is a challenge. As of December 31, 2021, Region 11 CMHC reported 109 filled positions and 37 vacant positions. As of August 2022, Region 11 reports 125 filled positions and 41 vacant positions. While statewide issues exist, Region 11 recruitment and retention issues are exacerbated because they do not offer a menu of employee benefits.

The primary employee benefits currently offered by Region 11 are that of:

- Participation in PERS; and
- Payment of FICA in the amount of 7.65%.

While staffing impacts all areas of CMHC operations, its impact on Region 11 CMHC is somewhat quantifiable in a review of grant funding awarded by DMH. For the state fiscal year end (FYE) June 30, 2022, Region 11 was awarded 31 grants for a total amount of $3,377,224, of which $1,271,170 was unspent primarily due to a lack of staff to provide services. The unspent portion represents 37% of the funds awarded, as compared to 19% unspent by the other DMH grantees for the same period. For the State FYE June 30, 2021, Region 11 was awarded 22 grants for a total amount of $2,395,163, of which $1,069,816 was unspent. This portion represents 44% of the funds awarded, as compared to 12% unspent by other DMH grantees for the same period. In addition to creating financial hardships, the lack of staff likely markedly impacts access to care, quality services, and desirable outcomes.

Productivity

An essential element of a successful CMHC is the ability to manage and monitor staff productivity which is often measured in hours of service. The new EMR software system being used by Region 11 CMHC has increased the CMHC's ability to monitor productivity. However, one of the essential components to such a system is data integrity. As of today, productivity remains low. Resolutions for gaps in data integrity and reporting continues on a daily/weekly basis.

Services

OCMHA conducted follow-up reviews of Region 11 CMHC services on September 6-7, 2022. Below is a summary of improvements and remaining gaps gathered during the visits.

Region 11 CMHC now has county offices open five days per week in all nine counties. That was not the case during the last evaluation of services in August 2021. These offices accept walk-ins for all populations, although the session may be completed via telehealth if the therapist is working out of a neighboring county. All front office staff were knowledgeable of the services offered in the county office. This is an improvement from the last evaluation of services.

Children's Services. Children's services therapists are now available in all nine counties of Region 11 CMHC. These therapists may be assigned to two counties and rotate between the counties during the week. Walk-in children services are now available in all nine counties, although the session may be completed via telehealth if the therapist is located in a neighboring county. Much needed progress has been made for Children's Day Treatment in most of the Region. According to Sherlene Vince, Region 11 CMHC Executive Director, there have been Memorandums of Understanding (MOUs) signed with Amite County, Claiborne County, Franklin County, Jefferson County, Lawrence County, Walthall County and Wilkinson County School Districts. There are also MOUs signed between with McComb, North Pike and South Pike School Districts allowing for the placement of therapists in each of these school districts and Day Treatment is either already occurring or is scheduled to begin in the next few weeks.

Adult Services. Adult mental health services are now offered in all nine counties and walk-ins are accepted. During OCMHA's follow-up evaluation of services, there were individuals in the waiting areas waiting to receive services in all nine counties. Currently, there are three PSR programs which are located in Natchez in Adams County, Port Gibson in Claiborne County, and McComb in Pike County, as compared to only one program last year. PSR services are now available to all nine counties via Region 11 CMHC transportation. According to Region 11 CMHC Executive Director, plans are in place to offer an additional PSR program in Walthall, Franklin, and either Amite or Wilkinson Counties. This is also a significant improvement from the last evaluation of services conducted by OCMHA in August 2021.

Crisis Residential Services. Crisis Residential Services are now available from a site in Adams County and serve up to eight individuals experiencing a crisis and needing inpatient care. On September 6, 2022, there were four individuals receiving services and another admission was expected that afternoon. This facility is working to increase their allowed capacity to 12 beds. The bed expansion is made possible through a grant from the Department of Mental Health ("DMH"). Also, DMH provided a $400,000 enhancement grant to fund salaries for security officers on site and other strategies to be able to accept individuals with higher needs including violent tendencies or complex medical needs that are experiencing crisis. Commitment

information shows a decrease in the number of commitments to Mississippi State Hospital over the past year. Figure 2 below illustrates this reduction. Fewer commitments are often considered an indicator of improved community-based services.

Figure 2: Region 11 CMHC Commitment Data

*Number of Commitments 2021/2022	Commitment per population	Percentage Increase/Decrease from 2021/2022	Population
292	Region Average / 1 person for every 487 residents	-16.33%	142,411

*Commitment information provided by Region 11 CMHC Chancery Clerks.

Mobile Crisis Response. Mobile Crisis Response is divided up by the East and West sides of the Region. The East side is comprised of Amite, Lawrence, Pike and Walthall counties. The West side is comprised of Adams, Claiborne, Franklin, Jefferson and Wilkinson counties. On September 6, 2022, there was one therapist assigned to the entire West side. According to that therapist, he was responsible for all five counties that included 24/7 crisis calls. There was no Peer Support person assigned to the team. OCMHA has recently received information from local law enforcement that the Mobile Crisis Response is not consistent in responding to calls, and at times, the therapist would call law enforcement and ask them to respond instead. This area is in need of improvement. OCMHA has discussed these issues with the Region 11 CMHC Executive Director and are continuing to monitor the service.

Substance Use Disorder (SUD) Services. There have been no significant changes in SUD services since the last evaluation. Services are offered on site in Pike and Adams County. Individuals needing these services in the East Side travel to the Summit office building located in Pike County. On the West Side, individuals travel to Natchez. SUD services are also reportedly available in all nine counties via Telehealth. Region 11 CMHC does not currently have a residential SUD treatment facility. There is an informal agreement with Region 15 CMHC for this service.

Intellectual and Developmental Disabilities (IDD). Services for individuals IDD are not offered by Region 11 CMHC, with the exception of the Mobile Crisis Response Team. Private providers offer services throughout the region for day programs and residential services. There has been no change since the last evaluation.

Considering all of the information gathered thus far, it appears that Region 11 CMHC has increased the amount of services available for children's services and PSR. The quality of those services is yet to be determined. Mobile Crisis Response needs additional personnel to adequately address all of the needs of the region.

Sustainability Plan

As stated above, pursuant to MCA § 41-20-9, the Coordinator of Mental Health Accessibility ("Coordinator") has met with the Boards of Supervisors in each of the nine counties that form Region 11 CMHC and put them on notice that mental health services in each of the counties are inadequate, including financial issues and services deficits, and requested a plan from each of the respective Boards of Supervisors to increase access to mental health services in each county. In response, the counties engaged the services of a consultant that analyzed financial information and met with Region 11 CMHC leadership and provided feedback to the counties. The Coordinator is continuing to work with the Boards of Supervisors in efforts for each county to provide a sufficient plan to increase access to mental health services.

Recommendation for Consolidation of Region 1 CMHC with Region 6 CMHC

Region 1 CMHC currently serves Coahoma, Quitman, Tallahatchie, and Tunica Counties. *See Map of the CMHC Regions and Counties attached as Appendix "A".* Pursuant to MCA § 41-20-7, OCMHA visited each county served by Region 1 for purposes of determining the adequacy and sustainability of services. As part of this review, OCMHA considered financial data for Region 1 beyond a one year period. This data indicates that Region 1 is financially vulnerable. As of June 30, 2022, Region 1 had a cash balance of $791,674, the second lowest cash reserve in the state, with exception of Region 11 CMHC. OCMHA then met with Region 1 leadership for purposes of collaboratively identifying potential strategies for the sustainability of services in the region. Based upon the financial and service data gathered and discussions with the leadership of Region 1, OCMHA determined that mental health services could better be provided to residents of Coahoma, Quitman, Tallahatchie, and Tunica Counties if Region 1 were consolidated with Region 6. OCMHA has also met with the Executive Directors of Regions 1 and 6 to examine the feasibility of consolidating the two regions. The Executive Directors of Regions 1 and 6 are agreeable to the consolidation. Based upon the foregoing, OCMHA recommends that the best course of action to ensure sustainability of services for the residents of Coahoma, Quitman, Tallahatchie, and Tunica Counties would be to consolidate Regions 1 and 6 and for these counties to receive services from Region 6 going forward.

OCMHA chose to work with Region 6 CMHC regarding consolidation with Region 1 CMHC for the following reasons:

1. Region 6 CMHC has the most counties that geographically border counties served by Region 1 CMHC.
2. Historical and current financially stability of Region 6 CMHC.
3. Previous experience merging CMHC regions.
4. Experience in providing SMI services in rural areas of the Mississippi Delta.
5. Region 6 CMHC maintains a profitable, functioning pharmacy.

6. The regions have similar Medicaid recipients by percentage.
7. The regions are both in the catchment area for Mississippi State Hospital (MSH).

On August 24, 2022, the Region 6 CMHC Board of Directors voted to invite the counties currently served by Region 1 CMHC – Coahoma, Quitman, Tallahatchie, and Tunica – to join Region 6. The individual counties' Boards of Supervisors must now adopt a resolution to join Region 6 or, in the alternative, develop a plan to sustain operations and services in the respective counties. OCMHA, along with the Executive Directors of Regions 1 and 6, plans to appear before the Boards of Supervisors in November to ask that a resolution be passed to join Region 6. OCMHA will continue to monitor the services in each county after consolidation occurs and offer support and resources where able.

Mental Health Commitment Data

OCMHA requested mental health commitment information from the Chancery Clerks in all 82 counties for the dates of July 1, 2021, through June 30, 2022. This information was compared to the commitment data requested and provided for the same period from the previous year.[1] Table 2 offers commitment data by county and region for FY21 and FY22, including percentage of increase/decrease, commitments per population, and the county population according to the 2020 United States census. The numbers do not include commitments for substance use disorders.

Commitment trends of interest from FY21 to FY22 are as follows:

- Mental health commitments for the state for FY22 decreased by 12.11%, as compared to FY21.
- Of the 82 counties in Mississippi, 27 counties have experienced an increase in mental health commitments. This accounts for 33% of all counties.
- By CMHC Region, the overall number of commitments increased only for Region 9 CMHC and Region 14 CMHC during FY22, as compared to FY21. All other regions experienced a decrease in commitments.
- Greene County, served by Region 12 CMHC, commitments increased by 133.33%, the highest percentage county increase, as compared to the previous year.
- Region 9 CMHC, which serves only Hinds County, commitments increased by 24.92%, the highest percentage region increase as compared to the previous fiscal year.
- Yazoo County, served by Region 15 CMHC, commitments decreased by 92.5%, the highest percentage county decrease, as compared to the previous fiscal year.
- Region 15 CMHC commitments decreased by 59.46%, the highest percentage the highest percentage region decrease, as compared to the previous fiscal year.

[1] Commitment data for FY21 and FY22 was provided by the Chancery Clerks in all 82 counties.

Table 2: Mental Health Commitment Data by County and Region for FY 2021 and FY 2022

Region 1	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Coahoma	114	96	-15.79%	1:236	22,685
Quitman	17	13	-23.53%	1:541	7,038
Tallahatchie	20	12	-40.00%	1:1,170	14,041
Tunica	21	9	-57.14%	1:1,089	9,807
Region	172	130	-24.42%	1:412	53,571

Region 2	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Calhoun	39	42	7.69%	1:343	14,417
Lafayette	82	46	-43.90%	1:1,175	54,059
Marshall	39	57	46.15%	1:622	35,507
Panola	129	50	-61.24%	1:681	34,079
Tate	29	11	-62.07%	1:2,583	28,419
Yalobusha	16	12	-25.00%	1:1,023	12,276
Region	334	218	-34.73%	1:819	178,757

Region 3	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Benton	34	12	-64.71%	1:689	8,275
Chickasaw	20	26	30.00%	1:656	17,060
Itawamba	42	38	-9.52%	1:615	23,396
Lee	125	135	8.00%	1:631	85,304
Monroe	37	21	-43.24%	1:1,693	35,559
Pontotoc	61	45	-26.23%	1:711	31,996
Union	17	16	-5.88%	1:1,786	28,578
Region	336	293	-12.80%	1:785	230,168

Region 4	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Alcorn	62	77	24.19%	1:481	37,058
DeSoto	199	181	-9.05%	1:1,006	182,256
Prentiss	70	51	-27.14%	1:493	25,155
Tippah	39	19	-51.28%	1:1,156	21,976
Tishomingo	15	14	-6.67%	1:1,385	19,396

Region	385	342	-11.17%	1:835	285,841

Region 6	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Attala	30	22	-26.67%	1:832	18,308
Bolivar	79	34	-56.96%	1:919	31,253
Carroll	17	10	-41.18%	1:997	9,972
Grenada	23	28	21.74%	1:747	20,927
Holmes	79	56	-29.11%	1:310	17,414
Humphreys	14	23	64.29%	1:356	8,198
Issaquena	0	1	100.00%	1:1,223	1,223
Leflore	107	103	-3.74%	1:279	28,764
Montgomery	17	3	-82.35%	1:3,318	9,956
Sharkey	8	6	-25.00%	1:737	4,427
Sunflower	34	26	-23.53%	1:990	25,759
Washington	84	52	-38.10%	1:866	45,072
Region	492	364	-26.02%	1:607	221,273

Region 7	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Choctaw	21	21	0.00%	1:390	8,206
Clay	60	64	6.67%	1:304	19,515
Lowndes	150	83	-44.67%	1:709	58,896
Noxubee	43	19	-55.81%	1:556	10,566
Oktibbeha	35	50	42.86%	1:991	49,593
Webster	8	7	-12.50%	1:1,389	9,727
Winston	28	40	42.86%	1:452	18,116
Region	345	284	-17.68%	1:614	174,619

Region 8	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Copiah	44	58	31.82%	1:488	28,339
Lincoln	85	74	-12.94%	1:462	34,197
Madison	21	12	-42.86%	1:8,790	105,482
Rankin	130	121	-6.92%	1:1,273	154,119
Simpson	84	69	-17.86%	1:388	26,818
Region	364	334	-8.24%	1:1,044	348,955

Region 9	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Hinds	297	371	24.92%	1:635	235,604
Region 10	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Clarke	75	100	33.33%	1:156	15,612
Jasper	36	31	-13.89%	1:530	16,454
Kemper	5	6	20.00%	1:1,638	9,829
Lauderdale	167	116	-30.54%	1:651	75,557
Leake	49	31	-36.73%	1:735	22,791
Neshoba	20	13	-35.00%	1:2,250	29,250
Newton	37	41	10.81%	1:517	21,215
Scott	51	68	33.33%	1:416	28,288
Smith	26	38	46.15%	1:418	15,919
Region	466	444	-4.72%	1:529	234,915
Region 11	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Adams	45	64	42.22%	1:485	31,103
Amite	26	16	-38.46%	1:771	12,341
Claiborne	27	15	-44.44%	1:602	9,042
Franklin	18	10	-44.44%	1:771	7,716
Jefferson	22	24	9.09%	1:297	7,129
Lawrence	65	48	-26.15%	1:262	12,595
Pike	83	68	-18.07%	1:578	39,365
Walthall	11	17	54.55%	1:848	14,423
Wilkinson	52	30	-42.31%	1:290	8,727
Region	349	292	-16.33%	1:487	142,441
Region 12	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Covington	30	38	26.67%	1:495	18,810
Forrest	177	114	-35.59%	1:659	75,162
Greene	3	7	133.33%	1:1,945	13,619
Hancock	54	90	66.67%	1:525	47,339
Harrison	407	389	-4.42%	1:530	206,169

Jefferson Davis	86	30	-65.12%	1:372	11,182
Jones	106	97	-8.49%	1:704	68,307
Lamar	56	85	51.79%	1:732	62,293
Marion	42	31	-26.19%	1:799	24,785
Pearl River	120	67	-44.17%	1:828	55,512
Perry	15	11	-26.67%	1:1,089	11,981
Stone	10	9	-10.00%	1:2,031	18,282
Wayne	50	34	-32.00%	1:598	20,344
Region	1156	1002	-13.32%	1:632	633,785

Region 14	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
George	40	65	62.50%	1:370	24,098
Jackson	169	207	22.49%	1:690	142,872
Region	209	272	30.14%	1:613	166,970

Region 15	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
Warren	34	27	-20.59%	1:1,704	46,030
Yazoo	40	3	-92.50%	1:9,503	28,511
Region	74	30	-59.46%	1:2,484	74,541

All CMHC Regions	**Adult MH Commitments *2020-2021***	**Adult MH Commitments *2021-2022***	**Percent Increase/ Decrease**	**Commitment Per Population**	**2020 Population**
State	4,979	4,376	-12.11%	1:676	2,961,279

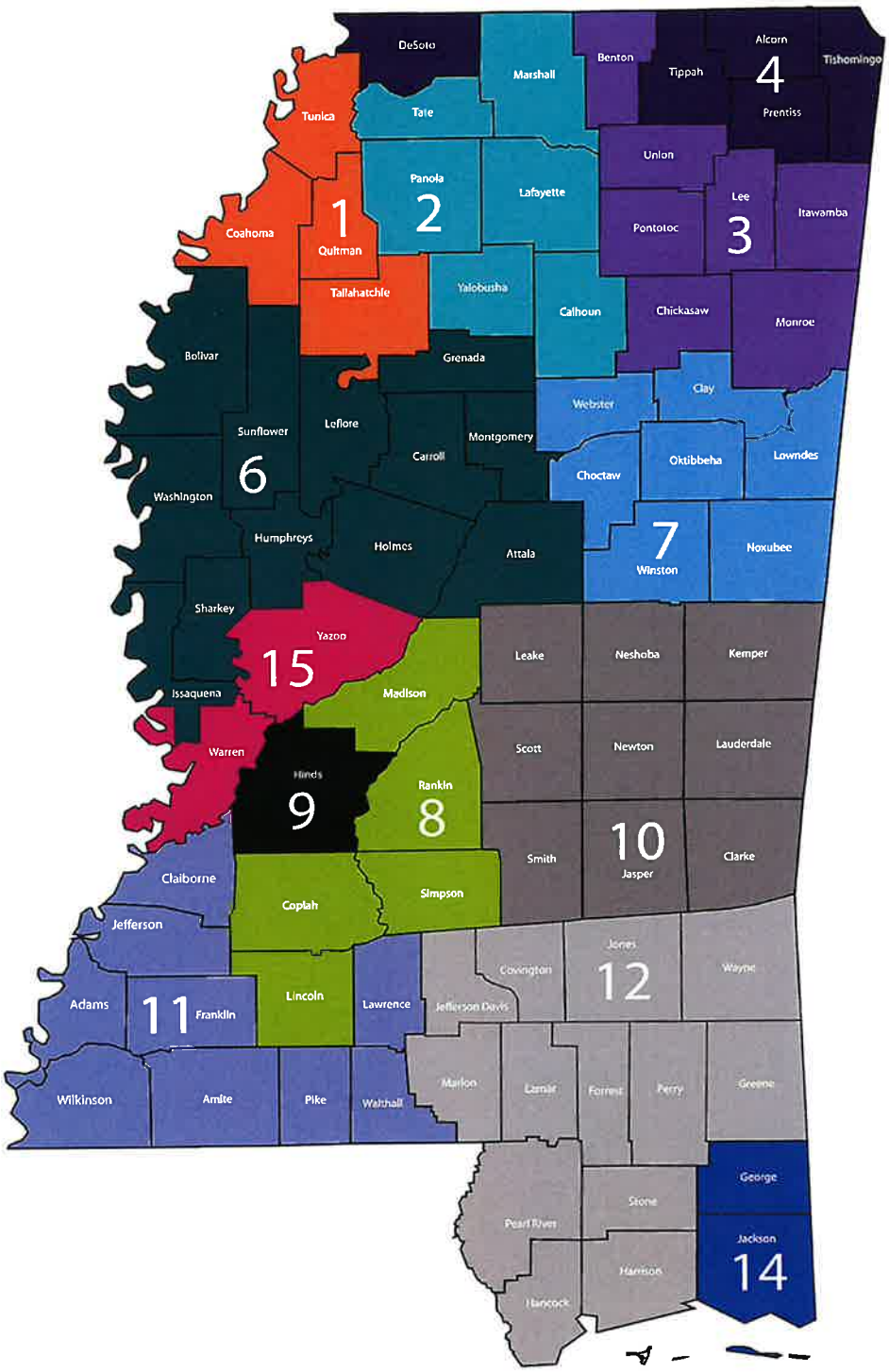
OCMHA Recommendations

Issue: Region 1 CMHC	
Pursuant to MCA § 41-20-7, OCMHA visited Coahoma, Quitman, Tallahatchie, and Tunica Counties, which form Region 1 CMHC, for the purpose of reviewing the adequacy of mental health services. Upon completing this review, OCMHA determined that Region 1 CMHC is financially vulnerable and lacks sufficient resources necessary to sustain sufficient mental health services long-term.	
Background	Region 1 CMHC is formed by Coahoma, Quitman, Tallahatchie, and Tunica Counties. *See Map of the CMHC Regions and Counties attached as Appendix "A".* Based upon the financial and service data reviewed, OCMHA determined that mental health services could better be provided to residents of these counties if Region 1 CMHC were consolidated with a more financially stable region. OCMHA approached Region 6 CMHC regarding consolidation with Region 1 CMHC for the following reasons: 1. Region 6 CMHC has the most counties that geographically border counties served by Region 1 CMHC. 2. Historical and current financially stability of Region 6 CMHC. 3. Previous experience merging CMHC regions. 4. Experience in providing SMI services in rural areas of the Mississippi Delta. 5. Region 6 CMHC maintains a profitable, functioning pharmacy. 6. The regions have similar Medicaid recipients by percentage. 7. The regions are both in the catchment area for Mississippi State Hospital (MSH). OCMHA met with the Executive Directors of CMHC Regions 1 and 6 and performed a detailed examination of this option and concluded that consolidation between the two regions is a viable option. On August 24, 2022, the Region 6 CMHC Board of Commissioners voted to invite the counties currently served by Region 1 CMHC to join Region 6 CMHC. The individual counties' Boards of Supervisors must now vote to adopt a resolution to accept the invitation to join Region 6 CMHC or develop an alternative plan to sustain operations and services in the respective counties. OCMHA will monitor the services in each county and offer support and resources where able.

Recommendation 1:	OCMHA recommends that the best course of action to ensure sustainability of mental health services in Coahoma, Quitman, Tallahatchie, and Tunica Counties is to consolidate CMHC Regions 1 and 6 and for these counties to receive services from Region 6 CMHC in the future. Consolidation with Region 6 CMHC offers substantial opportunity to improve the current financial vulnerability of Region 1 CMHC and sustain mental health services. The Executive Directors of CMHC Regions 1 and 6 are agreeable to the consolidation of the Regions. OCMHA, along with CMHC Regions 1 and 6, will petition the Boards of Supervisors for Coahoma, Quitman, Tallahatchie, and Tunica Counties to vote to adopt a resolution to accept the invitation of the Region 6 CMHC Board of Commissioners to join Region 6 CMHC.

Appendix A

Map of CMHC Regions in Mississippi


DeSoto
Marshall
Benton
Tippah
Alcorn
Tishomingo
4
Prentiss
Tunica
Tate
Union
Panola
2
Lafayette
Lee
3
Itawamba
Coahoma
1
Quitman
Pontotoc
Tallahatchie
Yalobusha
Calhoun
Chickasaw
Monroe
Bolivar
Grenada
Webster
Clay
Sunflower
Leflore
Montgomery
Carroll
Choctaw
Oktibbeha
Lowndes
6
Washington
7
Winston
Noxubee
Humphreys
Holmes
Attala
Sharkey
Yazoo
15
Leake
Neshoba
Kemper
Issaquena
Madison
Warren
Hinds
9
Rankin
8
Scott
Newton
Lauderdale
Smith
10
Jasper
Clarke
Claiborne
Copiah
Simpson
Jefferson
Jones
12
Covington
Wayne
Adams
11
Franklin
Lincoln
Lawrence
Jefferson Davis
Marion
Lamar
Forrest
Perry
Greene
Wilkinson
Amite
Pike
Walthall
George
Stone
Pearl River
Jackson
14
Harrison
Hancock

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