

**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 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, 2016, 2017, and 2018 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 *FY19 – FY21 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 Services

Expansion of Community-Based Services: With state source level funding in FY19, DMH shifted funds from institutional budgets to the Service Budget to expand community-based services to reduce the reliance on institutional care. A total of \$8 million was granted to the 14 Community Mental Health Centers (CMHCs) for the expansion of crisis services including crisis stabilization beds, court liaisons, crisis counselors, and an additional PACT team. With this, crisis stabilization beds will now be available in all areas covered by the CMHCs. A total of \$2 million (\$4 million including match) is being utilized to fund the ID/DD Home and Community Based Waiver. In addition, \$900,000 is for the continuation/expansion of the development of Community Transition Homes, which are community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. A total of \$400,000 is for the continuation of the jail-based competence restoration project.

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 FY18, the Teams provided 18,651 face-to-face interventions. A total of 26,322 calls were received by the Teams in FY18. Out of those calls, 20,659 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. In FY19, one additional PACT will begin in 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 FY18, there were 145 new admissions to PACT Teams for a total of 384 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 1,385 mental health professionals over the past five years. In FY18, 535 individuals were trained and 12 providers were certified to provide Wraparound Facilitation. In FY18, 1,329 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/>.

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. In FY18, DMH produced 10 Think Recovery videos highlighting people's recovery journeys. For more information, visit <http://www.dmh.ms.gov/think-recovery/>.

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 230 active CPSSs as of the end of FY18. 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 FY18, 211 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 FY18, the DMH Supported Employment Pilot Program assisted 257 individuals on their road to recovery by helping them to become employed in the openly competitive job market.

Navigate: Navigate is an evidence-based program that assists Mississippians, 15-30 years of age, who have experienced their first episode of psychosis. Services are delivered by Coordinated Specialty Care Teams, which provide early intervention and recovery-oriented services that have been shown to improve outcomes in youth and young adults who are at risk for serious mental illness. Interventions include intensive case management, individual or group therapy, supported employment, education services, family education and support, medication management, and peer support services. This approach bridges existing resources and eliminates gaps between adolescent, and adult programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren Yazoo Behavioral Health, and Gulf Coast Mental Health Center. In FY18, the programs served 23 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/>.

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.

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. In June and July 2018, DMH partnered with local Community Mental Health Centers to offer 17 MHFA for Youth trainings to educators across the state free of charge. More than 260 educators participated in these trainings. In July 2018, the Board on Law Enforcement Officer Standards and Training approved Mental Health First Aid for Public Safety to be included in the full-time basic training program. There are 7 full-time academies approved by the Board that provide full-time basic training for the purpose of law enforcement certification. The academies are mandated by the Board to include this training beginning January 2019. DMH and local CMHCs will partner to provide this training to the academies. For more information, visit <http://www.dmh.ms.gov/mississippians-trained-in-mental-health-first-aid/>.

Crisis Intervention Teams: Crisis Intervention Teams are partnerships between local law enforcement agencies and a variety of agencies, including Community Mental Health Centers, primary health providers, advocacy groups such as NAMI, and behavioral health professionals. Officers joining a team learn the skills they need to respond to people experiencing a mental health crisis and divert them to an appropriate setting for treatment, ensuring people are not arrested and taken to jail due to the symptoms of their illness. In January and February of 2018, three groups of officers - one in Hinds County, one in Hattiesburg, and another in Meridian - completed Crisis Intervention Team certification in Mississippi. The Hinds County CIT became the fourth fully-operating Crisis Intervention Team in the state, joining the East Mississippi CIT, the Pine Belt CIT, and the Northwest Mississippi CIT. Stakeholders in Forrest County, Lee County, and Adams County are also taking steps to establish a CIT. In FY18, there were 10 CIT Classes conducted with 177 officers graduating and receiving a DPS/DMH Certificate. Those officers came from 31 different agencies. For more information, visit <http://www.dmh.ms.gov/service-options/crisis-services/crisis-intervention-teams/>.

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. The program focuses on people returning to Hinds County. In FY18, a graduation ceremony was held for the first six participants who completed the program. 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. DMH hosted its first annual Suicide Prevention Symposium: Shattering the Silence by Working Together in September 2017 that was attended by 110 people.

To increase awareness, DMH partnered with the Mississippi Department of Education (MDE) to offer web-based suicide prevention training to all school district staff. As a result of HB 263 passed during the 2017 Legislative Session, two professional development series were selected for all certified and classified school district staff to complete during the 2017-2018 school year. DMH gathered a focus group consisting of school professionals, people affected by suicide, mental health professionals, and others to provide input on the course selection. School districts are to report implementation of the trainings to the Mississippi Department of Education. At the end of FY18, MDE reported that 60,197 school district staff have been trained in suicide prevention, with 26 districts left to report. Also, as a result of HB 263 that was passed in the 2017 Legislative, DMH was responsible for developing a model policy template for school districts. According to the law, all school districts are required to adopt a policy for suicide prevention. A template was developed through focus group participation and provided to MDE for implementation. School districts are monitored by MDE for assurance that the policy is adopted within the district.

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

Think Again Mississippi: In May 2018, DMH and its partners, the Mississippi Department of Health, Mississippi Public Health Institute, Mental Health Association of the South Mississippi, and NAMI Mississippi launched a statewide campaign encouraging Mississippians to change the way they think about mental health. The campaign, Think Again, urges adults, no matter their background, to realize mental health is an essential part of their overall health and wellness.

Think Again encourages Mississippians to toss out their preconceived notions about mental health, focusing on the fact that mental health problems are no different than other health problems. It is important for Mississippians to understand how common mental illness is and that there is nothing to be ashamed of for seeking help. It is important to understand that good mental health and good physical health go hand-in-hand. For more information, visit <http://www.dmh.ms.gov/news-and-events/think-again/>.

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.

DMH and six other state agencies announced the launch of Stand Up, Mississippi, a comprehensive media campaign to address the opioid epidemic. Stand Up, Mississippi outreach efforts include presentations to local and state level organizations to educate citizens on opioids and combat the stigma of addiction. This project is a collaborative effort by DMH, Department of Public Safety, Mississippi Bureau of Narcotics, Mississippi Board of Pharmacy, Federal Bureau of Investigation, Mississippi Department of Human Services, and Drug Enforcement Agency. Since May 2017, Stand Up, Mississippi has hosted 28 Town Hall meetings across the state with more than 3,600 attendees. The goal was for communities to learn more about opioid abuse and what they can do to help reduce the death and destruction caused by opioid addiction.

In 2017, DMH began efforts to educate and distribute naloxone, a life-saving medication that blocks or reverses the effects of opioid overdoses, to law enforcement officers in high risk areas to combat overdose deaths. At the end of FY18, DMH has distributed more than 9,800 doses of naloxone and provided education to more than 5,890 law enforcement officers. At least 60 lives have been saved and there are likely many others that have not been reported. 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 Hospital (NMSH) and one Peer Bridger at each of the three Community Mental Health Centers – Timber Hills Mental Health Services, Communicare and LIFECORE Health Group. In FY18, a total of 372 people were transitioned from NMSH and connected with a Peer Bridger for continual care in the community. A total of 74% 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: In FY18, Mississippi State Hospital (MSH) and Region 8 Community Mental Health Center partnered in a program to implement jail-based competence restoration services in Hinds, Rankin 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, Rankin 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. In late FY18, MSH also began partnering with Harrison County to expand the program.

Community Transition Homes: DMH, Region 8 Community Mental Health Center, Hinds Behavioral Health Services, and The Arc of Mississippi partnered in FY18 to provide community-based living opportunities for individuals that have been receiving continued treatment services at Mississippi State Hospital. Region 8 began a Community Transition Home for four females in Simpson County in April 2018; with plans to add an additional house for four more females in the near future. Region 9 began a Community Transition Home in May 2018 for four males in Jackson area. These individuals have been unsuccessful living in the community in the past. Now, with 24/7 support and assistance, the individuals pay their own rent, purchase their own food and participate in community.

Alcohol and Drug CDU Diversion: Across the country and in Mississippi, the number of people who need treatment for alcohol and drug services is on the rise. Currently, there are 25 male and 25 female beds at the Mississippi State Hospital (MSH) Chemical Dependency Unit. In May 2018, DMH and the 14 Community Mental Health Centers across Mississippi implemented a diversion initiative designed to improve access to treatment for Mississippians who are committed by a chancellor for Substance Use Disorder (SUD) treatment services to the MSH Chemical Dependency Unit. The goals of this diversion initiative are to: reduce wait times for people on the waitlist; provide treatment services to people as close to their home as possible; and maximize the available bed capacity for residential treatment in the community. As of August 2018, a total of 60 people have been diverted from the waitlist to SUD treatment within their community.

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.

Juvenile Outreach Programs: What began as an effort to develop a collaborative partnership for Juvenile Outreach Programs (JOP) in 2010 has turned into a sustained program that served 1,760 youth in FY18. DMH supports 14 JOP operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, and a number of other services to youth with serious emotional disorders and/or mental illnesses who are in detention centers or the juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms, and also to prevent future contacts between them and the youth courts.

Bridging the Gap: Bridging the Gap started at South Mississippi State Hospital (SMSH) as a series of quarterly meetings that included outpatient providers and other service agencies in the 15-county SMSH catchment area, where the hospital provides services. The hospital invited legislators, chanceries, and local law enforcement to participate so everyone could get a better knowledge base about mental health services available in the community. The program grew quickly and has evolved into a quarterly resource sharing session that provides an important communication tool for SMSH staff and community service providers as they locate resources and services for people as they are discharged from the hospital. In 2018, the program was replicated at North Mississippi State Hospital in Tupelo, East Mississippi State Hospital in Meridian, and Mississippi State Hospital in Rankin County. The meetings help ensure continuity of care for adults transitioning from the hospitals back into the community. Community Mental Health Center staff and hospital staff get to discuss patient care directly, including conversations about medication efficacy, new service programs, and how clients sustain recovery in the community.

Trauma-Focused Cognitive Behavioral Therapy: Mississippi was the first state to have a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) state level Learning Collaborative with the National Child Traumatic Stress Network (NCTSN). To date, there are more than 450 TF-CBT Therapists. Currently, 81 of the 82 counties in the state have at least two TF-CBT Therapists. Each year in September, DMH hosts a Trauma Informed Care Conference averaging more than 400 attendees. Trauma-informed care is an approach engaging people with histories of trauma that acknowledges the role that trauma has played in their lives and treats symptoms as reflecting this experience. For those who access the public mental health, substance abuse and social services, as well as people who are justice-involved or homeless, trauma is an almost universal theme.

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

- Acute Partial Hospitalization – 1 provider = 1 program
- Day Treatment Programs – 242 programs
- Wraparound Facilitation – 14 providers
- Therapeutic Foster Care – 1 new program location
- Therapeutic Group Homes – 6 homes
- Core Services – 10 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 – 11 providers
- Psychosocial Rehabilitation – 19 programs
- Sr. Psychosocial Rehabilitation – 17 programs
- Targeted Case Management – 13 providers
- Acute Partial – 2 programs
- Supervised Living – 3 programs
- Core Services – 2 programs

Intellectual and Developmental Disabilities

Transitions to the Community: From January 2012 to June 2018, a total of 517 people have transitioned from Intermediate Care Facilities for IID to the community.

Transition Services: DMH’s Transition Services coordinates the transitions for persons from an ICF/IID program to the community. Each DMH Regional Program employs Transition Coordinators to assist with persons transitioning and post-transition follow-up to the community. In FY18, a total of 78.6% of the persons receiving DMH services were served in the community versus an institution.

Home and Community Based Waiver: Since FY12, the ID/DD Waiver has increased with 1,455 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, community living 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
	FY 2018 - 86
	Total – 1,455 new enrollees since FY12

Total ID/DD Waiver enrollment as of June 30, 2018 – 2,682. This is a 46% 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, 1,924 people have been trained in Person Centered Thinking. Training will continue in FY19.

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. In FY18, 784 people were enrolled in IDD CSP services with a total of 872 people receiving targeted case management. 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. In FY18, a Job Skills Trainer Manual was completed by the multi-agency taskforce. As of June 2018, 339 people have been approved for Supported Employment Services. Beginning in FY19, 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.

Provide A Conflict Free Case Management System of Care: Since 2012, DMH has transferred several ID/DD Waiver state-run programs to certified private providers.

- South Mississippi Regional Center's Supervised Living Program to Brandi's Hope Community Services.
- South Mississippi Regional Center's Day Service Program to Millcreek Rehabilitation Centers.
- Ellisville State School's Supervised Living Programs to Pine Belt Mental Healthcare Resources.
- Ellisville State School's Day Services Programs to REM Mississippi, Pine Belt Mental Healthcare Resources, Community Counseling Services, and Weems Community Mental Health.
- North Mississippi Regional Center's Supervised Living Programs to Communicare and Timber Hills.
- North Mississippi Regional Center's Day Services Program to Millcreek Rehabilitation Centers, Timber Hills, and Communicare.
- Hudspeth Regional Center's Supervised Living Programs to Region VIII Mental Health and Willowood Developmental Center.
- Hudspeth Regional Center's Day Service Programs to Weems Community Mental Health and Life Help.

Persons receiving the ID/DD Waiver services including - Home and Community Supports, In-Home Nursing Respite, Supported Living, and Behavior Support from the IDD Regional Programs - were given the opportunity to choose a private certified provider.

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. With a target date of December 1, 2018, these four designated programs will only provide Support Coordination, Crisis Support and Transition Assistance services.

Celebrating Mississippians with Intellectual and Developmental Disabilities: DMH and the Intellectual and Developmental Disabilities (IDD) Advisory Council, comprised of service providers and advocacy organizations, launched an IDD Awareness Campaign in recognition of March as IDD Awareness Month. The campaign titled, “Celebrating Mississippians with Intellectual and Developmental Disabilities,” highlights the connection between people with intellectual or developmental disabilities and their communities. The campaign rolled out videos, stories, posters, and information graphics about people who have an IDD and are embracing choices and enriching their lives through employment, home ownership, social relationships, and a variety of community activities. Celebrating Mississippians with Intellectual and Developmental Disabilities promotes awareness, and illustrates that people with disabilities have the ability to contribute significantly to their schools, families, relationships, neighborhoods, faith communities, and the workforce and the right to work, worship, learn, and enjoy life wherever they choose.

Crisis Services: People with intellectual and developmental disabilities may experience a crisis just like anyone else. A crisis can occur following the loss of a primary caregiver, loss of a permanent home or the temporary need for a structured environment to address challenging behavior. To help during these times of crisis, in 2014 DMH established two homes as part of the community in the Magee area. These beds are operated by Boswell Regional Center. Since March 2014, 95 people have been served in these short-term stabilization homes. In April 2018, DMH established another home, Matt’s House, in Brookhaven operated by Region 8. In the last quarter of FY18, three people were served in Matt’s House. People reside in these homes with 24/7 coverage and receive treatment and socialization tailored to their needs. People may remain in the program as long as necessary; however, the ultimate goal is to return them to their homes or appropriate community setting within 90 days.

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 with satellite locations at Ellisville State School and North Mississippi Regional Center, DETECT provides educational opportunities, hands-on training and patient consultations to healthcare providers throughout Mississippi. For more information visit, <http://detectms.com/>.

Video Introductions for Successful Transitions: Transitions from a familiar place to an unfamiliar place are difficult for everyone. For people with intellectual and developmental disabilities, transitions can be even more challenging. South Mississippi Regional Center (SMRC) utilizes Video Introductions in an effort to ensure a smooth transition from one setting to another. The transitioning person is interviewed, along with those that know the person well, to determine likes, preferences, interests, hobbies, and support needs to ensure a meaningful life. The interview responses are crafted into the Video Introduction, using text, pictures, and clips. Video Introductions provide a succinct and informative snapshot of a person's life, allowing new caregivers better insight into the person they will be supporting.

IDD Service/Program Expansion from January 2011 to Present:

- 108 supervised living program locations throughout the state
- 67 day programs throughout the state – the programs include prevocational services, community respite, day services-adult and day habilitation
- 9 shared supported living locations - a new service for FY18
- 13 providers of employment related service – this includes job discovery and supported employment services - these services are not location-based
- 14 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 is continuing to fulfil its vision of a better tomorrow where the lives of Mississippians are enriched through a state 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.
- 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, 2018