

MINUTES
STATE BOARD OF MENTAL HEALTH
DEPARTMENT OF MENTAL HEALTH
JACKSON, MISSISSIPPI
THURSDAY, JANUARY 20, 2022

The Mississippi State Board of Mental Health held their regular monthly meeting on Thursday, January 20, 2022, at the Department of Mental Health in Jackson, Mississippi.

In Attendance:

Board Members: James Herzog, Ph.D.; Sampat Shivangi, M.D.; Manda Griffin, DNP; Mr. Courtney Phillips; Mr. Stewart Rutledge; Teresa Mosely, M.Ed.; Mr. Robert Landrum; and Sara Gleason, M.D.

Absent: Alyssa Killebrew, Ph.D.

Department of Mental Health Executive Staff: Wendy Bailey, Executive Director; Jake Hutchins, Deputy Executive Director Behavioral Health Services; Craig Kittrell, Deputy Executive Director IDD Services; Katie Storr, Chief of Staff; Kelly Breland, Chief Financial Officer; Dr. Kristin Merritte, Chief Clinical Officer, IDD Services; Dr. Mallory Malkin, Chief Clinical Officer, Bureau of Behavioral Health Services; Brent Hurley, Director, Bureau of Behavioral Health Services; Stephanie Foster, Director, Bureau of Certification and Quality Outcomes; Cyndi Eubank, Senior Attorney; and Dr. Robert Maddux, DMH Medical Director

Central Office Staff: Grenaye Sullivan, Recording Secretary; and Adam Moore, Office of Communication and Planning

Program Directors: Rinsey McSwain, Ellisville State School; Cindy Cooley, South Mississippi Regional Center; Dr. Paul Callens, North Mississippi State Hospital; Dr. Charles Carlisle, East Mississippi State Hospital; Sabrina Young, South Mississippi State Hospital; Dr. Edie Hayles, North Mississippi Regional Center; Jerrie Barnes, Hudspeth Regional Center; Jamie Prine, Mississippi Adolescent Center; James Chastain, Mississippi State Hospital; Shannon Bush, Specialized Treatment Facility; and Clint Ashley, Boswell Regional Center

DMH Program Assistant Directors: Chris Barnes, East Mississippi State Hospital

The meeting was called to order at 9:00 a.m. by Dr. James Herzog. Dr. Herzog asked everyone to stand while Craig Kittrell opened the meeting with the invocation and led the Pledge of Allegiance.

Dr. Herzog asked if there were any changes or additions to the agenda.

On motion of Dr. Shivangi and second by Mr. Landrum, the Board voted unanimously to approve the agenda as presented.

Dr. Herzog then asked if there were any changes or additions to the December 2021 minutes.

On motion of Dr. Shivangi and second by Mr. Landrum, the Board voted unanimously to approve the December 2021 minutes as presented.

Kelly Breland, Chief Financial Officer, presented the Consolidated Financial Summary for the Six Months (FY22) Ended December 31, 2021. He provided an overview of the Federal (DHHS) FY22 grant description, amount and purpose and COVID related.

Mr. Breland presented for Board action, the "Request for Board Approval of Contracts" non-state retirees, \$50,000 or more annually.

Contracts, non-state retirees, \$50,000 or more annually					
Mississippi State Hospital					
Name	Start	End	Amount	Annual/Hourly	Description
MS Baptist Medical Center	2/22/22	2/22/26	\$240,000	\$60,000	Contractor will provide reference laboratory services.
Memphis Pathology Laboratory/dba /American Esoteric Laboratories	2/22/22	2/22/26	\$480,000	\$120,000	Contractor will provide reference laboratory services.
Ellisville State School					
Horne LLP	2/01/22	1/31/23	\$172,000	\$172,000	Contractor will provide turn key accounts payable services at a rate of \$5,000 for first 8 weeks and \$3,000/week thereafter.
South Mississippi Regional Center					
Name	Start	End	Amount	Annual/Hourly	Description
Lancesoft, Inc.	2/01/22	12/31/26	\$3,000,000	\$6,000,000	Contractor will provide nursing services: RN - \$63; LPN - \$52; CNA - \$30.
Service Master One Call	3/01/22	2/28/27	\$509,400	\$101,880	Contractor will provide janitorial services.
Central Office					
The Focus Group d/b/a The Focus Group, Inc.	2/01/22	1/31/23	\$62,500		Contractor will provide a communication campaign for Behind the Mask.

On motion of Dr. Shivangi and second by Ms. Mosley the Board voted unanimously to approve the "Request for Board Approval of Contracts" non-state retirees, \$50,000 or more annually.

Wendy Bailey, Executive Director, provided a COVID-19 update. She reported that the first item is a release from the Governor's Office for the authorization of \$1,000 in Hazard Pay to sworn law enforcement officers. DMH received a call from the Governor's office to see if DMH would like to have an officer participate in the press conference that was for this announcement. Chief Jeff Luckey at Mississippi State Hospital participated. Ms. Bailey reported that DMH appreciates the Governor providing this recognition to our officers.

She reported that the second item is a letter from the Governor's Office providing DMH with \$1.2 million in CARES funding to help support the temporary increase for nurses at our agency from September – December to help with the staffing decrease of nurses DMH was experiencing. She reported that this was a temporary increase, but DMH is submitting a request to SPB to provide the temporary increase again for another four months starting in January if approved.

Ms. Bailey reported that the next item is just a few examples of social media messaging with the Behind the Mask COVID mental health awareness campaign. She reported that the campaign will continue this year to raise awareness of services availability and access to free screenings.

She reported that as of Wednesday, January 19, there were 370 active cases among staff and 142 active cases among patients/clients/residents. Vaccination

numbers have increased. Ms. Bailey reported that since November, there has been discussion regarding the Centers for Medicare & Medicaid Services (CMS) rule requiring COVID-19 vaccinations of eligible staff at health care facilities that participate in the Medicare and Medicaid programs. She reported that within this mandate issued by CMS, healthcare entities must have a plan in place to ensure all of the organizations' employees, contract workers, and other applicable individuals receive their vaccination. A federal judge issued a preliminary injunction on November 30 to halt the start of the CMS vaccination rule. However, on January 13, the Supreme Court ruled that the vaccination rule from CMS could continue. Because of the Court's ruling, DMH programs' Vaccine Mandate Policy is no longer suspended. She reported that DMH has never stopped strongly encouraging all staff to get the Covid Vaccine and Booster Vaccines as recommended by the CDC. Ms. Bailey reported that facilities that don't comply with the CMS rule may have to pay civil penalties or may be denied funding. As a last resort, facilities could be terminated from Medicare and Medicaid programs. She reported that Mr. Breland has pulled Medicaid payments from FY21, and it is approximately \$250,204,825 or 67.5% of total operating expenses. All of the programs are required to comply with this federal mandate issued by CMS to avoid monetary penalties and loss of certification; therefore, employees must make arrangements to receive the Covid-19 vaccination unless a reasonable accommodation is granted as a result of an employee requesting an accommodation based on a medical condition(s) or status or a sincerely held religious belief. The CMS rule will offer religious and medical exemptions and facilities must have a plan to ensure they comply with those exemptions. She reported that DMH is required to have a process or plan for vaccinating all eligible staff. A standard messaging and a policy has been developed to all staff at the programs. Ms. Bailey reported that exemptions and accommodations have been provided for those who are exempt and a plan for tracking and documenting staff vaccinations. The goal has been to have consistent policies and guidance for all programs. She reported that currently, our fully vaccinated rate is 75% and first dose is 68%.

Ms. Bailey reported the Mississippi Legislature convened at noon on January 4, 2022. This year's session is scheduled to last 90 days. The date to adjourn sine die, or the close of the session, is Sunday, April 3. She reported that the deadline for the legislative staff to draft bills was January 12, and the deadline for bills to be filed was January 17. Tuesday, February 1 is the deadline for committees to pass bills from their own chamber. Ms. Bailey reported that DMH is currently tracking 130 bills. She reported that a Senate budget hearing scheduled for January 13, was canceled and has been rescheduled for Wednesday, January 26 at 1:30 pm. She reported that DMH is not asking for an increase above LBR. The FY23 budget request is for the appropriation of the Joint Legislative Budget Recommendation which is \$220,532,232 in General Funds; \$23,852,275 for state source special funds; \$400,620,702 other special funds or spending authority, or permission to spend funds that DMH collects for operations – specifically, the collection of Medicaid for IDD Regional Programs, ID/DD Home and Community Based Waiver, and spending authority for the additional federal grant funds the agency has received that will be awarded to community providers. She reported that of that increase, \$1 million would be allocated toward the ongoing expansion of community services in the area of data enhancement and a focus for the Office of Utilization Review at the Central Office. This office will be responsible for tracking and analysis of the utilization of behavioral health services and intellectual and developmental disability services for state-operated programs and key community-based services to prevent institutionalization. Ms. Bailey reported that additional expansion of community services for mental health and addiction services will be from the COVID supplemental block grant funding totaling \$40 million over the next three years for the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant; \$4,900,389 is for MSH's Forensic Unit is in the final planning stages to renovate Building 63. This renovation will expand the

state's capacity for inpatient Forensic Services to 83-beds. Currently, this project is underfunded by \$4,900,389. This also includes funding for SEC2 to bring all DMH staff to the minimum.

Ms. Bailey provided information regarding some of the changes in the adult mental health services system in Mississippi over the last 10 years.

Ms. Bailey reported that SAMHSA provided on a competitive basis, modest funding awards to states to assist in transforming their mental health systems of care. She reported that SAMHSA funded 36 TTI awards of \$250,000 to states who applied for initiatives that directly related to expanding 988 and crisis services and focused on the following topics: Special Populations; Workforce or; Children and Adolescents. DMH submitted two proposals and was awarded funding for both. She reported that the project period began in January 2022. Ms. Bailey reported that DMH will partner with the Methodist Children's Homes of Mississippi to expand crisis services for children and youth, specifically to offer time limited, 60-day treatment services provided in a Crisis Residential setting to children and youth identified as victims of human trafficking and/or children and youth in the custody of Child Protection Services in which no placement can be located due to acute symptoms, high risk behaviors and/or a high number of failed placements. She reported that as part of this project, Methodist Children's Home will provide Multisystemic Therapy (MST) to the children and adolescents. Multisystemic therapy (MST) is a family- and community-based intervention originally developed for juvenile offenders. Ms. Bailey also reported that DMH will partner with CMHCs in Regions 2, 4, 7, and 10 to hire and train court and/or law enforcement liaisons. These specialist services aim to intervene early in the commitment process by working with the individual and/or loved ones who are seeking a commitment and provide linkage with treatment. She reported that the liaisons will work directly to ensure the individuals receive appropriate evaluations and needed mental health services and will also assist individuals waiting in jail for forensic evaluations. The liaison is responsible for facilitating communication and collaboration between judicial, law enforcement and behavioral health systems.

Ms. Bailey reported that letters were sent to all Police Chiefs, Sheriffs, Chancery Judges, and Chancery Clerks in our state to share information about available services and supports for people who have mental illness and substance use disorders that they may encounter. She reported that for law enforcement, some available training information and the launch of 988 in the state was shared.

Ms. Bailey reported that with new Board members and the start of a new year, she wanted to update and share handouts for the DMH Central Office Executive Leadership, DMH's Program Directors, and the State Board of Mental Health.

Ms. Bailey then shared copies of the most recent news articles. The articles included:

1. 3 things to know: What the Mississippi legislature figures to focus on in 2022 – Clarion Ledger general overview of the legislative session
2. The top issues lawmakers could address in 2022 – Mississippi Today general overview of the legislative session
3. With \$1.8B in federal pandemic money to spend, Mississippi lawmakers face tough choices – Clarion Ledger story about ARPA funding requests, including mention of DMH.
4. Initial funding approved for state mental health monitor – Associated Press story about funding for the monitor in the federal litigation

Ms. Bailey reported that the February 2022 Board of Mental Health meeting will be held at Mississippi State Hospital on February 17.

Jake Hutchins, Deputy Executive Director, Behavioral Health Services, presented the Monthly Survey Report for Specialized Treatment Facility. He reported that on November 4, 2021, the State Department of Health conducted a complaint investigation. The investigation indicated that the allegation was substantiated. A plan of correction has been submitted. He reported that on December 6 and 10,

2021, the Mississippi Board of Pharmacy conducted a survey of the pharmacy. There was no action needed.

Dr. Mallory Malkin, Chief Clinical Officer, Bureau of Behavioral Health Services presented an overview of the Certified Community Behavioral Health Clinic (CCBHC) model. She reported that the CCBHCs are transformative models of comprehensive integrated community based behavioral care. She reported that the models will ensure access to integrated, evidence-based addiction and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT) for addiction; meet stringent criteria regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems; and receive funding to support the real costs of expanding services to fully meet the need for care in their communities. Dr. Malkin reported that the State Plan Amendment (SPA) 20-0008 Federally Qualified Health Center (FQHC) Services, effective August 1, 2020, is being submitted to allow the Division of Medicaid to clarify the different types of encounters and when reimbursement is made for more than one encounter performed on the same day, add requirements for FQHC mobile units, and add coverage for a fee-for-service methodology for early and periodic screening, diagnosis and treatment (EPSDT) screenings provided in a school setting and certain group therapy in the FQHC setting. She reported that the TA goals are to develop a better understanding of state goals and CCBHC program implementation across the participating states, foster peer-to-peer learning among participating states through a learning collaborative to support state strategies to implement and sustain the CCBHC model, provide TA to support state policy goals and programs related to CCBHCs, and support key CCBHC standards that are essential to providing consistent quality care, such as coordination of care, reduced fragmentation of service delivery, and expansion of access to care. She reported that to achieve these goals, the National Council will host ten monthly learning sessions with state leaders, produce five knowledge-building webinars, and deliver TA directly to multiple cohorts of states interested in a support that is tailored to their unique needs. Dr. Malkin reported that this state plan provides for reimbursement to FQHC providers at a prospective payment system (PPS) rate per encounter. Reimbursement is limited to a single encounter, also referred to as a "visit", per day except as described in Attachment 3.1-A exhibit 2c. She reported that the Division of Medicaid reimburses a FQHC the PPS rate for a nursing home encounter. She reported that the CCBHCs can serve as 988 call centers. 75% of CCBHCs already operate a crisis call line, with 21% reporting they participate in the National Suicide Prevention Lifeline Network. CCBHCs can serve as partners to 988 call centers for services the call centers do not directly provide (e.g., mobile crisis response, crisis stabilization). 100% of CCBHCs deliver the required services described. Dr. Malkin reported that CCBHCs can serve as referral partners to 988 call centers and other crisis responders for post-crisis or non-urgent needs. CCBHCs serve all clients regardless of ability to pay. CCBHCs are eliminating waitlists that pose a barrier to care in other settings: 50% of CCBHCs can offer same-day access to care, with 93% offering access within 10 days or less. She reported that accommodating an unprecedented surge in demand the adoption of 988 as the national crisis care hotline for mental health and substance use needs is expected to cause a surge in demand for crisis services. She reported that Vibrant Emotional Health estimates a 150-240% increase in call volume in the first year of implementation alone, with call volume rising to 325-455% over baseline within 5 years. Dr. Malkin reported that when implemented with a prospective payment system in Medicaid, CCBHCs' flexible funding offers flexibility in adapting to increased demand while improving clinics' ability to recruit and retain qualified staff.

Katie Storr, Chief of Staff, presented an overview of 988. Ms. Storr reported that in October 2020, the National Suicide Hotline Designation Act, HR 4194, was signed by the president and directed the FCC to designate a three-digit telephone number, 988, as a national universal number to serve as a suicide prevention and mental health crisis line. She reported that 988 replaces the

current National Suicide Prevention Lifeline phone number and will go live July 16, 2022. Ms. Storr reported that the intent is to serve as the 911 for suicide prevention and behavioral health crisis services. Ms. Storr reported that there has been a lot of literature published throughout this process and the most referenced one is SAMHSA's National Guidelines for Behavioral Health Crisis Care which defines core services and guidelines for care. The three components of a crisis system are: Someone to Talk To – Crisis Lines; Someone to Respond – Mobile Crisis Teams; and Somewhere to Go – CSUs. She reported that Mississippi was already in a good place when this started because we have mobile crisis teams and CSUs across the state. Ms. Storr reported that in Mississippi there are two Lifeline centers, CONTACT The Crisis Line in Jackson and CONTACT Helpline in Columbus, and they currently cover the entire state. She reported they have a really good answer rate of over 80% and most of the time it is over 90%, which is one of the goals to meet when 988 is implemented. Ms. Storr reported that all the states were awarded planning grants from Vibrant, the administrator of the Lifeline. She reported that the performance period ended in September but the implementation plan for 988 is due January 21, 2022. She reported that the draft plan has been posted on the DMH website. Ms. Storr reported that the 988 Planning Coalition includes DMH key employees, representatives from the Lifeline Centers, CMHC Mobile Crisis Response Teams, Peer Support Services, Division of Medicaid, suicide attempt and loss survivors, CSUs, law enforcement, and advocacy members. She reported that Ms. Mosely is a member of the Planning Coalition. The meetings are held monthly and began in February 2021. Ms. Storr reported that the planning phases have been broken into two phases and Phase 1 of the implementation plan began October 1, 2021 and will end right before 988 goes live. She provided an overview of the projected growth for phone calls, text and chat. Ms. Storr provided an overview of the cost estimates, funding secured and funding opportunities. She also provided an update on the 988 state legislation and national legislation. Ms. Storr reported that the next steps include finalizing the implementation plan, competing the SAMHSA grant application, making a final decision on one call center for Mobile Crisis Response, finalizing resource and referral listings for Lifeline Centers, providing TA to Mobile Crisis Response Teams for responding to Lifeline Center referral, and collaborating with 911 and first responders.

Craig Kittrell, Deputy Executive Director, Intellectual and Developmental Disabilities Services, presented the Monthly Survey Reports for Ellisville State School and North Mississippi Regional Center. He reported that on November 23, 2021 the State Department of Health conducted a fundamental survey at Ellisville State School. Deficiencies were cited and corrected. On July 26, 2021, the Department of Environmental Quality conducted an underground storage tank compliance inspection at North Mississippi Regional Center. There was one deficiency cited and corrected. Mr. Kittrell reported that inspections were conducted on North Mississippi Regional Center's sprinkler system, alarm systems and the pharmacy. There were no deficiencies cited.

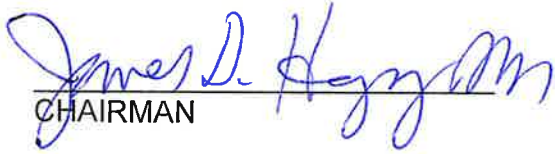
James Chastain, Director, Mississippi State Hospital, presented the Public Relations 2021 Highlights for MSH.

Amanda Matson, Support Services Director, Mississippi State Hospital, presented a 2021 Facility Update Report. She provided a brief overview of the projects that are in progress and future projects.

Dr. Robert Maddux, MSH Medical Director, presented the Annual ECT Report from January 1, 2021 to December 31, 2021. He reported that 24 clients received a total of 212 acute treatments one or two times per week in the year of 2020 and 35 clients received a total of 413 acute series ECT treatments during 2021. He reported that 16 clients received a total of 460 maintenance treatments once, twice or three times per week and/or once every two, three, four and five weeks in the year 2020 and 18 clients received a total of 442 maintenance ECT treatments once twice, or three per week and/or once every two, three, four, and five weeks in 2021. There were no procedural problems in administering the ECT regulation which occurred in 2020 and none in 2021. There were no unusual complications or serious adverse effects experienced by clients

receiving ECT in 2021. Dr. Maddux reported that a total of 855 ECT treatments were administered at MSH during 2021. A total of 11 patients received more than 30 ECT treatments in 2021. Dr. Maddux also provided a breakdown of diagnoses.

With no further business, the Board voted unanimously to adjourn this meeting.


CHAIRMAN


EXECUTIVE SECRETARY