FY 2011 MISSISSIPPI STATE PLAN FOR COMMUNITY MENTAL HEALTH SERVICES

FOREWORD

The Fiscal Year 2011 Mississippi State Plan for Community Mental Health Services was developed by staff of the Mississippi Department of Mental Health, in collaboration with the Mississippi State Mental Health Planning and Advisory Council. The Council serves in an advisory capacity to the Department in identifying service needs, in updating annual objectives to meet those needs, and in reviewing and monitoring progress on implementation of objectives throughout the year. The Mississippi Department of Mental Health greatly appreciates the commitment and work of Council members, and primary consumers from across the state. Their contributions to the ongoing planning process are key to continued progress in improving availability and accessibility of services for adults with serious mental illness and children with serious emotional disturbance. This State Plan document represents the cumulative long-range planning efforts of the Council and the Department of Mental Health in setting forth and pursuing a vision for an ideal comprehensive system of community mental health services for children with serious emotional disturbance and adults with serious mental illness in Mississippi. The Plan also addresses criteria for state plans included in federal law, as required in the state's application for Center for Mental Health Services Block Grant funds.

The purpose of the State Plan for Community Mental Health Services is to describe the comprehensive, community-based service delivery system for individuals with mental illness upon which program planning and development are based, to set forth annual goals/objectives to address identified needs, to assist the public in understanding efforts employed and planned by the Department of Mental Health to provide supports to Mississippi's citizens with mental illness and serious emotional disturbance, to serve as a basis for utilization of federal, state and other available resources, and to provide, through the Mississippi State Planning and Advisory Council, an avenue for individuals, family members, and service providers to work together in identifying and planning an array of services and supports through the annual update of this Plan.

A Note About Funding: The FY 2011 State Plan includes objectives related to state funds, as well as use of other resources for community mental health services. Included under Criterion #5 in the Children's Plan and under Criterion #5 in the Adult Plan are objectives to request additional state funds for the 2012 fiscal year. Changes indicated under these criteria also reflect projected use of CMHS Block Grant funds in FY 2011, including the increase in FY 2010 (current year) CMHS Block Grant funds. Because of budget reductions in FY 2010 and FY 2011, additional modifications to objectives may be required.

Because the State Plan is considered a working document, the public is encouraged to submit comments to:

The Mississippi State Mental Health Planning and Advisory Council
c/o Division of Planning, Bureau of Community Services
Mississippi Department of Mental Health
239 North Lamar Street, 1101 Robert E. Lee Building
Jackson, MS 39201

Telephone: (601) 359-1288
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Comments to the Draft FY 2011 State Plan received after the comment period (July 12 – August 10, 2010) will be considered in development of the FY 2012 Plan.

Mississippi State Mental Health Planning and Advisory Council Members – 2010

Myrna Douglas, Chairperson (to June 29, 2010)
Larry Waller, Chairperson, June 29, 2010 through 2011
Amanda Clement, Vice-Chairperson
Sandra Caron, Secretary
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Annette Giessner
Carrie Harris
Alicia Hill
Debbie Holt
Jean Kutack
Suzanne Lancaster
Glenda Lester [for IHL through 6/30/10 (retired); replacement appointment pending]
Sheila McGraw
Shane McNeill
Kristen Owen
Elaine Owens (new member, 7/10)
Greg Patin
Kristi Plotner
Linda Raff
Kim Richardson
Bradley Sanders
Charlie Spearman, Sr.
Karla Steckler (for DHS through 6/30/10; replaced by:
Sandra McClendon (new DHS rep., 7/10)
Larry Waller
Debra Wertz

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SECTION I. Description of the State Service System

General Description of the State Population - According to 2000 U. S. Census figures, Mississippi has a population of 2,844,658. The state has a significant minority population, with an estimated 39% of its citizens identified as nonwhite. Of the total number of nonwhite individuals, approximately 94% are African-American. The majority of Mississippians (approximately 61%) are between the ages of 18 and 64. Twenty-seven percent of the population are below 18 years of age, and approximately 12% are 65 years of age or older. In 2000, 48% of the population was male and 52% was female.

The 1990 U. S. Census indicated that in 1989, 20.2% of Mississippi families lived below the poverty level. According to the 2000 U.S. Census, in 1999, 19.9% of individuals in Mississippi lived below the poverty level, and 16% of Mississippi families lived below the poverty level. The 2000 Census also indicated that 22.2% of families with related children under 18 years of age lived below the poverty level in 1999. Over the last decade, Mississippi has shown increases in income and signs of decreasing unemployment. The per capita income of Mississippi in 1991 was reported to be $13,328, which was 69.8% of the national average (*Handbook of Selected Data, 1993*); however, based on the 2000 U.S. Census, per capita income had risen to $15,853. In 1991, unemployment was 8.6% (*Handbook of Selected Data, 1993*). The moving 12-month average unemployment rate for the state as of April 2010 was 10.4%, with the number of unemployed averaging 135,200 and the number of employed (excluding the military) averaging 1,158,800**.** (The national average unemployment rate for the month of April 2010 was 9.7%. Mississippi Department of Employment Security, May 2009).

A rural state, only 14% of Mississippi's 47,233 square miles is urbanized. The areas of the state where its population are concentrated are in the west central area of the state (the Jackson metropolitan area) and on the Gulf Coast. Of its 82 counties, 21 are designated as 100% rural, based on rural and urban designations resulting from 2000 U.S. Census data.

Overview of the State Mental Health System

The State Public Mental Health Service System

The public mental health system in Mississippi is administered by the Mississippi Department of Mental Health, which was created in 1974 by an act of the Mississippi Legislature, Regular Session.

Organizational Structure of the Mississippi Department of Mental Health

The structure of the DMH is composed of three interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-operated facilities and community services programs.

Board of Mental Health - The Department of Mental Health provides leadership in coordinating mental health services within the broader system through both structural and functional mechanisms. DMH is governed by the State Board of Mental Health, whose nine members are appointed by the Governor of Mississippi and confirmed by the State Senate. By statute, the Board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and citizen representatives from each of Mississippi's five congressional districts (as existed in 1974). Members' seven-year terms are staggered to ensure continuity of quality care and professional oversight of services.

DMH Central Office – The Executive Director directs all administrative functions and implements policies established by the State Board of Mental Health. DMH has a state Central Office for administrative, monitoring, and service areas. The Division of Legal Services, the Office of Constituency Services, the Director of Public Information, and the Director of Disaster Preparedness and Response report directly to the Executive Director. The Division of Disaster Preparedness and Response is responsible for the development of a disaster behavioral health response system and the development and maintenance of the DMH's Statewide Disaster Response Plan. Additionally, this division is responsible for carrying out the responsibilities as assigned to the MS Department of Mental Health in Mississippi's Comprehensive Emergency Management Plan. In the event of a disaster declared by the President, the Division of Disaster Preparedness and Response is responsible for the establishment and oversight of the FEMA funded crisis counseling program in the affected areas. Should additional assistance be needed, the Division of Disaster Preparedness and Response has the capacity to activate 18 additional disaster behavioral health team members to assist with response. Recognizing the traumatic effects disasters have on individuals and communities, the Division of Disaster Preparedness and Response has partnered with two National Child Traumatic Stress Network sites in Mississippi to promote the provision of trauma-informed care in the public mental health system. Specifically, the Division has participated in planning and implementation of the Trauma-Focused Cognitive Behavioral Therapy Learning Collaboratives, the first Psychological First Aid Learning Community, and the Psychological First Aid Trainer Track of the Learning Community.

DMH has seven bureaus: Administration, the Mental Health, Community Mental Health Services, Alcohol and Drug Abuse Services, Intellectual and Developmental Disabilities, the Interdisciplinary Programs, and Workforce Development and Training.

The Bureau of Administration works in concert with all Bureaus to administer and support development and administration of mental health services in the state. The Bureau of Administration provides three major services, including accounting, auditing and information/data management. The Division of Information Systems (which provides support to the Bureau of Mental Health, the Bureau of Community Services and its service provider network in data management is part of the Bureau. The Bureau of Administration includes the following divisions: Accounting, Audit and Grants Management, and Information Systems.

The Bureau of Community Mental Health Services has the primary responsibility for the development and implementation of community-based services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, as well as to assist with the care and treatment of persons with Alzheimer's disease/other dementia. The Bureau of Community Mental Health Services provides a variety of services through the following divisions: Accreditation and Licensure, Mental Health Community Services (for Adults), Children and Youth Services, Alzheimer's Disease and Other Dementia, Planning, and Consumer and Family Affairs. The Division of Planning provides administrative support to the Mental Health Planning and Advisory Council and supports Bureau of Community Services staff in developing the State Plan and other planning, training and research activities. For example, the Division oversees the provision of pre-evaluation screening training and is working to address the development of a strategic plan for housing. The Division of Accreditation and Licensure for Mental Health is responsible for coordination and development of minimum standards for community programs that receive funds through the authority of the Department of Mental Health, as well as the coordination of review, monitoring, and certification processes to ensure that all community programs meet those minimum standards. The Division works with staff of other service divisions in the Central Office to implement this ongoing program monitoring process. Objectives of other service divisions are described in the text of the State Plans.

The Bureau of Alcohol and Drug Abuse Services is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with substance abuse problems, including state Three-Percent Alcohol Tax funds for DMH. The overall goal of the state's substance abuse service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and aftercare services. Community-based alcohol/drug abuse services are provided through the regional community mental health centers, state agencies, and other nonprofit programs. The Bureau includes the Division of Prevention Services and the Division of Treatment Services.

The Bureau of Mental Health oversees the six state psychiatric facilities, which include public inpatient services for individuals with mental illness and/or alcohol/drug abuse services as well as the Central Mississippi Residential Center and the Specialized Treatment Facility**,** a specialized treatment facility for youth with emotional disturbances whose behavior requires specialized treatment.

The Bureau of Intellectual and Developmental Disabilities is responsible for planning, development and supervision of an array of services for individuals in the state with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive regional centers for individuals with intellectual and developmental disabilities, one juvenile rehabilitation center for youth with intellectual and developmental disabilities whose behavior requires specialized treatment, regional community mental health centers, and other nonprofit community agencies/organizations that provide community services. The Bureau of IDD includes

the Division of Home and Community-Based (HCBS) ID/DD Waiver and the Division of Early Intervention Services.

The Bureau of Interdisciplinary Programs works with all other DMH programmatic bureaus, DMH facilities, and DMH-certified programs. The Bureau of Interdisciplinary Programs facilitates and coordinates the collection of information to develop reports, formulate policies, and develop rules and regulations as necessary for the Board of Mental Health and Executive Director; develops strategies for project management and organization; and, completes special projects for the Board of Mental Health and DMH. The Bureau Director of Interdisciplinary Programs serves as the liaison to the Board of Mental Health, and provides administrative leadership in the planning, directing, and coordinating of the *Board of Mental Health and DMH Strategic Plan*.

The Bureau of Workforce Development and Training advises the Executive Director and State Board of Mental Health on the human resource and training needs of the agency, assists in educating the Legislature as to budget needs, oversees the leadership development program, and serves as liaison for DMH facilities to the State Personnel Board. This Bureau includes the Division of Professional Development and the Division of Professional Licensure and Certification.

The Division of Constituency Services is responsible for the documentation, investigation and resolution of all complaints/grievances regarding state and community mental health/mental retardation facilities that are received from individuals receiving services, family members and the general public.

The Division of Disaster Preparedness and Response, which carries out MDMH's responsibilities as outlined in the *Mississippi Comprehensive Emergency Management Plan*, refines DMH's statewide disaster response system and creates and maintains the agency's disaster response plan. This division assists the DMH-operated facilities and local community mental health centers with disaster preparedness and response efforts.

Administration of Community-Based Mental Health Services

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set minimum standards for the operation of those services it funds, and to monitor compliance with those minimum standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies. As described throughout the State Plan, the MS Department of Mental Health is an active participant in various interagency efforts and initiatives at the state level to improve and expand mental health services. The DMH also supports, participates in and/or facilitates numerous avenues for ongoing communication with consumers, family members and services providers, such as the MS State Mental Health Planning and Advisory Council; the Regional Commissions Group, members of which include the governing boards or commissions of community mental health centers; and, various task forces and

committees that engage in ongoing efforts to improve the service system (described in the State Plan).

State Certification and Program Monitoring The Mississippi Department of Mental Health ensures implementation of minimum standards for community programs certified through the authority of the Department of Mental Health. Standards have been developed by the Department of Mental Health, approved by the State Board of Mental Health, and registered with the Mississippi Secretary of State's Office. The standards establish minimum requirements for programs in organization, management, and in specific service areas to attempt to assure the delivery of quality services. The Department ensures implementation of services that meet established minimum standards through its ongoing certification and site review process. Reviews are conducted by representatives from the Division of Community Services, the Division of Children and Youth Services, the Bureau of Alcohol and Drug Abuse Services, and the Division of Accreditation and Licensure. All community programs receiving funding through the Department must also submit monthly reports with their requests for reimbursement, which include service delivery and financial information. Bureau of Administration staff perform fiscal audits of programs receiving funding through the Department of Mental Health.

State Role in Funding Community-Based Services The authority for funding programs to provide services to persons in Mississippi with mental illness, mental retardation, and/or alcohol/drug abuse problems by the Department of Mental Health was established by the Mississippi Legislature in the Mississippi Code, 1972, Annotated, Section 41-45. Except for a 3% state tax set-aside for alcohol services, the MS Department of Mental Health is a general state tax fund agency. Section 41-4-7(1) of the MS Code states that the Department of Mental Health is:

> "to serve as the single state agency in receiving and administering any and all funds available from any source for the purpose of training, research and education in regard to all forms of mental illness, mental retardation, alcoholism, drug misuse and developmental disabilities, unless such funds are specifically designated to a particular agency or institution by the federal government, the Mississippi Legislature, or any other grantor."

The FY 2011 State Plan includes objectives related to state funds that were appropriated for specific purposes by the State Legislature in 2010. Also included under Criterion 5 in the FY 2011 State Plan are objectives to request additional state funds for the 2012 fiscal year. Criterion 5 also reflects projected use of federal Community Mental Health Services (CMHS) Block Grant funds in FY 2011, including ~~a~~ an increase in FY 2010 (current year) CMHS Block Grant funds. The DMH administers and grants to local providers funding from the federal CMHS block grant and the Substance Abuse Prevention and Treatment (SAPT) block grant, as well as special federal program grants (such as the PATH program). The DMH also applies to the MS Department of Human Services for a portion of Mississippi's federal Social Services Block Grant (SSBG) funds for mental health, substance abuse and developmental disabilities services; DMH

subsequently administers and grants these SSBG funds to local providers. (The MS Department of Human Services is the agency in Mississippi designated to receive and allocate SSBG funds.) The DMH also requests and administers through its service budget state matching funds for Medicaid reimbursable community mental health services provided by the regional community mental health centers. Due to the budget reductions in FY 2010 and the potential for further budget cuts in FY 2011, modification to objectives may be required to this plan.

Agencies or organizations submit to the Department for review proposals to address needs in their local communities. The decision-making process for selection of proposals to be funded are based on the applicant's fulfillment of the requirements set forth in the RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health. Applications for funding are reviewed by staff in the DMH, with decisions for approval based on (1) the applicant's success in meeting all requirements set forth in the RFP, (2) the applicant's provision of services compatible with established priorities, and (3) availability of resources.

State Mental Health Agency's Authority in Relation to Other State Agencies

As mentioned above, the MS Department of Mental Health is under separate governance by the State Board of Mental Health, but oversees mental health, intellectual/developmental disabilities, and substance abuse services, as well as limited services for persons with Alzheimer's disease/other dementia. The DMH has no direct authority over other state agencies, except as provided for in its state certification and monitoring role (described previously); however, it has maintained a long-term philosophy of interagency collaboration with the Office of the Governor and other state and local entities that provide services to individuals with disabilities, as reflected in the State Plan. (See section that follows on how the State mental health agency provides leadership in coordinating mental health services within the broader system.)

Summary of Areas Previously Identified by State as Needing Attention

Areas on which Attention was focused in FY 2010 for Services for Children with Serious Emotional Disturbance

- Continued funding, monitoring of implementation and training of local MAP teams as well as plans for expansion to those counties with no access to a MAP Team.

- Continued collaboration with the Department of Human Services (DHS), Division of Youth Services in the implementation of Adolescent "A" Teams for those youth with SED who are involved in the juvenile justice system. Additionally, Division staff continued collaboration with DHS in the training, development, and implementation of Adolescent Offender Programs (AOPs) in

those counties that do not already operate an AOP.

- Continued training of local service providers and cross agency training on mental health issues in youth, system of care development, strengths-based assessment, a wrap around approach to services, and trauma-focused cognitive behavior therapy, with focus on implementation of these concepts in the field.

- Continued work by the members of the Interagency System of Care Council on the evaluation of policies and procedures and facilitating cross-training opportunities across agencies serving youth and families.

- Increased work on the implementation of the Fetal Alcohol Spectrum Disorder (FASD) project and training on the identification, screening, and assessment of those youth, ages birth -7 years of age, who are at-risk or may exhibit symptoms of FASD. Continued implementation of the FASD state plan and quarterly meetings of the state FASD Advisory Council.

- Continued collaboration across the Division of Children and Youth Services, the Bureau of Alcohol and Drug Abuse, and the Division of Community Services for Adults to identify and disseminate best practices and other program improvements addressing youth in need of services for alcohol and/or drug use.

- Continued collaboration with the educational system through MAP Teams, the Interagency System of Care Council, and the State Level Case Review Team. Continued training, technical assistance, and certification of school-based programs offered by local community mental health centers.

- Continued funding and support for two Transitional Outreach Programs that serve youth/young adults, between 16-21 years of age.

- Continue funding and support for five comprehensive crisis intervention programs, as well as five smaller, specialized crisis intervention projects.

<u>Areas on which Attention was focused in FY 2010 for Services for Adults with Serious Mental Illness</u>

- In FY 2009 the Mississippi Legislature approved the Department of Mental Health Crisis Center Redesign Plan, permitting DMH to pilot the transition of operation of the state-operated crisis center in Grenada to operation as a crisis stabilization unit by Life Help Community Mental Health Center. In FY 2010 DMH sought and received legislative approval to transition the remaining six state-operated crisis centers from operation by the state hospitals to operation by regional community mental health centers. This transition will be complete by June 30, 2010, and community mental health centers will begin operating five of

the remaining six units. The operation of all seven crisis stabilization units will be based on the redesign piloted in Grenada, which includes operation based on community-based standards for intensive residential programs and acute partial hospitalization services**.**

- Improving the quality of clubhouse psychosocial rehabilitation services throughout all service regions of the state and expanding the number of ICCD certified clubhouses to a minimum of one in each community mental health region in the state.

- Improving the quality and facilitating further development of psychosocial rehabilitation services for persons who are elderly throughout all service regions in the state, including community-based services and services for individuals in nursing homes.

- Creating and maintaining a more person-directed service system for individuals with serious mental illness by incorporating person-centered philosophy throughout Department of Mental Health. As directed by its governing Board, DMH has been working diligently on an agency-wide Strategic Plan that addresses all areas of service responsibility. A major theme of the plan is to achieve a more person-directed service system, which will be reflected in the DMH standards review and revision process.

- Continuing efforts to support and improve specialized programs for persons with mental illness who are homeless. DMH also applied for and received SOAR technical assistance to work with individuals who are homeless and have mental illness.

- Continuing initiatives to improve evidence-based services by providing training to address the full integration of services for individuals with co-occurring disorders of mental illness and substance abuse disorders. In 2010, DMH received federal Transformation Transfer Initiative funding that will facilitate training on effective assessment and treatment in community mental health regions and state hospitals that have not received the training in the previous year.

- DMH is in the final stages of revising its *Minimum Standards for Community Mental Health Services*. Once approved, DMH will begin training service providers on the revised standards and monitoring of programs will begin in the next calendar year.

- Increasing coordination of transportation services to address the needs and barriers experienced by individuals served in the public community mental health system and exploring funding opportunities to support piloting of initiatives developed by the Mississippi Coordinated Transportation Coalition. DMH received a TTI grant that will enhance the coordination of transportation

services and service providers. DMH will also use grant funds to pay for transportation for individuals with disabilities.

- Establishment of a Housing Task Force and initiation of a statewide strategic planning project to develop additional housing options for persons with serious mental illness.

- Continue working with the Division of Medicaid to develop a proposed State Plan Amendment and/or waiver for submission to the Centers for Medicare and Medicaid Services that, if approved, would facilitate changes in community-based services to further support resilience/recovery.

- Continue collaboration with the University of Mississippi Medical Center's Department of Psychiatry and Human Behavior, which is implementing telehealth pilot programs in the Delta region of the state.

New Developments and Issues

Mississippi Youth Programs Around the Clock (MYPAC)

The Mississippi Division of Medicaid began implementation of MYPAC in October 1, 2007. MYPAC is a five-year demonstration grant from the Centers for Medicare and Medicaid Services (CMS) for a 1915 (c) home and community- based waiver program for youth with serious emotional disturbances. MYPAC provides alternate services to traditional Psychiatric Residential Treatment Facilities (PRTF) for youth still needing the same level of care. Services include Intensive Case Management, Wraparound Services, and Respite Services which are implemented by one of the two providers, Youth Villages or Mississippi Children's Home Society.

The Department of Mental Health, in collaboration with the MS Division of Medicaid, completed a Real Choice Systems Change project, funded by the Centers for Medicare and Medicaid Services (CMS) to pilot a person-directed planning process. Targeted in the project were individuals most at risk for hospitalization or rehospitalization, such as individuals with co-occurring mental illness and substance abuse disorders, as well as adolescents and young adults in transition from child to adult service systems. Inherent in implementation of the person-centered planning process is a shift in philosophy to more individualized, person-driven services. The Department of Mental Health collaborated with the MS Division of Medicaid to implement a Rebalancing Initiative funded by CMS to address transportation planning; CMS funding for the project ended in September 2008. The goal of this project was to coordinate statewide planning for transportation services for individuals with disabilities by working with state and local transportation services providers to offer an array of transportation services. The Mississippi Coordinated Transportation Workgroup continued to meet in FY 2010 to explore funding opportunities and needs for legislation to pilot efforts developed during the planning grant period.

Legislative Initiatives and Changes

The Department of Mental Health continues to address the following legislative initiatives:

The Mental Health Reform Act of 1997, often referred to as Senate Bill, 2100, was passed during the 1997 Session of the Mississippi Legislature and continues to impact the public community mental health system. This significant piece of legislation resulted from several months of study of mental health services in the state by a special subcommittee of the Mississippi Senate Appropriations Committee and was supported by major mental health advocacy groups and the MS Department of Mental Health. Some major areas addressed by the Mental Health Reform Act include: further codification of the Department of Mental Health's authority to set and enforce minimum standards for community mental health services and to ensure uniformity in availability and quality of basic services for adults and children across the 15 mental health regions in the state; establishment of crisis centers; and, further development in the administration and provision of care to improve the quality of community mental health services. The Department of Mental Health has continued processes for implementation of the provisions of the Mental Health Reform Act of 1997 as resources have become available, including family members, consumers, and service providers in review of policies and procedures related to these efforts. The establishment of the DMH Office of Constituency Services, construction of a network of state-operated crisis centers, and implementation of comprehensive revisions to the *MS Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services*, which are described in Section III that follows, are all initiatives undertaken to implement provisions in the Mental Health Reform Act.

House Bill 512, effective July 1, 2010, requires that an individual have a prescription in order to purchase ephedrine and pseudoephedrine; this legislation is a part of efforts to address the problem of methamphetamine in the state.

House Bill 664, effective July1, 2010, creates the Mississippi Silver Alert System Act of 2010, which will help to alert the public when an individual with dementia or other cognitive impairments is missing.

House Bill 929, which was passed in 2000, set forth in statute the purpose, process, membership and product of the statewide Mississippi Access to Care (MAC) workgroup. The legislation called for a statewide work group to develop a proposed plan for presentation to the Legislature by September 30, 2001. As noted, the Department of Mental Health continues to address recommendations in the MAC Plan as resources are available.

House Bill 965, passed during the 2010 regular session, amended portions of the DMH's FY 2010 appropriations bill that allow for implementation of the Crisis Center Redesign plan (described in more detail under Criterion 1).

House Bill 1049, effective July 1, 2010, provides the framework needed for the establishment of Crisis Intervention Teams (CIT) by local jurisdictions statewide; no additional appropriations specifically for that purpose were authorized by the bill.

House Bill 1529, passed during the 2010 Regular Session, continued the authorization of the Interagency Coordinating Council for Children and Youth (ICCCY) with the following revisions: expanded ICCCY to include the Attorney General, an additional family member, a youth or young adult, a local MAP Team Coordinator, a child psychiatrist, an early childhood education representative, an advocate for individuals with disabilities, and a faculty member or dean from a Mississippi university; increased decision-making authority for those representatives; provided for incorporation of local MAP Team representation through policies and/or regulations; revised the Interagency Agreement; and, continued development of local MAP Teams across the state.

House Bill 1479, passed during the 2010 Regular Session, changes the name of Oakley Training School to the Oakley Youth Development Center. This legislation also revised the admission/commitment criteria for Oakley Youth Development Center to include youth who have been adjudicated delinquent for a felony or who have been adjudicated delinquent three or more times for a misdemeanor offense.

Senate Bill 2645, passed during the 2010 Regular Session, authorizes the continuation of the Mental Health Study Committee for another year with a report deadline by January 2011. The conference report recommends a closer examination of the CMHC system and includes a provision to pay the expenses of the legislators on the study committee.

Senate Bill 2770, which passed during the 2009 Regular Session of the Mississippi Legislature, calls for the Mississippi Department of Education to require local school districts to conduct inservice training on suicide prevention for all licensed teachers and principals, to begin in the 2009-2010 school year. Beginning in the 2010-2011 school year, the Mississippi Department of Education is mandated to require local school districts to conduct inservice training on suicide prevention for all newly licensed teachers and principals. The Mississippi Department of Mental Health is responsible for development of the content of the training and determining the appropriate amount of time that should be allotted for the training.

House Bill 897, which passed during the 2009 Regular Session, which calls for the establishment of a Joint Legislative Study Committee and allows for the formation of an advisory council to that study committee. The committee is charged with studying and making recommendations for improving the mental health system and with making recommendations to the Legislature, including any recommended legislation, by December 1, 2009.

Senate Bill 2016, which passed during the 2009 Regular Session, which calls for the State Board of Mental Health to establish minimum standards and certify county facilities used for housing persons who have been involuntarily committed pending transportation and admission to a state treatment facility.

Description of Regional Resources

The mental health service delivery system is comprised of three major components: regional community mental health centers, state-operated facilities and community services programs, and other non-profit/profit service agencies/organizations.

Regional community mental health/mental retardation centers operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 regional centers make available a range of community-based mental health services, as well as substance abuse and intellectual/developmental disabilities services to all 82 counties in Mississippi. (See maps and list of community mental health centers on the next pages.) The governing authorities are considered regional and not state-level entities. The Mississippi Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers. These regional community mental health centers are the primary service providers with whom the Department of Mental Health contracts to provide community-based services. In addition to state and federal funds, these centers receive county tax funds and generate funds through sliding fees for services, third party payments, including Medicaid, grants from other agencies such as the United Way, service contracts, and donations.

Generally, community mental health centers have the first option to contract to provide mental health services within their regions when funds are available. The same regional commission legislation that provides for the structure of the community-based regional (multi-county) commissions also authorized participating counties to levy up to two mills tax for programs designed by the regional commission. As a result of this, county tax money preceded state money in the community mental health programs throughout the state. Rather than assess a specific tax, however, counties now make contributions for mental health services from their general tax assessment. The Department of Mental Health is prohibited from funding services at any regional community mental health center that does not receive a specified minimum level of support from each county in the region. That minimum level is the greater of (1) the proceeds of a ¾ mill tax in 1982 or (2) the actual contribution made in 1984.

All counties were in compliance with this provision for 2009; the total received from all counties is approximately 3% of total community mental health center receipts. During the last few years, the community mental health centers have made significant contributions to matching funds provided by the Department of Mental Health for Medicaid reimbursable community mental health services provided by the centers.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH COMPREHENSIVE COMMUNITY MENTAL HEALTH/MENTAL RETARDATION CENTERS	
Region 1: Coahoma, Quitman, Tallahatchie, Tunica	Region One Mental Health Center Karen Corley, Interim Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267
Region 2: Calhoun, ~~DeSoto~~,* Lafayette, Marshall, Panola, Tate, Yalobusha *****Change effective October 1, 2010	Communicare Carole B. Haney, Acting Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521
Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union	Region III Mental Health Center Robert Smith, Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717
Region 4: Alcorn, Prentiss, Tippah, Tishomingo, DeSoto***** *****Change effective October 1, 2010	Timber Hills Mental Health Services Charlie D. Spearman, Sr., Executive Director 303 N. Madison St. P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883
Region 5: Bolivar, Issaquena, Sharkey, Washington	Delta Community Mental Health Services Richard Duggin, Executive Director 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (662) 335-5274
Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower	Life Help Madolyn Smith, Executive Director Browning Road P. O. Box 1505 Greenwood, MS 38935-1505 (662) 453-6211
Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston	Community Counseling Services Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261

Region 8: Copiah, Madison, Rankin, Simpson, Lincoln* *****Change effective October 1, 2010	Region 8 Mental Health Services Dave Van, Executive Director 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)
Region 9: Hinds	Hinds Behavioral Health Margaret L. Harris, Director P.O. Box 777, 3450 Highway 80 West Jackson, MS 39284 (601) 321-2400
Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith	Weems Community Mental Health Center Maurice Kahlmus, Executive Director 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821
Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, ~~Lincoln*~~, Pike, Walthall, Wilkinson *Change effective October 1, 2010	Southwest MS Mental Health Complex Steve Ellis, Ph.D., Director 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173
Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne	Pine Belt Mental Healthcare Resources Jerry Mayo, Executive Director 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (601) 544-4641
Region 13: Hancock, Harrison, Pearl River, Stone	Gulf Coast Mental Health Center Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132
Region 14: George, Jackson	Singing River Services Sherman Blackwell, II, Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690
Region 15: Warren, Yazoo	Warren-Yazoo Mental Health Services Steve Roark, Executive Director 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031

State-operated Facilities:

DMH administers and operates six state psychiatric facilities, five regional centers for people with intellectual and developmental disabilities, and a juvenile rehabilitation facility. These facilities serve specified populations in designated counties/service areas of the State.

The psychiatric facilities provide inpatient services for adults with serious mental illness and children with serious emotional disturbances. These facilities include Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Facility, and Central Mississippi Residential Center. Nursing facility services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital.

The Regional Centers provide on-campus, and community-based residential services for persons with intellectual and developmental disabilities. These facilities include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.

The Mississippi Adolescent Center (MAC) in Brookhaven is a residential facility dedicated to providing adolescents with intellectual and developmental disabilities an individualized array of rehabilitation service options. MAC serves youth who have a diagnosis of intellectual and developmental disabilities and whose behavior makes it necessary for them to reside in a structured therapeutic environment. The Specialized Treatment Facility in Gulfport is a Psychiatric Residential Treatment Facility for adolescents with mental illness and a secondary need of substance abuse prevention/treatment.

State-operated Community Service Programs: All of the psychiatric facilities and regional centers provide community services in all or part of their designated service areas. Community services include: residential, employment, in-home, and other supports to enable people to live in their community.

Other nonprofit service agencies/organizations make up a smaller part of the service system. They are certified by DMH and may also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources**.** Services currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with intellectual/ developmental disabilities, and community services for children with mental illness or emotional problems.

Available Services and Supports

Both community-based and facility supports are available through the DMH service system. The type of services offered depends on the location, provider and needs of the individuals.

Community Services

A variety of community services and supports, as listed below, are available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/developmental disabilities, people with substance abuse problems, and persons with Alzheimer's disease or other dementia.

Services for Adults with Mental Illness

Crisis Stabilization Programs
Psychosocial Rehabilitation
Consultation and Education Crisis/Emergency Mental Health Services
Inpatient Referral Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Case Management Services
Halfway House Services
Group Home Services
Acute Partial Hospitalization
Elderly Psychosocial Rehabilitation
Intensive Residential Treatment
Day Support
Mental Illness Management
Individual Therapeutic Support
Individual/Family Education and Support
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Homes
Therapeutic Foster Care
Prevention/Early Intervention
Crisis/Emergency Mental Health Services
Mobile Crisis Response Services
Intensive Crisis Intervention Services
Case Management Services
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
School Based Services
Mental Illness Management Services
Individual Therapeutic Support

Acute Partial Hospitalization
Family Education and Support

Services for People with Alzheimer's Disease and Other Dementia
Adult Day Centers

Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Community Living Programs
Work Activity Services
Supported Employment Services
Day Support
HCBS Attendant Care
HCBS Behavioral Support/ Intervention
HCBS Community Respite
HCBS In-home Companion Respite
Day Treatment
HCBS In-home Nursing Respite
HCBS ICF/MR Respite
HCBS Day Habilitation
HCBS Prevocational Services
HCBS Support Coordination
HCBS Occupational, Physical, and Speech/Language Therapies

Services for Substance Abuse

Detoxification Services
Primary Residential Services
Transitional Residential
Outreach/Aftercare
Prevention Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment

Facility Services

The types of services offered through the regional psychiatric facilities vary according to location but include:

Acute Psychiatric Care
Intermediate Psychiatric Care
Continued Treatment Services
Adolescent Services
Nursing Home Services
Medical/Surgical Hospital Services
Forensic Services
Alcohol and Drug Services
Community Service Programs

The types of services offered through the facilities for individuals with intellectual/ developmental disabilities vary according to location but statewide include:

ICF/MR Residential Services
Psychological Services
Social Services
Medical/Nursing Services
Special Education
Recreation
Speech/Occupational/Physical Therapies
Vocational Training
Diagnostic and Evaluation Services
Employment Services
Community Services Programs

Description of State Mental Health Agency's Leadership

The DMH provides leadership in coordinating mental health services within the broader system, both within its organizational structure and in its relationships with other agencies. For example:

- The DMH is an independent agency, governed by a state board authority and has responsibility for a range of services for individuals with disabilities and their families, including mental health, intellectual/developmental disabilities, and substance abuse service, as well as for caregiver training and public day programs for persons with Alzheimer's Disease and other dementia. This administrative structure allows for leadership and better coordination of services, particularly for individuals with multiple disabilities.

- By state statute, the Executive Director of the MS DMH serves on the governing board of the MS Department of Rehabilitation Services, which facilitates additional collaboration and coordination of vocational rehabilitation services and activities with the services provided through DMH.

- The MS DMH routinely includes representatives of other agencies that provide

direct/support services to individuals with mental illness on advisory councils/task forces (such as the Department of Rehabilitation Services, the Department of Human Services, the Division of Medicaid, the State Department of Education, etc.) and similarly, assigns its staff to serve on committees/councils established by other agencies, as requested.

- The MS DMH works cooperatively with other agencies to implement federal programs administered by agencies that have a broader mission. Some examples include: working with MS Division of Medicaid to monitor/certify community mental health centers participating in the Medicaid Community Mental Health Services Program; working cooperatively with the Division of Medicaid, which is implementing a Community-based Alternatives Psychiatric Residential Treatment Facilities (PRTF) program for eligible youth with a serious emotional disturbance, one of 10 PRTF Demonstration Projects approved by the federal Centers for Medicare and Medicaid Services (CMS); and, working with the Department of Human Services (DHS) by monitoring and certifying community providers receiving funds from DHS for therapeutic foster care, Adolescent Offender Programs with a day treatment component, and therapeutic group home services.

- The Executive Director of DMH or designee also serves on other interagency committees designed to address overall health, disability and/or social services concerns, such as the Disabilities Resources Commission, the Interagency Council for Children and Youth, the Children's Trust Fund and the Pregnancy Risk Assessment Monitoring System (PRAMS).

- The MS DMH established and continues to provide flexible funding for a State-level Interagency Case Review Team for children with SED and for local Making A Plan (MAP) teams (described in the Plan), which address needs of youth with serious emotional disturbances with complex problems that typically involve multiple state agencies.

- The Executive Director of DMH and Director of DMH Division of Children's Services served as chairpersons of the Executive Level Interagency Coordinating Council for Children and Youth (ICCCY) and its mid-management team, respectively, during the first year of operation and in the current year of this legislatively-established interagency entity; both continued participation as members once their one-year terms as chairpersons expired.

Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities for FY 2011

Service System's Strengths and Weaknesses

Strengths: Children's Services

- The Division of Children and Youth Services applied for and was granted funding for a third Children's Mental Health Initiative targeting transitional-age youth, 16-21 years. The Mississippi Transitional Outreach Program (MTOP) will begin implementation October 1, 2010 in two Community Mental Health Center regions. On October 1, 2011 and 2012, two more regions will be added for a total of six MTOPs by the end of the six year grant period, 2015.

- A commitment to an interagency, collaborative approach to system development and improvement, both at the state and local levels, has remained inherent in efforts to build and transform the system over time. New legislation expanding the ICCCY and ISCC was passed in March 2010 with provisions for increased local participation from agencies on local MAP Teams. The DMH established and continues to support an Interagency State-Level Case Review Team for children with serious emotional disturbances with complex needs that usually require the intervention of multiple state agencies. The DMH provides flexible funding to this state-level team and to local interagency Making A Plan (MAP) teams, that are designed to implement a wrap-around approach to meeting the needs of youth most at risk of inappropriate out-of-home placement. Another example is the long-term collaboration of the DMH and the Department of Human Services (DHS) in the provision and monitoring of therapeutic foster care services and therapeutic group home services, as well as adolescent offender programs across the state.

- The DMH and the Division of Children's Services have demonstrated a long-term commitment to training of providers of mental health services, as well as cross-training of staff from other child and family support service agencies. Collaborative training initiatives include Wraparound 101 and System of Care by staff at the Innovations Institute at the University of Maryland; MAP team development and expansion; Youth Suicide Prevention; juvenile mental health issues; and cross - system improvement trends and best practices.

- Efforts have been focused on the mental health needs of youth in the juvenile justice system, specifically the youth detention centers. Grant funding from the Department of Public Safety, Office of Justice Programs was received January 2010, to improve access to appropriate mental health services and supports from the local community mental health centers.

- Efforts have been initiated to provide training in evidence-based practices to clinicians in the CMHCs and other nonprofit programs to improve responses to

youth and families in crisis, including those with a history of trauma.

- The DMH has continued its efforts to provide community mental health services to schools, which is an important strategy in increasing the accessibility of services in rural areas and for families with working parent(s)/caregiver(s). Working with schools to identify and meet the mental health needs of children is also key to improving school attendance and performance of youth with serious emotional or behavioral challenges.

- Efforts to increase and expand youth suicide prevention activities continued, including quarterly meetings of the Youth Suicide Prevention Advisory Council, implementation of the "Shatter the Silence" Campaign, training for newly licensed teachers and principals, and implementation of the 'Talk About It' campaign. AnComm's 'Talk About It' service allows individuals to communicate anonymously via web or text with helpline staff from trained professionals through the Office of Constituency Services.

- The Fetal Alcohol Spectrum Disorder (FASD) Project has continued to focus on the screening and assessment of children, 0-7 years of age through the 15 Community Mental Health Centers. The Advisory Council of FASD is focusing on the treatment and services received by those children with a FASD to determine best practices for this target population.

Weaknesses: Children's Services

- The need to decrease turnover and increase the skill-level of children's community mental health and other providers of services for children/youth at the local level is ongoing, to better ensure continuity, equity and quality of services across all communities in the state, e.g., county health offices, teachers, foster care workers, and juvenile justice workers.

- The need to address children with co-occurring disorders of serious emotional disturbance and intellectual and developmental disabilities. in a more comprehensive way by expanding existing effective services and creating new approaches that facilitate cross system collaboration and education.

- Continuing work to improve the information management system is needed to increase the quality of existing data, to expand capability to retrieve data on a timely basis, and to expand the types of data collected to increase information on outcomes is needed. This work should proceed with the overall goal of integrating existing and new data within a comprehensive quality improvement system.

- Availability of additional workforce, particularly psychiatric\medical staff at the local community level, who specialize in children's services, is an ongoing challenge in providing and improving services.

- The need to increase respite services and family education/support services for those families and caregivers who undergo the constant strain of caring for youth with SED are needed to keep children/youth from being inappropriately placed in residential care.

Strengths: Adult Services

- Implementation of the comprehensive service system for adults with serious mental illness reflects the DMH's long-term commitment to providing services, as well as supports, that are accessible on a statewide basis. DMH has continued efforts to improve the clubhouse programs by providing technical assistance on the International Center for Clubhouse Development (ICCD) programs model; ICCD-certified programs have been developed that can serve as more cost-effective in-state training sites. The DMH Division of Community Services plans to expand the ICCD certified clubhouses to each region in the state
- DMH has developed a range of community-based service options that can be accessed to address the individualized and changing needs of individuals with serious mental illness, such as elderly psychosocial rehabilitation services and day support. DMH continues to offer three training sites in Regions 6, 12, and 15.

- DMH has maintained a long-term commitment to improve its system of crisis response and continuity of care for individuals who have been or who are at risk for hospitalization. Addressing this issue requires multiple strategies, given interaction with local courts around civil commitment, the fact that individuals and families in crisis frequently lack financial resources, as well as the limited resources of many local communities to address emergency care needs. The Department of Mental Health has developed two transitional group homes in the Region 3 CMHC service area for individuals with mental illness and intellectual disabilities who have been frequent users of the justice system and the state psychiatric hospital system.

- Regionalization of acute care/crisis services has been advanced through the opening of two, 50-bed acute psychiatric hospitals for adults to serve the northern and southern areas of the state. DMH is in the process of transitioning the operation of six of the seven crisis centers to the local community mental health centers to allow for more seamless admission and transition of individuals back to the local community. DMH also plans to continue funding two other intensive residential treatment programs operated in previous years by community mental health centers. Total capacity of all the centers will more adequately address a major unmet need for access to crisis intervention and stabilization services on a statewide basis.

- The DMH Division of Community Services and the DMH Bureau of Alcohol and Drug Abuse Services have a history of consensus and collaboration in continuing efforts to better address the needs of individuals with co-occurring mental illness

and substance abuse disorders. DMH has developed a more specific strategic plan to address statewide implementation of an integrated service. In 2010, DMH received federal Transformation Transfer Initiative (TTI) funding that will facilitate training on effective assessment and treatment for co-occurring disorders in community mental health regions and state hospitals that have not received the training in the previous year.

- The perspectives of individuals receiving services and families have long been important in planning, implementing and evaluating the adult service system, contributed through their involvement in numerous task forces, the peer review process and more recently, through provider education and the person-directed planning process. The Division of Consumer and Family Affairs has implemented initiatives to provide more specific guidance regarding the purpose and structure of local advisory councils, has developed a draft of a manual to provide technical assistance to the local advisory councils and plans to develop a strategy for dissemination of educational information to the local councils.

- The DMH maintains an accessible, structured system for reporting and resolving of grievances and problems in programs certified by the agency (both formally and informally), as well as for providing information on statewide service availability, through its Office of Constituency Services (OCS). OCS maintains a computerized database of all DMH-certified services for persons with mental illness, mental retardation and substance abuse and continues to add other human services resources, as caller needs require. The OCS has also contracted with the National Suicide Prevention Lifeline (NSPL) as a network provider to cover all 82 counties in MS. The federally funded NSPL routes callers from MS to OCS for crisis intervention, suicide prevention, and resource referrals. This affiliation allows OCS access to real time call trace on all crisis calls and tele-interpreter services for all non-English speaking callers. OCS is also contracted with NSPL to give population specific referrals to individuals that identify themselves as a veteran. The OCS maintains a 24-hour, toll-free assistance line, as described in more detail in Section III. in both the Children's Services and Adult Services Plans.

- The DMH Division of Community Services has continued to work closely with other agencies, such as the Division of Medicaid, to plan and implement system changes. DMH continues to work with the Division of Medicaid to explore the possibility of a proposed State Plan Amendment and/or a waiver for submission to the Center for Medicare and Medicaid Services (CMS) that, if approved, would facilitate changes in community based services to further support resilience/recovery.

- Efforts to address outreach and specialized approaches that are more responsive to the needs of individuals with serious mental illness who are homeless have involved ongoing collaboration and creativity among the DMH and other agencies and organizations that serve homeless persons. DMH was recently approved to

receive the SSI/SSDI Outreach, Access and Recovery (SOAR) technical assistance to provide specific training to PATH and housing providers and other stakeholders.

- DMH has continued to emphasize the importance of the role of case management in the adult service system and provides case management orientation for local service providers on an ongoing basis throughout the year. A Case Management Task Force has maintained its focus on improving case management services, including linkage with other types of support services. Also as mentioned, the DMH has completed work on development of a Case Management Certification Program for individuals working in the public mental health system.

- DMH has continued efforts to develop the Peer Specialist program to enhance employment opportunities to individuals with serious mental illness. Individuals with mental illness have been employed by the DMH to support 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, consumers employed by DMH in the new Division of Consumer and Family Affairs completed Certified Peer Specialist Training in Kansas. Staff from the Division, 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. The first class of interested consumers received training in the provision of peer specialist services, based on the Georgia model in May 2009, and a workshop for providers interested in peer specialist services was provided as part of the 2009 Mental Health Community Conference. The Bureau of Community Services will also continue efforts to obtain funding support to provide peer specialist services, including submission of an application for a SAMHSA Mental Health Transformation grant.

- As noted under the strengths for children's services, continuity of administration and experience at both the state and local levels among service providers and advocates have facilitated adherence to ideal system model principles and progress in addressing gaps in the system.

- Additionally, as in the implementation of the children's services systems, recognition of and commitment of resources to providing training, including technical assistance and credentialing programs, characterize strategies for quality improvement for all adult services.

- To address the stigma that is often associated with seeking care and to increase public awareness about the availability and effectiveness of mental health services, the Mississippi Department of Mental Health (DMH) has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) for a three-year statewide Anti-Stigma Campaign. The first year of the statewide

campaign was launched on May 2, 2007, with a press conference in Jackson, MS. The campaign, which is entitled "What a Difference a Friend Makes," was designed to decrease the negative attitudes that surround mental illness and encourage young adults to support their friends who are living with mental health problems. Because the campaign targets the transitional age range, this transformation objective was included in FY 2008 through FY 2010 in both the Children's Services and Adult Services State Plans. DMH established an Anti-Stigma Committee with more than 40 representatives statewide from mental health facilities, community mental health centers, mental health associations, hospitals and other organizations in Mississippi. These representatives work within their area of the state by getting the word out about the campaign, which reached an estimated 1 million individuals in FY 2008. In October 2009, DMH and the statewide Anti-Stigma Committee will launch a campaign specific to Mississippi entitled, "Think Again." The campaign is designed to decrease the negative attitudes that surround mental illness by encouraging young adults to rethink the way they view mental illness by shining the light on the truth of mental illness. It will continue to show young adults how to support their friends who are living with mental health problems**.**

- In 2009, the DMH Division of Community Services continues work to develop and pilot three AMAP (Adult Make A Plan) Teams. Division of Community Services staff will collaborate with Division of Children and Youth Services staff to receive training on wrap-around services; the Division will also work with the person-directed planning training sites in Regions 12 and 15 to include this approach in AMAP training. DMH will continue to support and expand AMAP efforts across the state. DMH anticipate funding cuts in both of these areas. DMH however continues to explore other funding avenues to maintain and expand these services.

Weaknesses: Adult Services

- The need for additional transportation options, with more flexible scheduling, continues to be a need across the state for individuals with disabilities, including individuals with serious mental illness. Maximizing transportation resources available across agencies is key to providing individuals with services and supports that enable them to be independent, such as employment and housing. Additional resources are needed to begin implementation of the plan for transportation that is being developed by the Mississippi Coordinated Transportation Coalition. The DMH continues with the Coalition to explore funding opportunities to consistently coordinate transportation planning in the state. DMH will utilize small funding streams to assist in piloting the provision of transportation to individuals with disabilities.

- The need for increased supported and independent employment options for adults with serious mental illness is ongoing.

- Development of a comprehensive strategic plan to expand housing options statewide for persons with serious mental illness is needed to support recovery**.**

- Continuation of law enforcement training to reach additional experienced officers in communities, as well as strategies to address needs of other emergency services personnel is needed. Additional efforts are being made to address this issue through increased education and networking with law enforcement associations. DMH will utilize small funding streams to assist in the cost of these rides to individuals with disabilities.

- The Division of Community Services is planning to refocus efforts to reach more law enforcement entities as well as increase networking through the Department of Public Safety, and to explore avenues to reach additional crisis personnel such as ambulance drivers, volunteer fire departments and first responders. DMH makes grants available to CMHC regions to provide training to law enforcement and has also explored several funding opportunities to facilitate the establishment of Crisis Intervention Team (CIT) training of officers in the state.

- Continued focus on improving transition of individuals from state hospitals, back to their home communities is needed, in particular, development of strategies to better target and expand intensive supports, preferably through a team approach. Currently plans are to enhance existing intensive supports and develop new protocols for follow-up services and aftercare.

- As in the children's services systems, increasing the skill-level of community mental health service providers to affect system changes reflected throughout the plan remains a need.

- Work to improve the information management system is needed to increase the quality of existing data, to expand capability to retrieve data on a timely basis, and to expand the types of data collected to increase information on outcomes is needed. This work should proceed with the overall goal of integrating existing and new data within a comprehensive quality improvement system.

Analysis of Unmet Service Needs/Critical Gaps in Current System and Source(s) of Data Used to Identify Them: Children's and Adults' Services

The needs or critical gaps in the service system are reflected in the weaknesses listed in the previous section, as well as in the summary of areas needing particular attention described in Section I. Data and other information used to identify unmet needs/critical gaps in the service system are obtained from a variety of sources and processes. As mentioned, the Ideal System Models for a comprehensive service system for both children and adults describe service components that must be in place and accessible on a

statewide basis in order for the vision of the system to be realized. Analysis of the status of the availability and accessibility of service components depicted in the Ideal System Models, as well as adherence to underlying principles of family-centered and person-driven approaches, are ongoing.

DMH administrative staff also evaluate the status of the system against national trends and reports, such as the Report of the President's New Freedom Commission on Mental Health (July 2003), SAMHSA's Strategic Initiatives and feedback from State Plan review meetings and on-site monitoring visits. Similarly, staff review and consider feedback received through annual external review of the State Plan; a copy of the review report is also provided to the Planning and Advisory Council and the State Board of Mental Health.

As reflected in the State Plan, the DMH tracks progress on specific, annual objectives that are steps toward broader system goals to increase services or enhance existing services within service systems. Progress on these objectives is tracked by analyzing aggregate reports of administrative data received from local community service providers and data maintained by Central Office staff within an internal report system (reports of on-site visits to service providers, Central office staff activity logs/reports, task force minutes and reports, etc.). Administrative data from the state psychiatric hospitals are also routinely submitted/reviewed by DMH management staff. Efforts to transition to a central data repository system, as well as to integrate consumer and family satisfaction and additional data focusing on system-level and consumer and family-centered outcomes to better evaluate progress on objectives continue. DMH's federal data infrastructure grant is being used to support much of this work.

As mentioned, the DMH continues to rely on information gathered on availability and accessibility of specific services, availability and qualifications of staff, and training needs through direct contact made on frequent on-site monitoring visits of community mental health programs. Results of these on-site visits, as well as of peer review visits, are documented through a structured reporting and feedback system that includes required plans of correction that address deficiencies in meeting minimum standards set by DMH. DMH staff make follow-up visits to monitor implementation of approved plans of correction. Such ongoing, regular visits to local programs are key to identifying unmet needs.

The DMH also continues to gain direct feedback on unmet needs from family members, consumers, local service providers, and representatives from other agencies through numerous task forces that focus on critical issues (such as co-occurring disorders, homelessness, children's services and case management. The DMH has also benefited greatly from the continuity of its relationship with the MS State Mental Health Planning and Advisory Council, which reviews the DMH's progress on implementation of state plan objectives, both during and at the end of every year. Major family and consumer advocacy groups continue to be represented on the Planning Council. The Council also established a Long-Range Planning Committee in June 2005 and made it a Standing Committee in August 2009; the committee is charged with making recommendations for

further advancing and sustaining community-based services and supports. Beginning in FY 2007, the Consumer Rights Committee of the Council surveyed stakeholders, including participants at the Consumer Conferences, for additional input on issues to focus their work and subsequently made recommendations to the full Council. The DMH is implementing statewide consumer and family (for children) satisfaction surveys as another means of collecting feedback from individuals served by the system.

In addition to considering estimates of prevalence for the targeted groups, results of a statewide consumer survey, public forums and focus group meetings were used to identify and categorize major areas of need across disability groups, including individuals with mental illness; for example, major needs for housing and transportation were identified.

The DMH Division of Children and Youth Services gains additional information from both the individual service level and from a broader system policy level through regular interaction with representatives in other child service agencies on local Making A Plan (MAP) teams, and through the work of the State-level Interagency Case Review Team, the Interagency Coordinating Council for Children and Youth (ICCCY), the 2nd Comprehensive System of Care Project (commUNITY cares) in three counties of the state, and the 3rd Comprehensive System of Care Project (Mississippi Transitional Outreach Program), all of which are described in more detail in the State Plan.

As described in the State Plans for children and adults, the DMH management staff also receive regular reports from the Office of Constituency Services (OCS), which as mentioned, tracks requests for services by major category, as well as receives and attempts to resolve complaints and grievances regarding programs operated and/or certified by the agency. This avenue allows for additional information that may be provided by individuals who are not currently being served through the public system.

Priorities and Plans to Address Unmet Needs in FY 2011

a) Children's Mental Health System

Priority: Fetal Alcohol Spectrum Disorder

Plans: The Mississippi DMH continued its commitment to providing state-level leadership in providing information about FASD and identifying any potential resources for support of initiatives by designating a staff person in the Division of Children and Youth Services to serve as coordinator of these efforts. The major goal of the initiative is to improve the functioning and quality of life of children and youth and their families by diagnosing those with an FASD and providing intervention based on the diagnosis. This initiative targets children birth to seven years old who are referred to the local community mental health center because the child is exhibiting symptoms of an emotional or behavioral disturbance**.** The children who are screened and diagnosed as having a FASD diagnosis will receive individualized interventions and treatment based on their strengths and needs. Children referred to the UMMC Child Development Clinic for a FASD

diagnostic evaluation and who are diagnosed with FASD will be provided with FASD-specific treatment recommendations by the clinic director and diagnostic team. These recommendations will be incorporated into the child's treatment plan at the CMHC, with local MAP teams being responsible for ensuring that resources are available to carry out the treatment recommendations. This initiative will also serve to further identify those treatment**s** and interventions that are most effective for children with FASD. The Division also plans to continue the annual FASD Symposium begun in 2003.

Priority: Staff Training

Plans: As described throughout the State Plan for Children's Services, particularly under Criteria 3 and 5, the DMH Division of Children and Youth Services plans to continue its emphasis on training to increase the skills of community services providers and to facilitate retention of staff, and therefore, continuity of care. The Division of Children and Youth Services also plans to continue its support and participation in statewide conferences that involve staff from other child and family service agencies, such as the Annual Lookin' to the Future Conference, the Juvenile Justice Conference, the conference of the MS Alliance of School Health (MASH), and other workshops to include youth suicide prevention, wraparound, system of care, evidenced-based practices, and interagency collaboration.

Priority: Working with Schools

Plans: Initiatives in the State Plan for Children under several criteria have as a component, working, training and/or networking with educational staff, both at the state and local levels. As noted under Criterion 3, the State Department of Education has implemented a system of focused monitoring of schools to identify areas in need of improvement, one of which includes identification of children with emotional disabilities. The DMH plans to continue to require community mental health centers to offer school-based services to local school districts; to provide technical assistance in the provision of school-based services, particularly working with case managers to better identify potential barriers to school attendance that might be addressed through the mental health treatment plan; to work with education staff on local MAP teams, the State –level Interagency Case Review Team and the Interagency Coordinating Council for Children and Youth; and, to encourage and support cross-training efforts across the mental health and education systems, both at the local and state levels. Additionally, the DMH Division of Children and Youth Services plans to continue forging a partnership with school-based primary health care providers, i.e. school nurses, through the MS Alliance for School Health at that organization's annual conference.

Priority: Expanding Evidenced-based Practices

Plans: The DMH plans to continue to track progress and products initiated through the Mississippi Trauma Recovery for Youth (TRY) project, implemented by Catholic Charities, Inc., which continues to be a member of the National Child Traumatic Stress Network (NCTSN). The goal is to improve the quality, effectiveness and availability of

therapeutic services delivered to all children and adolescents experiencing traumatic events. In working toward that goal, learning collaboratives focused on adoption and implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) will continue to be developed as funds are available; 11 sites in Mississippi, including the Gulf Coast Mental Health Center, were involved in the initial learning collaborative. Currently, TRY is undergoing the first learning collaborative for Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPRARCS), which is a group intervention that was specifically designed to address the needs of chronically traumatized adolescents who may continue to be living with ongoing stress and are experiencing problems in several areas of functioning.

DMH Division of Children & Youth in collaboration with the Division of Medicaid has provided Wraparound and System of Care training through the Innovations Institute at the University of Maryland for providers of the SED Waiver Demonstration Grant and the MAP Team Coordinators. Plans are to implement this Wraparound model across the state as further training, technical assistance, and coaching is provided by staff from Innovations Institute**.**

Priority: Housing Supports for Families

Plans: In FY 2010, the DMH continued to work with the MAP teams to focus planning on increasing housing supports for youth with serious emotional disturbances, who may be living at home, but who are nonetheless, at risk for homelessness. Typically, these children have single mothers living at or below the poverty level. The team will continue to focus on transition planning at the inpatient/residential site for institutionalized children to facilitate more stable housing, potentially through other supports, such as education on financial management or adequate supervision of children at home that allows the mother to maintain employment. Additionally, efforts continue to focus on mothers and their children living in a domestic violence program/center and their transitioning back to the community with appropriate housing supports. The Director of the Mississippi Transitional Outreach Program (MTOP) also serves on the Housing Task Force established by DMH in FY 2010.

Priority: Continued Interagency Collaboration Activities/System of Care

Plans: Local MAP teams will continue to serve as a point of contact for youth with serious emotional disturbances referred across child and family service agencies. The DMH will continue to provide flexible funding these teams in each of the 15 CMHC regions, to increase evaluation of their functioning and to provide additional training to and through the teams. The State-level Interagency Case Review Team will continue to function to address the needs of youth and families that cannot be addressed fully by local MAP teams. Additionally, the Interagency System of Care Council (ISCC) will continue to include a staff member representing the DMH Division of Children and Youth Services, who will also be the primary liaison with local MAP Team Coordinators and the State Level Case Review Team.

Priority: Interagency Efforts with Juvenile Justice

Plans: A DMH Division of Children and Youth staff member has been assigned as the Juvenile Mental Health Coordinator for the Juvenile Assistance Grant received by the Department of Public Safety. The Coordinator is identifying the current needs of the 17 local detention centers across the state and the community mental health centers regarding access to mental health services for those youth admitted in the detention centers.

The DMH plans to continue to provide technical assistance to and monitor Adolescent Offender Programs certified as day treatment programs. The programs (AOPs), as well as other AOPS that are not DMH-certified day treatment programs, are funded by the Department of Human Services and are designed to divert youth from training schools. The DMH will continue to operate a Specialized Treatment Facility for Youth with Emotional Disturbance to meet the needs of youth whose behavior requires specialized treatment.

Priority: Strategies to Meet the Needs of Youth in Transition

Plans: A Transition Age Task Force, which is chaired by the staff person who is also coordinating the division's work with youth in transitional ages in community-based services will continue to operate. The DMH also plans to continue funding that was redirected to support transitional living programs operated by the CMHC in Region 12 and by another nonprofit service provider, specifically targeting the needs of youth in transition and facilitating access to a variety of living situations/housing and supports, depending on the needs of the individual youth. There service providers have shared specific strategies with other service providers on the Transition Age Task Force.

DMH Division of Children & Youth received a 3rd Comprehensive System of Care Initiative in October 2009 that will target transition-aged youth, 16-21 years. The Mississippi Transitional Outreach Program (MTOP) begins the first implementation year, October 1, 2010, in two community mental health center regions.

b) Adult Mental Health System

Priority: Consumer-directed Activities

Plans: The Division of Consumer and Family Affairs has identified dissemination of a philosophy of more individualized, person-directed assessment and treatment through training and follow-up with professionals and stakeholders involved in the process as key to realization of a recovery-oriented system. The objectives of the Division are as follows: (1) To ensure that consumers of mental health services and families of consumers of mental health services are the driving force for improvements in the publicly funded mental health system; (2) To help individuals and their families participate in the decision making at all levels of our public mental health system; and (3) promote the empowerment of individuals and families with mental health needs through education, support, and access to mental health services. The Division of Consumer and

Family Affairs plans to continue its focus on improving the peer review process to better assess if programs are recovery-oriented. In FY 2010, the Peer Review Task Force began developing a Recovery Self Assessment. The Assessment will be used to measure the community mental health centers and state hospitals transformation towards a person-driven, evidence- based, recovery-oriented system. The Assessment is tentatively scheduled to be implemented with CMHCs in FY 2011. The division also plans to continue supporting consumer education and support programs provided through NAMI-MS (such as Peer to Peer) and the Mississippi Leadership Academy**.** The Mississippi Leadership Academy was implemented in 2006, with over 100 participants thus far. Persons who have participated in Peer-to-Peer training, or other state supported educational trainings or who are interested in increasing their leadership skills will be provided an opportunity to participate in the Academy, as resources are available. In FY 2011, the Division of Consumer and Family Affairs will continue to work with other divisions in DMH to make available education and informational materials about recovery and empowerment. The division will also continue its work to develop the peer specialist program, including providing education to the mental health provider system about meaningful roles for peer specialists, as well as to explore the feasibility of training family peer specialists. Currently, Certified Peer Specialists are working to establish bylaws, goals and a mission statement for Recovery Now, a newly formed consumer coalition. In FY 2010, two Certified Peer Specialists were employed as a part of the Assertive Community Treatment Team in Region 6. In FY 2011, 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. In 2010, DMH applied for Mental Health Transformation grant through SAMHSA, which if funded, will include development of Peer Specialist employment and education opportunities for an increased number of consumers. Additionally, in FY 2011, the Division of Consumer and Family Affairs will continue activities to facilitate the establishment of an independent consumer coalition. In FY 2010, the Division of Family and Consumer Affairs collaborated with other groups to identify consumers interested in assuming leadership roles in developing a statewide consumer coalition and by seeking guidance on steps to move forward in forming and supporting the coalition, possibly through holding a retreat of identified consumer leaders to discuss forming and supporting a coalition. 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.

Priority: Crisis Services

Plans: In FY 2010 DMH sought and received legislative approval to transition the remaining six state-operated crisis centers from operation by the state hospitals to operation by regional community mental health centers; one center had been transitioned as a pilot program in Grenada in FY 2009. This transition will be complete by June 30, 2010, and community mental health centers will begin operating five of the remaining six units. The DMH will continue collaboration and support of all seven crisis stabilization units, based on the redesign piloted in Grenada, which includes operation based on community-based standards for intensive residential programs and acute partial

hospitalization services. The DMH Division of Community Services plans to continue efforts on developing a structure that more effectively targets intensive supports to individuals being discharged from crisis intervention programs or inpatient psychiatric facilities, such as through development of transition planning teams at the hospitals that work closely with community mental health centers and individuals receiving services and if appropriate, with their families. DMH plans to continue support of transitional group homes and supervised living options in the north and central part of Mississippi.

Priority: Transportation

Plans: As described under the Significant Achievements in FY 2009 for Adults in Section I, the DMH Division of Community Services continued an initiative begun with the Division of Medicaid through a transportation committee that is seeking to maximize funding for and the use of transportation for individuals with disabilities. In general, as conceptualized in preliminary discussions, a coordinated system of transportation that involves more efficient and effective scheduling and dispatching of transportation resources to prevent duplication is envisioned. Such a system would ultimately provide individuals with more flexible options that are necessary for them to pursue goals of employment and more independent living arrangements in the community. The DMH Division of Community Services implemented a Rebalancing Initiative grant awarded by the federal Center for Medicare and Medicaid Services (CMS) to develop a coordinated system of transportation in two mental health regions of the state: Region 4, located in the northeastern part of the state, and Region 15, located in the west-central part of the state. Planning meetings have continued, and the Mississippi Transportation Coalition was established that includes key stakeholders, including major state agencies that provide and/or support transportation, advocacy groups and individuals receiving services. Following Hurricane Katrina, DMH was awarded a supplemental grant to coordinate transportation in Hancock County (Region 13) on the coast, which was severely impacted by the storm. Since that time, a coalition has been formed in Hancock County, made up of transportation providers and consumers from the Gulf Coast. The goal was to replicate the statewide transportation plan in Hancock County, where services were devastated by Hurricane Katrina. As part of the Coalition's planning work, two grants were funded for two years by the Mississippi Council on Developmental Disabilities to implement some of the recommendations of the Coalition for the statewide transportation system on a test basis. Also, as part of the Coalition's work on the coast, transportation services were set up in Hancock County. CMS funding of the Rebalancing Initiative for coordinated transportation planning ended in September 2008. The Mississippi Transportation Coalition, which includes DMH representatives, continues to meet and seek additional funding avenues to pilot strategies developed by the Coalition to address unmet transportation needs. Supported through funding from the TTI and the FY 2010 CMHS Block Grant increase, DMH will continue implementation of a project piloting a coordinated transportation effort in the state. DMH will purchase transportation services for individuals with mental illness to maximize employment, housing and other community inclusion activities

Priority: Specialized Services and Supports for Elderly Persons

Plans: As described in more detail in the State Plan under Criterion 1, the DMH Division of Community Services plans to continue to provide technical assistance to community programs that have implemented elderly psychosocial rehabilitation programs. As noted, the DMH committed part of its CMHS Block Grant funds to support a model training site that can serve staff from other sites in-state. Thus far, one training site has been established, and plans are to continue to make training available in north, central and south Mississippi. The Division of Community Services also plans continued collaboration with the Division of Alzheimer's Disease/Other Dementia, which provides specialized training for caregivers. Two training sites have been developed and an additional training site for nursing home programs was developed in Region 6. Expansion of elderly psychosocial rehabilitation programs is anticipated in FY 2010. DMH will continue the expansion and improvement efforts of specialized services for individuals who are elderly by maintaining three training sites across the state.

Priority: Additional Housing Options

Plans: The DMH plans to continue to help support and monitor the provision of a range of community living options for individuals with serious mental illness, including transitional residential programs, group homes and supervised housing, including recently certified transitional group homes in Region 3 for individuals with mental illness and mental retardation who have been frequent users of the justice system and the state psychiatric hospital system. Efforts to develop more housing options for individuals with serious mental illness will continue. The possibility of dedicating a staff position to address this significant need is under consideration. The Division of Planning in the Bureau of Community Services will continue to participate in the NASMHPD Housing Task Force and coordinate the Housing Task Force established by DMH in 2010. The DMH will also continue activities to build partnerships at the state and local level and to use specialized technical assistance supported by federal TTI funding to facilitate development of a strategic plan for housing.

Priority: Services for Individuals with Co-occurring Disorders

Plans: As described in the State Plan under Criterion 1, the DMH Division of Community Services plans to continue to provide financial support and technical assistance to community mental health centers to implement guidelines for specialized services for individuals with co-occurring disorders. The focus of activities will be on continued training and monitoring to facilitate implementation of a truly integrated system of care for persons with co-occurring disorders of mental illness and substance abuse. Also, as mentioned previously, the DMH plans to continue its state office activities to further develop and implement action steps that were included in a more specific, statewide strategic plan developed by state and local representatives with technical assistance from the national Co-occurring Disorders Center for Excellence (funded by SAMHSA). In FY 2009, statewide training on the evidence-based practice of integrated treatment was initiated to ensure that uniform services are being provided to

individuals with co-occurring disorders of mental illness and substance abuse. In FY 2009, statewide training on the evidence-based practice of integrated treatment was initiated to facilitate the provision of uniform, evidence-based services to individuals with co-occurring disorders of mental illness and substance abuse. The use of the *GAIN Short Screener* as a standard screening instrument will continue to be required, and the federal Transformation Transfer Initiative to facilitate training on effective assessment and treatment of co-occurring disorders in community mental health regions and state hospitals that have not received the training in the previous year will continue.

Priority: Psychosocial Rehabilitation Programs

Plans: The DMH plans to expand ICCD-certified clubhouse programs to a minimum of one per region and to explore incentives to programs to achieve that ICCD status**.**

Priority: Training of Law Enforcement/Other Emergency/Health Personnel

Plans: As described in more detail under Criterion 5 in both the Adults' and Children's Services Plans, the DMH plans to maintain the availability of training for law enforcement personnel and monitor the provision of other training provided at the local level to address the needs of other emergency services personnel. An additional initiative related specifically to better assessing and treating trauma among children/youth is also described in the Children's Services Plan. Because of budget restrictions, DMH will not continue funding provided in FY 2010 for law enforcement training provided by the CMHCs in FY 2011, but will continue other efforts to network with law enforcement and/or emergency services entities, and mental health providers and explore other avenues for funding and training for law enforcement and other emergency services personnel and to explore additional opportunities to divert and/or decrease involvement of individuals with mental illness in the criminal justice system. DMH will also collaborate with local law enforcement and community mental health centers in the development of Crisis Intervention Teams (CIT).

Priorities and Plans to Address Needs Across Children's and Adults' Mental Health Systems

Priority: Data Infrastructure Improvements

Plans: As described under Criterion 5 in both the Children's and Adults' Services Plans, the DMH is continuing its efforts to conduct a planning and data mapping process necessary to construct and implement a central data repository for public mental health information management at the DMH Central Office. It is anticipated that this process, which will enable the state to report federal Uniform Reporting System (URS) information, will be continued in FY 2011. The DMH will also continue to implement statewide assessment of satisfaction of adult consumers and families of children with the services they receive through the public community mental health system. Funds from a federal Data Infrastructure Grant (DIG) Quality Improvement project provided by CMHS will continue to be used to support this process, which will ultimately facilitate better

availability, quality and integration of process and outcome data needed to support ongoing work of the Planning Council and other quality improvement efforts. If its application for another three years of funding for the data infrastructure project is funded, DMH will pursue project plans to refine and implement a strategic plan for reporting client-level data for the National Outcome Measures targeted by CMHS, for refining infrastructure and processes for data collection and reporting, as well as for improving data integrity.

Priority: Continued Involvement of Individuals Receiving Services and Families

Plans: As noted throughout the State Plan, the DMH plans to continue involvement of consumers and family members through numerous task forces, the peer review process, and the MS State Mental Health Planning and Advisory Council. Structured orientation of new Planning Council members will be continued, as well as administrative support of the Council and its committees. As mentioned, the MS State Mental Health Planning and Advisory Council established an ad hoc Long-Range Planning Committee in FY 2005, which includes individuals receiving services and family members, to explore in more depth needs, issues and recommendations for continued development of community-based services and supports. With Council approval, the committee was extended into FY 2010, and a recommendation for extension and expansion of the committee's work to include continuity of care issues will be presented to the full Council. The Consumer Rights Committee and the Children's Services Task Force, both of which include consumers and family members, will also continue their work in FY 2011.

Priority: Cultural Competence

Plans: As described in both the Children's Services and Adults' Services Plans, the DMH plans to continue its commitment to both require and provide training in cultural diversity. The DMH plans to continue operation of the Multicultural Task Force, with continued focus on assisting local providers in assessing the cultural competence of their organizations and to plan to address the results of those assessments. The task force has also developed a draft model statewide cultural competence plan for the service delivery and organizational levels.

Priority: Training

Plans: The DMH plans to continue its work to implement a training and credentialing program for staff who work in the public mental health system and are not covered by any other credentialing programs. The DMH also plans to continue to implement training and credentialing for public mental health administrators and for case managers. (See Criterion 5.) The DMH plans to continue to work with the University of MS Medical Center (UMC) Department of Psychiatry and Human Behavior to continue implementation and development of cooperative psychiatry training programs at MS State Hospital and in community-based service settings.

Priority: Wrap Around Services

Plans: In 2010 the DMH Division of Community Services will continue work to pilot three AMAP (Adult Make A Plan) Teams in community mental health regions 6, 7, and 8. The programs are in initial stages, developing community partnerships with interested agencies/organizations. The Division will continue funding this effort and will begin exploring funding avenues to expand AMAP services into other CMHC regions. The Division of Community Services for adults will continue to collaborate with the Division of Children and Youth Services, which has implemented Making A Plan (MAP) teams for youth in all 15 regions, to receive training on wrap-around services. The Division of Community Services will work with person-centered planning training sites in Regions 12 (Pine Belt Mental Healthcare Resources) and 15 (Warren-Yazoo Mental Health Services), to address a person-directed philosophy as part of this training for AMAP team development. The Division of Children and Youth Services has partnered with the Division of Medicaid to provide Wraparound training to MAP Team Coordinators and other providers utilizing the model of the Innovations Institute at the University of Maryland. DCS hopes to maintain funding to Regions 6, 7, and 8, for AMAP teams, which are modeled on the MAP teams for children, but are designed to meet the needs of adults.

Priority: Monitoring of Use of Financial Resources

Plans: The DMH plans to maintain its system of internal fiscal and property auditing within programs it directly operates. The DMH Division of Audit in the Bureau of Administration plans to continue their activities to monitor use of resources by all local providers certified and funded by DMH to assure that the DMH-funded activities of the sub recipients are in compliance with applicable laws, regulations, policies, and procedures.

Summary of Recent Achievements that Reflect Progress toward the Development of a Comprehensive Community-based System of Care

Significant Achievements – Children's Services:

MAP Teams: County Making a Plan (MAP) teams continued in the state, with representatives from key child and family services agencies at the local level reviewing the needs of children with serious emotional disturbance who were at imminent risk of inappropriate placement out of home. Coordinators of these MAP teams also have continued to meet on a monthly basis to further identify needs and develop resources in local communities. Thus far, 37 MAP teams have been developed statewide with and without DMH funding. The goal of this initiative is to expand the availability of these teams in areas of the state that do not have access to a MAP Team and to make flexible funds available.

Evidenced-based Practices: DMH continues to provide CMHS Block Grant funding for additional mental health therapists across the state to be trained through the learning

collaborative model by Catholic Charities, Inc. Trauma Recovery for Youth (TRY). Since 2007, learning collaboratives for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) have continued training of therapists. Currently, Catholic Charities TRY is facilitating the first learning collaborative for Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

Training: The DMH Division of Children and Youth Services staff continued to provide training and technical assistance at the local level and to co-sponsor or participate in statewide conferences involving other child and family service agencies, including the Mississippi Institute of School Health, Wellness and Safety; the annual Juvenile Justice Symposium; and, the annual "Lookin' to the Future" Conference. Additionally, Division of Children and Youth staff have focused training on Fetal Alcohol Spectrum Disorders, Mississippi System of Care legislation, MAP Teams, youth suicide prevention, juvenile mental health, respite services, family involvement and education, and interagency collaboration. Staff have presented these topics to case managers, MAP Team members, Department of Health social workers and nurses, youth court judges and defenders, Department of Human Services social workers, and community mental health center therapists.

School-based Services: In FY 2010, the DMH Division of Children and Youth Services continued to monitor the implementation of school-based services by CMHCs, including school-based outpatient and day treatment services. School-based outpatient services were provided by the 15 CMHCs, and school-based day treatment services were provided by 13 of the 15 CMHCs. Two CMHCs also continued to utilize therapeutic nurses based in the schools to provide ongoing physical/medical care to children with serious emotional disturbances who receive outpatient mental health services.

State-Level Interagency Collaboration: The State-Level Interagency Case Review Team continued to receive flexible funds to support services for children/youth reviewed by the team and for whom funding and/or other resources were not identified as accessible at the local level, including youth who reside in counties without MAP teams. The Interagency Coordinating Council for Children and Youth (ICCCY), established by state legislation in 2001, has continued operation and was extended by state legislation until 2010**.** HB 1529, passed during the 2010 Regular Session expands the ICCCY and the Interagency System of Care Council (ISSC) to include the Attorney General's office, youth/young adults, parent or family members, early childhood education representative, MAP Team Coordinators, professors, and a psychiatrist. This state-level collaborative team continued in FY 2010 to be a significant part of the overall interagency team structure that includes local MAP Teams in addressing the population defined by the legislation.

Transitional Services: The MS DMH continued funding for two Transitional Outreach Programs (P-TOP) in Region 12 (Pine Belt Mental Health Care Resources) and in Hinds County (MS Children's Home Society), which supports the provision of mental health services needed by youth, ages 16-21 years of age, in a transitional living program. DMH Division of Children and Youth received a six-year Comprehensive System of Care Initiative Cooperative Agreement beginning October 1, 2009 that will provide

services and the necessary supports to transitional-age youth, 16-21 years in six community mental health centers across the state.

Juvenile Justice: DMH Division of Children and Youth continued to certify those Adolescent Offender Programs operated by the community mental health centers for the provision of day treatment services. The Division continued to provide technical assistance and updates to the Youth Court judges and certified Juvenile Defenders at their annual training. Additionally, the Division received grant funding from the Department of Public Safety to address the mental health needs of those youth detained in the 17 Detention Centers and two holding facilities. During this two-year initiative, needs assessments and forums will be conducted to determine the gaps between detention centers and access to mental health services. Funds will be available to support increased access to a mental health professional and to train detention center staff in crisis prevention.

Fetal Alcohol Spectrum Disorders Project: DMH Division of Children and Youth Services continued to implement a SAMHSA funded FASD contract with Northup Grummond to provide statewide screening, assessment, and treatment of children (ages 0-7) with a FASD. This project continued to coordinate FASD Diagnostic and Assessment Services through the University of Mississippi Medical Center. The project director and staff traveled across the state to provide training and technical assistance to all 15 community mental health centers as well as provided flexible funds for the services and resources needed by the child and their family to increase functioning in their local communities.

Significant Achievements – Adults

Family Education and Support The DMH continues to provide support for the implementation of the Family-to-Family Education Program in Mississippi and anticipates that the number of family members who are trained to hold education classes and to provide support groups will continue to increase.

Consumer Education The DMH continues to provide support for the implementation of NAMI Peer to Peer Program, the Mississippi Leadership Academy and other approved consumer education programs in Mississippi, which includes training of trainers and provision of consumer education classes.

Specialized Programs for Elderly Persons The DMH Division of Community Services continues to provide technical assistance to local community mental health programs that are establishing elderly psychosocial rehabilitation programs, including implementation of a model training program. Efforts have focused on maintaining availability, improving the quality and facilitating further development of psychosocial rehabilitation services for elderly persons, including community-based programs and newly-developed services provided in nursing homes, throughout all service regions of the state. Staff in the DMH Division of Community Services also continue to collaborate with the DMH Division of

Alzheimer's Disease/Other Dementia in planning and hosting what has become an annual conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly. In 2008, the Division of Community Services continued an elderly psychosocial rehabilitation program training site in Region 15 (Warren-Yazoo Mental Health Services) and added an additional training site in Region 12 (Pine Belt Mental Healthcare Resources). In FY 2009, the Division of Community Services continued support of an elderly psychosocial rehabilitation program training site in Region 15 (Warren-Yazoo Mental Health Services) and Region 12 (Pine Belt Mental Healthcare Resources). DMH also added a training site in Region 6 (LifeHelp).

Other Psychosocial Rehabilitative Services The DMH Division of Community Services continues to support technical assistance and training at an International Center for Clubhouse Development (ICCD) model program site in Region 5 (Greenville) to improve the quality of clubhouse psychosocial rehabilitation programs throughout the state. Training has included the transitional employment component of the program. The clubhouse program in Region 6 (Greenwood) also has ICCD certification, and Region 12 CMHC, Pinebelt Mental Healthcare Resources (Oasis Clubhouse), is currently seeking ICCD Certification**.** DMH plans to expand ICCD-certified clubhouse programs at a minimum of one in each region**.**

Case Management The DMH continues to provide support for case management services, including intensive case management. Case management orientation also continues to be a requirement for case managers in all regions of the state, and the MS DMH has developed a structured case management credentialing program. DMH has also continued review of minimum standards for mental illness management services (MIMS), individual therapeutic support and intensive case management for needed revisions to enhance person-directed services (person-centered planning). In 2008, person-centered planning was added to the case management orientation provided by the Department of Mental Health. In FY 2009, person-centered planning continued to be included in Case Management Orientation provided by the Department of Mental Health. DMH plans to offer an online, self study credentialing program for case managers.

Specialized Programs for Persons with Mental Illness who are Homeless The DMH Division of Community Services continued to allocate federal PATH funding to six program sites in Mississippi, based on results of a needs assessment. DMH Division of Community Services staff continue to participate in a workgroup established by the DMH and focusing on the needs of individuals who are homeless; staff are also involved in three additional interagency coalitions addressing homelessness/housing; they will also coordinate implementation of the SOAR Technical Assistance in FY 2010 and FY 2011.

Services for Individuals with Co-occurring Disorders of Substance Abuse and Mental Illness The DMH Division of Community Services continues its work through a Co-occurring Disorders Task Force with the DMH Division of Alcohol and Drug Abuse and the Division of Children and Youth Services in supporting the provision of specialized services and staff training in the area of co-occurring disorders of serious mental illness and substance abuse. Technical assistance from the national Co-Occurring Disorders

Center for Excellence (COCE) funded by SAMHSA, facilitated development and initiation of activities in a *Strategic Plan for Co-occurring Disorders* addressing all age groups. In May 2006, the DMH applied to SAMHSA for a competitive Co-Occurring State Incentive Grant (COSIG) to further develop the infrastructure for statewide training and implementation of evidence-based screening, assessment and treatment for individuals with co-occurring disorders; however, that proposal was not funded. With support from the federal TTI initiative, DMH will continue making training available in providing effective screening, assessment and treatment for individuals with co-occurring disorders of mental illness and substance abuse.

Continued Monitoring of Programs and Peer Review The DMH Division of Community Services continues its work to regularly conduct on-site visits of programs to monitor for compliance with minimum standards for community mental health services, a comprehensive review of which is currently underway. The DMH also continues to support a peer review process that includes family members, consumers, and service providers in on-site visits to community mental health services programs. Changes to the peer review process incorporate feedback from stakeholders and will support transition to a recovery-oriented system of services and supports.

State's Vision for the Future

"Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities one person at a time" is the mission of the Mississippi Department of Mental Health. The State Plan reflects the elements of the Department of Mental Health's mission and vision as set forth in the Mississippi Board of Mental Health's and the Mississippi Department of Mental Health's overall *Strategic Plan, FY 2010-2020*, which was approved by the Board in June 2009: equal access to quality mental health care, services and supports in the community; active participation by consumers in designing services; elimination of stigma; and enhancement of prevention, care, services and supports through the application of research, outcome measures and technology.

The Mississippi Department of Mental Health's Ideal System Model incorporates and reflects commitment to the mission, vision, core values and guiding principles of the agency. Individuals receiving services, each with his or her individual strengths and needs, is the center of the agency's ideal system model. Central to the comprehensive public mental health service system is the belief that individuals are most effectively treated in their community and close to their homes, personal resources, and natural support systems. The development of the system reflects integration of services to meet individual needs and to facilitate accessibility and continuity of care. In meeting individual needs throughout the system, emphasis is placed on preserving individual dignity and rights including privacy and confidentiality, in the most culturally appropriate manner. The state's vision for a statewide person-driven, family-centered system emphasizes the importance of access and coordination with other service agencies. System-wide support services may include operational services provided through a variety of other agencies or entities. Inherent in the Ideal System Model are the

characteristics of consistency, accountability, and flexibility, to allow responsiveness to changing needs and service environments.