



**HB 1222 CHANCERY CLERK
REPORTING OF PSYCHIATRIC
COMMITMENT DATA**

FY24 4TH QUARTER REPORT

APRIL 1 – JUNE 30 , 2024

**PREPARED BY THE MISSISSIPPI
DEPARTMENT OF MENTAL HEALTH**



Supporting a Better Tomorrow...One Person at a Time

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HB 1222 CHANCERY CLERK REPORTING OF PSYCHIATRIC COMMITMENT DATA OVERVIEW

FY24 4TH QUARTER REPORT

APRIL 1, 2024 – JUNE 30, 2024

House Bill 1222, The Mississippi Collaborative Response to Mental Health Act, was signed by Governor Reeves in the 2023 legislative session. In Section 9 of this legislation, there were specific reporting requirements for Chancery Clerks, including number of acute psychiatric commitments, hearings, affidavits filed, and Crisis Stabilization Unit (CSU) bed denials.

The Act requires actions from mental health partners throughout the state to provide a collaborative response to mental health. The purpose is for Mississippians to have access to the least restrictive environment possible with the goal of diverting commitments to the state hospitals and avoiding jail placements for people who have not committed a crime. This is why the Act also includes requirements for law enforcement training and court liaisons.

HB 1222 requires the following of Chancery Clerks:

- When admission to a treatment facility is ordered by the court, the chancery clerk shall make record of the admission. Each chancery clerk shall maintain a record of the number of persons ordered by the court to be admitted to a treatment facility, the number of hearings held by the court to determine whether a person should be admitted to a treatment facility and the number of affidavits filed to admit a person to a treatment facility under Section 41-21-61 etc.
- The chancery clerk shall maintain a record each time such clerk receives a denial for admission to a community mental health center crisis stabilization bed, the reason provided to the clerk for such denial, and the subsequent action taken by the clerk upon receiving the denial.
- Each chancery clerk shall provide the records required by the above paragraphs to the Department of Mental Health within thirty (30) days of the end of each calendar quarter.

Within sixty (60) days of receipt of the chancery clerk records, the Mississippi Department of Mental Health (DMH) shall provide a summary to the Chairpersons of the Appropriations, Public Health and Judiciary A and B Committees for the Mississippi House of Representatives and the Mississippi Senate, the Coordinator of Mental Health and the President of the Mississippi Association of Community Mental Health Centers.

DMH's goal is to make the reporting process as smooth as possible. Therefore, DMH created a reporting tool through the agency's psychiatric bed registry and provided access to the bed registry to Chancery Clerks. The bed registry also provides Chancery Clerks updated bed availability at the four state hospitals and 13 Crisis Stabilization Units and a method to report the required data outlined in House Bill 1222. The bed availability is updated daily. The reason behind giving the Chancery Clerks access to the bed registry is for transparency, so they can see where open beds are located across the state.

HB 1222 CHANCERY CLERK REPORTING OF PSYCHIATRIC COMMITMENT DATA

We have encouraged the Chancery Clerks to coordinate with their local Community Mental Health Center, law enforcement, court liaisons, and other partners by utilizing the bed registry to provide the most appropriate level of care. In April 2024, a 16-bed CSU was opened in Rankin County and is operated by Region 8; however, since the operation began after the end of the 3rd quarter, this CSU is not included in this report.

Chancery Clerks received access to a brief training video and written instructions on how to report the data. DMH established a Helpdesk system for Chancery Clerks to utilize if they had any questions or problems reporting the data. DMH staff presented to the newly elected Chancery Clerks in December 2023 to discuss the civil commitment process, diversion options, and HB 1222's reporting requirements. DMH staff presented again in February at the Chancery Court Clerks Continuing Education Course to the full Mississippi Judicial College on the same topics. In April, DMH staff presented to the Circuit and Chancery Court Judges at the Spring Judicial Conference in Oxford, Mississippi. In July, DMH staff presented at the Chancery Clerk Association's Summer Conference in Biloxi, Mississippi, and specifically discussed the bed registry reporting requirements.

While there were some technical issues in the beginning, and many questions regarding reporting the data, DMH received reports from 56 of the 82 counties for the fourth quarter. In the first quarter, DMH received reports from 58 of the 82 counties. In the second quarter, DMH received reports from 63 of the 82 counties. In the third quarter, DMH received reports from 68 of the 82 counties.

DMH appreciates the Chancery Clerks for the work they do and their dedication to our state. We appreciate our partnership and look forward to continuing our work together in FY2025.

A few notes:

- Chancery Clerk data is only for psychiatric commitments and does not include data on alcohol and drug commitments.
- According to statute, if the appointed examiners certify that the person is not in need of treatment, the affidavit shall be dismissed without the need for a further hearing.
- Some Chancery Clerks reported they do not track CSU denials because when they receive a commitment, they immediately connect with their Community Mental Health Center who works on obtaining alternative placement.
- DMH has funded 33 court liaisons at Community Mental Health Centers to work with Chancery Clerks, law enforcement and hospitals to divert individuals from the commitment process when possible.
- Some Chancery Clerks have reported that CSUs will accept an individual but return the individual within 24 hours. Although this is not a true denial, there is not currently a way to report this type of instance. Therefore, a few Chancery Clerks have requested this information to be included in this report for awareness.
- Relating to HB 1222, this report includes: Diversion Strategies for State Hospitals and Jail Placement, FY24 4th Quarter State Hospital Admissions by County, and FY24 4th Quarter Crisis Stabilization Unit Number Served. **2**

HB 1222 CHANCERY CLERK REPORTING OF PSYCHIATRIC COMMITMENT DATA

CIVIL COMMITMENT UPDATE – HOUSE BILL 1640

During the 2024 legislative session, House Bill 1640 authored by Representative Sam Creekmore and Representative Kevin Felsher was passed by the Mississippi Legislature and signed by the Governor. This legislation contains new civil commitment procedures that went into effect on July 1, 2024.

We would like to bring to your attention to some important changes regarding the amendments to current law related to the civil commitment process. We at DMH are dedicated to assisting all stakeholders at the county level including the Community Mental Health Centers (CMHC), Sheriffs, Judges, and Chancery Clerks with the new requirements to make this process as smooth as possible.

Since these changes went into effect, DMH staff have held meetings at all four of the state hospitals to discuss HB1640 with each state hospital's catchment area and community stakeholders, such as the Chancery Clerks, Judges, law enforcement, CMHCs, and CSU staff. Additionally, DMH staff host a monthly open discussion with CMHCs on issues or questions that have surfaced with HB1640's commitment changes.

Included in this report is a letter sent to the Chancery Clerks detailing these changes and several attachments outlining the new process including: a revised Civil Commitment Guide, Civil Commitment Flowchart, and contact information for CMHC Mobile Crisis Response Teams and CSUs. Also included is an image that compares the current process to the new process. The updated civil commitment process information, along with a video to walk loved ones through the process, are available at www.dmh.ms.gov and www.mentalhealthms.com.

CHANCERY CLERK REPORT

FY24 - 4TH QUARTER DATA

Location	Affidavits Filed	Court Hearings	Court Ordered Admissions	Total CSU Denials	Too Aggressive/ Violent	Unstable Medical Condition	Alcohol/ Drug Tx is Primary	Limited CSU Staffing	No Bed (CSU at Capacity)	Requires higher level of care	Sexually Inappropriate	Other	Location of wait if not CSU				
													Transport to ER	Jail	Home	Adm to Alt CSU	Other
Adams	9	9	9	3	3	0	0	0	0	0	0	0	0	0	0	1	2
Alcorn																	
Amite	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attala	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benton	7	0	0	5	0	0	0	0	5	0	0	0	0	0	0	0	5
Bolivar	10	8	7	2	0	0	1	0	0	0	0	1	0	0	2	0	0
Calhoun	4	2	2	2	1	0	0	0	1	0	0	0	0	2	0	0	0
Carroll																	
Chickasaw	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Choctaw																	
Claiborne	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	5	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clay	20	16	16	10	4	0	0	0	6	0	0	0	0	2	1	5	2
Coahoma																	
Copiah	22	22	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covington	4	4	4	1	1	0	0	0	0	0	0	0	0	1	0	0	0
Desoto	57	37	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forrest	44	44	42	2	0	0	0	0	0	0	0	2	0	0	2	0	0
Franklin	4	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
George	10	10	3	3	1	0	0	0	0	0	0	2	1	2	0	0	0
Greene	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grenada																	
Hancock	22	17	17	8	1	2	1	0	3	0	0	1	0	8	0	0	0
Harrison																	
Hinds	77	109	95	48	0	0	0	0	0	0	0	48	0	0	0	0	48
Holmes																	
Humphreys	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Issaquena																	
Itawamba	9	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	63	63	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jasper	15	15	9	4	0	0	0	0	0	3	1	0	0	4	0	0	0
Jefferson																	
Jefferson Davis																	
Jones	12	12	12	2	0	0	1	0	0	0	0	1	0	1	0	0	1
Kemper																	
Lafayette	10	9	9	1	0	0	0	0	0	0	0	1	0	0	1	0	0
Lamar	15	15	15	12	1	0	0	0	11	0	0	0	0	12	0	0	0
Lauderdale	25	23	20	3	0	2	0	0	1	0	0	0	0	0	0	0	3
Lawrence	6	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leake																	
Lee	49	0	29	6	0	0	0	0	6	0	0	0	0	6	0	0	0

CHANCERY CLERK REPORT

FY24 - 4TH QUARTER DATA

Location	Affidavits Filed	Court Hearings	Court Ordered Admissions	Total CSU Denials	Too Aggressive/ Violent	Unstable Medical Condition	Alcohol/ Drug Tx is Primary	Limited CSU Staffing	No Bed (CSU at Capacity)	Requires higher level of care	Sexually Inappropriate	Other	Location of wait if not CSU				
													Transport to ER	Jail	Home	Adm to Alt CSU	Other
Leflore																	
Lincoln																	
Lowndes	42	31	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	12	12	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marion	11	7	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marshall																	
Monroe	14	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neshoba	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Newton	5	2	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Noxubee																	
Oktibbeha	6	6	6	6	6	0	0	0	0	0	0	0	0	0	0	0	6
Panola	9	9	8	6	2	1	1	0	2	0	0	0	0	6	0	0	0
Pearl River	18	3	9	5	0	0	0	0	3	1	0	1	0	3	0	0	2
Perry																	
Pike	26	24	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pontotoc																	
Prentiss	22	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quitman	4	3	3	1	0	1	0	0	0	0	0	0	0	0	0	0	1
Rankin																	
Scott	32	32	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sharkey																	
Simpson	15	1	12	1	0	1	0	0	0	0	0	0	0	1	0	0	0
Smith	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stone	4	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sunflower																	
Tallahatchie	8	6	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tate																	
Tippah	9	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tishomingo																	
Tunica	3	2	1	1	0	1	0	0	0	0	0	0	0	0	0	0	1
Union	6	0	6	1	0	0	0	0	0	0	0	1	0	0	1	0	0
Walthall																	
Warren	5	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	12	12	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	5	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Webster	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	7	3	3	2	0	0	0	0	0	0	0	2	0	0	0	0	2
Winston																	
Yalobusha	2	2	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0
Yazoo																	
Totals:	800	608	625	136	20	8	5	0	38	4	1	60	1	48	8	6	73

CIVIL COMMITMENT PROCESS

FY24 - 4TH QUARTER

Timeline of Mississippi Civil Commitment Process PRIOR TO JULY 1, 2024



CIVIL COMMITMENT PROCESS STARTING JULY 1, 2024





MISSISSIPPI UNIFORM CIVIL COMMITMENT GUIDE

Mississippi Department of Mental Health
Behavioral Health Program Admission Process

STEPS FOR CIVIL COMMITMENT

- 1** Before filing an affidavit for commitment, a pre-affidavit screening must be conducted by the Community Mental Health Center (CMHC).
- The pre-affidavit screening must be completed **within 24 hours of the CMHC being notified.**
- The pre-affidavit screening investigation includes an interview and investigation for the need for civil commitment.

To connect with your local CMHC for a screening, call their offices or their Mobile Crisis Response Team. Find that information at www.dmh.ms.gov, www.mentalhealthms.com, or by calling the DMH Helpline at 1-877-210-8513.

- 2** If commitment is recommended, the pre-affidavit screener submits a report to the chancery clerk certifying that a less restrictive alternative treatment was considered and why it is not appropriate. **The pre-affidavit screener shall refuse to support the filing of an affidavit if evidence does not support commitment.**

If a commitment is not recommended, the pre-affidavit screener shall provide the prospective petitioner with connection to other alternative services and resources. If the interested person wishes to proceed with commitment contrary to the pre-affidavit screener's recommendation, application may be made to the chancellor.

- 3** After the CMHC has attempted to complete an in-person screening, **if the person is actively violent¹ or refuses to participate**, an affidavit may be filed and a writ will be issued for the sheriff to intervene. The CMHC will be required to document why the pre-affidavit screening could not be done.

- 4** File an affidavit for civil commitment in the chancery clerk's office where the person resides or is currently located. Pay a filing fee up to \$150, including all fees and assessments, to commence the proceeding.²
- Under Mississippi State law, no attorney is required for this process.
- The affidavit must state specifically that a less restrictive alternative treatment was considered and specify why it is not appropriate.

- 5** After pre-affidavit screening is completed and received, and upon filing of an affidavit of commitment, a writ is issued for Sheriff to take the person for examination and treatment by a local CMHC.
- However, if the pre-affidavit screening recommends against commitment, the chancellor may refuse to appoint 2 physicians to conduct the examinations.**

- 6** Healthcare professionals are immediately appointed for physical and mental examinations **within 48 hours from order of examinations** with a possible 8-hour extension, and an attorney is appointed for person. Evaluations are done by two doctors, or one doctor and professional designated by law. Each appointed examiner must make a full inquiry into the physical and mental health.

7 If the respondent is in need of treatment, a hearing shall be set within 3 days of the filing of the certificates unless an extension is requested by the respondent's attorney. The hearing shall not occur more than 5 days after the filing of the certificates, unless the court orders to extend the hearing date, which shall not exceed 5 additional days. **The person may be released or confined pending the commitment hearing.**

The judge will decide based on the examiners' certificates and other evidence presented whether treatment in a state behavioral health program or outpatient program is necessary.

If the chancellor orders civil commitment, the chancery clerk will send a copy of the order to the state hospital's admission office. Admissions are scheduled when a bed is available. A person can also be referred to a CSU anywhere in the state or to a private hospital providing acute psychiatric services when a state hospital bed is not available.

The respondent may be transferred by law enforcement inside or outside of the county to any suitable location.

8 The person may be held in a licensed medical facility, Crisis Stabilization Unit, or any other available suitable location pending transfer to a state facility. The chancellor may order a peace officer or other person to transport person to facility or suitable location.

9 Transportation to the DMH Behavioral Health Program or Crisis Stabilization Unit will be provided by local law enforcement. Admission involves medical record review, general information questions, and an inventory of the person's possessions.

10 When the person is admitted, he or she will be oriented to the environment by staff who review program schedules, activities, rights, and responsibilities.

11 A plan for discharge is created upon admission to help the person return to his or her community, and the facilitation to services in his or her community is started.

12 A treatment plan is developed that includes goals, activities, and other prescribed treatments.

The person will be discharged when he or she no longer meets commitment criteria and can return to live in the community with adequate support services.

Upon discharge, most people continue treatment at a local Community Mental Health Center or local programs with the goal of living independently in their communities.

13 The court will maintain jurisdiction over persons committed to both inpatient and outpatient programs for one year after their completion of the treatment program.

A person with a serious mental health condition, through an outpatient commitment order, can be court-mandated to follow a specific treatment plan, usually requiring medication and sometimes directing where the person can live and what his or her daily activities must include.

¹ "Actively violent" is defined in 41-21-67 (5) as behavior that presents an immediate and serious danger to the safety of the individual or another, the individual has inflicted or attempted to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated.

² The chancery clerk may charge a total filing fee for all services equal to the amount set out in Section 25-7-9(o), and the appropriate state and county assessments as required by law which include, but are not limited to, assessments for the Judicial Operation Fund (Section 25-7-9 (3)(b)); the Electronic Court System Fund (Section 25-7-9 (3)(a)); the Civil Legal Assistance Fund (Section 25-7-9 (1)(k)); the Court Education and Training Fund (Section 37-26-3); State Court Constituent's Fund (Section 37-26-9 (4)); and a reasonable court reporter's fee. Costs incidental to court proceedings as set forth in Section 41-21-79 may not be included as assessments. The chancery clerk's office can provide specific eligibility requirements and instructions to file a Pauper's Oath if you are unable to pay the filing fee.

HOW TO GET HELP

Call the DMH Helpline, visit www.dmh.ms.gov, or visit www.mentalhealthms.com for information about mental health services and supports near you. Local CMHCs provide a range of community services that can divert someone from inpatient services, such as Mobile Crisis Response Teams, Crisis Stabilization Beds, and more.

FOR MORE INFORMATION OR TO LOCATE YOUR LOCAL COMMUNITY MENTAL HEALTH CENTER:

Mississippi Department of Mental Health
mentalhealthms.com | dmh.ms.gov | 24-Hour Helpline 1-877-210-8513



CIVIL COMMITMENT FLOWCHART

"Interested Person" is connected to the Community Mental Health Center (CMHC) for a pre-affidavit screening. 41-21-61(e), 41-21-65(5), 41-21-67(1)(a)

CMHC must conduct the pre-affidavit screening within 24 hours of being notified. 41-21-67(1)(a)

Pre-affidavit screening investigation includes an interview and investigation for the need for civil commitment. 41-21-67(1)(a)(i)-(iii)

If commitment is recommended, the pre-affidavit screener submits a report to the chancery clerk certifying that a less restrictive alternative treatment was considered and why it is not appropriate. 41-21-67(1)(c)

If a commitment is not recommended, the pre-affidavit screener shall provide the prospective petitioner with connection to other alternative services and resources. 41-21-67(1)(d)

The pre-affidavit screener shall refuse to support an affidavit if evidence does not support commitment. 41-21-67(1)(d) If the interested person wishes to proceed with commitment contrary to the pre-affidavit screener's recommendation, application may be made to the chancellor. 41-21-67(1)(e).

After the CMHC has attempted to complete an in-person screening, if the person is actively violent or refuses to participate, an affidavit may be filed and a writ will be issued for the sheriff to intervene. 41-21-67(2)

"Interested Person" files an affidavit for commitment. 41-21-61(e), 41-21-65

No attorney shall be required. 41-21-65(5)

A form affidavit shall be provided by the Chancery Clerk if needed by affiant. 41-21-65(2)

Affidavit must state specifically that a **less restrictive alternative treatment was considered** and specify why it is not appropriate. 41-21-65(5)

Affiant may only be charged no more than \$150 total fee if able to pay. 41-21-65(6), 25-7-9(o)

Chancellor may transfer case to county of residence or hear it in county where found. 41-21-65(5)

After pre-affidavit screening is completed and filed with the court, a writ is issued for Sheriff to take the patient for examination and treatment. 41-21-67(1)

Healthcare professionals immediately appointed for examinations **within 48 hours from order of examinations**, with a possible 8-hour extension. 41-21-67(3), 41-21-69(2) and an attorney is appointed for patient 41-21-67(4)

However, if the pre-affidavit screening **recommends against commitment**, the chancellor may refuse to appoint two physicians to conduct the examinations. 41-21-67(3)(a)

Examination by **two doctors, or one doctor and professional** designated by law 41-21-67(3)

Each appointed examiner must make a full inquiry into the physical and mental health. 41-21-69

If the respondent is in need of treatment, a hearing shall be set **within 3 days of the filing** of the certificates unless an extension is requested by the respondent's attorney. The hearing **shall not occur more than 5 days** after the filing of the certificates, **unless the court orders to extend the hearing date**, which shall not exceed 5 additional days. 41-21-71

PATIENT MAY BE RELEASED OR CONFINED PENDING THE COMMITMENT HEARING.

Patient **may be committed to inpatient care**, voluntary or court-ordered outpatient commitment for treatment, day or night treatment in hospital, placement in custody of a friend or relative, home health services, or dismissed. 41-21-71, 41-21-73

Patient may be held in a licensed medical facility, crisis stabilization unit, **or any other available suitable location** pending transfer to a state facility. 41-21-67(5), 41-21-73(4), 41-21-77

Chancellor may order peace officer or other person to transport person to facility or suitable location. 41-21-67(5)(a)

Patient **may be transported by law enforcement in the county or outside of the county.** 41-21-140, 41-19-43

PATIENT MAY NOT BE HELD IN JAIL UNLESS CMHC HAS EXPLORED AND EXHAUSTED AVAILABILITY OF OTHER FACILITIES, THE CHANCELLOR SPECIFICALLY AUTHORIZES IT, AND THE RESPONDENT IS ACTIVELY VIOLENT. 41-21-67(5)(B)

Director of local public or private facility **may discharge patient with same authority as director of a state facility.** 41-21-87

Patient discharged when no longer meets commitment criteria, or can be served **in less restrictive environment**, or services/facilities unavailable. 41-21-87

All costs are borne **by the county of residence**, though the patient may be charged up to \$400.00 if financially able to pay. 41-21-79, 41-21-73(4)&(9)

Affiant/interested person **may not be charged any fee other than original filing fee**, other than criminal fines or contempt fees. 41-21-65(4)

For more information, please visit www.dmh.ms.gov/civil-commitment

Commitment and Jail Diversion Strategies in Mississippi



Increase Awareness of 988 and Mobile Crisis Response Teams

- ▶ **20%** increase in calls to 988 to reach a trained counselor 24/7
- ▶ Enhanced funding to Mobile Crisis Response Teams
- ▶ **9,877** calls to Mobile Crisis Response Teams
- ▶ **21%** of calls required a face-to-face response

Maximize Utilization of Crisis Stabilization Beds

- ▶ **180** CSU beds statewide
- ▶ CSU in every Community Mental Health Center (CMHC) region
- ▶ CSU enhancement funding provided to treat patients with a higher level of need
- ▶ Additional **60** beds coming in 2024
- ▶ Bed Registry open to Chancery Clerks to see bed availability statewide
- ▶ **92%** diversion rate to state hospitals
- ▶ Served **3,402** in FY23

Maximize Utilization of Court Liaisons

- ▶ Funded **33** Court Liaisons statewide
- ▶ Employed by CMHC and works closely with Chancery Clerk, law enforcement and local hospitals
- ▶ **Goals of the Court Liaison program are:**
 - Reduce number of involuntary commitments to state hospitals
 - Reduce time and exposure people have with law enforcement and the criminal justice system
 - Increase knowledge and usage of community-based services
 - Increase collaboration with families, courts, law enforcement, and hospitals on behalf of CMHCs and the people they serve

Maximize Utilization of Intensive Community Support Services

- ▶ Designed for people with multiple hospitalizations and are monitored to fidelity
- ▶ Served **796** in Programs of Assertive Community Treatment Teams with **7%** readmitted to a state hospital
- ▶ Served **638** in Intensive Community Outreach and Recovery Teams with **8%** readmitted to a state hospital
- ▶ Served **781** in Intensive Community Support Services with **15%** readmitted to a state hospital

Decrease Same Level of Care Transfers

- ▶ Enhance communication with hospitals that provide acute psychiatric services to encourage treatment and discharge and decrease transfers to the state hospitals
- ▶ **39%** of all state hospital admissions in FY23 were from a same level of care

Decreased Average Length of Wait for a State Hospital Bed by **55%** in FY23

Increased State Hospital Bed Capacity by **18%** in FY23

FY24 4th Quarter Number Served

CRISIS STABILIZATION UNITS

Region	Unduplicated Served	# of Beds
Region 2 (Batesville)	120	16
Region 3 (Tupelo)	39	*16
Region 4 (Corinth)	83	16
Region 6 (Grenada)	94	16
Region 6 (Cleveland)	88	16
Region 7 (West Point)	29	8
Region 8 (Brookhaven)	77	16
Region 8 (Brandon)	**	16
Region 9 (Jackson)	107	16
Region 10 (Newton)	92	16
Region 12 (Laurel)	73	16
Region 12 (Gulfport)	104	16
Region 14 (Gautier)	17	8
Region 15 (Natchez)	53	12
Total	976	204

STATE HOSPITAL ADMISSIONS

BY CMHC REGION AND COUNTY

FY24 - 4TH QUARTER

CMHC Region	County	MSH	EMSH	SMSh	NMSH	Total (BY COUNTY REGION)
2	Calhoun	1	0	0	2	3
	Lafayette	0	1	0	4	5
	Marshall	0	0	0	2	2
	Panola	0	1	0	6	7
	Tate	2	1	0	3	6
	Yalobusha	0	0	0	0	0
	TOTAL	3	3	0	17	23
3	Benton	2	0	0	2	4
	Chickasaw	1	0	0	5	6
	Itawamba	0	0	0	2	2
	Lee	0	3	0	17	20
	Monroe	2	0	0	6	8
	Pontotoc	0	0	0	3	3
	Union	0	0	0	4	4
	TOTAL	5	3	0	39	47
4	Alcorn	2	0	0	7	9
	Desoto	0	6	0	22	28
	Prentiss	0	0	0	6	6
	Tippah	0	0	0	4	4
	Tishomingo	0	0	0	5	5
	TOTAL	2	6	0	44	52
6	Attala	1	0	0	0	1
	Bolivar	6	0	0	0	6
	Coahoma	6	0	0	0	6
	Carroll	0	0	0	0	0
	Grenada	0	0	0	0	0
	Holmes	0	0	0	0	0
	Humphreys	1	0	0	0	1
	Issaquena	0	0	0	0	0
	Leflore	2	0	0	0	2
	Montgomery	0	1	0	0	1
	Quitman	0	0	0	0	0
	Sharkey	0	0	0	0	0
	Sunflower	4	0	0	0	4
	Tallahatchie	1	0	0	0	1
Tunica	2	0	0	0	2	
Washington	6	0	0	0	6	
	TOTAL	29	1	0	0	30
7	Choctaw	0	1	1	0	2
	Clay	0	7	0	1	7
	Lowndes	0	21	0	1	22
	Noxubee	0	5	0	0	6
	Oktibbeha	0	8	0	0	8
	Webster	0	0	0	0	0
	Winston	1	5	0	1	7
	TOTAL	1	47	1	3	52


STATE HOSPITAL ADMISSIONS

BY CMHC REGION AND COUNTY

FY24 - 4TH QUARTER

CMHC Region	County	MSH	EMSH	SMSH	NMSH	Total (BY COUNTY REGION)
8	Copiah	6	0	0	0	6
	Madison	3	0	0	0	3
	Rankin	7	0	0	0	7
	Lincoln	5	0	0	0	5
	Simpson	3	0	0	0	3
	Total	24	0	0	0	24
9	Hinds	41	1	0	0	42
	Total	41	1	0	0	42
10	Clarke	0	4	0	0	4
	Jasper	0	7	1	0	7
	Kemper	0	1	0	0	1
	Lauderdale	0	14	0	0	14
	Leake	1	3	1	0	5
	Neshoba	0	4	0	0	4
	Newton	0	3	0	0	3
	Scott	1	8	2	0	11
	Smith	0	2	0	0	2
	Total	2	46	3	0	51
12	Amite	0	0	0	0	0
	Covington	0	0	4	0	4
	Forrest	0	1	22	0	23
	Franklin	1	0	0	0	1
	Greene	0	0	0	0	0
	Hancock	0	0	0	0	0
	Harrison	1	0	27	0	28
	Jeff Davis	0	0	2	0	2
	Jones	0	0	5	0	5
	Lamar	0	0	5	0	5
	Lawrence	1	0	0	0	1
	Marion	0	1	3	0	4
	Pearl River	0	0	3	0	3
	Perry	0	0	1	0	1
	Pike	20	0	0	0	20
	Stone	0	0	1	0	1
Walthall	1	0	0	0	1	
Wayne	0	1	1	0	2	
	Total	24	3	74	0	101
14	George	0	0	3	0	3
	Jackson	0	0	27	0	27
	Total	0	0	30	0	30
15	Adams	4	0	0	0	4
	Claiborne	1	0	0	0	1
	Jefferson	5	0	0	0	5
	Warren	7	0	0	0	7
	Wilkinson	2	0	0	0	2
	Yazoo	3	0	0	0	3
	Total	22	0	0	0	22
TOTAL Monthly State Hospital Admissions		153	110	108	103	474

Behavioral Health Crisis Services & Mississippi Community Mental Health Centers



The 988 Suicide and Crisis Lifeline provides 24/7, free and confidential support for people in distress. If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, 988 is available in Mississippi and nationwide.

Call or text 988 now to speak with a trained crisis counselor.

Regional Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors from their respective service areas. The CMHCs make available a range of community-based mental health, drug and alcohol addiction, and intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting CMHCs. Mobile Crisis Response Teams are available through all CMHCs. In addition, Crisis Stabilization Units are located throughout Mississippi, with at least one in each CMHC region in the state.

Mobile Crisis Response Teams

Mobile Crisis Response Teams provide guidance and support to adults and children who are experiencing a mental health crisis. The teams work closely with law enforcement to reduce the likelihood that a person experiencing a mental health crisis is unnecessarily placed in a more restrictive environment, like jail, a holding facility, hospital, or inpatient treatment.

- Response teams are available in all 82 counties and can be accessed by calling the toll-free numbers that are answered around the clock by Licensed Therapists, Peer Support Specialists, and Community Support Specialists.
- Response teams respond wherever a person is experiencing a crisis or at a designated location, like a local hospital.

Crisis Stabilization Units

Crisis Stabilization Units (CSUs) offer time-limited, voluntary, residential mental health treatment services for people with severe mental health problems. They also offer the opportunity for the problem to be addressed to avoid court commitment to a state behavioral health program. CSUs provide a thorough mental health assessment and treatment, along with follow-up outreach and aftercare once a person is discharged. Crisis Stabilization Units are currently available in:

Batesville

Phone: (662) 563-9176

Brandon

Phone: (601) 724-9444

Brookhaven

Phone: (601) 823-2300

Cleveland

Phone: (662) 846-2620

Corinth

Phone: (662) 286-5469

Gautier

Phone: (228) 497-0434

Grenada

Phone: (662) 227-3700

Gulfport

Phone: (228) 213-5900

Jackson

Phone: (769) 257-6288

Laurel

Phone: (601) 426-7520

Natchez

Phone: (601) 492-4001

Newton

Phone: (601) 683-4300

Tupelo

Phone: (662) 304-2900

West Point

Phone: (662) 494-4066

Behavioral Health Crisis Services & Mississippi Community Mental Health Centers

Mobile Crisis Response Team Contact Numbers:

CMHCs may have multiple teams or numbers

Region 2 · (866) 837-7521

Calhoun, Lafayette, Marshall, Panola, Tate, Yalobusha

Region 3 · (866) 255-9986

Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union

Region 4 · (888) 287-4443

Alcorn, DeSoto, Prentiss, Tippah, Tishomingo

Region 6 · (866) 453-6216

Attala, Bolivar, Carroll, Coahoma, Grenada, Holmes, Humphreys, Issaquena, Leflore, Montgomery, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica, Washington

Region 7 · (866) 866-6505

Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston

Region 8 · (877) 657-4098

Copiah, Lincoln, Madison, Rankin, Simpson

Region 9 · (601) 955-6381

Hinds

Region 10 · (800) 803-0245

Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith

Region 12 North · (888) 330-7772

Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Pearl River, Perry, Wayne

Region 12 West · (877) 353-8689

Amite, Franklin, Lawrence, Pike, Walthall

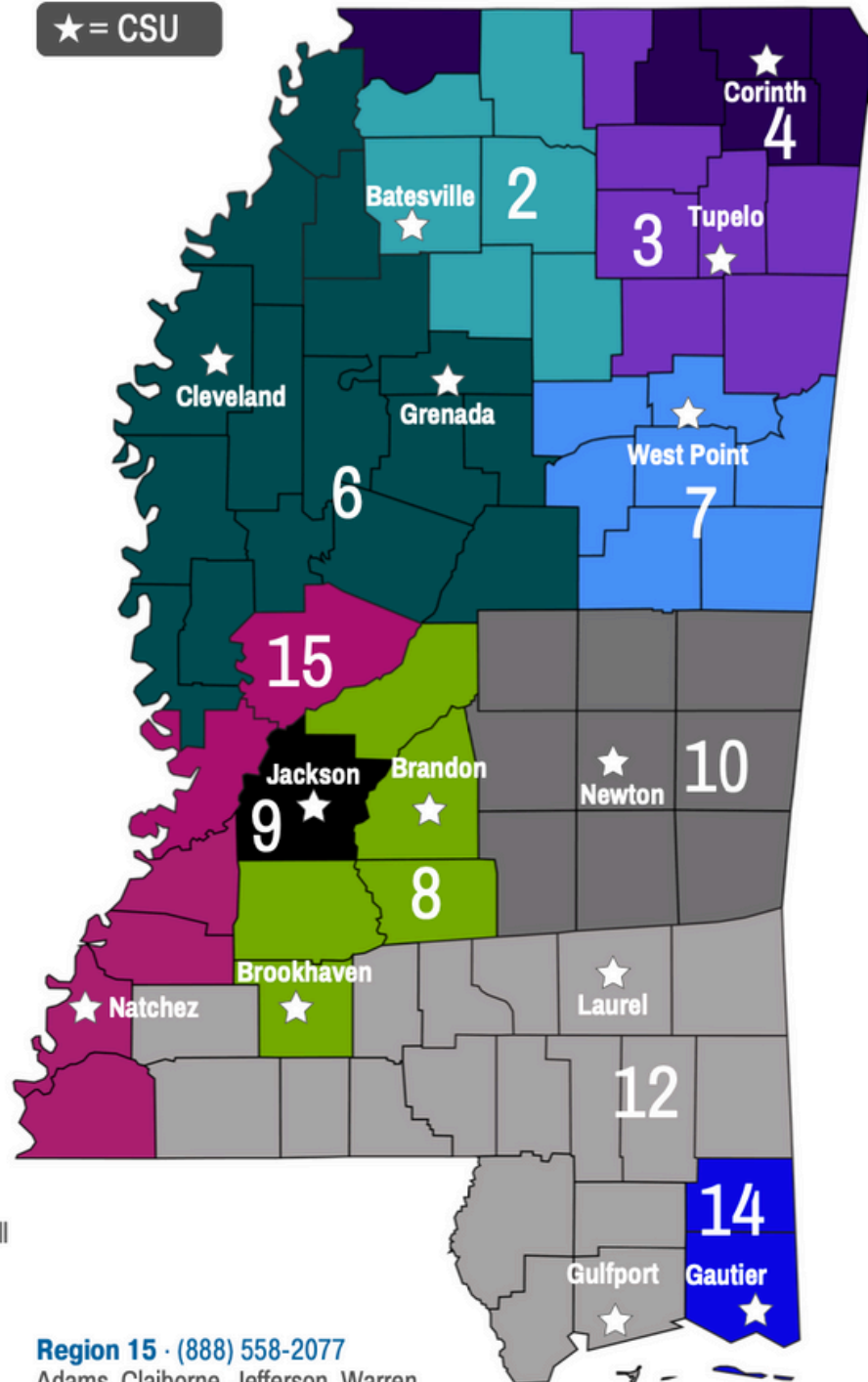
Region 12 Coast · (800) 681-0798

Hancock, Harrison, Stone

Region 14 · (866) 497-0690

George, Jackson

★ = CSU



Region 15 · (888) 558-2077

Adams, Claiborne, Jefferson, Warren, Wilkinson, Yazoo

CHANCERY CLERK LETTER

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DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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



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

Wendy D. Bailey - Executive Director

May 20, 2024

Dear Chancery Clerk,

In your role as a Chancery Clerk, being aware of the mental health services available in Mississippi, how to access those services, and how best to respond to a citizen who may be experiencing a mental health crisis, is essential. This month, House Bill 1640 authored by Representative Sam Creekmore was passed by the Mississippi Legislature and signed by the Governor. This legislation contains new civil commitment procedures that will go into effect on July 1, 2024.

We would like to bring to your attention some important changes regarding the amendments to current law related to the civil commitment process that impact you in your role as Chancery Clerk and your staff. We at DMH are dedicated to assisting all stakeholders at the county level including the Community Mental Health Centers (CMHC), Sheriffs, Judges, and Chancery Clerks with the new requirements to make this process as smooth as possible.

The key highlighted changes are addressed below.

Pre-Affidavit Screening

Previously, if someone needed to seek civil commitment for acute psychiatric services, they started at the Chancery Clerk's office, and then an affidavit was filed, and a writ was issued. Following the writ, the person was picked up by law enforcement for a pre-screening evaluation to determine if they meet commitment criteria, and then two examinations occurred. Many times, during this process, the person was held in jail waiting on a pre-evaluation screening before they had been seen by a mental health professional.

House Bill 1640 ensures due process and the involvement of mental health professionals from the beginning. It introduces a requirement for a pre-affidavit screening before any affidavit for commitment is filed, aiming to ensure that involuntary commitment is a last resort and that Mississippians in need of mental health treatment are connected with mental health professionals as the first step.

Section 3 of House Bill 1640, revising Miss. Code Ann. § 41-21-67, changes the process by moving the screening to the beginning or the first-step, taking the place of the current pre-evaluation screening which is the third step in the process. Before filing an affidavit for commitment, this pre-affidavit screening must be conducted by the CMHC. The pre-affidavit screening must be completed within 24 hours of the CMHC being notified. In addition to Court Liaisons and other trained staff at the CMHC, this can be done by Mobile Crisis Response Teams, which are designed to respond to someone in crisis wherever the crisis may be

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occurring. The screening includes an interview and investigation for the need for civil commitment. If commitment is recommended, the pre-affidavit screener submits a report to the chancery clerk certifying that a less restrictive alternative treatment was considered and why it is not appropriate. The pre-affidavit screener shall refuse to support the filing of an affidavit if evidence does not support commitment.

If someone comes to your office to file an affidavit, please connect them with your local CMHC for a screening. Attached is contact information for your local CMHC Mobile Crisis Response Team and Crisis Stabilization Unit. This process is not intended to place additional work on the family to find the appropriate person at the CMHC. It is the intent that families are connected with, not directed to, the CMHC, and specifically Mobile Crisis who can respond to where the family is. This is to make sure that the loved one is not picked up by law enforcement on a writ and placed in a police car unless it is necessary. It provides the family, and most importantly the person, with diversion options by making sure they are connected with the local mental health authority first. **The highest level of care, a state hospital commitment, should be the last resort.**

This change connects the person and/or family to the CMHC for a pre-affidavit screening to enhance the diversion process and allow for other options for treatment, such as a Crisis Stabilization Unit, follow-up appointment, or medication adjustment before the courts and law enforcement become involved. This ensures the person's rights are not violated and gives them the opportunity to see a mental health professional for a pre-screening when possible before law enforcement is involved.

After the CMHC has attempted to complete the screening, if the person is actively violent or refuses to participate and the screener cannot conduct a pre-affidavit screening, the CMHC may recommend that the affidavit should be filed anyway, and a writ issued for sheriff to intervene. The CMHC will be required to document why the pre-affidavit screening could not be done.

If a commitment is not recommended, the screener shall provide the person with connection to other alternative services and resources available and offered, if appropriate. This way, the person is still connected to resources when appropriate. The bill specifies the proof required for commitment to a state-operated facility, emphasizing the need for clear evidence of mental illness or intellectual disability. The bill specifies and clarifies people waiting on an evaluation and treatment can be held in any licensed medical facility or Crisis Stabilization Unit.

HB 1640 details the process for filing an affidavit for commitment and the conditions under which a chancellor may refuse to issue a writ based on insufficient evidence. If the interested person wishes to proceed with commitment contrary to the pre-affidavit screener's recommendation, application may be made to the chancellor. House Bill 1640 mandates the appointment of two licensed physicians or one physician and another qualified professional to examine the individual in question. It also specifies the conditions under which the chancellor or special master may refuse to appoint examiners if the pre-affidavit screening does not recommend commitment.

Timeframe for a Hearing

Law currently requires a hearing to be held within five to ten days. Section 6 of House Bill 1640, revising Miss. Code Ann. § 41-21-71, changes the requirement to have a hearing within three to five days, with an exception when requested for up to ten days with the court's approval.

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People Waiting in Jail

There have been many discussions and media coverage on people waiting in jail without criminal charges during the civil commitment process. House Bill 1640 restricts the use of jail unless the CMHC has documented that it has explored and exhausted all other options, including their CSU, other CSUs, or hospitals, the individual is actively violent, *and* the Chancellor specifically authorizes it. The CMHC must provide documentation of the person's violent behavior and that no other facilities were available. If all factors are met, the person can only be held for 24 hours, and the CMHC must provide treatment during this time. Statute states counties are to provide care for people both undergoing commitment proceedings and waiting for a bed at state hospitals. An additional 24 hours can be requested by the CMHC but must be approved by the chancellor.

Transportation

Sections 4 and 5 of House Bill 1640, revising Miss. Code Ann. § 41-21-140 and 41-19-43, clarify that law enforcement is allowed to transport inside or outside the county for a person to have access to the treatment they need if they are waiting on a bed related to civil commitment. Mississippi now has 196 Crisis Stabilization Beds throughout the state, which are operated by the CMHCs. Many times, if a bed is not available in one region, there is a vacant bed in another region. **Chancery Clerks and CMHCs can see where CSU beds are available through the bed registry, which is updated daily.**

We are hopeful that many of the changes within House Bill 1640 will enhance Mississippi's mental health system by improving access to services and the continuum of care for Mississippians with serious mental illness. A large part of the success of implementing these changes will involve communication both between stakeholders and the state and county level, and communications with the general public about how to access the care they need. We are dedicated to working with you on this process. We strongly encourage you to talk to your local CMHC and all stakeholders at the county level.

I have included several helpful documents as attachments including a revised *Civil Commitment Guide* and *Civil Commitment Flowchart* with the new process beginning July 1, and contact information for CMHC Mobile Crisis Response Teams and CSUs. Also included are slides from a recent presentation to the Chancery Clerks. The updated civil commitment process information, along with a video to walk loved ones through the process, will be available at www.dmh.ms.gov and www.mentalhealthms.com beginning July 1.

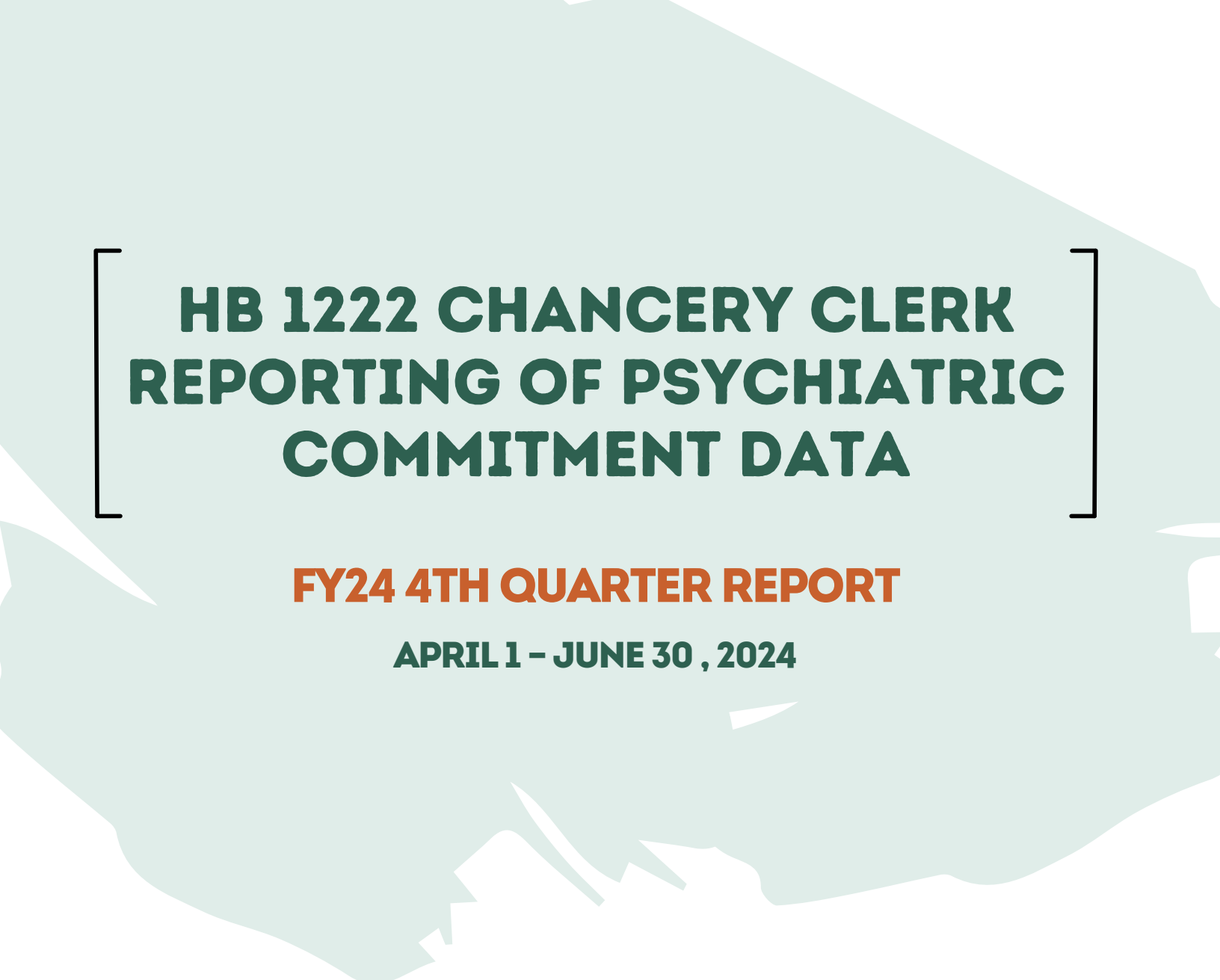
On behalf of DMH, I would like to thank you for your service to our state and your continued commitment to ensuring the people in your county are connected to the services they need.

Sincerely,



Wendy D. Bailey
Executive Director

CC: Community Mental Health Center Executive Directors



**HB 1222 CHANCERY CLERK
REPORTING OF PSYCHIATRIC
COMMITMENT DATA**

FY24 4TH QUARTER REPORT

APRIL 1 – JUNE 30 , 2024

**PREPARED BY THE MISSISSIPPI
DEPARTMENT OF MENTAL HEALTH**



Supporting a Better Tomorrow...One Person at a Time