

**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 behavioral health programs and 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 of 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. A further \$6.1 million, for a total additional funding of \$16.1 million, was again appropriated each year during the 2014, 2015, 2016, and 2017 Legislative Sessions.

DMH will utilize funds in future fiscal years to continue the efforts to expand the capacity for community-based services and reduce the reliance on institutional care. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers.

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 *FY18 – FY20 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 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 FY17, the Teams provided 15,668 face-to-face interventions. A total of 23,168 calls were received by the Teams in FY17. Out of those calls, 20,273 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 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 are mobile and deliver services in the community to enable an individual to live in his or her own residence. 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 FY17, there were 140 new admissions to PACT Teams for a total of 387 people 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 850 mental health professionals over the past four years. In FY17, 345 individuals were trained and 12 providers were certified to provide Wraparound Facilitation. In FY17, 1,076 unduplicated children and youth received Wraparound Facilitation. DMH partnered with the University of Southern Mississippi School of Social Work to develop an Institute for Wraparound Facilitation and Development. The Institute facilitates all monthly trainings, develops guidelines and processes for Wraparound Facilitation, provides technical assistance, coaching sessions, and collects data for continued quality improvement. 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 has 159 active CPSSs as of the end of FY17. CPSSs are employed at all of the DMH operated behavioral health programs for adults. The first CPSSs with a designation of a Parent/Caregiver completed their training at DMH in March 2017. The Parent/Caregiver designation is an expansion of the CPSS Program. Although Mississippi has a successful CPSS training program geared toward adults in recovery, this new designation of peers focuses on those who will be working with children with behavioral health issues. The training is a customized, two-day block within the current CPSS training program. 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. In FY17, 205 individuals were housed through CHOICE.

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 FY17, the DMH Supported Employment Pilot Program assisted 116 individuals on their road to recovery by helping them to become employed in the openly competitive job market.

Mississippi State Youth Treatment Enhancement and Dissemination Project (MS SYT-ED): MS SYT-ED Project developed two local community partner sites that continue to successfully implement evidenced-based assessment and treatment services for adolescents experiencing substance use or co-occurring disorders and their families. The success of these two programs launched a statewide dissemination of an evidence-based treatment tool to nine additional sites, and an evidence based assessment tool to 15 additional sites that have either completed the training or are currently in the mist of completing the certification process. Workforce development activities has enhanced the capacity of the clinicians statewide for service implementation. It was initially projected that at least 100 youth were to be served in the first three years; however, at least 169 youth were served, which reflected a 69% increase above the original number of youth projected. Improvements in drug use outcome and various other service measures were observed for two-thirds of all indicators. MS SYT-ED Project is operating within its fourth and final year of federal funding; however, the programs developed will continue to provide sustainable services in an effort to meet the unique needs of adolescents and their families.

Navigate: This evidence-based program assists 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. Region 6 Life Help Mental Health Center piloted the NAVIGATE program through the PACT Team. Region 13 also received a grant to begin implementation of the NAVIGATE program. In FY17, the program served 16 youth/young adults.

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. In June 2017, DMH received notice of a recent grant award for Crossover XPand, which proposes to expand System of Care programs to prioritize underserved children and youth involved in the child welfare/advocacy system and/or the juvenile justice system. The proposal includes a redesign of service systems at the local level to integrate targeted case managers in strategic intercept points within the system of care. 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. In June 2017, the first group of Mental Health First Aid trainers received supplemental training on the Mental Health First Aid for Law Enforcement, Corrections, and Public Safety module. This module builds upon the effectiveness of the standard Mental Health First Aid curriculum by focusing on the unique experiences and needs of law enforcement, corrections and public safety audiences. 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 has utilized funding to offer Crisis Intervention Training (CIT) to 40 officers across the state each year from 2015 – 2017. Over the last three years, 173 officers from 31 different agencies have been trained. Also, as a result of the collaboration to expand CIT across the state, we now have two more fully functional CIT programs in Jones County and DeSoto County. Officers from those two counties attended training in Meridian and the CMHCs in both counties took the lead role in establishing and coordinating the 40-hour training and a single point of entry for their areas. Pine Belt Mental Healthcare Resources is vigorously promoting the establishment of CIT program in Forrest County. Hinds Behavioral Health Services is the lead stakeholder in establishing a fully functioning program in Hinds County. Both of those communities should have a fully functional CIT program within one year. DMH along with local CMHCs are also having ongoing discussions and offering technical assistance to stakeholders to promote CIT in Adams, Harrison, Pearl River, and Lee Counties. For more information, visit <http://www.dmh.ms.gov/service-options/crisis-services/crisis-intervention-teams/>.

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 45 workshops resulting in approximately 1,564 cadets trained.

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 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. For more information, visit <http://www.dmh.ms.gov/department-of-mental-health-and-department-of-corrections-partner-to-reduce-recidivism/>.

Suicide Prevention Efforts: In September 2016, DMH and the Suicide Prevention Workgroup released the state's first comprehensive suicide prevention plan. This was an important step for our state as we work to ensure mental health and wellness for all citizens. The plan formalizes efforts and brings together in one document a comprehensive look at our state and the efforts that are taking place. It sets a series of goals and objectives for us to follow as we partner with other agencies to help curb this problem.

In FY17, there were 258 presentations conducted reaching 10,589 participants. These participants received suicide prevention information through a variety of trainings including ASIST, QPR, Mental Health First Aid, Shatter the Silence, and others. Participants included: school nurses, law enforcement, students, healthcare employees, parents, and others. Information included risk factors, protective factors, warning signs, and referral information.

DMH is partnering with the Mississippi Department of Education (MDE) to offer suicide prevention training to all school district employees to comply with HB 263. DMH has selected two evidence-based curriculums for suicide prevention and is consulting with MDE to establish a model policy on suicide prevention for school districts. A focus group comprised of DMH and MDE staff, a teacher, nurse, and administrator from local school districts, a family member and friend of a person who died by suicide and a mental health professional met to provide feedback on which curriculum and model policy they recommend be chosen for implementation in school districts.

To see all of the progress, visit <http://www.dmh.ms.gov/wp-content/uploads/2017/07/FY17-Suicide-Prevention-Progress-Report.pdf>.

Combating Opioid Abuse: In April 2017, it was announced that DMH would receive \$3.58 million in federal funding to combat opioid addiction and overdose related deaths. The State Targeted Response to the Opioid Crisis Grants issued by the U.S. Department of Health and Human Services will allow Mississippi to expand access to opioid treatment, implement a broad range of prevention strategies, train health care providers, and continue to improve prescription drug monitoring throughout the state.

In May 2017, DMH also began partnering with the Department of Public Safety, Mississippi Bureau of Narcotics, and the Mississippi Board of Pharmacy to host Town Hall meetings across the state, which will continue in FY18. The goal is for communities to learn more about opioid abuse and what they can do to help reduce the death and destruction caused by opioid addiction. For more information, visit <http://www.dmh.ms.gov/mississippi-awarded-3-58-million-to-combat-opioid-crisis/>.

Peer Bridger Pilot Project: The Peer Bridger Project in North Mississippi is intended to improve the transition process from inpatient care to a community based level of care so as to decrease individuals' need for readmissions to inpatient care and increase the number of individuals who attend follow-up appointments by offering intensive peer support services. Peer Bridgers support individuals transitioning into natural community supports in order to provide consistent, uninterrupted quality care. The pilot project consists of two Peer Bridgers at North Mississippi State Hospitals and one Peer Bridger at each of the three Community Mental Health Centers – Timber Hills Mental Health Services, Communicare and LIFECORE Health Group.

In FY17, a total of 431 people were transitioned from North Mississippi State Hospital and connected with a Peer Bridger for continual care in the community. More than 440 Wellness Recovery Action Plans were conducted at North Mississippi State Hospital. A total of 71% of the people discharged from NMSH who were connected with a Peer Bridger attended their follow-up appointment at their CMHC. This doesn't include people discharged who chose a different mental health provider.

Jail-Based Competence Restoration: Mississippi State Hospital (MSH) and Region 8

Community Mental Health Center partnered in July 2017 in a program to implement jail-based competence restoration services in Hinds and Madison counties. Two Region 8 staff members, who were trained by members of the MSH Forensic Services staff, are providing the services in the Hinds and Madison detention centers. These jail-based services can reduce the time an individual might require as an inpatient at MSH and can divert some individuals from ever having to be admitted to the hospital, which has a lengthy waiting list for the 15-beds dedicated for inpatient evaluation, treatment and competency restoration. As of September 1, three people in Hinds County have been restored to competency and allowed to proceed in their legal cases. The overall cost savings already generated by this program has exceeded the annual expense of program. In addition, removing those three names from the waiting list results in quicker resource access for others in the state.

Community-Based, Supervised Living: MSH and Region 8 Community Mental Health Center

have partnered in a program to provide community-based, supervised living opportunities for individuals receiving services at MSH and are working with The Arc of Mississippi in implementing the discovery process for those individuals who wish to live in the community. The program is in the early stages of development. Plans are for these individuals to reside in small (4- to 6-bed) group homes that will be purchased and operated by the Region 8 CMHC and staffed 24/7. Patients will participate in structured activities throughout the day. The Arc of Mississippi, an advocacy organization for persons with cognitive, intellectual and developmental disabilities and their families, will use a person-centered approach in assisting individuals in transitioning to community living. The Region 8 CMHC encompasses Copiah, Lincoln, Madison, Rankin and Simpson counties. Other regional community mental health centers in the state are being approached about participating in this program.

Daily Living Activities-20: In FY17, DMH began requiring all DMH Certified Providers to use the DLA-20 (Daily Living Activities-20). This research-backed outcomes measurement tool, supported by the National Council for Behavioral Health, measures the daily living areas impacted by mental illness or disability. The DLA-20 supports the functional assessment data needs of service providers. It provides a quick way to identify where outcomes are needed so clinicians can address functional deficits on individualized service plans. This tool ensures valid scores and consistent utilization for healthcare report cards. According to the National Council for Behavioral Health, outcomes measurement tools like the DLA-20 allow behavioral healthcare providers to access hard data to examine progress or lack of progress in patients and in doing so, to partner with patients toward recovery. It is an approach that can improve the chances for people with mental illness to live more independently and participate more fully in their communities. Mississippi is one of only seven states requiring the use of the DLA-20 statewide.

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

- Acute Partial Hospitalization – 1 provider = 1 program
- Day Treatment Programs – 207 programs
- Wraparound Facilitation – 12 providers
- Therapeutic Foster Care – 1 new program location
- Therapeutic Group Homes – 6 homes
- Core Services – 9 providers
- Intensive Outpatient – 9 providers
- Targeted Case Management – 12 providers

Service/Program Expansion for Adults from January 2011 to Present:

- Mental Health Holding Facilities – 4
- Peer Support – 9 providers
- Psychosocial Rehabilitation – 15 programs
- Sr. Psychosocial Rehabilitation – 17 programs
- Targeted Case Management – 11 providers
- Acute Partial – 1 program

Intellectual and Developmental Disabilities

Transitions to the Community: From January 2012 to June 2017, a total of 506 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 three Transition Specialists to provide additional pre-transition and post-transition monitoring.

Home and Community Based Waiver: Since FY12, the ID/DD Waiver has increased with 1,369 new enrollees, allowing them 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 individuals in the home or community does not exceed the cost of supporting individuals in institutional settings. 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 – 95
 FY 2013 – 255
 FY 2014 – 291
 FY 2015 – 201
 FY 2016 – 325
 FY 2017 – 202

Total – 1,369 new enrollees since FY 2012

Total ID/DD Waiver enrollment as of June 30, 2017 – 2,646. This is a 40% net increase since 2012.

Person Centered Planning Training: DMH has two certified Person Centered Thinking trainers. They provide training on person centered service delivery practices for people with IDD. They train Support Coordinators, Transition Coordinators, Transition Specialists, and DMH Certified Providers. Since FY14, 1,839 people have been trained in Person Centered Thinking. Training will continue in FY18.

IDD Rate Study: In 2014, DMH contracted with Burns and Associates to conduct a study of reimbursement rates for ID/DD Waiver services. One of the main goals of the rate study was to develop a rate structure that would allow for appropriate levels of support and services in the community and increase the capacity of community-based service providers. The Centers for Medicare and Medicaid Services (CMS) approved an amendment to the ID/DD Waiver effective May 1, 2017, to allow implementation of the increased rates as well as Individual Budgets for people enrolled in the ID/DD Waiver.

Expanding Community Services: CMS approved a 1915(i) State Plan Amendment effective November 1, 2013 to provide day services to persons with IDD who either did not qualify for the ID/DD Waiver or who were on the Planning List for ID/DD Waiver services. The name of the program is the IDD Community Support Program (IDD CSP). Evaluations for eligibility began in January 2015 and services began in July 2015. The services approved to be provided are Day Habilitation, Prevocational and Supported Employment. To date, 594 people have received IDD CSP services. Because this program is a Medicaid State Plan Service, there can be no waiting list for services for persons determined eligible. For more information, visit <http://www.dmh.ms.gov/service-options/idd-services/>.

Supported Employment for Individuals with IDD: DMH and the Department of Rehabilitation Services signed a Memorandum of Agreement in July 2015 outlining activities the agencies would complete with the purpose of increasing employment opportunities for people with IDD. Through early 2016, 300 employees from DMH, MDRS, and the Division of Medicaid received training regarding the role of each agency in the provision of Supported Employment services to people enrolled in both the ID/DD Waiver and IDD CSP. As of June 2017, 41 people have been referred for Supported Employment services through MDRS.

DMH staff conducted 13 meetings throughout the state educating providers about the importance of employment services for people with disabilities. During the year, the number of people receiving supported employment increased from 254 to 277. Additionally, a group of stakeholders dedicated to ensuring people with IDD receive the opportunity for community employment, has begun development of a Job Trainer Manual. The effort is being supported financially by the MS Council on Developmental Disabilities. The anticipated completion date is December 2017. Afterwards, staff and other parties interested in increasing and enhancing Supported Employment services for people with IDD, will receive training that is consistent and standardized across agencies.

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

As of December 1, 2018, four of DMH's IDD Regional Programs will no longer provide ID/DD Waiver services except for Support Coordination. CMS issued Final Rules regarding Home and Community Based Services in March 2014. Part of the Final Rule states that a state cannot allow an entity to provide both Waiver services and Support Coordination (case management) for people receiving ID/DD Waiver services; it is perceived as a conflict of interest. Therefore, DMH leadership made the decision to transfer services provided by the four IDD Regional Programs to private providers who do not also provide Support Coordination in order to come into compliance with the Final Rule.

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 85 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 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 of 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.

September 1, 2017