

# **MISSISSIPPI DEPARTMENT OF MENTAL HEALTH COMMUNITY MENTAL HEALTH SERVICES FY 2021 STATE PLAN**



## State Information

### State Information

#### Plan Year

Start Year 2021

End Year 2022

#### State SAPT DUNS Number

Number 809399926

Expiration Date

#### I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Mississippi Department of Mental Health

Organizational Unit Bureau of Behavioral Health Services

Mailing Address 239 North Lamar St., 1101 Robert E. Lee Bldg., Suite 1001

City Jackson

Zip Code 39201

#### II. Contact Person for the SAPT Grantee of the Block Grant

First Name Shane

Last Name Garrard

Agency Name MS Department of Mental Health

Mailing Address 239 North Lamar St

City Jackson

Zip Code 39201

Telephone 601-359-1288

Fax 601-359-6672

Email Address shane.garrard@dmh.ms.gov

#### State CMHS DUNS Number

Number 809399926

Expiration Date

#### I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Mississippi Department of Mental Health

Organizational Unit Bureau of Community Services

Mailing Address 239 North Lamar Street, 1101 Robert E. Lee Building

City Jackson

Zip Code 39201

#### II. Contact Person for the CMHS Grantee of the Block Grant

First Name Diana

Last Name Mikula

Agency Name Mississippi Department of Mental Health

Mailing Address 239 North Lamar Street, 1101 Robert E. Lee Building

City Jackson

Zip Code 39201

Telephone (601) 359-1288

Fax 601-359-6295

Email Address diana.mikula@dmh.ms.gov

### III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ☐ Yes ☒ No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

### IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

### V. Date Submitted

Submission Date 9/1/2020 1:14:44 PM

Revision Date 9/1/2020 1:14:57 PM

### VI. Contact Person Responsible for Application Submission

First Name Jake

Last Name Hutchins

Telephone (601) 359-1288

Fax (601) 359-6295

Email Address jake.hutchins@dmh.ms.gov

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:



# State of Mississippi

**TATE REEVES**  
Governor

August 4, 2020

Odessa F. Crocker  
Formula Grants Branch Chief  
Division of Grants Management, Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17E22  
Rockville, MD 20857

Dear Ms. Crocker:

I designate the Mississippi Department of Mental Health as the state agency to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Block Grant (MHBG) and the Substance Abuse Prevention and Treatment Block Grant (SABG) in Mississippi. I designate the Executive Director of the Mississippi Department of Mental Health, Diana Mikula, to apply for the block grant and to sign all assurances and submit all information required by federal law and the application guidelines. These designations are for FY21, October 1, 2020 to September 30, 2021.

If you have any questions, please contact Ms. Mikula or Jake Hutchins, Director of the Bureau of Community Services, at (601) 359-1288 or by email at [jake.hutchins@dmlh.ms.gov](mailto:jake.hutchins@dmlh.ms.gov).

Sincerely,

A handwritten signature in cursive script that reads "Tate Reeves".

Tate Reeves  
GOVERNOR

## State Information

### Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

#### Fiscal Year 2021

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administrations  
Funding Agreements  
as required by  
Substance Abuse Prevention and Treatment Block Grant Program  
as authorized by  
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
and  
Title 42, Chapter 6A, Subchapter XVII of the United States Code

| Title XIX, Part B, Subpart II of the Public Health Service Act  |                                                                              |                  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------|------------------|
| Section                                                         | Title                                                                        | Chapter          |
| Section 1921                                                    | Formula Grants to States                                                     | 42 USC § 300x-21 |
| Section 1922                                                    | Certain Allocations                                                          | 42 USC § 300x-22 |
| Section 1923                                                    | Intravenous Substance Abuse                                                  | 42 USC § 300x-23 |
| Section 1924                                                    | Requirements Regarding Tuberculosis and Human Immunodeficiency Virus         | 42 USC § 300x-24 |
| Section 1925                                                    | Group Homes for Recovering Substance Abusers                                 | 42 USC § 300x-25 |
| Section 1926                                                    | State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18 | 42 USC § 300x-26 |
| Section 1927                                                    | Treatment Services for Pregnant Women                                        | 42 USC § 300x-27 |
| Section 1928                                                    | Additional Agreements                                                        | 42 USC § 300x-28 |
| Section 1929                                                    | Submission to Secretary of Statewide Assessment of Needs                     | 42 USC § 300x-29 |
| Section 1930                                                    | Maintenance of Effort Regarding State Expenditures                           | 42 USC § 300x-30 |
| Section 1931                                                    | Restrictions on Expenditure of Grant                                         | 42 USC § 300x-31 |
| Section 1932                                                    | Application for Grant; Approval of State Plan                                | 42 USC § 300x-32 |
| Section 1935                                                    | Core Data Set                                                                | 42 USC § 300x-35 |
| Title XIX, Part B, Subpart III of the Public Health Service Act |                                                                              |                  |
| Section 1941                                                    | Opportunity for Public Comment on State Plans                                | 42 USC § 300x-51 |
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|              |                                                      |                  |
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| Section 1943 | Additional Requirements                              | 42 USC § 300x-53 |
| Section 1946 | Prohibition Regarding Receipt of Funds               | 42 USC § 300x-56 |
| Section 1947 | Nondiscrimination                                    | 42 USC § 300x-57 |
| Section 1953 | Continuation of Certain Programs                     | 42 USC § 300x-63 |
| Section 1955 | Services Provided by Nongovernmental Organizations   | 42 USC § 300x-65 |
| Section 1956 | Services for Individuals with Co-Occurring Disorders | 42 USC § 300x-66 |

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Mississippi

Name of Chief Executive Officer (CEO) or Designee: Diana S. Mikula

Signature of CEO or Designee: Diana Mikula<sup>WS</sup>

Title: Executive Director

Date Signed: 8/14/2020  
mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## State Information

### Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

**Standard Form LLL (click here)**

---

Name

Diana Mikula

Title

Executive Director

Organization

Mississippi Department of Mental Health

Signature:

*Diana Mikula* <sup>MS</sup>

Date:

*8/18/2020*

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

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| Title XIX, Part B, Subpart II of the Public Health Service Act  |                                                                                       |                  |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|
| Section                                                         | Title                                                                                 | Chapter          |
| Section 1911                                                    | Formula Grants to States                                                              | 42 USC § 300x    |
| Section 1912                                                    | State Plan for Comprehensive Community Mental Health Services for Certain Individuals | 42 USC § 300x-1  |
| Section 1913                                                    | Certain Agreements                                                                    | 42 USC § 300x-2  |
| Section 1914                                                    | State Mental Health Planning Council                                                  | 42 USC § 300x-3  |
| Section 1915                                                    | Additional Provisions                                                                 | 42 USC § 300x-4  |
| Section 1916                                                    | Restrictions on Use of Payments                                                       | 42 USC § 300x-5  |
| Section 1917                                                    | Application for Grant                                                                 | 42 USC § 300x-6  |
| Title XIX, Part B, Subpart III of the Public Health Service Act |                                                                                       |                  |
| Section 1941                                                    | Opportunity for Public Comment on State Plans                                         | 42 USC § 300x-51 |
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4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §5794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

- State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
  13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
  14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
  15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
  16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
  17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
  18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
  19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Diana Mikula

Signature of CEO or Designee<sup>1</sup>:

Diana Mikula <sup>WB</sup>

Title: Executive Director

Date Signed:

7/29/2020

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## State Information

### Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

**Standard Form LLL (click here)**

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Name

Diana Mikula

Title

Executive Director

Organization

Mississippi Department of Mental Health

---

Signature:

*Diana Mikula* <sup>WS</sup>

Date:

7/29/2020

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## Planning Tables

**Table 1 Priority Areas and Annual Performance Indicators**

**Priority #:** 1

**Priority Area:** Peer Support

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Enhance the transition process of individuals to a less restrictive environment

**Objective:**

Continue to utilize Peer Bridgers to improve the process for people transitioning from inpatient care to community-based care

**Strategies to attain the objective:**

Utilize Peer Bridgers at a behavioral health program and local Community Mental Health Centers utilizing WRAP

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of Peer Bridgers

**Baseline Measurement:** In FY 2016, there were 5 Peer Bridgers

**First-year target/outcome measurement:** 5

**Second-year target/outcome measurement:** 5

**Data Source:**

Data is collected quarterly by the 3 local CMHCs and the behavioral health program and submitted to DMH.

**Description of Data:**

Quarterly data collected includes number of Peer Bridgers employed by and tracked by the grantees which are a behavioral health program and 3 local CMHCs. Each of the 3 CMHCs has a full-time Peer Bridger and the behavioral health program has two part-time Peer Bridgers. Services provided by Peer Bridgers will help individuals transition back into their communities and avert future potential crises.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 2

**Priority Area:** Peer Support

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Utilize individuals with lived experience of mental illness and/or substance use and parent/caregivers to provide varying supports to assist others in their journey to recovery and resiliency.

**Objective:**

Increase the number of individuals with lived experience of mental illness and/or substance use and parent/caregivers certified as Peer Support

**Strategies to attain the objective:**

- Conduct outreach to stakeholders to increase the number of CPSS and the role of CPSSs
- Provide training and technical assistance to service providers on the Recovery Model, Person Centered Planning, and System of Care principles
- Provide training to CPSS Supervisors on recruitment, retention, and supervision of CPSSs

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number CPSSs employed by DMH certified providers

**Baseline Measurement:** 36 CPSSs were employed by DMH certified providers in FY 2015

**First-year target/outcome measurement:** 253

**Second-year target/outcome measurement:** 278

**Data Source:**

Data is maintained by DMH based on submission of Verification of Employment Forms to the DMH Division of PLACE.

**Description of Data:**

Data is collected quarterly from all DMH certified providers employing Certified Peer Support Specialists. In FY 2018, 230 Certified Peer Support Specialists were employed by DMH certified providers.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 3

**Priority Area:** Community Supports for Adults

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

**Objective:**

Utilize Programs of Assertive Community Treatment (PACT) Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

**Strategies to attain the objective:**

Increase the number of admissions to PACT Teams

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of admissions to PACT Teams

**Baseline Measurement:** In FY 2015, there were 97 admissions to PACT Teams

**First-year target/outcome measurement:** 200

**Second-year target/outcome measurement:** 225

**Data Source:**

All ten (10) PACT Teams submit data quarterly to DMH. Data includes number of admissions to PACT Team services.

**Description of Data:**

Quarterly data is submitted by the eight PACT Teams. Data includes number of admissions. During FY 2018, there were 140 new admissions to PACT Teams with 384 individuals being served.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 4

**Priority Area:** Community Support Services for Adults

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Provide funding to offset costs of mental health services provided to individuals with serious mental illness who have no payer source

**Objective:**

Provide services through the Purchase of Services Grant

**Strategies to attain the objective:**

Grant funding to 14 CMHCs for Purchase of Services

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of units of service reimbursed by Purchase of Service Grant

**Baseline Measurement:** In FY 2015, 180,002 units of service were provided to adults with serious mental illness who have no payer source.

**First-year target/outcome measurement:** Maintain the number of units of service

**Second-year target/outcome measurement:** Maintain the number of units of service

**Data Source:**

The 14 CMHCs submit data monthly through cash requests and monthly reports. This data includes number of units of services provide through the POS grants. Number of units of services reimbursed cannot be increased without an increase in funding.

**Description of Data:**

Data is collected through monthly cash requests and submitted to DMH by the 14 CMHCs/grantees.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 5

**Priority Area:** Crisis Services

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Expand access to crisis services to divert individuals from more restrictive environments such as jails, hospitals, etc.

**Objective:**

Expand access to crisis services through the utilization of Crisis Stabilization Units

**Strategies to attain the objective:**

Track the number of admissions to the Crisis Stabilization Units

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of admissions to CSUs

**Baseline Measurement:** In FY 2015, there wer 3,609 admissions to the CSUs

**First-year target/outcome measurement:** 3,500

**Second-year target/outcome measurement:** 3,600

**Data Source:**

Quarterly data, which includes number of admissions, is submitted by the CSUs to DMH.

**Description of Data:**

Crisis Stabilization Units submit data quarterly to DMH which includes the number of involuntary and voluntary admissions. In FY 2018, the CSUs served 3,513 individuals.

**Data issues/caveats that affect outcome measures::**

With the addition of more CSUs and the implementation of iCORTs, the targets/outcome measurements for the first and second year may differ from the projected targets.

**Priority #:** 6

**Priority Area:** Crisis Services

**Priority Type:** SAP, SAT, MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Divert individuals from more restrictive environments such as jail and hospitalizations by utilizing Mobile Response Teams.

**Objective:**

Expand access to crisis services through the utilization of Mobile Crisis Response Teams

**Strategies to attain the objective:**

Increase the number of contacts/calls made by the Mobile Crisis Response Teams

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of contacts/calls

**Baseline Measurement:** In FY 2015, Mobile Crisis Response Teams received 19,660 calls/contacts

**First-year target/outcome measurement:** 27,000

**Second-year target/outcome measurement:** 28,000

**Data Source:**

The number of emergency calls and contacts responded to by the Mobile Crisis Response Teams is submitted to DMH two times per year.

**Description of Data:**

Data is submitted two times per year by the Mobile Crisis Response Teams to DMH. In FY 2018, at total of 26,322 calls were received and

there were a total of 18,651 face-to-face visits.

**Data issues/caveats that affect outcome measures::**

There are currently no issues/caveats expected to affect outcome measures.

**Priority #:** 7

**Priority Area:** Supported Housing

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Connect adults with serious mental illness to appropriate housing opportunities

**Objective:**

Increase the availability of community supports/services for people with a serious mental illness in order to implement Supportive Housing

**Strategies to attain the objective:**

Ensure that people with a serious mental illness who are housed as a result of 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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of assessments provided; number of individuals maintained in supportive housing

**Baseline Measurement:** In FY 2016, 48 assessments were provided and 48 individuals were maintained in supportive housing

**First-year target/outcome measurement:** 200 assessments provided; 200 individuals maintained permanent supportive housing

**Second-year target/outcome measurement:** 300 assessments provided; 300 individuals maintained permanent supportive housing

**Data Source:**

The CMHCs operating CHOICE programs submit data quarterly to DMH.

**Description of Data:**

Data will be submitted quarterly to DMH to include the number of assessments provided and the number of individuals maintained in Supportive Housing. The CHOICE program began in March 2016 with programs being operated by six CMHCs. The CHOICE program is currently available in all CMHC regions, and in FY 2018, 211 assessments were provided. A variety of services are provided to these individuals including outpatient services, peer support, PACT, physician services, community support, intensive case management, and/or psychosocial rehabilitative services.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 8

**Priority Area:** Community Supports for Children

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

**Objective:**

Increase the participation of local representatives from CPS, school districts, and juvenile justice on MAP Teams

**Strategies to attain the objective:**

Technical assistance will be provided to MAP Team coordinators regarding outreach to increase participation by identified agencies as requested and/or needed.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of representatives from CPS, school districts, and juvenile justice attending MAP teams quarterly

**Baseline Measurement:** This is a new indicator. Baseline data will be gathered in FY 2019.

**First-year target/outcome measurement:** Projections regarding outcomes will be made once baseline data has been gathered

**Second-year target/outcome measurement:** Projections regarding outcomes will be made once baseline data has been gathered

**Data Source:**

Data, including local partners present at MAP Teams, are submitted quarterly to DMH by the MAP Team Coordinators.

**Description of Data:**

Local partners sign-in at each monthly meeting by name and group affiliation or agency represented. Quarterly reports are submitted to DMH by MAP Team Coordinators which compile the information from monthly sign in sheets.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 9

**Priority Area:** Community Supports for Children

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Increase statewide use of Wraparound Facilitation with children and youth

**Objective:**

Increase the number of children served by Wraparound Facilitation

**Strategies to attain the objective:**

Increase statewide use of Wraparound Facilitation with children and youth through training and supports provided by the Mississippi Wraparound Institute

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of children served by Wraparound Facilitation

**Baseline Measurement:** In FY 2015, 1,078 children were served by Wraparound Facilitation.

**First-year target/outcome measurement:** 1,775

**Second-year target/outcome measurement:** 1,800

**Data Source:**

Data, which includes the number of children and youth served by Wraparound Facilitation, is submitted quarterly to DMH by the Mississippi Wraparound Institute located at the University of Southern Mississippi.

**Description of Data:**

A total of 12 providers were certified to provide Wraparound Facilitation in FY 2018, and a total of 535 individuals were trained. The Mississippi Wraparound Institute (MWI) employs nationally certified Wraparound coaches in the state to provide training and supports to certified providers of Wraparound Facilitation in Mississippi. Data is submitted quarterly to DMH by MWI. In FY 2018, 1,329 children and youth were served with Wraparound Facilitation.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 10

**Priority Area:** Community Supports for Children

**Priority Type:**

**Population(s):** SED, ESMI

**Goal of the priority area:**

Assist youth and young adults in navigating the road to recovery from First Episode Psychosis (FEP), including efforts to function well at home, on the job, at school and in the community through the Coordinated Specialty Care Team

**Objective:**

Increase the number of youth and young adults served through the NAVIGATE Program

**Strategies to attain the objective:**

Continue an evidenced-based intervention program for youth and young adults who have experienced FEP

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of youth and young adults experiencing FEP served through NAVIGATE

**Baseline Measurement:** In FY 2016, 4 youth/young adults experiencing FEP were served through by NAVIGATE

**First-year target/outcome measurement:** 70

**Second-year target/outcome measurement:** 75

**Data Source:**

Number of youth and young adults experiencing FEP served through the NAVIGATE Program is submitted monthly to DMH by the two CSC teams.

**Description of Data:**

NAVIGATE assists individuals, 15-30 years of age, who have experienced their first episode of psychosis. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren Yazoo Behavioral Health, and Gulf Coast Mental Health Center. In FY 2018, CSC Teams served 23 young adults. Region 8 will begin providing NAVIGATE services in FY 2019. Data is submitted monthly to DMH by the CSC teams which includes the number of youth and young adults served through the NAVIGATE Program.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 11

**Priority Area:** Community Services for Children

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Provide services through the Juvenile Outreach Program (JOP) that are necessary for a youth's successful transition from a detention center back to his/her home and/or community

**Objective:**

Decrease the number of re-entries to the detention centers

**Strategies to attain the objective:**

Continue funding to CMHCs to make mental health services available to youth in detention centers in an effort to prevent re-entries

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of youth served in detention centers

**Baseline Measurement:** In FY 2018, 1,760 youth were served in detentions centers in the Juvenile Outreach Program

**First-year target/outcome measurement:** 1,800

**Second-year target/outcome measurement:** 1,850

**Data Source:**

Data is submitted monthly by the CMHCs receiving Juvenile Outreach Program (JOP) grant funding.

**Description of Data:**

DMH supports 14 Juvenile Outreach Programs to provide a range of services and supports for youth with SED involved in the juvenile justice system and/or local detention center which include immediate access to a Community Support Specialist or Certified Therapist for assessments, crisis intervention, medication monitoring, family therapy, and individual therapy. Monthly data is submitted to DMH from the CMHCs receiving grant funding to provide services through the Juvenile Outreach Program. In FY 2018, 1760 youth were served by JOP Programs.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 12

**Priority Area:** Community Integration

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

**Objective:**

Develop Intensive Community Outreach Recovery Teams (iCORT) for adults with severe and persistent mental illness

**Strategies to attain the objective:**

Utilize iCORTs to keep people in the community and avoid placement in state hospitals

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of iCORTs operating and number of admissions to iCORTS

**Baseline Measurement:** Five CMHCs will operate iCORTS. Baseline data regarding number served will be gathered in FY 2020.

**First-year target/outcome measurement:** 5 iCORTs in operation; Projections regarding outcomes will be established once baseline data has been gathered.

**Second-year target/outcome measurement:** 5 iCORTs in operation; Projections regarding outcomes will be established once baseline data has been gathered.

**Data Source:**

Data regarding number of iCORTS operating and number of admissions to iCORTS will be submitted quarterly to the Division of Adult Services.

**Description of Data:**

Regions 1,2,7,11, and 14 will operate Mississippi's first iCORTS for adults with severe and persistent mental illness to help people remain in the community and avoid placement in state hospitals. The Division of Adult Services will collect the data regarding number served on a quarterly basis from the five (5) CMHCs operating iCORTS.

**Data issues/caveats that affect outcome measures::**

Baseline data will be gathered in FY 2020. Data issues/caveats that may affect target achievement are currently unknown.

**Priority #:** 13

**Priority Area:** Supported Employment

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Develop employment options for adults with serious and persistent mental illness

**Objective:**

Increase the number of individuals with serious and persistent mental illness who are gainfully employed

**Strategies to attain the objective:**

Expand employment options for adults with serious and persistent mental illness to employ individuals with serious and persistent mental illness by increasing referrals

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of individuals with SMI who are gainfully employed; Number of referrals made to MDRS

**Baseline Measurement:** In FY 2016, four (4) program sites helped 102 individuals become gainfully employed.

**First-year target/outcome measurement:** 250 individuals employed; 175 referrals made to MDRS

**Second-year target/outcome measurement:** 300 individuals employed; 180 referrals made to MDRS

**Data Source:**

Supported Employment programs submit data quarterly to DMH including the number of individuals with serious mental illness who are employed and the number of referrals made to MDRS.

**Description of Data:**

As of June 2019, supported employment is provided in Regions 2,3,4,7,8,9,10,11,12,14, and 15 These sites submit data quarterly to DMH including the number of individuals with serious mental illness who are employed. In FY 2018, supported employment programs assisted 257 individuals on their road to recovery by helping them to become employed in the openly competitive job market

**Data issues/caveats that affect outcome measures::**

There are no data issues/caveats expected to affect outcome measures.

**Priority Area:** Recovery Supports

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Strengthen family education and family support capabilities in the state

**Objective:**

Increase recovery supports to people through family education and family support provided NAMI-MS funded by DMH

**Strategies to attain the objective:**

Provide a variety of training and workshops targeting people with SMI and family members of children/youth with SED throughout the state

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of training and workshops

**Baseline Measurement:** In 2015, 110 workshops/support groups/trainings were conducted by NAMI.

**First-year target/outcome measurement:** 135

**Second-year target/outcome measurement:** 140

**Data Source:**

The number of trainings and workshops provided by NAMI-MS to individuals with SMI and family members of individuals with SMI and children and youth with SED is submitted quarterly to DMH.

**Description of Data:**

NAMI-MS submits data quarterly to DMH regarding the number of trainings and workshops provided to individuals with SMI and family members of individuals with SMI and children and youth with SED. DMH funds NAMI-MS to provide recovery support services to individuals with serious mental illness and family members of children and youth with SED by offering trainings and workshops on issues surrounding their mental health challenges.

**Data issues/caveats that affect outcome measures:**

There are no data issues/caveats expected to affect outcome measures.

**Priority #:** 15

**Priority Area:** Recovery Supports

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Expand the peer review/quality assurance process by utilizing Personal Outcome Measures (POM) interviews to measure outcomes of individuals receiving services

**Objective:**

Improve access and outcomes of services to people receiving services through data gathered in POM interviews

**Strategies to attain the objective:**

DMH will offer technical assistance to providers after POM reports are released to providers

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of visits to conduct POM interviews at CMHCs

**Baseline Measurement:** In FY 2015 and 2016, 350 POM interviews were conducted during certification visits to the CMHCs.

**First-year target/outcome measurement:** 8 POM interview visits

**Second-year target/outcome measurement:** 8 POM interview visits

**Data Source:**

The number of Personal Outcome Measure (POM) visits to the CMHCs will be tracked and submitted to DMH quarterly.

**Description of Data:**

The number of Personal Outcome Measure (POM) Interview visits completed during each certification visit to the CMHCs will be tracked and submitted to DMH quarterly. Certified Peer Support Specialists participate on the Certification Visit Team and conduct the interviews during scheduled certification visits. Results of the POM interviews are released to the provider and technical assistance is offered based on the results of the report.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 16

**Priority Area:** Community Integration

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Enhance the transition process of people to a less restrictive environment

**Objective:**

Assist individuals in identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness

**Strategies to attain the objective:**

Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help individuals identify and understand their personal wellness resources

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of Wellness Recovery Action Plans begun prior to discharge from behavioral health programs

**Baseline Measurement:** In FY 2019, 338 Wellness Recovery Action Plans were begun prior to discharge

**First-year target/outcome measurement:** 400

**Second-year target/outcome measurement:** 500

**Data Source:**

The number of Wellness Recovery Action Plans begun prior to discharge is submitted by the behavioral health programs to DMH on a quarterly basis.

**Description of Data:**

The number of Wellness Recovery Action Plans begun prior to discharge at the behavioral health programs is submitted quarterly to DMH. Wellness Recovery Action Plans (WRAP) is part of the transition process, which provide people with a self-directed wellness tool upon discharge to support the individual as he/she transitions from a higher level of treatment into a more integrated treatment setting in the community. A total of 338 WRAPs were conducted at the pilot program (NMSH). In addition, SMSH conducted 364 WRAPs.

**Data issues/caveats that affect outcome measures::**

There are no data issues/caveats expected to affect outcome measures.

**Priority #:** 17

**Priority Area:** Evidence-Based Practices

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Provide trainings in evidence-based and best practices to a variety of stakeholders

**Objective:**

Increase the number of parents, school professionals, and School Resource Officers trained in Youth Mental Health First Aid

**Strategies to attain the objective:**

Offer Youth Mental Health First Aid to school personnel, parents, and School Resource Officers through partnerships with CMHCs and Mississippi Department of Education

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of YMHFA trainings

**Baseline Measurement:** In FY 2019, 28 YMHFA trainings were offered to parents and school personnel

**First-year target/outcome measurement:** 45

**Second-year target/outcome measurement:** 45

**Data Source:**

Trainings conducted are submitted monthly by certified YMHFA trainers within the DMH and across the state on a monthly basis.

**Description of Data:**

This data is collected by the Bureau of Outreach and Planning which oversees all outreach efforts including internal and external communications, public awareness campaigns, trainings, statewide suicide prevention, and special projects. Trainings conducted are submitted on a monthly basis by trainers across the state certified in YMHFA.

**Data issues/caveats that affect outcome measures::**

There are currently no data issues/caveats expected to affect outcome measures.

**Priority #:** 18

**Priority Area:** Evidence-Based Practices

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Provide trainings in evidence-based and best practices to a variety of stakeholders

**Objective:**

Increase the number of law enforcement officers trained in Crisis Intervention Team Training

**Strategies to attain the objective:**

Partner with stakeholders to expand Crisis Intervention Team Training

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of officers trained in CIT  
**Baseline Measurement:** In FY 2019, 170 officers were trained in CIT.  
**First-year target/outcome measurement:** 175  
**Second-year target/outcome measurement:** 180

**Data Source:**

At the conclusion of each CIT Training, a list of graduates is submitted to DMH by the seven counties providing CIT.

**Description of Data:**

The Division of Adult Services within the Bureau of Behavioral Health Services collects the data from graduation lists submitted by the counties providing CIT. The lists are submitted following each graduation (Desoto County, Jones County, Lauderdale County, Forrest County, Lamar County, Pike County, and Harrison County).

**Data issues/caveats that affect outcome measures::**

There are no data issues/caveats expected to affect outcome measures.

**Priority #:** 19  
**Priority Area:** Co-occurring Disorders  
**Priority Type:** SAT  
**Population(s):** PWWDC, PWID, EIS/HIV, TB

**Goal of the priority area:**

**Objective:**

**Strategies to attain the objective:**

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Determine the co-occurring level of the Community Mental Health Centers (CMHCs) by way of a DDCMHT assessment. (Co-occurring Level will either be Co-Occurring Capable or CoOccurring Enhanced).  
**Baseline Measurement:** In grant year 2017-2018, 0% of the CMHCs Co-Occurring Conditions was identified. In grant year 2018-2019 2 providers were identified as COE.  
**First-year target/outcome measurement:** Provide TA/Training to at least 2 CMHCs that scored lowest on the DDCMHT assessment.  
**Second-year target/outcome measurement:** Provide TA/Training to at least 2 additional CMHCs that scored lowest on the DDCMHT assessment.

**Data Source:**

DDCMHT Scoring Results

**Description of Data:**

DDCMHT Scoring Results

**Data issues/caveats that affect outcome measures::**

Obtaining the buy-in from the CMHCs during the re-assessment process.

Willingness of the provider to embrace the changes needed as a result of the DDCMHT assessment.

**Priority #:** 20  
**Priority Area:** Recovery Supports - Peer Support  
**Priority Type:** SAT  
**Population(s):** PWWD, PWID, EIS/HIV, TB

**Goal of the priority area:**

To decrease recidivism in Mississippi.

**Objective:**

Clients will be connected with appropriate peer support specialist (recovery support services) upon discharge.

**Strategies to attain the objective:**

Recovery support plans will become part of the client record.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase the number of Certified Peer Support Specialists by 5%.  
**Baseline Measurement:** Currently there are 90 certified recovery support specialists in the state for SUD.  
**First-year target/outcome measurement:** Increase the number of peer support specialists by 3%.  
**Second-year target/outcome measurement:** Increase the number of peer support specialists by an additional 2%.

**Data Source:**

Workforce development training database.

**Description of Data:**

The workforce development division of DMH certifies peer support specialists for the agency.

**Data issues/caveats that affect outcome measures::**

None foreseen

**Indicator #:** 2  
**Indicator:** Increase the overall number of Certified Peer Support Specialists – Recovery  
**Baseline Measurement:** Currently there are 0 Certified Peer Support Specialists- Recovery in the state for SUD.  
**First-year target/outcome measurement:** Increase the number of Certified Peer Support Specialists – Recovery by 2.  
**Second-year target/outcome measurement:** Increase the number of Certified Peer Support Specialists -Recovery by an additional 2%.

**Data Source:**

Workforce development training database.

**Description of Data:**

The workforce development division of DMH trains and certifies Peer Support Specialists – Recovery

**Data issues/caveats that affect outcome measures::**

N/A

**Priority #:** 21  
**Priority Area:** Pregnant Women and Women with Dependent Children  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

To ensure the delivery of quality specialized services to pregnant women and women with dependent children.

**Objective:**

Educate obstetrician, pediatric and family medicine providers to recognize and appropriately treat and refer women of child-bearing age with OUDs. Educate the substance abuse disorders workforce on treatment of pregnant women, to include MAT.

**Strategies to attain the objective:**

Strategies to Obtain the Goal: The Department of Mental Health's (DMH) Bureau of Alcohol and Drug Services (BADS) will continue to certify and provide funding to support fourteen (14) community-based primary residential treatment programs for adult females and males. While all of the programs serve pregnant women, there are two specialized programs that are equipped to provide services for the duration of the pregnancy. Six (6) free-standing programs are certified by the DMH, making available a total of twenty (20) primary residential substance abuse treatment programs located throughout the 14 community mental health regions.

In addition to the substance use disorder treatment, these specialized primary residential programs will provide the following services: 1) primary medical care including prenatal care and childcare; 2) primary pediatric care for their children including immunization; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, parenting, and child care while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may, among other things address their developmental needs and issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided in (1) through (4).

The DMH Operational Standards require that all substance abuse programs must document and follow written policies and procedures that ensure:

- Pregnant women are given priority for admission;
- Pregnant women may not be placed on a waiting list. Pregnant women must be admitted into a substance abuse treatment program within forty-eight (48) hours;
- If a program is unable to admit a pregnant woman due to being at capacity; the program must assess, refer, and place the individual in another certified DMH certified program within 48 hours;
- If a program is unable to admit a pregnant woman, the woman must be referred to a local health provider for prenatal care until an appropriate placement is made;
- If a program is at capacity and a referral must be made, the pregnant woman must be offered an immediate face to face assessment at the agency or another DMH certified provider. If offered at another DMH certified program, the referring program must facilitate the appointment at the alternate DMH certified program. The referring provider must follow up with the certified provider and program to ensure the individual was placed within forty-eight (48) hours.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** The percentage of women served who successfully completed treatment.

**Baseline Measurement:**

**First-year target/outcome measurement:** Increase by 2% the number of pregnant women who successfully complete treatment during 2019-2020.

**Second-year target/outcome measurement:** Increase by an additional 1% the number of pregnant women who successfully complete treatment during 2020-2021.

**Data Source:**

Annual SABG Monitoring visits, Central Data Repository, and Programs will provide policy and procedures ensuring priority is given to pregnant women.

**Description of Data:**

Addictive Services will conduct SABG monitoring visits annually to ensure programs are giving priority to pregnant women. Treatment episode data sets will be used to determine the number of pregnant women who successfully complete treatment each year.

**Data issues/caveats that affect outcome measures::**

**Priority #:** 22

**Priority Area:** HIV

**Priority Type:** SAT

**Population(s):** EIS/HIV

**Goal of the priority area:**

To increase the number of individuals in all substance use disorders treatment services to know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.

**Objective:**

To fervently encourage HIV testing, explicitly explain the benefits of HIV testing, provide education pertaining to modes of transmission preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis, and offer HIV testing immediately after fervently encouraging HIV testing, explicitly explaining the benefits of testing.

**Strategies to attain the objective:**

Substance use disorder providers will fervently encourage HIV testing, explicitly explain the benefits, provide education and immediately after, offer testing.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Individuals receiving substance use disorder services will know their HIV status and become aware and /or increase awareness of the severity of HIV/AIDS, tuberculosis and sexually transmitted diseases.

**Baseline Measurement:**

Currently there is no baseline, because the data collection began July 2019.

**First-year target/outcome measurement:**

Fifty percent (50%) of individuals in all substance use disorder treatment services will know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.

**Second-year target/outcome measurement:**

Sixty percent (60%) of individuals in all substance use disorder treatment services will know their HIV status, modes of transmission, preventative measures, accessible community resources and treatment for HIV/AIDS, sexually transmitted diseases and tuberculosis.

**Data Source:**

MS Department of Health STD/HIV Office-Prevention Branch

**Description of Data:**

An HIV Early intervention Services Reporting Form will be completed by all substance use disorders providers monthly to report data to the Mississippi Department of Health. The Mississippi Department of Mental Health, Bureau of Behavioral Health/Addictive Services will receive a yearly summary.

**Data issues/caveats that affect outcome measures::**

Individuals receiving substance use disorder services may opt out of taking an HIV test.

**Priority #:** 23

**Priority Area:** IV Drug Users

**Priority Type:** SAT

**Population(s):** PWWD, PWID, EIS/HIV, TB

**Goal of the priority area:**

The proportion of IV Drug Users who were admitted into treatment and who successfully completed treatment.

**Objective:**

Continue delivering specialized treatment services to injecting drug users throughout the state.

**Strategies to attain the objective:**

All DMH certified substance abuse programs must document and follow written policies and procedures that ensure:

A. Individuals who use IV drugs are provided priority admission over non-IV drug users.

B. Individuals who use IV drugs are placed in the treatment program identified as the best modality by the assessment within forty-eight (48) hours.

C. If a program is unable to admit an individual who uses IV drugs due to being at capacity, the program must assess, refer and place the individual in another certified DMH program within forty-eight (48) hours.

D. If unable to complete the entire process as outlined in sectioned C., DMH Office of Consumer Support must be notified immediately by fax or email using standardized forms provided by DMH. The time frame for notifying DMH of inability to place an individual who uses IV drugs cannot exceed forty-eight (48) hours from the initial request for treatment from the individual.

E. If a program is at capacity and a referral must be made, the referring provider is responsible for assuring the establishment of alternate placement at another certified DMH program within forty-eight (48) hours.

F. The referring provider is responsible for ensuring the individual was placed within forty-eight (48) hours.

G. In the case there is an IV drug user that is unable to be admitted because of insufficient capacity, the following interim services will be provided:

1. Counseling and education regarding HIV, Hepatitis, and TB, the risks of sharing needles, the risk of transmission to sex partners and infants, and the steps to prevent HIV transmission; and

2. Referrals for HIV, Hepatitis, and TB services made when necessary

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

The percentage of IV drug users successfully completed treatment.

**Baseline Measurement:**

393 IV drug users complete treatment

**First-year target/outcome measurement:**

Increase by 3% the number of IV Drug Users who successfully complete treatment after admission.

**Second-year target/outcome measurement:**

Increase by 3.5% the number of IV Drug Users who successfully complete treatment after admission.

**Data Source:**

Annual Monitoring visits. Programs will provide policy and procedures ensuring priority is given to IV drug users.

**Description of Data:**

BB/ADS will conduct monitoring visits annually to ensure programs are giving priority to IV drug users. Treatment episode data sets will be used to determine the number of IV drug users who successfully complete treatment each year.

**Data issues/caveats that affect outcome measures::**

None foreseen

**Priority #:** 24

**Priority Area:** Prescription Drug Use

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College)

**Goal of the priority area:**

To reduce the number of prescriptions and dosage units.

**Objective:**

To reduce the number of opioids being prescribed by healthcare professionals.

**Strategies to attain the objective:**

Provide education through media campaigns, town hall meetings, and healthcare policy and practice changes.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Adolescent Past 30 Day Prescription Drug Use

**Baseline Measurement:** 3.4% of 6-11th graders report using prescription drugs that were not prescribed to them by

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate by .5% in year one

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate by 1% in year two

**Data Source:**

Smarttrack

**Description of Data:**

Smarttrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

**Data issues/caveats that affect outcome measures::**

We are currently investigating new forms of data collection. We will request technical assistance in this area.

**Indicator #:** 2

**Indicator:** Perception of Harm

**Baseline Measurement:** In 2016, 3.4% of Mississippi youth in grades 6-11 reported having used prescription drugs

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate of youth in grades 6-11 that report having used prescription drugs in a way other than how they were prescribed by .5% during the first year

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate of youth in grades 6-11 that report having used prescription drugs in a way other than how they were prescribed by 1% during the second

**Data Source:**

SmartTrack

**Description of Data:**

Smarttrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

**Data issues/caveats that affect outcome measures::**

None foreseen

**Priority #:** 25

**Priority Area:** Alcohol Use

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College)

**Goal of the priority area:**

Reduce alcohol use and substance abuse to protect the health, safety, and quality of life for Mississippi adolescents and young adults

**Objective:**

Reduce past 30 day use and binge drinking among 12-25 year olds.

**Strategies to attain the objective:**

BADS prevention programs will provide information to communities about the increased risk associated with early exposure to alcohol and its potential negative consequences.

BADS prevention programs will work with local community coalitions to implement local policies that will lower alcohol consumption among youth.

BADS prevention programs will continue to implement evidence-based practices, programs, and strategies aimed at reducing underage drinking and alcohol abuse.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Adolescent Past Month Alcohol Use

**Baseline Measurement:** 8.8% (21,000) of youth ages 12-17 reported Alcohol Use during the Past Month, 2014-2015

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate by .5% in year one

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate by 1% in year two

**Data Source:**

NSDUH

**Description of Data:**

Smarttrack Description: The MS Department of Mental Health (DMH), Bureau of Alcohol and Drug Services began collaborating with the MS Department of Education, Office of Healthy Schools in 2001 to implement a statewide youth survey (SmartTrack) that measures youth consumption and consequence patterns of alcohol and drug use in MS. It also measures other risk and protective factors including drug-related disapproval attitudes and perceived risk of harm, suicide ideation and attempts, health, nutrition, family influences, school safety and bullying, and social engagement.

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

**Data issues/caveats that affect outcome measures::**

None foreseen

**Indicator #:** 2

**Indicator:** Young Adult Past Month Alcohol Use

**Baseline Measurement:** 46.9% (158,000) of young adults ages 18-25 reported alcohol use in the Past Month, 2014-2015 NSDUHs

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate by .5% in year one

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate by 1% in year two

**Data Source:**

NSDUH

**Description of Data:**

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco,

alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

**Data issues/caveats that affect outcome measures::**

None

**Priority #:** 26

**Priority Area:** Marijuana Use

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College)

**Goal of the priority area:**

Reduce marijuana use to protect the health, safety, and quality of life for Mississippi adolescents

**Objective:**

Reduce past 30 days use among 12-17 year olds

**Strategies to attain the objective:**

BADS will continue to raise population level change on social norms pertaining to marijuana use among youth.

BADS will continue to raise and increase awareness of the developmental risk associated with early exposure to marijuana use and its potential immediate and long-term side effects.

BADS will continue to educate the general public across diverse social groups (gender, race-ethnicity, educational levels, and sub-state regions) on the dangers of marijuana use through evidence based strategies.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Adolescent Past Month Marijuana Use

**Baseline Measurement:** 5.3% (13,000) of youth ages 12-17 reported marijuana use in the Past Month, 2014-2015

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate by .5% in year one

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate by 1% in year two

**Data Source:**

NSDUH

**Description of Data:**

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

**Data issues/caveats that affect outcome measures::**

None Foreseen

**Indicator #:** 2

**Indicator:** Young Adult Past Month Marijuana Use

**Baseline Measurement:** 13.9% (47,000) of young adults ages 18-25 reported Marijuana Use in the Past Month, 2014-2015 NSDUHs

**First-year target/outcome measurement:** Reduce the baseline prevalence estimate by .5% in year one

**Second-year target/outcome measurement:** Reduce the baseline prevalence estimate by 1% in year two

**Data Source:**

NSDUH

**Description of Data:**

NSDUH Description: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS).

**Data issues/caveats that affect outcome measures::**

None expected

**Priority #:** 27

**Priority Area:** Responding to the Opioid Crisis

**Priority Type:** SAT

**Population(s):** PWWD, PWID, EIS/HIV, TB

**Goal of the priority area:**

Implement or expand clinically appropriate evidence-based treatment service options and availability.

**Objective:**

Increase the number of opioid treatment programs that offer evidence-based, FDA-approved MAT.

**Strategies to attain the objective:**

Implement and expand access to and utilization of evidence-based, FDA-approved medication assisted treatment (MAT), in combination with psychosocial interventions.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Implement or expand clinically appropriate evidence-based treatment service options and availability.

**Baseline Measurement:** 5 certified OTP's in the state.

**First-year target/outcome measurement:** 2 additional providers will be certified in the state.

**Second-year target/outcome measurement:** 2 additional providers will be certified in the state.

**Data Source:**

Certification database

**Description of Data:**

The Certification database contains all certified providers and their certifications.

**Data issues/caveats that affect outcome measures::**

## Planning Tables

**Table 2 State Agency Planned Expenditures [MH]**

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Planning Period Start Date: 7/1/2020      Planning Period End Date: 6/30/2021

| Activity<br>(See instructions for using Row 1.)                                                                                   | A. Substance Abuse Block Grant | B. Mental Health Block Grant | C. Medicaid (Federal, State, and Local) | D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E. State Funds       | F. Local Funds (excluding local Medicaid) | G. Other            |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|----------------------|-------------------------------------------|---------------------|
| 1. Substance Abuse Prevention and Treatment                                                                                       |                                |                              |                                         |                                                                             |                      |                                           |                     |
| a. Pregnant Women and Women with Dependent Children                                                                               |                                |                              |                                         |                                                                             |                      |                                           |                     |
| b. All Other                                                                                                                      |                                |                              |                                         |                                                                             |                      |                                           |                     |
| 2. Primary Prevention                                                                                                             |                                |                              |                                         |                                                                             |                      |                                           |                     |
| a. Substance Abuse Primary Prevention                                                                                             |                                |                              |                                         |                                                                             |                      |                                           |                     |
| b. Mental Health Primary Prevention*                                                                                              |                                | \$230,000                    | \$0                                     | \$0                                                                         | \$0                  | \$0                                       | \$0                 |
| 3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)** |                                | \$800,000                    | \$0                                     | \$0                                                                         | \$0                  | \$0                                       | \$0                 |
| 4. Tuberculosis Services                                                                                                          |                                |                              |                                         |                                                                             |                      |                                           |                     |
| 5. Early Intervention Services for HIV                                                                                            |                                |                              |                                         |                                                                             |                      |                                           |                     |
| 6. State Hospital                                                                                                                 |                                |                              | \$10,000,000                            | \$4,000,000                                                                 | \$70,572,379         | \$0                                       | \$20,000,000        |
| 7. Other 24 Hour Care                                                                                                             |                                | \$0                          | \$4,000,000                             | \$0                                                                         | \$28,256,489         | \$0                                       | \$3,000,000         |
| 8. Ambulatory/Community Non-24 Hour Care                                                                                          |                                | \$4,893,856                  | \$120,000,000                           | \$3,250,000                                                                 | \$27,000,000         | \$0                                       | \$0                 |
| 9. Administration (Excluding Program and Provider Level)***                                                                       |                                | \$296,192                    | \$0                                     | \$125,000                                                                   | \$1,750,000          | \$0                                       | \$2,500,000         |
| <b>10. Total</b>                                                                                                                  | <b>\$0</b>                     | <b>\$6,220,048</b>           | <b>\$134,000,000</b>                    | <b>\$7,375,000</b>                                                          | <b>\$127,578,868</b> | <b>\$0</b>                                | <b>\$25,500,000</b> |

\* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED

\*\* Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside

\*\*\* Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

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## Planning Tables

**Table 4 SABG Planned Expenditures**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Expenditure Category                          | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|-----------------------------------------------|-------------------------------|-------------------------------|
| 1 . Substance Abuse Prevention and Treatment* | \$9,663,016                   | \$9,663,016                   |
| 2 . Primary Substance Abuse Prevention        | \$2,760,862                   | \$2,760,862                   |
| 3 . Early Intervention Services for HIV**     | \$690,215                     | \$690,215                     |
| 4 . Tuberculosis Services                     | \$0                           | \$0                           |
| 5 . Administration (SSA Level Only)           | \$690,215                     | \$690,215                     |
| <b>6. Total</b>                               | <b>\$13,804,308</b>           | <b>\$13,804,308</b>           |

\* Prevention other than Primary Prevention

\*\* For the purpose of determining the states and jurisdictions that are considered ?designated states? as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report will be published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services for regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a ?designated state? in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state a state?s AIDS case

rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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**Footnotes:**

## Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

|                                        | A            | B                                | C                                |
|----------------------------------------|--------------|----------------------------------|----------------------------------|
| Strategy                               | IOM Target   | FFY 2020<br>SA Block Grant Award | FFY 2021<br>SA Block Grant Award |
| 1. Information Dissemination           | Universal    | \$842,686                        | \$898,842                        |
|                                        | Selective    |                                  |                                  |
|                                        | Indicated    |                                  |                                  |
|                                        | Unspecified  |                                  |                                  |
|                                        | <b>Total</b> | <b>\$842,686</b>                 | <b>\$898,842</b>                 |
| 2. Education                           | Universal    | \$664,648                        | \$710,648                        |
|                                        | Selective    | \$89,881                         | \$100,881                        |
|                                        | Indicated    |                                  |                                  |
|                                        | Unspecified  |                                  |                                  |
|                                        | <b>Total</b> | <b>\$754,529</b>                 | <b>\$811,529</b>                 |
| 3. Alternatives                        | Universal    | \$274,769                        | \$276,769                        |
|                                        | Selective    |                                  |                                  |
|                                        | Indicated    |                                  |                                  |
|                                        | Unspecified  |                                  |                                  |
|                                        | <b>Total</b> | <b>\$274,769</b>                 | <b>\$276,769</b>                 |
| 4. Problem Identification and Referral | Universal    |                                  |                                  |
|                                        | Selective    |                                  |                                  |
|                                        | Indicated    | \$156,589                        | \$158,589                        |
|                                        | Unspecified  |                                  |                                  |
|                                        | <b>Total</b> | <b>\$156,589</b>                 | <b>\$158,589</b>                 |
|                                        | Universal    | \$313,178                        | \$315,178                        |

|                                              |              |                     |                     |
|----------------------------------------------|--------------|---------------------|---------------------|
| 5. Community-Based Process                   | Selective    |                     |                     |
|                                              | Indicated    |                     |                     |
|                                              | Unspecified  |                     |                     |
|                                              | <b>Total</b> | <b>\$313,178</b>    | <b>\$315,178</b>    |
| 6. Environmental                             | Universal    | \$140,628           | \$210,628           |
|                                              | Selective    |                     |                     |
|                                              | Indicated    |                     |                     |
|                                              | Unspecified  |                     |                     |
|                                              | <b>Total</b> | <b>\$140,628</b>    | <b>\$210,628</b>    |
| 7. Section 1926 Tobacco                      | Universal    | \$81,327            | \$89,327            |
|                                              | Selective    |                     |                     |
|                                              | Indicated    |                     |                     |
|                                              | Unspecified  |                     |                     |
|                                              | <b>Total</b> | <b>\$81,327</b>     | <b>\$89,327</b>     |
| 8. Other                                     | Universal    |                     |                     |
|                                              | Selective    |                     |                     |
|                                              | Indicated    |                     |                     |
|                                              | Unspecified  |                     |                     |
|                                              | <b>Total</b> | <b>\$0</b>          | <b>\$0</b>          |
| <b>Total Prevention Expenditures</b>         |              | <b>\$2,563,706</b>  | <b>\$2,760,862</b>  |
| <b>Total SABG Award*</b>                     |              | <b>\$13,804,308</b> | <b>\$13,804,308</b> |
| <b>Planned Primary Prevention Percentage</b> |              | <b>18.57 %</b>      | <b>20.00 %</b>      |

\*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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**Footnotes:**

## Planning Tables

**Table 5b SABG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Activity                                     | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|----------------------------------------------|-------------------------------|-------------------------------|
| Universal Direct                             | \$1,318,196                   | \$2,201,281                   |
| Universal Indirect                           | \$999,040                     | \$300,111                     |
| Selective                                    | \$89,881                      | \$100,881                     |
| Indicated                                    | \$156,589                     | \$158,589                     |
| <b>Column Total</b>                          | <b>\$2,563,706</b>            | <b>\$2,760,862</b>            |
| <b>Total SABG Award*</b>                     | <b>\$13,804,308</b>           | <b>\$13,804,308</b>           |
| <b>Planned Primary Prevention Percentage</b> | <b>18.57 %</b>                | <b>20.00 %</b>                |

\*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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### Footnotes:

## Planning Tables

**Table 5c SABG Planned Primary Prevention Targeted Priorities**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 and FFY 2021 SABG awards.

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2021

| Targeted Substances                          |                                     |
|----------------------------------------------|-------------------------------------|
| Alcohol                                      | <input checked="" type="checkbox"/> |
| Tobacco                                      | <input type="checkbox"/>            |
| Marijuana                                    | <input checked="" type="checkbox"/> |
| Prescription Drugs                           | <input checked="" type="checkbox"/> |
| Cocaine                                      | <input type="checkbox"/>            |
| Heroin                                       | <input type="checkbox"/>            |
| Inhalants                                    | <input type="checkbox"/>            |
| Methamphetamine                              | <input type="checkbox"/>            |
| Synthetic Drugs (i.e. Bath salts, Spice, K2) | <input type="checkbox"/>            |
| Targeted Populations                         |                                     |
| Students in College                          | <input checked="" type="checkbox"/> |
| Military Families                            | <input type="checkbox"/>            |
| LGBTQ                                        | <input checked="" type="checkbox"/> |
| American Indians/Alaska Natives              | <input checked="" type="checkbox"/> |
| African American                             | <input checked="" type="checkbox"/> |
| Hispanic                                     | <input checked="" type="checkbox"/> |
| Homeless                                     | <input type="checkbox"/>            |
| Native Hawaiian/Other Pacific Islanders      | <input checked="" type="checkbox"/> |
| Asian                                        | <input checked="" type="checkbox"/> |
| Rural                                        | <input checked="" type="checkbox"/> |
| Underserved Racial and Ethnic Minorities     | <input checked="" type="checkbox"/> |

## Planning Tables

**Table 6 Non-Direct-Services/System Development [SA]**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Activity                                                      | FFY 2020          |                    |                   | FFY 2021          |                    |                   |
|---------------------------------------------------------------|-------------------|--------------------|-------------------|-------------------|--------------------|-------------------|
|                                                               | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* |
| 1. Information Systems                                        | \$100,000         | \$75,000           |                   | \$100,000         | \$75,000           |                   |
| 2. Infrastructure Support                                     | \$50,000          | \$17,338           |                   | \$50,000          | \$17,338           |                   |
| 3. Partnerships, community outreach, and needs assessment     |                   |                    |                   |                   |                    |                   |
| 4. Planning Council Activities (MHBG required, SABG optional) |                   |                    |                   |                   |                    |                   |
| 5. Quality Assurance and Improvement                          |                   |                    |                   |                   |                    |                   |
| 6. Research and Evaluation                                    |                   |                    |                   |                   |                    |                   |
| 7. Training and Education                                     |                   | \$270,402          |                   |                   | \$270,402          |                   |
| <b>8. Total</b>                                               | <b>\$150,000</b>  | <b>\$362,740</b>   | <b>\$0</b>        | <b>\$150,000</b>  | <b>\$362,740</b>   | <b>\$0</b>        |

\*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

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## Planning Tables

**Table 6 Non-Direct-Services/System Development [MH]**

MHBG Planning Period Start Date: 07/01/2020      MHBG Planning Period End Date: 06/30/2021

| Activity                                                      | FFY 2020 Block Grant | FFY 2021 Block Grant |
|---------------------------------------------------------------|----------------------|----------------------|
| 1. Information Systems                                        |                      |                      |
| 2. Infrastructure Support                                     |                      |                      |
| 3. Partnerships, community outreach, and needs assessment     |                      |                      |
| 4. Planning Council Activities (MHBG required, SABG optional) |                      |                      |
| 5. Quality Assurance and Improvement                          | \$50,000             | \$50,000             |
| 6. Research and Evaluation                                    |                      |                      |
| 7. Training and Education                                     | \$180,000            | \$180,000            |
| <b>8. Total</b>                                               | <b>\$230,000</b>     | <b>\$230,000</b>     |

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**Footnotes:**

## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

#### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf).<sup>69</sup>

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

<sup>69</sup><https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

#### Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
  - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Division of Alcohol and Drug Services is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with substance abuse problems. The overall goal of the state's alcohol and drug service system is to provide a continuum of community-based primary and transitional residential treatment, inpatient and recovery support services.

The Councils for Alcohol and Drug Services and Mental Health are not combined at this time. However a representative from the Alcohol and Drug Services Advisory Council also serves on the Mental Health Planning and Advisory Council. The Bureau of Behavioral Health Services and the Division Alcohol and Drug Services work together in developing the State Plan.
  - b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☐ Yes ☒ No
2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No
3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The members of the Mississippi State Mental Health Planning and Advisory Council make comments to and approve the MHBG application/FY 2020-2021 Mississippi State Plan for Community Mental Health Services. Council members serve as advocates for adults with a serious mental illness, children with a severe emotional disturbance and other individuals with mental illnesses through promotion and assistance in planning and developing comprehensive mental health treatment, support, and rehabilitation services for these individuals. The Council also monitors, reviews, evaluates, and advises the allocation and adequacy of mental health services within the state.

The Planning Council members and committees are asked to identify topics they want information on following each Planning Council meeting. The topics addressed at each meeting are based on the Council members' requests. Since the 2019 submission of the MHBG in August, meetings were held in November 2019 and February 2020. At each meeting, the Council is consistently informed of the status of the Department of Mental Health's budget. A meeting was scheduled for May 2020, but to abide by the Mississippi Department of Health's and a the CDC's safety guidelines, the meeting was canceled. The Mississippi Department of Mental Health is diligently working to find an alternative and accessible platform to conduct the council meetings virtually.

The Council members receive information on the application instructions for the draft and final report provided by SAMHSA. The process to make a FY 20-21 Draft Plan available for review by the Council and the public proceeded along timelines to allow sufficient time for public review and comment in compliance with the federal submission timeline.

The Council received reports on the major initiatives planned for FY 2020-2021 at the August 2019 meeting. The State Plan Draft was presented to the Council at the August 2019 meeting. The public comment period was August 12, 2019, through August 30, 2019. The Council also has the opportunity for review of the FY 2020-2021 State Plan Draft during that time. The council members are updated on the MHBG/State Plan at each meeting. Updated information required for the FY 2021 Mini-Application was emailed to council members due to safety and distancing guidelines related to COVID-19.

Public notices of the availability of the FY 20-21 Draft Plan for public review and comment are made available at the 14 regional community mental health centers across the state, the East MS State Hospital in Meridian, the MS State Hospital in Whitfield, the North MS State Hospital in Tupelo, the South MS State Hospital in Purvis, the Central MS Residential Center in Newton, the five regional centers for persons with intellectual developmental disabilities, the Specialized Treatment Facility and the Mississippi Adolescent Center operated by the Department of Mental Health and on the MS Department of Mental Health's website. A Draft Plan was sent directly to the directors of the community mental health centers and the Department of Mental Health facilities asking them to make the Plan available to their employees and other interested individuals in their area of the state. The Draft Plan is also sent to all members of the MS Planning and Advisory Council.

In addition to those entities listed in the public notice, the Draft Plan and requests for review, comment, and assistance in making the Plan accessible for review and comment is sent directly to Governor Phil Bryant and the directors of the following agencies:

MS Department of Education  
MS Department of Health  
MS Department of Child Protection Services  
MS Department of Human Services  
MS Department of Human Services, Division of Aging and Adult Services  
Disability Rights Mississippi, Inc.  
MS Department of Rehabilitation Services  
MS Institutions of Higher Learning  
Office of the Governor, Division of Medicaid  
Mississippi Development Authority  
Department of Psychiatry and Human Behavior, University of MS Medical Center  
MS Primary Health Care Association  
Melody Worsham, Certified Peer Support Specialist

Although some non-service representatives on the Planning Council are also members of NAMI chapters, Mental Health Associations and/or Families As Allies for Children's Mental Health, Inc., additional copies of the Draft Plan and requests for comment are also sent to directors, presidents, or other leadership of state and local affiliates of the following family/consumer/advocacy groups:

Families As Allies for Children's Mental Health, Inc.  
Mental Health Association of Mississippi  
NAMI Mississippi

The Planning Council continues to be expanded to include representatives of all populations. Several African Americans, senior adults, a representative from the VA Medical Center, and a representative from the Mississippi Band of Choctaw Indians are members of the Council.

The MS Department of Mental Health Community Mental Health Services FY 2020-2021 Behavioral Health Report is reviewed and approved by the Mississippi State Mental Health Planning and Advisory Council before submission.

*Please indicate areas of technical assistance needed related to this section.*

No technical assistance is requested at this time.

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.<sup>70</sup>*

<sup>70</sup>There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

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#### Footnotes:

# Mississippi State Mental Health Planning and Advisory Council Meeting

Agenda  
Thursday, November 7, 2019

1. Call to Order – **Amanda Clement** – Vice-Chair
2. Approval of Minutes (August 1, 2019)
3. Old Business
4. New Business
  - A. DMH Budget Update  
**Kelly Breland** – Mississippi Department of Mental Health  
Bureau of Administration
  - B. FY 2020–2021 MHBG Application/State Plan Update  
**Lynda Stewart** – Mississippi Department of Mental Health  
Division of Children and Youth Services
  - C. Block Grant Awards  
**Sandra Parks** – Mississippi Department of Mental Health  
Bureau of Certification and Quality Outcomes
  - D. Mississippi United To End Homelessness  
**Ledger Parker** and **Laura Brown**
  - E. Announcements
  - F. Other Public Comments
5. Scheduling of Next Meeting/Topics
6. Adjournment

**Mississippi State Mental Health Planning and Advisory Council**  
**Minutes of Quarterly Meeting**  
**November 7, 2019**  
**Mississippi State Hospital, Building 56 Conference Room**

**I. Call to Order – David Connell, Chair**

**A. Opening**

Council Vice-Chair, Ms. Amanda Clement, called the meeting to order.

Mr. Hutchins thanked Ms. Clement, Vice-Chair, for presiding over the meeting in the absence of Mr. Connell. Mr. Connell had a procedure yesterday and our thoughts are with him.

Mr. Hutchins announced staff additions/changes. He welcomed two new members to the Adult Services staff. Marcus Crowley who is a certified CIT Trainer and was on the Mobile Crisis Response Team at HBHS. Also, Todd King who has a master's in administration and has done some work with Region 8. Mr. King is going to work with the CIT programs. He came to DMH from the Brandon Police Department. Sandra Parks, previously the Director of CYS, is now the Bureau Director of Certification and Quality Outcomes.

**B. Attendance**

Members Present: Hon. Mark Chaney, Dr. Shawn Clark, Ms. Amanda Clement, Ms. Kay Daneault, Ms. Annette Giessner, Mr. Ronney Henderson, Dr. Joe Kinnan, Ms. Sandy Kinnan, Dr. Janette McCrory, Ms. Ekoko Onema, Ms. Coreaner Price, Ms. Tara Roberts, Ms. Tonya Tate, Mr. Larry Waller, Mr. Harold White, Ms. Nancy White, Ms. Melody Worsham

Members Absent: Mr. David Connell, Dr. Chelsea B. Crittle, Ms. Margaret Ellmer, Dr. Maxie Gordon, Ms. LaVonda Hart, Ms. Jamie Himes, Ms. Jessica James, Ms. Toniya Lay, Ms. Harriette Mastin, Mr. Ben Mokry, Ms. Judy Newton, Ms. Elaine Owens, Ms. Kim Richardson, Ms. Stephanie Stout, Ms. Wanda Thomas, Ms. Polly Tribble, Mr. Mark Williamson, Dr. Scott Willoughby

DMH Staff Present: Mr. Steven Allen, Ms. Wendy Bailey, Ms. Aurora Baugh, Mr. Kelly Breland, Mr. Marcus Crowley, Mr. Brent Hurley, Mr. Jake Hutchins, Ms. Toni Johnson, Mr. Todd King, Ms. Diana Mikula, Ms. Sandra Parks, Ms. Lynda Stewart, Ms. Carman Weaver

Guests Present: Ms. Kimberly Barta, Ms. Laura Brown, Mr. Emile Craig, Ms. Joy Hogge, Ms. Claire Keil, Mr. Henry Moore, Mr. Ledger Parker, Ms. Debbie Waller, Ms. Monica Webber, and Ms. Makeisha Hite for Dr. Chelsea Crittle

## **II. Approval of Minutes**

It was moved by Melody Worsham and seconded by Hon. Mark Chaney that the August 1, 2019, minutes be approved as presented. The motion carried.

## **III. Old Business**

None

## **IV. New Business**

None

### **A. DMH Budget Update**

**Kelly Breland – Mississippi Department of Mental Health  
Bureau of Administration Director**

Mr. Breland reviewed the FY 2021 Budget Request Summary for DMH that was presented to the State Board of Mental Health on October 17, 2019. Mr. Breland explained the \$8,000,000 increase in the Central Office Service Budget is planned for crisis enhancement services and \$4,000,000 is planned for the Medicaid ID/DD Waiver. The increase of \$845,726 for Mississippi State Hospital is for Forensic Services renovations to Building 63 to expand beds available for the service.

### **B. FY2020–2021 MHBG Application/State Plan Update**

**Lynda Stewart – Mississippi Department of Mental Health  
Division of Children and Youth Services**

The FY2020-2021 MHBG Application/State Plan was submitted on time. Currently, information is being gathered for the State Plan Implementation Report that is due December 2, 2019. The data received will be used in the Implementation Report, to address any requests for public information about community mental health services for children and adults, and it also serves as a baseline for tracking our progress. Once the report is submitted to SAMHSA, Ms. Weaver will send a copy to council members via email (or US Mail for those who do not have email).

### **C. Block Grant Awards**

**Sandra Parks – Mississippi Department of Mental Health  
Bureau of Certification and Quality Outcomes**

Ms. Parks reviewed programs funded through Block Grant awards.

NAVIGATE is an evidence-based treatment program for first episode psychosis for youth and young adults. NAVIGATE programs are located at Life Help, Gulf Coast Mental Health Center, Hinds Behavioral Health Services, Warren-Yazoo Behavioral

Health, Inc., and Region 8 Mental Health Services. Over the past fiscal year, NAVIGATE has served 69 youth and young adults across the state and 57 were maintained in their home and community. On site training is being provided for Region 8 and new team members December 3-5, 2019.

Juvenile Outreach Programs are also funded by the Block Grant in 11 Community Mental Health Centers and serve 14 counties with juvenile detention centers (except for the Gulf Coast Mental Health Center temporarily). Mental health services are provided to youth involved in the juvenile justice system including assessments, therapy, support services, wraparound facilitation, substance abuse education and any other services needed while they are detained. Most importantly, upon discharge a transition plan is provided from the detention center to the CMHC and the youth is provided with supports and services. Juvenile Outreach Programs served 1,823 youth during the past fiscal year. There were 1,134 youth who exited the detention centers and continued treatment and there were 729 re-entries.

Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care. The plan is meant to address the complex mental health challenges and needs of the child and their family. DMH has 4 National Certified Wraparound Trainers, more than any other state in the nation. DMH has provided introductory training to approximately 1,385 mental health professionals over the past five years. During the past fiscal year, 526 individuals were trained, 14 providers were certified to provide Wraparound Facilitation, and 1,752 unduplicated children and youth received Wraparound Facilitation. DMH partnered with the University of Southern Mississippi's School of Social Work to develop and Institute for Wraparound Facilitation and Development. For more information go to <https://www.usm.edu/discovery-integration-transformation/index.php>.

#### **D. Mississippi United to End Homelessness Ledger Parker and Laura Brown**

MUTEH (Mississippi United to End Homelessness) is a 501c3 non-profit agency whose mission is to end homelessness in the state by focusing not only on those who are homeless, but also the most vulnerable population such as those living with HIV or AIDS, SMI, or other disabilities causing them to be at risk. MUTEH serves all 82 counties in Mississippi partnering with Open Doors Homeless Coalition in the Gulf Coast region. In 2019, MUTEH rehoused 401 households across the state. Since the startup in 2016, CHOICE has housed 499. This doesn't include data from Open Doors Homeless Coalition.

After the U.S. Supreme Court's decision in *Olmstead v. L.C.*, states cannot require individuals to remain in institutional settings such as a state psychiatric hospital, nursing home, or individual care facility, if they can receive the same services in the community. CHOICE is Permanent Supported Housing created in 2016 providing community housing options for everyone and is funded by the Mississippi Legislature. The CHOICE program is a partnership between DMH, MUTEH, Open Doors Homeless

Coalition, Mississippi Home Corporation and the CMHC's. Referrals come from the state's psychiatric hospitals, CMRC's, group homes, MAP Teams, SPOTT Team, nursing homes and others. Priority 1 individuals are those being discharged from a state psychiatric hospital after a stay of more than 90 days; however, these numbers have decreased over time. Currently most referrals are Priority 2 or Priority 3. Individuals in the CHOICE program are provided with community supports and services. For example, CHOICE pays for the first 12 month's rent and with services a natural plan for housing is developed and accomplished for the individual. No one has ever been evicted at the end of the 12 months for nonpayment.

The Mississippi Affirmative Olmstead Initiative is an option for eligible tenants in the CHOICE program to be referred to participating Owner/Management developments who must follow certain requirements to meet the needs of the tenant and the program. The Owner/Management will receive points for Special Needs Housing for participating in the program.

#### **E. Announcements**

- (1) Consumer Rights Meeting  
To meet immediately after council meeting today.
- (2) NAMI Walks Hattiesburg  
\$13,000 Raised – Used for many worthwhile activities  
Cancelled Due to Weather – To be Rescheduled
- (3) YMHFA – 2 SLOTS AVAILABLE See Ms. Kinnan  
November 8, 2019 • Hattiesburg, MS
- (4) Families as Allies Leadership Training  
November 23, 2019 • Tupelo, MS  
To register visit Facebook or go to [www.faams.org](http://www.faams.org)  
  
Infant & Children's (0-8) Mental Health Video Viewing  
Today 4:30 p.m. • FAA Office
- (5) Mental Health Association of South Mississippi  
WRAP Training – Hattiesburg, FULL  
WRAP Training – Meridian, December 3-4, 2019  
WRAP Training – Clarksdale, January 16-17, 2020  
WRAP Facilitator Training – Jackson, January 27-31, 2020
- (6) Mental Health Day at the Capitol  
March 11, 2020 8:00 a.m. – 11:00 a.m.

#### **H. Other Public Comments**

- (1) Ms. Baily stated that the mental health resources website mockup should be ready at the end of the month. Council members will receive an email with a direct link to the website and a survey. Feedback is greatly appreciated.
- (2) Dr. Edwards, MSU, is finishing with the Consumer Satisfaction Surveys. Mr. Hutchins requested a comparison of the previous year so the council and CMHC's can view the responses on continuity of services. Mr. Hutchins will ask Dr. Edwards if he's available to attend a council meeting to review the data.
- (3) Mr. Hutchins and Mr. Breland attended the National Dialogues on Behavioral Health 2019 Conference in New Orleans. Dr. Kathy Crockett, Dr. Tiffany A. Anderson, and Dr. Tiffany T. Anderson participated in a 3-part presentation on HBHS's CIT Program and Mobile Crisis Response Team. They did a great job.

#### **V. Next Meeting/Topics**

##### **A. Topic Recommendations**

None

##### **B. Next Meeting**

The next Mississippi State Mental Health Planning and Advisory Council meeting will be held Thursday, February 6, 2020, at 10:00 a.m.

#### **VI. Adjournment**

The meeting was adjourned at 11:25 a.m.

# Mississippi State Mental Health Planning and Advisory Council Meeting

Agenda  
Thursday, February 6, 2020

1. Call to Order – **David Connell** – Chair
2. Approval of Minutes (November 7, 2019)
3. Old Business
4. New Business
  - A. DMH Budget Update  
**Kelly Breland** – Mississippi Department of Mental Health  
Bureau of Administration
  - B. MHBG Application/State Plan Update  
**Lynda Stewart** – Mississippi Department of Mental Health  
Division of Children and Youth Services
  - C. Intervention Courts  
**Chief Justice Michael K. Randolph** – Mississippi Supreme Court
  - D. Integration of Primary and Behavioral Healthcare Grant  
**Melinda Todd** – Mississippi Department of Mental Health  
Division of Adult Services
  - E. Announcements
  - F. Other Public Comments
5. Scheduling of Next Meeting/Topics
6. Adjournment

**Mississippi State Mental Health Planning and Advisory Council**  
**Minutes of Quarterly Meeting**  
**February 6, 2020**  
**Mississippi State Hospital, Building 56 Conference Room**

**I. Call to Order – David Connell, Chair**

**A. Opening**

Council Chair, Mr. Connell, called the meeting to order and lead introductions.

**B. Attendance**

Members Present: Hon. Mark Chaney, Dr. Shawn Clark, Mr. David Connell, Ms. Jamie Himes, Ms. Jessica James, Ms. Sandy Kinnan, Ms. Toniya Lay, Ms. Judy Newton, Ms. Elaine Owens, Ms. Coreaner Price, Ms. Kim Richardson, Ms. Tonya Tate, Mr. Larry Waller, Dr. Scott Willoughby, Ms. Sitaniel J. Wimbley

Members Absent: Ms. Amanda Clement, Dr. Chelsea B. Crittle, Ms. Kay Daneault, Ms. Margaret Ellmer, Ms. Annette Giessner, Dr. Maxie Gordon, Ms. LaVonda Hart, Mr. Ronney Henderson, Dr. Joe Kinnan, Ms. Harriette Mastin, Dr. Janette McCrory, Mr. Ben Mokry, Ms. Ekoko Onema, Ms. Tara Roberts, Ms. Stephanie Stout, Ms. Wanda Thomas, Mr. Harold White, Ms. Nancy White, Mr. Mark Williamson, Ms. Melody Worsham

DMH Staff Present: Mr. Steven Allen, Mr. Kelly Breland, Mr. Brent Hurley, Mr. Jake Hutchins, Mr. Adam Moore, Ms. Lynda Stewart, Ms. Melinda Todd, Ms. Carman Weaver

Guests Present: Ms. Sherry Holloway, Ms. Pam Holmes, Ms. Briana Hudson, Ms. Claire Keil, Ms. Davida Kilpatrick, Mr. Henry Moore, Ms. Taylor Payne, Hon. Michael Randolph, Ms. Debra Waller, Mr. Auvergne Williams, and Mr. Tony Shephard for Ms. Polly Tribble

**II. Approval of Minutes**

The minutes from the previous meeting were presented for approval. It was moved by Hon. Mark Chaney and seconded Mr. Larry Waller that the November 7, 2019, minutes be approved as presented.

**III. Old Business**

There was no old business.

#### **IV. New Business**

Mr. Hutchins congratulated Ms. Lynda Stewart on her new position as the Division Director of Children and Youth Services at DMH.

Mr. Hutchins shared Hon. Mark Chaney's recent recognition for over 30 years of service on the A&D Council.

##### **A. DMH Budget Update**

**Kelly Breland – Mississippi Department of Mental Health  
Bureau of Administration Director**

Mr. Breland gave attendees a printed version of the FY21 Budget Request PowerPoint presented to the Legislative Subcommittees on Appropriations at both the House of Representatives and Senate. He reviewed the presentation highlighting the budget areas. The FY21 Legislative Budget Request total is \$587,543,652, which includes the requested increase of \$8,120,679 in General Funds. The increase in General Funds requested are for further expansion of mental health community-based services and Medicaid ID/DD Waiver for community-based IDD services.

##### **B. MHBG Application/State Plan Update**

**Lynda Stewart – Mississippi Department of Mental Health  
Division of Children and Youth Services**

The FY19 State Plan Implementation Report was submitted on December 2, 2019. This report assesses the progress of the State Plan. The FY19 Implementation Report was emailed to council members January 23, 2020. If anyone would like a photocopy, please contact Lynda Stewart at [lynda.stewart@dmh.ms.gov](mailto:lynda.stewart@dmh.ms.gov). The new guidance for the Mental Health Block Grant should be released in several months. It is now a 2-year submission and the necessary changes will be made to meet the requirements. In mid-January all states submitting a FY2021 Mental Health Block Grant application were required to revise two tables. Mississippi completed that based on new allotments introduced for FY20.

##### **C. Intervention Courts**

**Chief Justice Michael Randolph – Mississippi Supreme Court**

Honorable Michael Randolph became Chief Justice of the Mississippi Supreme Court on February 1, 2019. Honorable Keith Starrett started Mississippi's first felony drug court in 1999 while serving as State Circuit Court Judge for Lincoln, Pike and Walthall counties. After seeing the success of drug courts, then-Senator Cindy Hyde-Smith became a supporter and sponsored the first legislative bill for drug courts. Traditional roles of trial judges have changed with the introduction of intervention courts. These courts have been a success by saving Mississippi taxpayers money and striving to stop the revolving door of addiction and recidivism. However, more courts are needed. Retaining judges has also been an issue, with 42 retiring judges last year and 2 who plan to retire this year. A handout was given of The Courts of Mississippi FY2021

Budget Highlights and an information flyer. The increase in the FY21 Courts of Mississippi Budget is just over \$4 million (\$2 million pay increase for judges and \$2.1 million for intervention courts, specifically mental health courts). This increase includes funding for an addition of 19 new courts (8 mental health courts, 8 veterans courts, and 3 drug courts). Mississippi is interested in the community-based Georgia model but continues to explore models in other states. The goal is to collaborate with partners such as DMH for insight into mental health needs. Mississippi also has a Drug Advisory Council that meets on a regular basis. Speaking to local legislators in support of increased funding for more mental health courts, drug courts, and veterans' courts will be the best way to gain momentum for these programs.

Ms. Himes voiced concern regarding capacity of programs versus the need with the addition of new mental health courts. Hon. Randolph reassured the council that this would not be an issue.

Ms. Holmes explained that each person admitted to drug court goes through an assessment process and typically there is a 30-day inpatient stay before attending court to start the program. Some courts are funded through grants and some fees are at the cost of the participant. Ms. Holmes stated that she can come back and give the council an overview of intervention courts, expressly mental health courts.

Mr. Hutchins invited Hon. Randolph, Ms. Holman, and Ms. Holloway to attend council meetings and serve as members. He stated that a great resource on the council is Dr. Joe Kinnan and Ms. Sandy Kinnan, who were a part of the Forrest County Mental Health Court.

**D. Integration of Primary and Behavioral Healthcare Grant**  
**Dr. Melinda Todd – Mississippi Department of Mental Health**  
**Division of Adult Services**

The Mississippi Integrated Healthcare Grant is a 5-year project funded by SAMHSA to provide integrated healthcare for adults ages 18 and over with SMI (Serious Mental Illness), SUD (Substance Use Disorders) and/or COD (Co-Occurring Disorders). Integrated healthcare is a coordination between community healthcare partnering with community health centers in one location for primary care services to be integrated into behavioral healthcare settings. This is important because persons with mental health and substance use disorders often die decades earlier than their average life expectancy. The goal is to serve 2,845 persons by the end of the grant (currently in second year). There are 219 active clients (6 individuals did not continue the program). Plans are to increase referrals; however, some areas have proven difficult to spread the word. Data comparisons will be done to see the savings by serving clients in one area as well as a cost analysis of what the client is saving (as opposed to going to individual clinics). The locations in Jackson are the main clinic at HBHS at 3450 Highway 80 West and Central MS Health Services Clinic(s) on 1134 Winter Street, 5429 Robinson Road Ext., and 500 W. County Line Road at Tougaloo College. Services are provided by Pine Belt Mental Health Resources in Hattiesburg and Laurel Integrated

Care Services in Laurel. These clinics work together with federally qualified healthcare centers to provide services in that area.

Please share this information with anyone who needs these services or refer them to one of the clinics. For inquiries or referrals, contact Dr. Melinda Todd at 601-359-6204 or [melinda.todd@dmh.ms.gov](mailto:melinda.todd@dmh.ms.gov).

#### **E. Announcements**

- (1) Mental Health Day at the Capitol  
March 11, 2020 8:00 – 10:30 a.m.  
Speaker(s) in Room 216 8:30 – 9:30 a.m.  
Exhibitors in East and West Hallways  
Vendor Tables in Rotunda

#### **F. Other Public Comments**

Mr. Steven Allen, DMH Deputy Director, is retiring June 30, 2020. He has been instrumental with the transition of DMH to community-based services. The council thanked him for over 31 years of service.

Mr. Hutchins handed out copies of a compiled list of feedback received from the Mental Health Community Services State Plan. The feedback list is for council members to read and review. Additional comments can be written on the feedback list and mailed or emailed to DMH. All feedback is taken into consideration and will be added into the plan which will be updated for mid-year progress reports. If anyone did not receive a copy, please contact Ms. Weaver at [carman.weaver@dmh.ms.gov](mailto:carman.weaver@dmh.ms.gov).

DMH has been working with the Mississippi Supreme Court to get Certified Peer Support Specialists trained to be part of Intervention Courts. DMH hopes to have the first class in the next couple of months.

Mr. Hutchins thanked the council on behalf of Ms. Wendy Bailey for feedback on the Mental Health Resources website. The website press conference kickoff will be March 11 during Mental Health Day at the Capitol. The website address is [mentalhealthms.com](http://mentalhealthms.com).

The request for public comments on the Strategic Plan will be sent out in March. The comments are taken from everyone and incorporated into the DMH Strategic Plan.

Mr. Hutchins stated that DMH was awarded a TTI (Technical Assistance Transfer Initiative) Grant in the amount of \$145,000 to open the state's second Peer Bridger Project. The Peer Bridger Pilot Project was launched at North Mississippi State Hospital. The second program will be initiated at South Mississippi State Hospital, Pine Belt Mental Healthcare Resources (Region 12), Gulf Coast Mental Health Center (Region 13), and Singing River Services (Region 14). Peer Bridgers are employed at the hospital and one Peer Bridger at each Community Mental Health Center. Peer

Bridger's provide intense peer support services to individuals transitioning into community-based supports to decrease the need for readmission and ensure they go to follow-up appointments. Please share this information with anyone in that area who may be interested in applying for CPSS positions.

Mr. Hutchins stated that the DOJ and the state have both (each) submitted three suggestions to Judge Reeves for a special master. Judge Reeves' decision is still pending. Once a special master is appointed, the state and DOJ will submit their plans to that person and negotiations will begin from there.

Ms. Owens asked if DMH has or has input into the state's plans at the point of negotiations; and/or where the state's plans come from.

Mr. Hutchins replied that the Attorney General is the authority and has been working with multiple agencies to develop a remedial plan. DMH is one of the agencies, however, the MS Department of Medicaid, MS Department of Rehabilitation Services (Vocational Rehabilitation), MS Home Corporation, and CHOICE are some examples of others involved.

## **V. Next Meeting/Topics**

### **A. Topic Recommendations**

Mr. Connell requested topics and/or speakers for future meetings.

Mr. Hutchins asked the council for recommendations (those interested in doing a presentation and/or presentations the council would like).

Mr. Hurley reminded the council that Ms. Holman is willing to return with a presentation specifically on mental health courts (since today was a vast overview of the budget). Drug courts require participants to pay for court fees, which will be an issue for most participants in mental health courts. It would be advantageous for the council to understand the treatment side of the mental health courts and how they work.

No topic recommendations were suggested.

### **B. Next Meeting**

The next Mississippi State Mental Health Planning and Advisory Council meeting will be held Thursday, May 7, 2020, at 10:00 a.m.

## **VI. Adjournment**

The meeting was adjourned at 11:32 a.m.

## Environmental Factors and Plan

### Advisory Council Members

For the Mental Health Block Grant, there are specific agency representation requirements for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency  
 State Vocational Rehabilitation Agency  
 State Criminal Justice Agency  
 State Housing Agency  
 State Social Services Agency  
 State Health (MH) Agency.

Start Year: 2021 End Year: 2022

| Name              | Type of Membership*                                                                                              | Agency or Organization Represented                 | Address,Phone, and Fax                                                      | Email(if available)        |
|-------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|----------------------------|
| Mark Cheney       | Others (Advocates who are not State employees or providers)                                                      | MS A&D Advisory Council                            | 7070 Highway 80<br>Vicksburg MS,<br>39180<br>PH: 601-638-4784               |                            |
| Shawn Clark       | Providers                                                                                                        | V A Medical Center                                 | 1500 E. Woodrow<br>Wilson Avenue<br>Jackson MS, 39216<br>PH: 601-362-4471   | shawn.clark@va.gov         |
| Amanda Clement    | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | Self                                               | 614 Eatonville Road<br>Hattiesburg MS,<br>39401<br>PH: 601-297-7014         | aclement123@gmail.com      |
| David Connell     | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | Behavioral Health Advisory Council Chair/Contact   | 44 Bates Lane<br>Hattiesburg MS,<br>39402<br>PH: 601-520-1096               | barbaque2004@yahoo.com     |
| Chelsea Crittle   | Providers                                                                                                        | Central MS Planning and Development District       | 1170 Lakeland Drive<br>Jackson MS, 39216<br>PH: 601-981-1516                | ccrittle@cmpdd.org         |
| Kay Daneault      | Providers                                                                                                        | The Mental Health Association of South Mississippi | 4803 Harrison Circle<br>Gulfport MS, 39507<br>PH: 228-864-6274              | kay@msmentalhealth.org     |
| Andrew Day        | State Employees                                                                                                  | Division of Medicaid                               | 550 High Street<br>Jackson MS, 39201<br>PH: 601-359-6114                    | andrew.day@medicaid.ms.gov |
| Margaret Ellmer   | State Employees                                                                                                  | MS Department of Education                         | 359 N.West Street<br>Jackson MS, 39201<br>PH: 601-359-3498                  | margaret.ellmer@mdek12.org |
| Annette Geinesser | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self; Long Range Planning Committee                | 238 Sawbridge Drive<br>Ridgeland MS,<br>39157<br>PH: 601-853-0815           | bgeorgeg@att.net           |
| Maxie Gordon      | Providers                                                                                                        | MS Psychiatric Association                         | University of MS<br>Medical Center<br>Jackson MS, 39216<br>PH: 601-984-1000 | maxiegordon@bellsouth.net  |

|                  |                                                                                                                  |                                                    |                                                                   |                                     |
|------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|
| Lavonda Hart     | State Employees                                                                                                  | MS Department of Rehabilitation Services           | P.O. Box 1698<br>Jackson MS, 39215<br>PH: 601-853-5270            | lhart@mdrs.ms.gov                   |
| Ronney Henderson | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | V A Medical Center                                 | 211 Samuel Road<br>Madison MS, 39110                              | ronney.henderson@va.gov             |
| Jamie Himes      | Providers                                                                                                        | Southern Christian Services for Children and Youth | 860 E. River Place<br>Jackson MS, 39202<br>PH: 601-354-0983       | jamie@southernchristianservices.org |
| Jessica James    | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | Self                                               | 791 W. County Line Road<br>Jackson MS, 39213<br>PH: 601-454-0507  | jesspraise37@outlook.com            |
| Joe Kinnan       | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | NAMI Mississippi - Pine Belt Affiliate             | 204 Greenwood Place<br>Hattiesburg MS, 39402<br>PH: 601-264-6994  | jekin@comcast.net                   |
| Sandy Kinnan     | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | NAMI Mississippi - Pine Belt Affiliate             | 204 Greenwood Place<br>Hattiesburg MS, 39402<br>PH: 601-264-6994  | jekin@comcast.net                   |
| Toniya Lay       | Representatives from Federally Recognized Tribes                                                                 | MS Band of Choctaw Indians                         | 210 Hospital Circle<br>Choctaw MS, 39350<br>PH: 601-384-4150      | toniya.lay@choctaw.org              |
| Harriette Mastin | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         |                                                    | 11880 Highway 61<br>South Vicksburg MS, 39180<br>PH: 601-630-9470 | mastin8@juno.com                    |
| Janette McCoy    | State Employees                                                                                                  | Institutions of Higher Learning                    | 3825 Ridgewood Road<br>Jackson MS, 39211<br>PH: 601-432-6486      | jmccrory@ihl.state.ms.us            |
| Ben Mokry        | State Employees                                                                                                  | MS Home Corporation                                | 735 Riverside Drive<br>Jackson MS, 39202<br>PH: 601-718-4611      | ben.mokry@mshc.com                  |
| Judy Newton      | State Employees                                                                                                  | MS Insurance Department                            | P.O. Box 79 Jackson<br>MS, 39205<br>PH: 601-359-1203              | judy.newton@mid.ms.gov              |
| Ekoko Onema      | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                                               | 111 Windward Court<br>Jackson MS, 39212<br>PH: 980-210-0722       | ekokomonique@gmail.com              |
| Elaine Owens     | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                                               | 105 Garden View Drive<br>Brandon MS, 39047<br>PH: 601-407-4783    | jeco0650@gmail.com                  |
| Coreaner Price   | Parents of children with SED/SUD                                                                                 | Families As Allies                                 | 840 E. River Place<br>Jackson MS, 39202<br>PH: 601-355-0915       | cprice@faams.org                    |
| Kim Richardson   | State Employees                                                                                                  | MS Bureau of Investigation                         | 2200A Highway 35 N<br>Batesville MS, 38606<br>PH: 662-563-6477    | krichardson@dps.ms.gov              |
|                  |                                                                                                                  |                                                    | 58 Copperfield                                                    |                                     |

|                  |                                                                                                                  |                                  |                                                                         |                                |
|------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|--------------------------------|
| Tara Roberts     | Parents of children with SED/SUD                                                                                 | Youth Villages                   | Court Jackson MS, 39206<br>PH: 601-918-5844                             | tara.roberts@youthvillages.org |
| Stephanie Stout  | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) |                                  | 916 West Chambers<br>Booneville MS, 38829<br>PH: 662-416-5714           | stephaniestout45@gmail.com     |
| Tonya Tate       | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                             | 152 Edward Owens<br>Drive Terry MS, 39170<br>PH: 601-954-2421           | ttate@bellsouth.net            |
| Wanda Thomas     | Providers                                                                                                        | Catholic Charities, Inc.         | 850 E. River Place<br>Jackson MS, 39202<br>PH: 601-355-8634             | wanda.thomas@ccjackson.org     |
| Polly Tribble    | State Employees                                                                                                  | Disability Rights Mississippi    | 5 Old River Place,<br>Suite 101 Jackson MS, 39202<br>PH: 601-968-0665   | ptribble@drms.ms               |
| Larry Waller     | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                             | 11085 Old Dekalb<br>Scooba Road<br>Scooba MS, 39385<br>PH: 662-476-8035 | tlwaller@bellsouth.net         |
| Nancy White      | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                             | 332 Becker Street<br>Brookhaven MS, 39601<br>PH: 423-331-1243           | godbold52@att.net              |
| Harold White     | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         | Self                             | 332 Becker Street<br>Brookhaven MS, 39601<br>PH: 423-331-1243           | hwhite52@att.net               |
| Mark Williamson  | State Employees                                                                                                  | MS Department of Human Services  | 200 South Lower<br>Street Jackson MS, 39201<br>PH: 601-359-5005         | mark.williamson@mdhs.ms.gov    |
| Scott Willoughby | Providers                                                                                                        | South Mississippi State Hospital | 823 Highway 589<br>Purvis MS, 39475<br>PH: 601-794-0241                 | swilloughby@smsh.state.ms.us   |
| Sitaniel Wimbley | Others (Advocates who are not State employees or providers)                                                      | NAMI MS                          | 2618 Southerland<br>Street Jackson MS, 39216<br>PH: 601-899-9058        | education@namims.org           |
| Melody Worsham   | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | AMPSS                            | 6474 Florence Road<br>Biloxi MS, 39532<br>PH: 228-864-6274              | melody@msmentalhealth.org      |

\*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

## Environmental Factors and Plan

### Advisory Council Composition by Member Type

Start Year: 2021 End Year: 2022

| Type of Membership                                                                                                | Number    | Percentage of Total Membership |
|-------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>Total Membership</b>                                                                                           | <b>37</b> |                                |
| Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services) | 6         |                                |
| Family Members of Individuals in Recovery* (to include family members of adults with SMI)                         | 10        |                                |
| Parents of children with SED/SUD*                                                                                 | 2         |                                |
| Vacancies (Individuals and Family Members)                                                                        | 0         |                                |
| Others (Advocates who are not State employees or providers)                                                       | 2         |                                |
| Persons in recovery from or providing treatment for or advocating for SUD services                                | 0         |                                |
| Representatives from Federally Recognized Tribes                                                                  | 1         |                                |
| <b>Total Individuals in Recovery, Family Members &amp; Others</b>                                                 | <b>21</b> | <b>56.76%</b>                  |
| State Employees                                                                                                   | 9         |                                |
| Providers                                                                                                         | 7         |                                |
| Vacancies                                                                                                         | 0         |                                |
| <b>Total State Employees &amp; Providers</b>                                                                      | <b>16</b> | <b>43.24%</b>                  |
| Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations                                     | 6         |                                |
| Providers from Diverse Racial, Ethnic, and LGBTQ Populations                                                      | 4         |                                |
| <b>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations</b>                         | <b>10</b> |                                |
| Youth/adolescent representative (or member from an organization serving young people)                             | 0         |                                |

\* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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#### Footnotes:

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### 22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA. The state should provide the permanent URL allowing SAMHSA and the public to view the state's Block Grant plan during plan development and after submission to SAMHSA.

#### Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

- a) Public meetings or hearings? ☐ Yes ☒ No
- b) Posting of the plan on the web for public comment? ☒ Yes ☐ No

If yes, provide URL:

The URL link for the FY 2021 Behavioral Health/Addictive Services State Plan is on the Resource Library page of the DMH web site at [www.dmh.ms.gov/resources/](http://www.dmh.ms.gov/resources/) under the subheading "Community Mental Health Services Documents."

URL: [www.dmh.ms.gov/resources/](http://www.dmh.ms.gov/resources/)

- c) Other (e.g. public service announcements, print media) ☐ Yes ☒ No

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#### Footnotes:

## Environmental Factors and Plan

### 23. Syringe Services (SSP)

#### Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act, 2018** (P.L. 115-141) signed by President Trump on March 23, 2018<sup>3</sup>.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers<sup>4</sup>. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs<sup>5</sup>. These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

<sup>4</sup> Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

<sup>5</sup> **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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**Footnotes:**

The Mississippi Department of Mental Health does not currently have a Syringe Services Program (SSP). MSDMH do not wish to request the use of SABG funds for the implantation of a new SSP Program at this time. Should anything change, we will contact our State Project Officer, Spencer Clark.

## Environmental Factors and Plan

### Syringe Services (SSP) Program Information-Table A

| Syringe Services Program SSP<br>Agency Name | Main Address of SSP | Planned Dollar<br>Amount of SABG<br>funds used for SSP | SUD<br>Treatment<br>Provider | # Of Locations<br>(include mobile<br>if any) | Narcan<br>Provided |
|---------------------------------------------|---------------------|--------------------------------------------------------|------------------------------|----------------------------------------------|--------------------|
| No Data Available                           |                     |                                                        |                              |                                              |                    |

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