Rose Isabel Williams Mental Health Reform Act of 2020

Status Report
January 1, 2025 – March 31, 2025

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

Report Developed By:

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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 established 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 trend analysis of data reporting under House Bill No. 1222 - Mississippi Collaborative Response to Mental Health Act (Regular Session 2023); the ongoing efforts of the DMH/CMHC Data Workgroup to improve data quality and consistency; and progress of the DMH/CMHC Grant Consolidation and Streamlining Workgroup. Finally, the report incorporates recommendations from the Office of the Coordinator of Mental Health Accessibility (OCMHA) offering insights and suggestions for improving Mississippi's mental health system based on assessments and observations.

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Submitted Pursuant to Mississippi Code Section 41-20-5(h)
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The Office of the Coordinator of Mental Health Accessibility (OCMHA) has included the following topics for this report:

- Update on Notices of Inadequate Services to George County and Jackson County
- Trends Analysis of Data Reporting Under House Bill 1222 - Mississippi Collaborative Response to Mental Health Act (Regular Session 2023)
- Department of Mental Health (DMH)/Community Mental Health Center (CMHC) Data Workgroup
- DMH/CMHC Grant Consolidation and Streamlining Workgroup
- OCMHA Recommendations

Update on Notices of Inadequate Services to the George County Board of Supervisors and the Jackson County Board of Supervisors

On December 27, 2024, the Coordinator issued Notices of Inadequate Services to the George County Board of Supervisors and Jackson County Board of Supervisors. Pursuant to Miss. Code § 41-20-9, the Notices required each respective Board to submit a plan to ensure provision of adequate mental health services, including all Core Services as defined by the DMH Operational Standards. *See OCMHA Status Report for July 1, 2024 – December 31, 2024.* The Coordinator identified operational and financial risks for Region 14 CMHC, including the following:

- Region 14 did not respond to OCMHA requests for financial information.
- On September 19, 2024, Region 14 had a cash balance of $35,180.
- Failure to submit timely payments to PERS for both employer and employee shares.
- Pursuant to the request of Region 14, DMH made a one-time advance payment of $750,000 against state grants to help ensure continued services, on October 9, 2024.
- Minimum financial conditions for continued operations of Region 14, as set out in October 22, 2024, correspondence from the Coordinator to Region 14 Executive Director Beth Fenech, were not maintained, including the requirement of an operating cash balance of 15 days and all accounts payable being current.

On February 18, 2025, the Coordinator met with the George County Board of Supervisors to discuss providing adequate mental health services for citizens in George County. On March 3, 2025, the Coordinator met with the Jackson County Board of Supervisors to discuss its proposed plan to provide adequate mental health services for the citizens in Jackson County. Jackson

County has made substantial progress towards setting up a new CMHC Region and has applied to DMH for certification. OCMHA continues to work with both George County and Jackson County to improve access to mental health services in each county.

Trends Analysis of Data Reporting Under House Bill 1222 - Mississippi Collaborative Response to Mental Health Act (Regular Session 2023)

House Bill 1222, also known as the *Mississippi Collaborative Response to Mental Health Act*, was signed into law in 2023. The Act is designed to ensure that individuals in need of psychiatric treatment are placed in the least restrictive environment appropriate to their needs. Implementation of the legislation supports efforts to reduce unnecessary commitments to state hospitals and avoid the use of jail placements for individuals experiencing non-criminal mental health crises (Mississippi Department of Mental Health). A sufficient amount of data has now been collected across multiple quarters to begin identifying trends.

The Act requires chancery clerks to maintain records and report data on court-ordered admissions to psychiatric treatment facilities, documenting the number of affidavits filed, hearing, and individuals admitted, though this data does not include alcohol and drug commitments. They must also track denials for Crisis Stabilization Unit (CSU) beds, noting the reason for denial and any subsequent actions taken, including the number of people waiting in jail because of a denial. These records must be submitted to the Mississippi Department of Mental Health (DMH) within 30 days after the end of each calendar quarter. In turn, DMH is responsible for compiling a summary report within 60 days and providing it to the Chairpersons of the Appropriations, Public Health, and Judiciary A and B Committees for the Mississippi House of Representatives and Mississippi Senate, the Coordinator of Mental Health Accessibility, and the President of the Mississippi Association of Community Mental Health Centers.

The data analysis that follows illustrates the trends of the data made available across six quarterly reports:

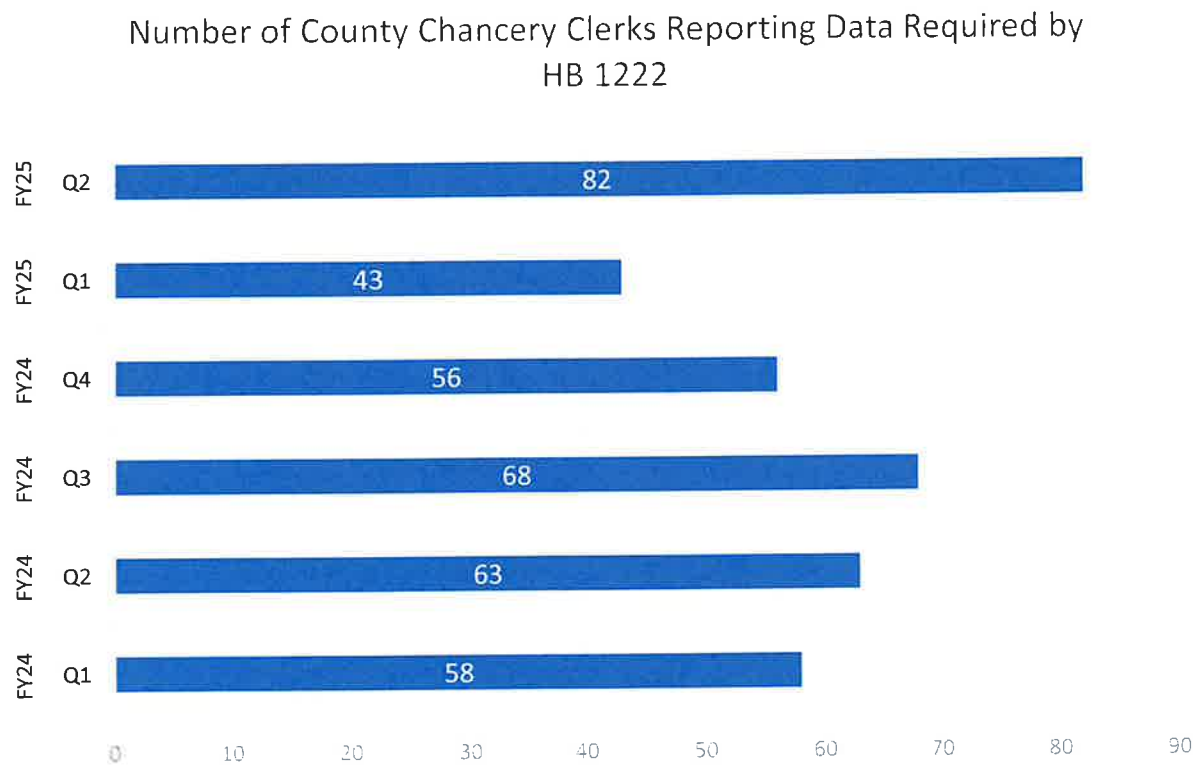
- *FY24 Q1 HB 1222 Chancery Clerk Report (July 1 - September 30, 2023)* (Mississippi Department of Mental Health)
- *FY24 Q2 HB 1222 Chancery Clerk Report (October 1 - December 31, 2023)* (Mississippi Department of Mental Health)
- *FY24 Q3 HB 1222 Chancery Clerk Report (January 1 - March 31, 2024)* (Mississippi Department of Mental Health)
- *FY24 Q4 HB 1222 Chancery Clerk Report (April 1 - June 30, 2024)* (Mississippi Department of Mental Health)
- *FY25 Q1 HB 1222 Chancery Clerk Report (July 1 - September 30, 2024)* (Mississippi Department of Mental Health)
- *FY25 Q2 HB 1222 Chancery Clerk Report (October 1 - December 31, 2024)* (Mississippi Department of Mental Health)

Counties Reporting Data. The number of counties reporting data has varied significantly over the past six quarters. *See Figure 1: Number of Chancery Clerks Reporting Data Required by HB 1222.* Over the course of fiscal year (FY) 24 and the first two quarters of FY25, the number of counties submitting reports has fluctuated, creating inconsistencies in data collection. In FY24, the number of reporting counties varied from 58 in Q1 to a peak of 68 in Q3, before dropping to 56 in Q4. In FY25 Q1, the number of counties reporting dropped sharply to 43, the lowest in the observed period. There is a notable rebound in FY25 Q2, with the number of reporting counties increasing to 82, the highest recorded within the observed period.

While discrepancies existed in counties reporting, fluctuations were partly due to technical issues in the data collection system. In FY25 Q2, a system error caused data for some counties—such as Forrest, Itawamba, Lee, and Prentiss—to be omitted entirely. As a result of these issues, DMH is implementing a new reporting platform, and established a help desk for technical difficulties.

This level of fluctuation makes it difficult to track trends over time and assess the effectiveness of mental health services accurately. While this variability presents challenges, OCMHA is reporting the data as it exists, as it is the only available information. It serves as a baseline for understanding where reporting gaps exist and how to better support consistent processes across counties.

Figure 1: Number of Chancery Clerks Reporting Data Required by HB 1222

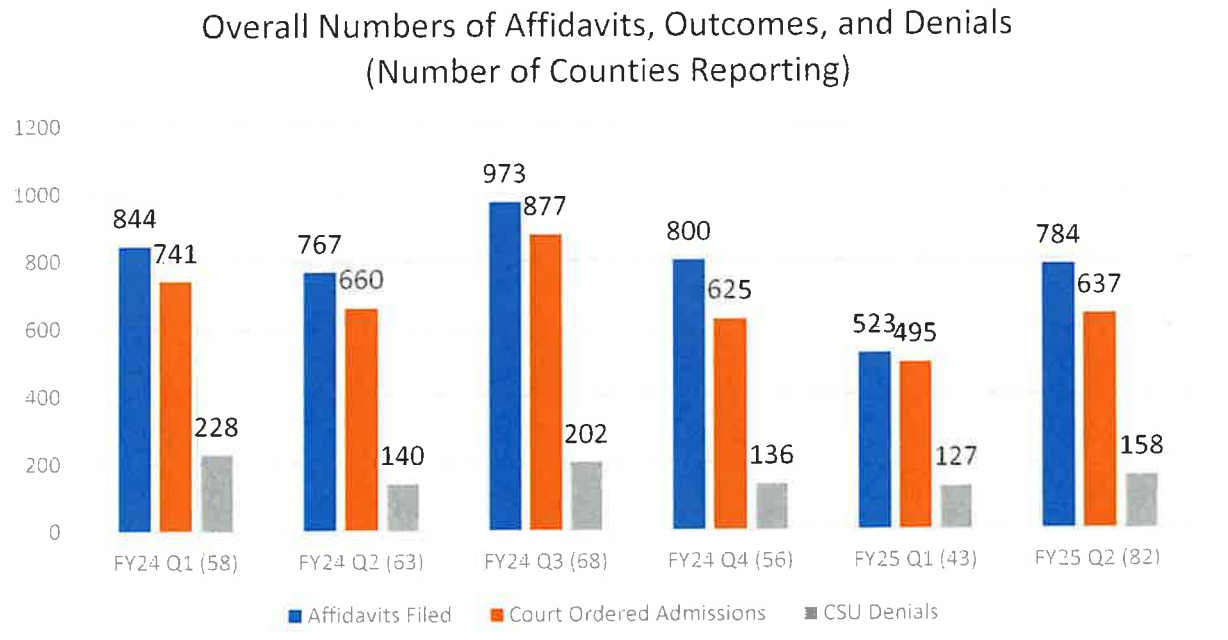


Affidavits, Outcomes, and Denials. Throughout FY24, the number of affidavits filed, and court-ordered admissions followed a similar pattern to clerks reporting data, peaking in Q3 (68 counties reporting) with 973 affidavits filed and 877 court-ordered admissions. There were 202 CSU denials for the same period. *See Figure 2: Overall Numbers of Affidavits, Court Ordered Admissions, and CSU Denials FY24 Q1 – FY25 Q2.*

In FY25 Q1, there was a significant drop in reporting counties (from 56 in FY24 Q4 to 43 in FY25 Q1), which correlated with a sharp decline in all reporting categories. Affidavits filed (from 800 in FY24 Q4 to 523 in FY25 Q1), court-ordered admissions (from 625 in FY24 Q4 to 495 in FY25 Q1), and CSU denials (from 136 in FY24 Q4 to 127 in FY25 Q1) all decreased, likely reflecting underreporting rather than an actual decline in cases. In FY25 Q2, data was recorded for all 82 counties. *See Figure 2.*

Several challenges have emerged in the reporting of CSU denials, highlighting issues related to data consistency, access to care, and service capacity constraints. One concern is inconsistent reporting across quarters. Some counties report high numbers of CSU denials in one quarter but significantly lower numbers or no data in subsequent quarters, making it difficult to track trends or assess ongoing challenges. Another issue is the lack of detailed denial reasons. In many cases, denial reasons are broadly categorized as "Other," preventing a clear understanding of why individuals are not being admitted to CSUs. Capacity and service limitations also contribute to CSU denials. Some facilities are operating at full capacity, while others deny admissions due to individuals requiring a higher level of care or being deemed too aggressive.

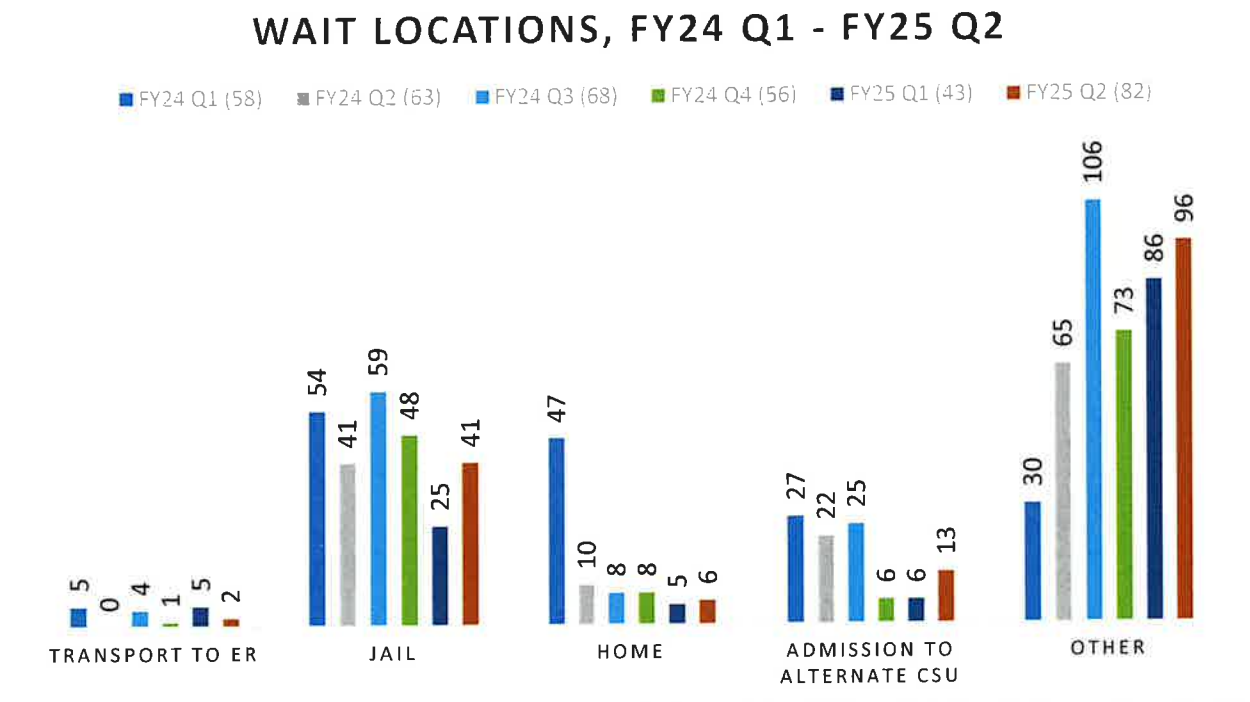
Figure 2: Overall Numbers of Affidavits, Outcomes, and Denials, FY24 Q1 - FY25 Q2



Wait Locations. The data reported by state hospitals for FY24 Q1 – FY25 Q2 shows a decrease in the number of individuals waiting in jail for admission to a state hospital, along with a reduction in wait times. In FY24 Q1, 243 individuals waited in jail, with an average wait time of 2.66 days after the commitment order was received. By FY25 Q1 these figures had decreased to 97 individuals waiting in jail, with an average wait time of 1.11 days. This represents 58 percent decrease in wait time. In FY25 Q2, the number of referrals from jail increased to 122, and the average wait time decreased to .76 days (Mississippi Department of Mental Health).

According to chancery clerk reports, the breakdown of wait locations shows similar shifts. The number of individuals waiting in jail for admission to a state hospital declined from 54 in FY24 Q1 to 25 in FY25 Q1 and then increased to 41 in FY25 Q2.[1] Fewer individuals also waited at home before admission, dropping from 47 in FY24 Q1 to 5 in FY25 Q1, and 6 in FY25 Q2. The number of individuals admitted to an alternate CSU decreased from 27 in FY24 Q1 to 6 in FY25 Q1, before increasing slightly to 13 in FY25 Q2. The category labeled as "Other" increased from 30 in FY24 Q1 to 86 in FY25 Q1 and further rose to 96 in FY25 Q2. Figure 3 provides a breakdown of wait locations for people from FY24 Q1 to FY25 Q2. Overall, the data illustrates shifts in where individuals remained before admission, generally showing a decrease in the number of individuals waiting in "Jail" and at "Home", while the "Other" category continued to increase.

Figure 3: Wait Locations, FY24 Q1 - FY25 Q2



[1] In FY25 Q2, data was recorded for all 82 counties for the first time. This may explain some of the rise in numbers across various categories.

Discrepancy in Reporting of the Numbers of Persons Waiting in Jail for Admission. Discrepancies exist between the number of individuals state hospitals report as referred from jail for psychiatric admission and the number of individuals chancery clerks report as waiting in jail due to CSU denials. Across all six reporting quarters—FY24 Q1 through FY25 Q2—the number of referrals reported by state hospitals exceeds the number of CSU-related jail holds reported by chancery clerks. *See Table 1: Discrepancies in Numbers of Persons Waiting in Jail.*

In FY24 Q1, state hospitals documented 243 jail-based referrals, while chancery clerks reported only 54 individuals waiting due to CSU denials, resulting in a discrepancy of 189. The gap between state hospital and chancery clerk reporting narrowed slightly in following quarters but remained substantial: 121 in FY24 Q2, 72 in FY25 Q1, and 81 in FY25 Q2. Table 1 offers a snapshot of the ongoing discrepancies between jail referrals reported by state hospitals and CSU denial holds reported by chancery clerks.

Table 1: Discrepancies in Numbers of Persons Waiting in Jail

	FY24 Q1	FY24 Q2	FY25 Q1	FY25 Q2
Number of people referred from jail for admission as reported by State Hospitals	243	162	97	122
Number of people waiting in jail because of CSU denials as reported by Chancery Clerks	54	41	25	41
Difference In Numbers Reported	189	121	72	81

Number of Persons Waiting in Jail by County as Reported by Chancery Clerks. Not all counties reported persons waiting in jail as a result of a CSU denial. Table 2 offers data for counties that did report persons waiting in jail and does not include counties that have never reported persons waiting in jail. *See Table 2: Number of Persons Waiting in Jail Pending State Hospital Admission as Reported by Chancery Clerks.*

Between Q1 2024 and Q2 2025, a total of 268 persons waited in jail for placement at a mental health facility. *See Table 2.* For FY 2024, the total number of persons waiting in jail was 202. In Q1 2025, 25 persons were reported as waiting in jail, while in Q2 2025, 41 persons were reported as waiting in jail. However, direct comparisons between quarters and years remain challenging due to inconsistencies in county reporting.

Table 2: Number of Persons Waiting in Jail Pending State Hospital Admission as Reported by Chancery Clerks

County	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q2	Total
Adams	8	0	0	0	0	0	8
Alcorn	0	0	0	0	0	2	2
Attala	1	1	0	0	0	0	2
Bolivar	0	0	1	0	NR	0	1
Calhoun	NR	1	4	2	1	2	10

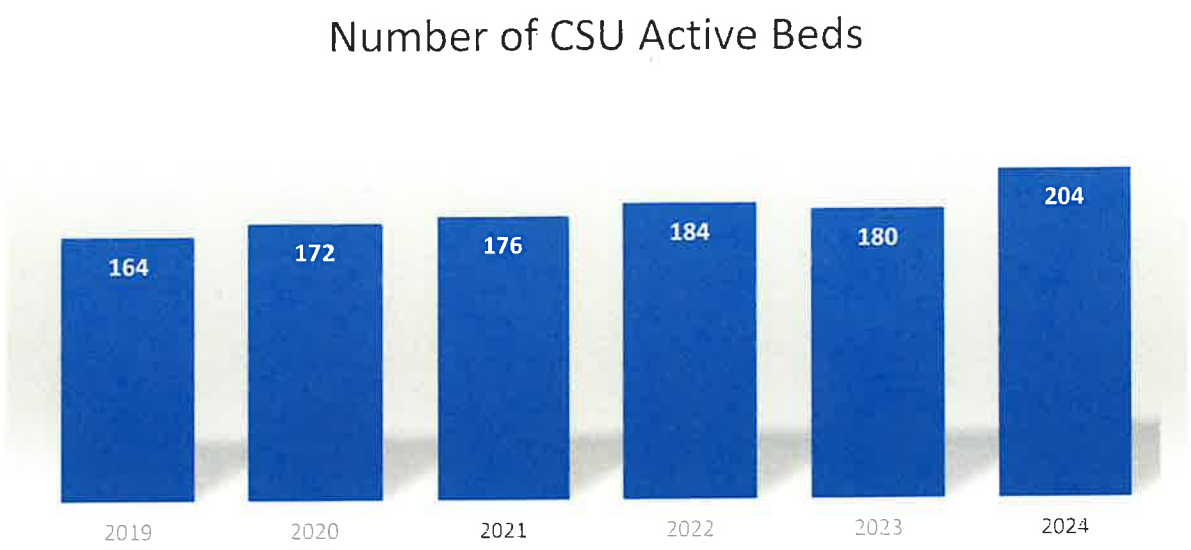
Clay	3	0	0	2	1	0	6
Clark	NR	NR	1	0	0	0	1
Coahoma	3	0	1	NR	NR	0	4
Covington	9	2	0	1	NR	0	12
Forrest	0	NR	2	0	NR	0	2
Franklin	0	0	1	0	NR	0	1
George	0	0	4	2	0	1	7
Hancock	9	3	2	8	NR	0	22
Holmes	0	0	0	0	0	1	1
Itawamba	1	0	0	0	NR	0	1
Jasper	0	0	4	4	0	0	8
Jones	0	0	0	1	NR	0	1
Lafayette	0	0	0	0	0	4	4
Lamar	NR	0	2	12	13	13	40
Lauderdale	3	2	1	0	0	0	6
Lee	2	12	8	6	2	0	30
Lincoln	3	NR	0	0	3	3	9
Marshall	0	0	0	0	0	1	1
Noxubee	NR	1	NR	NR	0	0	1
Panola	NR	6	13	6	2	8	35
Pearl River	0	1	1	3	0	0	5
Pontotoc	0	1	1	NR	0	0	2
Prentiss	0	4	4	0	NR	0	8
Scott	2	0	0	0	0	0	2
Simpson	NR	1	3	1	0	0	5
Smith	NR	0	0	0	3	0	3
Tallahatchie	1	1	0	0	NR	0	2
Tate	0	3	2	NR	0	1	6
Tishomingo	8	2	NR	NR	0	2	12
Union	0	0	2	0	NR	1	3
Winston	0	0	2	NR	0	0	2
Yalobusha	1	0	0	0	0	1	2
Yazoo	0	0	0	0	0	1	1
Totals	54	41	59	48	25	41	268

NR= Not reported

Number Served at CSUs. During FY23, there were 180 crisis residential beds available at CSUs statewide, and DMH reported a 92% diversion rate from requiring a higher level of care at a state hospital. The number of CSU beds increased to 204 during FY24, and DMH reported a 93% diversion rate. The total number of CSU bed for FY24 represents an increase of 40 beds

from FY19. Figure 4 offers a visual representation of active CSU beds from FY19 through FY24, showing a gradual increase in bed capacity over time.

Figure 4: Number of CSU Beds, FY19 - FY24



CSU admissions have fluctuated over the past six fiscal years, with a notable overall increase. Admissions remained relatively stable from FY19 to FY20 (3,520 to 3,525), followed by a drop in FY21 to 3,022. This decline may reflect pandemic-related disruptions or temporary capacity limitations. However, admissions gradually increased over the next two years, reaching 3,402 in FY2023 and further to 3,873 in FY2024 - the highest number during this period (Mississippi Department of Mental Health).

While total admissions have increased, the number of admissions per bed has fluctuated over time. Admissions per bed peaked at 21.46 in FY19, dropped to a low of 16.89 in FY22, and then rose to 18.99 in FY24. *See Table 3: Number of CSU Admissions and Admissions per Available Bed, FY19 – FY24.*

Table 3: Number of CSU Admissions and Average Admissions per Available Bed, FY19 - FY24

	FY19	FY20	FY21	FY22	FY23	FY24
CSU Admissions	3,520	3,525	3,022	3,108	3,402	3,873
Average Admissions per Bed	21.46	20.49	17.17	16.89	18.90	18.99

The data in Table 4 presents the number of persons served by a CSU per region by reporting quarter, FY24 Q1 through FY25 Q2. The total number served fluctuated across quarters, with an overall decrease from 1,045 in FY24 Q1 to 885 in FY25 Q2. Several regions experienced notable

changes. Region 2 showed a steady increase, rising from 115 individuals served in FY24 Q1 to 126 in FY25 Q2. Region 3, which increased its bed capacity from 8 to 16 in FY24 Q3, saw variation in numbers served, ending at 42 in FY25 Q2. Region 4 experienced a decline from 100 in FY24 Q1 to 69 in FY25 Q2.

Some regions exhibited fluctuations across quarters. Region 6 - Grenada peaked at 94 individuals served in FY24 Q4 before dropping to 61 in FY25 Q2. Region 9 saw a decrease from 142 in FY24 Q1 to 78 in Q3, before increasing to 96 in FY25 Q2. Region 14 saw a decline from 44 in FY24 Q1 to 21 in FY25 Q2, marking one of the lowest numbers served among all regions. This was due to a requirement to provide one-on-one supervision for each individual admitted. Region 8 - Brandon was not operational or did not report data for most of the reporting period, but reported serving 30 individuals in FY25 Q2.

Table 4: Number of Persons Served in a CSU per Region by Reporting Quarter, FY24 Q1 - FY25 Q2

CMHC Region (No. of Beds)	No. Served FY24 Q1	No. Served FY24 Q2	No. Served FY24 Q3	No. Served FY24 Q4	No. Served FY25 Q1	No. Served FY25 Q2
RG 2 (16)	115	116	107	120	124	126
RG 3 (16), *Increased from 8 to 16 in FY24 Q3	41	50	48	39	50	42
RG 4 (16)	100	72	80	83	93	69
RG 6 - Grenada (16)	90	85	93	94	74	61
RG 6 - Cleveland (16)	106	85	89	88	91	78
RG 7 (8)	34	24	31	29	38	29
RG 8 - Brookhaven (16)	93	89	81	77	101	60
RG 8 - Brandon (16)	Not open	Not open	Not open	**	**	30
RG 9 (16)	142	120	78	107	102	96
RG 10 (16)	109	91	100	92	95	77
RG 12 - Laurel (16)	54	48	62	73	76	56
RG 12 - Gulfport (16)	71	83	92	104	96	87
RG 14 (8)	44	41	48	17	16	21
RG 15 (12)	46	55	58	53	60	53
Total (204)	1,045	959	967	976	1,016	885

*** In April 2024, a 16-bed CSU was opened in Brandon and is operated by Region 8; however, since the operation began after the end of the 3rd quarter, this CSU was not included in reporting quarters FY24 Q4 - FY25 Q1.*

State Hospital Admissions by CMHC. A review of state hospital admissions to acute psychiatric care by CMHC region from FY24 Q1 to FY25 Q2 reveals that the total number of admissions gradually declined over this period, starting at 516 in FY24 Q1 and decreasing to 449 in FY25 Q1. In FY25 Q2, the total number of admissions remained consistent at 449. Table 5 below provides a breakdown of state hospital admissions by CMHC region across the six reporting quarters.

Several CMHC regions experienced fluctuations in admissions. Region 12 had one of the highest admission counts, with 107 admissions in FY24 Q1, and consistently high counts throughout all quarters, reaching 87 in FY25 Q2. *See Table 5: State Hospital Admissions by CMHC Service Area.* Region 12 serves the largest number of counties and maintains the lowest ratio of CSU beds per population (1 bed per 22,762 people). *See OCMHA Status Report for July 1, 2024 – December 31, 2024.* Other regions, such as Region 4 and Region 8, experienced moderate declines. Region 4 admissions decreased from 55 in FY24 Q1 to 35 in FY25 Q2. Region 8 followed a similar trend, moving from 33 to 16 over the same period.

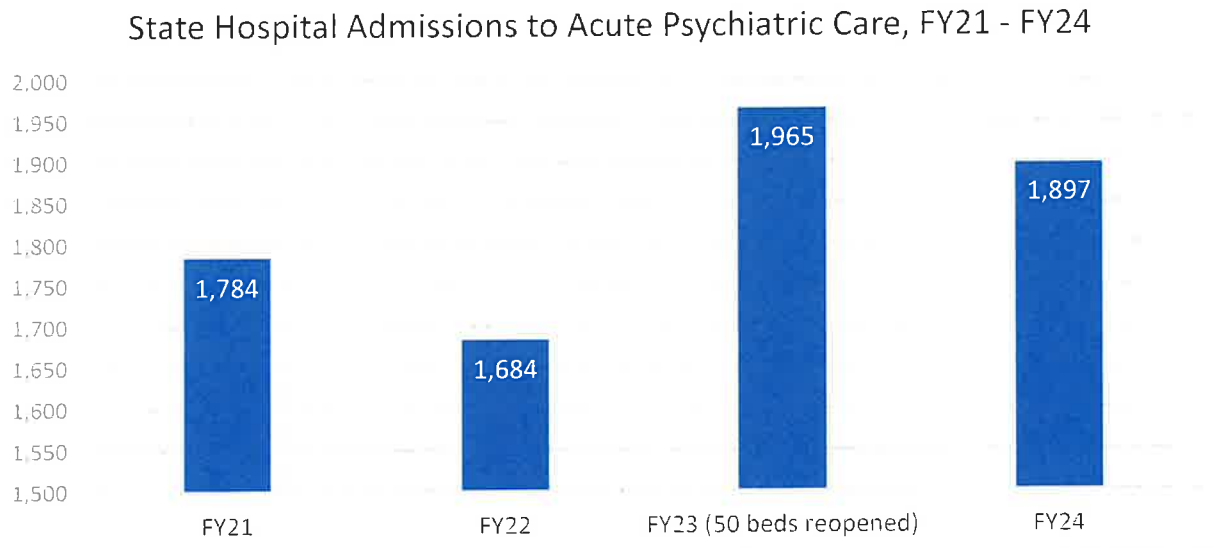
The overall trend shows a steady reduction in state hospital admissions, though some regions experienced minor increases or fluctuations. This decline may reflect ongoing efforts to manage persons in alternative settings, including CSUs, and other improvements in community-based services.

Table 5: State Hospital Admissions to Acute Psychiatric Care by CMHC Service Area, FY24 Q1 - FY25 Q2

State Hospital Admissions to Acute Psychiatric Care by CMHC Service Area, FY24 Q1- FY25 Q2						
	FY 24 Q1	**FY24 Q2**	**FY24 Q3**	**FY24 Q4**	**FY25 Q1**	**FY25 Q2**
RG 2	29	27	28	23	21	32
RG 3	45	43	42	47	61	64
RG 4	55	45	49	52	46	35
RG 6	51	35	30	30	31	42
RG 7	45	51	32	52	25	46
RG 8	33	36	18	24	27	16
RG 9	46	41	64	42	72	51
RG 10	62	48	52	51	43	44
RG 12	107	97	102	101	85	87
RG 14	16	8	18	30	26	13
RG 15	27	22	18	22	12	19
Total	516	453	453	474	449	449

State Hospital Admissions and Bed Availability. State hospital admissions to acute psychiatric care initially decreased slightly from 1,784 in FY21 to 1,684 in FY22, possibly reflecting ongoing pandemic-related limitations. *See Figure 5: State Hospital Admissions to Acute Psychiatric Care, FY21 – FY24.* However, admissions rose to 1,965 in FY23, coinciding with the reopening of 50 psychiatric beds, and remained at approximately the same level at 1,897 in FY24 (Mississippi Department of Mental Health). In FY24, both Mississippi State Hospital (MSH) and East Mississippi State Hospital (EMSH) experienced reductions in bed capacity. MSH decreased from 100 active beds in FY23 to 79 in FY24, while EMSH saw a larger decrease, dropping from 120 beds to 79 during that same period. *See Figure 6: Total Number of State Hospital Beds from FY19 through FY24.* These reductions have possible implications for service capacity and efficiency.

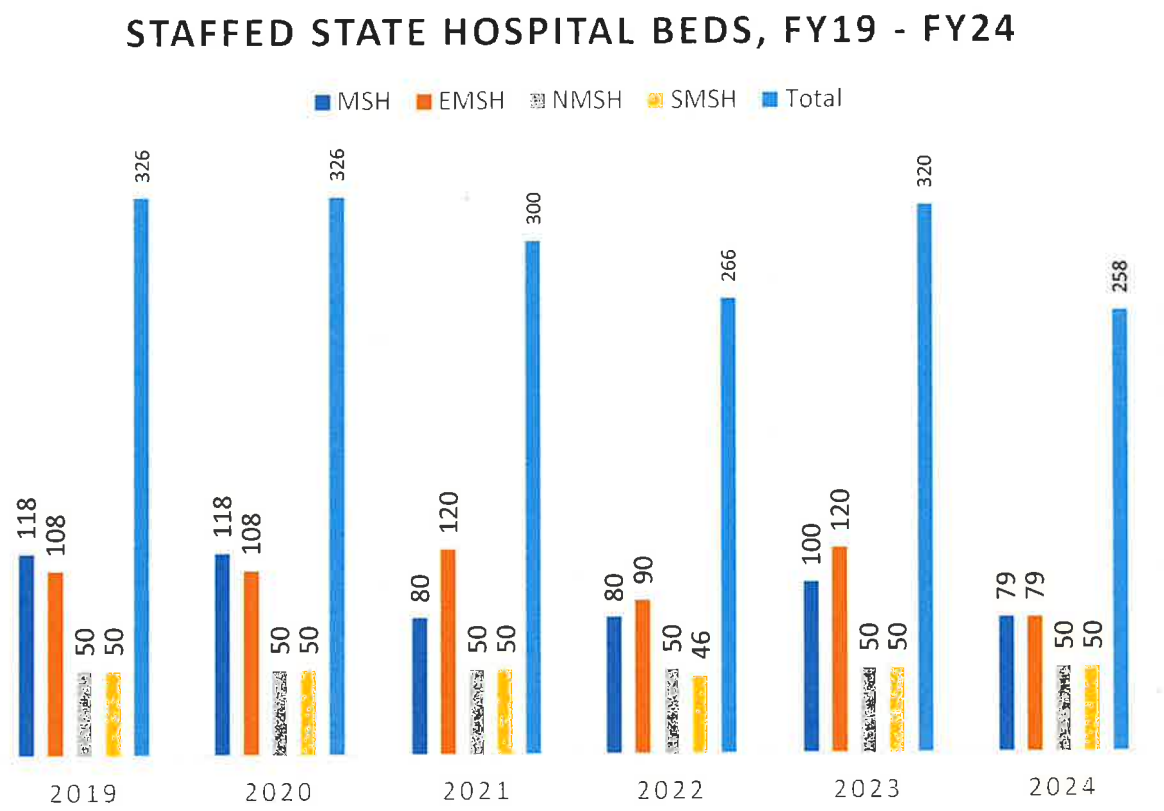
Figure 5: State Hospital Admissions to Acute Psychiatric Care, FY21 - FY24



State hospital admissions have fluctuated and may be explained by changes in the number of available beds at different state hospitals over time. Figure 6 illustrates the total number of staffed beds at Mississippi State Hospital (MSH), East Mississippi State Hospital (EMSH), North Mississippi State Hospital (NMSH), and South Mississippi State Hospital (SMSH) from FY19 – FY24. Notably, bed availability at some hospitals has fluctuated, which may have impacted overall admissions capacity in certain years.

To further understand utilization, Table 6 shows the average number of admissions annually per psychiatric hospital bed across the same period. While admissions per bed decreased slightly between FY19 and FY23, there was an increase in FY24, rising to 8.45 admissions per bed—the highest in the six-year span. This suggests that while the number of available beds may have decreased in some cases, the demand for state hospital services remains high.

Figure 6: Total Number of Staffed State Hospital Beds, FY19 - FY24



As shown in Table 6, the average number of admissions per state hospital bed has varied slightly from year to year, with the lowest point occurring in FY21 at 6.63. Following this, the rate generally increased, reaching a six-year high of 8.45 admissions per bed in FY24.

In FY24, state hospitals reported an average of 8.45 admissions per bed during the year. In comparison, CSUs experienced significantly higher turnover, with an average of 18 admissions per bed. This reflects the shorter lengths of stay and more rapid service cycles typical of CSU settings. The contrast in bed utilization highlights the different roles these facilities play in the continuum of care—CSUs serving as short-term crisis intervention, while state hospitals provide longer-term inpatient treatment.

Table 6: Average Number of Admissions Annually per State Hospital Bed, FY19 - FY24

	FY19	FY20	FY21	FY22	FY23	FY24
Average Admissions per Bed	7.82	6.74	6.63	7.38	6.92	8.45

Chancery clerk reports show that there are some people who are not appropriate for CSU beds and require admission to State Hospitals. According to the DMH FY24 Adult Services Mental Health Report, there were 1882 admissions to State Hospitals in which 250 were from CSUs and 624 came from a same level of care hospital, which leaves 1008 people who came from other

areas, including jail. Although wait times continue to decrease, during the first two quarters of FY25, there were 219 jail referrals to state hospitals.

Despite all the efforts made, people continue to be placed in jail due to the lack of immediate placement options at a state hospital. As previously stated in this report, CSU beds increased by 40 from FY19 to FY24. During the same period, State Hospital beds had an overall decrease of 68 beds from FY19 to FY24.

DMH/CMHC Data Workgroup

On October 28, 2024, the Senate Chairman of Public Health and Welfare Committee and the House Chairman of Public Health and Human Services Committee held a joint committee meeting. Invited to attend were Directors of Community Mental Health Centers (CMHCs), the Department of Mental Health (DMH), and the Office of the Coordinator of Mental Health Accessibility (OCMHA) to address data inconsistencies. As part of the meeting, the Coordinator presented OCMHA's *CMHC Service Data Comparison Report*. Multiple examples of inconsistent service data—particularly across WITS and the Data Warehouse—were discussed. In response, both Chairmen recommended that DMH, CMHCs, and OCMHA working together to streamline data processes, eliminate redundancies, and establish a system that ensures the accuracy of collected information.

As of March 31, 2025, there have been three meetings involving DMH officials, representatives from CMHCs, and OCMHA. The workgroup has focused on refining the data collected through WITS and the Data Warehouse, in an effort to reduce it to the essential points needed to satisfy grant requirements, legislative mandates, and OCMHA requests. Meetings are ongoing, and several ideas have been discussed to support the development of a more efficient and accurate data system, ideally reducing the time and staffing resources required for reporting.

DMH/CMHC Grant Consolidation and Streamlining Workgroup

On December 5, 2024, the House Chairman of Public Health Committee held a meeting with Directors of CMHCs, DMH, and OCMHA to review issues related to CMHC financial health. The discussion included the volume of reporting required, the number of grants and application procedures, and the process for submitting payment requests after meeting grant requirements.

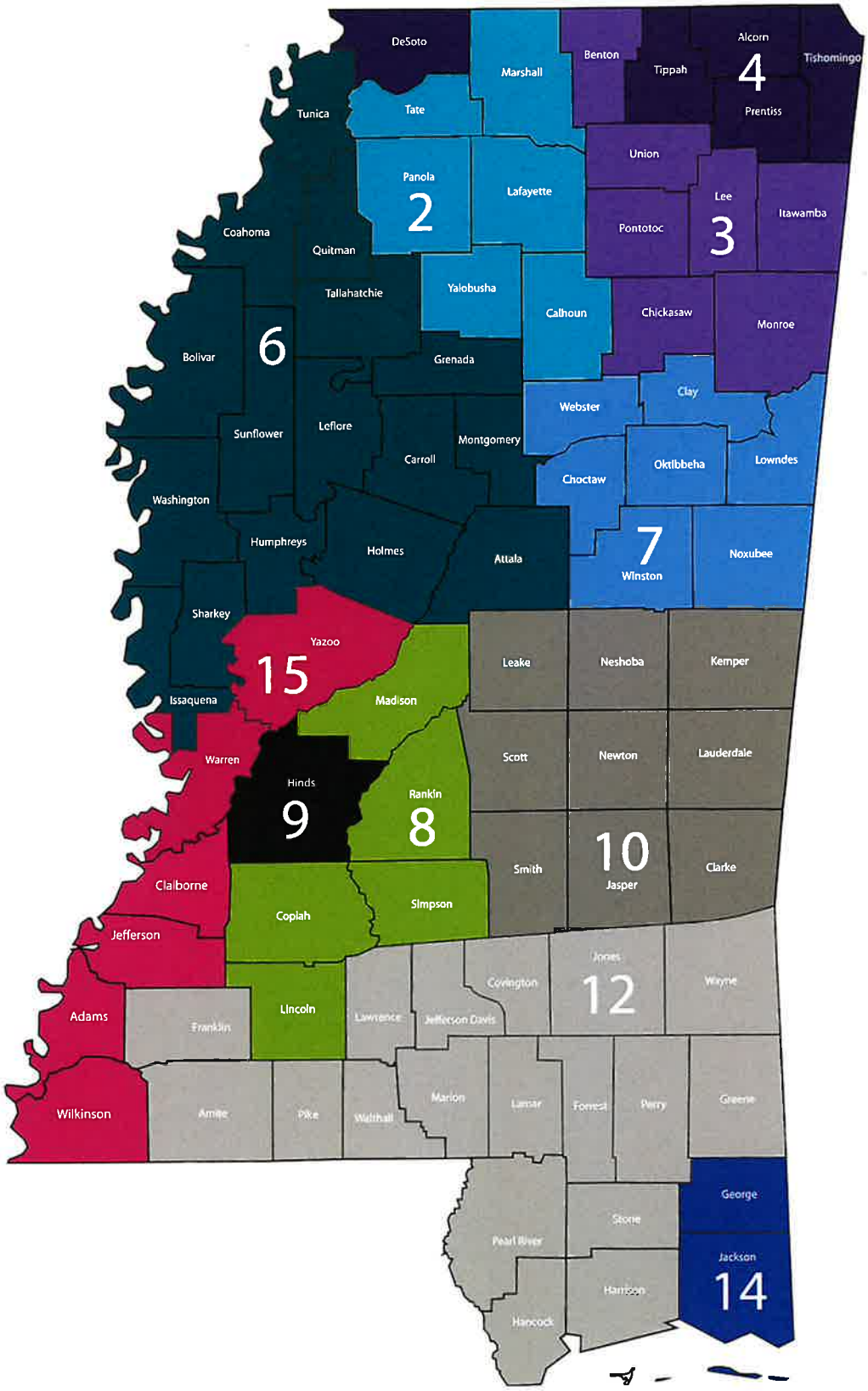
The Chairman recommended forming a workgroup to streamline these processes and explore whether certain grants could be consolidated to reduce administrative burden. Following this meeting, DMH's Chief Financial Officer convened a workgroup made up of three CMHC Chief Financial Officers and OCMHA to review and improve the full grant lifecycle. As of March 31, 2025, the workgroup has held two meetings, and initial trial data submissions are underway as part of the streamlining effort.

OCMHA Recommendations

Issue: Fluctuation in Reporting by Chancery Clerks	
Background	From FY24 Q1 through FY25 Q2, the number of counties submitting data varied widely. Some counties failed to report entirely, while others were impacted by technical issues in the current reporting system. These inconsistencies have affected the reliability of the data. In response, DMH is implementing a new reporting platform to address these challenges.
Recommendation 1	DMH should solicit routine feedback from chancery clerks to ensure the functionality of the system and the reliability of reporting.
Recommendation 2	DMH should use current data to identify gaps and prioritize technical assistance where needed.
Issue: Inconsistency in how the number of persons waiting in jail is counted and reported.	
Background	The number of people waiting in jail due to CSU denial and the number waiting in jail prior to state hospital admission are two distinct numbers and categories. This creates discrepancies in the data and makes it difficult to determine how many individuals are actually waiting in jail due to lack of access to services. From FY24 Q1 through FY25 Q2, state hospitals consistently reported higher jail referral numbers than reported by chancery clerks. For example, in FY24 Q1, the gap between the two sources was 189 and FY25 Q2 the gap was 81. While the difference narrowed slightly over time, it remained substantial each quarter.
Recommendation 1	Additional research should be performed to determine the reason all commitments are not reported as considered for CSU services.
Recommendation 2	DMH should consider a coordinated review process to reconcile data and address discrepancies on an ongoing basis.
Issue: Reduced active state hospital beds to meet current demand, contributing to persons waiting in jail for admission.	
Background	The number of available beds at state hospitals has declined, dropping from a high of 326 in FY23 to 258 in FY24. This reduction of 62 beds since 2023 is due to staffing shortages according the DMH *FY2024 Annual Report* (Mississippi Department of Mental Health).
Recommendation 1	DMH should consider establishing a minimum required number of active state hospital beds based on projected need and jail referral rates.

Appendix A

Map of CMHC Regions in Mississippi


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

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