

**Progress Update on
Mississippi's Public Mental Health System**



Summary

The Mississippi Department of Mental Health (DMH) certifies, provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance use problems, and Alzheimer's disease and/or other dementia. DMH directly operates behavioral health programs and IDD programs throughout the State.

Mississippi's public mental health system is comprised of three components: 1) state-operated programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations. The 14 Community Mental Health Centers operate under the authority of regional commissions appointed by county boards of supervisors from their respective service areas.

Background

In 2011, the United States Department of Justice (DOJ) investigated the State of Mississippi's public mental health system, issuing a Findings Letter in December 2011 that alleged the State of Mississippi fails to provide services to qualified individuals with disabilities, including mental illness and intellectual and developmental disabilities, in the most integrated settings appropriate to their needs, in violation of the Americans with Disabilities Act.

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

In 2013, Attorney General Jim Hood sent a letter to the Department of Justice outlining several tasks that the State would accomplish, which postponed any potential lawsuit at that time. During the 2013 Legislative Session, at the request of the Attorney General and DMH, the Mississippi Legislature appropriated an additional \$10 million to DMH for the purpose of increasing and improving community services for the State of Mississippi. In 2014, the same \$10 million, along with an additional \$6.1 million was appropriated to DMH to expand community services. Ultimately, the DOJ filed a complaint against the State of Mississippi in 2016, alleging that the state failed to provide adults with mental illness with community-based mental health services.

The additional funding was again appropriated to DMH during the 2015, 2016, 2017, 2018, and 2019 Legislative Sessions. DMH has used the funds to continue the efforts to expand the capacity for community-based services and reduce the reliance on institutional care.

In FY19, DMH shifted an additional \$13.3 million from its institutional programs to the Service Budget. This shift included \$8 million directed towards the expansion of crisis services, including additional crisis stabilization beds, court liaisons, crisis counselors, and an additional Program of Assertive Community Treatment (PACT) Team. Through these funds, additional crisis stabilization beds have opened in Regions 1, 3, 7, 9, and 14, while Region 4 added an additional PACT Team. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers.

Federal Court Order

Following a four-week trial in the summer of 2019, United States District Judge Carlton Reeves issued a [Memorandum Opinion and Order](#), writing that the United States proved its case, while also acknowledging the complexity of the mental health system and the progress the state made in moving towards a community-based system of care. The Memorandum Opinion and Order stated:

“This case is well-suited for a special master who can help the parties craft an appropriate remedy—one that encourages the State’s forward progress in a way that expedites and prioritizes community-based care. The evidence at trial showed what the State needs to do. The primary question for the special master is how quickly that can be done in a manner that is practical and safe for those involved.

The parties are therefore ordered to submit, within 30 days, three names of potential special masters and a proposal for the special master’s role. A hearing will be held this fall. The proposals and lists may be separate, but the parties should confer prior to that date to see if there might be any agreed-upon candidates respected, competent, and neutral enough to do the job.”

DMH Response

In the Memorandum Opinion and Order, Judge Reeves said, “*Since the United States has proven its case, the Court could order the remedy proposed at trial by the Department of Justice and its experts. Acknowledging and understanding the complexity of this system, the progress that the State has made, and the need for any changes to be done in a patient centered way that does not create further gaps in services for Mississippians, however, the Court is not ready to do so. The Court is hesitant to enter an Order too broad in scope or too lacking in a practical assessment of the daily needs of the system. In addition, it is possible that further changes might have been made to the system in the months since the factual cutoff. This case is well-suited for a special master who can help the parties craft an appropriate remedy—one that encourages the State’s forward progress in a way that expedites and prioritizes community-based care.*”

In his Order, Judge Reeves also acknowledges that, “*at no point during the four weeks of trial was any expert willing to parade their home state as an example of a mental health system without flaws. States from every corner of the country have struggled to provide adequate mental health care services. Mississippi has its own unique challenges due to its rural nature and limited funding.*”

DMH wants to provide hope to Mississippians by supporting a continuum of care for people with mental illness, alcohol and drug addiction, and intellectual or developmental disabilities. By inspiring hope, helping people on the road to recovery, and improving resiliency, Mississippians can succeed. To help in our mission, over the past several years many services and supports have been expanded and new ones implemented, including mobile crisis response teams, community transition homes, crisis stabilization beds, Programs of Assertive Community Treatment, Intensive Community Outreach and Recovery Teams, supported employment, supported housing, Mental Health First Aid trainings for the public, court liaisons, and Crisis Intervention Teams. DMH is also working to enhance transition planning as people leave the state hospitals and return to their communities. DMH has and will continue its commitment to the mission of the agency and the people of Mississippi.

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

Strategic Planning

The expansion of community-based services is driven by DMH's Strategic Plan. Since FY10, DMH has utilized a goal-based strategic plan to transform the public mental health system in Mississippi. The *FY20 – FY22 DMH Strategic Plan* includes three goals: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care; To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care; and To ensure people receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery. For more information about the DMH Strategic Plan, visit <http://www.dmh.ms.gov/what-we-believe/strategic-plan/>.

Behavioral Health Services

Expansion of Community-Based Services: In FY19, DMH shifted an additional \$13.3 million from its institutional programs to the Service Budget. This shift included \$8 million directed towards the expansion of crisis services, including additional crisis stabilization beds, court liaisons, crisis counselors, and an additional Program of Assertive Community Treatment (PACT) Team. Through these funds, a total of 44 additional crisis stabilization beds have opened in Regions 1, 3, 7, 9, and 14, while Region 4 added an additional PACT Team.

DMH also shifted \$900,000 to continue the development of Community Transition Homes, which are community-based living opportunities for individuals who have received continued treatment services at Mississippi State Hospital. Another \$400,000 was utilized to expand the jail-based competence education project to alleviate wait times for Mississippi State Hospital's Forensic Services. Additionally, DMH moved \$4 million to expand the ID/DD Home and Community Based Waiver program that provides individualized supports and services to assist people with intellectual or developmental disabilities in living successfully at home in their communities.

Since 2011, the number of people served at DMH's behavioral health hospitals and the number of beds available at those programs has decreased. In FY11, 4,119 adults received acute psychiatric services at the four state hospitals, while 258 adults received continued treatment services. In FY19, 2,539 adults received acute psychiatric services and 100 received continued treatment services. Bed capacity has also decreased. In FY11, there were 646 acute psychiatric beds available at the four state hospitals. As of July 2019, there were 401 beds, including 75 available for continued treatment services.

Crisis Stabilization Units: The shift in funds from DMH’s inpatient programs to the Service Budget has allowed for the opening of 44 additional crisis stabilization beds. Previously, Mississippi had eight, 16-bed Crisis Stabilization Units across the state. As of August 2019, there are 13 Crisis Stabilization Units. LifeCore Health Group (Region 3) opened eight crisis beds in Tupelo; Community Counseling Services (Region 7) opened eight beds in West Point; Singing River (Region 14) opened eight beds in Gautier; Hinds Behavioral Health Services (Region 9) opened 12 beds in Jackson; and Region 1 Community Mental Health Center opened eight beds in Marks. The beds offer time-limited residential treatment services to serve adults with severe mental health episodes that if not addressed would likely result in the need for inpatient treatment. In FY19, the CSUs had a 91.5% diversion rate from people having to enter the state hospitals for inpatient treatment and served 3,520 Mississippians. For more information on crisis services, visit <http://www.dmh.ms.gov/service-options/crisis-services/>.

Mobile Crisis Response Teams (MCeRTs): In 2014, each of the 14 Community Mental Health Centers (CMHCs) developed MCeRTs to provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis. MCeRTs work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to promote a seamless process. The Teams ensure an individual has a follow-up appointment with his or her preferred provider and monitor the individual until the appointment takes place. Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital. A MCeRT is staffed with a Master’s level Mental Health Therapist, Community Support Specialist and Peer Support Specialist. The teams received a total of 27,349 calls in FY19. Out of those calls, 21,366 were diverted from a more restrictive environment, and 20,529 calls involved face-to-face interaction. For more information on crisis services, visit <http://www.dmh.ms.gov/service-options/crisis-services/>.

Programs of Assertive Community Treatment Teams (PACT): In 2011, Mississippi had two PACT Teams. Now, Mississippi has 10 PACT Teams that are operated by the following Community Mental Health Centers (CMHCs): Warren-Yazoo Behavioral Health, Life Help, Pine Belt Mental Healthcare Resources (operates one in Hattiesburg and one on the Gulf Coast), Hinds Behavioral Health, Weems Community Mental Health Center, Life Core

Health Group, Region 8 Mental Health Center, and Timber Hills Mental Health Services (operates one in Desoto and one in Corinth). PACT is a person-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT Teams are mobile and deliver services in the community to enable an individual to live in his or her own residence. A PACT Team is staffed with a psychiatrist/psychiatric nurse practitioner, two registered nurses, a team leader, a Master's level Mental Health Therapist, a Substance Abuse Specialist, an Employment Specialist, and a Certified Peer Support Specialist. In FY19, 500 people received services through PACT Teams. For more information about PACT, visit <http://www.dmh.ms.gov/wp-content/uploads/2019/03/PACT-Card-2019.pdf>.

Intensive Community Outreach and Recovery Teams (ICORT): In FY19, DMH piloted ICORT, with the Region 2 CMHC, Communicare. In FY20, DMH is providing four additional grants for ICORTs in regions that do not have a PACT Team. These teams are able to target more rural areas where there may be staffing issues or clients are spread out over a large geographical area. ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation service for adults with severe and persistent mental illness. ICORTs are mobile and deliver services in the community to enable an individual to live in his or her own residence.

Wraparound Facilitation for Children: In partnership with the Division of Medicaid and the University of Southern Mississippi's School of Social Work, DMH created the Mississippi Wraparound Initiative to train, support, and sustain high-fidelity Wraparound in the state. Wraparound Facilitation is family and youth guided and provides intensive services to allow children and youth to remain in their homes and community. The Institute facilitates all monthly trainings, develops guidelines and processes for Wraparound Facilitation, provides technical assistance, coaching sessions, and collects data for continued quality improvement. In FY19, 526 individuals were trained, and 14 providers were certified to provide Wraparound Facilitation. In FY19, 1,752 unduplicated children and youth received Wraparound Facilitation. For more information, visit <http://www.dmh.ms.gov/wp-content/uploads/2017/05/Children-and-Youth-Services-2019.pdf>.

Think Recovery: In 2012, DMH developed the Think Recovery campaign to help increase the knowledge of service providers and individuals on the Components of Recovery. The campaign engaged consumers in the planning, development and implementation of the campaign. The campaign highlights the importance of community integration and focuses on sharing personal stories of recovery. Since the campaign's inception, DMH has produced a number of videos that share personal stories of people living in recovery, information about Certified Peer Support Specialists, and how these peers contribute to their workplaces. These videos have been shared through outreach and awareness efforts in trainings, meetings, and online social media outlets. The videos have been viewed more than 14,000 times on social media. For more information about Think Recovery, visit <http://www.dmh.ms.gov/think-recovery/>.

Certified Peer Support Specialists (CPSS): CPSSs have been included on Mobile Crisis Response Teams, PACT Teams, Supported Employment pilot sites, and other areas throughout the public mental health system. These individuals use their lived experiences in combination with skills training to support peers and/ or family members with similar experiences. CPSSs are employed at all DMH operated behavioral health programs for adults. Mississippi's Certified Peer Support Specialist (CPSS) training is an intensive, 34-hour course followed by a written exam. CPSSs are individuals who self-identify as a family member or an individual who received or is currently receiving mental health services. Upon completion of the training, successfully passing the CPSS examinations, and obtaining employment by a DMH certified provider, participants become Certified Peer Support Specialists. The training and certification process prepares CPSSs to promote hope, personal responsibility, empowerment, education, and self-determination in the communities in which they serve. In FY19, there were 201 CPSSs in Mississippi.

The first CPSSs with a designation of a Parent/Caregiver completed their training at DMH in March 2017. The Parent/Caregiver designation is an expansion of the CPSS Program. This designation of peers focuses on those who will be working with children with behavioral health issues. The training is a customized, two-day block within the current CPSS training program. In FY19, a total of 20 Parent/Caregiver designations were received.

In June 2019, DMH completed the first training for people with a designation of Youth and Youth Adult CPSS. A Youth/ Young Adult Peer Support Specialist is a person between the ages of 18-26 with lived experience with a behavioral health or substance use diagnosis. Thirteen young people participated in the training, which was developed in conjunction with NAMI Mississippi. The Youth and Young Adult training is a 2.5-day block in the CPSS training that consists of several youth-specific modules. For more information, visit <http://www.dmh.ms.gov/peer-support-services/>.

CHOICE – **Creating Housing Options in Communities for Everyone:** Supported Housing is available in Mississippi through a program known as CHOICE – Creating Housing Options in Communities for Everyone. The program began after the Mississippi Home Corporation received funding from the Mississippi Legislature in 2015 to partner with DMH to develop an integrated permanent supported housing project, and the program began implementation in March 2016. In FY19, 308 individuals received housing services through CHOICE, and on June 28, 2019, CHOICE housed its 600th resident.

CHOICE ensures people with a serious mental illness can live in the most integrated settings in the communities of their choice by providing an adequate array of community supports and services. While CHOICE provides the assistance that makes the housing affordable, local Community Mental Health Centers provide the appropriate services. The CHOICE program is a partnership between DMH, Mississippi United to End Homelessness, Open Doors Homeless Coalition, Mississippi Home Corporation, and the CMHCs.

Supported **Employment for Individuals with Mental Illness:** In January 2015, DMH provided funding to develop four pilot sites to offer Supported Employment to 75 individuals with mental illness. The sites are in Regions 2, 7, 10 and 12. DMH researched best practices and chose the Supported Employment Programs of Individual Placement and Support (IPS). Supported Employment, an evidence-based way to help people diagnosed with mental illnesses secure and keep employment, begins with the idea that every person with a serious mental illness is capable of working competitively in the community. In February 2019, DMH offered a \$40,000 grant opportunity to Community Mental Health Centers (CMHCs) that did not have a Supported Employment program. Regions 3, 4, 8, 9, 11, 14, and 15 applied and were awarded grants, for a total of 11 sites across the state. DMH also worked with the Mississippi Department of Rehabilitation Services to collaborate on the implementation of Supported Employment around the state. Through the collaboration, CMHCs will hire or designate Supported Employment Specialists to work alongside vocational rehabilitation counselors to coordinate employment services and monitor the health of the employees. In FY19, the Supported Employment Programs assisted 245 individuals on their road to recovery by helping them to become employed in the openly competitive job market. For more information about supported employment, visit <http://www.dmh.ms.gov/wp-content/uploads/2019/05/Supported-Employment-Infographic-2019.pdf>.

Navigate: Navigate is an evidence-based program that assists Mississippians, 15-30 years of age, who have experienced their first episode of psychosis. Services are delivered by Coordinated Specialty Care Teams, which provide early intervention and recovery-oriented services that have been shown to improve outcomes in youth and young adults who are at risk for serious mental illness. Interventions include intensive case management, individual or group therapy, supported employment, education services, family education and support, medication management, and peer support services. This approach bridges existing resources and eliminates gaps between adolescent, and adult programs. DMH funds the program at Life Help, Hinds Behavioral Health Services, Warren Yazoo Behavioral Health, Gulf Coast Mental Health Center, and Region 8 Mental Health Services, which began offering Navigate in FY19. In FY19, the program served 49 youth/young adults.

Crossover XPand: Since 2009, five NFusion sites across the State have offered Mississippi's youth the services and supports they need to thrive at home, at school, and in the community. In 2013, DMH and Weems Community Mental Health Center received a four-year System of Care grant from the Substance Abuse and Mental Health Services Administration for youth and young adults. Project XPand a NFusion site, served youth and young adults, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services to prepare them for independent living. The XPand grant ended in September 2017.

In June 2017, DMH received notice of a four-year grant award for Crossover XPand, which proposes to expand System of Care programs to prioritize underserved children and youth involved in the child welfare/advocacy system and/or the juvenile justice system. The proposal includes a redesign of service systems at the local level to integrate targeted case managers in strategic intercept points within the system of care. Subgrants were awarded to Pine Belt Mental Healthcare Resources (Forrest, Jones, Lamar and Marion Counties) and Weems Mental Health (Lauderdale County) to provide the service delivery portion of the grant.

As of September 29, 2019, the Crossover XPand System of Care has enrolled 501 youth and/or children participants, exceeding its annual and 4-year intake coverage goal (400 youth), achieving 501% of its annual intake coverage goal (100 youth).

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

Throughout FY19, a transition workgroup met to standardize discharge processes and procedures at all DMH programs, which began implementation July 1, 2019. The group developed a standardized process and form based on feedback from Community Mental Health Centers and DMH programs. The group also created a standardized discharge packet that includes information about crisis services, community supports, physical health, and more. The packet is given to all individuals as they are discharged from DMH behavioral health programs.

Memorandum of Understanding Regarding Medicaid Benefits: A Memorandum of Understanding between DMH and the Division of Medicaid (DOM) is easing the transition process for people who have received services at DMH's state hospitals. Implemented on July 1, 2018, the MOU has three core components:

- DMH social workers can now submit applications for people who are receiving services in the state hospitals. Previously, DMH staff would only assist with this process close to the patient's discharge date, since Medicaid cannot provide benefits to someone while they are in a DMH hospital. If the application is approved before discharge, those benefits will still be restricted until after discharge.
- People who were receiving Medicaid benefits prior to admission at a DMH hospital will retain their enrollment in the Medicaid program, but restrictions will apply while they are receiving inpatient services at a DMH hospital. Those restrictions will be lifted at discharge, and the patient will not have to complete the Medicaid application process again.
- Benefits will be unrestricted if the patient, while still in the care of DMH, requires additional inpatient treatment at another medical program. This unrestricting allows Medicaid to provide reimbursement for qualifying medical needs while the patient will be returning to a DMH hospital.

Mental Health First Aid: In 2013, DMH certified a cadre of trainers in both the adult and youth versions of Mental Health First Aid. These certified trainers provide education through workshops to community leaders such as pastors, teachers, and civic groups, along with families and friends interested in learning more about mental health issues. Mental Health First Aid is a public education program that helps the public identify,

understand, and respond to signs of mental illness, substance use disorders and behavioral disorders. In June 2017, the first group of Mental Health First Aid trainers received supplemental training on the Mental Health First Aid for Law Enforcement, Corrections, and Public Safety module. This module builds upon the effectiveness of the standard Mental Health First Aid curriculum by focusing on the unique experiences and needs of law enforcement, corrections and public safety audiences. In July 2018, the Board on Law Enforcement Officer Standards and Training approved Mental Health First Aid for Public Safety for continuing education.

In June and July 2018, DMH partnered with local Community Mental Health Centers to offer 17 MHFA for Youth trainings to educators across the state free of charge. More than 260 educators participated in these trainings. In September 2018, DMH received a Mental Health Awareness Training Grant from SAMHSA. Through the grant, DMH again partnered with CMHCs during June and July 2019 to provide Youth Mental Health First Aid training to educators. DMH is offering Mental Health First Aid training at no cost to educators, school resource officers, parents, caregivers, and others who regularly work with young people. Through the project, DMH is also partnering with the Mississippi Department of Education's Office of Safe and Orderly Schools to reach the approximately 400 school resource officers in the state. In FY19, DMH hosted 26 trainings across the state and a total of 468 people were trained in MHFA. For more information, visit <http://www.dmh.ms.gov/dmh-offering-mental-health-first-aid-training/>.

Crisis Intervention Teams: Crisis Intervention Teams are partnerships between local law enforcement agencies and a variety of agencies, including Community Mental Health Centers, primary health providers, advocacy groups such as NAMI, and behavioral health professionals. Officers joining a team learn the skills they need to respond to people experiencing a mental health crisis and divert them to an appropriate setting for treatment, ensuring people are not arrested and taken to jail due to the symptoms of their illness. In January and February of 2018, three groups of officers - one in Hinds County, one in Hattiesburg, and another in Meridian - completed Crisis Intervention Team certification in Mississippi. The Hinds County CIT became the fourth fully-operating Crisis Intervention Team in the state, joining the East Mississippi CIT, the Pine Belt CIT, and the Northwest Mississippi CIT. In FY19, CIT programs became fully functional in Lee, Harrison, and Pike Counties. Lamar County joined the Pine Belt CIT program in FY19, and Warren County is in the process of developing its own CIT program. In FY19, a total of 170 law enforcement officers received CIT training. For more information, visit <http://www.dmh.ms.gov/service-options/crisis-services/crisis-intervention-teams/>.

Second Chance Act Reentry Program: Funded by a federal grant, this partnership between the Department of Mental Health and the Department of Corrections aims to reduce recidivism by addressing untreated co-occurring substance use and mental health disorders in offenders under community supervision. It allows the two departments to improve identification of inmates with co-occurring substance use and mental health disorders, provide training to staff, integrate individualized treatment plans and track participant outcomes. The program focuses on people returning to Hinds County. In FY18, a graduation ceremony was held for the first six participants who completed the program. In FY19, 40 people were enrolled in the program. Due to the success of the program over the past two years, the Department of Corrections was awarded a second three-year grant under the Second Chance Act to provide re-entry and treatment for persons in Panola, Lafayette, Marshall, Tate, Calhoun, and Yalobusha Counties.

Suicide Prevention Efforts: In September 2016, DMH and the Suicide Prevention Workgroup released the state's first comprehensive suicide prevention plan. This was an important step for our state as we work to ensure mental health and wellness for all citizens. The plan formalizes efforts and brings together in one document a comprehensive look at our state and the efforts that are taking place. It sets a series of goals and objectives for us to follow as we partner with other agencies to help curb this problem. DMH hosted its first annual Suicide Prevention Symposium in 2017, which was attended by 110 people. DMH hosted additional symposiums in 2018 and 2019, with 275 people and 306 people respectively attending in those years.

In 2017, DMH partnered with the Mississippi Department of Education (MDE) to offer web-based suicide prevention training to all school district staff. As a result of HB 263 passed during the 2017 Legislative Session, two professional development series were selected for all certified and classified school district staff to complete during the 2017-2018 school year. MDE reports that in the 2017-2018 school year, 65,484 school district staff were trained in two hours of suicide prevention efforts as a result of HB 263. Also, as a result of HB 263, DMH developed a model policy template for school districts, which was developed through a focus group and provided to MDE. According to the law, all school districts are required to adopt a policy for suicide prevention, and MDE monitors districts for assurance that the policy is adopted.

In 2019, HB 1283, the Mississippi School Safety Act of 2019 passed the Mississippi Legislature. The bill requires that beginning in the 2019-2020 school year, MDE shall require local school districts to conduct, every two years, refresher training on mental health and suicide prevention for all school employees and personnel. DMH is responsible for the development and/or selection of the content of the training, which should be provided at no cost to school employees. School districts shall report completion of the training to MDE.

DMH also continues to focus on reducing suicides in Mississippi through awareness and prevention efforts such as its Shatter the Silence awareness campaign. In FY19, DMH provided 76 presentations to 11,347 people. The presentations focused on risk factors and warning signs for suicide and how to connect someone to treatment. To increase reach across different population groups, the Shatter the Silence training presentation was customized for specific audiences: youth, adults, faith-based youth, faith-based adults, military, Mississippi Highway Patrol, law enforcement, older adults, and corrections employees. In addition, four strategic partnerships have been established:

- The Mississippi Department of Public Safety has incorporated a 1-hour suicide prevention presentation into their MHP cadet training and is implementing statewide training for active duty officers within their nine districts.
- The Mississippi Army National Guard has included the military version of Shatter the Silence in their seven Yellow Ribbon events held statewide from May 2019 through September 2019.
- Pinelake Church incorporated the faith-based Shatter the Silence into their small group sessions across all campuses during the fall of 2019.
- The Correctional version was used for the Mississippi Department of Corrections annual refresher officer/agent trainings beginning in March 2019.

For more information, visit <http://www.dmh.ms.gov/shatter-the-silence/>.

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

In May 2019, DMH worked with the Mississippi State Department of Health (MSDH) to create information for Think Again + Chronic Illness campaign that included outreach and educational materials about MSDH programs focused on self-management and wellness. Beginning in July 2019, DMH staff began sharing Think Again + Chronic Illness informational booklets with all individuals who were discharged from DMH programs. The booklets provide information about ways they can connect with MSDH programs and workshops that can help them self-manage chronic health conditions.

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

Think Again is offered in conjunction with Shatter the Silence suicide prevention and awareness presentations. DMH continues to offer these presentations and educational materials to educators, community groups, and others around the state. At the end of FY19, 76 Think Again and Shatter the Silence presentations had been conducted, reaching 11,347 people. There were 12,281 materials requested and distributed for the campaigns.

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

DMH and six other state agencies announced the launch of Stand Up, Mississippi, a comprehensive media campaign to address the opioid epidemic. Stand Up, Mississippi outreach efforts include presentations to local and state level organizations to educate citizens on opioids and combat the stigma of addiction. This project is a collaborative effort by DMH, Department of Public Safety, Mississippi Bureau of Narcotics, Mississippi Board of Pharmacy, Federal Bureau of Investigation, Mississippi Department of Human Services, and Drug Enforcement Agency. Since May 2017, Stand Up, Mississippi has hosted 39 Town Hall meetings across the state with more than 4,300 attendees. The goal was for communities to learn more about opioid abuse and what they can do to help reduce the death and destruction caused by opioid addiction. More information can be found at www.standupms.org.

In 2017, DMH began efforts to educate and distribute naloxone, a life-saving medication that blocks or reverses the effects of opioid overdoses, to law enforcement officers in high risk areas to combat overdose deaths. At the end of FY19, DMH has distributed more than 13,200 doses of naloxone and provided education to more than 7,130 law enforcement officers. At least 91 lives have been saved, and there are likely many others that have not been reported.

In October 2018, DMH received a \$7.6 million State Opioid Response (SOR) grant from SAMHSA. SOR is a two-year program designed to address unmet treatment needs, reduce opioid

overdose deaths and increase access to medication-assisted treatment (MAT) in the state. This funding will help Mississippi further its efforts in fighting this crisis by expanding MAT, supporting programs to prevent more individuals from becoming addicted to opioids, and assisting rural communities in fighting the opioid addiction.

In 2019, DMH developed the Opioid Workplace Awareness Initiative through the Stand Up, Mississippi opioid awareness campaign. The initiative encourages employers to learn and recognize early warning signs of opioid use disorder and connect employees to treatment and recovery support. A toolkit provides practical tools employers can use to create a healthy, supportive work environment for Mississippians who may be at greater risk for opioid dependence and addiction. To help share this information, DMH has partnered with several groups, including the Mississippi Workers' Compensation Commission, the Mississippi Economic Development Council, and businesses across the state.

Forensic Services: Mississippi State Hospital (MSH) is the only state-operated inpatient program that provides forensic mental health services in the state, including pre-trial evaluations and treatment for felony-level criminal defendants from Circuit Courts in all 82 Mississippi counties. Historically, the limited number of beds on the Forensic Services unit has been the main factor contributing to delays in completing evaluations and providing expert opinions to courts. To aid in decreasing wait times, MSH converted a 21-bed unit on the campus and designated additional clinical staff for use by Forensic Services to provide competency restoration services. When all 21 beds are fully-staffed, it will represent a 140% increase in total competency restoration beds available for Forensic Services admissions. MSH has also separated the evaluation and treatment components of the competency evaluation and restoration processes by creating the Forensic Evaluation Service. The filling of additional beds and the creation of the Forensic Evaluation Service have decreased the number of people on the wait list and the average wait times.

MSH is also renovating a building on the campus to serve as an 83-bed Forensic Services unit. That project is currently in the design and development phase, with construction estimated to start in mid-to-late 2020. When complete, it will more than double the capacity of the current unit. In addition, MSH piloted a jail-based Competence Education Services program in 2017 in Hinds and Madison counties, which has been expanded to Holmes, Harrison, Jackson, Lamar, Hancock, Pearl River, Stone, and Forrest counties. Through this program, MSH contracts with Community Mental Health Centers in those counties to provide jail-based services to defendants awaiting an inpatient bed at MSH. From July 2018 through July 2019, a total of 65 defendants have participated in the jail-based Competence Education Services program.

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

Alcohol and Drug CDU Diversion: Across the country and in Mississippi, the number of people who need treatment for alcohol and drug services is on the rise. Currently, there are 25 male and 25 female beds at the Mississippi State Hospital (MSH) Chemical Dependency Unit. In May 2018, DMH and the 14 Community Mental Health Centers across Mississippi implemented a diversion initiative designed to improve access to treatment for Mississippians who are committed by a chancellor for Substance Use Disorder (SUD) treatment services to the MSH Chemical Dependency Unit. The goals of this diversion initiative are to: reduce wait times for people on the waitlist; provide treatment services to people as close to their home as possible; and maximize the available bed capacity for residential treatment in the community. DMH has developed a formal tracking system to track all individuals waiting on a CDU bed at MSH. Through FY19, a total of 273 people had been diverted from the waitlist to substance use disorder treatment within their communities.

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

Juvenile Outreach Programs: What began as an effort to develop a collaborative partnership for Juvenile Outreach Programs (JOP) in 2010 has turned into a sustained program that served 1,823 youth in FY19, up from 1,760 in FY18. DMH supports 14 JOP operated by Community Mental Health Centers throughout the state, all of which provide linkage and access to mental health services to youth who are involved in the juvenile justice system. The programs provide assessments, community support, wraparound facilitation, and a number of other services to youth with serious emotional disorders and/or mental illnesses who are in detention centers or the juvenile justice system. The goal for the youth is to improve their behavioral and emotional symptoms, and also to prevent future contacts between them and the youth courts.

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

Trauma-Focused Cognitive Behavioral Therapy: Mississippi was the first state to have a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) state level Learning Collaborative with the National Child Traumatic Stress Network (NCTSN). There have been annual TF-CBT collaboratives every year since 2010.

Each year in September, DMH hosts a Trauma Informed Care Conference that averages more than 400 attendees. Trauma-informed care is an approach engaging people with histories of trauma that acknowledges the role that trauma has played in their lives and treats symptoms as reflecting this experience. For those who access the public mental health, substance abuse and social services, as well as people who are justice-involved or homeless, trauma is an almost universal theme.

School Mental Health Learning Community: In February 2019, DMH was notified Mississippi was selected to be a part of the Southeast School Mental Health Learning Community. The 10-month project includes one in-person visit and six virtual learning sessions, technical assistance, coaching and development of strategic improvement plans that are tailored to Mississippi. The Community is co-facilitated by the Southeast Mental Health Technology Transfer Center and the National Center for School Mental Health at the University of Maryland School of Medicine. Mississippi's goal is to improve state and district capacity to implement effective multi-tier systems of school mental health support, with a special emphasis on integrating school mental health into state and district school safety planning. The team is made up of seven representatives - three DMH representatives, two representatives from the Department of Education and two representatives from the local school districts.

Intellectual and Developmental Disabilities

Transitions to the Community: From January 2012 to June 2019, a total of 609 people have transitioned from Intermediate Care Facilities for IID to ICF/IID Community Homes, the Home and Community Based Services ID/DD Waiver, and the Community Support Program.

Transition Services: DMH’s Transition Services coordinates the transitions for persons from an ICF/IID program to the community. Each DMH Regional Program employs Transition Coordinators to assist with persons transitioning and post-transition follow-up to the community. In FY19, a total of 83% of the persons receiving DMH services were served in the community versus an institution.

Home and Community Based Waiver: Since FY12, the ID/DD Waiver has increased with 1,633 new enrollees, allowing them to be served in their homes. Mississippi’s ID/DD Waiver provides individualized supports and services to assist people in living successfully at home and in the community and is an alternative to receiving services in an institutional setting. These Medicaid funded supports and services are available as long as the cost of supporting individuals in the home or community does not exceed the cost of supporting individuals in institutional settings. The ID/DD Waiver includes an array of day, in-home, employment, community living and therapy services aimed at assisting people to live as independently as possible in their homes and communities. For more information, visit <http://www.dmh.ms.gov/service-options/idd-services/>.

➤ Growth of ID/DD Waiver:

- New Enrollees: FY 2012 – 95
 FY 2013 – 255
 FY 2014 – 291
 FY 2015 – 201
 FY 2016 – 325
 FY 2017 – 202
 FY 2018 – 86
 FY 2019 – 178
Total – 1,633 new enrollees since FY12.
This is a 46% net increase since 2012.

Total served through ID/DD Waiver during FY19 – 2,715.

Person Centered Planning Training: DMH began training Support Coordinators, Transition Coordinators, Transition Specialists, and DMH Certified Providers on person centered service delivery practices for people with IDD in FY 14. This training has continued through a partnership between the Mississippi Division of Medicaid and The University of Southern Mississippi's School of Social Work. The primary objective of MS-PCPI is to train professionals from Home & Community Based Medicaid Waiver programs on person centered thinking and person-centered plan facilitation to assist them in supporting persons with disabilities and older adults in Mississippi. DMH has four staff trained within the statewide system for sustainability purposes.

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

Expanding Community Services: CMS approved a 1915(i) State Plan Amendment effective November 1, 2013 to provide day services to persons with IDD who either did not qualify for the ID/DD Waiver or who were on the Planning List for ID/DD Waiver services. The name of the program is the IDD Community Support Program (IDD CSP). Evaluations for eligibility began in January 2015 and services began in July 2015. The initial services approved to be provided were Day Habilitation, Prevocational and Supported Employment. In FY19, Supported Living was approved to be provided through this program. In FY19, 850 people were enrolled in IDD CSP services with a total of 903 people receiving targeted case management. Because this program is a Medicaid State Plan Service, there can be no waiting list for services for persons determined eligible. For more information, visit <http://www.dmh.ms.gov/service-options/idd-services/>.

Supported Employment for Individuals with IDD: A multi-agency task force is working collaboratively to expand the availability of Supported Employment Services for people with intellectual and developmental disabilities (IDD). Partners include the Mississippi Department of Mental Health, Mississippi Department of Rehabilitation Services, Mississippi Council on Developmental Disabilities (MCDD), The Arc of Mississippi, Association of People Supporting Employment First (APSE), Disability Rights Mississippi, Goodwill Industries of

Mississippi, and Willowood Developmental Center. Funded by MCDD, the group in 2018 developed a Mississippi Job Skills Trainer Manual to provide information and support to Job Skills Trainers. Sometimes known as job coaches, they provide one-to-one support in workplaces to assist people with IDD who are taking part in Supported Employment Services. Supported Employment Services focus on someone's abilities, not disabilities, while also providing individual support to the person and advice and information to employers. It includes the supports that help enable people with disabilities to search for and find employment in their communities – and not just any job they can find, but a job they choose, enjoy, and that offers competitive wages. The manual covers a variety of topics, from the benefits of supported employment and job skills training strategies to providing forms a Job Skills Trainer may utilize on the job. The stakeholders group met regularly to determine what should be highlighted in the manual that would work in Mississippi. A total of 102 Job Trainers were trained across the state.

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

- South Mississippi Regional Center's Supervised Living Program to Brandi's Hope Community Services.
- South Mississippi Regional Center's Day Service Program to Millcreek Rehabilitation Centers.
- Ellisville State School's Supervised Living Programs to Pine Belt Mental Healthcare Resources.
- Ellisville State School's Day Services Programs to REM Mississippi, Pine Belt Mental Healthcare Resources, Community Counseling Services, and Weems Community Mental Health.
- North Mississippi Regional Center's Supervised Living Programs to Communicare and Timber Hills.
- North Mississippi Regional Center's Day Services Program to Millcreek Rehabilitation Centers, Timber Hills, and Communicare.
- Hudspeth Regional Center's Supervised Living Programs to Region 8 Mental Health and Willowood Developmental Center.
- Hudspeth Regional Center's Day Service Programs to Weems Community Mental Health, Life Help, and Sincere Home Care LLC.

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

The Centers for Medicare and Medicaid Services (CMS) issued a Final Rule regarding Home and Community Based Services in March 2014. Part of the Final Rule states that a state cannot allow an entity to provide both Waiver services and Support Coordination (case management) for people receiving ID/DD Waiver services; it is perceived as a conflict of interest. Therefore, DMH leadership made the decision to transfer services provided by the four IDD Regional Programs to private providers who do not also provide Support Coordination in order to come into compliance with the Final Rule. As of August 12, 2019, these four designated programs only provide Support Coordination, Targeted Case Management, Crisis Support and Transition Assistance services. In FY19, DMH contracted with Public Consulting Group (PCG) to assess all Home and Community Based Services day program and residential program settings as required by CMS. PCG, in conjunction with DMH's Bureau of IDD, held a series of four webinars discussing the findings from the assessments and strategies to move into compliance with the Final Rule. In FY20, each setting determined to need modification will be required to submit a plan to outline the measures taken to correct areas of noncompliance. Staff with the Bureau of IDD will then reassess each setting to validate compliance with the Final Rule.

Celebrating Mississippians with Intellectual and Developmental Disabilities: In 2018, DMH and the Intellectual and Developmental Disabilities (IDD) Advisory Council, comprised of service providers and advocacy organizations, launched an IDD Awareness Campaign in recognition of March as IDD Awareness Month. The campaign, titled “Celebrating Mississippians,” highlights the connection between people with intellectual or developmental disabilities and their communities. The campaign rolled out videos, stories, posters, and information graphics about people who have an IDD and are embracing choices and enriching their lives through employment, home ownership, social relationships, and a variety of community activities. Celebrating Mississippians with Intellectual and Developmental Disabilities promotes awareness, and illustrates that people with disabilities have the ability to contribute significantly to their schools, families, relationships, neighborhoods, faith communities, and the workforce and the right to work, worship, learn, and enjoy life wherever they choose.

Crisis Services: People with intellectual and developmental disabilities may experience a crisis just like anyone else. A crisis can occur following the loss of a primary caregiver, loss of a permanent home or the temporary need for a structured environment to address

challenging behavior. To help during these times of crisis, in 2014 DMH established two homes as part of the community in the Magee area. These beds are operated by Boswell Regional Center. In April 2018, DMH established another home, Matt's House, operated by Region 8 in Brookhaven. Since March 2014, 98 people have been served in these short-term stabilization homes. People reside in these homes with 24/7 coverage and receive treatment and socialization tailored to their needs. People may remain in the program as long as necessary; however, the ultimate goal is to return them to their homes or appropriate community setting within 90 days.

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

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

Conclusion

While great efforts have been made, DMH is continuing to fulfil its vision of a better tomorrow where the lives of Mississippians are enriched through a state mental health system that promotes excellence in the provision of services and supports.