

CHAPTER 3
MENTAL HEALTH

Chapter 03 Mental Health

This chapter addresses mental illness, alcoholism, drug abuse, and developmental disabilities. These conditions result in social problems of such magnitude that mental health ranks as one of the state's priority health issues. The Mississippi Department of Mental Health, regional community Mental Health-Mental Retardation Centers, and licensed private sector facilities provide most of the state's mental health services. Unless otherwise specified, information in this chapter is limited to the programs and services of private non-governmental entities.

100 Mississippi Department of Mental Health

State law designates the Mississippi Department of Mental Health (MDMH) as the agency to coordinate and administer the delivery of public mental health services, alcohol/drug abuse services, and services for persons with intellectual/developmental disabilities throughout the state, as well as community-based day programs for individuals with Alzheimer's disease and other dementia. Responsibilities of MDMH include: (a) state-level planning and expansion of all types of mental health, mental retardation, and substance abuse services, (b) standard-setting and support for community mental health/mental retardation and alcohol/drug abuse programs, (c) state liaison with mental health training and educational institutions, (d) operation of the state's psychiatric facilities, and (e) operation of the state's facilities for individuals with intellectual/developmental disabilities.

Regional community mental health-mental retardation centers provide a major component of the state's mental health services. Fifteen centers currently operate in the state's mental health service areas, and most centers have satellite offices in other counties. Each center must meet federal and state program and performance standards. The major objectives of the regional community mental health centers include: (a) providing accessible services to all citizens with mental and emotional problems; (b) reducing the number of initial admissions to the state hospitals; and (c) preventing re-admissions through supportive aftercare services. These centers are a vital element in the plan to provide an integrated system of mental health services to all residents of Mississippi.

101 Mental Health Needs in Mississippi

The prevalence of mental illness, although difficult to assess, serves as a good indicator of the volume of need for mental health services in a given population. The negative social stigma associated with the term "mental illness" also obstructs efforts to measure the true incidence/ prevalence of most types of mental illness and behavior disorders and the need for mental health services.

Using the methodology updated by the federal Center for Mental Health Services (CMHS) for estimated prevalence of serious mental illness among adults (*Federal Register*, June 24, 1999) and U.S. Bureau of the Census 2010 population estimates, the MDMH estimates the prevalence of serious mental illness among adults in Mississippi, ages 18 years and above, as 5.4 percent or 119,434 individuals. The same methodology estimates the national prevalence for the same age group also as 5.4 percent.

In Fiscal Year 2013, a total of 71,025 adults received mental health services through the public community mental health system, including the regional community mental health centers and the state psychiatric hospitals. (Note: Totals might include some duplication across community and hospital services.)

101.01 Mental Health Needs of Children/Adolescents

Precise data concerning the size of the country's population of children and adolescents with emotional or mental disorders remain difficult to obtain. The methodology issued by the national Center of Mental Health Services (*Federal Register*, July 17,1998) estimates the prevalence of serious emotional disturbance nationally among children and adolescents (9-17 years of age) to be between 9-13 percent. The methodology adjusts for socio-economic differences across states. Given Mississippi's relatively high poverty rate when compared to other states, the estimated prevalence ranges for the state, updated based on 2010 Census data, were on the highest end of the range, as follows:

1. Mississippi's estimated prevalence of serious emotional disturbance in children and adolescents (ages 9 to 17) is between 11 and 13 percent, or 47,615 – 56,272 children.
2. Mississippi's estimated prevalence of the more severely impaired group of children and adolescents (estimated at five to nine percent of the national population), aged 9-17 is between seven and nine percent, or 30,300 -38,958 Mississippi children.

In Fiscal Year 2013, the public community mental health system served 33,016 children and adolescents with serious emotional disturbance. (Note: Totals might include some duplication across community mental health centers and other nonprofit programs).

101.02 National Survey on Drug Use and Health for Mississippi

According to statistics cited in SAMHSA's 2007-08 *National Survey on Drug Use and Health* state estimates (most available data), seven percent of Mississippians 12 years or older were past-month illicit drug users. Past-month marijuana use among Mississippians 12 years and older was four percent. Approximately 38.4 percent of Mississippians were past-month alcohol users. Past month binge alcohol use among Mississippians was 19.87 percent.

101.03 Developmental Disabilities

The nationally-accepted prevalence rate estimate used by the Administration on Developmental Disabilities for estimating the state rate is 1.8 percent of the general population. By applying the 1.8 percent prevalence rate to Mississippi's 2020 population projections, the results equal 56,808 individuals who may have a developmental disability. The intellectual and/or developmental disability bed need determinations can be found in Chapter 2 of this *Plan*.

102 Adult Psychiatric Services (State-Operated and Private)

Mississippi's four state-operated hospitals and nine crisis intervention centers provide the majority of inpatient psychiatric care and services throughout the state. In FY 2013, the Mississippi State Hospital at Whitfield reported a total of 360 active psychiatric licensed beds; East Mississippi State Hospital at Meridian reported 120 active psychiatric licensed beds, North Mississippi State Hospital in Tupelo reported 50 active licensed beds, and South Mississippi State Hospital in Purvis reported 50 licensed beds. The four facilities reported that 3,269 adults received psychiatric services at the hospitals in FY 2013, 1,404 at Mississippi State Hospital at Whitfield, 702 at East Mississippi State Hospital, 560 at North Mississippi State Hospital, and 603 at South

Mississippi State Hospital. Additionally, a total of 3,731 adults were served through the nine crisis centers in FY 2013.

Even though many private facilities have low occupancy rates, the state institutions provide the majority of inpatient care for the medically indigent. Medically indigent patients have difficulty gaining access to private psychiatric facilities in their respective communities. To help address the problem, the Legislature provided funding for seven state crisis intervention centers as satellites to existing facilities operated by the Department of Mental Health (DMH). Centers are operational in Brookhaven, Corinth, Newton, Laurel, Cleveland, and Batesville. The Department of Mental Health contracted with Life Help (Region VI community mental health center) to operate the crisis center in Grenada beginning September 1, 2009. This pilot program began with the purpose of studying the potential for increased efficiencies and improved access to services by individuals without their being involuntarily committed.

All of the centers include 16 beds and one isolation bed. The role of these centers in the regional system is to provide stabilization and treatment services to persons who have been committed to a psychiatric hospital and for whom a bed is not available. Beginning July 1, 2010, DMH transitioned five of the remaining state-operated crisis centers (now called Crisis Stabilization Units) to a regional community mental health center located in Batesville, Brookhaven, Cleveland, Corinth and Laurel. Central Mississippi Residential Center will continue to operate the unit in Newton. The Gulfport center is operated by Gulf Coast Mental Health and partially funded by a grant from DMH. In late 2011, Timber Hills Mental Health Services opened a 16 bed Crisis Stabilization Unit (CSU) in Tupelo and also operates the CSU's located in Batesville and Corinth. Region 8 Mental Health Services operates the Brookhaven CSU; Delta Community Mental Health operates the Cleveland CSU; and Pine Belt Mental Resources operates the Laurel CSU. In FY 2013, the CSUs served 3,731 adults. Life Help assumed operation of the Cleveland Crisis Stabilization Unit.

Mississippi has 14 hospital-based and two freestanding adult psychiatric facilities, with a capacity of 588 licensed beds for adult psychiatric patients (plus 2 held in abeyance by the MSDH and 20 CON approved) distributed throughout the state. The criteria and standards section of this chapter provides a full description of the services that private facilities must provide. Map 3-1 shows the location of inpatient facilities in Mississippi serving adult acute psychiatric patients; Table 3-2 shows utilization statistics.

**Table 3-1
Acute Adult Psychiatric Bed Utilization
FY 2013**

Facility	County	Licensed/CON ^a / Abeyance ^b Beds		Inpatient Days	Occupancy Rate (%)	ALOS
Alliance Health Center	Lauderdale	38		13,912	100.30	8.99
Baptist Memo. Hospital-Golden Triangle	Lowndes	22		6,704	83.49	6.30
Biloxi Regional Medical Center	Harrison	45		9,923	60.41	6.49
Brentwood Behavioral Health Care *	Rankin	31	2 ^b	5,308	46.91	8.69
Central Miss Medical Center**	Hinds	47		8,819	51.41	4.73
Delta Regional Medical Center- West	Washington	9		2,099	63.90	4.02
Forrest General Hospital	Forrest	64		11,267	48.23	4.65
Magnolia Regional Health Center	Alcorn	19		4,044	58.31	6.40
Memorial Hospital at Gulfport	Harrison	59		4,925	22.87	7.00
North Miss Medical Center	Lee	33		8,111	67.34	6.77
Parkwood Behavioral HS-Olive Branch***	DeSoto	22	20 ^a	9,183	114.36	9.67
River Region Health System	Warren	40		5,157	35.32	6.18
Singing River Hospital	Jackson	30		3,718	33.95	5.52
St. Dominic Hospital	Hinds	83		14,714	48.57	5.29
Tri-Lakes Medical Center *	Panola	25		6,374	69.85	6.23
University Hospital & Clinics	Hinds	21		5,866	76.53	6.30
Total Adult Psychiatric Beds		588	20^a/2^b	120,124	55.97	6.22

^a CON approved

^b Beds held in abeyance by the MSDH

*Tri-Lakes Medical Center leases 25 beds from Brentwood Behavioral Health Center. 10 beds were CON approved July 2010 and became licensed/operational 09/01/2010. During FY 2011, Brentwood further reduced its adult bed capacity from 50 to 31 to create room for additional child/adolescent beds.

**Central Mississippi Medical Center received CON authority in February 2013 to expand its adult psychiatric unit bed capacity from 29 to 47 beds.

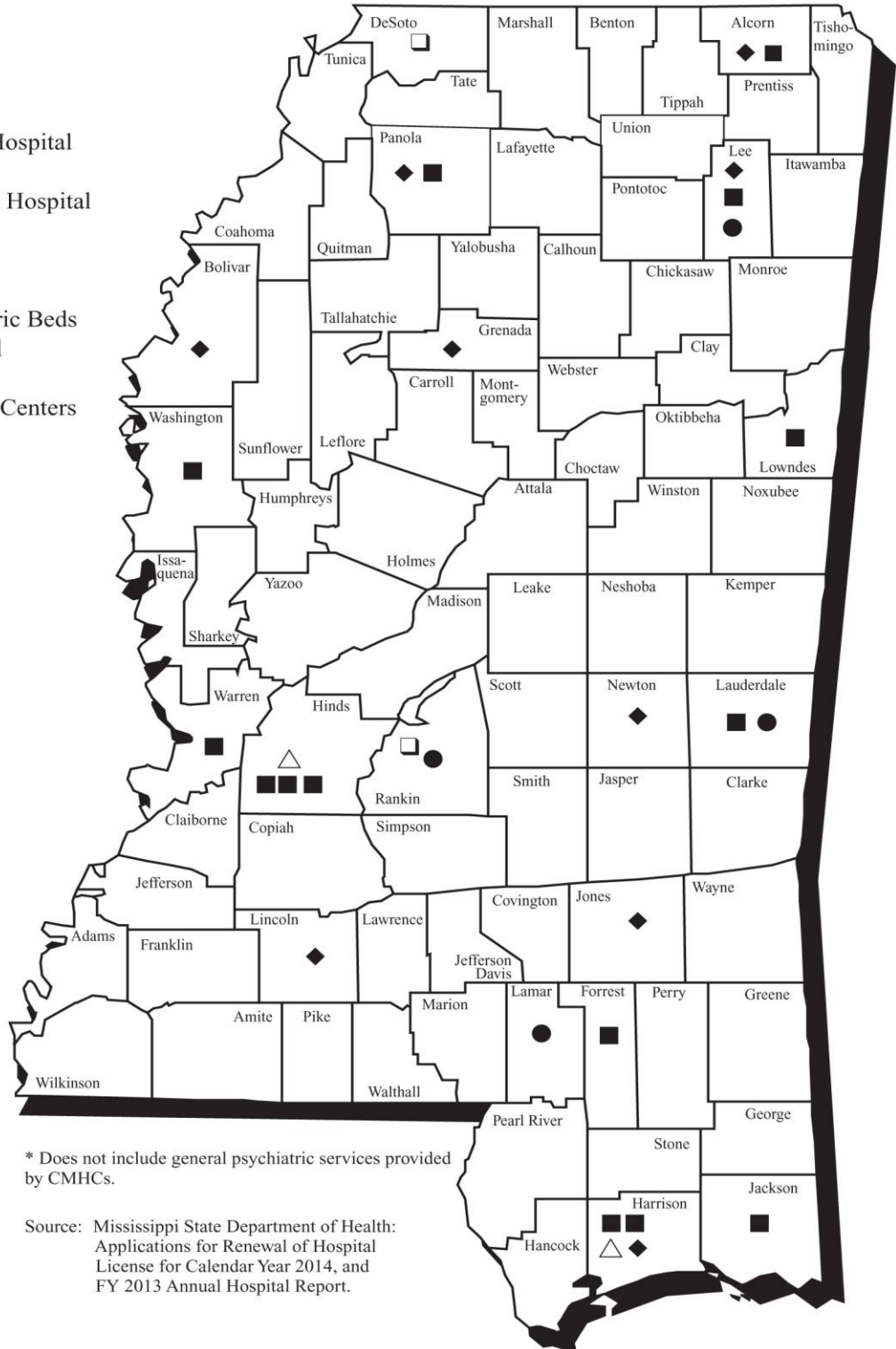
***Parkwood Behavioral HS-Olive Branch received CON authority in April 2013 to add 20 Adult Psychiatric Beds to its existing 22 beds.

Garden Park Medical Center received CON authority in March 2014 for the provision of Post Traumatic Stress Disorder Services and Addition of Nine Psychiatric Beds

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; and Division of Health Planning and Resource Development Computations

Map 3-1 Operational and Proposed Inpatient Facilities Serving Adult Acute Psychiatric Patients*

- State Psychiatric Hospital
- Private Psychiatric Hospital
- △ Veterans Hospital
- Licensed Psychiatric Beds in General Hospital
- ◆ Crisis Intervention Centers



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi State Department of Health: Applications for Renewal of Hospital License for Calendar Year 2014, and FY 2013 Annual Hospital Report.

103 Child/Adolescent Psychiatric Services

Three private and five hospital-based facilities, with a total of 239 licensed beds, provide acute psychiatric inpatient services for children and adolescents. Map 3-2 shows the location of inpatient facilities that serve adolescent acute psychiatric patients; Table 3-2 gives utilization statistics. The criteria and standards section of this chapter provides a further description of the programs that inpatient facilities offering child/adolescent psychiatric services must provide. The Mississippi State Legislature has placed a moratorium on the approval of new Medicaid-certified child/adolescent beds within the state.

The Department of Mental Health operates a separately-licensed 60-bed facility (Oak Circle Center) at Mississippi State Hospital to provide short-term inpatient psychiatric treatment for children and adolescents between the ages of four and 17. East Mississippi State Hospital operates a 50-bed psychiatric and chemical dependency treatment unit for adolescent males.

**Table 3-2
Acute Adolescent Psychiatric Bed Utilization
FY 2013**

Facility	County	Licensed/CON ^a / Abeyance ^b Beds		Inpatient Days	Occupancy Rate(%)	ALOS
Alliance Health Center	Lauderdale	30		8,468	77.33	12.89
Biloxi Regional Medical Center *	Harrison	11		N/A	N/A	N/A
Brentwood Behavioral Health Care **	Rankin	74		21,829	80.82	10.68
Diamond Grove Center **	Winston	25		7,658	83.92	11.36
Forrest General Hospital	Forrest	16		4,920	84.25	6.15
Memorial Hospital at Gulfport	Harrison	30		4,761	43.48	6.27
Parkwood Behavioral HS-Oliva Branch	DeSoto	52		12,277	64.68	10.16
River Region Health System	Warren	0	20 ^a	N/A	N/A	N/A
University Hospital & Clinics	Hinds	12		2,017	46.05	9.22
Total Adolescent Psychiatric Beds		250	20^a	61,930	67.87	9.73

^a CON approved

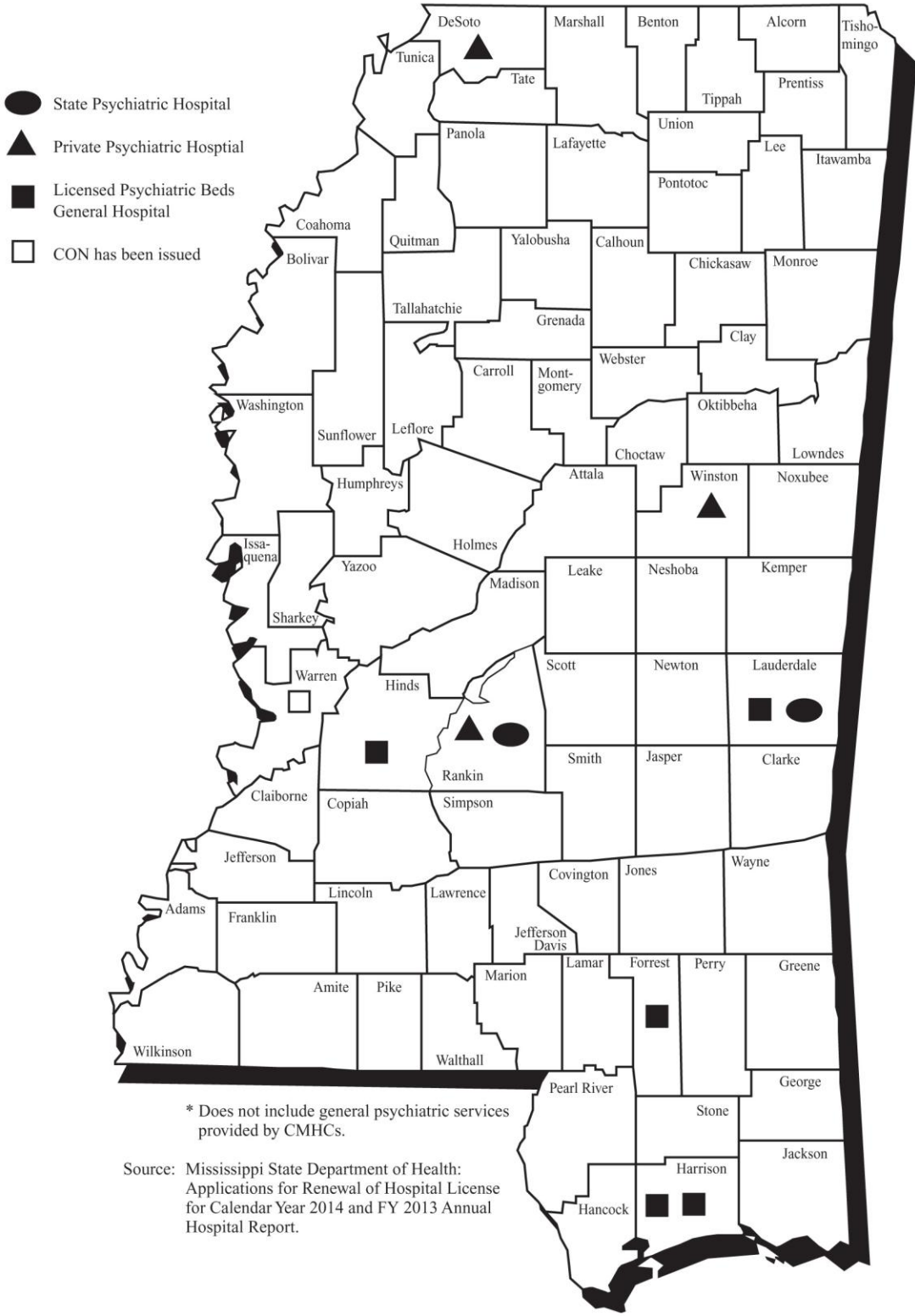
^b Beds held in abeyance by the MSDH

* Biloxi Regional Medical Center has 11 licensed adolescent psychiatric beds; however, data was not available for the unit.

**Diamond Grove Center transferred 15 CON approved beds to Brentwood Behavioral Health Center in February 2011 and they are a part of the 74 licensed beds at Brentwood Behavioral Health Center.

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; and Division of Health Planning and Resource Development Computations

**Map 3-2
Operational and Proposed Inpatient Facilities
Serving Adolescent Acute Psychiatric Patients***



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi State Department of Health: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report.

104 Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTF) serve emotionally disturbed children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment services. "Emotionally disturbed" in this context means a condition exhibiting certain characteristics over a long period of time and to a marked degree. The criteria and standards section of this chapter describes these facilities more fully. Table 3-3 shows six facilities are in operation with a total of 298 PRTF beds. Map 3-3 presents the location of the private psychiatric residential treatment facilities throughout the state. Children and adolescents who need psychiatric residential treatment beyond the scope of these residential treatment centers are served in acute psychiatric facilities or sent out of the state to other residential treatment facilities.

**Table 3-3
Private Psychiatric Residential Treatment Facility (PRTF)
Utilization
FY 2012**

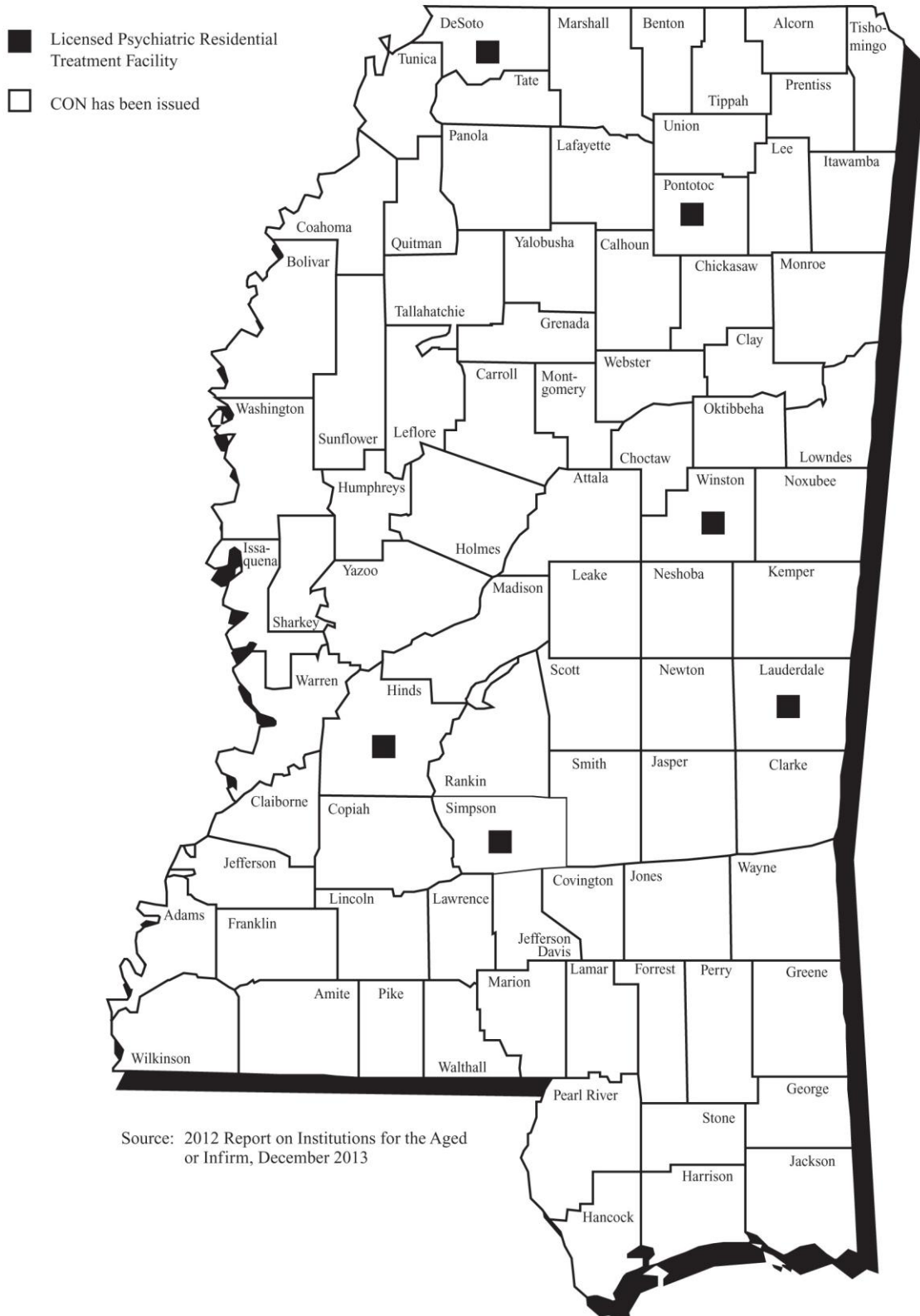
Facility	County	Licensed/CON^a Approved Beds	Inpatient Days	Occupancy Rate (%)	Average Daily Census
Parkwood BHS	DeSoto	40	10,647	72.73	29.09
Cares Center	Hinds	60	21,414	97.51	58.51
The Crossing	Lauderdale	60	21,927	99.85	59.91
Millcreek of Pontotoc	Pontotoc	51	18,411	98.63	50.30
Millcreek PRTF	Simpson	57	19,903	95.40	54.38
Diamond Grove Center	Winston	30	10,844	98.76	29.63
Total PRTF Beds		298	103,146	94.57	281.82

^a CON approved

Source: Mississippi State Department of Health, 2012 Report on Institutions for the Aged or Infirm, and Division of Health Planning and Resource Development

The DMH operates a specialized 32 bed treatment facility (ICF/MR) in Brookhaven for youth with an intellectual and/or developmental disability who are 13 years, but less than 21 years of age. A similar facility, licensed as a psychiatric residential treatment facility, is located in Harrison County for youth who have also been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age, who present with an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

**Map 3-3
Private Psychiatric Residential Treatment Facilities**



Source: 2012 Report on Institutions for the Aged or Infirm, December 2013

105 Alcohol and Drug Abuse Services

105.01 Alcohol and Drug Abuse

Alcohol and other drug problems cause pervasive effects: biological, psychological, and social consequences for the abuser; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.

The location of facilities with alcohol and drug abuse programs is shown on Maps 3-4 and 3-5. Ten general hospitals and two freestanding facilities in Mississippi offer private alcohol and drug abuse treatment programs. Tables 3-4 and 3-5 show the utilization of these facilities for adult and adolescent chemical dependency services, respectively. The state hospitals at Whitfield and Meridian and the Veterans Administration Hospitals in Jackson and Gulfport provide inpatient alcohol and drug abuse services. Also, there are four facilities with programs designed for targeted populations: 1) the State Penitentiary at Parchman; 2) the Center for Independent Learning in Jackson; 3) the Mississippi Band of Choctaw Indians reservation treatment program; and 4) the Alcohol Services Center in Jackson. Additionally, each of the 15 regional community mental health centers provide a variety of alcohol and drug services, including residential and transitional treatment programs. A total of 38 such residential programs for adults and adolescents are scattered throughout the state. The Mississippi State Legislature has placed a moratorium on the approval of new Medicaid-certified child/adolescent chemical dependency beds within the state.

**Table 3-4
Adult Chemical Dependency Unit
Bed Utilization
FY 2013**

Facility	County	Licensed/CON ^a		Average Daily Census	Occupancy Rate (%)	ALOS
		Approved Beds				
Alliance Health Center	Lauderdale	8		10.06	126.13	5.39
Baptist Memorial Hospital - Golden Triangle	Lowndes	8	13 ^a	2.39	29.93	4.48
Brentwood Behavioral Healthcare *	Rankin	0		0.00	0.00	0.00
Delta Regional Medical Center	Washington	7		1.06	15.23	5.07
Forrest General Hospital **	Forrest	8		1.20	15.03	3.30
Mississippi Baptist Medical Center *	Hinds	77		0.66	0.86	8.58
North Miss Medical Center	Lee	33		1.16	3.54	4.50
Parkwood Behavioral Health System	DeSoto	14		4.85	34.72	7.30
River Region Health System	Warren	28		14.77	52.89	9.94
South Central Regional Medical Center	Jones	10		6.68	66.96	4.58
St. Dominic Hospital	Hinds	35		N/A	N/A	N/A
Tri-Lakes Medical Center *	Panola	10		5.41	54.22	5.33
Total Adult CDU Beds		238	13^a	48.24	20.32	6.37

*Brentwood Behavioral Healthcare of Rankin County will lease four beds from Mississippi Baptist Medical Center (MBMC). MBMC's licensed bed count will decrease from 77 to 73. Tri-Lakes MC now leases 10 of the 23 beds from MBMC. MBMC has 13 beds that are not in use.

** Forrest General Hospital received a CON to convert 24 adult CDU beds to adult psychiatric beds April 2010.

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; Division of Health Planning and Resource Development.

As a note to Table 3-4, The Oxford Center was CON approved on May 31, 2012 and began leasing 35 adult chemical dependency beds from Mississippi Baptist Medical Center effective 10/01/2012.

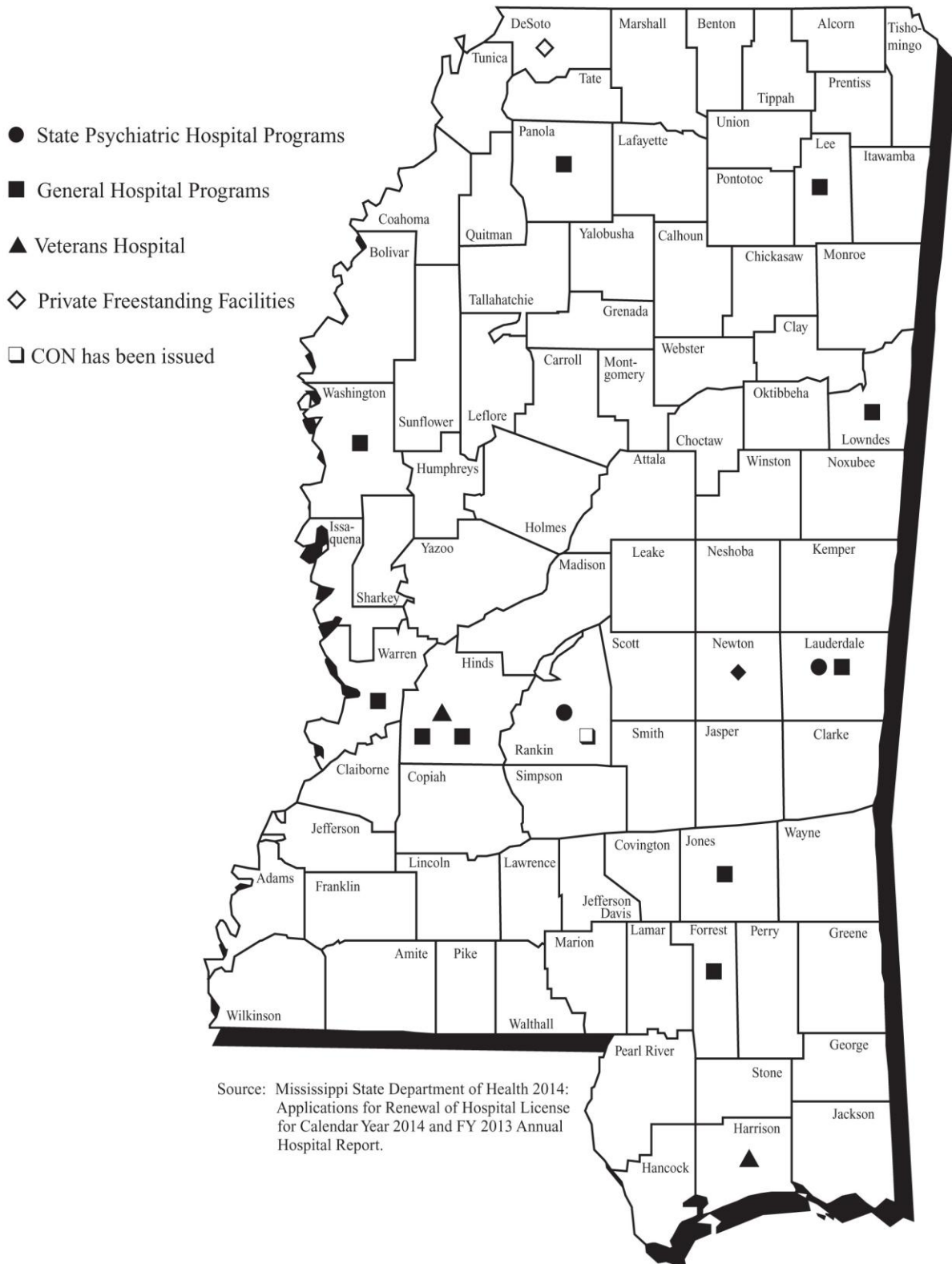
**Table 3-5
Adolescent Chemical Dependency Unit
Bed Utilization
FY 2013**

Facilities	County	Licensed/CON Approved Beds	Average Daily Census	Occupancy Rate (%) *	ALOS
Memorial Hospital at Gulfport	Harrison	20	2.23	11.21	9.14
Mississippi Baptist Medical Center *	Hinds	20	N/A	N/A	N/A
River Region Health System *	Warren	12	N/A	N/A	N/A
Total Adolescent CDU Beds *		52	2.23	4.30	9.14

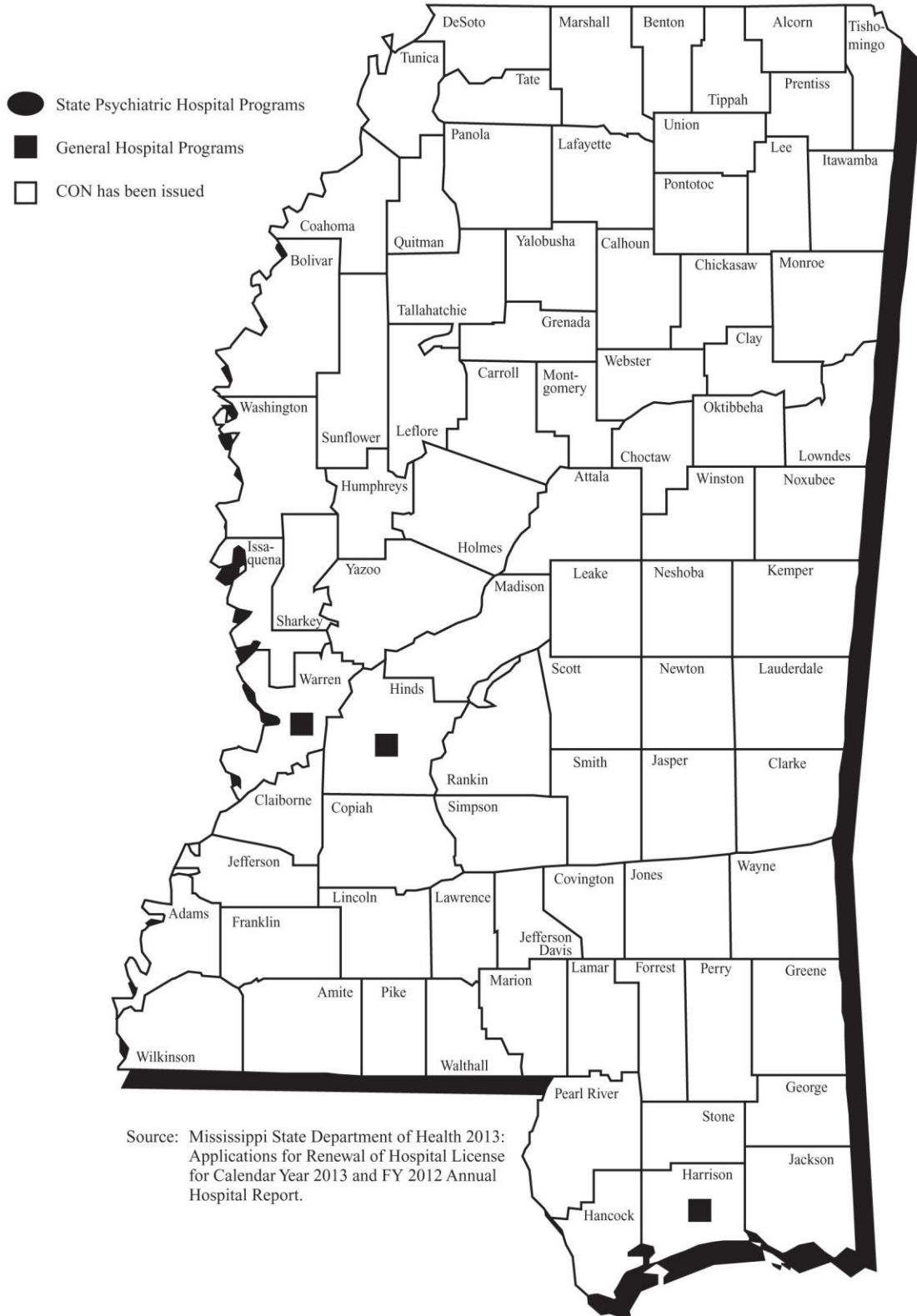
* Mississippi Baptist Medical Center and River Region Health System have 20 and 12 licensed adolescent CDU beds, respectively; however, data was not available for the units. Occupancy rate is based on 20 beds instead of 52 beds.

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; Division of Health Planning and Resource Development.

**Map 3-4
Operational and Proposed Adult Chemical Dependency
Programs and Facilities**



Map 3-5 Operational and Proposed Adolescent Chemical Dependency Programs and Facilities



**CERTIFICATE OF NEED
CRITERIA AND STANDARDS
FOR
ACUTE PSYCHIATRIC,
CHEMICAL DEPENDENCY,
AND
PSYCHIATRIC RESIDENTIAL
TREATMENT FACILITY BEDS/SERVICES**

106 Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

Note: Should the Mississippi State Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi State Department of Health.

106.01 Policy Statement Regarding Certificate of Need Applications for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

1. An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
2. Mental Health Planning Areas: The Department of Health shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/ services, and psychiatric residential treatment beds/services. Tables 3-6, 3-7, and 3-8 give the statistical need for each category of beds.
3. Public Sector Beds: Due to the public sector status of the acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds operated directly by the Mississippi Department of Mental Health (MDMH), the number of licensed beds operated by the MDMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.
4. Comments from Department of Mental Health: The Mississippi State Department of Health shall solicit and take into consideration comments received from the Mississippi Department of Mental Health regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.
5. Separation of Adults and Children/Adolescents: Child and adolescent patients under 18 years of age must receive treatment in units which are programmatically and physically distinct from adult (18+ years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.
6. Separation of Males and Females: Facilities must separate males and females age 13 and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).
7. Patients with Co-Occurring Disorders: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed

psychiatric/ addictive etiology to their illnesses. Therefore, the Department will allow deviations of up to 25 percent of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.

8. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.
9. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand, and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:
 - a. the applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and
 - b. the applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide the MSDH with information regarding services to Medicaid patients.
10. Licensing and Certification: All acute psychiatric, chemical dependency treatment, co-occurring disorders beds /services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.
11. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - a. an inability to learn which cannot be explained by intellectual, sensory, or health factors;

- b. an inability to build or maintain satisfactory relationships with peers and teachers;
- c. inappropriate types of behavior or feelings under normal circumstances;
- d. a general pervasive mood of unhappiness or depression; or
- e. a tendency to develop physical symptoms or fears associated with personal or school problems.

An establishment furnishing primarily domiciliary care is not within this definition.

12. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.
13. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in CON decisions provided the application meets all other criteria and standards under which it is reviewed.
14. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than 14 years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, 25 beds under each category, for a total of 50 beds statewide, shall be reserved exclusively for programs dedicated to children under the age of 14.
15. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c).
16. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a Certificate of Need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.
17. A health care facility has ceased to operate for a period of 60 months or more shall require a Certificate of Need prior to reopening.

106.02 General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MSDH will also review applications for Certificate of Need according to the

policies in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

1. Need Criterion:

- a. **New/Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds using the appropriate bed need methodology as presented in this section under the service specific criteria and standards.
- b. **Projects which do not involve the addition of acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans duly adopted by the governing board, recommendations made by consultant firms, and deficiencies cited by accreditation agencies (JCAHO, CAP, etc.).
- c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve additional beds for facilities which have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.
- d. **Child Psychiatry Fellowship Program:** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve a 15-bed acute child psychiatric unit at the University of Mississippi Medical Center for children aged 4-12 to provide a training site for psychiatric residents.
- e. **Establishment or Addition of Programs for the Exclusive Treatment of Adults for Primary Psychiatric Diagnosis of Post Traumatic Stress Disorder (PTSD):** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve service and/or beds for the exclusive treatment of adults for primary psychiatric diagnosis of PTSD from Military Service for those adults covered by Veterans Health Care System or indigent/charity care. The applicant shall document the need for the proposed project and justify the number of inpatient beds to be dedicated for such purpose.

2. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make such information available to the Mississippi State Department of Health within 15 business days of request:
 - a. source of patient referral;
 - b. utilization data, e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;
 - c. demographic/patient origin data;
 - d. cost/charges data; and
 - e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.
3. A CON applicant desiring to provide or to expand chemical dependency, psychiatric, and/or psychiatric residential treatment facility services shall provide copies of signed memoranda of understanding with Community Mental Health Centers and other appropriate facilities within their patient service area regarding the referral and admission of charity and medically indigent patients.
4. Applicants should also provide letters of comment from the Community Mental Health Centers, appropriate physicians, community and political leaders, and other interested groups that may be affected by the provision of such care.
5. The application shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.

The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this *Plan*.

106.03 Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

106.03.01 Acute Psychiatric Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult acute psychiatric beds on a ratio of **0.21 beds per 1,000 population aged 18 and older for 2020** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-6 presents the statistical need for adult psychiatric beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than 60 beds.

Hospital units should not be larger than 30 beds. Patients treated in adult facilities and units should be 18 years of age or older.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

106.03.02 Acute Psychiatric Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent acute psychiatric beds on a ratio of **0.55 beds per 1,000 population aged 7 to 17 for 2020** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-6 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than 60 beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least 14 years old but less than 18 years old, and a child is defined as a minor who is at least 7 years old but less than 14 years old.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.
4. The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

106.03.03 Chemical Dependency Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult chemical dependency beds on a ratio of **0.14 beds per 1,000 population aged 18 and older for 2020** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-7 presents the statistical need for adult chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than 75 beds, and individual units should not be larger than 30 beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach which involves the family and significant others should be employed.
3. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.
4. The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

106.03.04 Chemical Dependency Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent chemical dependency beds on a ratio of **0.44 beds per 1,000 population aged 12 to 17 for 2020** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-7 presents the statistical need for child/adolescent chemical dependency beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than 60 beds. Units shall not be larger than 20 beds. The bed count of a facility or unit will include detoxification beds.

Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.
4. The applicant shall describe the structural design of the facility in providing for the separation of the children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.
5. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to

clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

106.03.05 Psychiatric Residential Treatment Facility Beds/Services

1. The Mississippi State Department of Health shall base statistical need for psychiatric residential treatment beds on a ratio of **0.5 beds per 1,000 population aged 5 to 21 for 2020** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-8 presents the statistical need for psychiatric residential treatment facility beds.
2. The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).
3. The applicant shall describe the structural design of the facility for the provision of services to children less than 14 years of age. Of the beds needed for psychiatric residential treatment facility services, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than 14 years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than 13 years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.
4. This criterion does not preclude more than 25 psychiatric residential treatment facility beds being authorized for the treatment of patients less than 14 years of age. However, the Department shall not approve more psychiatric residential treatment facility beds statewide than specifically authorized by legislation (Miss. Code Ann. § 41-7-191 et. seq). This authorization is limited to 334 beds for the entire state. (Note: the 298 licensed and CON approved beds indicated in Table 3-8 were the result of both CON approval and legislative actions).
5. The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding 15 beds. A psychiatric residential treatment facility should not be larger than 60 beds.
6. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

**Table 3-6
Statewide Acute Psychiatric Bed Need
2020**

Bed Category and Ratio	2020 Projected Population	Projected Bed Need	Licensed/CON Approved/Abeyance Beds	Difference
Adult Psychiatric: <u>0.21 beds per 1,000 population aged 18+</u>	2,389,142	502	610	-108
Child/Adolescent Psychiatric: <u>0.55 beds per 1,000 population aged 7 to 17</u>	461,382	254	270	-16

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, October 2014

**Table 3-7
Statewide Chemical Dependency Bed Need
2020**

Bed Category and Ratio	2020 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
Adult Chemical Dependency: <u>0.14 beds per 1,000 population aged 18+</u>	2,389,142	334	251	83
Child/Adolescent Chemical Dependency: <u>0.44 beds per 1,000 population aged 12 to 17</u>	251,695	111	52	59

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; Division of Health Planning and Resource Development calculations, October 2014

**Table 3-8
Statewide Psychiatric Residential
Treatment Facility Bed Need
2020**

Age Cohort	Bed Ratio per 1,000 Population	2020 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 21	0.50	712,045	356	298	58

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, October 2014

107 Private Distinct-Part Geriatric Psychiatric Services

During 2012, 37 Mississippi hospitals operated certified distinct-part geriatric psychiatric units (Geropsych DPU) with a total of 467 beds. Geropsych units receive Medicare certification as a distinct-part psychiatric unit but are licensed as short-term acute hospital beds. These Geropsych units served a total of 87,329 inpatient days of psychiatric services to 7,492 patients aged 55 and older.

The industry standard formula for determining Geropsych DPU bed need is 0.5 beds per 1,000 population aged 55 and over. The Office of Policy Research and Planning, Mississippi Institute of Higher Learning, projects that Mississippi will have 937,596 persons aged 55 and older by 2020. This population will need a total of 469 Geropsych DPU beds. The optimum unit size of a Geropsych unit is 12 to 24 beds. Table 3-9 shows the state's 37 distinct-part geriatric psychiatric units. County population projections can be found in Chapter 1 of this *Plan*.

The following facilities received approval through a Determination of Reviewability for the establishment of a Geriatric Psychiatric Distinct Part (Geriatric-Psychiatric DPU or Gero-psych) Unit/Service:

- Anderson Regional Medical Center-South Campus (16-Beds) - Approved on 08/31/2012
- Pioneer Community Hospital of Choctaw (10-Beds) - Approved 03/08/2013
- Highland Community Hospital, Picayune, Mississippi (10 Bed) - Approved 07/29/2013

**Table 3-9
Geriatric Psychiatric Bed Utilization
FY 2013**

Facility	County	Certified Beds	Inpatient Days	Occupancy Rate (%)	Discharges	ALOS	Discharge Days
State Total		467	82,520	48.41	6,918	11.89	82,275
General Hospital Service Area 1		54	7,038	35.71	600	11.97	7,179
Alliance Healthcare System	Marshall	20	1,374	18.82	134	10.43	1,397
North Oak Regional Medical Center	Tate	12	1,807	41.26	140	12.80	1,792
Tri-Lakes Medical Center	Panola	22	3,857	48.03	326	12.24	3,990
General Hospital Service Area 2		15	2,995	54.70	229	12.66	2,899
Baptist Memorial Hospital - Booneville	Prentiss	15	2,995	54.70	229	12.66	2,899
General Hospital Service Area 3		59	10,142	47.10	823	12.01	9,882
Bolivar Medical Center	Bolivar	12	1,763	40.25	153	11.33	1,733
Delta Regional Medical Center West Campus	Washington	14	2,238	43.80	209	10.82	2,262
Greenwood Leflore Hospital	Leflore	15	1,834	33.50	157	11.75	1,845
North Sunflower County Hospital	Sunflower	10	2,619	71.75	208	12.10	2,516
Quitman County Hospital	Quitman	8	1,688	57.81	96	15.90	1,526
General Hospital Service Area 4		65	9,398	39.61	777	12.06	9,368
Calhoun Health Services	Calhoun	9	1,148	34.95	93	12.56	1,168
Pioneer Community Hospital of Aberdeen	Monroe	10	1,940	53.16	140	13.21	1,850
Pioneer Community Hospital of Choctaw	Newton	0	N/A	36.70	N/A	12.10	N/A
Trace Regional Hospital	Chickasaw	18	2,294	34.92	188	12.20	2,293
University of MS Medical Center Grenada	Grenada	14	1,667	32.62	176	9.62	1,693
Winston Medical Center	Winston	14	2,349	45.97	180	13.13	2,364
General Hospital Service Area 5		125	23,900	52.38	2,073	11.53	23,900
Central Mississippi Medical Center (closed Jan. 2013)	Hinds	0	1,030	62.88	218	4.72	1,030
Claiborne County Hospital	Claiborne	10	1,981	54.27	185	11.34	1,981
Crossgates River Oaks Hospital	Rankin	20	5,351	73.30	441	12.10	5,351
Mississippi Baptist Medical Center	Hinds	24	3,496	39.91	266	13.05	3,496
Montfort Jones Memorial Hospital	Attala	11	1,947	48.49	143	13.59	1,947
Patients' Choice Medical Center of Smith County	Smith	10	2,293	62.82	147	14.67	2,293
River Region Health System	Warren	20	1,886	25.84	204	9.41	1,886
S.E. Lackey Critical Access Hospital	Scott	10	1,888	51.73	155	14.00	1,888
Sharkey - Issaquena Community Hospital	Sharkey	10	1,568	42.96	150	10.45	1,568
Simpson General Hospital	Simpson	10	2,460	67.40	164	14.55	2,460
General Hospital Service Area 6		47	7,353	42.86	587	12.53	7,353
Alliance Health Center	Lauderdale	12	1,507	38.41	120	12.78	1,507
Anderson Regional Medical Center South	Lauderdale	16	2,010	34.42	158	12.47	2,010
Neshoba General Hospital - Philadelphia	Neshoba	10	1,973	N/A	171	N/A	1,973
Pioneer Community Hospital of Newton	Newton	9	1,863	N/A	138	N/A	1,863
General Hospital Service Area 7		40	9,885	67.71	814	12.14	9,885
Franklin County Memorial Hospital	Franklin	10	2,176	59.62	181	12	2,176
Jefferson County Hospital	Jefferson	18	5,987	91.13	426	13.26	5,987
Natchez Regional Medical Center	Adams	12	1,722	39.32	207	10.23	1,722
General Hospital Service Area 8		38	5,630	40.59	454	12.40	5,630
Covington County Hospital	Covington	10	1,570	43.01	122	12.92	1,570
Jeff Davis Community Hospital	Jeff Davis	10	1,780	48.77	130	13.72	1,780
South Central Medical Center	Jones	18	2,280	34.7	202	9.97	2,280
General Hospital Service Area 9		24	6,179	70.54	561	11.01	6,179
Biloxi Regional Medical Center	Harrison	12	3,193	72.9	251	12.42	3,193
Garden Park Medical Center	Harrison	12	2,986	68.17	310	9.66	2,986

*George County Hospital's 10 Geriatric Psychiatric Beds closed as of March 3, 2011.

Sources: Applications for Renewal of Hospital License for Calendar Year 2014 and FY 2013 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, October 2014.

