



# **Rose Isabel Williams Mental Health Reform Act of 2020**

**Status Report**

**July 1, 2023 – September 30, 2023**

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

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## Abstract

This report is submitted pursuant to the *Rose Isabel Williams Mental Health Reform Act of 2020*, as codified in Miss. Code § 41-20-5(h), which implemented a process for the comprehensive review and required reporting on Mississippi's mental health system to assess the structure, funding, adequacy, delivery, and availability of services throughout the State. The report covers the period of July 1, 2023, through September 30, 2023. The report provides an update on the Fifth Circuit Court of Appeals reversal of the district court's ruling in *United States vs. State of Mississippi* finding that Mississippi's mental health system violated Title II of the Americans with Disability Act (ADA) by placing persons with serious mental illness at risk of improper institutionalization; a Community Mental Health Center (CMHC) financial update; progress on the resolution of debt related to the dissolution of Region 11 CMHC; progress made on counties transitioned from Region 11 CMHC to Regions 12 and 15 CMHCs; and increased Medicaid rates for certain behavioral health services.

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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)**  
**July 1, 2023 – September 30, 2023**

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

- *United States vs. State of Mississippi* – Fifth Circuit Court of Appeals Ruling
- CMHC Financial Update
- Progress on Debt Related to the Dissolution of Region 11 Community Mental Health Center (CMHC)
- Region 12 CMHC Update
- Region 15 CMHC Update
- Increased Medicaid Rates for Certain Behavioral Health Services

***United States vs. State of Mississippi - Fifth Circuit Court of Appeals Ruling***

In December 2011, the United States Department of Justice (DOJ) issued a Findings Letter following an investigation into Mississippi's public mental health system. The letter alleged that the state failed to provide services to individuals with disabilities, including those with mental illness and intellectual and developmental in the most integrated settings appropriate to their needs, in violation of Title II of the ADA. Since 1997, DOJ has been involved in over two dozen cases alleging violations of Title II of the ADA and *Olmstead v. L.C.* in various states. This involvement includes activities ranging from filing Statements of Interest in pending litigation, conducting formal investigations, and issuing Findings Letters to states. These efforts aim to encourage states to enter into multi-year, multi-million-dollar settlement agreements.

In 2016, DOJ filed its Complaint alleging that the state of Mississippi had failed to provide community-based mental health services to adults with serious mental illness. In September 2019, the district court found that Mississippi's mental health system violated Title II of the ADA because it placed every person with a serious mental illness at risk of unjustified institutionalization. However, the district court did acknowledge the state's efforts to expand community-based care. The district court appointed a special master to assist the court and the parties in attempting to reach a settlement that encouraged Mississippi's progress in community based care.

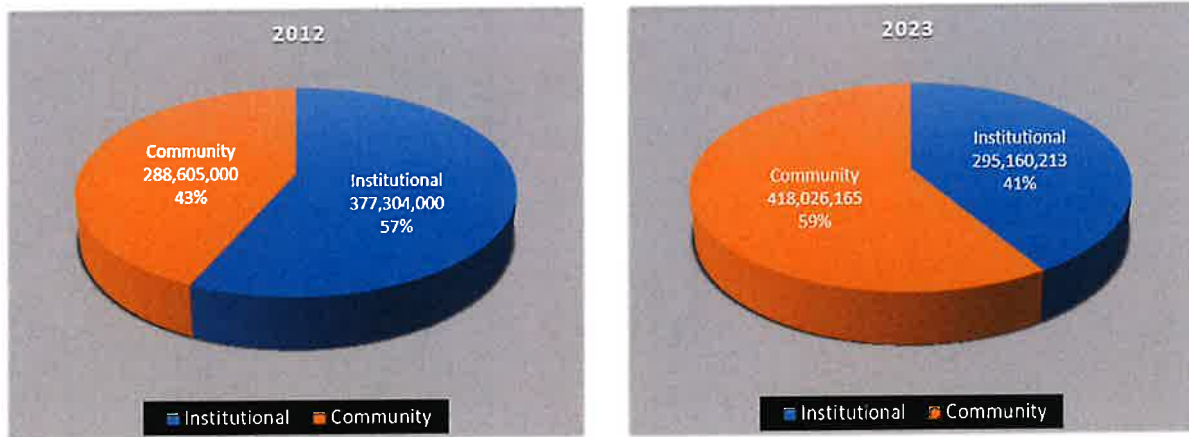
In September 2023, the Fifth Circuit Court of Appeals reversed the district court's ruling finding that the federal government did not prove a cause of action for discrimination in violation of the

ADA and that the district court’s remedial order vastly exceeds the scope of claimed liability.

Since the issuance of the DOJ's Findings Letter in 2011, the Department of Mental Health (DMH) and the public mental health system have consistently made significant progress in enhancing the availability of community-based services for individuals with mental illness and/or intellectual and developmental disabilities. Figure 1 below illustrates this transformation in DMH funding over the years, showcasing a shift in priorities towards supporting individuals within their communities as opposed to institutional care. According to DMH (Storr, 2023), funding for institutional care decreased by \$81,143,787 from FY12 to FY23, while funding for community services increased by \$129,421,165. Progress is also evident through the expansion of intensive community services, which encompass Programs of Assertive Community Treatment (PACT), Intensive Outreach and Recovery Teams (ICORT), and Intensive Community Support Services (ISS). These programs deliver crucial services to individuals in their homes, rather than inpatient facilities, thereby enabling services to be delivered more widely. Currently, at least one of these three services (PACT, ICORT, & ICSS) is available in all 82 counties of Mississippi. For more comprehensive information, please refer to *Appendix A*, which offers additional details about changes over the past 11 years, covering changes in services, enrollment trends, and a marked decrease in admissions to state psychiatric hospitals.

Figure 1: Transition of Spending from Institutional Care to Community Services

## Institutional Care Spending vs. Community Services Spending



- FY12 to FY23: Decrease in institutional care \$82,143,787
- FY12 to FY23: Increase in community services \$129,421,165

## CMHC Financial Update

OCMHA conducts a quarterly review of the financial health of CMHCs and highlights areas of improvements and concerns that need attention. *See Map of CMHC Regions in Mississippi attached as Appendix "B"*. Overall liquidity fluctuates each quarter for various reasons including the seasonal nature of grants, school programs and the receipt of county contributions. Additionally, operational issues, such as the timing of submitting grant requests and billings can impact liquidity. Overall, the CMHC liquidity is more than adequate. In the second quarter of 2023, overall liquidity improved for Regions 4, 7, and 15, primarily due to employee retention credits. However, a review of the quarter also highlighted financial concerns for two CMHCs, Regions 9 and 14.

At the end of the first quarter of 2023, Region 9 had only 17 days of operating cash and cash equivalents. As of June 30, 2023, liquidity had improved to 30 days, reflecting a positive trend. Conversely, Region 14 experienced a decrease of 36 days in its days of operating cash and cash equivalents, bringing it down to 34 days. Days of operating cash at these levels jeopardize normal operations should an interruption in cash flow occur.

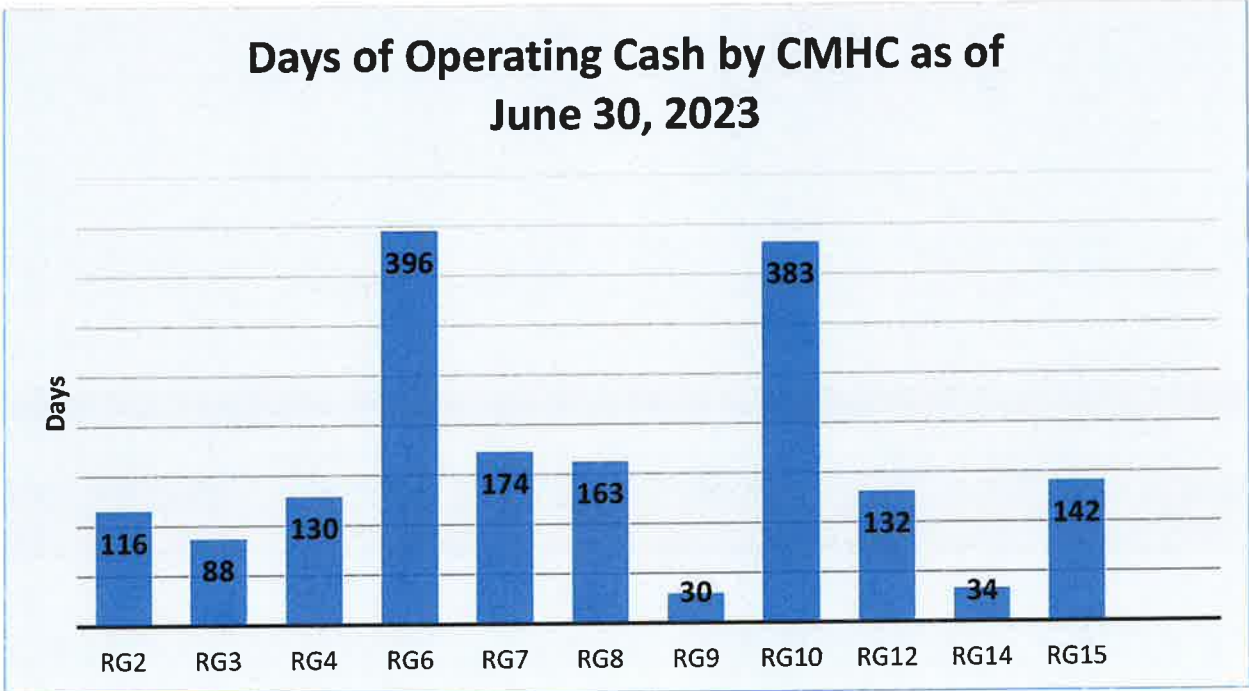
A CMHC hovering around 30 days or less of available cash, if such a level is sustained over a period of time, can be considered vulnerable due to its dependence on Medicaid and grant revenues. For example, should a CMHC not bill Medicaid/Managed Care Organizations or DMH in a timely manner or if there are delays in making payments to the CMHC, those delays could impact its ability to fund payroll and pay other operating expenses.<sup>1</sup> For the days of operating cash for each CMHC, please refer to Figure 2.

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<sup>1</sup> New applicants seeking DMH certification must provide evidence of planned resources to support three months of operating expenses.



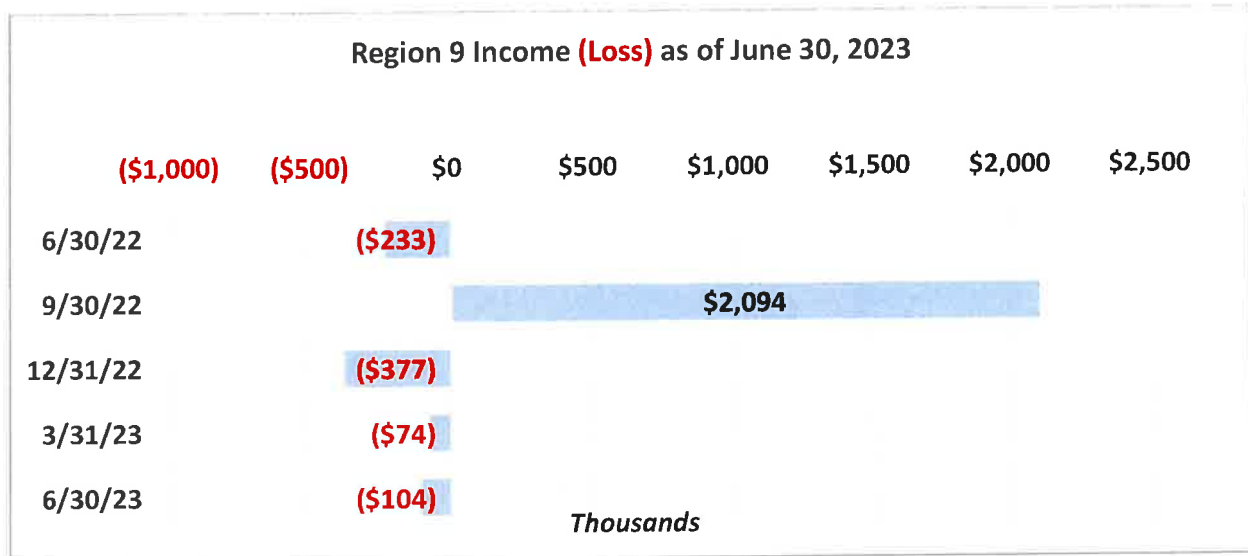
Figure 2: Days of Operating Cash by CMHC as of June 30, 2023



Region 9 CMHC serves Hinds County with a population of 235,604, of which 26.5% are Medicaid beneficiaries. The county provides an annual contribution of \$700,000 to the CMHC and also offers a facility. The county's total support appropriation, which includes debt service and building maintenance, amounts to \$1,681,462. The CMHC operates on a fiscal year ending on December 31st. For the second quarter of 2023, there was a reported operating loss and a net decrease in the operating position of (\$103,867). Year-to-date figures show a similar trend, with Region 9 reporting an operating loss and a net decrease in the operating position of (\$178,146).

At the end of the quarter ended on March 31, 2023, Region 9's days of operating cash had declined to 17 days. However, there was an improvement in the Region 9 cash and cash equivalents during the quarter ended on June 30, 2023, resulting in an increase in available cash resources to 30 days of operating resources. Notwithstanding, Region 9 still has fewer days operating cash than any other CMHC. At the end of second quarter, Region 9 had a cash balance of \$1,468,902. While this represents an improvement, it's important to note that 30 days of cash and equivalents should be considered the minimum threshold. As stated above, any delays in billing or receipt of funds could still potentially jeopardize the financial stability. Figure 3 below offers a review of operating profit (loss) since June 30, 2022.

Figure 3: Region 9 CMHC Income (Loss) as of June 30, 2023



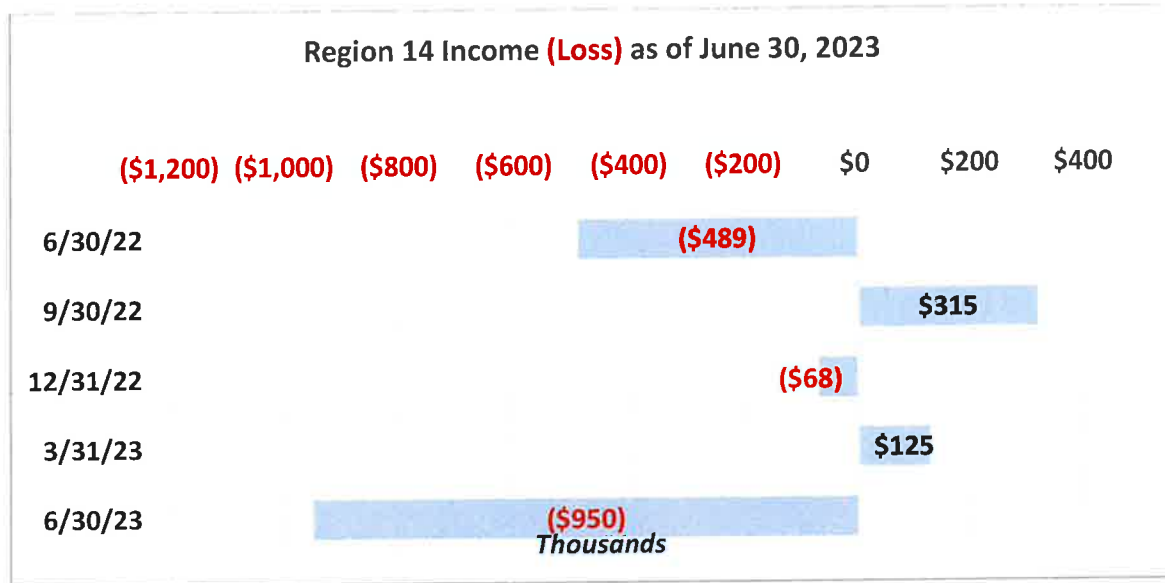
Region 14 provides services in Jackson and George Counties. Recently the long-serving executive director of Region 14 retired and a long tenured employee assumed this role. More recently, the financial officer resigned to pursue other employment opportunities, and Region 14 has encountered difficulties in finding a replacement. Region 14 has recently had new commissioners appointed.

Region 14 CMHC serves a two-county region with a population of 166,970, among whom 19.5% are Medicaid beneficiaries. The counties contribute \$453,000 annually to the CMHC. This CMHC has a fiscal year end of June 30.

For the second quarter, Region 14 reported an operating loss of (\$950,682) and a reduction in net position of (\$949,770). Year-to-date figures for Region 14 show an operating loss of (\$578,745) and a reduction in net position of (\$577,392). It's worth noting that Region 14 records depreciation annually, and the current quarter and year-to-date results reflect \$242,983 of depreciation expense recorded in the current quarter.

Region 14's days of operating cash and cash equivalents have decreased to 34 days at the end of the most recent quarter. At the end of second quarter, Region 14 had the lowest CMHC cash balance of \$979,006. The reduction in liquidity makes the region more vulnerable, as having less than 30 days of liquidity increases the risk of operational interruptions in the event of any delays in fund receipts.

Figure 4: Region 14 CMHC Income (Loss) as of March 31, 2023



OCMHA has and will continue to engage with the leadership of Regions 9 and 14. The financial status will continue to be routinely monitored and operational and technical assistance will continue to be provided.

### Progress on Debt Related to the Dissolution of Region 11 CMHC

Region 11 transitioned from providing clinical services as of June 30, 2023, and interested parties are actively collaborating to address any remaining operational challenges and find positive solutions. The counties originally comprising Region 11 engaged the services of a consultant, a former Pike County Supervisor and County Administrator, for the purpose of winding down the business. The primary focus has been to determine the extent of outstanding financial obligations and available resources for addressing these obligations.

One of the consultant's key tasks is to verify the completion of all payroll tax returns and tax payments and to collaborate with vendors who were part of Region 11 operations to determine outstanding balances. He is also actively working on assessing available resources, including the finalization of grants previously awarded to Region 11, and exploring opportunities to secure additional funds. Furthermore, the Southwest MS Mental Health Foundation has provided financial contributions to Region 11 as part of the winding-down process, and further requests for funds have been made.

Department of Mental Health (DMH) is reallocating unused funds from existing grants to assist with paying the remainder of Region 11's unreimbursed expenses related to the Crisis Stabilization Unit (CSU), conditioned upon an additional dollar for dollar counties' contribution and subject to the lesser of total additional counties' contribution or the expected budget revision

which adds \$296,683.92.<sup>2</sup> The total funding is expected to exceed \$500,000; however, resolution of the debt continues to evolve.

Beyond the financial aspects, there are ongoing matters to be resolved, such as the completion of payroll reports for the year ending December 31, 2023, and the handling of continued requests for medical records. The consultant is exploring solutions, evaluating associated costs, and will present recommendations to the boards of supervisors.

### **Region 12 CMHC Update Related to Adoption of Additional Counties**

As of July 1, 2023, Region 12 CMHC began providing services to Amite, Franklin, Lawrence, Pike, and Walthall Counties upon the recommendation of OCMHA and following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11 CMHC. OCMHA has maintained ongoing meetings, communication, and on-site visits with the Region 12 leadership team and local community leaders to monitor and discuss the operational and financial integration of counties and transition of services. Below is a summary of the progress reported since the counties transitioned on July 1, 2023.

<b>Services</b>
<p><b>Operations.</b> Each county office is now open Monday through Friday from 8:00 a.m. to 5:00 p.m., with at least one staff present in each of the smaller offices. The current goal is to have at least one secretary, one therapist and one consumer support specialist (CSS) staff at each county location. Both face to face and telehealth service delivery methods are utilized. New intake assessments were conducted on persons served in all five counties using available workforce from all 18 counties in the Region 12 service area. While a staff shortage remains, crisis services, Intensive Community Outreach and Recovery Team (ICORT) and MCERT are operational for the five counties. Further, pre-evaluation services for the involuntary commitment process have continued in all counties. All other services previously available in the newly added five counties continue, with the exception of Children’s Day Treatment and some services that were offered via time-limited, discretionary federal grants.</p>
<p><b>Children’s Services.</b> Currently, no Children’s Day Treatment services are provided in the five counties and Region 12 is in the strategic planning and hiring phase to re-establish these programs. This service was previously available in two of the five counties operated by Region 11 through a collaboration between Region 11 and the Boys and Girls Club. The Region 12 Director of Children’s Services is collaborating with the Boys and Girls Club representatives to assess the details of the previous partnership and determine how Region 12 might re-establish day treatment/school service programs. Additionally, Region 12 is communicating with the</p>

<sup>2</sup> K. Breland. (personal communication from K. Breland to S. Vance, August 4, 2023).

relevant superintendents to discuss the provision of services in the schools and/or through day treatment programs.

Lawrence County School District has agreed to a Memorandum of Understanding (MOU) for Day Treatment and Region 12 has committed to actively participate on the Lawrence County School Safety Partnership. The Director of Children's Services is currently in communication with the Walthall County School District Special Education Director and is providing active outreach in other areas to increase services for youth. Children's MAP Teams began meeting in August for the five counties. Lastly, contact has been made with the Pike County Child Advocacy Center (CAC) and Region 12 staff began attending that CAC's multidisciplinary team meetings starting September 27, 2023.

***PSR Services.*** Region 12 has maintained the three previously operated adult PSR programs in Pike, Walthall and Amite Counties. Through successful collaboration, Medicaid successfully transferred the majority of the prior authorizations (PAs) that were previously authorized for Region 11 to Region 12. While a few individuals' PAs did expire during the transition period, the agencies are actively working on the updates to ensure continued coverage. Region 12 has directed resources to correct environmental challenges and have experienced increased attendance at the Pike County PSR.

***Pharmacy Services.*** Pharmacy services, the second largest revenue source for CMHCs, have been added for all five counties. The Region 12 pharmacy is located in Hattiesburg and couriers deliver medications daily to all of 18 counties served. Previously, this service was provided by an independent pharmacy, and thus, not a source of revenue for Region 11.

***Medical Services.*** Two mental health psychiatric nurse practitioners (MHPNPs) and two RNs previously employed by Region 11 are now employed by Region 12. Psychiatric medical services are provided face to face and through telehealth. Injection services and pre-evaluation services for the involuntary commitment process have continued in all counties.

***Transportation.*** Region 12 has received the titles for eight vans from Region 11. Among these eight vans received from Region 11, three of them are currently inoperable. The operational vans are being used to transport individuals enrolled in the PSR programs in Pike, Amite, and Walthall counties.

***Intellectual/Developmental Disability Services (IDD):*** Region 12 is currently engaged in a comprehensive needs assessment aimed at identifying the most suitable programs to cater to the unique needs of the IDD population. Services are made available through either the Medicaid 1915c Home and Community Based Waiver services or the 1915i Medicaid State Plan Service. Region 11 did not provide IDD Services.

### **Leadership**

Region 12 reports the following organizational modifications:

- Newly hired Director of County Operations oversees all five counties, is part of the Senior Management Team and reports directly to the Executive Director
- Creation of a County Administrator position for Pike County
- Creation of a County Administrator position for Lawrence and Walthall Counties
- Active recruitment of a County Administrator for Amite and Franklin Counties
- Additional staff to assist with human resource functions and front line/service delivery.
- Four of the five new board members have been appointed and three of these have attended monthly board meetings. Of the four new members, three are chancery clerks.

### **Finances**

**Funding.** Region 12 is utilizing \$500,000 of flexible grants funds provided by DMH. These funds have been allocated to cover various essential expenses, including salaries, rent, building maintenance, and travel to support staff orientation, training, and service delivery. It is projected that this funding will last until November, at which point, shortfalls may be anticipated once these funds are expended.

**Medicaid Reimbursement.** As a whole, Medicaid has increased the rates for services reimbursed using HCPCS codes such as PSR, CSS, Intakes, CSU, PACT, Crisis Intervention, and Day Treatment which will lead to increased revenue for these services. Region 12 is focusing efforts towards re-establishing day treatment services and increasing PSR enrollment and participation. PSR was negatively impacted by the COVID pandemic and continues to be impacted by workforce shortages.

**County Contributions.** County Contribution rates were determined and agreed upon via the resolutions signed by the individual boards of supervisors. All counties are now at or above the state average. One county has paid in full for July-September; two counties have paid for July and August; and two counties have not submitted payment to date.

### **Facilities**

**Environmental Improvements.** Region 12 carried out extensive cleaning of offices and facilities.

**Lease Agreements.** Lease agreements have been established for four of the buildings previously operated by Region 11 through external rental arrangements. An assessment is underway to identify which facilities are needed in the future.

**Deeds.** Region 12 reports the agency is nearing the conclusion of the process to have four buildings officially transferred from Region 11 and Southwest Mississippi Mental Health Foundation (SWMMHF). Upon successful completion of these transfers, Region 12 plans to assess any necessary improvements required for these buildings and plan accordingly. The Pike

County PSR building was originally under a rental agreement. Subsequently, the property owners opted to discontinue leasing and expressed their intention to sell the building. Region 12 acquired the Pike County PSR building with the aim of preserving and expanding PSR services within that county.

#### **Certifications**

DMH serves as the certifying authority for services provided by CMHCs. Each service provided works towards being compliant with DMH-established operational standards. DMH has transferred all service and facility certifications from Region 11 to Region 12. On-site visits are expected soon to ensure the maintenance of these certifications.

#### **Community Outreach**

**Community Partners.** Among others, Region 12 has conducted outreach and/or community meetings with the following organizations: Choice Housing, Southwest Mississippi Regional Medical Center (SMRMC), Boys and Girls Club; Lawrence County School District; Walthall County Special Education Director; Pike County Children's Advocacy Center; law enforcement; youth court judges; and special masters.

**Law Enforcement.** The Region 12 CIT Coordinator has met with law enforcement representatives in Pike County to discuss CIT trainings and team development. MCERT staff has met with law enforcement officers on at least seven occasions to facilitate communication.

#### **Workforce**

**Workforce.** As of September 15, 2023, Region 12 had hired 37 staff, of which 86.5% were employed previously by Region 11. Currently there are 19 vacancies within the five newly adopted counties. The vacancies include a County Administrator for Amite and Franklin Counties and staff needed for ICORT, PSR, MCERT, peer support services, and consumer support services. Region 12 also describes a shortage of children's staff in the five counties.

**Workforce Development.** Region 12 has trained all new staff in the electronic medical records system; CPR/1<sup>st</sup> Aid; and MANDT, etc. Leadership reports that as a whole, staffing is challenging due to a shortage of a qualified mental health workforce.

**Maximizing Workforce.** Region 12 reports maximizing personnel for establishing and providing services to Region 11 former service recipients. For instance, a therapist who serves Jeff Davis County is also providing face to face and telehealth services for the Lawrence County office several times per week.

#### **Planning and Communication**

**Internal Communication.** The Region 12 Senior Management Team includes individuals with both geographic and programmatic oversight. This team convenes weekly to review updates, address needs, discuss concerns, and explore opportunities across all 18 counties within the service region. Additionally, daily emails are sent organization wide to keep Region 12 personnel informed on plans and progress.

**On-Site Visits.** OCMHA continues its visits to the counties formerly served by Region 11 that are now served by Region 12. These visits have yielded significant, visible improvements in the facilities. Region 12's thorough deep cleaning efforts have enhanced the overall environment. Additionally, new temporary signage have been installed on the exteriors of buildings across these counties, to assist individuals in knowing services are available through a new provider.

Furthermore, the staff members who transitioned from Region 11 seem to have grown more confident in their roles and are well-versed in their duties and expectations. Staff interviews indicate that communication has reached new heights, with daily emails, calls, and training contributing to a stronger and more connected CMHC team.

A notable advantage is the ability to manage walk-in appointments via telehealth when on-site providers are unavailable. Region 12 employs an electronic health record (EHR) system that, while different from previous systems, is reported to be highly user-friendly and intuitive.

During the visits, there were individuals in the waiting rooms and according to staff interviewed, few if any former consumers have been inconvenienced other than being required to participate in the intake process required for a new patient to be served. Overall, staff were very complementary of the changes that have taken place.

### **Region 15 CMHC Update Related to Adoption of Additional Counties**

On July 1, 2023, Region 15 CMHC changed their name to River Ridge Behavioral Health Inc. Region 15 previously provided services for Warren and Yazoo counties and have now added the counties of Adams, Claiborne, Jefferson, and Wilkinson to their service region upon OCMHA's recommendation and following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11 CMHC. OCMHA has maintained ongoing meetings, communication, and on-site visits with the Region 15 leadership team and local community partners to monitor and discuss the operational and financial integration of counties and transition of services. Below is a summary of the progress reported since the counties transitioned on July 1, 2023.

#### **Services**

**Operations:** Offices located in Port Gibson and Fayette are currently open Monday through Friday. Region 15 is assessing the need for hours of operation based on consumer demand. A reported ongoing challenge in this area is workforce availability.

The office located in Centreville is currently open only two days per week and staff from Natchez provide services those two days a week. Days of operation will be according to



consumer need. Nurses from multiple counties are utilized and commute to the Centreville office. Region 15 reports challenges for hiring Registered Nurses (RNs) in that area.

**Consumer Support Services (CSS):** Region 15 reports there are two CSSs serving four counties and are planning to expand this service.

**Medicaid and PAs.** Outreach efforts are underway to identify persons in the community who are in need of services. Staff are also working to assist individuals who qualify for Medicaid benefits or disability benefits in making application. Region 15 has identified a number of persons who are being served as eligible to make application whose services were previously reimbursed by federal discretionary grants. Region 15 is working to establish benefits for patients who receive medications, such as injectables that are effective in the treatment of serious and persistent mental illness, which will reduce the reliance on state general funds to provide these services. Region 15 and the Division of Medicaid have successfully transferred PAs to minimize disruptions in service provision and reimbursement. Most Medicaid PAs transferred from Region 11 with 15 days of service approved. Region 15 reports the agency is providing services to fewer Medicaid clients than the agency had anticipated and have billed 1/3 of the grant purchase of services (POS) funds for services for persons without health coverage for the FY 2024 cycle They are closely monitoring the availability of POS grant funding.

**Medical Records.** One issue identified is the lack of access to client medical records for clients previously served by Region 11. The vendor for the electronic health records has not released access to the client medical records. Region 15 is actively working with the Internet vendor to address any remaining deficiencies that have created challenges. Region 15 is training employees in the newly added counties to utilize the EHR and associated billing and reimbursement practices. Staff are being taught how to distinguish between Medicaid programs, how to monitor expiration dates, and how to help individuals apply for benefits programs.

**Children's Services.** Staff are reportedly actively working with the school district personnel to enable provision of day treatment services.

**ICORT.** Region 15 plans to provide ICORT services in all four counties. Prior to the addition of the four counties, Region 15 did not provide ICORT services. Efforts are underway to hire personnel to fully staff this service.

**PSR Services.** PSR services for Natchez and Port Gibson have met with mixed success. The PSR in Natchez is approved to serve 17 persons and report an average daily census (ADC) of 15 persons. Seven persons are enrolled at the PSR in Port Gibson. Some participants in this PSR also do not have benefits that cover the services. Staff are reportedly conducting

community outreach to identify other persons in need of the service and are actively working to help individuals enroll for any benefits for which they meet eligibility.

**CSU Services.** Prior to the addition of the four counties, Region 15 did not have a CSU in its catchment area. The newly acquired CSU in Natchez was closed for the first two weeks of July while repairs were made to the facility, technology supporting increased security was installed, and the workforce received mandatory training. Chancery Clerks were notified of the closures and plan for re-opening. During the closure, persons seeking treatment were referred to other CSUs in the state. Medicaid revenue for the CSU for the month of August was \$39,000. This program consistently operates at or near its capacity limit.

**Mobile Crisis Services.** Region 15 has created two positions to manage crisis services, one for Warren and Yazoo Counties and a second for Adams, Claiborne, Jefferson, and Wilkinson Counties. Region 15 reports having received positive feedback from the chancery clerks related to improvement in mobile crisis services.

**Transportation.** Region 15 has established a partnership with the local transportation provider, Natchez Public Transit System, which commenced offering transportation services on July 17, 2023. Region 15 has also entered into an arrangement with MDOT, which will reimburse Region 15 for 80% of the \$10 per trip cost. Region 15 is waiting for legal titles to two buses that were assigned to the agency as part of the transition; however, the agency was able to obtain liability insurance and put the vans into operation.

**Leadership**

Region 15 reports the following organizational modifications:

- A part-time consultant was hired to manage the four new counties. He is providing operational leadership relating to areas such as health records, Internet, phone systems, and facility structural and environmental deficiencies.
- Region 15 is actively working on finalizing the composition of county commissioners for all six counties. In preparation for the transition, Region 15 had adopted a ratio of one commissioner for every 10,000 individuals in the respective service counties. Consequently, the newly established composition of the Region 15 Board of Commissioners is as follows:

County	Number of Commissioners
<b>Warren</b>	4
<b>Yazoo</b>	2
<b>Adams</b>	2
<b>Wilkinson</b>	1
<b>Jefferson</b>	1
<b>Claiborne</b>	1

- A commissioner for Adams County has indicated a plan to retire and two possible candidates have been identified. Region 15 is in the process of adding several commissioners and reports a special interest in adding chancery clerks and members of law enforcement. Region 15 is awaiting confirmation from Boards of Supervisors.

#### **Finances**

**Funding.** Region 15 is utilizing \$400,000 of flexible grants funds provided by DMH. At the end of this quarter, they have disbursed a total of \$304,553 out of the available \$400,000, with allocations as follows: \$142,372 for personnel, \$86,621 for contractual expenses, \$32,731 for equipment, \$21,199 for commodities, \$12,649 for indirect costs, and \$8,981 for travel. The region is closely monitoring these funds to see what resources will be needed to complete the transition.<sup>3</sup>

**Medicaid Reimbursement.** Staff are working to assist individuals who qualify for Medicaid benefits or disability benefits in making application. Region 15 has identified a number of persons who are being served as eligible to make application whose services were previously reimbursed by discretionary grants that did not transition from Region 11 to Region 15. Region 15 is working to establish for patients in need of services and access to medications, which will reduce reliance on state general fund dollars. Region 15 staff is also working to train the staff of the four expansion counties to increase Medicaid billing and reimbursement. Medicaid has increased the rates for services such as PSR, CSS, Intakes, CSU, PACT, Crisis Intervention, and Day Treatment which will lead to increased revenue for these services.

**County Contributions.** County Contribution rates were determined and agreed upon pursuant to the request of Region 15 and resolutions signed by the individual boards of supervisors. All counties are now at or above the state average. Warren County exceeds the state average.

#### **Facilities**

**Environmental Improvements.** Region 15 carried out extensive cleaning of offices and facilities and reports the facilities have required significant amounts of resources to reduce environmental hazards and improve aesthetics. Region 15 has repaired or has a plan to repair foundation issues, electrical wiring, roofs, air conditioning systems, insulation, gutters, light fixtures, windowpanes, and technology infrastructure. Further a plan was executed for exit doors and door handles to meet operational standards and improve accessibility for persons with a physical disability at one location.

**Technology:** A contractor was hired to rebuild the technological infrastructure for the four counties that included upgrades to servers, routers, switches, monitors, cameras and other necessary equipment. The agency is working with CSPIRE to provide permanent connectivity which may take 60 – 90 days.

<sup>3</sup> R. Vessel (personal communication, October 4, 2023).

**Access for Persons with Disabilities.** Disability Rights Mississippi conducted an on-site inspection of the four new counties on August 9, 2023. Region 15 is working to improve the accessibility for the facilities based on the findings.

**Lease Agreements.** A one-year lease has been signed with the town of Centreville for the facility that was previously leased by Region 11.

**Deeds.** Region 15 has made progress and is continuing to work towards getting all titles and deeds conveyed from Region 11.

#### **Certifications**

DMH has transferred service and facility certifications from Region 11 to Region 15 and on-site visits are expected soon in order to maintain certifications. Policies have been developed for ICORT and CSU services, as Region 15 did not previously provide these services.

#### **Community Outreach**

**Community Partners.** Outreach materials were developed and are being distributed to prospective clients and other members of the community. Staff are attending community events such as the Mayor's Natchez Community Action Coalition, health fairs and are actively seeking opportunities to engage with the communities. They have utilized the media and conducted outreach through newspapers and digital media.

Chancery clerks for all counties have stated they are pleased with the response of Region 15. Also, Region 15 is in the process of consulting with schools to assess their needs and develop a strategic plan for the implementation of needed services.

**Law Enforcement.** A letter of introduction has been sent to each chancery clerk, sheriff, and police chief in Natchez, Port Gibson, Fayette, Woodville and Centreville. The Region 15 Crisis Coordinator has met with law enforcement and drug court personnel and has provided information on the availability of crisis services and how to access such services.

#### **Workforce**

**Workforce.** As of September 18, 2023, Region 15 had hired 54 staff that were previously employed in the four expansion counties previously operated by Region 11. A behavioral health consultant was hired part-time to manage the day-to-day operations of the four new counties. One notable challenge has been hiring registered nurses and consumer support specialists.

**Workforce Development.** Extensive training for newly hired staff was initiated in July. Region 15 has trained all new staff in the electronic medical records system; CPR/1<sup>st</sup> Aid; and MANDT, etc.

## **Planning and Communication**

**Internal Communication.** Due to Internet connectivity issues which support the telephone system and email, communication has met with some challenges. Region 15 is working to regularly communicate with all staff. The management team meets weekly and other task-oriented groups meet frequently.

**On-site Visits.** OCMHA has been actively visiting the four new counties assumed by Region 15 and has observed significant improvements. Notably, Claiborne and Jefferson Counties have seen remarkable improvements to their building exteriors, including fresh paint and the installation of new signage across all locations. Permanent signage has been ordered for the Claiborne County location.

Furthermore, staff members who transitioned from Region 11 display a noticeable increase in moral and confidence regarding their roles and responsibilities compared to earlier visits by OCMHA prior to the transition which is reflected in their improved performance. Region 15 employs a different EHR system, but it has been well-received for its user-friendly interface.

Informal staff interviews indicate communication channels between the CMHC and all employees have substantially improved. This progress is attributed to enhanced communication via on-site visits, emails, phone calls, and comprehensive training sessions.

Region 15 has demonstrated the ability to accommodate walk-in appointments. During our visits, staff illustrated knowledge of the agency's processes and were able to answer questions about services. Overall, the staff members have expressed their appreciation for the positive changes that have been implemented.

### **Increased Medicaid Rates Effective July 1, 2023**

The Division of Medicaid submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid (CMS) Services which increased rates for specific community mental health, effective July 1, 2023. Public notice of this SPA on June 30, 2023, and is available at [MS-SPA-23-0021-CMH-Rates-Public-Notice-1.pdf](#). The SPA affects only those rates that are billed using HCPCS codes, which include Crisis Stabilization Unit (CSU) services, adult psychosocial rehabilitation, and children's day treatment services. Reimbursement rates for these services increased 7.9% on July 1, 2023, and will increase an additional 7.9% on July 1, 2024, for a total of 15.8%. The fee schedule rates are the same for both governmental and private providers of mental health services, unless DOM provides an exception. These increases are expected to benefit all CMHCs that provide significant amounts of services that are reimbursed using

HCPCS codes.<sup>4</sup> All rates are published on DOM's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>. The expected increase in state annual aggregate expenditures is \$19,631 for federal fiscal year (FFY) 23 and \$100,700 for FFY24 (Mississippi Division of Medicaid, 2023) and is based on pre-COVID utilization rates. These estimates do not include the costs of services for persons enrolled with Medicaid Managed Care Organizations.

**OCMHA Recommendations**

<i><b>Issue: Financial Vulnerability of Region 9 CMHC</b></i>	
<b>Background</b>	OCMHA conducts a review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 9 is financially vulnerable.
<b>Recommendation 1</b>	For a minimum of 12 months, OCMHA will meet with leadership of Region 9 to conduct a comprehensive assessment of their financial and operational status, with a focus on identifying and implementing sustainable solutions.
<i><b>Issue: Financial Vulnerability of Region 14 CMHC</b></i>	
<b>Background</b>	OCMHA conducts a quarterly review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 14 is financially vulnerable.
<b>Recommendation 1</b>	For a minimum of 12 months, OCMHA will meet with leadership of Region 9 to conduct a comprehensive assessment of their financial and operational status, with a focus on identifying and implementing sustainable solutions
<i><b>Issue: Progress of Transition of Five Counties from Region 11 CMHC to Region 12 CMHC</b></i>	
<b>Background</b>	Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for increased access to mental health services for the Region 11 service area. As of July 1, 2023, Region 12 began providing services to Amite, Franklin, Lawrence, Pike, and Walthall counties following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11.

<sup>4</sup> Services are billed using Healthcare Common Procedure Coding System (HCPCS). These codes are for services that cannot be reimbursed using CPT codes. Services provided using HCPCS are reimbursed according to a statewide uniform fixed fee schedule. The Office of the Governor’s Division of Medicaid uses an actuarial firm to establish these fees. An actuarial firm considers the following elements: service descriptions, required provider credentials and current costs associated with services. States submit requests to CMS for modifications in how HCPCS codes are used within the state’s Medicaid program. This could include changes to eligibility criteria, covered services, reimbursement rates, administrative procedures, and more.

- Recommendation 1** Region 12 CMHC should maintain comprehensive accounting records for all expenses associated with the transition of services from Amite, Franklin, Lawrence, Pike and Walthall Counties.
- Recommendation 2** Region 12 CMHC should establish relationships with all clinics, healthcare providers, elected officials, advocates and other interested parties within the new service area and conduct strategic community outreach to identify persons in need of services.
- Recommendation 3** Region 12 CMHC should continue to perform needs assessments to determine what other areas of service are needed.
- Recommendation 4** OCMHA will continue to monitor the operational and financial integration of counties and transition of services for a minimum of 12 months.

***Issue: Progress of Transition of Four Counties from Region 11 CMHC to Region 15 CMHC***

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

## **Appendix A**

### **Trends in Mental Health Services 2011 through 2022**

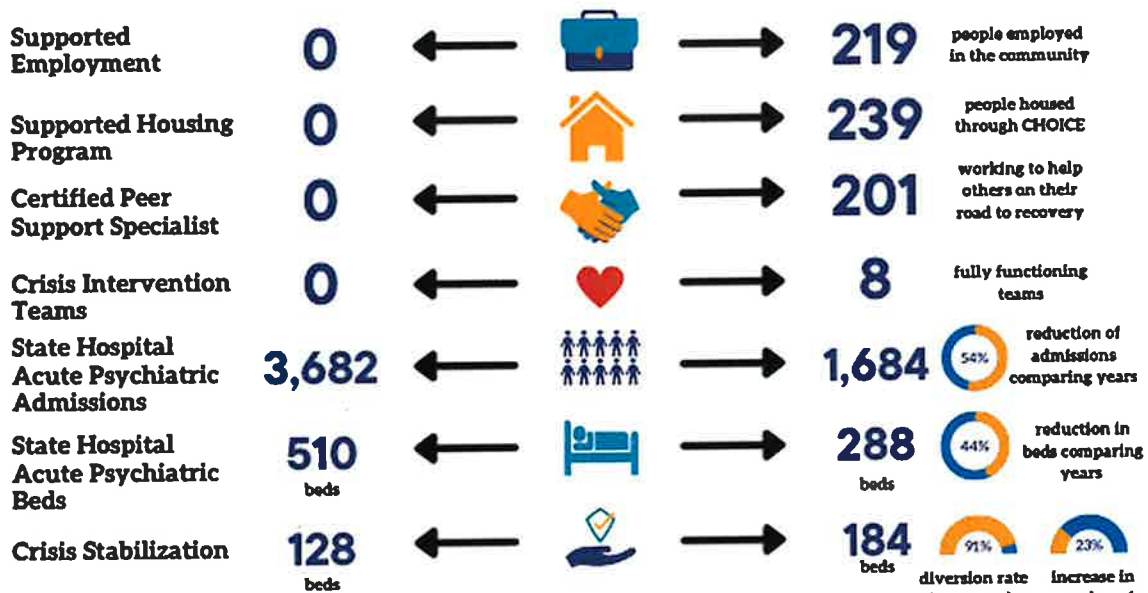


# ADULT MENTAL HEALTH SERVICES IN MISSISSIPPI

11 YEARS LATER

2011

2022



11 YEARS LATER

Mississippi had 0 PACT Teams, ICORT, and the Mobile Crisis Response Teams in 2011. They have grown exponentially in the past 11 years!

PACT Teams



- 760 people served
- 97% not returning to a state hospital

ICORT



- 10 new Teams just beginning in 2021
- 610 people served with 84% not returning to a state hospital

Mobile Crisis Response Teams



- 30,571 calls
- 11,657 face-to-face responses



### **Programs of Assertive Community Treatment (PACT) Teams**

serve people who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT Teams are mobile and deliver services in the community to enable an individual to live in his or her own residence.

### **Intensive Community Outreach and Recovery Teams (ICORT)**

serve people who have the most severe and persistent mental illness. ICORTs are mobile and deliver services in the community to enable an individual to live in his or her own residence and are modeled from PACT.

### **Mobile Crisis Response Teams**

provide community-based crisis services that deliver behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis.

### **Supported Housing**

is available through a program known as CHOICE – Creating Housing Options in Communities for Everyone. A partnership between DMH, Mississippi United to End Homelessness, Open Doors Homeless Coalition, Mississippi Home Corporation, and CMHCs.

### **Certified Peer Support Specialists**

are people who use their lived experiences in combination with skills training to support peers and/ or family members with similar experiences.

### **Crisis Intervention Teams**

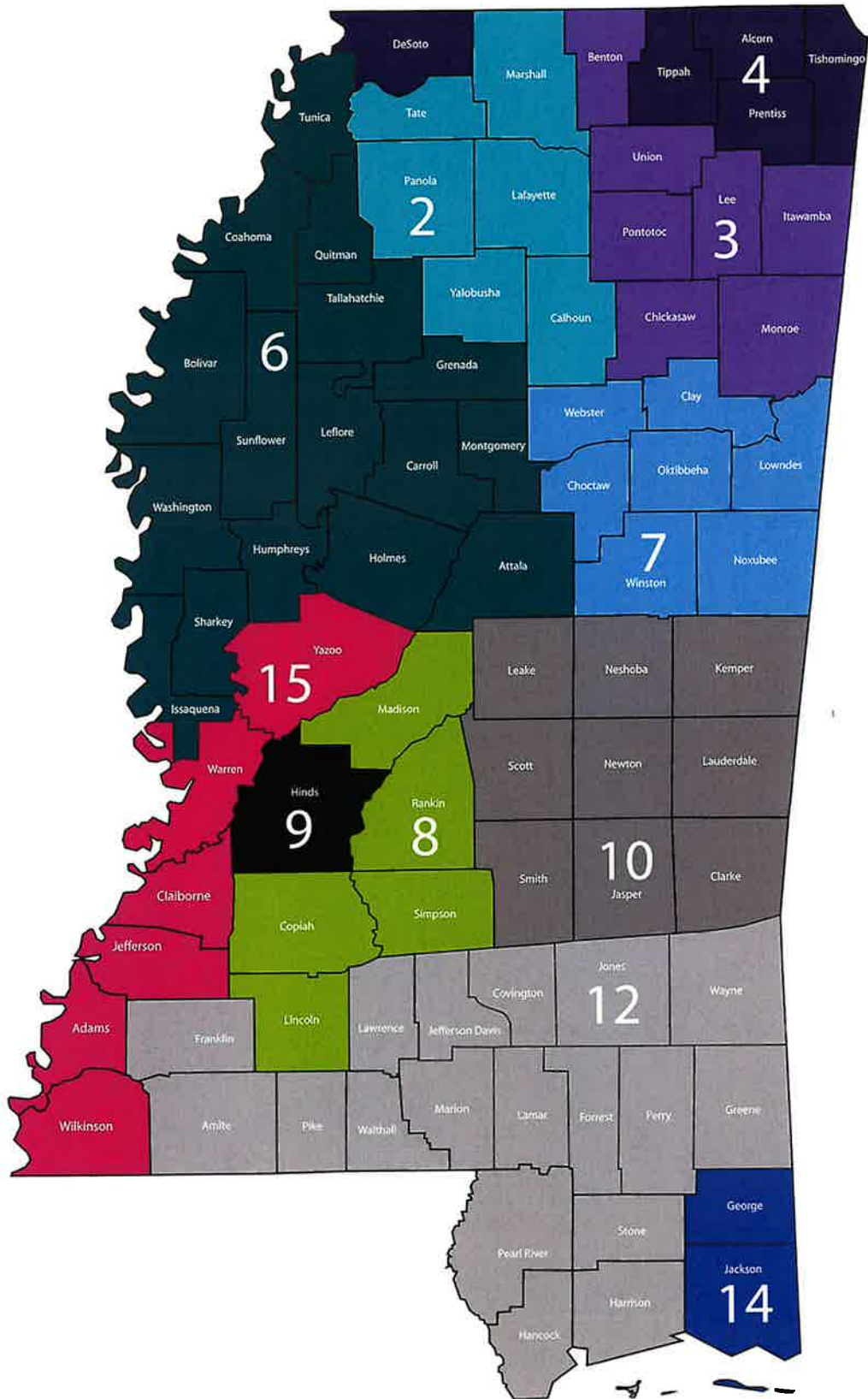
are a partnership between law enforcement officers and a variety of agencies, including Community Mental Health Centers, primary health providers and behavioral health professionals. Officers who have received CIT training respond to people experiencing a mental health crisis and divert them to an appropriate setting to provide treatment, ensuring individuals are not arrested and taken to jail due to the symptoms of their illness.

### **Crisis Stabilization Units**

offer time-limited residential treatment to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient treatment.

## **Appendix B**

### **Map of CMHC Regions in Mississippi**



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