

**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, 2015, and 2016 Legislative Sessions.

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.

## **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 *FY17 – FY19 DMH Strategic Plan* includes three goals: To increase access to community-based care and supports 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 about the DMH Strategic Plan, 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. In FY 16, the Teams provided 15,442 face-to-face interventions. A total of 22,768 calls were received by the Teams in FY 16. Out of those calls, 17,036 people were diverted from a more restrictive environment. 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. In FY 16, there were 85 new admissions to PACT Teams in addition to the 164 already being served. For more information, visit <http://www.dmh.ms.gov/service-options/community-mh-centers/>.

**Wraparound Facilitation for Children:** In partnership with the Division of Medicaid, DMH has provided introductory training to approximately 500 mental health professionals over the past three years. Fourteen coaches have been identified and are in the process of gaining certification from the University of Maryland Innovations Institute. In FY16, 2,960 children and youth were provided wraparound facilitation. In FY13, University of Southern Mississippi, School of Social Work was funded to develop an Institute for Wraparound Facilitation and Development. The Institute facilitates all monthly trainings, develop guidelines and process for Wraparound Facilitation, provide technical assistance, coaching sessions, and collect data for continued quality improvement. In FY16, 462 wraparound facilitators were trained. 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 134 active CPSSs. For more information, visit <http://www.dmh.ms.gov/peer-support-services/>.

**Permanent Supportive Housing:** In 2015, the Mississippi Home Corporation received funding from the Mississippi Legislature to partner with DMH to develop an integrated permanent supported housing project. This will ensure people with a serious mental illness who are housed as a result of permanent supportive housing have the opportunity to live in the most integrated settings in the community of their choice by providing an adequate array of community supports/services. This program began implementation in March 2016. Known as CHOICE—Creative Housing Options in Communities for Everyone—it provided housing vouchers to 48 people during FY16. For more information, visit <http://www.dmh.ms.gov/technical-assistance-collaborative-releases-supportive-housing-strategy-report/>.

**Cooperative Agreement to Benefit Homeless Individuals (CABHI):** CABHI is a three-year grant from SAMHSA to enhance/develop the infrastructure of Mississippi and our treatment service system to increase capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services; permanent housing; peer supports; and other services to individuals who experience homelessness. Twelve of the state's 14 Community Mental Health Centers participate in CABHI, which served 454 people in FY16. CABHI also includes

- ❖ The Mississippi Project for Assistance in Transition from Homelessness (PATH) Formula Grant Program, which supports the delivery of eligible services to people who are homeless and have serious mental illnesses and co-occurring substance use disorders. It has a particular emphasis on adults, individuals who are literally homeless, street outreach, case management, and service not supported by mainstream mental health programs. Three Community Mental Health Centers and two private non-profit providers are currently participating in PATH. In FY16, they served approximately 700 people.
- ❖ The CABHI/MH4R Supported Employment Enhancement, which is a two-year grant from SAMHSA that focuses on people who have indicated employment is one of their goals. Four CMHCs and one private non-profit provider are participating. From January 2016 to June 2016 they served 127 people.

**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). Supported Employment, an evidenced-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. In FY16, the DMH Supported Employment Pilot Program assisted 108 individuals on their road to recovery by helping them to become employed in the openly competitive job market.

**Mississippi State Adolescent Treatment Enhancement and Dissemination:** Within the first three years of a four-year grant, Mississippi's SYT-ED grant developed two local community partner sites that are successfully implementing evidenced-based assessment and treatment services for adolescents with substance use or co-occurring disorders and their families. The success of these two programs has launched a statewide dissemination of an evidence-based treatment tool to eight additional sites, and an assessment tool to 15 additional sites that have been identified to participate in the training and certification process. This will exceed the initial goals set for the dissemination of evidence-based assessment and treatment programs. As of July 31, 2016, a total of 215 adolescents have been admitted into treatment and 83 have successfully completed the program.

**Navigate:** This evidence-based program is being piloted through a Coordinated Specialty Care team to assist individuals, 15-30 years of age, who have experienced their first episode of psychosis. Interventions include intensive case management, individual or group therapy, supported employment and education services, family education and support, medication management, and peer support services. This recovery-oriented approach bridges existing resources for this population and eliminates gaps between child, adolescent, and adult mental health programs. In FY16, Region 6 Life Help Mental Health Center piloted the NAVIGATE program through the PACT Team. Life Help's Coordinated Specialty Care team served four young adults utilizing the NAVIGATE model. Region 13 has also received a grant to begin implementation of the NAVIGATE program.

**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 Teams:** DMH will utilize funding from the CABHI grant to offer Crisis Intervention Training (CIT) to 40 officers across the state each year from 2015 – 2017. 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. 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. In FY 2016, three classes of



officers were trained, resulting in 38 officers receiving certification in Crisis Intervention Training.

**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. To date, the Division has participated in 30 workshops resulting in approximately 1,100 cadets trained. Division staff also work with Law Enforcement to conduct individualized trainings with veteran officers upon request.

**Second Chance Act Reentry Program:** Funded by a federal grant, this partnership between the Department of Mental Health and the Department of Corrections aims to reduce recidivism by addressing untreated co-occurring substance use and mental health disorders in offenders under community supervision. It allows the two departments to improve identification of inmates with co-occurring substance use and mental health disorders, provide training to staff, integrate individualized treatment plans and track participant outcomes. As the program begins, it will focus on non-violent offenders returning to Hinds County. Current plans are to serve 90 individuals during the three-year pilot program in order to develop a program model that can be replicated statewide with the receipt of additional federal grant funding.

### **S**ervice/Program Expansion for Children and Youth from January 2011 to Present:

- Acute Partial Hospitalization – 1 provider = 1 program
- Day Treatment Programs – 166
- Wraparound Facilitation – 11 providers
- Therapeutic Foster Care – 1 new program location
- Therapeutic Group Homes – 4 new homes
- Core Services – 8 providers
- Intensive Outpatient – 8 providers
- Targeted Case Management – 12 providers

### **S**ervice/Program Expansion for Adults from January 2011 to Present:

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

## Intellectual and Developmental Disabilities

**Transitions to the Community:** From January 2012 to June 2016, a total of 437 people have transitioned from intermediate care facilities for IDD 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 643 additional slots, allowing individuals to be served in their homes. 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:

- New Enrollees:      FY 2012 – 96  
                                  FY 2013 – 256  
                                  FY 2014 – 291  
                                  FY2015 – 201  
                                  FY2016 – 331

Total – 1,175 new enrollees since FY 2012

- Total ID/DD Waiver enrollment as of June 30, 2016 – 2,503 persons

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

- Contracted with Support Development Associates for Person Centered Planning Training for Support Coordinators, Transition Coordinators, Transition Specialists, 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 Outcome Writing

**IDD Rate Study:** In 2014, DMH worked with Burns and Associates for an IDD rate study for waiver rates to set rates comparable to other states. One of the main goals of the rate study was to develop a rate structure that would allow for appropriate care and services in the community and increase the capacity of community based service providers. DMH is making application to amend the ID/DD Waiver and 1915(i) State Plan Amendment to implement recommended rates July 1, 2017.

**Expanding Community Services:** CMS approved the 1915(i) State Plan Amendment to provide day program services to persons with IDD and 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 implemented a Memorandum of Understanding with the Department of Rehabilitation Services that is providing supported employment for people with IDD. Three hundred employees from DMH, MDRS, and the Division of Medicaid received training in early 2016 regarding supported employment services. As of June 2016, 18 people had been employed. 41 people have been referred for supported employment services through MDRS.

**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 70 people have been served in these short-term stabilization beds. In FY 16, 20 people were served in these crisis 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 Present:**

- 87 new community living programs – this includes supervised and supported living programs
- 31 new day programs – this includes locations where prevocational services, community respite and day services-adult are provided
- 12 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
- 4 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
- 6 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

## **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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