

Progress Update on Mississippi's Public Mental Health System



Summary

The Mississippi Department of Mental Health (DMH) certifies, provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance use problems, and Alzheimer's disease and/or other dementia. DMH directly operates six behavioral health programs and six IDD programs throughout the State. Mississippi's public mental health system is comprised of three components: 1) state-operated programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations. The 14 Community Mental Health Centers operate under the authority of regional commissions appointed by county boards of supervisors comprising their respective service areas.

Background

The Department of Justice (DOJ) investigated the State of Mississippi's public mental health system, which serves persons with mental illness, intellectual and/or developmental disabilities (IDD), and substance use disorders. DOJ issued a Findings Letter in December 2011 that alleged the State of Mississippi fails to provide services to qualified individuals with disabilities, including mental illness and intellectual and developmental disabilities, in the most integrated settings appropriate to their needs, in violation of the ADA.

Since 1997, the United States Department of Justice has been involved with 23 states with regard to allegations of Olmstead/ADA violations. DOJ's involvement ranges from filing Statements of Interest in cases to formal investigations and the issuing of Findings Letters to States with the hope of states entering into multi-year, multi-million dollar settlement agreements. In 2009, on the tenth anniversary of the Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999), President Obama launched "The Year of Community Living" and directed federal agencies to vigorously enforce the civil rights of Americans with disabilities. Since then, the Department of Justice has made enforcement of Olmstead a top priority.

In 2013, Attorney General Jim Hood sent a letter to the Department of Justice outlining several tasks that the State would accomplish, which postponed any potential lawsuit at that time. During the 2013 Legislative Session, at the request the Attorney General and DMH, the Mississippi Legislature appropriated an additional \$10 million to DMH for the purpose of increasing and improving community services for the State of Mississippi. This funding was again appropriated during the 2014 Legislative Session.

In August 2014, the Attorney General and Jonathan Smith, Chief of the Special Litigation Section for DOJ, signed a letter outlining the next steps for the State of Mississippi and the Department of Justice in moving forward with settling these alleged Olmstead/ADA violations.

DMH will request additional funds in future fiscal years to continue the efforts to expand the capacity for community-based services. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers. Additional funding is needed to build community capacity while at the same time ensuring the health and welfare of people currently being served.

DMH's ability to work with DOJ and the progress the State has made since 2011 have, to date, helped Mississippi avoid a lawsuit with DOJ.

Strategic Planning

The expansion of community-based services is driven by DMH's Strategic Plan. Since FY10, DMH has utilized a goal-based strategic plan to transform the public mental health system in Mississippi. The *FY16 – FY18 DMH Strategic Plan* includes three goals: To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery-oriented system of care; To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care; and To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery. For more information, visit <http://www.dmh.ms.gov/what-we-believe/strategic-plan/>.

Since the DOJ Findings Letter was issued in 2011, DMH and the public mental health system have continued to make great strides to improve the availability of community-based services for individuals with a mental illness and/or intellectual and developmental disabilities. Included in this update are examples of the progress the State has made.

Behavioral Health

Mobile Crisis Response Teams (MCeRTs): In 2014, each of the 14 Community Mental Health Centers (CMHCs) developed MCeRTs to provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis. MCeRTs work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to promote a seamless process. The Teams ensure an individual has a follow-up appointment with his or her preferred provider and monitor the individual until the appointment takes place. Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital. A MCeRT is staffed with a Master's level Mental Health Therapist, Community Support Specialist and Peer Support Specialist. For more information, visit <http://www.dmh.ms.gov/resources/dmh-mobile-crisis-response-team-card/>.

Programs of Assertive Community Treatment Teams (PACT): Mississippi now has eight PACT Teams operated by the following Community Mental Health Centers: Warren-Yazoo Mental Health Services, Life Help, Pine Belt Mental Health (operates two PACT - one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Region III Mental Health Center and Timber Hills Mental Health Services. PACT is a person-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT Teams serve individuals who may have gone without appropriate services. PACT Teams are mobile and deliver services in the community to enable an individual to live in his or her own residence instead of expecting an individual to come to a program location. A PACT Team is staffed with a psychiatrist/psychiatric nurse practitioner, two registered nurses, a team leader, a Master's level Mental Health Therapist, a Substance Abuse Specialist, an Employment Specialist, and a Certified Peer Support Specialist. For more information, visit <http://www.dmh.ms.gov/mississippi-expands-program-of-assertive-community-treatment-teams/>.

Wraparound Facilitation for Children: In partnership with the Division of Medicaid and the University of Southern Mississippi's School of Social Work, DMH created the Mississippi Wraparound Initiative (MWI) to train, support and sustain high-fidelity Wraparound in the State. In FY 15, a total of 360 Wraparound Facilitators were trained. Seven (7) DMH certified providers served 1,419 children/youth with Wraparound Facilitation. Currently, Mississippi has four nationally certified Wraparound Coaches with two of them on staff at MWI. MWI facilitates monthly trainings, develops guidelines and processes for Wraparound, and provides individualized technical assistance, coaching sessions and evaluations utilizing high-fidelity instruments. For more information, visit <http://www.dmh.ms.gov/service-options/mental-health/children-and-youth-services/>.

Certified Peer Support Specialists (CPSS): CPSSs have been included on Mobile Crisis Response Teams, PACT Teams, Supported Employment pilot sites, and other areas throughout the public mental health system. A CPSS is an individual or family member of an individual who has self-identified as having received or is presently receiving behavioral health services. A CPSS has successfully completed formal training recognized by DMH and is employed by a DMH Certified Provider. These individuals use their lived experiences in combination with skills training to support peers and/ or family members with similar experiences. Mississippi began the CPSS program in 2012 and currently has 138 active CPSSs. For more information, visit <http://www.dmh.ms.gov/peer-support-services/>.

Housing Plan: In 2014, DMH contracted with the Technical Assistance Collaborative (TAC) to develop a statewide housing plan. Participants include DMH, DHS, DOM, Governor's Office, MDA, MS Home Corp., Department of Corrections, and Department of Health. The goal is to increase the number of safe, decent, affordable housing options that include a range of choices for Mississippians. In 2015, the State received funding for this project from the Mississippi State Legislature for Mississippi Home Corp. For more information, visit <http://www.dmh.ms.gov/technical-assistance-collaborative-releases-supportive-housing-strategy-report/>.

Cooperative Agreement to Benefit Homeless Individuals (CABHI): This federal, time-limited grant began in December 2014 and will address housing and support service needs of persons who are experiencing chronic homelessness who have a substance use or co-occurring use and mental health disorder. This will be accomplished by combining the provision of resources and services while supporting the dissemination of best practices statewide and incorporating recovery at every level of service. Over a three year period, a total of 297 individuals are expected to be enrolled and served, with outreach services provided to as many as 500 individuals. Included in this project is a commitment from five housing service providers in the state of approximately 109 housing slots per year, for a total of 327 housing slots. For more information, visit <http://www.dmh.ms.gov/departments-of-mental-health-announces-housing-initiative/>.

Supported Employment for Individuals with Mental Illness: In January 2015, DMH provided funding to develop four pilot sites to offer Supported Employment to 75 individuals with mental illness. The sites are in Regions 2, 7, 10 and 12. DMH researched best practices and chose the Supported Employment Programs of Individual Placement and Support (IPS). The goal is to develop a SPA or 1915(I) for statewide availability and sustainability.

Mississippi State Adolescent Treatment Enhancement and Dissemination: In 2013, DMH received a four-year grant to improve assessment and treatment services for adolescents with co-occurring substance abuse and mental health disorders. The Mississippi State Adolescent Treatment Enhancement and Dissemination (MS SYT-ED) project is strengthening the State's systems to serve adolescents, ages 12 – 18, with co-occurring substance use and mental health disorders by developing two learning sites in Mississippi for evidence-based treatment for adolescents. The two learning sites are developing a blueprint for policies, procedures, and financing structures that can be used to widen the use of evidence-based substance abuse treatment practices in Mississippi. The two learning sites are also identifying barriers to access and treatment, and test solutions that can be applied throughout the state for adolescents and their families.

Navigate: This evidence-based program began in 2015 with Region 6 LifeHelp to assist individuals that have experienced their first psychiatric episode. This typically occurs between the ages of 16 – 24 years of age. Navigate is used in conjunction with PACT services to identify and alleviate future episodes.

XPand: In 2013, DMH and Weems Community Mental Health Center received a four-year System of Care grant from the Substance Abuse and Mental Health Services Administration for youth and young adults. Project XPand, a NFusion site, will serve approximately 300 youth and young adults, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services to prepare them for independent living. Since 2009, five NFusion sites across the State have offered Mississippi's youth, who are managing their mental health, the services and supports they need to thrive at home, at school, and in the community. For more information, visit <http://www.dmh.ms.gov/service-options/mental-health/children-and-youth-services/>.

Mental Health First Aid: In 2013, DMH certified a cadre of trainers in both the adult and youth versions of Mental Health First Aid. These certified trainers provide education through workshops to community leaders such as pastors, teachers, and civic groups, along with families and friends interested in learning more about mental health issues. Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illness, substance use disorders and behavioral disorders. For more information, visit <http://www.dmh.ms.gov/mississippians-trained-in-mental-health-first-aid/>.

Person-Centered Planning Discharge Practices: All DMH Behavioral Health Programs have implemented person-centered planning discharge practices which are in-line with the agency's transformation to a person-centered and recovery oriented system of care.

Think Recovery: In 2012, DMH developed the Think Recovery campaign to help increase the knowledge of service providers and individuals on the Components of Recovery. The campaign engaged consumers in the planning, development and implementation of the campaign. The campaign highlights the importance of community integration and focuses on sharing personal stories of recovery. For more information, visit <http://www.dmh.ms.gov/think-recovery/>.

Crisis Intervention Team: In 2014, the Meridian Police Department and Lauderdale County Sheriff's Department responded to 189 crisis mental health calls through the East Mississippi Crisis Intervention Team (CIT). As a result of a coalition, including law enforcement, Weems Community Mental Health Center, Central Mississippi Residential Center, NAMI and other health care providers, only five of the calls responded to by law enforcement resulted in arrest (3%). The responding CIT officer was able to defuse the situation and/or make a referral for follow-up in 48% of the calls. 46% of the calls resulted in immediate transport and access to assessment and evaluation through the Crisis Stabilization Unit in Newton. As a result, approximately 177 individuals were diverted from the criminal justice system and provided immediate access to care.

Law Enforcement Training: Beginning January 2015, the Mississippi Department of Public Safety Board on Law Enforcement Officer Standards and Training accepted a proposal to include a course entitled, "Older Adults, Dementia, Elder Abuse and Silver Alert" into the Mandatory Basic Training Curriculum for all Law Enforcement Cadets. DMH's Division of Alzheimer's trainers are prepared to conduct trainings at academies within their geographic location, ensuring DMH presence at each training event.

ASIST Training: Since 2011, DMH has provided more than 30 Applied Suicide Intervention Skills Trainings (ASIST) to professionals and community members. ASIST is a two-day interactive session that teaches effective intervention skills while helping to build suicide prevention networks in the community. Participants learn to intervene and help prevent immediate risk of suicide. DMH currently has seven ASIST trainers – two of which are master trainers.

Service/Program Expansion for Children and Youth from January 2011 to June 2015:

- Acute Partial Hospitalization – 1 provider = 1 program
- Day Treatment Programs – 127 programs
- Wraparound Facilitation – 22 providers
- Therapeutic Foster Care – 2 new program location
- Therapeutic Group Homes – 4 new homes
- Core Services – 7 providers
- Intensive Outpatient – 8 providers
- Targeted Case Management – 11 providers

Service/Program Expansion for Adults from January 2011 to June 2015:

- Mental Health Holding Facilities – 4
- Peer Support – 9 providers
- Psychosocial Rehabilitation – 10 programs
- Sr. Psychosocial Rehabilitation – 9 programs
- Targeted Case Management – 11 providers
- Acute Partial – 1 program
- Core Services – 1 provider
- PACT – 2 providers

Intellectual and Developmental Disabilities

Transitions to the Community: Since January 2012, a total of 347 people have transitioned from intermediate care facilities (ICF/IID) to the community.

Transition Coordinators: Each DMH Regional Program employs Transition Coordinators to assist with persons transitioning from an ICF/IID bed to the community. DMH Central Office employs four Transition Specialists to provide additional pre-transition and post-transition monitoring.

Home and Community Based Waiver: Since FY12, the ID/DD Waiver has been increased with 844 additional slots, allowing individuals to be served in their homes and in the community. Mississippi's ID/DD Waiver provides individualized supports and services to assist people in living successfully at home and in the community and is an alternative to receiving services in an institutional setting. These Medicaid funded supports and services are available as long as the cost of supporting people in the home and community does not exceed the cost of services in an institutional setting. The ID/DD Waiver includes an array of day, in-home, employment and therapy services aimed at assisting people to live as independently as possible in their homes and communities. For more information, visit <http://www.dmh.ms.gov/service-options/idd-services/>.

➤ Growth of ID/DD Waiver:

- Enrollees: FY 2012 – 96
FY 2013 – 256
FY 2014 – 291
FY2015 - 201
Total – 844
- Of 844 Enrollees – 433 from ICF/IID and 409 from Planning List
- Total ID/DD Waiver enrollment as of June 30, 2015 - 2,296 persons

Person Centered Planning Training: DMH developed a pilot group of ID/DD Waiver Support Coordinators and certified community providers to implement a Plan of Services and Supports (Person Centered Plan) for persons receiving ID/DD Waiver services.

- Contracted with Support Development Associates for Person Centered Planning Training for Support Coordinators, Transition Coordinators, Transition Specialists, Targeted Case Managers, Community Providers and Pilot Group
 - 80 persons from the pilot group received Person Centered Training regarding development of Plan of Services and Supports
 - 739 persons trained in Person Centered Thinking in FY14 and FY15
 - 190 persons trained in Person Centered Facilitation
 - 90 Support Coordinators trained in Outcomes Writing

IDD Rate Study: In 2013 - 2014, DMH worked with Burns and Associates to conduct a study of ID/DD Waiver reimbursement rates to ensure they are adequate to provide needed services in the community. One of the main goals of the rate study was to develop a rate structure that would allow for appropriate supports and services in the community and increase the capacity of community based service providers. DMH is working with the Division of Medicaid to amend the ID/DD Waiver to implement recommended rates July 1, 2016.

Expanding Community Services: CMS approved the 1915(i) State Plan Amendment (IDD Community Support Program) to provide day program services to persons with IDD. The program was implemented in January 2015. DMH anticipates approximately 2,000 persons will receive Day Habilitation, Prevocational Services, and Supported Employment. As a State Plan Amendment, there will be no waiting list for services for persons determined eligible. For more information, visit <http://www.dmh.ms.gov/service-options/idd-services/>.

MANDT Training: Between January 2013 and December 2014, a total of 106 DMH staff and DMH Certified Providers received MANDT Certification (Behavioral Management Training). The MANDT System is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. This evidence-based training equips providers with the knowledge to effectively manage challenging behaviors that allows persons with IDD to live and function in the community successfully.

Supported Employment for Individuals with IDD: DMH has contracted for an Employment Facilitator to coordinate training for Customized Employment as well as work with certified providers to increase Supported Employment services and develop relationships with potential employers in the community. DMH is working with MS Department of Rehabilitation Services to implement a Memorandum of Understanding to provide supported employment to people with IDD.

Transfer of State Programs to Private Providers: Since 2012, DMH has transferred several state-run programs to private providers.

- South Mississippi Regional Center's Community Living Program in Picayune to Brandi's Hope
- South Mississippi Regional Center's Poplarville Day Program to Millcreek
- Ellisville State School's McComb Day Program to REM
- North Mississippi Regional Center's Corinth Group Home to Region IV Mental Health
- North Mississippi Regional Center's Clarksdale Day Program to Millcreek

Crisis Beds: In FY14, a total of six out-of-home regional crisis beds for individuals with IDD were established as part of the community in the Magee area. These beds are operated by Boswell Regional Center. Since March 2014, a total of 39 people have been served in these short-term stabilization beds.

Developmental Evaluation, Training and Educational Consultative Team (DETECT):

DETECT opened in November 2014 with the goal of improving the health of individuals with intellectual and developmental disabilities (IDD) statewide. DETECT provides educational opportunities, hands-on training and patient consultations to healthcare providers throughout Mississippi. DETECT's program offerings include in-office consultations or via Telemedicine, supported through University of Mississippi Medical Center for Telehealth, phone support, referral services, and evaluations at the main clinic at Hudspeth Regional Center. Located on the campus of Hudspeth Regional Center, DETECT provides educational opportunities, hands-on training and patient consultations to healthcare providers throughout Mississippi. For more information visit, <http://detectms.com/>.

IDD Service/Program Expansion from January 2011 to June 2015:

- 78 new community living programs – this includes supervised and supported living programs
- 33 new day programs – this includes locations where prevocational services, community respite and day services-adult are provided
- 17 new providers employment related service – this includes job discovery and supported employment services added to certification for service providers – these services are not location-based
- 5 new providers of crisis service – this includes provision of crisis intervention and crisis support services – only one of these services is location-based
- 8 new providers of behavior support/intervention services – these services are not location-based
- 3 new providers of transition assistance services – these services are not location-based
- 8 new providers of in-home services – this includes home and community supports and in-home nursing respite – these services are not location-based services
- 5 new providers of Targeted Case Management Services

Conclusion

While great efforts have been made, DMH still believes the State has far to go to fulfil its vision of 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. We will continue our efforts and look forward to a better tomorrow 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 use disorders and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services and supports.
- Partnerships improve and support holistic service delivery in the community.

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