

Rose Isabel Williams Mental Health Reform Act of 2020

Status Report

July 1, 2024 – December 31, 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)***

Author:

*Bill Rosamond, JD
Coordinator, OCMHA*

Contributions by:

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

Abstract

This report is submitted pursuant to the *Rose Isabel Williams Mental Health Reform Act of 2020*, as codified in Miss. Code § 41-20-5(h), which implemented a process for the comprehensive review and required reporting on Mississippi's mental health system to assess the structure, funding, adequacy, delivery, and availability of services throughout the State. Among the key topics addressed in this report are the Coordinator's notices of inadequate services to George County and Jackson County; a summary of the Community Mental Health Center's (CMHC) cash trends and developments for fiscal year 2021 – fiscal year 2024, year to date financial updates for CMHCs, the availability of psychiatric services for children and youth, and the current and future capacity of crisis stabilization units (CSUs). Finally, the report incorporates recommendations from OCMHA offering insights and suggestions for improving Mississippi's mental health system based on assessments and observations.

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Rose Isabel Williams Mental Health Reform Act of 2020
Q3 - Q4 2024 Status Report
Submitted Pursuant to Mississippi Code Section 41-20-5(h)
July 1, 2024 – December 31, 2024

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

- Notices of Inadequate Services to George County and Jackson County
- Summary of CMHC FY 2021 - FY 2024 Cash Trends and Developments
- CMHC FY 2024 Financial Update
- Psychiatric Services for Children and Youth
- Crisis Stabilization Units (CSU) Capacity, Current and Future
- OCMHA Recommendations

Notices of Inadequate Services to George County and Jackson County

On December 27, 2024, the Coordinator issued notices of inadequate services to the George County Board of Supervisors and the Jackson County Board of Supervisors, pursuant to Miss. Code § 41-20-9. *See December 27, 2024, Correspondence to the George County Board of Supervisors attached as Appendix "A"; see also Correspondence to the Jackson County Board of Supervisors attached as Appendix "B".* George County and Jackson County are asked to provide a plan to OCMHA to provide mental health services, including all Core Services, as defined by the Department of Mental Health Operational Standards, additional services, personnel to provide services, and financial support for their county by no later than January 28, 2025.

George County and Jackson County currently receive mental health and substance use services from Region 14 CMHC (Singing River Services). Region 14 CMHC serves the two-county region with a population of 166,970, among whom 19.5% are Medicaid beneficiaries. The counties contributed \$453,000 to Region 14 for FY 2024. The counties have approved \$338,000 in county contributions for FY 2025.

At the end of Q2 2023, the days of operating cash and cash equivalents for Region 14 decreased from 70 days to 34 days, leaving Region 14 with a cash balance of \$979,006. Since June 30, 2023, OCMHA has engaged with the leadership of Region 14 to monitor the CMHC's financial status and provide operational and technical assistance. From Q3 2023 through Q1 2024, the Region 14 cash balance stayed between 30 and 40 days. Despite multiple requests, Region 14 did not provide financial information for the second quarter. Upon further investigation, OCMHA learned that Region 14 had a cash balance of only \$35,180, on September 19, 2024.

A CMHC hovering around 30 days of cash available or less makes the region vulnerable, as having less than thirty days of liquidity increases the risk of operational interruptions in the event there are delays in receiving Medicaid and grant revenues. Should a CMHC not bill Medicaid/ Managed Care Organizations or the Department of Mental Health (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.

In addition, Region 14 did not submit timely payment of both the employer and employee shares to PERS for the months of August and September.

On October 9, DMH provided a one-time cash advance against grant payments to Region 14 in the amount of \$750,000, upon the request of Region 14. *See October 9, 2024, Correspondence from Wendy Bailey, DMH Executive Director to Beth Fenech, Region 14 Executive Director attached at Appendix "C".*

On October 22, 2024, the Coordinator sent correspondence to Beth Fenech, Region 14 CMHC Executive Director, outlining minimum conditions that Region 14 must maintain in order to not be at risk of services being declared inadequate, including but not limited to the following:

- 1) Region 14 CMHC must have an operating cash balance of 15 days; and
- 2) All accounts payable must be current.

See October 22, 2024, Correspondence from the Coordinator to Beth Fenech, Region 14 CMHC Executive Director attached as Appendix "D".

In order to have 15 days of operating cash, Region 14 would need to have \$389,010 in cash.¹ On December 13, 2024, Region 14 had a cash balance of \$363,125.99, thereby falling below a cash balance of 15 days. On December 20, 2024, Region 14 had a cash balance of \$301,926.70, with total accounts payable of \$287,332.81, with \$143,674.16 past due.

For all of the above reasons, mental health services in George County and Jackson County have been declared inadequate. A plan has been requested from George County to provide services in George County. Also, a plan has been requested from Jackson County to provide services in Jackson County.

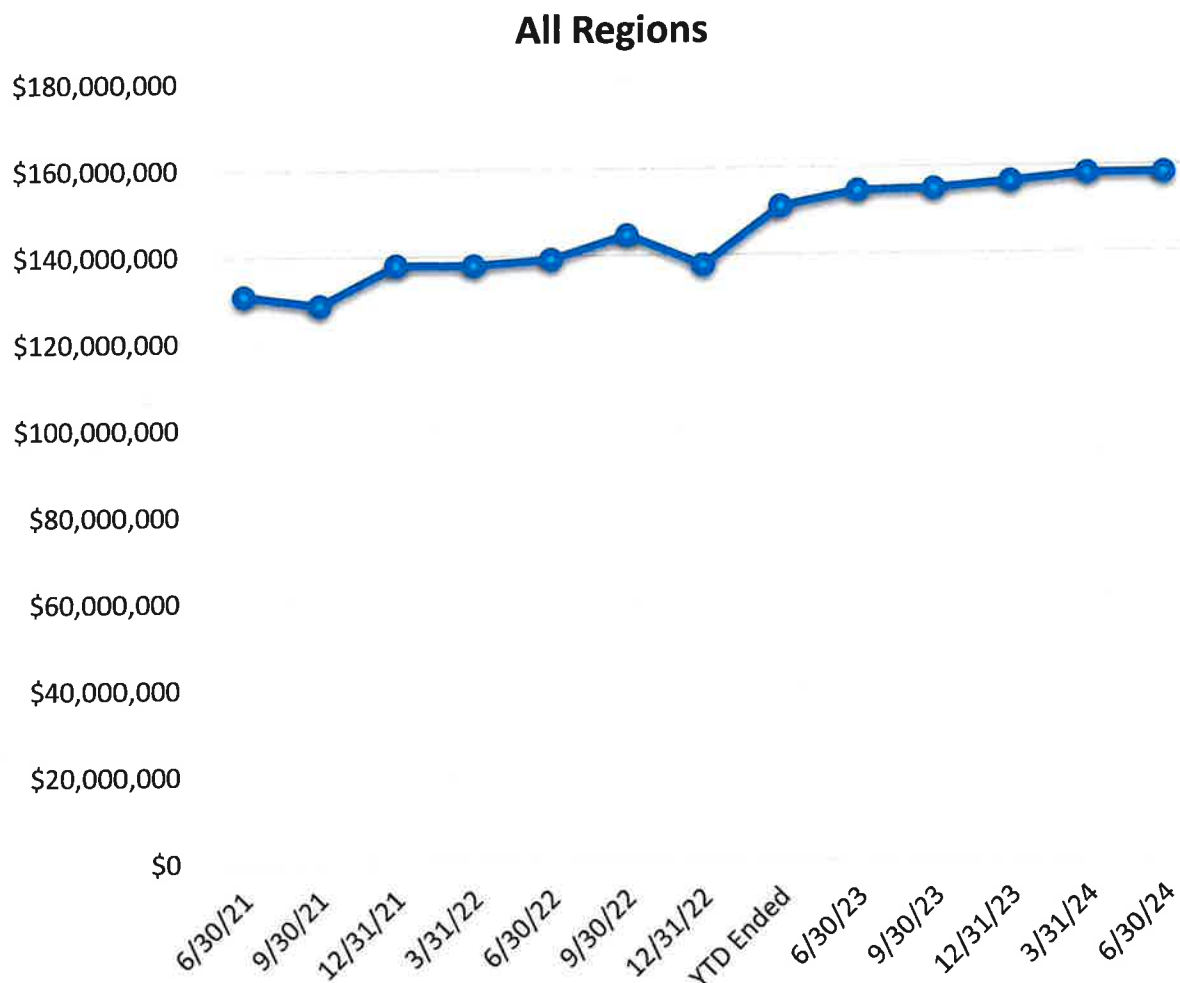
Summary of CMHC FY 2021 – FY 2024 Cash Trends and Developments

OCMHA conducts regular reviews of the financial health of CMHCs. *See Map of CMHC Regions in Mississippi attached as Appendix "E".* From Q2 2021 through Q2 2024, the combined cash on hand for CMHC regions has increased in 64% of reporting periods, with total growth from \$131 million to \$158 million—a \$27 million increase. Several factors contributed to cash fluctuations

¹ The 15-day cash balance is based on average daily expenditures through March 31, 2024.

following the COVID pandemic, a time where CMHCs saw fewer patients and were not able to collect similar amounts of revenues as they have in the past, including COVID funding, employee retention credits, MCO settlements, ARPA funding, and other financial interventions. The dissolutions of Regions 1 and 11 were significant events requiring substantial coordination and effort to ensure the effective redistribution of services and resources to neighboring regions. Significant funds have also been allocated to infrastructure upgrades, IT systems, new facilities, and vehicle replacements across nearly all regions, supporting service expansion and operational efficiency. CMHCs have also reported many capital improvement project needs throughout all regions with no current funds available. Figure 3 below illustrates the combined cash flow trends for the CMHCs from June 30, 2021, through June 30, 2024.

Figure 1: CMHC Cash Flow Trends: FY 2021-FY2024



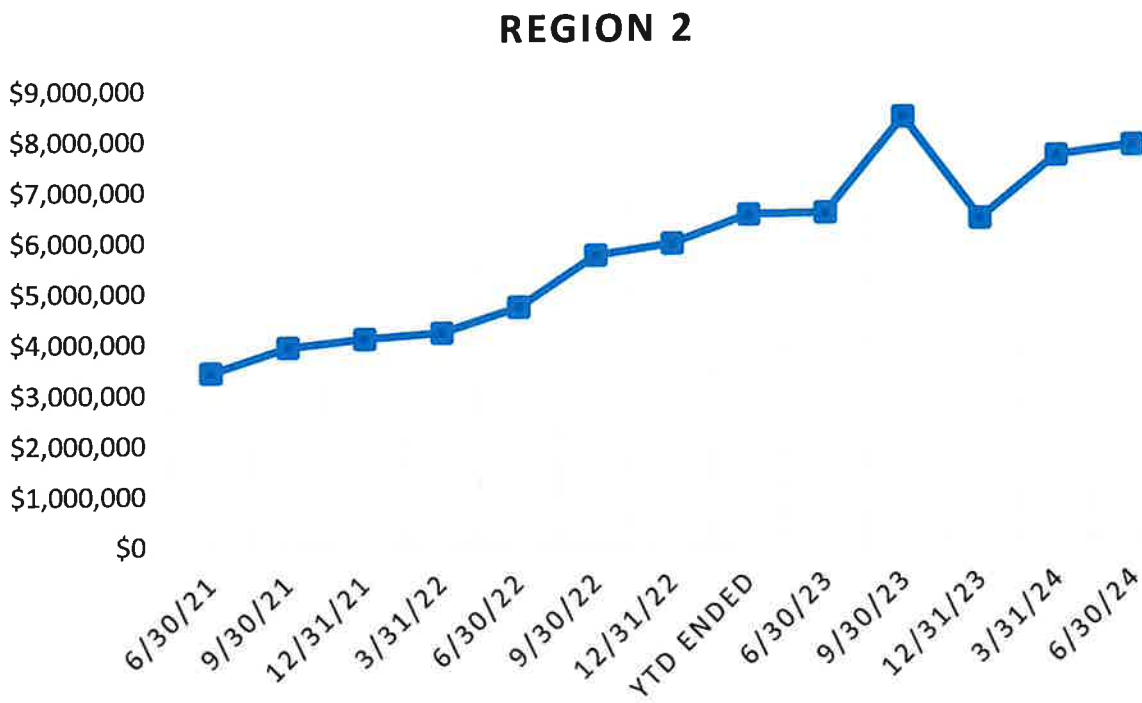
A review of the cash flow trends for each CMHC beginning FY2021 is provided below:

Region 2 CMHC

Region 2 CMHC serves a six-county region with a total population of 178,337, of which 26.7% are Medicaid beneficiaries. The organization operates on a fiscal year ending June 30. Region 2 has well-developed services for individuals with intellectual and/or developmental disabilities (IDD), providing these services in both Region 2 and Region 3. The organization does not offer Children’s Day Treatment, which is a common service among other CMHCs.

Over the past three years, Region 2 has allocated \$2,662,000 for infrastructure and technology projects. These include an addition to the main office in Lafayette County, planned renovations for an adolescent CSU in Panola County (MS Department of Mental Health), and AC system replacement at Haven House in Lafayette County. The funding also includes upgrades to the IT system. Figure 4 illustrates the cash flow trends for Region 2 from Q2 2021 through Q2 2024. The graph shows a consistent increase in cash over the reporting periods, with a notable peak in September 2023, followed by a decline in December 2023. This decrease aligns with higher-than-usual employee benefit expenses during that quarter.

Figure 2: Region 2 CMHC Cash Flow Trends: FY 2021-FY2024

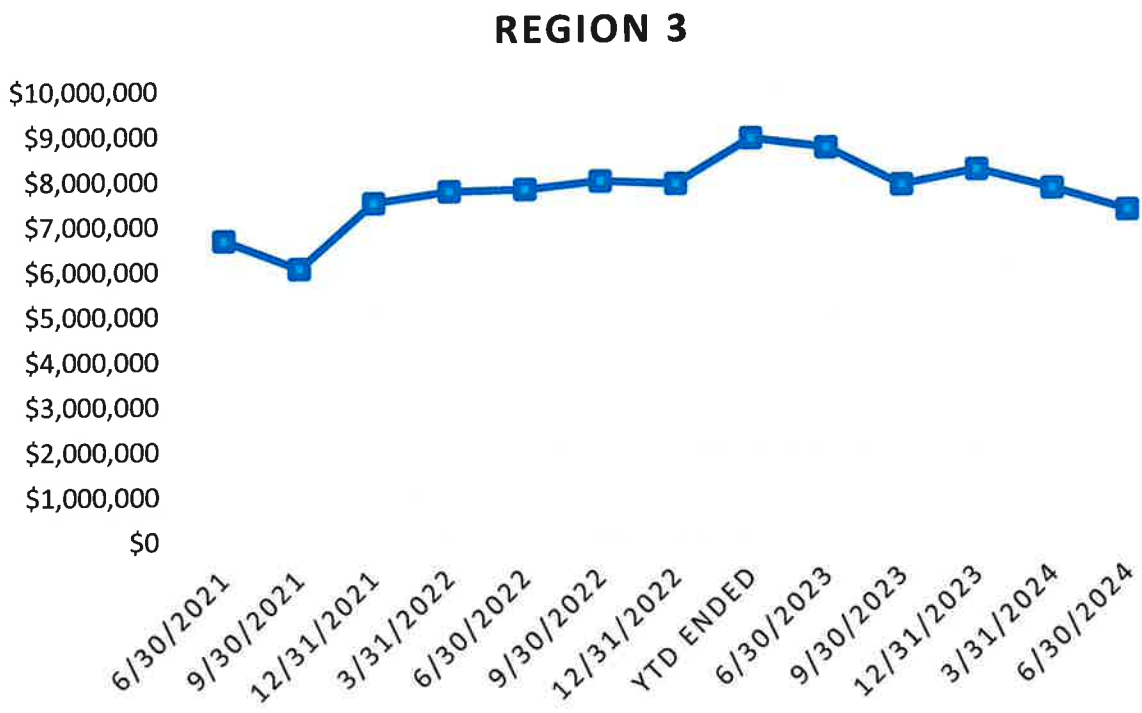


Region 3 CMHC

Region 3 CMHC serves a seven-county region with a total population of 231,049, of which 26.7% are Medicaid beneficiaries. The organization operates on a fiscal year ending September 30. Over the past three years, Region 3 has invested \$1,869,033 in infrastructure and technology upgrades. These enhancements include building improvements in Chickasaw, Itawamba, Lee, Monroe, and Pontotoc Counties, as well as upgrades to IT systems to streamline operations. Region 3 provides pharmacy services to Regions 2, 3, and 15.

Figure 5 provides a detailed view of the fluctuations in Region 3 cash reserves, which have ranged between \$6 million and \$9 million from Q2 2023 through Q2 2024. Despite these fluctuations, the organization has successfully maintained an operating cash balance between 60 and 80 days.

Figure 3: Region 3 CMHC Cash Flow Trends: FY2021-FY2024

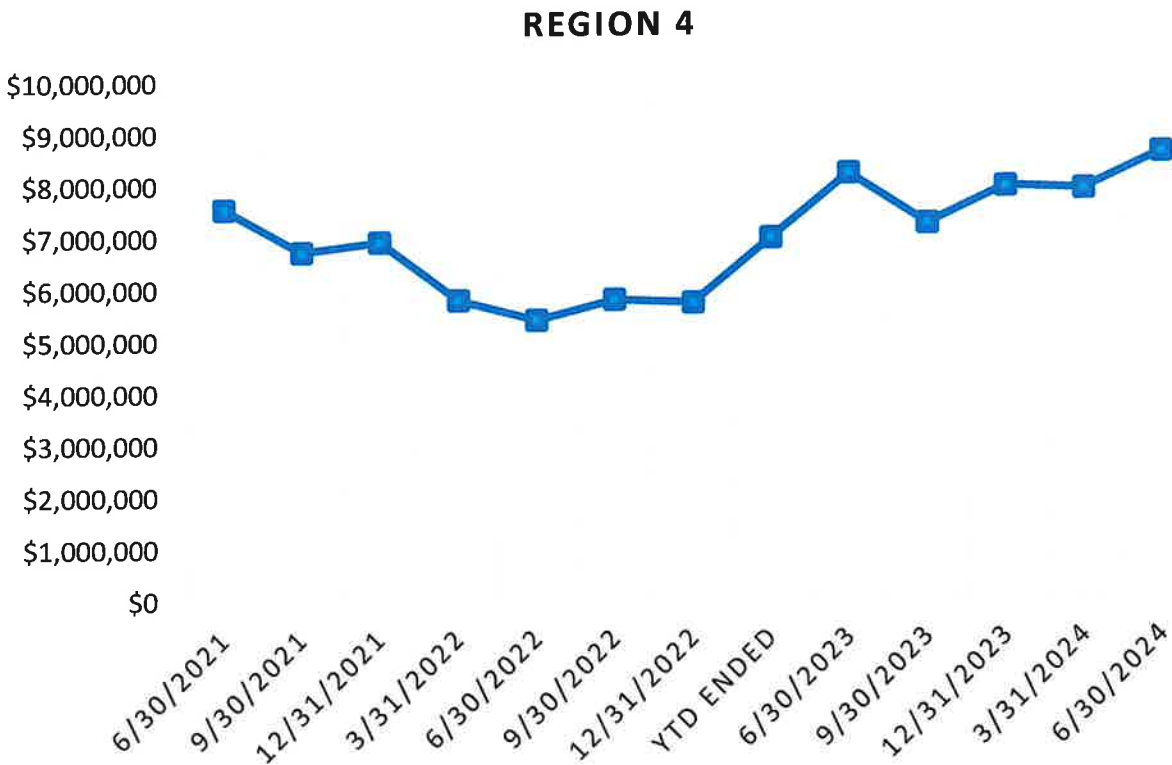


Region 4 CMHC

Region 4 CMHC serves a five-county region with a population of 294,762, of which 20.6% are Medicaid beneficiaries. The counties contribute a combined annual total of \$362,288. Region 4 operates on a fiscal year ending September 30 and currently has 135 days of cash on hand.

During calendar year 2024, Region 4 recorded proceeds from the sale of two properties as miscellaneous income. Over the past three years, Region 4 has invested \$1,819,725 in capital improvements, including renovations to the Prentiss and Tippah Counties. Additionally, the organization has implemented a new electronic health record (EHR) system, which is funded through monthly payments. Figure 6 depicts Region 4 cash on hand trends, reflecting a consistent average of 135 days of operating cash.

Figure 4: Region 4 CMHC Cash Flow Trends: FY2021-FY2024

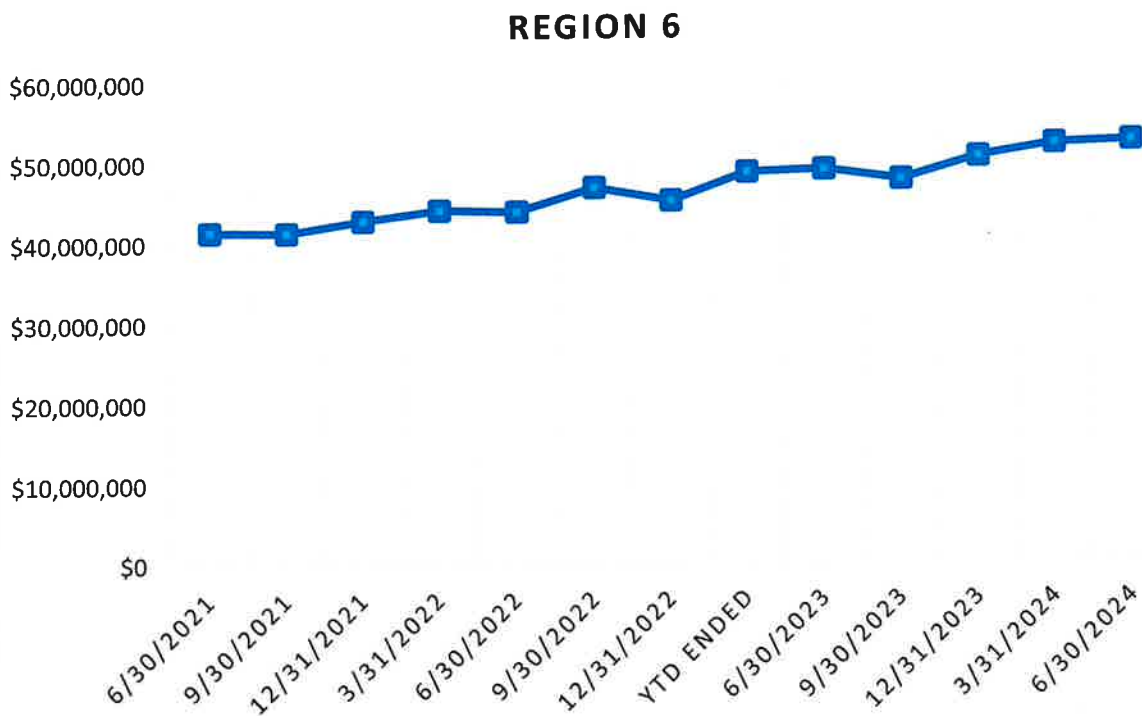


Region 6 CMHC

Region 6 CMHC serves a 16-county region following the integration of the four counties formerly comprising Region 1. The expanded service area has a population of 258,431, of which 42.2% are Medicaid beneficiaries. The counties in Region 6 have committed \$1,119,544 in contributions for the year beginning October 1, 2023. Region 6 operates on a fiscal year ending December 31 and currently has 398 days of operating cash on hand.

From Q2 2021 through Q2 2024, Region 6 cash on hand increased from \$41,338,297 to \$52,299,694, growing over \$10 million, with a cash balance of 398 days. Year-to-date financial results show an operating loss of (\$911,464), alongside an increase in net position of \$1,207,889. Both quarterly and year-to-date results include interest earned on bank deposits, which offsets operating losses and contributes to the overall net position. Region 6 has dedicated \$18,646,677 for renovation projects across Bolivar, Coahoma, Grenada, Holmes, Humphreys, Leflore, Montgomery, Quitman, Tallahatchie, Tunica, and Washington Counties. This funding will support planned projects, including the construction of new buildings in Attala and Bolivar Counties, with funding for these specific initiatives already secured. Additionally, the allocation covers vehicle replacements and upgrades to IT systems. Figure 7 illustrates Region 6 overall financial performance.

Figure 5: Region 6 CMHC Cash Flow Trends: FY2021-FY2024

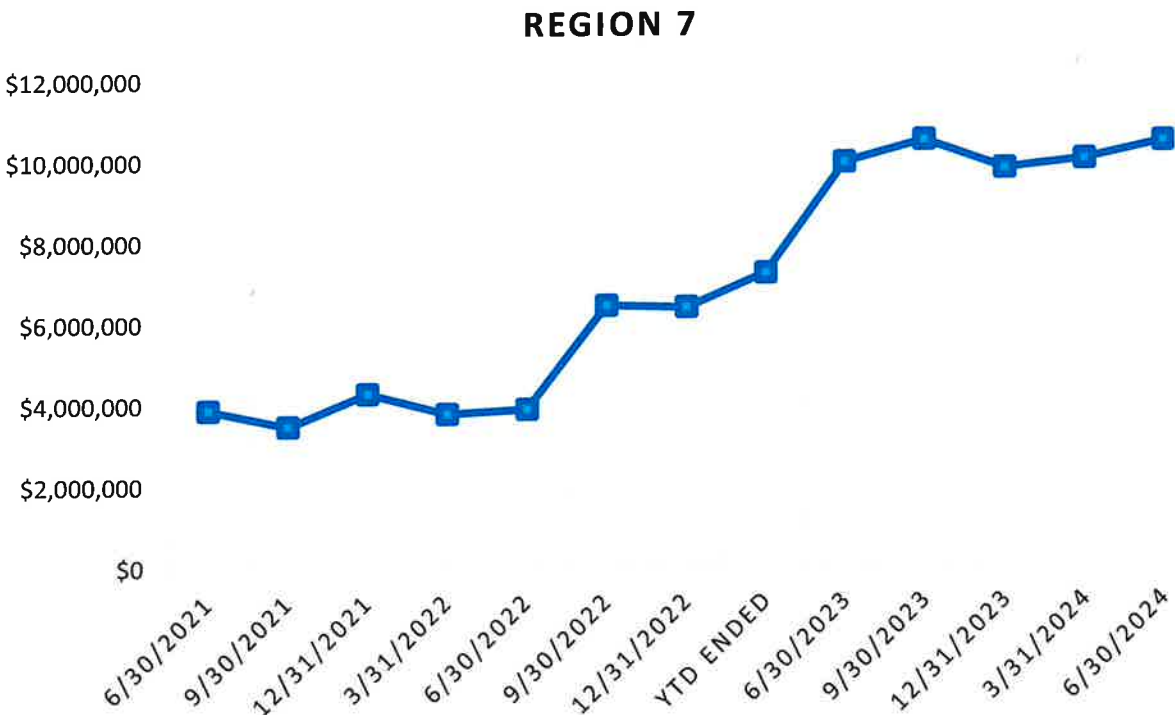


Region 7 CMHC

Region 7 CMHC serves a seven-county region with a population of 172,947, of which 27% are Medicaid beneficiaries. The counties provide an annual contribution of \$259,500 to support operations. Region 7 operates on a fiscal year ending September 30.

From Q2 2021 through Q2 2024, Region 7 cash on hand has increased significantly, growing from approximately \$4 million (66 days) to just over \$10 million (167 days). Over the past three years, Region 7 has invested \$835,880 in infrastructure and capital improvements. This includes renovations to buildings in Lowndes, Clay, Oktibbeha, and Winston Counties, as well as vehicle replacements. Figure 8 highlights the significant increase in Region 7 cash on hand, rising from \$4 million (66 days) to over \$10 million (167 days).

Figure 6: Region 7 CMHC Cash Flow Trends: FY2021-FY2024

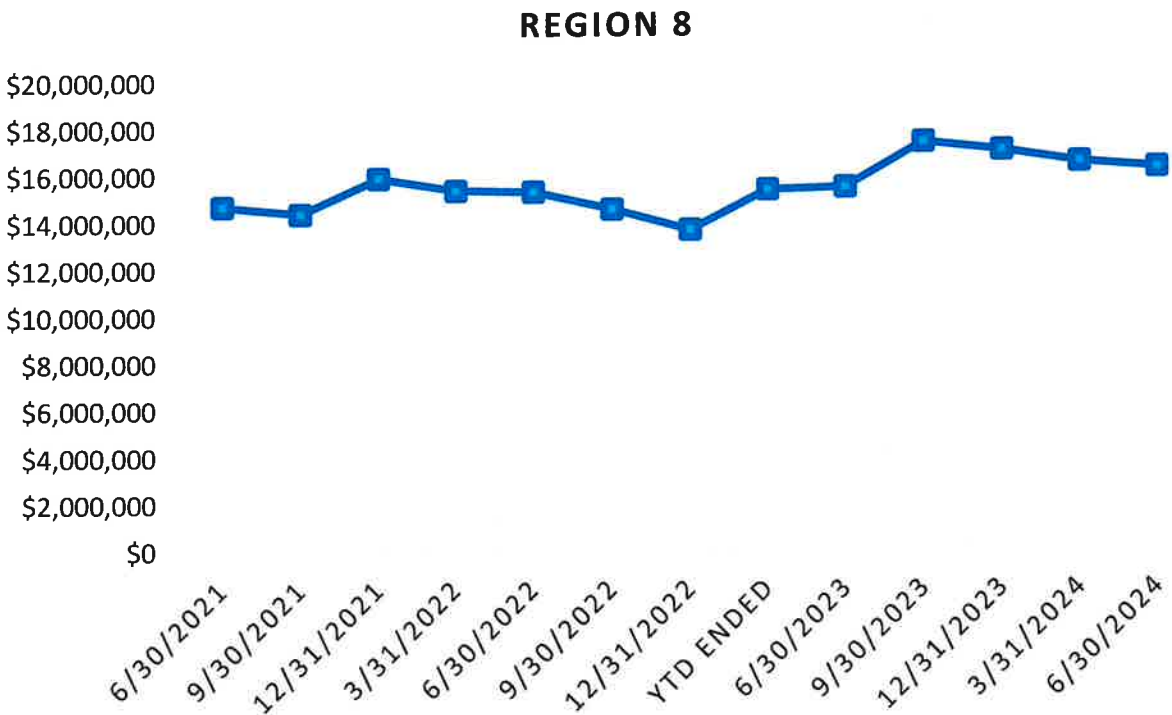


Region 8 CMHC

Region 8 CMHC serves a five-county region with a population of 352,807, of which 20% are Medicaid beneficiaries. The counties provide an annual contribution of \$607,140 to support operations. Region 8 operates on a fiscal year ending September 30.

From Q2 2021 through Q2 2024, Region 8 cash on hand increased by just over \$1.5 million, bringing the region’s position to 160 days of operating cash. Region 8 has dedicated \$2,645,675 for IT upgrades, vehicle replacements, and the construction of a new Crisis Stabilization Unit located in Brandon. Rankin County contributed \$800,000 toward the Crisis Stabilization Unit project. Figure 9 illustrates Region 8 cash on hand growth over the reporting period.

Figure 7: Region 8 CMHC Cash Flow Trends: FY2021-FY2024

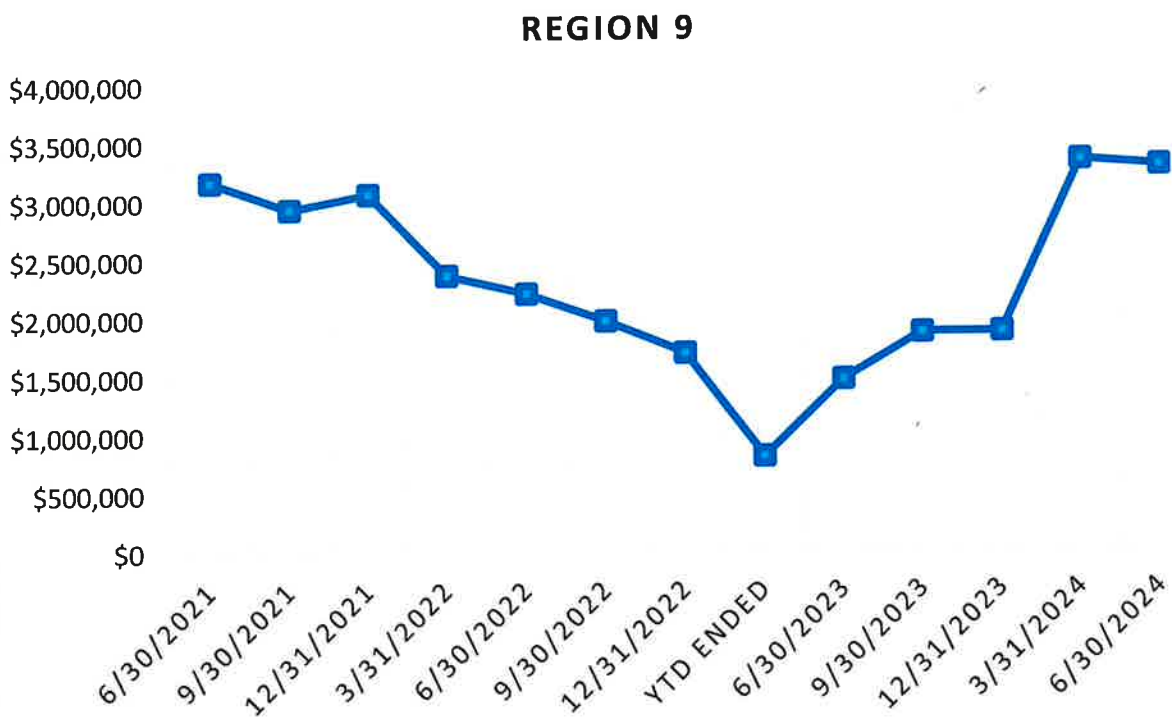


Region 9 CMHC

Region 9 CMHC serves Hinds County, which has a population of 223,872, of which 32% are Medicaid beneficiaries. The county provides an annual contribution of \$746,059 to support operations and also provides a facility. Additionally, the county appropriates a total of \$1,374,439, which includes debt service and maintenance costs for the building. Region 9 operates on a fiscal year ending December 31.

Since December 2022, OCMHA has closely monitored Region 9 in response to the amount of operating cash on hand and the vulnerability of operations. See *OCMHA Status Report #8, Q3 2023* and *OCMHA Financial Status Report, Q2 2024*. Since June 30, 2021, Region 9 cash on hand has varied, reaching a low of \$814,381 in March 31, 2023 (well below 30 days of operating cash) and a high of \$3,337,930 as of March 31, 2024. As of June 30, 2024, cash on hand stands at \$3,282,761. Region 9 has allocated \$2,500,000 for the development of CSUs for both adults and children. Figure 10 shows the fluctuations in Region 9 cash on hand, ranging from a low point in 2021 to a recent high in 2024, reflecting improved cash reserves.

Figure 8: Region 9 CMHC Cash Flow Trends: FY2021-FY2024



Region 10 CMHC

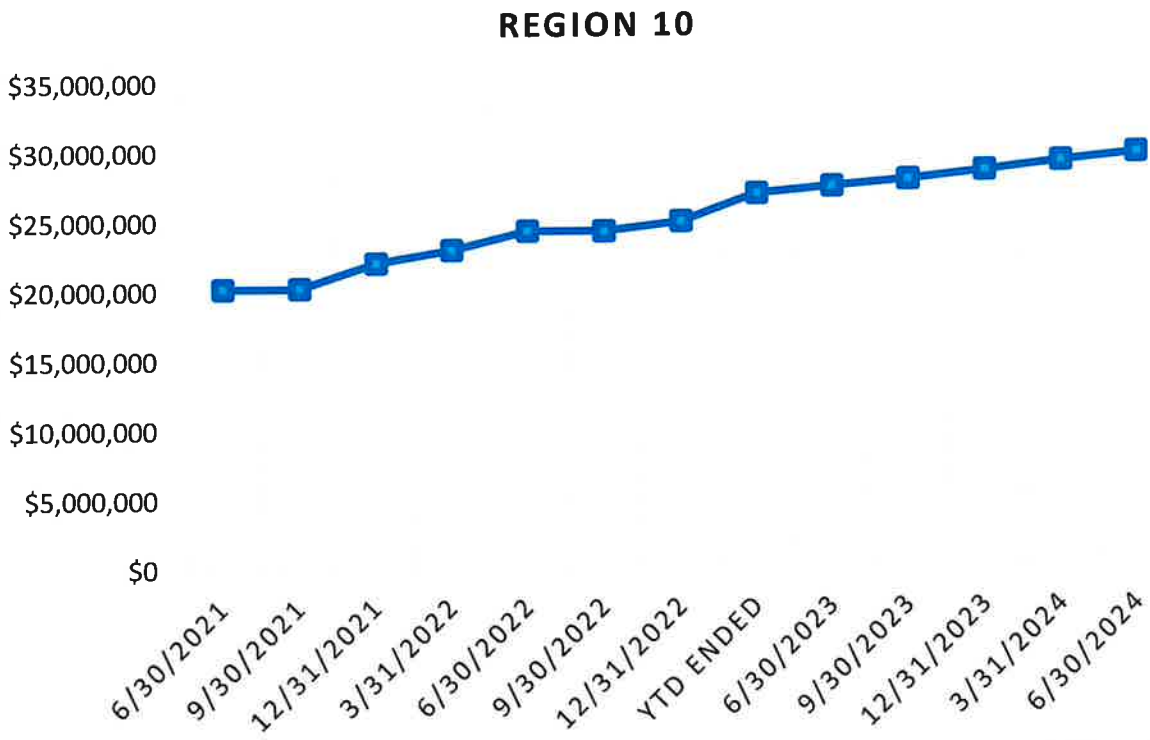
Region 10 CMHC serves a nine-county region with a population of 229,087, of which 31.1% are Medicaid beneficiaries. The counties provide annual contributions totaling \$404,771. Region 10 operates on a fiscal year ending September 30.

From Q2 2021 through Q2 2024, Region 10 cash on hand increased from \$20,262,155 to \$29,706,750. This current cash on hand is equivalent to 418 days of operating cash.

In the last 3 years, Region 10 has completed upgrades to various county offices as well as purchased vehicles totaling \$932,000. Ongoing projects totaling nearly \$3.5 million are ongoing in Lauderdale County to the main office building and day treatment center. Also included in this amount is security camera systems in all counties.

Future projects with secured funding include new office buildings in Leake and Neshoba Counties and a new EHR system with associated computer upgrades. These projects are estimated at \$7.3 million. Figure 11 illustrates the growth in Region 10 cash on hand, showing an increase of over \$9 million.

Figure 9: Region 10 CMHC Cash Flow Trends: FY2021-FY2024

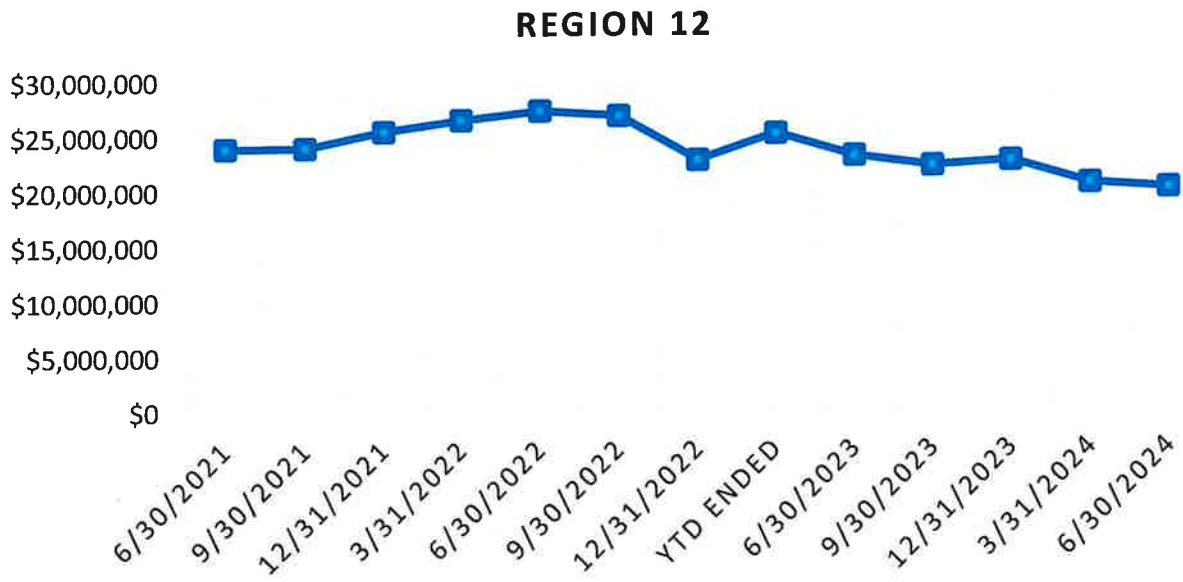


Region 12 CMHC

Region 12 CMHC serves an 18-county region with a population of 726,554, of which 27.8% are Medicaid beneficiaries. The counties have appropriated a total of \$3,810,928 to support Region 12 for fiscal year 2024. Region 12 operates on a fiscal year ending September 30.

Pine Belt began serving Pearl River, Stone, Hancock, and Harrison counties on or before February 2021. On July 1, 2023, pursuant to recommendations made by OCMHA, Region 12 began serving Amite, Franklin, Walthall, Lawrence, and Pike Counties following the cessation of Region 11 operations as of June 30, 2023. Since 2021, Region 12 has reported \$8,584,090 in funding for renovations to buildings across Marion, Pike, Forrest, Greene, Jones, Covington, Lamar, Harrison, Hancock, Stone, Franklin, Amite, Lawrence, and Walthall Counties. Additionally, this amount includes expenditures for vehicle replacements and the EHR system. Figure 12 highlights the fluctuations in Region 12 cash on hand since Q2 2021, showing a peak of \$27,357,929 and a position at the end of Q2 2024 of \$20,021,056, equivalent to 101 days of operating expenses.

Figure 10: Region 12 CMHC Cash Flow Trends: FY2021-FY2024



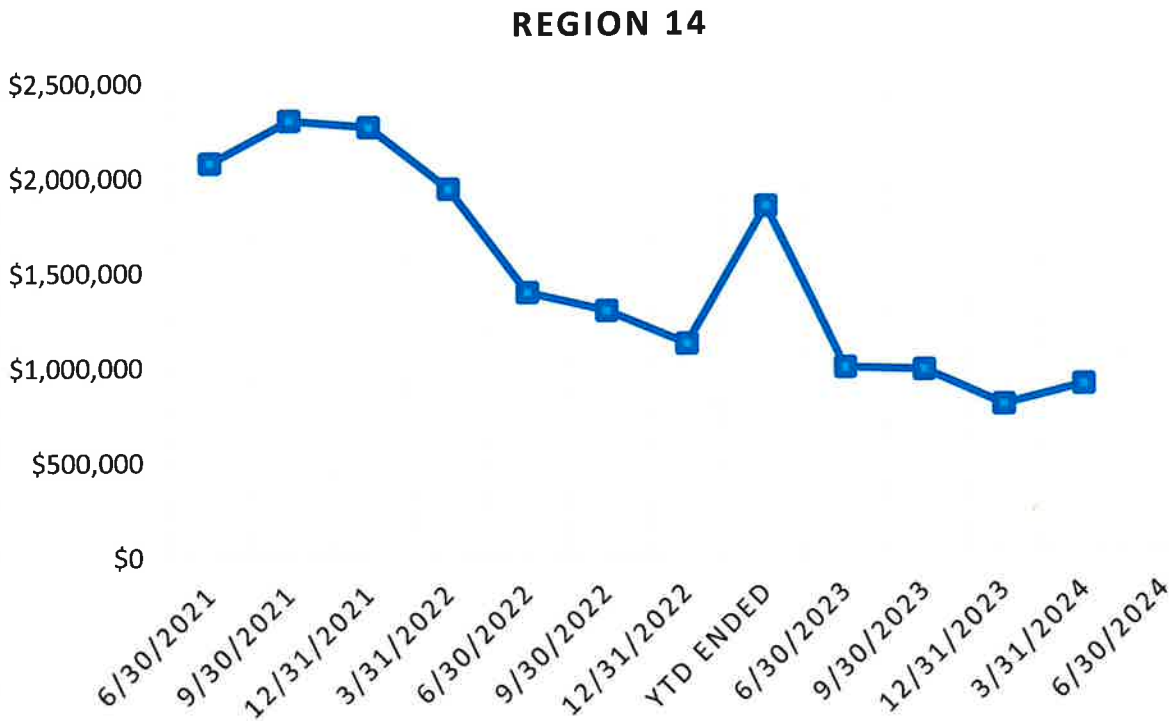
Region 14 CMHC

Region 14 CMHC serves a two-county region with a population of 169,877, of which 23.5% are Medicaid beneficiaries. The counties provide an annual contribution of \$453,000 to support the CMHC. Region 14 operates on a fiscal year ending June 30. OCMHA has closely monitored Region 14 due to its limited operating cash on hand and consistent vulnerability in operations, typically maintaining only 30 to 40 days of cash reserves.

Since June 30, 2021, Region 14 reported a peak cash balance of \$2,302,478 on September 30, 2021. As of September 2024, Region 14 received an advance of grant funds from DMH in the amount of \$750,000 to sustain operations. After the first quarter of 2024, Region 14 ceased reporting financial data. Over the past three years, Region 14 has reported \$208,220 in building repairs.

On December 27, 2024, the Coordinator provided notices of inadequate services to George County and Jackson County, pursuant to Miss. Code §41-20-9. *See Appendices "A" and "B"*. Figure 11 highlights Region 14 financial challenges, including the peak cash position in 2021 and the persistent decline in cash reserves to below \$1 million. Operating cash consistently remained between 30 and 40 days until Region 14 ceased reporting in 2024.

Figure 11: Region 14 CMHC Cash Flow Trends: FY2021-FY2024

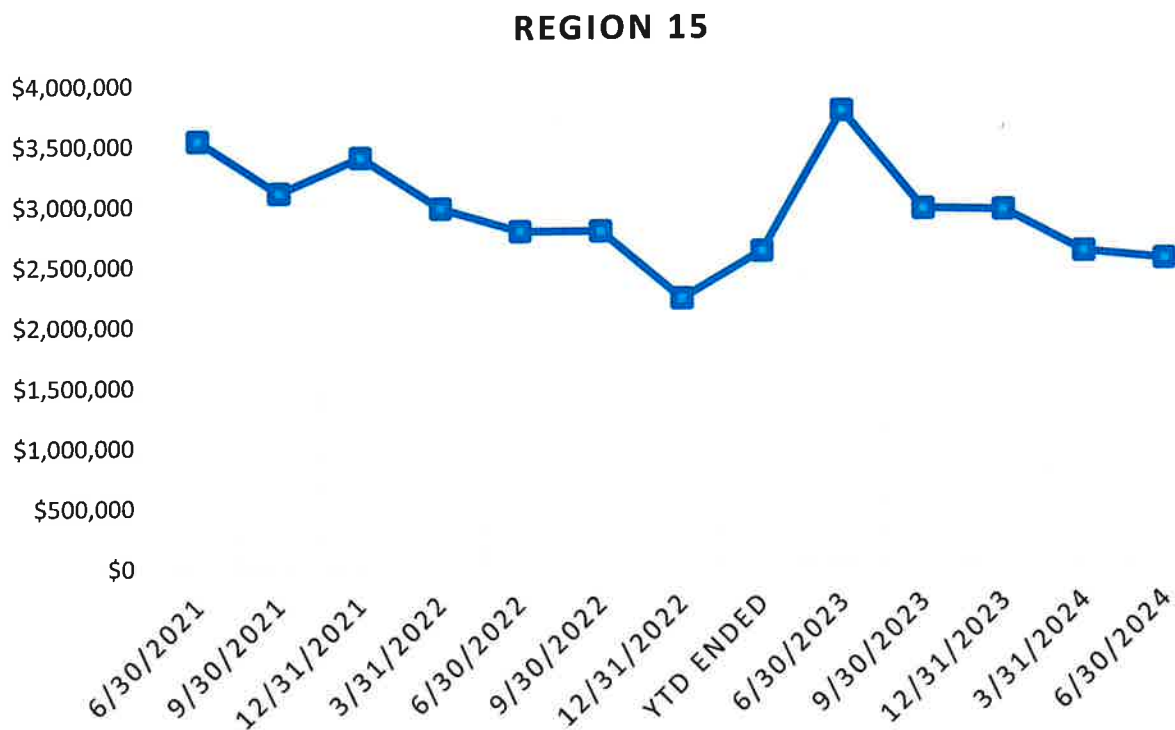


Region 15 CMHC

Region 15 CMHC serves a six-county region with a population of 128,764, of which 32.5% are Medicaid beneficiaries. The counties provide an annual contribution of \$398,967 to help support the CMHC. On July 1, 2023, pursuant to recommendations made by OCMHA, Region 15 began serving Adams, Claiborne, Jefferson, and Wilkinson Counties following the cessation of Region 11 operations as of June 30, 2023. Region 15 operates on a fiscal year ending September 30.

From Q2 2021 through Q2 2024, Region 15 cash on hand has fluctuated, reaching a high of \$3,756,715 and a low of \$2,214,077. As of June 30, 2024, the cash balance stands at \$2,504,232. Region 15 has reported \$548,433 in expenditures for vehicle replacements, IT upgrades, and building repairs since 2021. Additionally, \$365,814 has been allocated for ongoing EHR development costs. Figure 14 illustrates Region 15 cash on hand variations, showing a peak of \$3.75 million and a balance of \$2.5 million, as of June 30, 2024.

Figure 12: Region 15 CMHC Cash Flow Trends: FY2021-FY2024



CMHC FY 2024 Financial Update

Community Mental Health Centers (CMHCs) use a standard reporting format to present their quarterly and year-to-date financial information. However, the accounting processes used in financial statement preparation vary among the CMHCs. For instance, some CMHCs prepare their statements using a cash basis instead of an accrual basis. Moreover, variations exist where

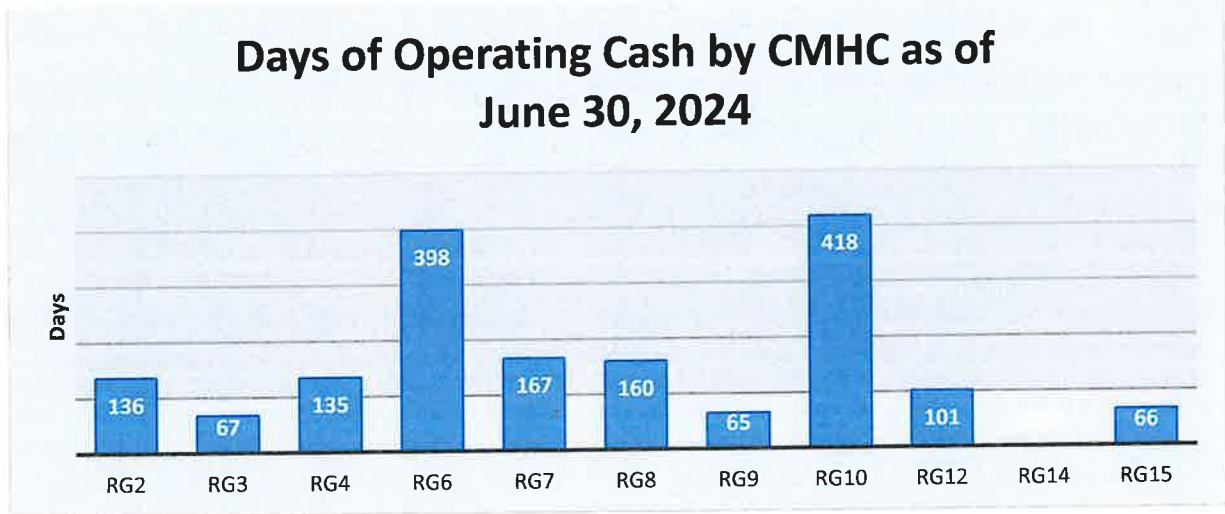
certain CMHCs exclude depreciation from their reports. Whereas such differences are reconciled during the auditing process, any adjustments made are not reflected in this report.

The evaluation and assessment of the financial statements for the year-to-date July 1, 2023 through June 30, 2024, consists of an analysis of operating results and an assessment of the operating cash and investments. The counties formerly served by Region 1 are now served by Region 6. The counties formerly served by Region 11 are now served by Regions 12 and 15. Consequently, there are no operating results for Regions 1 and 11 reflected in this report. Also, Region 14 has not responded to financial requests since Q1 2024. Thus, results for Region 14 are not represented. As stated above, the Coordinator issued notices of inadequate services to George County and Jackson County, on December 27, 2024. See Appendices "A" and "B".

OCMHA’s review indicates that overall liquidity remained stable for the ten reporting CMHC regions having a cash balance of more than 30 days.² Having less than 30 days of cash and cash equivalents increases the risk of operational difficulties in case of interruptions in cash flow, such as delays in submission or receipt of grant billings.

Among the ten reporting CMHCs, seven regions (2, 3, 4, 6, 7, 8, and 10) reported increases in net position year to date, while three regions (9, 12, and 15) reported losses. The cumulative year-to-date increase in net position totaled \$6,525,357, which is (\$3,263,370) less than reported for the same period in the prior year. The year-to-date results for the prior year included the receipt of employee retention credits by Region 4 and the recognition as income of a county contribution designated for a crisis center in Region 8. Figure 1 provides a summary of the days of operating cash by CMHC as of June 30, 2024.

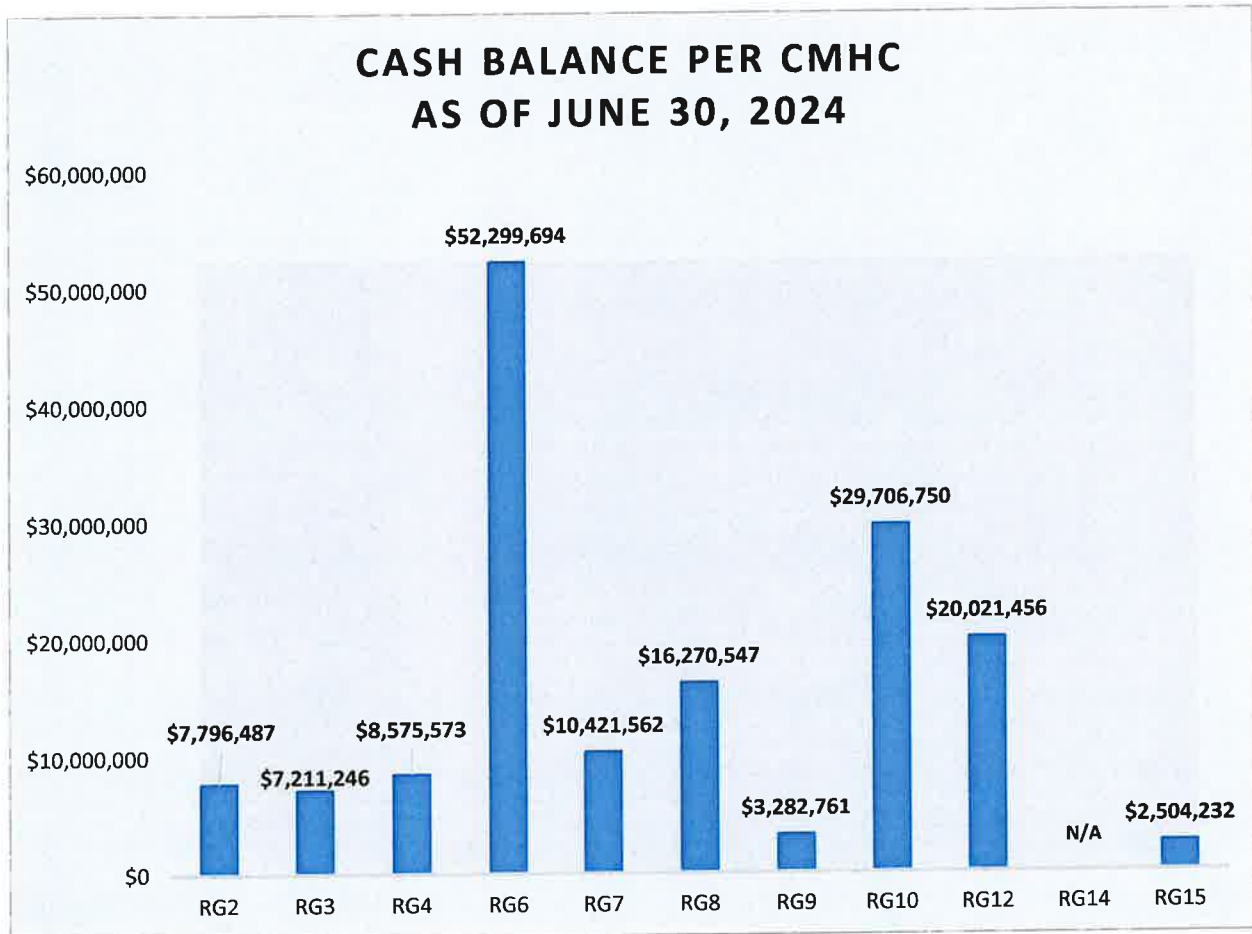
Figure 13: Days of Operating Cash by CMHC for Quarter Ended June 30, 2024



² Region 14 did not report as cash balance for Q2 2024. At the end of Q1 2024, Region 14 had the lowest cash balance of \$880,372.

Region 6 has the highest cash balance at \$52,299,694, with the ten reporting regions reporting cash balances exceeding \$2 million. Figure 2 below provides the cash balance available to each CMHC as of June 30, 2024. OCMHA continues to assess CMHC needs, offer technical assistance, and identify both short-term and long-term sustainability solutions and will continue providing ongoing technical assistance to support these regions.

Figure 14: Cash Balance for Each CMHC as of June 30, 2024



Children and Youth Psychiatric and Chemical Dependency Unit Beds in Mississippi

Hospitalizations for pediatric mental health conditions have risen significantly over the past decade. According to a national analysis, annual hospitalizations for pediatric mental health diagnoses increased from 160,499 in 2009 to 201,932 in 2019, with hospitalizations related to attempted suicide or self-injury growing from 49,285 to 129,699 in the same period. These hospitalizations accounted for 64% of mental health admissions in 2019 and represented more than one-quarter of all pediatric hospital days and half of all interfacility transfers for children aged 3 to 17 years (Arakelyna, et al., 2023). To explore the availability of access in Mississippi, OCMHA conducted an assessment of the availability of beds for acute and residential psychiatric services for individuals aged 18 and under. The data and individual facility descriptions for this

report were gathered from individual facility websites and the most recent edition of the "Directory of Mississippi Health Facilities," updated in November 2024 (Mississippi State Department of Health, 2024). Services are categorized into general medical hospitals with dedicated psychiatric beds, stand-alone psychiatric or chemical dependency hospitals, CSUs, Psychiatric Residential Treatment Facilities (PRTFs), and other residential facilities. The MS Department of Health (MSDH) offers licensure for hospitals and PRTFs and DMH offers certification for crisis stabilization units and residential treatment programs for substance use disorders. While some facilities do not fit neatly into these categories, the classification represents the best possible alignment based on the available data.

The MSDH's "Directory of Mississippi Health Facilities" provides definitions and classifications for facilities they license. According to the directory, hospitals are categorized by license type, including Chemical Dependency, General, Psychiatric, and Rehabilitation. A PRTF is defined in the directory as "any non-hospital establishment with permanent facilities which provides a twenty-four (24) hour program of care by qualified therapists, including but not limited to licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents who are not in an acute phase of illness requiring the services of a psychiatric hospital and are in need of restorative treatment services." This definition describes the role PRTFs play in offering intensive therapeutic care for youth outside of an acute hospital setting. The directory specifies the bed capacity for PRTFs; however, the MSDH does not consistently track specific bed capacity for adolescents at hospitals. This is because hospital beds are often used flexibly to accommodate varying needs. Table 1 below provides a list of hospital-based psychiatric and/or chemical dependency inpatient programs; Table 2 provides a list of crisis stabilization programs serving children and youth; Table 3 provides a list of PRTFs serving children and/or adolescents; and Table 4 provides a list of adolescent residential programs offering treatment for substance use disorders.

Table 1: Children and Youth Psychiatric Hospital-based Programs in Mississippi

Facility and Location	Description	Total Psychiatric Bed Capacity (Adolescents + Adults)	Department of Health Classification
Alliance Health Center 5000 Highway 39 North Meridian, MS 39301 Phone: 601-483-6211	Inpatient psychiatric care for adolescents ages 12 to 17.	76	Acute Hospital

Brentwood Behavioral Healthcare of MS 3531 Lakeland Drive Flowood, MS 39232 Phone: 601-936-2024	Inpatient psychiatric care for children and adolescents ages 5 to 17.	105	Psychiatric Hospital (Psychiatric and Chemical Dependency)
Gulfport Behavioral Health System 11150 U.S. Highway 49 North Gulfport, MS 39503 Phone: 1-800-831-1700	Inpatient short-term psychiatric care for children ages 4 to 12. Inpatient psychiatric care for adolescents ages 13- to 17.	109	Psychiatric Hospital
Merit Health Central 1850 Chadwick Dr Jackson, MS 39204 Phone: 601-376-1000	Inpatient psychiatric care for children and adolescents between the ages of 12 to 17.	248	Acute Hospital
MS State Hospital's Oak Circle Center (Operated by the MS Department of Mental Health) Whitfield, MS 39193 Phone: 601-351-8000	Inpatient psychiatric care for adolescents and also offers a primary substance use treatment program.	16	Psychiatric Hospital (Psychiatric and Chemical Dependency)
Oceans Behavioral Hospital 4579 South Eason Boulevard, Suite B Tupelo, MS 38801 Phone: 662-268-4418 180C Debuys Road Biloxi, MS 39531 Phone: 228-388-0600	Inpatient psychiatric care for adolescents 12-17. There are two locations: Tupelo and Biloxi.	34 (Tupelo) 55 (Biloxi)	Psychiatric Hospital
Parkwood Behavioral Health System 8135 Goodman Road Olive Branch, MS 38654 Phone: 662-895-4900	Inpatient psychiatric care for children ages 9 to 11. Inpatient psychiatric care for adolescents.	108	Psychiatric Hospital
Pine Grove Behavioral Health and Addiction Services (an extension of Forrest General Hospital) 2255 Broadway Dr. Hattiesburg, MS 39402 Phone: 601-288-2273	Inpatient treatment for children and adolescents with psychiatric and substance abuse issues.	88	Acute Hospital (Psychiatric and Chemical Dependency)
University of MS Medical Center	Pediatric hospital-based mental health treatment facility treating children ages 4	33	Acute Hospital

2500 North State Street Jackson, MS 39216 Phone: 601-984-1000	-12 with behavioral and/or emotional challenges and/or other medical conditions.		
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Mississippi currently has one crisis stabilization unit serving individuals under 18 years old, operated by Region 9 - Hinds Behavioral Health Services. According to DMH, the purpose of a crisis stabilization unit is to provide treatment and stabilization for individuals experiencing a psychiatric crisis, avoiding the need for inpatient admission to a state psychiatric hospital.

Table 2: Children's Crisis Stabilization Unit in Mississippi

Facility and Location	Description	Bed Capacity	DMH Classification
Ruth Wilson Children & Youth Crisis Stabilization Unit (operated by Region 9 CMHC) 3500 MS-468 Bldg 48 Whitfield, MS 39193 769-243-6191	Short-term psychiatric program offering community-based care 24/7 for youth ages 10-17.	12	Crisis Stabilization Unit

Table 3: PRTFs Serving Children and/or Adolescents in Mississippi

Facility and Location	Description	Bed Capacity	Department of Health Classification
Alliance Healthcare Center's The Crossings Residential Treatment Facility 5000 Highway 39 North Meridian, MS 39301 Phone: 601-483-6211	Psychiatric residential treatment facility serving adolescent boys ages 12 to 17 who have a conduct disorder or have committed a sexual offense.	60 (15 are dedicated to male sexual offenders)	PRTF
Brentwood Behavioral Healthcare's Crossroads 3531 Lakeland Drive Flowood, MS 39232 Phone: 601-936-7804	Psychiatric residential treatment facility serving adolescent males, ages 12 to 17, with serious emotional and behavioral problems.	16	PRTF
Canopy Children's Solution CARES Center 402 Wesley Avenue Jackson, MS 39202 Phone: 601-352-7784	Psychiatric residential treatment facility serving children and youth ages 6 to 17 with severe emotional and/or behavioral challenges.	60	PRTF
Diamond Grove Center 12356 Highway 15 South	Psychiatric residential treatment facility serving adolescent males	30	PRTF

Louisville, MS 39339 Phone: 662-779-0119	ages 12 to 17 who suffer from a psychiatric disorder.		
Specialized Treatment Facility (Operated by the MS Department of Mental Health) 14426 James Bond Road Gulfport, MS 39503 Phone: 228-328-6000	Psychiatric residential treatment facility serving adolescents ages 12 to 17. Admissions may be voluntary upon application by a legal guardian; through involuntary commitment by a youth, chancery, family or tribal court; or upon transfer from another Mississippi Department of Mental Health program. For more admissions criteria, see https://www.stf.ms.gov/admissions .	38	PRTF
Millcreek of Pontotoc 1814 Highway 15 North Pontotoc, MS 38863 Phone: 662-488-8878	Psychiatric residential treatment facility serving children and adolescents between the ages of 6 and 20.	51	PRTF
Millcreek of Magee Psychiatric Residential Treatment Facility 900 First Avenue, N.E.(PO Box 1160 Magee, MS 39111 Phone: 601-849-4221	Psychiatric residential treatment facility serving children and adolescents between the ages of 6 and 21.	57	PRTF
Parkwood Behavioral Health System 8135 Goodman Road Olive Branch, MS 38654 Phone: 662-895-4900	Psychiatric residential treatment facility serving adolescents with serious emotional or behavioral problems. Male Adolescent Sex Offender psychiatric residential program for young men ages 13 to 17 who exhibit inappropriate behavior that may place the community at risk.	40	PRTF

Table 4: DMH-Certified Residential Programs for Adolescents with Substance Use Disorders in Mississippi

Facility and Location	Description	Bed Capacity
Sunflower Landing (operated by Region 2 CMHC) 2950 US 49 Tutwiler, MS 38963 662-966-1888	Residential substance use disorder treatment programming serving adolescent girls ages 13 -17.	Currently 16 (goal of 32)

Stonewater Adolescent Recovery Center 38 County Road 362 Oxford, MS 38655 662-373-2830	Residential substance use disorder treatment programming serving adolescent boys.	15
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The current system has limited resources for adolescents in need of crisis stabilization and substance use disorder treatment. At present, there is only one Crisis Stabilization Unit (CSU) facility for individuals under 18 years old, with a bed capacity of 12 to serve the entire state. Region 2 has plans to operate an eight bed CSU serving children and youth in Panola County. There are no publicly funded or CMHC-affiliated facilities dedicated to the primary treatment of substance use disorders in adolescent boys. There is also an opportunity to improve access to care through the development of systems that enable the MSDH and the DMH to consistently track specific bed availability for adolescents in hospitals. A centralized bed registry encompassing both public and private facilities would allow for adolescents to be more efficiently connected to available treatment resources.

Crisis Stabilization Unit Capacity

All Community Mental Health Centers (CMHCs) provide crisis residential services within their catchment area. CSUs are designed to accept admissions (voluntary and involuntary) twenty-four (24) hours per day, seven (7) days per week. According to DMH's *Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers*, CSUs deliver short-term residential treatment services provided in a secure environment, including psychiatric supervision, nursing services, structured therapeutic activities, and intensive psychotherapy (person, family, and/or group). Increased crisis beds can help divert individuals from more intensive care settings, such as acute psychiatric hospitals, reduce emergency room overcrowding and ideally lead to shorter wait times, quicker stabilization, and better outcomes for patients in crisis.

Table 5 below highlights the current CSU bed capacity across Mississippi's CMHC regions, offering a snapshot of the number of available beds relative to the population served in each region. It also includes recent and planned expansions that offer to increase access to crisis services and potentially reduce the burden on higher levels of care, such as inpatient hospitalization. The planned changes reflect an overall improvement in the bed-to-population ratio, shifting from 1 bed per 14,287 people to 1 bed per 11,945 people, increasing the availability of crisis stabilization beds per capita. Regions 3 doubled their capacity to 16 beds and Region 8 doubled their capacity to 32 beds in 2024. Regions 4, 7, 9, and 14 are also expanding capacity, with Region 9 showing the largest increase improving from 1 bed per 13,261 people to 1 bed per 6,630 people.

However, Region 12 maintains the lowest ratio of beds per population (1 bed per 22,762 people) with no planned improvements. This potential disparity may suggest that in spite of overall statewide gains, some regions may remain under-resourced in terms of CSU bed availability. A strategic plan developed collaboratively with stakeholders could be effective in identifying under-resourced areas and prioritizing the expansion of CSU beds where service gaps are identified. In the interim, expanding the use of mobile crisis services and exploring collaborations with private providers could help improve access to crisis care in underserved regions.

Table 5: CSU Current and Future Bed Capacity by Region

CMHC	2024 Estimated Population	Current No. of CSU Beds	Current Ratio of Crisis Beds per Population	Future No. of CSU Beds	Future Ratio of Crisis Beds per Population	Percent Change
Region 2	179,437	16	1:11,214	16	1:11,214	0.0%
Region 3	224,967	16	1:14,060	16	1:14,060	0.0%
Region 4	294,381	16	1:18,398	28	1:10,513	42.86%
Region 6	250,175	32	1:7,817	32	1:7,817	0.0%
Region 7	171,287	8	1:21,410	12	1:14,273	33.33%
Region 8	337,889	32	1:10,559	32	1:10,559	0.0%
Region 9	212,185	16	1:13,261	32	1:6,630	50.0%
Region 10	222,284	16	1:13,892	16	1:13,892	0.0%
Region 12	728,390	32	1:22,762	32	1:22,762	0.0%
Region 14	173,854	8	1:21,731	16	1:10,865	50.0%
Region 15	119,822	12	1:9,985	12	1:9,985	0.0%
TOTAL	2,914,671	204	1:14,287	244	1:11,945	16.39%

Below is a summary of current and planned CSU capacity by CMHC region.

- **Region 2 CMHC:**
 - Currently operates 16 beds.
 - Took over the Batesville CSU in 2023 from Region 4.
 - Planned 8 bed CSU serving children and youth in Panola County.
- **Region 3 CMHC:**
 - Expanded from 8 to 16 beds in Tupelo by renovating a nearby building.
- **Region 4:**
 - Plans to increase capacity from 16 to 28 beds by adding 12 beds in Desoto County, with completion expected by the end of Q2 2025.

- The current 16 beds will remain in Corinth.
- **Region 6:**
 - Continues to operate 32 CSU beds, split evenly between Cleveland and Grenada.
- **Region 7:**
 - Increasing capacity from 8 to 12 beds in the same building located in West Point by the end of Q4 2024.
- **Region 8:**
 - Originally operated 16 beds in Lincoln County.
 - Added 16 beds in Rankin County in April 2024, bringing the total to 32 beds.
- **Region 9:**
 - Adding 16 beds in Hinds County, increasing capacity to 32 beds by June 2025.
- **Region 10:**
 - Continues to operate 16 CSU beds in Newton County.
- **Region 12:**
 - Operates 32 CSU beds, split between Jones County (16) and Harrison County (16).
 - Has the lowest ratio of beds per population, at one bed per 22,762 people.
- **Region 14:**
 - Renovating a facility in Jackson County to expand from 8 to 16 beds, with completion expected by February 2025.
- **Region 15:**
 - Took over a 12-bed CSU in Natchez from Region 11 in July 2023, following the dissolution of Region 11.

OCMHA Recommendations

<i>Issue: The current system has limited resources for adolescents in need of crisis stabilization and substance use disorder treatment.</i>	
Background	At present, there is only one CSU facility for individuals under 18 years old, with a bed capacity of 12 to serve the state. There are no publicly funded or CMHC-affiliated facilities dedicated to the primary treatment of substance use disorders in adolescent boys. There is also an opportunity to improve access to care through the development of systems that enable the MSDH and the DMH to consistently track specific bed availability for adolescents in hospitals. A centralized bed registry encompassing both public and private facilities would allow for adolescents to be more efficiently connected to available treatment resources.
Recommendation 1	Develop additional CSU facilities to serve adolescents under 18 years old.
Recommendation 2	DMH should consider establishing publicly funded or CMHC-affiliated facilities dedicated to the primary treatment of substance use disorders, particularly for adolescent boys.

Recommendation 3	DMH should collaborate with MSDH to create a statewide, real-time bed registry for adolescent treatment facilities, including both public and private providers that is consistently updated and specific to serving persons under 18 years old.
<i>Issue: Need for Comprehensive Bed Registry with Increased Access</i>	
Background	<p>OCMHA has long supported expanding access to the state psychiatric bed registry system. (See <i>OCMHA Status Report for January 1, 2022 – June 30, 2022, and OCMHA Status Report #6, Q4 2022</i>). HB1222 (Collaborative Response to Mental Health Act), effective July 1, 2023, now provides chancery clerks with updated bed availability information for the four state hospitals and 13 Crisis Stabilization Units (Mississippi Department of Mental Health, 2024).</p> <p>Despite progress, opportunities remain to enhance and expand access to bed registries by including both public and private hospitals for adults and adolescents. Currently, access is limited to certain CMHC personnel and chancery clerks and applies only to public programs. Key partners - such as emergency department personnel and mental health clinicians - may need to call multiple programs to determine bed availability. This process may create delays to timely access to care.</p>
Recommendation 1	DMH should consider offering participation in the bed registry system to include private providers of psychiatric inpatient services and PRTF levels of care.
Recommendation 2	DMH should consider broadening authorized access to the bed registry system to include emergency responders, hospital discharge planners, and law enforcement personnel to facilitate faster placement during emergencies.
Recommendation 3	DMH should consider forming a workgroup to explore strategies for expanding and facilitating active participation of both private and public providers to create a bed registry system for all inpatient children and youth services.
<i>Issue: Lack of Access to Crisis Stabilization Beds in Under-served Areas</i>	
Background	Planned changes indicate an overall improvement in the ratio of CSU beds, increasing average availability from 1 bed per 14,287 people to 1 bed per 11,945 people. While Regions 4, 7, 9, and 14 are expanding capacity, Region 12 continues to have the lowest bed-to-population ratio with no planned improvements. This

	disparity suggests that, despite statewide gains, certain regions may remain under-resourced in CSU bed availability. Further assessment of regional needs is recommended.
Recommendation 1	DMH should conduct a comprehensive assessment of regional CSU bed capacity to identify under-resourced areas and prioritize the expansion of CSU beds where gaps in service are indicated.
Recommendation 2	DMH should establish a plan with regular reviews to support proportional distribution of CSU beds based on population size, geographic needs, and bed utilization trends.
Recommendation 3	CMHC regions identified as under-resourced should explore collaborations with private providers to supplement capacity.

Appendix A

**December 27, 2024, Correspondence from the Coordinator to
Honorable Kelly Wright, President, George County Board of Supervisors**



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

December 27, 2024

Via U.S. Mail and Email

Hon. Kelly Wright, President
George County Board of Supervisors
329 Ratliff Street
Lucedale, MS 39452

bosdist2@georgecountymiss.gov

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

Dear Mr. Wright,

Pursuant to Miss. Code § 41-20-9, please consider this correspondence a notice of inadequate mental health services for George County.

On October 22, 2024, I corresponded with Beth Fenech, Executive Director of Region 14 Community Mental Health Center, concerning the financial stability of Region 14. Wherein, I advised of concerns, including the following: 1) Region 14 has not responded to the Office of the Coordinator of Mental Health Accessibility's August 5, 2024, request for 2nd quarter financial information; 2) a cash balance of \$35,180, on September 19, 2024; 3) late payment of both the employer and employee shares to PERS for the months of August and September; and 4) on October 9, 2024, DMH provided a one-time cash advance against grant payments to Region 14 in the amount of \$750,000, upon the request of Region 14. *See attached October 22, 2024, correspondence to Beth Fenech, Executive Director of Region 14 Community Mental Health Center.*

Due to the above factors, Region 14 was required to maintain certain conditions in order to not be at risk of services being declared inadequate. Those conditions included the following: 1) Region 14 CMHC must have an operating cash balance of 15 days; 2) all accounts payable must be current; and 3) all payments and obligations relating to employee benefits, including PERS and insurance, must be current.

In order to monitor these factors, I asked Ms. Fenech to provide me with weekly updates relating to the financial status of Region 14. On December 13, 2024, Region 14 had a cash balance of \$363,125.99. On December 20, Region 14 had a cash balance of \$301,926.70. In

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Hon. Kelly Wright, President
George County Board of Supervisors
Page 2
December 27, 2024

order to maintain a cash balance of 15 days, Region 14 must have a cash balance of \$389,010. In addition, Region 14 has past due accounts payable in the amount of \$143,674.16.

For all of the above reasons, mental health services are declared inadequate in George County. Please consider this a request for a plan to provide mental health services in George County. The plan should include, but not be limited to, provision of all Core Services, as defined by the Department of Mental Health Operational Standards, additional services, personnel to provide services, and financial support. Please provide the plan for George County to this office by no later than January 28, 2025. Should you have any questions, please feel free to contact me.

Sincerely,



Bill Rosamond

cc: Beth Fenech, Region 14 CMHC Executive Director
Carla Brooks, George County Commissioner
Cammie Byrd, Region 14 Chancery Clerk Liaison
Robert P. Shepard, Esq.
Jim Simpson, Esq.
Hon. Troy J. Ross, President of Jackson County Board of Supervisors
Josh Eldridge, Jackson County Commissioner and Chancery Clerk
James H. Colmer, Jr., Esq.
Hon. John Ledbetter, Region 14 Sheriff Liaison
Hon. Jess Dickinson
Wendy Bailey, Executive Director, Department of Mental Health



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

October 22, 2024

Via U.S. Mail and Email

Beth Fenech, Executive Director
Region 14 Community Mental Health Center
3407 Shamrock Court
Gautier, MS 39553

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

Dear Ms. Fenech,

On April 11, 2024, I sent correspondence to the George County Board of Supervisors and Jackson County Board of Supervisors requesting a plan to provide mental health services, pursuant to Miss. Code §§ 41-20-5 and 41-20-7. *See attached April 11, 2024, correspondence to Hon. Kelly Wright, President of the George County Board of Supervisors and correspondence to Hon. J. Troy Ross, President of the Jackson County Board of Supervisors.* At the time, the basis for requesting a separate plan from the George County Board of Supervisors and the Jackson County Board of Supervisors was Jackson County having previously declared its intention to operate a regional mental health commission comprised solely of Jackson County.

Since that time, I have become increasingly concerned about the financial stability of Region 14 CMHC. The reasons for my concern include, but are not limited to, the following:

- Region 14 CMHC has not responded to the Office of the Coordinator of Mental Health Accessibility's August 5, 2024 request for 2nd quarter financial information. This is a standard request made quarterly to all CMHC Regions since Q2 2021.
- On September 19, 2024, Region 14 CMHC had a cash balance of \$35,180.
- Region 14 CMHC did not submit timely payment of both the employer and employee shares to PERS for the month of August due on September 5.
- Region 14 CMHC did not submit timely payment of both the employer and employee shares to PERS for the month of September due on October 5.
- On October 9, 2024, DMH provided a one-time cash advance against grant payments to Region 14 CMHC in the amount of \$750,000, upon the request of Region 14 CMHC.

Beth Fenech, Executive Director
Region 14 Community Mental Health Center
Page 2
October 22, 2024

Pursuant to Miss Code § 40-20-5 (f), the Coordinator of Mental Health Accessibility has the duty "to determine where in any county, or geographic area within a county, the delivery or availability of mental health services are inadequate."

In order to not be at risk of services being declared inadequate in both George County and Jackson County, the following conditions must be maintained: 1) Region 14 CMHC must have an operating cash balance of 15 days; 2) all accounts payable must be current; and 3) all payments and obligations relating to employee benefits, including PERS and insurance, must be current. This office will closely monitor whether these conditions are met, and will continue to monitor whether adequate mental health services are provided in Region 14 CMHC.

Should you have any questions, please feel free to contact me.

Sincerely,



Bill Rosamond
Coordinator of Mental Health Accessibility

Cc: Hon. Kelly Wright, President of George County Board of Supervisors
Hon. J. Troy Ross, President of Jackson County Board of Supervisors
Carla Brooks, George County Commissioner
Josh Eldridge, Jackson County Commissioner
Hon. Cammie Byrd, Region 14 Chancery Clerk Liaison
Hon. John Ledbetter, Region 14 Sheriff Liaison
Hon. Jess Dickinson
Jim Simpson, Esq.
James Colmer, Esq.
Robert Shepard, Esq.
Wendy Bailey, Executive Director, Department of Mental Health



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

April 11, 2024

Via U.S. Mail and Email
Hon. Kelly Wright, President
George County Board of Supervisors
329 Ratliff Street
Lucedale, MS 39452

bosdist2@georgecountymiss.gov

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

Dear Mr. Wright,

On February 20, 2024, the Jackson County Board of Supervisors corresponded with the George County Board of Supervisors stating that the Jackson County Board of Supervisors had voted to initiate the process of terminating the partnership for Region 14 Community Mental Health Center and to cease funding to Region 14, effective July 1, 2024. Further, the Jackson County Board of Supervisors declared its intention to operate a regional mental health commission comprised solely of Jackson County.

The notice provided by the Jackson County Board of Supervisors raises the question of whether the delivery and availability of mental health services will be adequate in Jackson County and George County, on July 1, 2024 and thereafter. Pursuant to Miss. Code §§ 41-20-5 and 41-20-7, please consider this correspondence my request for a plan to provide mental health services in George County. The plan should include, but not be limited to, provision of all Core Services, as defined by the Department of Mental Health Operational Standards, additional services, personnel to provide services, and financial support. Please provide the plan for George County by no later than May 13, 2024. Should you have any questions, please feel free to contact me.

Sincerely,

Bill Rosamond

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cc: Carla Brooks, George County Commissioner
Cammie Byrd, George County Chancery Clerk
Robert P. Shepard, Esq.
Hon. J. Troy Ross, President of Jackson County Board of Supervisors
Josh Eldridge, Jackson County Commissioner and Chancery Clerk
James H. Colmer, Jr., Esq.



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

April 11, 2024

Via U.S. Mail and Email

Hon. J. Troy Ross, President
Jackson County Board of Supervisors
2915 Canty Street
Pascagoula, MS 39567

Troy_Ross@co.jackson.ms.us

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental
Health/Intellectual and Developmental Disability Services

Dear Mr. Ross,

On February 20, 2024, the Jackson County Board of Supervisors corresponded with the George County Board of Supervisors stating that the Jackson County Board of Supervisors had voted to initiate the process of terminating the partnership for Region 14 Community Mental Health Center and to cease funding to Region 14, effective July 1, 2024. Further, the Jackson County Board of Supervisors declared its intention to operate a regional mental health commission comprised solely of Jackson County.

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Sincerely,

Bill Rosamond

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cc: Josh Eldridge, Jackson County Commissioner and Chancery Clerk
James H. Colmer, Jr., Esq.
Hon. Kelly Wright, President of George County Board of Supervisors
Carla Brooks, George County Commissioner
Cammie Byrd, George County Chancery Clerk
Robert P. Shepard, Esq.

Appendix B

**December 27, 2024, Correspondence from the Coordinator to
Honorable J. Troy Ross, President, Jackson County Board of Supervisors**



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

December 27, 2024

Via U.S. Mail and Email

Hon. Troy J. Ross, President
Jackson County Board of Supervisors
2915 Canty Street
Pascagoula, MS 39567

Troy_Ross@co.jackson.ms.us

Re: **Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services**

Dear Mr. Ross,

Pursuant to Miss. Code § 41-20-9, please consider this correspondence a notice of inadequate mental health services for Jackson County.

On October 22, 2024, I corresponded with Beth Fenech, Executive Director of Region 14 Community Mental Health Center, concerning the financial stability of Region 14. Wherein, I advised of concerns, including the following: 1) Region 14 has not responded to the Office of the Coordinator of Mental Health Accessibility's August 5, 2024, request for 2nd quarter financial information; 2) a cash balance of \$35,180, on September 19, 2024; 3) late payment of both the employer and employee shares to PERS for the months of August and September; and 4) on October 9, 2024, DMH provided a one-time cash advance against grant payments to Region 14 in the amount of \$750,000, upon the request of Region 14. *See attached October 22, 2024, correspondence to Beth Fenech, Executive Director of Region 14 Community Mental Health Center.*

Due to the above factors, Region 14 was required to maintain certain conditions in order to not be at risk of services being declared inadequate. Those conditions included the following: 1) Region 14 CMHC must have an operating cash balance of 15 days; 2) all accounts payable must be current; and 3) all payments and obligations relating to employee benefits, including PERS and insurance, must be current.

In order to monitor these factors, I asked Ms. Fenech to provide me with weekly updates relating to the financial status of Region 14. On December 13, 2024, Region 14 had a cash balance of \$363,125.99. On December 20, Region 14 had a cash balance of \$301,926.70. In

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Hon. Troy J. Ross, President
Jackson County Board of Supervisors
Page 2
December 27, 2024

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Bill Rosamond

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Wendy Bailey, Executive Director, Department of Mental Health



STATE OF MISSISSIPPI
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October 22, 2024

Via U.S. Mail and Email

Beth Fenech, Executive Director
Region 14 Community Mental Health Center
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Gautier, MS 39553

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

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Beth Fenech, Executive Director
Region 14 Community Mental Health Center
Page 2
October 22, 2024

Pursuant to Miss Code § 40-20-5 (f), the Coordinator of Mental Health Accessibility has the duty "to determine where in any county, or geographic area within a county, the delivery or availability of mental health services are inadequate."

In order to not be at risk of services being declared inadequate in both George County and Jackson County, the following conditions must be maintained: 1) Region 14 CMHC must have an operating cash balance of 15 days; 2) all accounts payable must be current; and 3) all payments and obligations relating to employee benefits, including PERS and insurance, must be current. This office will closely monitor whether these conditions are met, and will continue to monitor whether adequate mental health services are provided in Region 14 CMHC.

Should you have any questions, please feel free to contact me.

Sincerely,



Bill Rosamond
Coordinator of Mental Health Accessibility

Cc: Hon. Kelly Wright, President of George County Board of Supervisors
Hon. J. Troy Ross, President of Jackson County Board of Supervisors
Carla Brooks, George County Commissioner
Josh Eldridge, Jackson County Commissioner
Hon. Cammie Byrd, Region 14 Chancery Clerk Liaison
Hon. John Ledbetter, Region 14 Sheriff Liaison
Hon. Jess Dickinson
Jim Simpson, Esq.
James Colmer, Esq.
Robert Shepard, Esq.
Wendy Bailey, Executive Director, Department of Mental Health



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

April 11, 2024

Via U.S. Mail and Email
Hon. Kelly Wright, President
George County Board of Supervisors
329 Ratliff Street
Lucedale, MS 39452

bosdist2@georgecountymiss.gov

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

Dear Mr. Wright,

On February 20, 2024, the Jackson County Board of Supervisors corresponded with the George County Board of Supervisors stating that the Jackson County Board of Supervisors had voted to initiate the process of terminating the partnership for Region 14 Community Mental Health Center and to cease funding to Region 14, effective July 1, 2024. Further, the Jackson County Board of Supervisors declared its intention to operate a regional mental health commission comprised solely of Jackson County.

The notice provided by the Jackson County Board of Supervisors raises the question of whether the delivery and availability of mental health services will be adequate in Jackson County and George County, on July 1, 2024 and thereafter. Pursuant to Miss. Code §§ 41-20-5 and 41-20-7, please consider this correspondence my request for a plan to provide mental health services in George County. The plan should include, but not be limited to, provision of all Core Services, as defined by the Department of Mental Health Operational Standards, additional services, personnel to provide services, and financial support. Please provide the plan for George County by no later than May 13, 2024. Should you have any questions, please feel free to contact me.

Sincerely,

Bill Rosamond

POST OFFICE BOX 267 • JACKSON, MISSISSIPPI 39205 • TEL (601) 359-1032 • FAX (601) 359-2405

cc: Carla Brooks, George County Commissioner
Cammie Byrd, George County Chancery Clerk
Robert P. Shepard, Esq.
Hon. J. Troy Ross, President of Jackson County Board of Supervisors
Josh Eldridge, Jackson County Commissioner and Chancery Clerk
James H. Colmer, Jr., Esq.



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

April 11, 2024

Via U.S. Mail and Email

Hon. J. Troy Ross, President
Jackson County Board of Supervisors
2915 Canty Street
Pascagoula, MS 39567

Troy_Ross@co.jackson.ms.us

Re: **Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services**

Dear Mr. Ross,

On February 20, 2024, the Jackson County Board of Supervisors corresponded with the George County Board of Supervisors stating that the Jackson County Board of Supervisors had voted to initiate the process of terminating the partnership for Region 14 Community Mental Health Center and to cease funding to Region 14, effective July 1, 2024. Further, the Jackson County Board of Supervisors declared its intention to operate a regional mental health commission comprised solely of Jackson County.

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cc: Josh Eldridge, Jackson County Commissioner and Chancery Clerk
James H. Colmer, Jr., Esq.
Hon. Kelly Wright, President of George County Board of Supervisors
Carla Brooks, George County Commissioner
Cammie Byrd, George County Chancery Clerk
Robert P. Shepard, Esq.

Appendix C

**October 9, 2024, Correspondence from Wendy Bailey, Executive Director, DMH,
to Beth Fenech, Executive Director of 14 CMHC**

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

October 9, 2024

Ms. Beth Fenech, Executive Director
Singing River Services
3407 Shamrock Court
Gautier, MS 39553

RE: Request for Advance Payment of CSU Grant and CSU Enhancement Funds

Dear Ms. Fenech:

Per your request, the Mississippi Department of Mental Health (DMH) has agreed to a one-time advance payment to Singing River Services (SRS) in the amount of \$500,000 for the Crisis Stabilization Unit (CSU) Grant and \$250,000 for the CSU Enhancement Grant. Per your email, the Region XIV commissioners approved SRS budget for FY25 on June 26, 2024, which includes county contributions from George County in the amount of \$53,000 and from Jackson County in the amount of \$285,000 for a total of \$338,000. It appears from the information you provided that as of today, George County has made payments to SRS for their county contributions in the amount of \$4,416.67 per month for July, August and September. To date, SRS has not received any county contributions from Jackson County.

Please be reminded that per Senate Bill 3021 (2024), which is the Appropriation Bill for DMH, specifically Section 8 of the bill provides: "none of the funds appropriated for the support of community mental health centers shall be made available to any Regional Mental Health/Intellectual Disability Center which does not receive from each of its participating counties a dollar amount equivalent to what the proceeds of a three-fourths (3/4) mill tax on all taxable property in the county in the Fiscal Year 1982 would have been or the amount of funds contributed to the center by the county in Fiscal Year 1984, whichever, shall be greater." It would appear that based on the approved SRS budget that as of September 30, 2024, Jackson County owes SRS the required millage payment in the amount of \$23,750/month or a total of \$71,250.

It is my understanding that SRS has past due bills for the CSU alone in an amount of approximately \$80,000, which may cause the CSU to cease operations. In addition, there is also

a payment past due to the Public Employees Retirement System (PERS). DMH will approve this one-time advance of the requested grant funds to SRS to ensure that services continue to be provided to the people of George and Jackson counties.

Sincerely,

A handwritten signature in blue ink, appearing to read 'W.D. Bailey', written in a cursive style.

Wendy D. Bailey
Executive Director

CC: Ms. Carla Brooks, Commissioner Region XIV
Mr. Josh Eldridge, Commissioner Region XIV
Mr. Bill Rosamond, Coordinator of Mental Health Accessibility

Appendix D

**October 22, 2024, Correspondence from the Coordinator to
Beth Fenech, Executive Director of 14 CMHC**



STATE OF MISSISSIPPI
OFFICE OF THE COORDINATOR
OF MENTAL HEALTH ACCESSIBILITY
BILL ROSAMOND
COORDINATOR

October 22, 2024

Via U.S. Mail and Email

Beth Fenech, Executive Director
Region 14 Community Mental Health Center
3407 Shamrock Court
Gautier, MS 39553

Re: Region 14 Community Mental Health Center d/b/a Singing River Mental Health/Intellectual and Developmental Disability Services

Dear Ms. Fenech,

On April 11, 2024, I sent correspondence to the George County Board of Supervisors and Jackson County Board of Supervisors requesting a plan to provide mental health services, pursuant to Miss. Code §§ 41-20-5 and 41-20-7. *See attached April 11, 2024, correspondence to Hon. Kelly Wright, President of the George County Board of Supervisors and correspondence to Hon. J. Troy Ross, President of the Jackson County Board of Supervisors.* At the time, the basis for requesting a separate plan from the George County Board of Supervisors and the Jackson County Board of Supervisors was Jackson County having previously declared its intention to operate a regional mental health commission comprised solely of Jackson County.

Since that time, I have become increasingly concerned about the financial stability of Region 14 CMHC. The reasons for my concern include, but are not limited to, the following:

- Region 14 CMCH has not responded to the Office of the Coordinator of Mental Health Accessibility's August 5, 2024 request for 2nd quarter financial information. This is a standard request made quarterly to all CMHC Regions since Q2 2021.
- On September 19, 2024, Region 14 CMHC had a cash balance of \$35,180.
- Region 14 CMHC did not submit timely payment of both the employer and employee shares to PERS for the month of August due on September 5.
- Region 14 CMHC did not submit timely payment of both the employer and employee shares to PERS for the month of September due on October 5.
- On October 9, 2024, DMH provided a one-time cash advance against grant payments to Region 14 CMHC in the amount of \$750,000, upon the request of Region 14 CMHC.

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Beth Fenech, Executive Director
Region 14 Community Mental Health Center
Page 2
October 22, 2024

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Bill Rosamond
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Cc: Hon. Kelly Wright, President of George County Board of Supervisors
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STATE OF MISSISSIPPI
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OF MENTAL HEALTH ACCESSIBILITY
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April 11, 2024

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George County Board of Supervisors
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bosdist2@georgecountymss.gov

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STATE OF MISSISSIPPI
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April 11, 2024

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Jackson County Board of Supervisors
2915 Canty Street
Pascagoula, MS 39567

Troy_Ross@co.jackson.ms.us

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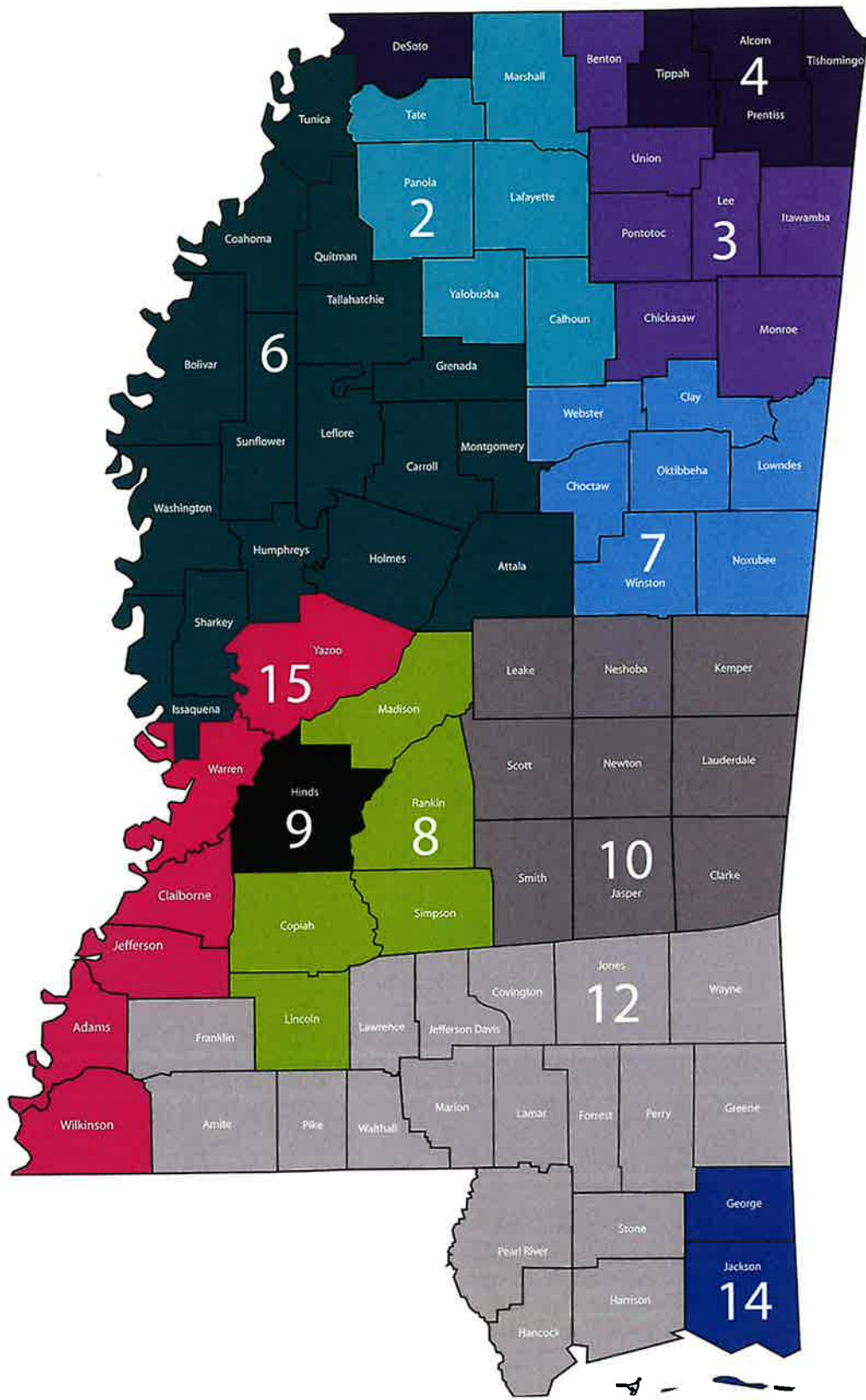
Bill Rosamond

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James H. Colmer, Jr., Esq.
Hon. Kelly Wright, President of George County Board of Supervisors
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Appendix D

Map of CMHC Regions in Mississippi



Bibliography

- Arakelyna, M., Freyleue, S., Avula, D., McLaren, J., O'Malley, A., & Leyenaar, J. (2023). *Pediatric Mental Health Hospitalizations at Acute Care Hospitals in the U.S., 2009-2019*. (JAMA, Producer) Retrieved September 2024, from PubMed Central: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10051095/>
- Mississippi Department of Mental Health. (2024). *FY24 Q4 HB1222 Chancery Clerk Reporting of Psychiatric Commitment Data*. Retrieved from https://tools.madison-co.net/images/agenda_files/328/FY24%20Q4%20HB%201222%20CC%20Reporting%20of%20Psych%20Cmtmt%20Data_.pdf
- Mississippi State Department of Health. (2024, September). *Mississippi State Department of Health*. Retrieved May 2020, from Directory of Health Facilities: <https://msdh.ms.gov/page/resources/7660.pdf>
- MS Department of Mental Health. (n.d.). *FY 2024-2025 State Plan*. Retrieved from https://www.dmh.ms.gov/wp-content/uploads/2023/08/FY24-25-State-Plan-draft_Final_2.pdf

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George County Board of Supervisors

LARRY MCDONALD, DISTRICT THREE
LARRY HAVARD, DISTRICT FOUR
ROBERT P. SHEPHERD, ATTORNEY
CAMMIE BRANNAN BYRD, CLERK OF BOARD



FRANKIE MASSEY, DISTRICT ONE
KELLY WRIGHT, DISTRICT TWO
HENRY COCHRAN, DISTRICT FIVE
ALISON MITCHELL, PURCHASE CLERK

329 Ratliff Street
Lucedale, Mississippi 39452
601-947-7506

January 27, 2025

Bill Rosamond
Office of The Coordinator of Mental Health Accessibility
P.O. Box 267
Jackson, MS 39205

RE: Singing River Services/Region 14 Plan to Provide Mental Health Services in George County.

Dear Mr. Rosamond,

George County remains committed to providing comprehensive mental health services to the residents of both George and Jackson Counties. Our goal is to ensure the quality of services and financial stability of the local community mental health centers.

To sustain and enhance these vital services, the Singing River Services Commissioner is currently considering several actions, which are outlined below:

Singing River Services Commissioners have voted to sell a building located in Jackson County, (1916 Ladnier Road, Gautier, MS 39533) valued at approximately \$341,000. The proceeds from this sale will address most of our past due accounts, which is a significant first step towards stabilizing our finances.

Furthermore, the Singing River Services Commissioners have discussed the possibility of relocating the CSU to the newly renovated building provided by the Jackson County Board of Supervisors. This move could potentially lower costs, helping us allocate resources more effectively and eliminate the current one-on-one staffing patterns, ultimately allowing us to serve more individuals in need.

In addition to the building sales, the board is considering temporarily closing The Stevens Center. This facility is a financial burden, costing around \$750,000 annually to operate, with current low utilization rates and a large deficit. We believe that this step is necessary as we reassess our programs and focus on sustainability and efficiency. As our financial situation stabilizes, The Stevens Center will be reopened.

George County Board of Supervisors and Singing River Services will participate in negotiations ordered by the Judge on February 10, 2025.

Sincerely,


Frankie Massey, Board President