

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES**

FY 2014 – 2015 STATE PLAN

Draft

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FORWARD

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FACE SHEET COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

I: State Agency to be the Grantee for the Block Grant

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III: State Expenditure Period (Most recent State expenditure period that is closed out)

From: 7/1/2011
To: 6/30/2012

IV: Date Submitted

Submission Date:

Revision Date:

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MISSISSIPPI DEPARTMENT OF MENTAL HEALTH MISSION STATEMENT

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. The Bureau of Alcohol and Drug Services is committed to this mission and maintains a statewide comprehensive system of alcohol and drug services of prevention, treatment and rehabilitation and promotes quality care, cost-effective services and ensures the health and welfare of individuals through the reduction of substance abuse.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH VISION STATEMENT

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when...

- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared.
- Research, outcomes measures and technology are routinely utilized to enhance prevention, care, services and supports.

In an effort to support this vision, the Bureau of Alcohol and Drug Services will promote the highest standards of practice and the continuing development of substance abuse programs.

Core Values and Guiding Principles of the Department of Mental Health

People: We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community: We believe the community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment: We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence: We believe services and supports must be provided in an ethical manner, met established outcome measures, and be based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability: We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration: We believe that services and supports are the shared responsibility of state and local governments, communities, families, and service providers. Through open communication, we continuously build relationships.

Integrity: We believe the public mental health system should act in an ethical and trustworthy manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness: We believe awareness, education, prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation: We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect: We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the mental health system.

Philosophy of the Department of Mental Health

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention, service and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. The Department supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-centered, community-based and outcomes and recovery-oriented.

II: Planning Steps

Step 1: Assess the Strengths and Needs of the Service System

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 and the Director of Public Information report directly to the Executive Director.

DMH has eight bureaus: Administration, Mental Health, Community Mental Health Services, Alcohol and Drug Abuse Services, Intellectual and Developmental Disabilities, Interdisciplinary Programs, Quality Management, Operations and Standards, 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: ~~Certification~~, Mental Health Community Services (for Adults), Children and Youth Services, Alzheimer's Disease and Other Dementia, and Planning. ~~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.

The Bureau of Alcohol and Drug 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 also operates the ID/DD Home and Community-Based (HCBS) Waiver.

~~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 Quality Management, Operations and Standards is responsible for the development of DMH standards of care for providers, provider certification and compliance with DMH Standards, development of the peer review system as a part of DMH's overall quality management, provision of support to programmatic divisions/bureaus with DMH to assist with information management and reporting, oversight of agency and provider emergency management/disaster response systems to ensure continuity of operations within the public mental health system, oversight of constituency services, and the future development of agency and provider performance measures. The Bureau of Quality Management, Operations and Standards is comprised of the following divisions/offices: Division of Certification, Office of Consumer Supports, Division of Disaster Preparedness and Response, and Suicide Prevention.

~~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.~~

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 operational standards for the services it funds, and to monitor compliance with those operational 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. 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.

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

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; 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. The role of State agencies in the delivery of behavioral health services is addressed in **V. Support of State Partners.**

Description of Regional Resources

Mississippi's 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 $\frac{3}{4}$ mill tax in 1982 or (2) the actual contribution made in 1984.

~~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**

<p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p>	<p>Region One Mental Health Center Karen Corley, Interim Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267</p>
<p>Region 2: Calhoun, Lafayette, Marshall, Panola, Tate, Yalobusha</p>	<p>Communicare Sandy Rogers, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521</p>
<p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p>	<p>Region III Mental Health Center Robert Smith, Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717</p>
<p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo, DeSoto</p>	<p>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</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services Doug Cole, Executive Director 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (662) 335-5274</p>
<p>Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower</p>	<p>Life Help Madolyn Smith, Executive Director Browning Road P. O. Box 1505 Greenwood, MS 38935-1505 (662) 453-6211</p>
<p>Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p>	<p>Community Counseling Services Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261</p>

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

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, and Specialized Treatment Facility. 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. Central Residential Mississippi Residential Center operates the Crisis Stabilization Unit in Newton, Mississippi, as well as group homes, supervised apartments, day programs and programs for individuals with Alzheimer's disease and other dementia.

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.

State Certification and Program Monitoring The Mississippi Department of Mental Health ensures implementation of operational 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 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 operational 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 Services Services, and the Division of Certification. 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 2014-2015 State Plan includes objectives related to state funds that were appropriated for specific purposes by the State Legislature in 2012. Objectives and targets for FY 2013 may be modified based on funding appropriated in 2013. 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.

Federal and State Resources

~~The FY 2012-2013 State Plan includes objectives related to state funds appropriated for specific purposes by the State Legislature in the 2011 Session for FY 2012.~~ The Department of Mental Health (DMH) administers and grants to local providers funding from the federal Community Mental Health Services (CMHS) block grant and the Substance Abuse Prevention and Treatment (SAPT) block grant, as well as special federal program grants. The DMH 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. For several years of budget restrictions, the community mental health centers have also made significant

contributions to matching funds provided by the Department of Mental Health for Medicaid reimbursable community mental health services provided by the centers. The legislation that provides for the establishment, structure and operation of the regional commissions for mental health/mental retardation also authorizes participating counties to levy up to two mills tax for programs designed by the regional commission. The DMH also performs fiscal audits of programs receiving funding through its Bureau of Administration.

Strengths and Needs of the Service System

Strengths: Children with serious emotional disturbance (SED) and their families

- The Mississippi Transitional Outreach Program (MTO), a Children's Mental Health Initiative targeting transitional-age youth, ~~16 14-21 years,~~ ~~The Mississippi Transitional Outreach Program (MTO) began implementation October 1, 2010 in two Community Mental Health Center regions. On October 1, 2011, two more regions will be added for a total of four MTOs by the end of the six year grant period, 2015.~~ **entered into the fourth year of implementation on October 1, 2012. Three local Community Mental Health Center Regions are implementing the program which provides evidence-based practices, wraparound facilitation, and training for professionals and youth, and education and resources on independent living skills for youth enrolled.**
- 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; **Cultural Diversity; Trauma-Informed Care**; 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.~~ **Several state and local agencies participated in a Policy Academy focusing on co-integrated treatment (SED and Alcohol/Drug Abuse) for youth involved in the juvenile justice system. The Director of the Division of Children and Youth is directly involved with the development of standards for Mississippi's youth detention centers. DMH continues to fund CMHCs for the provision of mental health services in the local detention 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.
- ~~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.~~
- **DMH received a one-year System of Care Expansion Planning Grant in July 2012. This grant focuses on the development of a Strategic Plan as well as the infrastructure for the provision of services and resources for children, birth to 5 years of age.**

Needs: Children with serious emotional disturbance (SED) and their families

- 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.~~
- **Continuing to work on expansion of the new services in the State Medicaid Plan Amendment including Wraparound Facilitation, Intensive Outpatient Psychiatric Services, Peer to Peer Support Services and Community Support Services.**

Strengths: Services for Adults with serious mental illness (SMI)

- 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 senior 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 **and 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 DMH has created the Division of Crisis Response to address the development of crisis response capabilities in the state.** ~~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.~~ **The Community Mental Health Center Regions are required to provide 24 hour a day face-to-face or telephone crisis response depending on the nature of the crisis. The DMH Help Line works in conjunction with the CMHC crisis response if face-to-face intervention is necessary for Help Line callers.**

- 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. The DMH funds seven (7) sixteen (16) bed Crisis Stabilization Units and partially funds one (1) twenty-four (24) bed Crisis Stabilization Unit throughout the state. **The DMH also partially funds one (1) six (6) bed crisis stabilization unit for adolescents. Timber Hills Community Mental Health Center, in Region 4, also operates a sixteen (16) bed CSU for adults without funding from DMH.** ~~All but one (1) is operated by~~ The Community Mental Health Center Regions do not operate one (1) of the crisis stabilization units. All Crisis Stabilization Units take voluntary as well as involuntary admissions.
- The DMH Division of Community Services and the DMH Bureau of Alcohol and Drug Services has 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. The 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 to support training on conducting assessments, developing treatment plans, and providing integrated services and treatment for co-occurring disorders in community mental health regions and state hospitals.~~ **Timber Hills Community Mental Health Center, in collaboration with surrounding counties, opened a CSU which is also certified by DMH to provide detoxification services.**
- The perspectives of families and individuals receiving services ~~and families have long been~~ **are** 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 (OCS) Consumer Supports. 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 Office of Consumer Support is responsible for maintaining a 24 hour, 7 days a week service for responding to needs for information, referral, and crisis intervention by a National Suicide Prevention Lifeline. The Office of Consumer Support responds and attempts to resolve consumer grievances about services operated and/or certified by the DMH.**

- ~~■ 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 worked 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.~~
- ~~SAMHSA Transformation Transfer Initiative (TTI) funding enabled the DMH to receive much needed specialized technical assistance from consulting entities with expertise in planning housing and housing related support services to advise and support statewide strategic planning for housing for individuals served by the public mental health system. Technical assistance provided through the TTI project gave DMH staff a vital educational foundation and focused planning efforts on key elements that must be addressed in the development of permanent supportive housing and housing related support services. The project also resulted in the establishment of working relationships with key housing partners. Additionally, as a result of the ongoing communication, interactions and analyses of information in the TTI project, housing consultants identified key policy and operational issues, and made recommendations to DMH leadership for design and implementation of strategies to expand access and availability of housing and related supports, as well as to address infrastructure and related budget development to support next steps in the housing initiative.~~
- ~~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. The DMH has collaborated~~ **is actively collaborating** with The Social Security Administration, Disability Determination Services, Veterans Affairs and other organizations to plan **and implement** SOAR Training for various regions across the state. ~~In March 2011, DMH conducted~~

its first SOAR Training for providers.—Mississippi has been selected to participate in the national SOAR evaluation process and is contributing SOAR data from PATH and other providers on the Gulf Coast. The long-term goal is to have a SOAR-trained case manager in each of the Community Mental Health Centers in the state to ensure full access to SSI/SSDI benefits by individuals with serious mental illness who are homeless or at imminent risk for becoming homeless.

- In 2012, the DMH created the Division of Housing and Community Living and appointed a Director of this new Division who is vested with the responsibility to help lead the efforts to expand and enhance availability and access to fully integrated community living for individuals with serious mental illness and other disabilities who wish to and are able to be supported in the community.
- 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. The process to become a Credentialed Certified Case Management Professional has been revised to adjust to the accessibility and innovation of distant learning technology. The requirement for initial orientation to service delivery can now be completed online.
- 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.—The Office of Consumer Support coordinates the Peer Support Specialist Program. This program is designed to promote the provision of quality Peer Support Services and to enhance employment opportunities

for individuals with serious mental illness, substance abuse, and intellectual/developmental disabilities.

- ~~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, and the Think Again Network, launched the Think again mental health awareness campaign. entitled **Think Again**. This campaign addresses stigma that is often associated with seeking care. The campaign, which was launched in 2009, was designed to decrease the negative attitudes that surround mental illness, encourage young adults to support their friends who are living with mental health problems, and to increase public awareness about the availability and effectiveness of mental health services. 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 one million individuals in FY 2010. In DMH and the Think Again Network will continue to show young adults how to support their friends who are living with mental health problems. The Think Again campaign has also partnered with the youth suicide prevention campaign, Shatter the Silence. Combined, These campaigns teach young adults about mental health and suicide prevention. Materials and presentations for both campaigns were combined in order to present a more concise and consistent message.~~
- ~~The DMH Division of Community Services continues worked to develop and pilot three AMAP (Adult Make A Plan) Teams. Division of Community Services staff collaborates with Division of Children and Youth Services staff to receive training on wrap around services; the Division is working with the person directed planning training sites in Regions 12 and 15 to include this approach in AMAP training. In 2011, the Division of 3Community Services added an additional AMAP Team in Region 4. 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. In 2012, it is anticipated that the Division of Community Services will add five additional AMAP teams across the state. **The Office of Consumer Support (OCS) oversees the Peer Review Process for the DMH using The Council on Quality Leadership's Personal Outcome Measures © to assess the impact of services on the quality of life**~~

for the people receiving services. Individuals and family members are trained to conduct interviews to determine if outcomes are present for the individual and if the supports needed are present in order to achieve those outcomes. The OCS maintains the commitment to ensure individuals and family members have the skills and competencies needed for meaningful participation in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs.

Needs: Services for Adults with serious mental illness (SMI)

- ~~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.~~

DMH continues its involvement with the Mississippi Transportation Coalition, which was established to bring diverse transportation stakeholders to the table to work together to create a plan for a coordinated human transportation system for Mississippi. The Coalition is dedicated to creating a coordinated, accessible, affordable, dependable, flexible, safe, environmentally friendly statewide system providing the best transportation services to every Mississippian.

DMH has dedicated a small amount of funds toward funding a pilot transportation project at Life Help, one of the state's community mental health centers. Funds have been used to provide enhanced transportation services (evenings and weekends) to a limited number of the center's residential program participants. This pilot has offered the opportunity to engage an additional transportation service provider in the center's catchment area. Efforts are under way to stabilize the use of this provider by enlisting new transit customers from the community at large.

- The need for increased supported and independent employment options for adults with serious mental illness is ongoing.
- Continued work to increase access to and to expand safe and affordable community-based housing options and housing related supports statewide for persons with serious mental illness is needed to support recovery. Accomplishing this goal will involve focusing the system response on supporting individuals to choose among community-based options for a stable home, based on their individual needs and preferences, which is consistent with the best practice of Permanent Supportive Housing (PSH).

- ~~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~~ **Crisis Response** 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 **two** Crisis Intervention Teams (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~~ **are being developed.**
- ~~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~~ **continues.** The goal is ~~to~~ of integrating existing and new data within a comprehensive quality improvement system.

Step 2: Identify the Unmet Service Needs and Critical Gaps

Note to reader: The information in Step 2 will be updated upon the release of state specific outcome data from SAMHSA.

Mississippi utilized final methodology for estimating prevalence of serious emotional disturbance among children and adolescents, as published by the (national) Center for Mental Health Services (CMHS) in the July 17, 1998, issue of the Federal Register. The estimated number of children, ages 9 through 17 years in Mississippi in 2009 is 375,918. Mississippi remains in the group of states with the highest poverty rate (21.5% age 5-17 in poverty, based on 2008 Federal poverty rates), therefore, estimated prevalence rates for the state (with updated estimated adjustments for poverty) would remain on the higher end of the ranges. The most current estimated prevalence ranges of serious emotional disturbances among children and adolescents for 2009 are as follows:

- *Within the broad group (9-13%), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 11-13% or from 41,351 – 48,869.*
- *Within the more severe group (5-9%), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 7-9% or from 26,314 – 33,833.*

*For transitional age youth, the average of the prevalence rate of 5.4% (for adults) and the highest prevalence rate of 13% (for children) was calculated as 9.2% and applied to an estimate on the number of youth in the population, ages 18 up to 21 years of age (134,710**), yielding an estimated prevalence of 12,393 in this transition age group. According to the 2003-2006 National Survey on Drug Use and Health (NSDUH), in Mississippi, 9,000 males and 8,000 females abused or were dependent on alcohol or drugs in the past year. Approximately 9,000 Mississippi adolescents (12 to 17 years) needed but did not receive treatment for alcohol problems or for past-year drug problems (SAMHSA, Office of Applied Studies, September 2009).*

In FY 2009, 30,199 children with serious emotional disturbance were served through the public community mental health centers and other nonprofit providers of community services (Mississippi State Plan for Community Mental Health Services, FY 2011).

Adults

Mississippi utilized the final federal methodology for estimating prevalence of serious mental illness among adults, as published by the (national) Center for Mental Health Services in the June 24, 1999, issue of the Federal Register. The estimated number of adults in Mississippi, ages 18 years and above is 2,168,103, based on U.S. Census 2009 population estimates. According to the final federal methodology published by the (national) Center for Mental Health Services for estimating prevalence of serious mental illness among adults (in Federal Register, June 24, 1999), the estimated prevalence of serious mental illness among adults in Mississippi, ages 18 years old and above is 5.4 % or 117,078 in 2009.

In FY 2009, 53,910 adults with serious mental illness were served through the public community mental health system in Mississippi. Services were provided in all 15 mental health regions and by the community services division of one psychiatric hospital to 9,295 individuals with co-occurring disorders (Mississippi State Plan for Community Mental Health Services, FY 2011.) According to the 2003-2006 National Survey on Drug Use and Health (NSDUH), the rates of individuals ages 18-25 who need drug treatment were below the national average, and the rates of individuals who need alcohol treatment are among the lowest in the country (SAMHSA, Office of Applied Studies, December 2008).

Data and other information used to identify unmet needs/critical gaps in the service system are obtained from a variety of sources and processes.

DMH administrative staff 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 by the Planning and

Advisory Council and the State Board of Mental Health.

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.). Results of 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 operational 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. 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.

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 **and coalitions** 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 includes representation from major family and consumer advocacy groups. 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 transportation and housing were identified. ~~For example,~~ As part of the housing planning component of the TTI project, the Technical Assistance Collaborative, Inc. (TAC) provided DMH with state level population data and various indicators of poverty and disability. (~~such as SSI data) for non-elderly disabled adults, since the focus of the planning initiative was on permanent supportive housing for adults with serious mental illness.~~ **While there continues to be a need for transportation and housing for targeted groups, the information and data provided by TAC has been used on occasions to educate public officials, stakeholders, and funding sources regarding the need for expanding and increasing transportation and housing. The TAC data has also been used to develop applications for funding to increase these services.**

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), and two Comprehensive System of Care Projects, commUNITY cares and the Mississippi Transitional Outreach Program described in more detail in the State Plan.

The DMH management staff ~~also~~ receives regular reports from the Division of Office of Consumer Support (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.

Step 3: Prioritize State Planning Activities

Table 2 Plan Year FY 2012-2013:

State Priorities	
1	Comprehensive Community-Based Mental Health Systems for Children and Youth with SED
2	Interagency Collaboration for Children and Youth with SED
3	Expansion of System of Care for Children and Youth with SED
4	Integrated Services for Children and Youth with SED
5	Recovery Supports (Combined – SMHA/SSA)
6	Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined – SMHA/SSA)
7	Integration of Behavioral Health and Primary Care Services (Combined – SMHA/SSA)
8	Trauma (Combined – SMHA/SSA)
9	Comprehensive Community-Based Mental Health Systems for Adults with SMI
10	Targeted Services to Rural and Homeless Adults with SMI
11	Management Systems

The primary target populations addressed in the FY 2014-2015 State Plan are children with serious emotional disturbances (SED) and adults with serious mental illness (SMI).

Priority 1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Children and adolescents with a serious emotional disturbance are defined as any individual, from birth up to age 21, who meets one of the eligible diagnostic categories as determined by the DMH and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills. The need for mental health as well as other special needs services and support services is required by these children/youth and families at a more intense rate and for a longer period than children/youth with less severe emotional disorders/disturbance in order for them to meet the definition’s criteria.

The majority of public community mental health services for children with serious emotional disturbance in Mississippi are provided through the 15 regional mental health/mental retardation commissions. Other nonprofit community providers also make available community services to children with serious emotional disturbances and their families - primarily community-based residential services, specialized crisis management services, family education and respite and prevention/early intervention services. Public inpatient services are provided directly by the MS Department of Mental Health (described further later under this criterion). The Department of Mental Health remains committed to preventing and reducing hospitalization of individuals by increasing the availability of and access to appropriate community mental health services. Activities that may reduce hospitalization include the State Level Review/MAP Teams, Pre-evaluation Screening and Civil Commitment Services, Acute Inpatient Services, Medication Maintenance, Respite Services, Day Treatment, Therapeutic Foster Care, Therapeutic Group Homes, and Community-Based Chemical Dependency Treatment Services. Medically necessary mental health services that are included on an approved plan of care are also available from approved providers through the Early Periodic Screening, Diagnosis and Treatment Program, funded by the Division of Medicaid. Those services are provided by psychologists and clinical social workers and include individual, family and group and psychological and developmental evaluations. Psychological and developmental evaluations, services for children under age three (3), **day treatment services**, and services in excess of service standard must be prior authorized by the Division. The service standards are: Individual therapy, 36 visits per year, family therapy, 24 visits per year, and group therapy, ~~45~~ **40** visits per year.

Mississippi's System of Care for Children and Youth

Mississippi recognizes that a System of Care (SOC) is a coordinated network of community-based services and supports based on the values of cultural/linguistic competency, family-driven and youth-guided care and community – based resources. A System of Care is not a program, but a philosophy of how care should be delivered. A System of Care considers all life domains rather than addressing just the mental health treatment needs in isolation. There are eight overlapping dimensions:



Mississippi was one of the first states to create a foundation for systems of care. Beginning with state legislation in 1993, Mississippi developed local multidisciplinary assessment and planning teams for youth with multiple agencies and established a Children’s Advisory Council that focused on using pooled funding to better serve youth. Subsequent legislation established and strengthened a statewide system of care structure, with local Multidisciplinary Assessment and Planning (MAP) Teams around the state and the creation of the Interagency Coordinating Council for Children and Youth (ICCCY) and a mid-level management team, the Interagency System of Care Council (ISCC). Membership on the ICCCY includes Executive Directors of the following state child-serving agencies: MS Department of Education, MS Department of Mental Health, State Department of Health, Department of Human Services, Division of Medicaid (Office of the Governor), State Department of Rehabilitation Services and Mississippi Families As Allies for Children’s Mental Health, Inc. The ICCCY is charged with leading the development of the statewide system of care through the established Interagency System of Care Council (ISCC), consisting of a member of each state agency, a family member representing a family education and support organization, two special organization representatives, and a family member appointed by MSFAA. The ISCC serves as the mid-level management teams with the responsibility of collecting and analyzing data and funding strategies, coordinating local MAP Teams, and applying for grants from public and private sources.

The most recent System of Care legislation, HB 1529 passed in 2010 Legislative Session, revised and expanded the ICCCY and ISCC membership. The new membership includes representatives from the Attorney General’s office, MAP Team Coordinator, Child and Adolescent Psychiatry, the ARC of MS, faculty member from a local University, Early Childhood Development/Education, youth and an additional parent/family member. These three bodies (ICCCY, ISCC, MAP Teams) provide for the development and implementation of a coordinated interagency system of necessary services and care for children and youth up to age 21 with serious emotional/behavioral disturbances who require services from multiple program systems, and who can be successfully diverted from inappropriate institutional placement.

State Priority #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 1: To continue availability of funding for ~~two~~ **three** prevention/specialized early intervention programs.

Strategy: DMH will continue to provide funding for ~~two~~ **three** prevention/specialized early intervention programs for children/youth with SED identified by this program. These children/youth receive prompt evaluation and referrals, and appropriate therapeutic intervention to address the abuse; parents receive effective parenting skills training and family interventions, as well as other interventions designed to reunify and/or improve family relationships where possible.

Performance Indicator: The number of programs to which DMH makes available funding to help support prevention/early intervention (~~two~~) (**three**)

Description of Collecting and Measuring Changes in Performance Indicator:
DMH RFPs/grant applications/grants

***Footnote:** Prevention services supported through state funds from DMH and provided to these families include home visits, prenatal education, parenting education classes, preschool classes, sibling intervention groups, and specialized multidisciplinary sexual abuse prevention programs. The DMH also has a representative on the State Board for the Children's Trust Fund, which support projects across the state and provides financial assistance for direct services to prevent child abuse and neglect and to promote a system of services, laws, practices and attitudes that enable families to provide a safe and healthy environment for their children.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED (Under Revision)

Goal 2: To continue to provide technical assistance through the Division of Children and Youth Services to encourage providers to make children's mental health services available to serve children with SED under the age of six years with emphasis on those children who screen positive for prenatal exposure to alcohol.

Strategy: Technical assistance will be provided by the Division of Children and Youth Services staff, upon request, including on-site visits, to providers interested in developing children's mental health services to serve children with SED under the age of six years.

Performance Indicator: DMH Division of Children and Youth Services staff will provide technical assistance to service providers on developing mental health services for children under six years of age

Description of Collecting and Measuring Changes in Performance Indicator: DMH Division of Children and Youth Services monthly staffing report forms

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 3: To continue availability of school-based general outpatient mental health services (other than day treatment).

Strategy: Continued availability of school-based general outpatient services to children with serious emotional disturbance and their families. Current DMH Operational Standards require all CMHCs to offer and if accepted, maintain interagency agreements with each local school district in their region, which outline the provision of school-based services to be provided by the CMHCs.

Performance Indicator: Number of regional community mental health centers through which general outpatient services for children with serious emotional disturbance are made available (offered) to schools (Offered by 15 CMHC Regions).

Description of Collecting and Measuring Changes in Performance Indicator: DMH Division of Children and Youth Services records/reporting; Annual State Plan Survey

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 4: To continue to make available funding for respite service capabilities.

Strategy: DMH will continue to fund two providers to support the implementation of respite services, which are planned temporary services provided for a period of time ranging from a few hours within a 24-hour period, to an overnight or weekend stay. Respite is a service identified by families and representatives of state child service agencies, as well as other stakeholders, as a high need service for families and children with SED to support keeping youth in the home and community.

Performance Indicator: The number of respite providers available during the year (200)

Description of Collecting and Measuring Changes in Performance Indicator: Annual State Plan Survey

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 5: To continue to provide DMH funding to assist in providing therapeutic foster care homes to serve children/youth with SED to further develop community-based residential mental health treatment services for children with SED.

Strategy: DMH will continue to provide funding to the evidence-based therapeutic foster care program operated by Catholic Charities, Inc. The DMH Division of Children/Youth Services also plans to continue to make available technical assistance to providers of therapeutic foster care services, including providers certified, but not funded by DMH.

Performance Indicator: The number of children receiving therapeutic foster care services, based on evidence-based practice, provided with DMH funding support (i.e., through Catholic Charities, Inc.)

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Services Program grant reports

***Footnote:** Therapeutic Foster Care (TFC) Services continue to be an important community-based component, particularly for children with serious emotional disturbance in the custody of the Department of Human Services. The model utilized in Mississippi employs trained therapeutic foster parents with only one child or youth with SED placed in each home. DMH continues to make funding available to Catholic Charities, Inc. to help support 24 therapeutic foster care homes. Additional youth are served in therapeutic foster care funded by other agencies, including the Department of Human Services.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 6: DMH funding will continue to be made available for nine therapeutic group homes for children and youth with serious emotional disturbance.

Strategy: DMH will continue to provide funding to support therapeutic group homes. Therapeutic group homes typically include an array of therapeutic interventions, such as individual, group and/or family therapy and individualized behavior management programs.

Performance Indicator: The number of therapeutic group homes for which the DMH provides funding support (nine)

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Services Residential Monthly Summary Forms/Grant Proposals from the existing DMH-funded therapeutic group home providers

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED (Under Revision)

Goal 7: *To continue support and funding for existing programs serving children who are homeless/potentially homeless due to domestic violence or abuse /neglect.*

Strategy: *DMH will continue to provide funding and support for two specialized programs serving homeless children/youth with SED who are homeless/potentially homeless due to domestic violence or abuse /neglect.*

Performance Indicator: *Availability of DMH funding for two specialized programs serving homeless children/youth with SED who are homeless/potentially homeless due to domestic violence or abuse /neglect.*

Description of Collecting and Measuring Changes in Performance Indicator: *Division of Children/Youth Services Program grant reports.*

**** Footnote:*** *Additionally, from a system perspective, the number of youth reported as homeless/in shelters as a percentage of youth served in the public community mental health system through aggregate reports from DMH funded/certified providers in the Uniform Reporting System (URS) will also be reviewed.*

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 8: To evaluate children with serious emotional disturbance who receive substantial public assistance for the need for case management services and to offer ~~case management services~~ **Community Support Services** for such families who accept case management services.

Strategy: Evaluation services will be provided to determine the need for case management, as documented in the record, for children with serious emotional disturbance who are receiving Medicaid and are served through the public community mental health system. ~~School Based Services (Consultation and Crisis Intervention), Mental Illness Management Services (MIMS) and Individual Therapeutic Support are case management services that are available for children with serious emotional disturbances.~~

Performance Indicator: Number of children with serious emotional disturbances who receive case management services (26,250)

Description of Collecting and Measuring Changes in Performance Indicator: Compliance will be monitored through the established on-site review/monitoring process

***Footnote:** The following children/youth with serious emotional disturbances must be evaluated for the need for case management and provided with case management if needed, based on evaluation, unless the service has been rejected in writing by the parent(s)/legal guardian(s): children/youth with SED who receive substantial public assistance; children/youth with SED who are receiving intensive crisis intervention services; and, children/youth referred (within two weeks) to the CMHC after discharge from inpatient psychiatric care, residential treatment care, and therapeutic group homes.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 9: To continue to make funding available for ~~five comprehensive crisis response programs~~ **Crisis Stabilization Services** for youth with serious emotional disturbance or behavioral disorder who are in crisis, and who otherwise are imminently at-risk of out-of-home/community placement.

Strategy: DMH will continue funding to **Catholic Charities for a comprehensive Crisis Stabilization Program** ~~implement comprehensive intensive crisis response programs~~ for youth with serious emotional disturbance or behavioral disorders ~~that are in crisis~~, and who otherwise are imminently at-risk of out-of-home/community placement.

Performance Indicator: Number of youth served in the program ~~comprehensive crisis response programs for which DMH provides funding (five)~~

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Service Crisis Intervention Program Monthly Summary Forms and Grant Proposals for ~~four comprehensive crisis response programs~~. **Catholic Charities.**

***Footnote:** ~~All five non-profit providers of comprehensive crisis intervention programs are affiliated with their local Making a Plan (MAP) teams.~~

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 10: To continue **funds for** specialized outpatient intensive crisis intervention capabilities of ~~five~~ **seven** projects. **CMHCs.**

Strategy: DMH will continue funding specialized outpatient intensive crisis projects ~~(five)~~ **(seven)**

Performance Indicator: The number of programs that receive DMH funding for specialized outpatient intensive crisis intervention projects ~~(five)~~ **(seven)**

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Services Crisis Monthly Summary Forms/Grant Proposals for the specialized programs/monthly cash requests.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 11: To maintain provision of community-based services to children with serious emotional disturbance.

Strategy: DMH will continue to collect data on the total number of children with serious emotional disturbance served through community mental health centers and other nonprofit providers.

Performance Indicator: The total number of children with serious emotional disturbance served through community mental health centers and other nonprofit providers of services to children with serious emotional disturbance (52,500). It should be noted that the number of youth targeted to be served in the following objective includes only youth with serious emotional disturbances served through the public community mental health system, which are a subset of the number of youth with any mental illness accessing services in the public community and inpatient system, reported in the NOM.

Description of Collecting and Measuring Changes in Performance Indicator:

Annual State Plan survey; community mental health service provider data.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 12: To improve school attendance for those children and families served by CMHCs.

Strategy: School-based therapists employed by the CMHCs will continue to offer and provide as requested mental health services in the local schools, including school-based outpatient and school-based day treatment programs as described in the State Plan.

Performance Indicator: Interagency agreements between schools and CMHCs providing school-based Services will be verified on monitoring visits by DMH.

Description of Collecting and Measuring Changes in Performance Indicator:

Interagency agreements between schools and CMHCs providing school-based services; site visit documentation.

***Footnote:** A major area of growth in the system of care has been the development through community mental health centers of school-based outpatient sites and day treatment statewide, which is also the primary strategy for increasing accessibility of services for youth in rural areas. From a system perspective Uniform Reporting System (URS) data on changes in school attendance reported by family members/caregivers (based on results of the YSS-F from a representative sample of children with serious emotional disturbances receiving services in the public community mental health system (funded and certified by DMH) will also be reviewed.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED (Under Revision)

Goal 13: *To continue funding to an existing program serving children who are homeless/potentially homeless due to domestic violence.*

Strategy: *DMH will continue to provide funding to a Women's Center for Nonviolence to be made available for crisis intervention services to children and families in a domestic violence situation. Funding provides intensive crisis intervention and support services with an emergency shelter for abused/neglected children/youth and training to staff of the shelter. Gulf Coast Mental Health Center, provides consultation and in-service training to the shelter staff, crisis intervention available on a 24-hour basis, individual, group and family therapy to the children admitted to the shelter.*

Performance Indicator: *The number of children served through this specialized program (175)*

Description of Collecting and Measuring Changes in Performance Indicator: Grant proposal for existing program. This children's program is required to submit monthly data on the number of children served (targeted above) including the number of children with serious emotional disturbance.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 14: To continue funding to one CMHC for provision of intensive crisis intervention services to youth/families served through a shelter for abused/neglected children.

Strategy: DMH will continue to provide funding to support a CMHC in providing crisis intervention services, a therapist and other needed supports to a local shelter for abused/neglected children.

Performance Indicator: The number of children served through this specialized program (437)

Description of Collecting and Measuring Changes in Performance Indicator: Grant proposal for the targeted CMHC

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 15: To continue to make available technical assistance and/or certification visits in expanding school-based children's mental health services.

Strategy: DMH Division of Children and Youth Services will continue to provide technical assistance regarding the availability of and access to school-based services across CMHC regions. DMH will continue efforts to assess needs and plan strategies to meet the needs of children and youth and their families in rural areas.

Performance Indicator: Number of community mental health centers receiving technical assistance and/or certification visits for program expansion in the schools (15)

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Division Activities Report

***Footnote:** Key to the Department of Mental Health's approach to increasing the accessibility of children's mental health services in rural areas has been expansion of school-based services. Using the school as a base for mental health service delivery is pivotal in facilitating access to services by many youth and families. Providing school-based services also helps address the problem of transportation that exists in rural and other parts of the state.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED.

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 16: To further enhance service development and quality of service delivery to minority populations of children and youth with severe behavioral and emotional disorders.

Strategy: DMH requires CMHCs and other DMH-certified programs to offer cultural diversity and/or sensitivity training in accordance with DMH Operational Standards **and/or provide cultural competency training to employees.**

Performance Indicator: Number of training sessions presented for children/youth service providers that address cultural diversity awareness and/or sensitivity.

Description of Collecting and Measuring Changes in Performance Indicator: DMH Division of Children/Youth Services monthly staffing report forms and training sessions or workshop agendas.

***Footnote:** Division of Children and Youth staff members have attended workshops on Disparities Among Native Americans, Resources for Spanish-Speaking Communities, National Networks of Libraries of Medicine, Eliminating Mental Health Disparities: Challenges and Opportunities, and Lesbian, Gay, Bisexual and Transgender (LGBT) Youth in MS: Why Day of Silence Matters and African-American and LGBT conference.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 17: To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force.

Strategy: Continued meetings/activity by the Multicultural Task Force. The ongoing functioning of the Multicultural Task Force has been incorporated in the State Plan to identify and address any issues relevant to persons in minority groups in providing quality community mental health services and to improve the cultural awareness and sensitivity of staff working in the mental health system. The Day of Diversity coordinated by the Multicultural Task Force includes participation by local agencies, family members, and community members in the CMHCs' regional areas.

Performance Indicator: The number of meetings of the Multicultural Task Force during FY 2012 (at least four), with at least an annual report to the Mississippi State Mental Health Planning and Advisory Council.

Description of Collecting and Measuring Changes in Performance Indicator: Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made.

***Footnote:** The mission of the Multicultural Task Force is to promote an effective, respectful working relationship among all staff to include public and private agencies, and to provide services that are respectful to and effective with clients and their families from diverse backgrounds and cultures. There are 17 active members on the task force representing various state and local agencies and organizations. The task force has developed a cultural competency plan and has completed the Multicultural Competency Task Force Strategic Map and action plan for several of the strategic initiatives.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

See also Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 18: ~~To develop a committee to guide the implementation of the Cultural Competency Plan to ensure culturally competent services are provided to individuals receiving services.~~ **To guide the implementation of the Cultural Competency Plan to ensure culturally competency services are provided to individuals receiving services.**

Strategy: ~~Develop a committee to guide the implementation of the Cultural Competency Plan.~~ **The Cultural Competency Committee/Workgroup will guide the implementation of the Cultural Competency Plan.**

Performance Indicator: Meeting/activity by the Cultural Competency Workgroup

Description of Collecting and Measuring Changes in Performance Indicator:
Minutes of the workgroup meetings

~~Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED~~

~~See also Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI~~

~~Goal:~~ To expand the cultural competency assessment pilot project to include selected regions in the northern part of the state and additional areas in the central region.

~~Strategy:~~ To make available the opportunity for additional community mental health centers/providers to participate in the local cultural competency assessment project. Results from the administration of the cultural competence assessment will be available to be used by the CMHC/provider to determine areas of cultural competence that might need to be addressed.

~~Performance Indicator:~~ The number of community mental health centers/providers that participate in the local cultural competency assessment project.

~~Description of Collecting and Measuring Changes in Performance Indicator:~~
DMH Activity Reports

~~*Footnote:~~ The Multicultural Task Force has also coordinated use of a cultural competence assessment instrument at the local level in Regions 1, 3, 4, 6, 7, 8, 11, 14 and 15 in previous years. The long range goal of this initiative is to provide local service providers with more specific information for use in planning to address needs identified through the assessment. DMH staff has continued to offer and/or provide follow-up consultation to local providers in developing recommendations based on assessment results.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 19: To maintain availability of technical assistance to all existing DMH-certified programs operated by the 15 community mental health centers and non-profit agencies in support of service development and implementation.

Strategy: DMH Division of Children and Youth Staff will continue to provide technical assistance **and provide information on applicable training/education to providers of children's mental health services** ~~community mental health service providers~~ to facilitate development/implementation of services and/or programs for children with SED.

Performance Indicator: The number and type of technical assistance/support activities **and/or training** made available to CMHCs/other nonprofit service providers.

Description of Collecting and Measuring Changes in Performance Indicator:
Division of Children and Youth staffing report forms

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

See also Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 20: To address the stigma associated with mental illness through a mental illness campaign.

Strategy: DMH will continue to lead a statewide public education effort to counter stigma and bring down barriers that keep people from seeking treatment by leading statewide efforts in the anti-stigma campaign.

Performance Indicator: Estimated number of individuals reached through educational/media campaign, based on tracking the number of printed materials including press releases, newspaper clippings, brochures and flyers (200,000). DMH will also track the number of live interviews and presentations.

Description of Collecting and Measuring Changes in Performance Indicator: Media and educational presentation tracking data maintained by DMH Director of Public Information.

***Footnote:** ~~Since Oct. 1, 2009, a total of 104 *Think Again* and *Shatter the Silence* (anti-stigma/youth suicide prevention) presentations were conducted statewide reaching more than 3,200 individuals including 1100 youth in the public school system and 350 youth at the Native American Youth Conference. By utilizing media coverage and presentations, the *Think Again* campaign reached an audience of 1.5 million. DMH and the Think Again Network will be creating a website about mental health and suicide prevention devoted to teens/college students.~~

More than 100,000 brochures have been distributed since 2008. More than 10,000 Potty posters have been distributed to schools across the state. In 2010, 104 presentations were conducted with parents, teachers, and students. In 2011, 132 presentations were conducted. In 2012, 55 presentations were conducted. Mississippi teachers are now required to participate in suicide prevention treatment. Since 2010, more than 55,000 teachers, parents and students have been reached via presentations.

Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

See also Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

Goal 21: To review CMHC Policy and Procedure Manuals to ensure adherences to the cultural and linguistic competency mandates required in the DMH Operational Standards and other mandates for federally funded programs.

Strategy: Review of the CMHC Policy and Procedure manual will provide an opportunity for CMHCs to develop and implement policies and procedures in the area of cultural and linguistic competence that will enhance service delivery for all. The *DMH Operational Standards for Community Mental Health/Mental Retardation Services* continue to require that all programs certified by DMH train newly hired staff in cultural diversity/sensitivity within 30 days of hire and annually thereafter. Compliance with standards continues to be monitored on site visits.

Performance Indicator: Staff in the Division of Children and Youth will review a minimum of ~~five (5)~~ two (2) CMHC Policy and Procedure Manuals per year.

Description of Collecting and Measuring Changes in Performance Indicator: A summary of the findings and additional development of policies and procedures will be generated.

Priority 2: Interagency Collaboration for Children and Youth with SED

Interagency collaboration and coordination activities is a major focus of the Department, the Division of Children and Youth Services and the Planning Council, and exists at the state level and in local and regional areas, encompassing needs assessment, service planning, strategy development, program development, and service delivery. Examples of major initiatives explained below are the Interagency Coordinating Council for Children and Youth (ICCCY) and the Interagency System of Care Council (ISCC), the State-Level Interagency Case Review/ MAP Team, the Making A Plan (MAP) Teams, and participation in a variety of state-level interagency

The executive level Interagency Coordinating Council for Children and Youth (ICCCY) and mid-level Interagency System of Care Council (ISCC), work together to advise the Interagency Coordinating Council in order to establish a statewide system of local Making a Plan (MAP) teams. (For membership see Priority 1).

The State-Level Interagency Case Review/ MAP Team, which operates under an interagency agreement, and includes representatives from the Department of Mental Health; the Department of Human Services; the Division of Medicaid; the Attorney General's Office; the Department of Health; the Department of Education, the Department of Rehabilitation Services and MS Families As Allies for Children's Mental Health. The team meets once a month and on an as-needed basis to review cases and/or discuss other issues relevant to children's mental health services. The team targets youth with serious emotional disturbance or co-occurring disorders of SED and

Intellectual/Developmental Disabilities who need the specialized or support services of two or more agencies in-state and who are at imminent risk of out-of-home or out-of-state placement. The youth reviewed by the team typically have a history of more than one out-of-home psychiatric treatment, numerous interruptions in delivery of services, and appear to have exhausted all available services/resources in the community and/or in the state. Youth from communities in which there is no local MAP team with funding will have priority.

Making A Plan (MAP) Teams employ a systems-based wraparound approach in developing a family-centered multi-disciplinary plan, are designed to address individual needs and build on the strengths of youth and their families. Key to the team's functioning is the active participation in the assessment, planning and/or service delivery process by family members, the community mental health service providers, county human services (family and children's social services) staff, local school staff, as well as staff from county youth services (juvenile justice) health department and rehabilitation services. Youth leaders, ministers or other representatives of children/youth or family service organizations may also participate in the planning or service implementation process. The wraparound approach to service planning has led to the development of local Making A Plan (MAP) Teams in 15 community mental health regions across the state. ~~Fifty-two~~ **Sixty-three** counties either have a MAP Team or access to one, and all ~~40~~ **47** MAP Teams continued to operate statewide and had accessibility to flexible funds.

Department of Mental Health staff participates in a variety of state-level interagency collaboration activities and provide support for interagency collaboration at the local level in the 15 CMHC regions. These efforts involve staff of other key child service agencies or nonprofit organizations at the state and local levels and representatives of parent/family organizations for children with serious emotional disturbance. Notification of education/training activities offered by the DMH Division of Children and Youth Services will be distributed to programs serving runaway/homeless youth made known to the DMH through other child service agencies (primarily the Department of Human Services).

State Priority #2: Interagency Collaboration for Children and Youth with SED

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 1: To provide mental health representation on the executive level Interagency Coordination Council for Children and Youth (ICCCY) and the mid-management level Interagency System of Care Council (ISCC), as required by recent legislation.

Strategy: DMH will continue to be represented on the executive level ICCCY and the mid-level Interagency System of Care Council, in accordance with House Bill 1529 and continue participation in activities by both Councils to facilitate the development/maintenance of interagency/interorganizational collaboration (at the state, regional and local levels)

Performance Indicator: Minutes of meetings and related documentation of Attendance by DMH representatives at meetings scheduled in ~~FY 2012 and FY 2013~~. **FY 2014 and FY 2015.**

Description of Collecting and Measuring Changes in Performance Indicator: Minutes of the ICCCY and the Division of Children and Youth Services Monthly Calendar and minutes of the mid-level Interagency System of Care Council and revised Interagency Agreement.

***Footnote:** Additional members added to the ICCCY include a representative from the Attorney General's office, a MAP Team Coordinator, a parent of youth with SED, a youth, child psychiatrist, a faculty member from the University of MS Medical Center, Director of the ARC of MS and an early childhood development expert.

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 2: To continue operation of the State-Level Interagency Case Review/MAP Team for the most difficult to serve youth with serious emotional disturbance who need services of multiple agencies.

Strategy: The State-Level Interagency Planning and Case Review Team will continue to meet monthly to review cases and to address the needs of some youth with particularly severe or complex issues. The team targets those “most difficult to serve” youth with serious emotional disturbance or co-occurring disorders of SED and Intellectual/Developmental Disabilities who need the specialized or support services of two or more agencies in-state and who are at imminent risk of out-of-home (in-state) or out-of-state placement. The youth reviewed by the team typically have a history of more than one out-of-home psychiatric treatment and appear to have exhausted all available services/resources in the community and/or in the state. The team develops a recommended resource identification and accessibility plan, which might include formal existing services and informal supports; monitors and tracks implementation of the recommended service plan and the status of the child/youth; and, uses information about the availability of needed services, success of services, and other pertinent information in planning efforts.

Performance Indicator: Continued meeting of the State-Level Interagency Planning and Case Review Team to review cases.

Description of Collecting and Measuring Changes in Performance Indicator: Monthly Division Activities Report and State Level Case Review Team Staffing forms.

***Footnote:** The State-Level Interagency Case Review/ MAP Team, which operates under an interagency agreement, includes representatives of key child service agencies or programs and of families of children with serious emotional disturbance.

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 3: To provide funding for the State-Level Interagency Case Review/MAP Team to purchase critical services and/or supports identified as needed for targeted children/youth with SED reviewed by the team.

Strategy: DMH Division of Children and Youth Services will make funding available to the State-Level Interagency Case Review/MAP Team to provide services to youth identified through the team. The state-level team facilitates a wraparound purchase of services and support process for children/youth at risk of being inappropriately placed out-of-home. Youth from communities in which there is no local MAP team with funding have priority.

Performance Indicator: Number of children served using this funding for wraparound services

Description of Collecting and Measuring Changes in Performance Indicator: Documentation of grant award on file at DMH; monthly cash requests.

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 4: To continue to provide support and technical assistance in the implementation of Making A Plan (MAP) teams and to further assist in the wrap-around approach to provide services and supports for children/youth with SED and their families.

Strategy: DMH Division of Children and Youth Services will continue to provide support and technical assistance to MAP Teams as requested and/or needed and will continue to coordinate meetings with MAP team coordinators to which representatives from the state hospitals child/adolescent units and the Department of Human Services representatives are invited.

Performance Indicator: Provision of MAP team local coordinators meetings for networking among MAP teams. Number of technical assistance visits by Division of Children and Youth staff.

Description of Collecting and Measuring Changes in Performance Indicator: Monthly Division Activities Report and minutes of local MAP team meeting.

***Footnote:** The MAP teams employ a systems-based wraparound approach in developing a family-centered multi-disciplinary plan, designed to address individual needs and build on the strengths of youth and their families. Key to the team's functioning is the active participation in the assessment, planning and/or service delivery process by family members, the community mental health service providers, county human services (family and children's social services) staff, county youth services (juvenile justice) staff, county health department staff, county rehabilitation services staff and local school staff. Other providers of formal or informal supports, such as youth leaders, ministers or other representatives of children/youth family service organizations in a given community, may also participate in the planning or service implementation process.

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 5: To continue to make available funding for Making A Plan (MAP) Teams

Strategy: DMH will continue to fund MAP Teams

Performance Indicator: Number of MAP teams that receive or have access to flexible funding through DMH (52)

Description of Collecting and Measuring Changes in Performance Indicator:
Documentation of grant awards; Monthly MAP team reports; monthly cash requests.

***Footnote:** Fifty-two counties either have a MAP Team or access to one, and all 40 MAP Teams continued to operate statewide and had accessibility to flexible funds.

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 6: To continue to provide information to schools on recognizing those children and youth most at risk for having a serious emotional disturbance or mental illness and on resources available across the state, including services provided by CMHCs.

Strategy: DMH will make available informational materials and technical assistance to local school districts and other individuals/entities by CMHCs, upon request.

Performance Indicator: The number of local schools to which the CMHCs make available informational materials or technical assistance will be documented/ available to the DMH, Division of Children/Youth, upon request.

Description of Collecting and Measuring Changes in Performance Indicator:
Annual State Plan Survey

Priority Area #2: Interagency Collaboration for Children and Youth with SED

Goal 7: To continue support for and participation in interagency collaboration activities and other key activities related to infrastructure building as well as to make available technical assistance for this development at the state and local levels.

Strategy: DMH Children and Youth Services staff will continue to participate on state-level interagency councils or committees. Interagency collaboration at the state and local levels in planning and training is necessary to develop a more integrated system and to improve continuity of care.

Performance Indicator: Number of state-level interagency councils/committees on which the DMH Division of Children and Youth Services staff participate.

Description of Collecting and Measuring Changes in Performance Indicator:
Monthly Division Activities Report

~~**Priority Area #2: Interagency Collaboration for Children and Youth with SED**
This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED~~

~~**Goal:** To provide technical assistance to programs in the state serving children/youth with serious emotional disturbance~~

~~**Strategy:** The DMH Division of Children and Youth will provide information on applicable training/education opportunities to programs serving children/youth with serious emotional disturbance.~~

~~**Performance Indicator:** Number of technical assistance activities and/or training offered by DMH staff.~~

~~**Description of Collecting and Measuring Changes in Performance Indicator:**
Children and Youth Monthly Staffing Forms~~

Priority 3: Expansion of System of Care for Children and Youth with SED

Children and Youth Services staff continue to participate in interagency meetings and conferences that provide opportunities for increasing awareness across the service system of available children's mental health services. They also continue to disseminate the CYS resource directory through the agency website as well as provide educational materials to individuals at conferences and meetings, the general public and in particular to schools, to facilitate the identification and referral to services of youth with serious emotional disturbances.

Youth Suicide Prevention

The MS Youth Suicide Prevention Council meets at least quarterly and provides leadership for statewide planning and implementation of prevention and early intervention strategies, including implementation of a Comprehensive State Plan for Youth Suicide Prevention. Representatives on the state level council are from the Department of Education, the Department of Health, the Jason Foundation, Jackson State University, Mississippi College, the Office of Attorney General, and Catholic Charities, and also include a survivor of a family member who completed suicide, a child psychologist in private practice, Hurricane Katrina Related Youth Suicide Grant Local and State Project Coordinators, a Community Mental Health Center Children's Services Coordinator and staff from the Mississippi Department of Mental Health's, Division of Children and Youth Services and Division of Disaster Preparedness and Response.

Provision of Evidence-Based Practices

Mississippi Trauma Recovery for Youth (TRY) Project

The Director of the DMH Division of Children and Youth Services served in an advisory role to the Mississippi Trauma Recovery for Youth (TRY) project, funded through SAMHSA. Catholic Charities, Inc has led this four-year project in the Jackson, tri-county area and the Gulf Coast to raise the awareness about child trauma and to improve access to services for children and youth who have been traumatized. Through partnership with existing community agencies and programs, the project has developed the TRY Network, which is focused on increasing understanding about child trauma, endorsing the use of best practices in serving traumatized children and youth, and promoting collaboration between systems. The TRY Project is also supporting the validation of a strengths-based assessment tool for use with traumatized children and youth. TRY of Catholic Charities in Jackson, MS, is a member of the National Child Traumatic Stress Network (NCTSN). The Mississippi Trauma Recovery for Youth (TRY) Project, through a learning collaborative approach has trained clinicians in evidence-based practices such as Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Participants in the collaboratives include clinicians from CMHC regions, the Specialized Treatment Facility, and the MS Band of Choctaw Indians Behavioral Health.

Wraparound Initiatives in Mississippi

The Division of Children and Youth Services partnered with the Division of Medicaid, MYPAC Program to begin state-wide training on Wraparound for providers of children/youth services including the community mental health centers, two non-profit organizations, parents and social workers. Both agencies are using the University of Maryland's Innovation's Institute training model which includes a three-day Wraparound 101 course, one-day Advanced Wraparound and a 12-18 month process for Coach/Supervision Certification. The Division of Medicaid plans to include

~~Wraparound facilitation in their submission to amend the State Medicaid Plan in FY 2012.~~

Priority Area #3: Expansion of System of Care for Children and Youth with SED

Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 1: To promote and provide funding assistance for the use of evidence-based practices in the community mental health services system for children with serious emotional disturbances

Strategy: The Division of Children and Youth Services will continue to provide technical assistance and to monitor therapeutic foster care programs certified, but not funded by the DMH. Initiatives to promote implementation of other evidence-based practices for youth and families, such as the Learning Collaboratives for trauma-focused cognitive behavior therapy described in the Plan will also continue. Other local initiatives will also continue; for example, Region 12 CMHC and Region 13 CMHC have organized workforce training in trauma-focused CBT, CBT and Combined Parent Child CBT for all of their children's therapists, and evidence-based practices for youth are being implemented through the local System of Care project in Region 12.

Performance Indicator: The number of evidence-based practices implemented (with DMH funding support) for children with serious emotional disturbances.

Description of Collecting and Measuring Changes in Performance Indicator: Division of Children/Youth Services Program grant reports.

Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 2: To provide general information/education about children/adolescents “at risk” for or with serious emotional disturbance and about the system of care model (targeting the community at-large, as well as service providers).

Strategy: DMH will continue to make available current information about children’s mental health services through printed material and education by DMH staff is a basic component of ongoing outreach services.

Performance Indicator: Continued production and dissemination of *the DMH Division of Children and Youth Resource Directory* and other relevant public education material, made available as needed. Participation in presentations by DMH Children and Youth Services staff at meetings at which public information is provided, as such opportunities are available.

Description of Collecting and Measuring Changes in Performance Indicator: Educational material dissemination documented on monthly staffing forms.

***Footnote:** The Children and Youth Services Directory is available through the DMH agency website. CYs resource directories are also disseminated at conferences or meetings or to individuals.

Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 3: To address suicide awareness, prevention and intervention through training sessions or workshops focused on this topic.

Strategy: DMH staff will conduct training or workshops upon request by mental health centers, universities, community colleges and other community agencies.

Performance Indicator: The number of **trainings provided (four)** ~~reports generated and distributed to DMH staff and the OCS Advisory Council (at least three quarterly reports and two annual reports and six presentations and/or workshops.~~

Description of Collecting and Measuring Changes in Performance Indicator: Monthly Activity Reports Forms

***Footnote:** ~~The MS Youth Suicide Prevention Council meets at least quarterly and provides leadership and perspective for statewide planning and implementation of prevention and early intervention strategies, including implementation of a Comprehensive State Plan for Youth Suicide Prevention.~~

Priority Area #3: Expansion of the System of Care for Children and Youth with SED

Goal 4: To co-sponsor statewide conferences and/or trainings on the System of Care for providers of mental health services, education services, rehabilitation, human services (child welfare), youth/juvenile justice, physical primary health, and families.

Strategy: DMH Division of Children and Youth will continue to provide support to statewide conferences and/or trainings for children's mental health service providers addressing system of care issues for participants from local and state child/family service agencies and families of children/youth with SED

Performance Indicator: The number of statewide conferences and/or trainings sponsored or co-sponsored by the Division of Children & Youth Services (six)

Description of Collecting and Measuring Changes in Performance Indicator: Registration Forms for the Conferences; Final Conference Reports

Priority Area #3: Expansion of the System of Care for Children and Youth with SED

Goal 5: To expand evidenced-based skills training in trauma-informed services for children/youth with emotional disturbances

Strategy: DMH will continue to provide **funds for the ongoing training of** ~~training for additional clinical staff~~ in the evidence-based practice of trauma-focused cognitive behavior therapy ~~through the learning collaborative model.~~

Performance Indicator: The number of ~~additional~~ community mental health services staff who ~~complete~~ **receive** training in trauma-focused cognitive behavioral therapy **and/or Trauma-Informed Care**, SPARCS or other EPBs through Learning Collaboratives (90).

Description of Collecting and Measuring Changes in Performance Indicator: Annual and information collected from TRY staff at Catholic Charities, Inc.. **training agendas and sign-in sheets**

***Footnote:** The Director of the DMH Division of Children and Youth Services served in an advisory role to the Mississippi Trauma Recovery for Youth (TRY) project, funded through SAMHSA. Catholic Charities, Inc has led this four-year project. The conceptual framework of the project involves a collaborative learning approach targeting clinical/supervisory staff for intensive training in the evidence-based practice, followed by specified periods of implementation of standardized assessment and treatment approaches, during which the staff receive expert consultation through the project and peer support through focused staff meetings. The project also involves tracking of provision of services and treatment outcomes over a period of time.

Priority Area #3: Expansion of the System of Care for Children and Youth with SED

Goal 6: To implement the Wraparound Model in 7 of the 15 Community Mental Health Centers.

Strategy: DMH will continue to provide funds for training of additional CMHC staff for the 3-day Wraparound 101 course, a one-day Advanced Wraparound course and a 12-18 month process for Coach/Supervisor Training utilizing staff from the University of Maryland's Innovations Institute. The Division of Children and Youth Services partners with the Division of Medicaid, MYPAC Program to provide state-wide training on Wraparound for providers of children/youth services including the community mental health centers, two non-profit organizations, parents and social workers.

Performance Indicator: The number of community mental health centers participating in the Coach/Supervisor training and implementing the Wraparound model (7 CMHCs)

Description of Collecting and Measuring Changes in Performance Indicator: Quarterly and mid-year information collected from CMHCs including sign-in sheets for trainings.

***Footnote:** The Division of Medicaid plans to include Wraparound facilitation in their submission to amend the State Medicaid Plan in FY 2012.

Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 7: To expand specialized programs/resources for transition – aged youth, ~~16~~ **14**-21 years of age who are transitioning from child mental health services to adult mental health services and/or from an institutional setting into the community.

Strategy: The Division of Children and Youth Services received a state-wide Children's Mental Health Initiative (System of Care) grant on October 1, 2009 to serve transition-aged youth with SED. This initiative, the Mississippi Transitional Outreach Program (MTO), is implemented in ~~two~~ **three** Community Mental Health Centers. ~~DMH will continue to fund these two local projects through 2015 and will add two more MTO sites October 1, 2011.~~

Performance Indicator: The number of MTO local project sites that will develop and provide specialized services/resources for youth and young adults, ~~16~~ **14**-21 years (~~four~~) (**three**)

Description of Collecting and Measuring Changes in Performance Indicator: DMH monthly program reports, national program and evaluation reports.

Priority 4: Integrated Services for Children and Youth with SED

Adolescent Offender Programs

The Adolescent Offender Programs, which receive state funding through the Department of Human Services, Division of Youth Services, are designed to be a diversionary program from the state-operated training school. These programs target the areas of the state that have the highest commitment rates to the state training schools. DMH technical assistance continued to be available to CMHCs/other nonprofit programs for day treatment programs serving adolescent offenders, upon request/as needed.

Initiatives to Assure Transition to Adult Mental Health Services

The Division of Children and Youth Services, the Division of Adult Community Services and the Division of Alcohol and Drug Abuse have made a concerted effort to better address issues of youth transitioning from the child to the adult system, including needs specific to youth in the age group of 18 to 25 years. The Transitional Services Task Force was formed to better identify and plan to assess needs of youth, age 16 to 25 years. This Task Force has focused on expanding the age range of children/youth identified as transitional-age to include children/youth as young as age 14, the age at which children/youth begin to fall out of the system. The Task Force includes representatives from a local mental health center that provides a transitional living program, as well as representatives from the MS Department of Rehabilitation Services, the Office of the Attorney General and the DMH Divisions of Children and Youth Services and Alcohol and Drug Abuse. The Task Force has reviewed a mission statement, purpose and goals, and focused on preliminary identification of available services or special initiatives and how to access them for the targeted age group, potential gaps or needs in services, how services could be made more uniform, and model programs. The group has been able to identify ways to address the needs of the transition-age youth in an intensive case management model that utilizes the wraparound approach. Potential goals discussed included development of a resource/service directory to assist parents and professionals involved with this age group and strategies for increasing collaboration specifically targeting the transition age group. The work of this Task Force and its members assisted in the development of a successful grant application for a Children's Mental Health Initiative targeting transition – aged youth. The six-year System of Care grant provides funds for the implementation of ~~four~~ **three** additional Transitional Outreach Programs (TOP) across the state.

Transitional Living Programs: The DMH Division of Children and Youth Services will continue to support services of a provider of a transitional living services program that address the needs of youth with SED, including those in the transition age range of 16 to 21 years. DMH provides funding to four (4) of the six (6) DMH certified transitional therapeutic group homes (Rowland, Harden House, and two programs operated by Hope Village).

Priority Area #4: Integrated Services for Children and Youth with SED

Priority Area #4: Integrated Services for Children and Youth with SED

Goal 1: To reduce involvement of youth with serious emotional disturbances in the juvenile justice system.

Strategy: To continue to provide technical assistance and support for the mental health component in the Adolescent Offender Programs (AOPs) certified by DMH. The Adolescent Offender Programs, which receive state funding through the Department of Human Services, Division of Youth Services, are designed to be a diversionary program from the state-operated training school. These programs target the areas of the state that have the highest commitment rates to the state training schools.

Performance Indicator: Availability of technical assistance to Adolescent Offender Programs.

Description of Collecting and Measuring Changes in Performance Indicator:

Certification reports and Division of Children & Youth Services Monthly activity log (for technical assistance).

***Footnote:** From a system perspective, Uniform Reporting System (URS) data (based on results of the *YSS-F* from a representative sample of children with serious emotional disturbances receiving services in the public community mental health system (funded and certified by DMH) on the percentage of parents/caregivers of children/adolescents served by the public community mental health system reporting that their child had been arrested in one year, but was not rearrested in the next year, will also be reviewed.

Priority Area #4: Integrated Services for Children and Youth with SED

Goal 2: To continue funding for mental health services for youth in two transitional therapeutic group homes and two supported living programs for youth in the transition age group (16-21 years of age).

Strategy: DMH will continue funding two transitional living services group homes and two supported living programs serving youth with SED and other conduct/behavioral disorders for provision of mental health services.

Performance Indicator: The number of transitional therapeutic group homes and/or supported living programs that will receive funding through DMH for mental health service (four)

Description of Collecting and Measuring Changes in Performance Indicator: Grant awards to continue funding to the targeted transitional living services/supported living programs.

***Footnote:** The Transitional Services Task Force assisted in the development of a successful grant application for a Children’s Mental Health Initiative targeting transition – aged youth. The six-year System of Care grant provides funds for the implementation of four additional Transitional Outreach Programs (TOP) across the state.

Priority 5: Recovery Supports (Combined – SMHA/SSA)

The DMH Strategic Plan sets forth DMH’s vision of having individuals who receive services have a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. Initiatives in the State Plan are designed to facilitate a system that is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and recovery supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented. The Council on Quality and Leadership’s Personal Outcome Measures is now the foundation of the Peer Review process. Goal 2 of the DMH Strategic Plan highlights the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long term community supports and other specialized services. Goal 2 of the Strategic Plan also provides a foundation on which DMH will build, with collaboration from stakeholders, a seamless community-based service delivery system.

Youth Education/Support Initiatives (Under Revision)

*The Mississippi Families as Allies for Children's Mental Health, Inc. (MS FAA) ~~conducts~~ **supports** two Youth Leadership Teams, one located in Jackson called the "Youth Making a Difference" team, which has 20 members and meets monthly during the school year. Meeting topics include conflict resolution, communication skills, alcohol and drug abuse prevention and other skills building activities. MS FAA also coordinates another Youth Leadership Team in the Hattiesburg area of the state, the site of Mississippi's second System of Care (SOC) initiative, commUNITY cares, **which ended in September 2012. Although the initiative ended, MS FAA is continuing to work with the youth and families in that area to identify potential partners and sources of funding to continue the work the youth began.** The SOC group also formed a Youth Advisory Council (YAC) to give input to the commUNITY cares project. Members of both **youth** groups have attended national SOC grant meetings, the Georgetown Training Institutes and FFCMH annual conferences; they have also made presentations at major state conferences and university social work classes. ~~Both Youth Teams are supported by mental health block grant funds and SOC grant funds are chapters affiliated with the National Youth MOVE, a new CMHS initiative.~~ **The youth in Hattiesburg produced an anti-stigma video this past Spring, which they presented to several audiences including the participants at a statewide Cultural and Linguistic Conference.***

MS Families as Allies for Children's Mental Health, Inc. (MS FAA) conducts the Youth Summer Day Camp attended by 15-20 youth with emotional/behavioral challenges who generally experience problems participating successfully in other community day programs. The Youth Summer Camp also welcomes transition-age teens, who may be excluded from other types of camps. ~~MS FAA will continue to provide this summer program, and a similar therapeutic recreation program at the community cares SOC site, with the intent of communicating that the wraparound principle of "no reject, no eject" can be used as a model to broaden summer program opportunities for youth with special needs.~~ The camp gives the teens involved a sense of hope and competency. Based on the Youth Camp experiences thus far, youth have increased their ability to cope with daily challenges at school and in the community and to develop job readiness and independent living skills. Division of Children/Youth staff will continue to support and participate in special projects and activities of MS FAA.

DMH also supports and provides funds to a youth-led non-profit organization, Youth Driven, Inc. Youth Engagement specialists are at all three local MTOP sites. The youth specialists have developed local youth advisory boards and have become Youth MOVE chapters. The Statewide Youth Engagement Specialist and the local specialists developed a Statewide Youth Leadership Board who will meet on a regular basis to include retreats twice a year.

State Priority #5: Recovery Supports (Combined – SMHA/SSA)

Priority Area #5: Recovery Supports – Children and Youth

Goal 1: To continue to make available funding for family education and family support capabilities.

Strategy: Continuation of funding for family education and family support will be made available by DMH for **three DMH certified providers** ~~two Youth Leadership Teams (both affiliated with CMHS initiative, National Youth MOVE) and a Youth Summer Day Camp coordinated by Mississippi Families As Allies (MS FAA).~~

Performance Indicator: Number of family workshops and training opportunities to be provided and/or sponsored by **the three funded agencies MS FAA (42)**

Description of Collecting and Measuring Changes in Performance Indicator: Grant awards/monthly cash requests from MS Families As Allies for Children’s Mental Health, Inc., MS NAMI, and Region 10 CMHC.

Priority Area #5: Recovery Supports (Combined-SMHA/SSA)

Goal 2: To develop youth support and leadership teams in the current ~~two~~ **three** project sites for the Mississippi Transitional Outreach Program (MTOB)

Strategy: Continue to support and fund the development of youth support and leadership teams in CMHC Regions 4, 7, and **10**.

Performance Indicator: ~~A regular schedule and agenda~~ Sign-in sheets of the meetings will be available during the year for CMHC Regions 4, 7, and **10**.

Description of Collecting and Measuring Changes in Performance Indicator: ~~The schedules and agenda~~ **sign-in sheets** are provided by the local project coordinators.

Priority Area #5: Recovery Supports (Combined-SMHA/SSA)

Goal 3: To continue developing a program evaluation system which promotes accountability and improves quality of care in community mental health and substance abuse services.

Strategy: DMH will continue to refine the peer review/quality assurance process for all community mental health programs and services, including substance abuse services, by utilizing the Personal Outcome Measures (POM) interview protocol to measure outcomes of individuals receiving services. Consumer and family member meaningful involvement will be present on all levels of decision-making in policy development, planning, oversight, and evaluation.

Performance Indicator: Improved access and outcomes of services to individuals receiving services will be reported; Number of consumers and family members involved in decision-making activities, peer review/site visits.

Description of Collecting and Measuring Changes in Performance Indicator:
DMH data.

Priority Area #5: Recovery Supports (Combined-SMHA/SSA)

Goal 4: To promote the empowerment of individuals and families with mental health needs through education, support, and access to mental health services.

Strategy: Increase staff, consumers and their families understanding of topics related to recovery/recovery supports; the DMH Bureaus/Divisions will partner to plan resource/health fairs to educate others about recovery; information about the Mississippi Leadership Academy (MLA) will be made available to consumers with serious mental illness to increase communication and leadership/advocacy skills; continued funding will be made available by DMH for family education and family support programs/activities (drop-in centers, NAMI, MLA); and DMH will promote consumer information sharing and exchange through the MS Mental Health Recovery Social Network website

Performance Indicator: Number of family education groups and number of family workshops and training opportunities to be provided; number of consumers/family members completing the MLA; list of MH/SA trainings/participation summary of meetings and conferences provided by prevention and mental health staff; quarterly distribution of materials and resources will be tracked; and use and satisfaction of website services will be tracked.

Description of Collecting and Measuring Changes in Performance Indicator:
Grant awards/monthly cash requests from service providers will be tracked; documentation/dates of material provided; and MLA activities will be reported monthly

Priority Area #5: Recovery Supports (Combined-SMHA/SSA)

Goal 5: To establish policies and procedures to ensure consumer and family participation in monitoring/evaluating the mental health system through the peer review process.

Strategy: DMH Bureaus and Divisions will develop policies and procedures for the peer review process.

Performance Indicator: Increased number of consumers and family members involved in decision-making activities, peer review/site visits

Description of Collecting and Measuring Changes in Performance Indicator:

DMH will utilize the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POM) tool to gain information about the level at which service providers are supporting personal outcomes of individuals being served. Policies and procedures and number of POM interviews conducted by consumers and family members will be tracked

Priority 6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined – SMHA/SSA)

Support for Services for Youth with Co-occurring Disorders

The Division of Children and Youth Services and the Bureau of Alcohol and Drug Services collaborate to include sessions at the annual MS School for Addiction Professionals pertinent to co-occurring disorders for youth. The Division of Children and Youth staff continue to monitor and provide technical assistance to community-based residential programs funded by DMH for adolescents with substance abuse problems which also address problems of youth with co-occurring disorders. Staff in both the DMH Bureau of Alcohol and Drug Services and the Division of Children and Youth Services has provided training, information and support to women who may be pregnant or may have children with them while receiving treatment in one of the adult substance abuse residential treatment facilities. A registered nurse at a primary residential Alcohol and Drug treatment facility has been trained and educated by DMH staff to discuss the dangers of drinking while pregnant with the women who are receiving services.

~~The Co-occurring Disorders Coordinating Committee functions to identify needs and plan for improvements to services for individuals with co-occurring disorders of mental illness and substance abuse. The group also sponsors an annual conference addressing specific training issues in this area for both adults and children and developed program guidelines for grants to local providers to provide specialized services for individuals with dual diagnoses.~~

~~Representatives of the Division of Children/Youth Services serve on the DMH's Co-occurring Disorders Coordinating Committee, along with representatives from the Bureau of Alcohol/Drug Abuse, the Division of Community Services for Adults. Plans~~

~~are to expand the membership to include additional individuals receiving services and family members. A Division of Children and Youth Services staff member continued to participate on the State Prevention Advisory Council, Epidemiological Outcomes Workgroup, Co-occurring Disorders Coordinating Committee and the Underage Drinking Task Force. Substance abuse prevention and/or treatment staff participated in or were consulted as needed by MAP teams.~~

The Division of Children and Youth Services ~~employs~~ designates a ~~full-time~~ Fetal Alcohol Spectrum Disorder (FASD) State Coordinator to oversee implementation of the State FASD Plan by working in conjunction with the MS Advisory Council on FASD (MS-AC-FASD) and co-sponsors an annual FASD Symposium for professionals and families.

~~The System of Care Project (commUNITY cares), now in its third year of implementation and serving youth with SED and/or co-occurring SED and substance misuse in Forrest and Lamar counties, has held several workshops specifically addressing topics such as cognitive behavioral therapy techniques, strengths-based wraparound approaches, and implementation of the Seven Challenges program. The Annual Mississippi School for Addiction Professionals and the annual Lookin' to the Future Conference provides sessions on youth with co-occurring disorders.~~

DMH continues to provide funding to two community based residential treatment programs, which make available ~~48 beds for~~ chemical dependence residential treatment for adolescents, some of whom also have a serious emotional disturbance.

The Bureau of Alcohol and Drug Services and the Bureau of Community Services have an ongoing collaboration to continue to provide treatment services for adults with both mental illness and substance abuse disorders, participate in joint education and training initiatives and conduct monitoring of programs throughout the state. ~~The DMH received funding from CMHS for the Transformation Transfer Initiative (TTI), one component of which was designed to support continued training of mental health providers in assessment and treatment of co-occurring disorders. Coaching and technical assistance were also offered to all 15 regional community mental health centers and to four state hospitals following the training.~~

State Priority #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined – SMHA/SSA)

~~Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders.~~

~~This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED~~

~~Goal:~~ To provide funding and support of a System of Care Project that targets children/youth 10-18 years old with co-occurring disorders in three counties in the State.

~~Strategy:~~ The Division of Children and Youth will continue to provide state match and funding for commUNITY cares, a System of Care Project in Forrest, Lamar, and Marion Counties and will continue to support and participate in commUNITY cares activities and committees.——

~~Performance Indicator:~~ The number of youth served and funding amounts. The number of activities and committees in which Division of Children and Youth Staff participate monthly.

~~Description of Collecting and Measuring Changes in Performance Indicator:~~ DMH Division of Children and Youth Services monthly staff forms, commUNITY cares monthly service reports, grant proposals from continuation of SOC, and Division of Children and Youth program grant files.

~~*Footnote:~~ Division of Children and Youth staff continues to monitor and provide technical assistance two programs, the ARK and Sunflower Landing, serving youth with co-occurring disorders. Staff in both the DMH Bureau of Alcohol and Drug Services and the Division of Children and Youth Services have provided training, information and support to women who may be pregnant or may have children with them while receiving treatment in one of the adult substance abuse residential treatment facilities. DMH cosponsors two conferences that provide sessions on youth with co-occurring disorders, the Annual Mississippi School for Addiction Professionals and the Annual Lookin’ To The Future Conference.

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders.

This goal also addresses Priority Area #3: Expansion of System of Care for Children and Youth with SED

Goal 1: The inclusion of a workshop regarding issues of children/youth with SED and substance abuse problems in a statewide conference planned for FY ~~2012~~**2013**

Strategy: Division of Children and Youth Services staff members will continue to collaborate with the Bureau of Alcohol and Drug Services to develop a workshop focusing on youth with co-occurring disorders for the upcoming System of Care and/or the Mississippi School for Addiction Professionals

Performance Indicator: Inclusion of a workshop focusing on identification and/or treatment of youth with co-occurring disorders of serious emotional disturbance and substance abuse in a statewide conference

Description of Collecting and Measuring Changes in Performance Indicator:
Conference program(s)

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Children and Youth)

Goal 2: To provide funding to maintain ~~48 beds in~~ community-based residential treatment services for adolescents with substance abuse problems and co-occurring disorders.

Strategy: Division of Children and Youth services will provide funding to two community-based residential treatment program services and beds for adolescents with substance abuse problems and co-occurring disorders. Services provided include individual counseling, psychotherapeutic group counseling, self-help groups, family counseling, education services dealing with substance abuse and addiction, educational programs at the appropriate academic levels, vocational counseling services, and recreational and social activities.

Performance Indicator: Number of ~~beds available~~ **youth served** in community-based residential treatment programs for adolescents with substance abuse problems that receive funds from DMH (~~48~~)

Description of Collecting and Measuring Changes in Performance Indicator:
Division of Children/Youth Services Residential Monthly Summary Form/Grant Proposals for two community-based residential treatment sites.

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined-SMHA/SSA)

Goal 3: To promote the concepts of recovery and person-centeredness into services for individuals with co-occurring disorders.

Strategy: DMH will provide state-wide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values.

Performance Indicator: Improved outcomes of individuals receiving services will be reported; increased access to community based supports will be reported; increased knowledge of staff will be reported; and increased number of positive responses to the Council on Quality and Leadership's (CQL) 21 Personal Outcome Measures (POM)©

Description of Collecting and Measuring Changes in Performance Indicator:
POM interviews

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined-SMHA/SSA)

Goal 4: To expand and improve integrated treatment service options for individuals with co-occurring disorders.

Strategy: DMH will review alternative funding to provide additional training on COD; DMH will coordinate and partner with other agencies and organizations to provide and attend COD training; and DMH will continue to monitor and review services provided by the 15 mental health regions and Mississippi State Hospital.

Performance Indicator: Number of COD trainings provided and attended and number of COD programs reviewed

Description of Collecting and Measuring Changes in Performance Indicator:
Sign in sheets, agendas, and program monitoring schedules

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined-SMHA/SSA)

Goal 5: To further develop the linkage between the Bureau of Alcohol and Drug Services and the Bureau of Community Services regarding COD's in individuals with SED, FASD, SMI and Substance Abuse.

Strategy: Both Bureaus will collaborate in a state-wide conference planned for FY 2012 2013 (MS School for Addiction Professionals), and both Bureaus will continue to monitor and provide technical assistance to co-occurring programs upon request.

Performance Indicator: Number of technical assistance and certification visits by DMH staff to programs implementing and/or planning programs to serve individuals with co-occurring disorders will be tracked; conference planning minutes and conference agenda; and Division of Children and Youth Monthly Reporting Form to track technical assistance provided

Description of Collecting and Measuring Changes in Performance Indicator: Conference program, sign in sheets, agendas, and program monitoring schedules

Priority #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Adult)

Goal 6: To **continue to** provide community-based residential treatment services to individuals with co-occurring disorders. ~~will continue in on-site~~

Strategy: Continued operation of a residential treatment service for individuals with co-occurring disorders of serious mental illness and substance abuse. Funds will be provided to continue support for operation of a 12-bed community-based residential facility for individuals with a co-occurring disorder operated by the Division of Community Services of Mississippi State Hospital.

Performance Indicator: The number of community residential treatment beds to be made available (12 beds)

Description of Collecting and Measuring Changes in Performance Indicator: The number of community residential treatment beds to be made available (12 beds)

Priority Area #6: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Adult)

Goal 7: To continue to provide community services to individuals with co-occurring disorders in all fifteen mental health regions and by the community services division of one psychiatric hospital.

Strategy: DMH will continue to provide community services to individuals with co-occurring disorders in all fifteen mental health regions and by the community services division of one psychiatric hospital.

Performance Indicator: All 15 CMHCs and the community services division of Mississippi State Hospital will provide services to individuals with co-occurring disorders.

Description of Collecting and Measuring Changes in Performance Indicator: The number of individuals with co-occurring disorders to be served.

Priority 7: Integration of Behavioral Health and Primary Care Services (Combined – SMHA/SSA)

The DMH envisions a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports. DMH is committed to maintaining a statewide comprehensive system of prevention, treatment and rehabilitation which promotes quality care, cost effective services and ensures the health and welfare of individuals.

The FY ~~2012-2013~~ **2014-2015** State Plans for Community Mental Health and Alcohol and Drug Abuse reflect the elements in the Department of Mental Health's Ten-Year Strategic Plan which encompasses Integration of Behavioral Health and Primary Care Services, Recovery Supports, Provision of Services for Individuals with Co-Occurring Disorders, **and Trauma.**

Strategies designed to facilitate integration of mental illness and substance abuse are included the Department's Plan (objectives to increase integration of primary and mental health care and to increase effectiveness of collaboration among community mental health providers, state agencies, governmental entities and non-governmental entities). **The DMH intends to build on a collaborative initiative with the Mississippi Primary Health Care Association (MPHCA), the Division of Medicaid, and the community mental health centers. The Department of Mental Health and Mississippi Primary Healthcare Association have been involved in preliminary discussions regarding re-establishing a structured collaborative effort and inviting partner agencies, such as the Division of Medicaid, the Mississippi State Department of Health, the Department of Human Services and the University Medical Center, to promote communication among specialty system providers and primary care providers. Collaborative efforts include assessing in more detail the status of integration of primary and behavioral health care at local levels and consideration of model integration approaches that would be most effective in different parts of the state, given factors such as geography (rural versus urban**

areas), workforce availability and expertise, and the needs of the population for primary and specialty care. ~~In July 2011, Staff from DMH, Bureau of Community Services attended the Improving Access and Quality Care for the Behavioral Health Client Conference in Atlanta, and interacted with staff from the Mississippi Primary Health Care Association. DMH staff has been invited to present on the DMH and CMHCs at a conference sponsored by the Mississippi Primary Health Care Association in September 2011. Dr. Lydia Weisser, the DMH Medical Director, serves as the DMH "content expert" on primary care and behavioral health integration.~~

Examples of current collaborative activities involving mental health and/or substance abuse, primary health and other support service providers include:

- A representative from Department of Health and the Division of Medicaid are among child and family service agencies participating on the Interagency System of Care Council, the Interagency Coordinating Council for Children and Youth and the State Level Case Review Team. Local representatives from the Mississippi State Department of Health are also required to participate on local, interagency Making A Plan (MAP) teams across the state.
- As part of their application to DMH for CMHS Block Grant funding, community mental health centers are required to describe how health services (including medical, dental and other supports) will be addressed for adults with serious mental illness. The CMHCs maintain a list of resources to provide medical/dental services.
- The DMH Division of Consumer and Family Affairs is facilitating incorporation of practices and procedures that promote a philosophy of recovery/resiliency across bureaus and in the DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Providers.
- The DMH Division of Alzheimer's Disease and Other Dementia partners with host agencies such as hospitals, long term care providers, and private entities to provide education and training events.
- **The telepsychiatry project is ongoing with funding from the Delta Health Alliance by the University of Mississippi Medical Center (UMMC) Department of Psychiatry in 18 counties in the Delta. Plans are to utilize mobile technology to integrate basic medical screening into the mental health setting. Mental health services are integrated in at least one site as part of the Delta project.**
- The DMH Bureau of Alcohol and Drug Services continues to work with the Attorney General's Office in enforcement of the state status prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner.
- The DMH Bureau of Alcohol and Drug Services partners with the MS Department of Rehabilitation Services to fund substance abuse treatment services to individuals in transitional residential programs.
- The DMH Bureau of Alcohol and Drug Services work collaboratively with the MS Band of Choctaw Indians and continues to fund prevention services with Choctaw Behavioral Health.
- DMH funds Region 4 and Region 8 CMHCs to provide therapeutic nursing services in the schools, which include services such as providing education for

children/youth with SED, their families and teachers, conducting physical observations and assessments, providing information about and monitoring medications, monitoring sleeping and eating habits, and assisting with health objectives on treatment plans, etc.

Priority Area #7: Integration of Behavioral Health and Primary Care Services (Children and Youth)

Goal 1: To provide support for registered nurses to address physical/medical needs of children with SED in one rural, one mixed rural/urban area of the state

Strategy: Continue to fund targeted community mental health regions to provide ongoing therapeutic nursing services to children with SED, which include providing education for children/youth with SED, their families and teachers, conducting physical observations and assessments, providing information about and monitoring medications, monitoring sleeping and eating habits, and assisting with health objectives on treatment plans, etc. Designated Division of Children and Youth staff will continue to provide technical assistance to the CMHC providing these nursing services and monitors the delivery of such services in accordance with requirements of the RFP.

Performance Indicator: The number of regions to which DMH will provide funding or intensive therapeutic nursing services for children with serious emotional disturbances (two)

Description of Collecting and Measuring Changes in Performance Indicator:
Therapeutic nursing monthly summary form

Priority Area #7: Integration of Behavioral Health and Primary Health Care Services (Combined-SMHA/SSA)

Goal 2: Improve the coordination of services for all individuals across primary care and mental health systems through co-integration and collaboration with and among DMH Bureaus and Divisions, Primary Healthcare Providers (PHPs), consumers, family members, and other interested stakeholders.

Strategy: DMH Bureaus and Divisions (described in I.) will continue to develop and maintain partnerships with PHPs through a collaborative effort including, but not limited to, Making A Plan Teams (MAP), ~~Case Managers~~, **Community Support Services**, Substance Abuse Coordinators and Peer Specialists. DMH will open dialog with PHPs regarding how specific functions and services can be enhanced, blended, streamlined between Community Mental Health Centers (CMHCs) and PHPs. DMH will increase partnership activities between local entities and community providers such as hospitals, holding facilities, Crisis Stabilization Units, and CMHCs to establish triage, treatment, and diversion plans and to develop a plan for integrating mental illness, addiction, and Intellectual and Developmental Disabilities (IDD) services with primary health care.

Performance Indicator: List of PHPs in Mississippi for dissemination; Number of modifications in provider policies and procedures; monthly service reports; meeting minutes and attendance sheets; explore **and expand** evidence-based practice (EBP) models related to successful integration; documentation of collaboration via grant planning meetings to acquire funding; receipt of funding opportunities awarded to promote integration; development of a plan to integrate behavioral health and primary care services; number of MOUs developed with PHPs

Description of Collecting and Measuring Changes in Performance Indicator:

A record of dialog with PHPs will be established and maintained and documentation of outreach efforts and process for development of plan for integrating behavioral health and primary care services will be maintained.

Priority Area #7: Integration of Behavioral Health and Primary Care Services (Children and Youth)

Goal 3: FASD screening assessments will be made available in all 15 CMHC regions across the state, including MAP Teams, to determine the need for a diagnostic evaluation in children/youth (birth-18 years of age).

Strategy: ~~Through a collaborative effort with University of Mississippi Medical Center Child Development Center (UMMCCDC),~~ The DMH Operational Standards require children ages birth to age eighteen (18) be screened within six (6) months of Intake to determine the need for a FASD diagnostic evaluation for identification of primary health and behavioral health problems, and for intervention and treatment by behavioral and primary care providers in the local community. Local MAP Team Coordinators will coordinate the FASD screenings, referring children for diagnosis, and coordinating the provision of services. Case Managers at CMHCs implement interventions identified and assist in accessing needed primary care and behavioral health services.

Performance Indicator: Increased number of FASD screenings conducted by the CMHC and/or MAP Team (~~2,400~~) **(5,000)**; increased number of FASD diagnoses will be reported

Description of Collecting and Measuring Changes in Performance Indicator: The number of FASD screenings conducted each year in or through the CMHCs and MAP Teams are counted on DMH Division of Children and Youth Monthly Service Report forms and MAP Team Referral reports and entered into a database at the DMH Division of Children and Youth.

Priority Area #7: Integration of Behavioral Health and Primary Care Services (Combined-SMHA/SSA)

Goal 4: To educate PHPs, consumers, family members, mental health/substance abuse providers and other workforce professionals on: 1) current issues and trends in alcohol, tobacco and other drug abuse (ATOD) prevention and 2) physical health topics affecting those with SMI, addiction and/or individuals with SMI and a co-occurring substance use disorder, and suicide prevention.

Strategy: **Continue to increase** staff, consumers and their families understanding of health related topics and the connection between physical and behavioral health; the DMH Bureaus/Divisions will partner with PHPs to plan resource /health fairs; DMH will use web, print, social media, public appearances, and the press to reach the general public, PHPs, mental health and substance abuse providers and other stakeholders in culturally and linguistically appropriate ways; DMH Bureaus and Divisions will **continue to** provide substance abuse prevention and suicide prevention materials and resources to the MS Choctaw Tribal Schools in grades 7-12 on a quarterly basis; and the Bureau of Alcohol and Drug Services will **expand efforts to** educate PHPs on the prevention of ATOD

Performance Indicator: Educational materials disseminated to PHPs will be tracked; list of MH/SA trainings/participation by PHPs; list of PHP trainings/participation by MH/SA providers; summary of meetings and conferences provided by prevention and mental health staff; and quarterly distribution of materials and resources

Description of Collecting and Measuring Changes in Performance Indicator:

Documentation of materials and dates provided will be tracked. All resources and materials uploaded to the DMH website will be updated and tracked.

Priority 8: Trauma (Combined - SMHA/SSA)

Most individuals seeking public health services and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders, and HIV/AIDS, as well as contact with the criminal justice system. When programs take the step to become trauma-informed, every part of their organization, management and service delivery system should be assessed and have a basic understanding of how trauma affects the life of these individuals seeking services, the vulnerabilities and/or triggers of trauma survivors.

The Mississippi Department of Mental Health, Bureau of Community Services and the Bureau of Alcohol and Drug Services are working collaboratively to provide training intended to address the effects of trauma. These trainings will be particularly helpful for adult and child survivors of abuse, disaster, crime, shelter populations, and others. It will be aimed at promoting relationships rather than

focusing on the traumatic events in their lives. The trainings can also be utilized by first providers, frontline service providers and agency staff.

Priority Area #8: Trauma (Combined-SMHA/SSA)

Goal 1: To educate and train community leaders on Mental Health First Aid

Strategy: DMH staff will train pastors, teachers, civic groups, families and friends on Mental Health First Aid

Performance Indicator: Number of trainings by DMH staff, Agenda, sign in sheets

Description of Collecting and Measuring Changes in Performance Indicator: Number of trainings, Sign in sheets, agendas.

Priority Area #8: Trauma (Combined-SMHA/SSA)

Goal 2: To provide an array of trainings on trauma throughout the state.

Strategy: The Division of Children and Youth will provide training utilizing the Child Welfare Trauma Toolkit-Revised to agencies and community partners that are a part of the MS system of care.

Strategy: The Bureau of Alcohol and Drug Services will provide three trauma sessions at the Mississippi School for Addiction Professional in April, 2013. They will focus on Trauma Informed care, Trauma Focused Cognitive Behavioral Therapy (TFCBT), and Recovery.

Performance Indicator: Number of trainings by DMH staff, Agenda, sign in sheets

Description of Collecting and Measuring Changes in Performance Indicator: Number of trainings, Sign in sheets, agendas.

Priority 9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

An adult with a serious mental illness is defined as any individual, age 18 or older, who meets one of the eligible diagnostic categories as determined by the DMH and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills.

The majority of the public community mental health services for adults with serious mental illness in Mississippi is provided through 15 regional mental health/mental retardation commissions, which operate 15 regional community mental health centers serving all 82 counties of the state. The mental health centers are governed by regional commissions, with representative commissioners for each county in the region

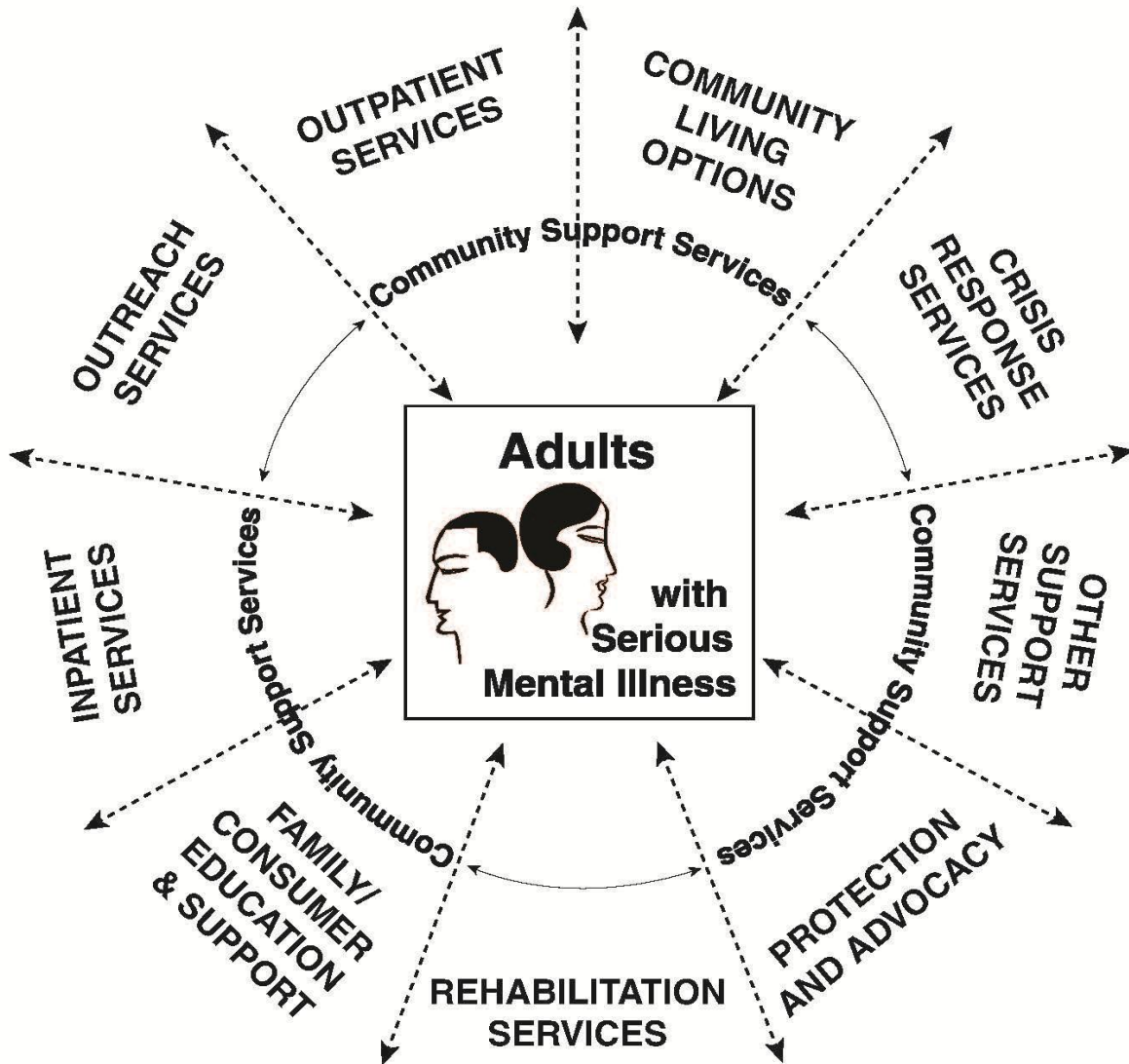
appointed by county Boards of Supervisors. ~~As described in more detail in the Section I,~~ The Mississippi Department of Mental Health sets and monitors implementation of ~~minimum~~ **operational** standards for community mental health programs certified through the authority of the DMH. Implementation of these standards, which establish minimum requirements for programs in organization, management and in specific services, is monitored through on-site visits of programs throughout the year by DMH staff. ~~Some~~ Community services (~~such as case management,~~ (i.e., psychosocial rehabilitation services, ~~group homes and supervised~~ **housing, apartments, crisis services**, and specialized programs for homeless persons with mental illness) are also provided to ~~some~~ individuals through the Community Services Divisions of the two larger state psychiatric hospitals. ~~These services are primarily for individuals discharged from the hospital, and are in the areas in close proximity to the hospitals (Jackson and Meridian).~~ These programs are also monitored for ~~implementation of minimum~~ **the compliance of the operational** standards applicable to the community mental health programs they provide. Community mental health centers provide pre-evaluation screening for individuals referred for evaluation for commitment to the state inpatient facilities, which provide regionalized, inpatient services.

Ideal System Model

The Ideal System Model for a Comprehensive Community Mental Health System for Adults with Serious Mental Illness was developed to reflect an ideal system that is responsive to the strengths and needs of all individuals with serious mental illness. At the center of the system is the person, each with his or her individual strengths and needs, which vary across time and circumstances. **Community Support Services** revolving around the person, ~~and between the person and his or her family,~~ and components of the mental health and support system, ~~is case management.~~ ~~Case management~~ **Community Support Services** is the key to accessing and coordinating mental health and support services needed by the individual. ~~at any given time.~~ In the ideal system, the case manager continually works with the individual to aid in identifying ~~that person's~~ goals, ~~helping them to~~ recognizing strengths and barriers, and ~~in~~ developing and implementing an action plan based on identified needs. The Ideal System Model for Adults emphasizes a psychosocial rehabilitation approach ~~to~~ **in** making an array of appropriate mental health, social, vocational, educational, and other support options available based on individuals' strengths, ~~as well as their~~ **and** needs. Several types of service options and activities may be included in the service components. ~~of the Ideal System Model.~~ A major change in the description of the characteristics of the system has been made to reflect a philosophy shift to one that is more ~~person directed and thus,~~ individualized. Strategies to evaluate and improve the effectiveness of local advisory councils, ~~which include~~ **comprised of** consumers and family members, have been included in system improvement efforts. The major service components of the Ideal System Model for Adults include: ~~case management,~~ **consumer support services**, outpatient services, crisis response services, ~~alternative living arrangements (housing),~~ **community living options**, identification and outreach, psychosocial rehabilitation services, family/consumer education and support, inpatient services, protection and advocacy, and other support services. Services for individuals with a co-occurring disorder of serious mental illness and substance abuse are also included in the system of community-based care.

IDEAL SYSTEM MODEL

Mississippi Comprehensive Community Mental Health System
for
Adults With Serious Mental Illness



CHARACTERISTICS OF THE SYSTEM

- Person - Directed
- System Access and Coordination Through Community Support Services
- Arrows Represent Easy Transition In, Across, and Out of Service
- Emphasis on Recovery

Goals/Objectives, Strategies and Performance Indicators for Adults with Serious Mental Illness (SMI)

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 1: To continue developing a program evaluation system which promotes accountability and improves quality of care in community mental health services.

Strategy: DMH will continue to refine ~~the peer review/~~**the** quality assurance process for all adult community mental health programs and services. ~~based on survey responses from community mental health center directors, peer reviewers, and interested stakeholders (i.e., NAMI MS, MHA).~~

Performance Indicator: Improved access and outcomes of services to individuals receiving services will be reported. Number of consumers and family members involved in decision-making activities ~~peer review/site visits.~~

Description of Collecting Changes in Performance Indicator: DMH data

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 2: To make available funding to support an array of “Core” services to assist adults with serious mental illness.

Strategy: To provide grants, support and technical assistance to community providers that offer an array of community mental health services and supports. These services include:

Outpatient Services, a component of the ideal system, includes diagnostic and treatment Services in various treatment modalities for persons requiring less intensive care than inpatient services including individuals with serious mental illness

Psychosocial Rehabilitative Services ~~are therapeutic activity programs provided in the context of a therapeutic milieu in which consumers address personal and interpersonal issues with the aim of achieving/maintaining their highest possible levels of independence in daily life.~~ **consist of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community.**

Day Support Services ~~is a program of structured activities designed to support and enhance the functioning of consumers who are able to live fairly independently in the community through the regular provision of structured therapeutic support.~~ **provide structured, varied and age appropriate clinical activities in a group setting that**

are designed to support and enhance the individual's independence in the community through the provision of structured supports.

Acute Partial Hospitalization is a psychosocial rehabilitative service that is designed to provide an alternative to inpatient hospitalization or to serve as a bridge from inpatient to outpatient treatment.

~~Group homes for adults with serious mental illness are homes shared by individuals in a community setting with 24-hour supervision. The program is designed to help individuals achieve more independence in a community living situation.~~

~~Transitional Residential Treatment Services or Halfway Houses for adults with serious mental illness provide a comprehensive residential treatment program to persons with serious mental illness and are specifically designed to serve individuals who are at high risk of hospitalization~~

~~Supervised housing is a form of housing service that provides a residence for three or fewer individuals in a single living unit. Individuals function with a greater degree of independence than in a group home.~~

~~Supported Living is programs designed to provide individuals some assistance while allowing them to maintain an independent residential arrangement~~**includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.**

Supervised Living includes an array of supports and services provided with appropriate staff and resources to support and individual who needs assistance twenty-four (24) hours per day/seven (7) days per week to live in the community.

~~Mental Illness Management Services (MIMS) include case management activities that may include symptom evaluation/monitoring, crisis intervention, revision/enhancement of environmental supports, and other services directed towards helping the consumer live successfully in the community.~~

~~Individual Therapeutic Support is the provision of one-on-one supervision of an individual with serious mental illness during a period of extreme crisis, without which hospitalization would be necessary.~~

Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists.

Psychiatric/Physician's Services are services of a medical nature provided by Medically trained staff to address medical conditions related to the individual's mental illness or emotional disturbance.

Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy to

individuals who are experiencing a period of acute psychiatric distress.

Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery.

Targeted Case Management Services provide information and resource coordination for individuals and collaterals. These services are directed toward helping individuals maintain the highest possible level of independent functioning.

Performance Indicator: The number of individuals served in the community will be tracked.

Description of Collecting and Measuring Changes in Performance Indicator:

Documentation of grant award on file at DMH; monthly cash requests, satisfaction surveys.

~~***Footnote:** The DMH will continue to efforts to expand access and availability of Housing options for individuals with serious mental illness, including acquiring sufficient staff time, training and resources to continue the development of service linkages with multiple housing partners at the state and regional levels and to identify support services and funding to sustain individuals living in permanent supportive housing. Funding related to these efforts will be requested for FY 2013.~~

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 3: Facilitate the employment of individuals with serious mental illness served by the public community mental health system.

Strategy: Continue to fund training to clubhouse programs in expansion of the TEP (transitional employment programs) and supported employment opportunities.

Performance Indicator: Availability of support for training programs in Strategy. See also description that follows.

Description of Collecting and Measuring Changes in Performance Indicator: Number of individuals engaged in TEP and supported employment, as documented by programs and monitoring on on-site certification visits. From a system perspective, the number of individuals employed (full or part time), including those in supported employment as a percentage of adults served by DMH certified and funded community mental health services. Aggregate reports from DMH funded/certified providers in Uniform Reporting System (URS): Profile of Adult Clients by Employment Status will also be reviewed.

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 3: To provide resources and supports to allow adults with SMI to live in the community and reduce hospitalizations.

Strategy: ~~To provide grants, supports, training and technical assistance to community providers to offer services that reduce hospitalization rates. Such services include: Emergency Response/Crisis Management Services: The Department of Mental Health Operational Standards require that certified community mental health centers have written policies and procedures for referral to inpatient services in the community, should an individual require such services.~~

~~Regional Acute Care/Crisis Stabilization System: The State Legislature funded major components to build a regional system to address the need for more immediate access to emergency or crisis services closer to consumers' home communities and their families, which will facilitate families' participation in consumers' treatment and transition from the hospital and reduce hospitalization and rehospitalization.~~

The Department of Mental Health will continue to provide funding to the Crisis Stabilization Units throughout the state.

~~Efforts will also continue to maintain two PACT teams (in Regions 6 and 15).~~

Performance Indicator: Reduction in the number of admissions to state inpatient psychiatric facilities.

Description of Collecting and Measuring Changes in Performance Indicator:

Documentation of grant awards on file at DMH; monthly cash requests, satisfaction surveys, hospitalization intake numbers

***Footnote:** The Department of Mental Health remains committed to preventing and reducing hospitalization of individuals by increasing the availability of and access to appropriate community mental health services. Included in this array are services designed to divert hospitalization, and to address those factors determined to be associated most often with hospitalization or rehospitalization as well as to prevent inappropriate placement of individuals in jail.

Priority Area #9: Comprehensive Community Based Mental Health System for Adults.

Goal 4: To expand skills training to services providers in the provision of services for Adults with SMI.

Strategy: DMH will continue to provide training, support and technical assistance for staff working with adults with SMI, including the following programs:

The Case Management Certification Program ~~has been modified and~~ is now an internet-based staff training and development program. ~~Elevate powered by Essential Learning is a customized training website that tracks staff training.~~ The Essential Learning training website **tracks staff training**. ~~will take the place of case management orientation~~ and eliminates the need for extensive travel for case managers to obtain training. ~~Providing the case management training program online will provide cost savings to the state, as well as to service providers.~~

Pre-evaluation Screening for Civil Commitment Services ~~is a major purpose of which is~~ **assists to in** reducing the number of inappropriate admissions to the state psychiatric facilities. DMH will continue to make available training sessions in pre-evaluation screening to CMHC staff who meet the minimum criteria for providing this service, in accordance with DMH Operational Standards; ~~a minimum of four training sessions per year will be provided.~~

~~Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly:~~
A DMH Division of Community Services staff will continue to serve as a conference committee member to ensure that topics pertaining to psychiatric issues affecting elderly persons are addressed at the annual conference for persons with Alzheimer's Disease/Other Dementia.

~~Law Enforcement Training: DMH made funding available to 15 CMHCs to help support provision of law enforcement training. Twelve CMHCs applied for and received funding for law enforcement training. As of June 2011, CMHCs reported conducting 17 training sessions, with 446 law enforcement officers trained. This funding has been made available again in FY 2012, and 12 CMHCs have applied for and received the funding.~~

Performance Indicator: The number of community mental health services staff who receive training.

Description of Collecting and Measuring Changes in Performance Indicator:
Training documentation kept by DMH staff.

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 6: To provide community mental health and other support services for elderly persons with serious mental illness.

Strategy: Require a local plan from all 15 CMHCs for providing services to elderly persons with serious mental illness. The plan utilizes a guide that emphasizes outreach, interagency coordination of services and case management.

Performance Indicator: The number of CMHCs that submit a local plan for providing services to elderly persons with serious mental illness. (Minimum: 15)

Description of Collecting and Measuring Changes in Performance Indicator:
Community Mental Health Center Local Plans for Elderly Services

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults

Goal 5: To facilitate skills training for staff of senior psychosocial rehabilitation programs.

Strategy: DMH will continue to provide a one or two day training for staff in the senior psychosocial rehabilitation programs. There are currently three training sites The training that provide technical assistance.

Performance Indicator: The number of community mental health services staff who complete training for elderly psychosocial rehabilitation programs. (training for 10 staff from elderly psychosocial rehabilitation programs).

Description of Collecting and Measuring Changes in Performance Indicator:
Division of Community Services monthly grant report forms

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 6: To address the stigma associated with mental illness through a mental illness campaign.

Strategy: DMH will continue to lead a statewide public education effort to counter stigma and bring down barriers that keep people from seeking treatment by leading statewide efforts in the anti-stigma campaign.

Performance Indicator: Estimated number of individuals reached through educational/media campaign, based on tracking the number of printed materials including press releases, newspaper clippings, brochures and flyers (200,000). DMH will also track the number of live interviews and presentations.

Description of Collecting and Measuring Changes in Performance Indicator: Media and educational presentation tracking data maintained by DMH Director of Public Information.

~~***Footnote:** Since Oct. 1, 2009, a total of 104 *Think Again* and *Shatter the Silence* (anti-stigma/youth suicide prevention) presentations were conducted statewide reaching more than 3,200 individuals including 1100 youth in the public school system and 350 youth at the Native American Youth Conference. By utilizing media coverage and presentations, the *Think Again* campaign reached an audience of 1.5 million. DMH and the Think Again Network will be creating a website about mental health and suicide prevention devoted to teens/college students.~~

More than 100,000 brochures have been distributed since 2008. More than 10,000 Potty posters have been distributed to schools across the state. In 2010, 104 presentations were conducted with parents, teachers, and students. In 2011, 132 presentations were conducted. In 2012, 55 presentations were conducted. Mississippi teachers are now required to participate in suicide prevention treatment. Since 2010, more than 55,000 teachers, parents and students have been reached via presentations.

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 7: To improve cultural relevance of mental health services through identification of issues by the Multicultural Task Force.

Strategy: Continued meetings/activity by the Multicultural Task Force. The ongoing functioning of the Multicultural Task Force has been incorporated in the State Plan to identify and address any issues relevant to persons in minority groups in providing quality community mental health services and to improve the cultural awareness and sensitivity of staff working in the mental health system. The Day of Diversity coordinated by the Multicultural Task Force includes participation by local agencies, family members, and community members in the CMHCs' regional areas.

Performance Indicator: The number of meetings of the Multicultural Task Force during FY 2012 (at least four), with at least an annual report to the Mississippi State Mental Health Planning and Advisory Council.

Description of Collecting and Measuring Changes in Performance Indicator: Minutes of task force meetings and minutes of Planning Council meeting(s) at which task force report(s) are made.

~~***Footnote:** The mission of the Multicultural Task Force is to promote an effective, respectful working relationship among all staff to include public and private agencies, and to provide services that are respectful to and effective with clients and their families from diverse backgrounds and cultures. There are 17 active members on the task force representing various state and local agencies and organizations. The task force has developed a cultural competency plan and has completed the Multicultural Competency Task Force Strategic Map and action plan for several of the strategic initiatives.~~

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 10: To develop a committee to guide the implementation of the Cultural Competency Plan to ensure culturally competent services are provided to individuals receiving services.

Strategy: Develop a committee to guide the implementation of the Cultural Competency Plan.

Performance Indicator: Meeting/activity by the Cultural Competency Workgroup

Description of Collecting and Measuring Changes in Performance Indicator:
Minutes of the workgroup meetings

Priority Area #9: Comprehensive Community-Based Mental Health Systems for Adults with SMI

See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED

Goal 11: To expand the cultural competency assessment pilot project to include selected regions in the northern part of the state and additional areas in the central region.

Strategy: To make available the opportunity for additional community mental health centers/providers to participate in the local cultural competency assessment project. Results from the administration of the cultural competence assessment will be available to be used by the CMHC/provider to determine areas of cultural competence that might need to be addressed.

Performance Indicator: The number of community mental health centers/providers that participate in the local cultural competency assessment project.

Description of Collecting and Measuring Changes in Performance Indicator:
DMH Activity Reports

***Footnote:** The Multicultural Task Force has also coordinated use of a cultural competence assessment instrument at the local level in Regions 1, 3, 4, 6, 7, 8, 11, 14 and 15 in previous years. The long-range goal of this initiative is to provide local service providers with more specific information for use in planning to address needs identified through the assessment. DMH staff have continued to offer and/or provide follow-up consultation to local providers in developing recommendations based on assessment results.

Priority Area #8: Comprehensive Community-Based Mental Health Systems for Adults with SMI

~~See also Priority Area #1: Comprehensive Community-Based Mental Health Systems for Children and Youth with SED~~

~~**Goal 12:** To review CMHC Policy and Procedure Manuals to ensure adherences to the cultural and linguistic competency mandates required in the DMH Operational Standards and other mandates for federally funded programs.~~

~~**Strategy:** Review of the CMHC Policy and Procedure manual will provide an opportunity for CMHCs to develop and implement policies and procedures in the area of cultural and linguistic competence that will enhance service delivery for all. The DMH Operational Standards for Community Mental Health/Mental Retardation Services continue to require that all programs certified by DMH train newly hired staff in cultural diversity/sensitivity within 30 days of hire and annually thereafter. Compliance with standards continues to be monitored on site visits.~~

~~**Performance Indicator:** Staff in the Division of Community Services will review a minimum of five (5) CMHC Policy and Procedure Manuals per year.~~

~~**Description of Collecting and Measuring Changes in Performance Indicator:** A summary of the findings and additional development of polices and procedures will be generated.~~

Priority 10: Targeted Services to Rural and Homeless Adults with SMI (Under Review)

The DMH continues to support specialized services targeting individuals who are homeless and have mental illness in areas of the state where there are known to be large homeless populations with a significant number of individuals with mental illness and where the (Projects for Assistance in Transition from Homelessness or PATH) funds would have the greatest impact – Jackson, Meridian and the Gulf Coast. In April 2011 the DMH added a sixth PATH Provider, Mississippi United To End Homelessness (MUTEH), which currently serves as the Balance of State Continuum of Care for Mississippi. MUTEH's service area includes all counties not already being served by the existing PATH Programs.

The DMH Division of Community Services staff member, who oversees the administration of the PATH grant program in MS, served on the Project CONNECT committee, a coalition of organizations in the Jackson-Metro area dedicated to serving persons experiencing homelessness in the Jackson area.—DMH staff also continued to attend meetings of MISSIONLinks, which is an alliance of emergency and transitional shelter operators and mental health service providers.

Additionally, the Division of Community Services staff member working on housing issues for individuals with serious mental illness who are not necessarily homeless, also attends meetings of the Partners to End Homelessness to facilitate coordination of planning.

In 2010 the DMH received notification that its application for Technical Assistance training in the SSI/SSDI Outreach, Access and Recovery (SOAR) Program offered through SAMSHA was approved. The SOAR Project helps states increase access to mainstream benefits for people who are homeless or at risk of homelessness through training, technical assistance and strategic planning. Since approval of Mississippi's SOAR application, four individuals have attended the SAMHSA-sponsored SOAR Train-the-Trainer program, and became Certified SOAR Trainers. In March of 2011 a two-day SOAR Training was conducted and other training events will be conducted in the future.

Community mental health centers will continue to be required to develop plans for outreach, including transportation, as part of their community support services plans approved by the DMH. The Mississippi Transportation Coalition, which includes representation from the DMH, continues to meet monthly to address coordinated planning for transportation. In FY 2010, the DMH received Transformation Transfer Initiative (TTI) funding from the Center for Mental Health Services, one component of which will enhance the coordination of transportation services and service providers. DMH will also utilize grant funds to pay for transportation for individuals with disabilities. In FY 2011, DMH continues to work on a pilot project in the Region 6 CMHC catchment area. It is anticipated, that after 100 transportation needs assessments have been conducted, a local transportation provider will begin a call-in center. This call-in center will provide rides for individuals with disabilities at a reduced rate. It is our hope to replicate this pilot project statewide when funding is available.

State Priority #10: Targeted Services to Rural and Homeless Adults with SMI (Under Review)

Priority Area #10: Targeted Services to Rural and Homeless Adults with SMI

Goal 1: *To provide coordinated services for homeless persons with mental illness.*

Strategy: *DMH will continue to provide specialized services for homeless individuals with mental illness in targeted areas of the state.*

Performance Indicator: *The number of persons with serious mental illness served through specialized programs for homeless persons (750)*

Description of Collecting and Measuring Changes in Performance Indicator: *Adult Services State Plan Survey; PATH Grant Annual Report.*

Priority Area #10: Targeted Services to Rural and Homeless Adults with SMI

Goal 2: *To educate providers, consumers and other interested individuals/groups about the needs of homeless individuals, including the needs of homeless persons with mental illness.*

Strategy: *A DMH staff member will continue to participate on interagency workgroups that identify and/or address the needs of individuals who are homeless. A DMH staff member continues to participate in the three Continua of Care in Mississippi (Open Doors, Mississippi United to End Homelessness, Partners to End Homelessness), as well as MISSIONLinks, Project Connect, the DMH Housing Task Force and the State Planning Council meetings. A DMH staff member has presented information to these groups on both the PATH Program and the State SOAR Initiative.*

Performance Indicator: *The number of workgroups addressing homelessness on which DMH staff member(s) participate (up to three)*

Description of Collecting and Measuring Changes in Performance Indicator:
Minutes of workgroup meetings and/or Division Activity Reports

Priority Area #10: Targeted Services to Rural and Homeless Adults with SMI

Goal 3: *To make available mental health services to individuals in rural areas.*

Strategy: *Availability of plans by community mental health centers for outreach, including transportation services.*

Performance Indicator: *The number of CMHCs that have available local plans that address transportation services (15)*

Description of Collecting and Measuring Changes in Performance Indicator:
Community support services plan reviews.

Priority 11: Management Systems (Under Review)

Management goals that apply to both child and adult service systems for improving information management systems, to continue helpline services through the Office of Consumer Support Services, and to request additional funding for community mental health services address this priority. See also Tables 5-8 for financial information, as well as Section E. Data and Information Technology, F. Quality Improvement Reporting, and H. Service Management Strategies for additional information on management systems.

Priority #11: Management Systems

Priority Area #11: Management Systems (Under Review)

Goal 1: *To develop a uniform, comprehensive, automated information management system for all programs administered and/or funded by the Department of Mental Health.*

Strategy:

- A)*** *Work will continue to coordinate the further development and maintenance of uniform data reporting and further development and maintenance of uniform data standards across service providers. Projected activities may include, but are not limited to:*
- *Continued contracting for development of a central data repository and related data reports to address community services and inpatient data in the Center for Mental Health Services (CMHS) Uniform Reporting System (URS) tables, consistent progress tracked through the CMHS MH DIG Quality Improvement project;*
 - *Periodic review and Revision of the DMH Manual of Uniform Data Standards;*
 - *Continued communication with and/or provision of technical support needed by DMH*
 - *Central Office programmatic staff who are developing performance/outcome measures*
- B)*** *Continued communication with service providers to monitor and address technical assistance/training needs. Activities may include, but not be limited to:*
- *Ongoing communication with service providers, including the common software users group to assess technical assistance/training needs:*
 - *Technical assistance/training related to continued development of uniform data systems/reporting, including use of data for planning and development of performance/outcome measures, consistent with the MH DIG Quality Improvement project;*
 - *Technical assistance related to implementation of HIPAA requirements and maintenance of contact with software vendors.*

Performance Indicator: *Progress on tasks specified in the Strategy.*

Description of Collecting and Measuring Changes in Performance Indicator:
URS Tables

Priority Area #11: Management Systems

Goal 2: ~~To maintain a toll free consumer help line for receiving requests for information, referrals and for investigating and resolving consumer complaints and grievances and to track and report the nature and frequency of these calls.~~

The Office of Consumer Support (OCS) is responsible for maintaining a toll-free line and providing assistance to individuals receiving services and their families. The OCS assists in resolving grievances related to access to services and service provision, providing education regarding the rights of individuals receiving services, and responding to general questions concerning services for individuals with serious mental illness, intellectual/development disabilities, and substance use disorders.

Strategy: Continued tracking of the nature and frequency of calls from consumers and the general public via computerized caller information and reporting mechanisms included in the information and referral software.

Performance Indicator: ~~The number of reports generated and distributed to DMH staff and the Office of Consumer Support (OCS) Advisory Council at least three quarterly reports and two annual reports).~~ **Provide and track information relating to mental health, intellectual developmental disabilities, and substance use disorders.**

Description of Collecting and Measuring Changes in Performance Indicator: ~~Data provided through the software, as calls to the OCS help line logged into the computer system.~~ **Information collected from DMH database.**

Priority Area #11: Management Systems (Under Review)

Goal 3: *To increase funds available for community services for children with serious emotional disturbance and adults with serious mental illness.*

Strategy: *The Department of Mental Health will seek additional funds in its FY 2013 budget request for community support services for children with serious emotional that disturbances and adults with serious mental illness. Budget requests for the year that begins July 1, 2012 and ends June 30, 2013, were due August 1, 2011. Current plans re to request sufficient funding to maintain the level of operations that will occur during the year that begins July 1, 2011, in addition to sufficient funding to begin expanding community-based services as outlined in the DMH Strategic Plan. A copy of that plan is available on the DMH website (www.dmh.state.ms.us). This plan has a heavy emphasis on expanding community services, while concurrently reducing residential services. The main issue standing in the way is “bridge funding.” That is, to successfully move an inpatient to a community program, one must first create the community program (which means increased expenditures for awhile because both the community program and the institutional program must exist for the transition period), and the individual served must also have an adequate place to live and access to transportation once discharged from residential care. Bridge funding will almost certainly be a part of the budget request.*

Performance Indicator: *Inclusion of request for increased state funds to support community mental health services for children in the FY 2013 DMH Budget Request.*

Description of Collecting and Measuring Changes in Performance Indicator: *DMH Budget Request, FY 2012.*

***Footnote:** *DMH has also advised legislative leaders of an investigation by the Justice Department to determine if Mississippi is violating the civil rights of consumers of mental health services, and has advised them that a supplemental budget request might be made to address findings if those findings are released during the legislative session.*

Note to Reader: The DMH is maintaining the following listing of projected expenditures of CMHS Block Grant funds by major service type and provider in its text documents of the State Plan, including a slight increase (to be used for children’s services training) in the final FY 2012 award. Although these tables are not required/will not appear in CMHS’s online application system document, they are being retained for reference by the Planning Council/other interested stakeholders.

**Projected Expenditures of Center for Mental Health Services Block Grant
Funds for Children’s Community Mental Health Services
by Type of Service for FY 2014-2015**

<u>Service</u>	<u>Projected Expenditures</u>
Intensive Crisis Intervention	\$186, 756
Specialized/Multi-Disciplinary Sexual Abuse Intervention	\$30, 000
Community Residential Therapeutic Group Homes	\$225,722
Therapeutic Foster Care	\$30,000
Crisis Intervention/Response Models	\$447, 040
Respite	\$71,831
Multidisciplinary Assessment & Planning Teams (including State-level Case Review Team)	\$357,089
Therapeutic Nursing Services	\$84,000
Peer Monitoring	\$12,000
Training/Education/Staff Development	\$106,160
TOTAL	\$1,550,418

**Projected Allocation of FY 2014-2015 CMHS Block Grant Funds
For Children's Services by Region/Provider**

<u>Providers</u>	<u>Projected Allocation</u>
Region One Mental Health Center P.O. Box 1046 Clarksdale, MS 38614 Karen Corley, Executive Director (MAP Team flexible funds)	\$15,357
Communicare 152 Highway 7 South Oxford, Mississippi 38655 Sandy Rogers, Ph.D., Executive Director (MAP Team flexible funds)	\$17,000
Region III Mental Health Center 2434 S. Eason Blvd. Tupelo, MS 38801 Robert J. Smith, Executive Director (Intensive Crisis Intervention; MAP Team flexible funds)	\$48,565
Timber Hills Mental Health Services P. O. Box 839 Corinth, MS 38834 Charlie D. Spearman, Sr., Executive Director (Therapeutic Nursing Services, MAP Team flexible funds, and new Comprehensive Crisis Service Array)	\$158,620
Delta Community Mental Health Services 1654 East Union St. Greenville, MS 38704 Doug Cole, Executive Director (MAP Team flexible funds)	\$10,000
Life Help P.O. Box 1505 Greenwood, MS 38935 Madolyn Smith, Executive Director (MAP Team flexible funds)	\$13,601
Community Counseling Services P. O. Box 1188 Starkville, MS 39759 Jackie Edwards, Executive Director (Crisis Intervention/Emergency Response, and MAP Team flexible funding)	\$83, 159

Region 8 Mental Health Services	\$106,745
<p>P.O. Box 88 Brandon, MS 39043 Dave Van, Executive Director (Crisis intervention/emergency response, MAP Team flexible funding)</p>	
Weems Community Mental Health Center	\$28,324
<p>P.O. Box 4378 Meridian, MS 39304 Maurice Kahlmus, Executive Director (MAP Team flexible funding)</p>	
Catholic Charities, Inc., Natchez (Region 11)	\$10,357
<p>200 N. Congress, Suite 100 Jackson, MS 39201 Greg Patin, Executive Director (MAP Team flexible funding)</p>	
Southwest MS Mental Health Complex	\$15,000
<p>P.O. Box 768 McComb, MS 39649-0768 Steve Ellis, Ph.D., Executive Director (MAP Team flexible funding, Pike County)</p>	
Pine Belt Mental Healthcare Resources	\$15,000
<p>P.O. Drawer 1030 Hattiesburg, MS 39401 Jerry Mayo, Executive Director (MAP Team flexible funding)</p>	
Gulf Coast Mental Health Center	\$35,528
<p>1600 Broad Avenue Gulfport, MS 39501-3603 Jeffrey L. Bennett, Executive Director (Intensive Crisis Intervention, MAP Team flexible funding)</p>	
Singing River Services	\$15,357
<p>101-A Industrial Park Road Lucedale, MS 39452 Sherman Blackwell, II, Executive Director (MAP Team flexible funding)</p>	
Warren-Yazoo Mental Health Services	\$70,357

P. O. Box 820691
Vicksburg, MS 39182
Steve Roark, Executive Director
(Intensive Case Management and MAP Team flexible funding)

Catholic Charities, Inc. \$365,398

200 N. Congress St., Suite 100
Jackson, MS 39201
Greg Patin, Executive Director
(Family Crisis Intervention, TFC, and Comprehensive
Emergency/Crisis Response & Aftercare Model, TFC,
TF-CBT training and MAP Team flexible funding)

Gulf Coast Women's Center \$21,000
P. O. Box 333
Biloxi, MS 39533
Sandra Morrison, Director
(Intensive Crisis Intervention)

Mississippi Children's Home Society and CARES Center \$125,722
P.O. Box 1078
Jackson, MS 39215-1078
Dr. John Damon, CEO
(Therapeutic Group Home)

MS Families As Allies for Children's Mental Health, Inc. \$155,740
5166 Keele St., Bldg. A
Jackson, MS 39206
Dr. Joy Hogge, Executive Director
(Crisis Intervention/Respite, flexible funding for services
for youth by the State-level Interagency Case Review Team,
other System of Care (SOC) development activities (ex.: more
flexible funds, as needed; SOC training; ICCCY planning/activities)

Southern Christian Services for Children and Youth \$165,739
1900 North West St., Suite B
Jackson, MS 39202
Sue Cherney, Executive Director
(Mental Health Services for Transitional TGHs and Training)

Vicksburg Family Development Service \$30,000
P. O. Box 64
Vicksburg, MS 39180
Kay Lee, Director
(Sexual Abuse Intervention)

Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar St.
Jackson, MS 39201
Edwin C. LeGrand III, Executive Director
(Funds to support peer monitoring, and
and training, which may be granted to local
entities for implementation)

\$45,649

TOTAL

\$1,550,418

Note: A total of \$187,781 (5% of the total amended award to be spent on services in FY 2014-FY 2015) will be used by the Mississippi Department of Mental Health for administration. It is projected that \$77,521 will be spent for administrative expenses related to children's community mental health services.

**Projected FY 2014-2015 CMHS Block Grant Projected Expenditures
by Type of Service for Adults with Serious Mental Illness**

<u>Service</u>	<u>Projected Est. Expend.</u>
Individual Therapy	\$353,761
Medication Evaluation/Monitoring	\$79,523
Family Therapy	\$3,804
Group Therapy	\$26,283
Psychosocial Rehabilitation/Employment Enhancement \$616,799.48	
Nursing Services	\$43,340
IM/SC Administration of Psychotropic Medication	\$1,558
Case Management /ICM	\$ 741,829
Emergency	\$34,264
Community Residential	\$34,822
Consumer and Family Education/Support	\$127,006
Peer Review/Technical Assistance	\$32,376.52
Drop-in Center	\$69,660
Adult Making A Plan (AMAP) Teams	\$29,315
Transportation pilot program	<u>\$10,870</u>
TOTAL	\$2,205,211

**Projected Allocation of FY 2014-2015 CMHS Block Grant
Funds for Adult Services by Region/Provider**

Provider Allocation	Projected
Region One Mental Health Center P.O. Box 1046 Clarksdale, MS 38614 Karen Corley, Executive Director	\$99,167.14
Communicare 152 Highway 7 South Oxford, MS 38655 Sandy Rogers, Ph.D., Executive Director	\$126,368.13
Region III Mental Health Center 2434 S. Eason Boulevard Tupelo, MS 38801 Robert J. Smith, Executive Director	\$114,425.14
Timber Hills Mental Health Services P.O. Box 839 Corinth, MS 38834 Charlie D. Spearman, Sr., Executive Director	\$131,843.14
Delta Community Mental Health Services P.O. Box 5365 Greenville, MS 38704-5365 Doug Cole Executive Director	\$121,818.00
Life Help P.O. Box 1505 Greenwood, MS 38930 Madolyn Smith, Executive Director	\$146,453.00
Community Counseling Services P.O. Box 1188 Starkville, MS 39759 Jackie Edwards, Executive Director	\$130,475.00
Region 8 Mental Health Services P.O. Box 88 Brandon, MS 39043 Dave Van, Executive Director	\$134,349.00
Hinds Behavioral Health Services	\$140,758.13

P.O. Box 7777 Jackson, MS 39284 Margaret L. Harris, Director	
Weems Community Mental Health Center P.O. Box 4378 Meridian, MS 39304 Maurice Kahlmus, Executive Director	\$138,304.13
Southwest Mississippi Mental Health Complex P.O. Box 768 McComb, MS 39649 Steve Ellis, Ph.D. Executive Director	\$134,603.13
Pine Belt Mental Healthcare Resources P.O. Box 1030 Hattiesburg, MS 39401 Jerry Mayo, Executive Director	\$150,979.13
Gulf Coast Mental Health Center 1600 Broad Avenue Gulfport, MS 39501-3603 Jeffrey L. Bennett, Executive Director	\$136,553.13
Singing River Services 3407 Shamrock Court Gautier, MS 39553 Sherman Blackwell III, Executive Director	\$101,484.14
Warren-Yazoo Mental Health Services P.O. Box 820691 Vicksburg, MS 39182 Steve Roark, Executive Director	\$92,885.14
NAMI-MS 411 Briarwood Drive - Suite 401 Jackson, MS 39206 Tonya Tate, Executive Director	\$67,802.00
Mental Health Association of Mississippi P.O. Box 7329 4803 Harrison Circle Gulfport, MS 39507 Kay Denault, Executive Director	\$66,691.00
MS Department of Mental Health 1101 Robert E. Lee Building 239 North Lamar Street Jackson, MS 39201	

Edwin C. LeGrand III, Executive Director

Funds to support consumer and family education/training opportunities at annual state conference, as well as other local, state or national education/training opportunities	\$127,006.00
Funds to support enhancement of employment opportunities	Amt. included in awards for Region 5
Funds to support peer monitoring (Funds listed under DMH may be granted to local entities for implementation)	\$32,376.52
Funds to support pilot transportation project	\$10,870
<hr/> Total	\$2,205,211

Note: A total of \$187,781 (5% of the total amended award to be spent on services in FY 2014-FY 2015) will be used by the Mississippi Department of Mental Health for administration. It is projected that \$110,260 will be spent for administrative expenses related to adult community mental health services.