DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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Edwin C. LeGrand, III - Executive Director

August 16, 2010

Ms. Barbara Orlando
Grants Management Specialist
Division of Grants Management, OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20850

Dear Ms. Orlando:

Enclosed is a modification to the *FY 2010 Mississippi State Plan for Community Mental Health Services for Children with Serious Emotional Disturbances and Adults with Serious Mental Illness*. The modification reflects an $11,413 increase to Mississippi's final FY 2010 CMHS Block Grant award and includes changes related to the increase, as well as corrections and other adjustments to projected expenditures by service type and provider under Criterion #5 in the Adult Services Plan. A letter signed by Mr. Larry Waller, Chairperson of the Mississippi State Mental Health Planning and Advisory Council, is also included at the end of the modification, documenting the presentation and review of the modification by the Council at their June 29, 2010, and August 13, 2010 meetings, with final approval of the enclosed document at their August 13, 2010 meeting. Mr. Waller's letter provides a succinct overview of the other changes to the FY 2010 State Plan contained in the modification.

We appreciate the opportunity to submit these modifications to the *FY 2010 Mississippi State Plan for Community Mental Health Services*. If you need additional information or clarification of the enclosed modification, please contact Ms. Tessie Smith, Director of the Division of Planning in the Bureau of Community Services, at (601) 359-1288, or by email at tessie.smith@dmh.state.ms.us

Sincerely,

Edwin C. LeGrand III
Executive Director

cc: Mr. Larry Waller
Mr. Matt Armstrong
Ms. Tessie Smith

MISSISSIPPI STATE MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

Larry Waller
Chairperson

11085 Old Dekalb Scooba Road
Scooba, Mississippi 39385

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April 13, 2010

Edwin C. LeGrand III
Executive Director
Mississippi Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201

Dear Mr. LeGrand:

By this letter, I am documenting that the Mississippi State Mental Health Planning and Advisory Council had the opportunity to review the modification to the *FY 2010 State Plan for Community Mental Health Services for Children with Serious Emotional Disturbances and Adults with Serious Mental Illness* at the June 29, 2010, meeting of the Council. A minor change was made to the modification after the June meeting, which was reviewed and approved at the August 13, 2010, Council meeting. Council members and others at the meeting reviewed a copy of the modification document, which included description of use of an increase to the final FY 2010 CMHS Block Grant award. The increase will be used to pay for transportation services for individuals with serious mental illness as part of a pilot project to maximize employment, housing, and other inclusion activities for consumers. Additionally, modifications were made to the 2010 Plan including changes to the target for family psychoeducation services, description of the potential for reduction in the number of individuals to be served in the Peer to Peer Program and changes to one of the objectives on educational activities for consumers; these revisions are related to funding limitations. Finally, the action plan sections in the objective for the NOM on reduced utilization of psychiatric inpatient beds was modified in both the children's and the adult services plans to reflect emphasis on activities to provide community-based alternatives and evidence-based practices.

We appreciate the opportunity to review and discuss modifications to the State Plan.

Sincerely,

Larry Waller

Larry Waller, Chairperson
Mississippi State Mental Health Planning and Advisory Council

cc: MS State Mental Health Planning and Advisory Council members

State of Mississippi
Modification to the FY 2010 State Plan for Community Mental Health Services

Adult Plan: Criterion #5: WebBGAS pages 242-246

Increase to FY 2010 CMHS Block Grant

Mississippi's actual FY 2010 CMHS Block Grant allocation was $3,942,229, which is an $11,413 increase in the award of $3,930,816 that the state received in FY 2009. CMHS is not requiring a formal modification for this relatively small increase specific to the final FY 2010 award; however, the Mississippi Department of Mental Health has prepared this document to keep the Mississippi State Mental Health Planning and Advisory Council informed of changes to the current state plan.

As reported at the April, 2010 Planning Council meeting, the **allocation of the total increase** to the FY 2010 Mental Health Block Grant funds by major category is as follows:

Adult Services:	**$ 10,870**
Administration	**543**
Total Increase:	**$ 11,413**

DMH will utilize the CMHS Block Grant increase to pay for transportation for individuals with serious mental illness as part of a pilot project to maximize employment, housing and other inclusion activities for consumers; the transportation initiative is also being supported by Transformation Transfer Initiative (TTI) funding from CMHS.

Amended projected expenditures of FY 2010 CMHS Block Grant funds by type of service and by service provider under Criterion 5 in the Adult Plan are indicated on the following pages.

(Amended) Projected FY 2010 CMHS Block Grant Projected Expenditures by Type of Service for Adults with Serious Mental Illness

Service	**Projected Est. Expend.**
Individual Therapy	~~$333,761~~ $353,761
Medication Evaluation/Monitoring	$79,523
Family Therapy	$3,804
Group Therapy	$26,283
Psychosocial Rehabilitation/Employment Enhancement	~~$602,554~~ $612,620
Nursing Services	$43,340
IM/SC Administration of Psychotropic Medication	$1,558
Case Management /ICM	~~$740,829~~ $754,830
Emergency	$34,264
Community Residential	$34,822
~~Training~~	~~$8,000~~
Note: Above deletion is correction to funding source (which is state General funds)	
Consumer Education	~~78,512~~ $112,211
Family Education/Support	~~$68,751~~ $ 6,733
Peer Review/Technical Assistance	$31,617
Drop-in Center	~~$77,408~~ $69,6608
Adult Making A Plan (AMAP) Teams	$29,315
Transportation pilot program	**$10,870**
TOTAL	**$2,205,211**

(Amended) Projected Allocation of FY 2010 CMHS Block Grant Funds for Adult Services by Region/Provider

Provider	**Projected Allocation**
Region One Mental Health Center P.O. Box 1046 Clarksdale, MS 38614 Karen Corley Interim Executive Director	$99,167.14
Communicare 152 Highway 7 South Oxford, MS 38655 Michael D. Roberts, Ph.D., Executive Director	$126,368.13
Region III Mental Health Center 2434 S. Eason Boulevard Tupelo, MS 38801 Robert J. Smith, Executive Director	$114,425.14
Timber Hills Mental Health Services P.O. Box 839 Corinth, MS 38834 Charlie D. Spearman, Sr., Executive Director (corrected error)	~~$157,105.14~~ 131,843.14*
Delta Community Mental Health Services P.O. Box 5365 Greenville, MS 38704-5365 ~~Doug Cole, Ph.D.,~~ **Richard Duggin** ~~Interim~~ Executive Director (corrected error)	~~$135,283.13~~ 121,818.00*
Life Help P.O. Box 1505 Greenwood, MS 38930 Madolyn Smith, Executive Director (corrected error)	~~$160,423.80~~ 146,453.00*
Community Counseling Services P.O. Box 1188 Starkville, MS 39759 Jackie Edwards, Executive Director	~~$131,170.80~~ 130,475.00*

Region 8 Mental Health Services P.O. Box 88 Brandon, MS 39043 Dave Van, Executive Director	~~$132,045.79~~ 134,349.00*
Hinds Behavioral Health Services P.O. Box 7777 Jackson, MS 39284 Margaret L. Harris, Director	$140,758.13
Weems Community Mental Health Center P.O. Box 4378 Meridian, MS 39304 Maurice Kahlmus, Executive Director	$138,304.13
Southwest Mississippi Mental Health Complex P.O. Box 768 McComb, MS 39649 Steve Ellis, Ph.D. Executive Director	$134,603.13
Pine Belt Mental Healthcare Resources P.O. Box 1030 Hattiesburg, MS 39401 Jerry Mayo, Executive Director	$150,979.13
Gulf Coast Mental Health Center 1600 Broad Avenue Gulfport, MS 39501-3603 Jeffrey L. Bennett, Executive Director	$136,553.13
Singing River Services 3407 Shamrock Court Gautier, MS 39553 Sherman Blackwell III, Executive Director	~~$101,572.14~~ 101,484.14*
Warren-Yazoo Mental Health Services P.O. Box 820691 Vicksburg, MS 39182 Steve Roark, Executive Director	$92,885.14
Mental Health ~~Association of the Capital Area, Inc~~. **America of Central Mississippi** 407 Briarwood Drive - Suite 208 Jackson, MS 39206 Debbie Holt, Executive Director	~~$43,031.00~~ ~~$40,862.00~~* $ **3,405.17**

NAMI-MS 411 Briarwood Drive - Suite 401 Jackson, MS 39206 ~~Wendy Mahoney~~, **Tonya Tate, Acting** Executive Director	$67,802.00
Mental Health Association of Mississippi P.O. Box 7329 4803 Harrison Circle Gulfport, MS 39507 Kay Denault, Executive Director	~~$50,349~~ ~~$76,393.00~~* $**69,660.00**
MS Department of Mental Health 1101 Robert E. Lee Building 239 North Lamar Street Jackson, MS 39201 Edwin C. LeGrand III, Executive Director	
Our Resource Center 710 Bradley Road Corinth, MS 38834	~~$25,262 *~~ $ **8,420**
~~Funds to support training for elderly psychosocial rehabilitative programs~~	~~$ 9,000*~~
Above deletion is correction to funding source, which is state General funds	
Funds to support consumer **and family** education/training opportunities at annual state conference, as well as other local, state or national education/training opportunities	~~$51,180.00~~ **$112,211.83**
Funds to support enhancement of employment opportunities	Amt. included in awards for Region 5 ~~& 6~~
Funds to support peer monitoring (Funds listed under DMH may be granted to local entities for implementation)	~~$21,335.00~~ 32,376.52*
Funds to support pilot transportation project	**$10,870**
Total	**$2,205,211**

*Corrected reporting error

Note: A total of ~~$187,179~~ **$187,722** (5% of the total award to be spent on services in FY ~~2010~~ **2011)** will be used by the Mississippi Department of Mental Health for administration. It is projected that ~~$102,948~~ **$103,491** will be spent for administrative expenses related to adult community mental health services.

Division of Consumer and Family Affairs

The following modifications were made, primarily because of budgetary constraints in FY 2010, as well as other conditions that will impact the objective targets that are explained for each objective. Additionally, the narrative for some sections was updated to include additional activities by the Division of Consumer and Family Affairs.

<u>Criterion #1</u>: Adult Services Plan – WebBGAS pages 136-138
Children's Services Plan- WebBGAS pages 287-288

Mental Health Transformation Activity: Involving Consumers Fully in Orienting the Mental Health System toward Recovery (NFC Goal 2.2)

Peer Review
In addition to monitoring community mental health service providers' compliance with minimum standards, the Mississippi Department of Mental Health administers a peer review process involving reviewers with expertise in adult community mental health services, consumers, families and other stakeholders. As of April, 2009, peer reviewers for adult community mental health services visited eight community mental health centers and involved16 different peer reviewers. Of the16 reviewers, 10 were individuals receiving services, three were family member and three were mental health professionals. In FY 2008, the Department of Mental Health provided a peer review satisfaction survey to CMHC directors, State Hospital Directors, peer reviewers and interested stakeholders. DMH suspended the peer review process for a few months to evaluate survey results and make efforts to implement changes. Using feedback from the survey, the Division made some changes to improve the peer review process in FY 2009. The peer review visits now involve a smaller, more focused team of a consumer representative, a family member and another interested stakeholder, and a sample of each type of program is visited during the peer review. The Division developed a manual guide for peer reviewers that describes services available by region, including the core services and other specific services offered in each region; pictures of service locations were added to addresses when applicable. Also, a pre-conference visit is now held with service providers, in addition to the exit conference at the close of the visit.

As of April, 2010, peer reviewers for adult community mental health services had not participated on site visits due to budgetary restraints. However, the Peer Review Task Force continues to review the effectiveness of the peer review process. The Task Force is developing a Recovery Self Assessment to use in reviewing community mental health centers' and state hospitals' transition transformation to a person-driven, evidence- based, recovery-oriented system. The assessment for adult services will be adapted for applicability to children's services and is tentatively scheduled to be implemented with CMHCs in 2011.

Goal: To continue development of the program evaluation system to promote accountability and to improve quality of care in community mental health services.

Objective: To refine the peer review/quality assurance process for all adult community mental health programs and services based on survey responses from community mental health center directors, peer reviewers, and interested stakeholders (i.e., NAMI-MS, MHA).

Population: Adults with serious mental illness and Children with serious emotional disturbances

Criterion: Comprehensive, community-based mental health system

Brief Name: Implementation of peer review

Indicator: ~~Inclusion of peer monitors for adult community mental health in conjunction with selected site/certification visits to community mental health centers, and technical assistance provided at each site visit additionally, upon request~~ **A Recovery Self Assessment (Assessment tool, adapted for applicability to children's services, developed to measure transformation from a traditional mental health service system to a recovery oriented system of care. The primary goal of the Assessment is to provide a tool that assists stakeholders to consistently track transformation activities in accordance with the Department of Mental Health's vision of developing a person driven, recovery oriented system of care.**

Measure: ~~Percentage of site/certification visits that will also include a peer monitoring visit (At least 50% of community mental health center provider site/certification visits.)~~ **Development of a Recovery Self Assessment tool to measure movement from the traditional model to a recovery oriented system of care.**

Source(s) of Information: Peer review reports, which are mailed to the Community Mental Health Centers and the Division of Community Services at East MS State Hospital and MS State Hospital (for adults) and to the certified/funded community mental health children's services providers.

Special Issues: Peer monitors include family members, consumers and/or professional staff. Typically, peer review teams conduct visits in conjunction with DMH standards monitoring visits. The number of peer review visits conducted within a given time period can vary, which is related to variations in the certification visit schedule. **The teams will conduct an assessment of the programs utilizing the Recovery Self Assessment guide after a self assessment has been completed by the community mental health center, state hospital, and/or private program.**

Significance: The establishment of a peer review/quality assurance evaluation system is a provision of the Mental Health Reform Act of 1997. Peer review site visits provide additional technical assistance opportunities for community programs from other providers in the state on a regular basis. **The development of a Recovery Self Assessment tools will allow the Department of Mental Health to assess the Community Mental Health Centers and State hospitals identify strengths that already exist and acknowledge areas that require enhancement and further development.**

Funding: CMHS Block Grant Funds

Criterion #1: Adult Services Plan – WebBGAS page 150

Drop-In Center

In ~~FY 2008 and FY 2009~~, **2010,** the Mississippi Department of Mental Health continued to provide funding support to Drop-in Centers in Gulfport and Corinth. **By mid-year, the center in Gulfport had served 62 adults with serious mental illness and Our Resource Center [in Corinth] provided services to 30 adults with serious mental illness.**

Goal: To provide rehabilitation services for adults with serious mental illness.

Objective: To make available funding to support two drop-in center for adults with serious mental illness.

Population: Adults with Serious Mental Illness

Criterion: Comprehensive, community-based mental health system

Brief Name: Drop-in center

Indicator: Availability of funding through DMH to help support two drop-in center**s**.

Measure: The number of individuals served by the drop-in center~~s~~ will be tracked

Source(s) of Information: Documentation of grant award on file at DMH; monthly cash requests.

Special Issue(s): ~~The drop-in center in Corinth has been relocated and expects to be able to provide transportation to program participants in the near future.~~

Significance: ~~The drop-in centers, in addition to providing services to individuals with serious mental illness in the Gulf Coast area, will also provide technical~~

~~assistance to programs with existing or new drop in centers.~~ **None**

Funding: Federal and state.

Adult Plan: WebBGAS pages 188-193

Mental Health Transformation Activities: Consumer and Family Operated Programs and Involving Consumers and Families in Orienting the Mental Health System Toward Recovery (NFC Goal 2.2)

Local Advisory Committees

The MS Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services require community service providers to have an individual/family advisory committee to advise the governing authority of the local provider entity on matters related to individual/family satisfaction, annual operational plans, performance outcomes, program planning and evaluation, quality assurance/improvement, type and amount of services needed and other issues the advisory committee chooses to address. The committees must include family members and individuals served by the provider, as well as other interested individuals, with representation commensurate with the major services provided by the organization (e.g., mental health services, substance abuse services, visits. Compliance with this requirement continues to be monitored by DMH staff on certification/site visits. As part of a comprehensive review of DMH Minimum Standards, in FY 2008, the new Division of Family and Consumer Affairs in the DMH Bureau of Community Services undertook a review of the role of consumers and family members on local advisory councils in Mississippi and in other states and subsequently initiated activities in FY 2009 to improve the effectiveness of the councils based on the review, the Division has proposed changes to the Mississippi Department of Mental Health Minimum Standards for Community Mental **Health** Services that, if enacted, will provide more specific guidance regarding the purpose and structure of local advisory councils. The Division has also developed a draft ~~of a manual~~ toolkit to provide technical assistance to ~~the~~ local advisory councils and plans to develop ~~a~~ strategies for disseminating ~~of~~ educational information to the local councils in FY 2010.

In FY 2010 the Division proposed changes to the Mississippi Department of Mental Health Minimum Standards for Community Services that will provide more specific guidance regarding the purpose and structure of local advisory councils. **In FY 2010, the Division is working to encourage dialogue with state advisory councils to determine strengths and needs and support local advisory councils based on feedback.** The Division has also developed a Advisory Council Guide to provide technical assistance to the local advisory councils and is **working with the Public Relations to disseminate educational information to the local councils in FY 2010.**

Division of Consumer and Family Affairs

In FY 2007, DMH employed consumers to work part-time in the state office to assist with the peer review process and consumer educational events, as well as to facilitate planning and development of a Peer Specialist program and employment opportunities. In FY 2008, the DMH established the Division of Family and Consumer Affairs in the Bureau of Community Services, ~~which~~ assumed those responsibilities, as well as oversight of family education programs and Drop-in Center services. Operational objectives of the Division include:

- To ensure that individuals and families are the driving force for improvements in the publicly funded mental health system;
- To help individuals and their families participate in decision-making at all levels of the public mental health system; and,
- To promote the empowerment of individuals and families with mental health needs through education, support and access to mental health services.

In April, 2008, the Division of Family and Consumer Affairs convened a preliminary workgroup of consumer, family and service provider representatives to begin work to general additional input for further development of the goals and objectives of the new Division. By consensus, the preliminary workgroup generated the following suggestions that continue to guide the work of the Division:

- Ongoing education of stakeholders, including leadership at the local and state levels, about the importance of consumer and family involvement in services, what that involvement should include;
- Ongoing outreach to build capacity of consumer and family education programs;
- Refinement and education about the role of local advisory councils; and,
- Continued evaluation and refinement of the peer review process.
- Improving coordination of activities designed to increase consumer and family inclusion.

Beginning in FY 2009 and in FY 2010, the Division of Consumer and Family Affairs will continue to develop strategies to facilitate **the transformation to** a recovery-oriented mental health system. Activities currently being considered include development of an education and information campaign focused on disseminating information about recovery and empowerment and identification of possible avenues at the state and local level for further promoting recovery-oriented systems change, e.g., through existing advisory councils, committees and task forces. Additionally, the Division will continue to examine strategies that have been successful in other states in promoting recovery and consumer empowerment.

Development of Peer Specialist Services

DMH has received technical assistance on planning for development of peer specialist services in the state (based on Georgia's model. A peer specialist training session in the

fall of 2006 involved individuals receiving services, family members, and service providers in training regarding the peer specialist program and the recovery model. In FY 2008, one of the consumers employed by the DMH in the Division of Consumer and Family Affairs completed the one-week Certified Peer Specialist Training in Kansas. In March, 2008, staff from the Division of Consumer and Family Affairs, as well as local provider and NAMI-MS representatives visited peer support programs in Georgia and received technical assistance on program development from certified peer specialists, Medicaid representatives, and Georgia Department of Mental Health staff. Activities to develop peer specialist services continued in FY 2009. In May 2009, the first group of 16 interested consumers received training in the provision of peer specialist services, based on the Georgia model, and a workshop for providers interested in peer specialist services was provided as part of the 2009 Mental Health Community Conference. The Division of Family and Consumer Affairs plans to continue activities to advance the development of peer specialist services in Mississippi, focusing on the provision of education to service providers about the definition and role of peer specialist services in a recovery-oriented system. The Bureau of Community Services will also continue efforts to obtain funding support to provide peer specialist services.

In FY 2010, two Certified Peer Specialists have been employed as a part of the Assertive Community Treatment Team in Region 6. In FY 2010, the Bureau of Community Services will continue to explore areas to employ Peer Specialists and educate community mental health systems on the role of Peer Specialists in the recovery process. Currently, Certified Peer Specialists are working to establish bylaws, goals and a mission statement for Recovery Now, a newly formed consumer coalition.

Development of Statewide Consumer Coalition

In FY 2010, the Division of Consumer and Family Affairs and the Division of Community Services plan to continue to facilitate development of an independent statewide consumer coalition. Discussions with interested stakeholders about the potential to develop an independent consumer coalition were held in conjunction with the May 2009 Community Mental Health Conference and facilitated by the National Consumer Empowerment Center. In FY 2010, the Division of ~~Family and~~ Consumer **and Family** Affairs plans to identify consumers interested in assuming leadership roles in developing a statewide consumer coalition and to seek technical assistance to guide the leadership group on steps that would be necessary to move forward in forming and supporting a coalition, possibly through holding a retreat of identified consumer leaders to discuss forming and supporting a coalition. **In FY 2010 the Division of Consumer and Family Affairs will continue to work with the newly formed consumer coalition group, Recovery Now, by providing requested support and technical assistance.**

Family Education/Support and Consumer Education Support Programs are designed to address three of the major risk factors found to be associated with re-hospitalization of individuals at the largest state psychiatric facility: medication non-

compliance, current alcohol use (specifically as it affects individuals with mental illness), and family conflict (including education about serious mental illness and skills needed for effective communication among family members and consumers).

The DMH Division of Community Services adopted the Family-to-Family education program, which is conducted by family members, for implementation of the community mental health system's family education component in FY 2000. The Department of Mental Health provides funding to NAMI-MS to make the "Family to Family" education program available to all 15 CMHC regions.

The CMHCs are asked to provide support to NAMI-MS in implementing the family education/support program, through such activities as identifying potential participants, providing meeting space if needed, and/or helping to develop a media campaign to advertise the availability of the program. Under current minimum standards, DMH staff monitor local programs for increased documentation of the types of support provided to family education programs. This requirement was added to help increase the availability and uniformity of family education/support programs across the mental health regions in the state. As of April 2009, the family education program was made available by NAMI-MS to 8 of the 15 CMHC regions across the state. A total of two Family to Family classes had been conducted in two regions (Regions 2 and 9). Additionally,199 meetings of support groups were held in Regions 2, 3, 4, 6, 9, 10, 13, 14 and 15; 90 groups met, some weekly, some twice a month and others monthly. The NAMI Basics classes (formerly the Parent to Parent classes) were conducted in Regions 11 and 15. **As of June 2010, NAMI-MS had served 44 family members in Family to Family ~~training~~ classes. The target for FY 2010 was modified from 70 to 60. Two to three additional classes will be scheduled before the end of FY 2010; however, based on the average number of people attending the first three classes ~~training sessions~~ in FY 2010 (which was 44 ~~20~~), the overall target for FY 2010 was reduced.**

Adult Plan: NOM on WebBGAS page 262

Goal: To provide family and consumer education and support services.

Target: DMH will provide funding and support services for family education through the "Family to Family" program.

Population: Adults with Serious Mental Illness

Criterion: Comprehensive, community-based mental health system

Brief Name: Availability of family education program

Indicator: Information about the Family to Family education program offered by NAMI-MS will be made available to individuals with serious mental illness served through the public community mental health system, and their family members as appropriate.

Measure: The number of individuals receiving services through the Family to Family education program made available by NAMI-MS

Source(s) of Information: "Family to Family" education program facilitators' records (grant program records)

Special Issues: As described in the Performance Indicator table that follows, currently, the MS DMH supports NAMI-MS in the provision of the Family to Family program, which reports the number of educational contacts made through that program. "Family psychosocial education" is an evidence-based practice included in the CMHS National Outcome Measures, the proposed definition of which is similar to the components used in the Family to Family Program. In accordance with current CMHS Reporting Guidelines for Evidence-based Practices (URS Table 17), DMH anticipates reporting data for the NAMI Family-to-Family program for FY 2010. DMH will continue to monitor availability of additional information on the effectiveness of the Family to Family program from ongoing research activities. DMH will continue activities through its Data Infrastructure Grant (DIG) Quality Improvement project to address the issue of data collection for family psychoeducation. DMH is continuing work to develop capacity for collection of information for the National Outcome Indicators on evidence-based practices, with support from the CMHS Data Infrastructure Grant (DIG) Quality Improvement project.

In FY 2008, the targeted number to be served through the Family to Family Program (80) was not completely reached in FY 2008, due to a smaller than expected turnout at two training sessions held in rural areas. Additionally, another training session was cancelled because of a low number of individuals planning to attend, and there were unanticipated problems with trainer scheduling because of illness. NAMI-MS has addressed this issue through increased outreach efforts; however, the number of individuals targeted to participate in the Family to Family program still reflects a decrease after FY 2008.

Significance: The "Family to Family" education program enables family members to become educated about their family member's mental illness and facilitates the development of coping skills and support groups.

Action Plan: The NAMI Family to Family program services will continue to be made available to the families of individuals served by the 15 CMHCs, and the Division of Consumer and Family Affairs will facilitate the provision of written material for community mental health centers to provide to consumers and/or family members regarding recovery that will address the availability of NAMI family education and support programs.

National Outcome Measure: Evidence-Based Practice - Family Psycho Education: (URS Developmental Table 17)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	**FY 2006 (Actual)**	**FY 2007 (Actual)**	**FY 2008 (Actual)**	**FY 2009 (Target)**	**FY 2010 Target**
Performance Indicator					
Percentage of persons receiving Family Psychoeducation Services*	Not reported as percentage of persons served in FY 2006	**.**25%	.12%	.15%	~~.14%~~ **.12%**
Numerator: Number receiving Family Psycho education Services*	93 Baseline*	120	64*	65*	~~70~~ **60**
Denominator: Number of adults with SMI served (community services)		48,493	52,312	42,000	49,000

*In accordance with CMHS Reporting Guidelines for Evidence-based Practices, it should be noted that numbers reflect individuals served through NAMI's Family –to-Family Program and not the evidence-based model referenced in SAMHSA's EBP Toolkit, which involves a clinician as part of clinical treatment.

Adult Plan: See WebBGAS pages 192-193

Provider Education

In FY 2003, NAMI-MS initiated the NAMI Provider Education Program in Mississippi. This is a 30-hour course in mental illness education and consumer/provider/family collaboration skills for line staff at public mental health agencies. The five-member training groups include two consumers, two family members and a mental health professional who is also a family member or consumer. As of April 2009, the NAMI Provider to Provider program had been offered at CMRC; 18 providers were trained during the four-day course. **Due to budgetary restraints, NAMI-MS has not conducted any Provider to Provider training during FY 2010, and NAMI-MS does not plan to conduct Provider to Provider trainings in FY 2011.**

Consumer Education/Support Programs

The Mississippi Leadership Academy (MLA) resulted from a federally funded grant designed to enhance leadership and communication skills of persons with a serious

mental illness. Since it was first instituted in Idaho in the early 1990's, over 20 states have become sponsors, with West Virginia having replicated the leadership academy model. The coordinator of MLA has received technical assistance from educators from the CONTAC technical assistance center in West Virginia to tailor the academy to meet the needs of Mississippians. The MLA is designed to be offered twice a year; its student body consists of people who are recovering from serious mental illness and who aspire to assume leadership roles in the mental health community, as well as in the community at large. Each class includes approximately 20 graduates. Persons who have participated in Peer-to-Peer training, BRIDGES training or who are interested in increasing their leadership skills will continue to be provided an opportunity to participate in the Academy, as resources are available. As of April 2009, consumer education training programs were made available to al l5 CMHC regions. NAMI-MS offered its Peer to Peer education program, providing five classes in Regions 6 and 10 and at MS State Hospital and Central MS Residential Center; 34 individuals attended these sessions. As a result of the skills individuals learn in the Peer to Peer classes, NAMI-MS has many consumers who now teach the course throughout the state. Others have represented NAMI Mississippi at the NAMI National Convention, held in various cities across years. Peer to Peer graduates also serve NAMI-MS statewide by presenting their personal stories about living with a mental illness as by serving as support group facilitators.

The Mississippi Leadership Academy (MLA) has conducted two training sessions ~~thus far this year~~ **in 2008 and 2009,** producing a total of ~~31~~ **36** graduates (18 in the December 2008 class and ~~13~~ **18** in the ~~May~~ **September** 2009 class). The Director of the MLA has maintained contact with all graduates through a newsletter and personal correspondence. Many of them report their leadership involvement with mental health training programs throughout the state (NAMI Peer to Peer and In Your Own Voice; State Mental Health Planning and Advisory Council; Consumer Coalition conferences; peer reviews; and, peer advocacy) and other roles in their communities. At least 14 of the graduates have assumed lead roles on the MLA planning team. Five graduates are advisory board members at local CMHCs, with others expected to assume similar roles during this fiscal year. The Director of the MLA continues to strengthen peer reviews, peer counseling and provider education. The 2009 curriculum promotes active consumer advocacy with regard to law enforcement education personnel and crisis intervention. Most students continue to be referred to the MLA by the regional CMHCs and the state NAMI office; however, a few referrals have come from private practitioners. The Director of the MLA is establishing liaison with the Veterans Administration to provide outreach to more potential MLA students from that arena. The Mississippi Leadership Academy distributed its first newsletter in December 2008. The Division of Consumer and Family Affairs is working with the state Information Technology Services (ITS) agency to enhance the website.

A significant step in converting the MLA to a consumer-led program occurred in February 2009, when the MLA Board, consisting of 14 MLA graduates, was established. The Director of MLA is a consultant to this consumer-led board, which plans to assume total responsibility for teaching the MLA curriculum by December 2010. Board members will teach at least five of the MLA lessons during the September 2009 class.

Board members are actively planning for that class and identifying potential students to the director. The Board will meet at least three times prior to the September 2009 class to refine the curriculum and to plan for next year's classes. Additionally, CMRC provides illness management and recovery services to individuals they serve, based on SAMHSA Evidence-based Practice (EBP) Toolkit. **By mid-year FY 2010, NAMI-MS had trained ~~nine~~ 24 individuals in two Peer to Peer classes.** ***The targeted number for individuals to be served in the Peer to Peer program is expected to decrease for FY 2010*** **~~was modified from 40 to 30~~ because of the loss of a Peer to Peer Coordinator position and reduced funding;** ***however, given the additional individuals who are projected to receive illness self-management/recovery services through CMRC's program, the target remains the same for FY 2010*****. ~~Two~~ Three Peer to Peer training sessions were scheduled before the end of FY 2010 (July 6-9, 2010, at Beacon Behavioral Health; July 19-22, 2010, at Mississippi State Hospital Community Services; and, a training in Meridian, July 26-29, 2010. ~~and a Train the Trainer session for the Peer to Peer program is scheduled for August 2010~~. The Mississippi Leadership Academy has a training session scheduled for December 2010.**

Adult Plan: Narrative changes above pertain to NOM on WebBGAS page 265

Goal: To provide family and consumer education and support services

Target: To continue to maintain and support Consumer Education/Support programs.

Population: Adults with Serious Mental Illness

Criterion: Comprehensive, community-based mental health system.

Brief Name: Availability of Consumer Education Program training.

Indicator: Information about the Peer to Peer education program offered by NAMI-MS and the Mississippi Leadership Academy (MLA) will be made available to individuals with serious mental illness served through the public community mental health system.

Measure: The number of individuals receiving services through the Peer to Peer program made available by NAMI-MS and who complete the Mississippi Leadership Academy (MLA)

Source(s) of Information: Consumer education program records; Grant program reports

Special Issues: The Consumer Education Programs provided or supported through the CMHC must be NAMI Peer to Peer, the Mississippi Leadership Academy or other program approved by the DMH.

Significance: The NAMI Peer to Peer training and Mississippi Leadership Academy are made available to facilitate the development of consumer education and support groups throughout the state. Consumer education programs provide individuals with education about their illness, including coping skills, and facilitate individuals taking a more active role in their recovery. The programs also provide information about how to access and advocate for and about opportunities for the development of self-help groups.

The targeted number of individuals to be served through the Illness Management programs (120) was not completely reached in FY 2008 (103 adults received services). This reduced number was due to a change in administrative staff at NAMI-MS (which administers the Peer to Peer program) during that time period, and use of the organization's staff time to initiate the NAMI Connections support program during that year. The number of individuals targeted to participate in the Illness Management programs also reflects a decrease after FY 2008.

Action Plan: The NAMI Peer to Peer program and the Mississippi Leadership Academy (MLA) will continue to be made available to individuals served by the 15 CMHCs, and the Division of Consumer and Family Affairs will facilitate the provision of written material for community mental health centers to provide to consumers and/or family members regarding recovery that will address the availability of NAMI Peer to Peer and consumer support programs, as well as the MLA.

National Outcome Measure: Programs for Illness Management and Recovery Skills
(URS Developmental Table 17)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	**FY 2006 Actual**	**FY 2007 (Actual)**	**FY 2008 Actual**	**FY 2009 Target**	**FY 2010 Target**
Mental Health Transformation Performance Indicator					
Percentage of persons served who received illness management/recovery services*	Not reported as percentage of number served in FY 2006	.26	.20	.19	.08
Numerator: Number Receiving Illness Management/Recovery Services*	194 Baseline*	127*	103*	80	40

Denominator: Number of persons with SMI served (community services)		48,493	52,312	42,000	49,000

**In accordance with CMHS Reporting Guidelines for Evidence-based Practices, it should be noted that numbers reflect individuals served through programs that involve a specific curriculum; programs will include Peer to Peer, MS Leadership Academy and/or BRIDGES (through FY 2008).*

Adult Plan: See WebBGAS page 194

Other Educational/Support Opportunities

~~The conference is attended by consumers of mental health services, mental health professionals, and interested stakeholders. The Mississippi Community Mental Health Conference, with over 1200 registrants, was held May 28-29, 2009, at the Jackson Convention Center.~~

~~DMH will continue to partner with the Mississippi Department of Health and conducted a Health Fair at the individual conferences. The Department of Mental Health, through the Mental Health Association of the Capital Area, has implemented a system to provided educational materials to consumers and family members. Pamphlets will be provided to participants of the mental health conferences and other education materials will be on display at Mississippi Community Mental Health Conference and pamphlets were provided in the conference packets.~~

Objective: To make available, ~~educational opportunities and/or materials for consumers and to continue to make available support of the annual Mental Health Community Conference (attended by a significant number of consumers), as well as other~~ **through local, state or national mediums, education/training opportunities and/or materials.**

Population: Adults with Serious Mental Illness

Criterion: Comprehensive, community-based mental health system.

Brief Name: Availability of consumer educational opportunities

Indicator: Continued availability of funding to support educational opportunities for consumers through local, state or national education/training opportunities.

Measure: DMH will continue to make available opportunities for consumers to participate in local, state, and/or national trainings and provide educational materials to on self empowerment, recovery, and/or illness management. ~~support of the annual Mental Health Community Conference (attended by a significant number of consumers), including materials for hands-on participation in self-help workshops, as well as other local, state or~~

~~national education/training opportunities.~~

Special Issues: None

Significance: Continuing support of ~~the Annual Mental Health Community Conference, as well as other~~ local, state and/or national education/training opportunities**.** ~~will facilitate or enhance the participation of consumers in opportunities to network with other consumers from various areas of the state who may have similar needs, interests and concerns~~. ~~Examples of materials for workshop activities at the mental health community conference include journals, self-help books, etc., that participants can use in workshops and take home after the training.~~ **Educational materials distributed will focus on recovery and empowerment, and will be shared with consumers of mental health services, as well as family members, mental health professionals and other interested stakeholders.**

Funding: CMHS block grant

The Action Plans for the following National Outcome Measure (NOM) were revised in both the Children's Services and Adult Services Plans to reflect the emphasis of State Plan activities on continuity of care and facilitation of evidence-based practices as strategies to affect readmission to state psychiatric hospitals.

Criterion #1: Children's Services Plan – NOM on WebBGAS pages 418-419

Goal: Decrease utilization of state inpatient child/adolescent psychiatric services

Target: To reduce readmissions of children/adolescents to state inpatient child/adolescent psychiatric services by routinely providing community mental health centers with state hospital readmission data by county

Population: Children with serious emotional disturbances

Criterion: Comprehensive, community-based mental health services

Indicator: Rate of inpatient readmissions within 30 days and within 180 days

Measure: Ratio of civil readmissions to civil discharges at state hospitals within 30 days and within 180 days**.**

Sources of Information: Uniform Reporting System (URS) tables, including URS Table 20 (Rate of Civil Readmission to State Inpatient Psychiatric Facilities within 30 days and 180 days)

Special Issues: DMH is continuing work on development of the data system to support collection of information for the National Outcome Measures on readmissions to state

psychiatric inpatient facilities with support from the CMHS Data Infrastructure Grant (DIG) Quality Improvement project. ~~Data was reported through the Uniform Reporting System (URS) tables for FY 2004- FY 2008.~~ As mentioned previously, the DMH is working through its CMHS Data Infrastructure Grant project to address issues regarding data collection on this and other core indicators over the next three-year period. It should be noted that the current data system does not track individual youth across the community mental health and state hospital systems and although there is some overlap, data are likely to represent two different cohorts. For example, except for receiving a preadmission screening, not all youth served in the hospital system were necessarily also clients of the community mental health system. Also, currently, most admissions to the state hospital system are through order of the Youth Court or Chancery Court systems. DMH continued work ~~in FY 2009~~ to develop capacity to collect data through a central data repository (CDR) for the Uniform Reporting System (URS) tables, including URS Table 20. As noted under the objective on Information Management Systems Development under Criterion #5, the CDR is now in place and the DMH continues to use its Mental Health Data Infrastructure Quality Improvement grant project funds to support work with providers to increase the number that submit data to the CDR that passes edits and to have the capacity to track youth served across state hospital and community mental health center settings. Work on ensuring standardization of definitions to be consistent with federal definitions also will continue. DMH will continue activities through its Data Infrastructure Grant (DIG) Quality Improvement project ~~in FY 2010~~ to enable reporting to the CDR by all community providers certified and/or funded by DMH and to improve data integrity. It is anticipated that the transition from aggregate reporting to reports generated through the CDR may result in adjustments to baseline data, therefore, trends will continue to be tracked to better inform target setting in subsequent Plan years.

Significance: As noted in the State Plan, CMHCs conduct pre-evaluation screening for civil commitment that is considered by courts in determining the need for further examination for and proceeding with civil commitment to the state psychiatric hospitals. Provision of more timely, county-specific data to CMHCs on individuals they screened who were subsequently readmitted will facilitate collaborative efforts to increase continuity of care across hospital and community services settings and increase focus on the provision of community-based services that prevent rehospitalization.

Action Plan: ~~The state psychiatric hospitals will provide routine reports on the number of readmissions by county to community mental health centers.~~ **Planning and service initiatives described in the State Plan to provide community-based alternatives to hospitalization and rehospitalization will be continued, as well as initiatives to facilitate the use of evidence-based practices.**

National Outcome Measures: Reduced Utilization of Psychiatric Inpatient Beds

Decreased Rate of Civil Readmission to State within 30 days and 180 days (Reduced Utilization of Psychiatric Inpatient Beds) (Developmental Tables 20A and 20B)

-(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	**FY 2006 Actual**	**FY 2007 Actual**	**FY 2008 Actual**	**FY 2009 Actual**	**FY 2010 Target**
Performance Indicator					
1. Decreased Rate of Civil Readmissions to state hospitals within 30 days	.97% Baseline*	1.3%	1.3%	**.25%**	1.2%
Numerator: Number of civil readmissions to any state hospital within 30 days	4	5	5	**1**	4.6
Denominator: Total number of civil discharges in the year	412	384	375	**402**	390
2. Decreased Rate of Civil Readmissions to state hospitals within180 days	6.1%**	5.99%	5.6%	**5.47%**	5.9%
Numerator: Number of civil readmissions to any state hospital within 180 days	25	23	21	**22**	23

Denominator: Total number of civil discharges in the year	412	384	375	**402**	390

Criterion #1: Adult Services Plan – NOM on WebBGAS pages 254-257

Goal: Decrease utilization of state inpatient adult psychiatric services

Target: To reduce readmissions of adults to state inpatient psychiatric services by routinely providing community mental health centers with state hospital readmission data by county

Population: Adults with serious mental illness

Criterion: Comprehensive, community-based mental health services

Indicator: Rate of inpatient readmissions within 30 days and within 180 days

Measure: Ratio of civil readmissions to civil discharges at state hospitals within 30 days and within 180 days.

Sources of Information: Uniform Reporting System (URS) tables, including URS Table 20 (Rate of Civil Readmission to State Inpatient Psychiatric Facilities within 30 days and 180 days)

Special Issues: DMH is continuing work on development of the data system to support collection of information for the core indicators on readmissions to state psychiatric inpatient facilities, with support from the CMHS Data Infrastructure Grant (DIG) Quality Improvement Project. Data was reported through the Uniform Reporting System (URS) tables. ~~for FY 2004 – FY 2008~~. As mentioned previously, the DMH is working through its CMHS Data Infrastructure Grant project to address issues regarding data collection on this and other national outcome measures. ~~by the end of FY 2010~~. The current data system does not track individuals across the community mental health and state hospital system; therefore, adults in those two systems, though there is some overlap, are likely to represent two different cohorts, that is, except for receiving a preadmission screening, not all adults served in the hospital system were necessarily also clients of the community mental health system. Also, currently, most admissions to the state hospital system are through order of the Chancery Court system. DMH **is continuing** ~~continued~~ work ~~in FY 2009~~ to develop capacity to collect data **from all funded/certified providers** through a central data repository (CDR) for the Uniform Reporting System (URS) tables, including URS Table 20. As noted under the objective on Information Management Systems Development under Criterion #5, the CDR is now in place and the DMH continues to use its Mental Health Data Infrastructure Quality Improvement grant project funds to support work with providers to increase the number that submit data to the CDR that passes edits

and to have the capacity to track adults served across state hospital and community mental health center settings. Work on ensuring standardization of definitions to be consistent with federal definitions also will continue. DMH will continue activities through its Data Infrastructure Grant (DIG) Quality Improvement project in ~~FY 2010~~ to enable reporting to the CDR by all community providers certified and/or funded by DMH. It is anticipated that the transition from aggregate reporting to reports generated through the CDR may result in adjustments to baseline data, therefore, trends will continue to be tracked to better inform target setting in subsequent Plan years.

Significance: As noted in the State Plan, CMHCs conduct pre-evaluation screening for civil commitment that is considered by courts in determining the need for further examination for and proceeding with civil commitment to the state psychiatric hospitals. ~~Provision of more timely, county-specific data to CMHCs on individuals they screened who were subsequently readmitted will facilitate~~ Collaborative efforts to increase continuity of care across hospital and community services settings and increased focus on the provision of community-based services, **including more timely access to crisis stabilization services are designed to** ~~that~~ prevent **hospitalization and** rehospitalization.

Action Plan: ~~The state psychiatric hospitals will provide routine reports on the number of readmissions by county to community mental health centers. Other planning and service initiatives described in the State Plan to provide community-based alternatives to hospitalization and rehospitalization will also be continued.~~ **The Department of Mental Health will implement initiatives to provide community-based crisis stabilization services, to improve discharge planning and continuity of care for individuals transitioning from inpatient to community-based care, and to provide training on evidence-based, integrated treatment for persons with co-occurring disorders, which are described in the State Plan.**

National Outcome Measures: Reduced Utilization of Psychiatric Inpatient Beds

Decreased Rate of Civil Readmissions to State Psychiatric Hospitals within 30 days and within 180 days: (URS Developmental Tables 20A and 20B)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	**FY 2006 Actual**	**FY 2007 Actual**	**FY 2008 Actual**	**FY 2009 Actual**	**FY 2010 Target**
Performance Indicator					
1. Decreased Rate of Civil Readmissions ~~at~~ to state hospitals within 30 days	2.95%	2.43%	3.5%	**4.12%**	3.0%
Numerator: Number of civil readmissions to any state	99	84	134	**175**	106

hospital within 30 days					
Denominator: Total number of civil discharges in the year	3,355	3457	3845	**4244**	3552
2. Decreased Rate of Civil Readmissions ~~at~~ to state hospitals within 180 days	13.8%	12.79%	17.3%	**15.62**	14.7%
Numerator: Number of civil readmissions to any state hospital within 180 days	464	442	665	**663**	524
Denominator: Total number of civil discharges in the year	3,355	3457	3845	**4244**	3552