



**Mississippi Department of Mental
Health
Provider Bulletin
Number PR 0126**

Subject:

Notice of final adoption of DMH Mississippi Youth Programs Around the Clock (MYPAC) rules and MYPAC certification information

Issue Date: May 11, 2022

Effective Date: May 13, 2022

Scope

All DMH Certified Providers and DMH State Operated Programs

Purpose

- The purpose of this bulletin is to announce that, following a period of public comment, the final DMH Mississippi Youth Programs Around the Clock (MYPAC) rules were filed for final adoption with the MS Secretary of State's Office on April 12, 2022. Providers can access this filing on the MS Secretary of State's (SOS) website: www.sos.ms.gov. Information regarding this filing is also located under "Featured News" on the DMH website: www.dmh.ms.gov.
- **The final MYPAC rules become effective on May 13, 2022; included with this bulletin is a copy of the final MYPAC rules.** The current *2020 DMH Operational Standards* document posted on the agency's website will soon be updated to include the final MYPAC rules.
- Providers who wish to make application to become certified by DMH for MYPAC as well as DMH-certified providers who currently hold initial certification from DMH for MYPAC must also be certified by DMH to provide the Children and Youth (C/Y) Mental Health Core Services, as outlined in the 2020 DMH Operational Standards document.
- From this point forward, if not already certified by DMH for Children and Youth Mental Health Core Services, providers currently holding initial certification for MYPAC must make application to DMH to provide the C/Y Core Services no later than their initial MYPAC certification expiration date to continue to be eligible to hold MYPAC certification beyond their initial MYPAC certification expiration date. (*Providers currently initially certified for MYPAC who may need an extension on their initial MYPAC certification for this purpose may contact DMH for further guidance; refer to contact information below.*) Children and Youth Mental Health Core Services, as outlined in the *2020 DMH Operational Standards* document are as follows:
 - Crisis Response Services
 - Community Support Services
 - Psychiatric/Physician Services
 - Outpatient Therapy
 - Day Treatment Services
 - Making A Plan (MAP) Teams
 - Peer Support Services
 - Pre-Evaluation Screening for Civil Commitment (as applicable per provider type).

For assistance with DMH provider certification applications, please contact the DMH Division of Certification at 601-359-1288 or certification@dmh.ms.gov. If you have questions about MYPAC, please contact Ms. Lynda Stewart, Director of the DMH Division of Children and Youth Services, at 601-359-6263 or lynda.stewart@dmh.ms.gov.

End of Provider Bulletin

Title 24: Mental Health

Part 2: Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

Part 2 Chapter 32: Intensive Community Supports for Serious Emotional Disturbance and Serious Mental Illness

Rule 32.19 Mississippi Youth Programs Around the Clock (MYPAC)

A. Service Components

1. MYPAC services are defined as treatment provided in the home and/or community to children and youth with Serious Emotional Disturbance (SED) from birth up to the age of twenty-one (21) years. The ultimate goal is to stabilize the living arrangement, promote reunification, and/or prevent the over-utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, therapeutic group home, and/or residential treatment facility). MYPAC services are provided until stabilization has occurred by evaluating the nature and course of psychiatric needs and providing intensive interventions intended to diffuse psychiatric needs and reduce the likelihood of a recurrence.
2. MYPAC services are individualized for children/youth who experience severe and impairing psychiatric symptoms and behavioral disturbances.
3. MYPAC services are most appropriate for children/youth who have not benefitted from traditional outpatient services, have experienced frequent acute psychiatric hospitalizations and/or psychiatric emergency stabilization services in the *past ninety (90) days*.
4. MYPAC services are person-centered, individually tailored to each child/youth and family, part of coordinated care efforts, and address the preferences and identified goals of each child/youth and family.
5. MYPAC is mobile and delivers services in the community and in the child/youth's home.
6. Staff assigned to each child/youth's case work as a team and provide the treatment and support services children/youth need to achieve their goals. Staff share responsibility for addressing the needs of the children/youth and their families receiving this service.
7. Each MYPAC therapist will serve only children/youth receiving MYPAC services (children/youth and their families have the option to request Wraparound Facilitation as an additional service) and will have a maximum caseload of twenty (20) children/youth. The provider agency must maintain a roster for each MYPAC therapist of children/youth served for review.

B. Service Requirements

1. Providers of MYPAC services must meet the following requirements:
 - a) Hold certification by DMH to provide Crisis Response Services, Community Support Services, Peer Support Services, Physician/Psychiatric Services, and Outpatient Therapy Services.
 - b) Have a psychiatrist or psychiatric nurse practitioner on staff, at least part-time, to evaluate and treat children/youth receiving MYPAC services.
 - c) Have appropriate clinical staff that meet DMH requirements to provide the therapeutic services needed.
 - d) Provide training topics (e.g., CPI, MANDT, MAB, etc.) that are appropriate to the needs of MYPAC service providers.
 - e) Coordinate services and needed supports with other providers and/or natural supports when appropriate and with consent.
 - f) Provide education on wellness, recovery, and resiliency.
 - g) Have procedures in place for twenty-four (24) hour, seven (7) days a week availability and response (inclusive of crisis response services).
2. The following services must be available, (but are not limited to):
 - a) Individual and Family Therapy
 - b) Peer Support Services
 - c) Community Support Services
 - d) Physician/Psychiatric Services.
3. MYPAC services must be included in the Individual Service Plan (ISP) and, if also receiving Wraparound Facilitation Services, the Wraparound Plan of Care, and provided to children/youth based on their needs identified in the treatment plan.
4. If the child/youth entering the MYPAC program does not have an Initial Assessment, one must be completed by the provider within fourteen (14) working days of admission.
5. If the child/youth is receiving Wraparound Facilitation Services, the provider needs to have input into the Wraparound Plan of Care (which needs to be available for review upon request). In the event that the child/youth is no longer receiving Wraparound Services, the MYPAC provider *MUST* complete all required forms (Individual Service Plan, Individual Crisis Support Plan, Recovery Support Plan, etc.) within fourteen (14) working days of discharge from Wraparound Facilitation.
6. The provider agency must be able to respond to crises/emergencies, for each child/youth and family served, twenty-four (24) hours per day, seven (7) days per week. The MYPAC provider is required to be the first responder and make every effort to assist the child/youth and the family. Non-MYPAC team members (e.g., MCERT) should only be contacted and respond if the MYPAC provider is unable to assist the child/youth and the family, or on the rare occasion when a MYPAC team member is unable to respond within one (1) hour. MYPAC providers must show documentation of their attempted assistance upon request for review.

7. The provider agency must designate a MYPAC supervisor to coordinate MYPAC services and conduct supervision weekly and as needed. The MYPAC supervisor shall supervise no more than six (6) MYPAC therapists.

C. Staffing Requirements

1. Providers of MYPAC services must meet the following staffing requirements:
 - a) Psychiatrist and/or Psychiatric Nurse Practitioner (i.e., psychiatric staff) must hold a current professional license and be employed by the MYPAC provider at least part-time to evaluate and treat children/youth receiving MYPAC services.
 - b) MYPAC supervisor must hold a minimum of a master's degree in a mental health or related field and have either a current (1) professional license or (2) DMH credential (as appropriate to the service and population served) to coordinate/oversee services.
 - c) MYPAC therapist must hold a minimum of a master's degree in a mental health or related field and have either a current (1) professional license or (2) DMH credential (as appropriate to the service and population served).
 - d) Peer Support Specialist must be an individual with lived experience of having a child with a Serious Emotional Disturbance diagnosis and hold a current DMH Certified Peer Support Specialist credential.
 - e) Community Support Specialist must hold a minimum of a bachelor's degree in a mental health or human services/behavioral health-related field and a current DMH Community Support Specialist credential.

D. Admissions Criteria

1. To receive MYPAC services, children/youth must meet one (1) or more of the following criteria:
 - a) The child/youth has been evaluated and/or diagnosed by a psychiatrist, licensed psychologist, or a psychiatric nurse practitioner in the past ninety (90) days as it relates to a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria for a Serious Emotional Disturbance specified within the current version of the Diagnostic and Statistical Manual of Mental Disorders. The primary diagnosis must be psychiatric.
 - b) The child/youth must be able to demonstrate a capacity to respond favorably to rehabilitative counseling and training in areas such as problem-solving, life skills development, and medication compliance training (i.e., demonstrates a capacity for positive response to rehabilitative services).
 - c) The evaluating psychiatrist, licensed psychologist, or psychiatric nurse practitioner advises that the child/youth meets criteria of the MYPAC program and/or is at risk for out-of-home placement.
 - d) The child/youth requires specialized services and supports, and an array of clinical interventions and family supports to be maintained in the community.
 - e) The child/youth presents with a high use of acute psychiatric hospitalizations (i.e., two [2] or more admissions per year) or psychiatric emergency/stabilization services.
 - f) The child/youth is currently residing in an inpatient facility or Psychiatric

Residential Treatment Facility level of care due to the lack of availability of appropriate placement but has been clinically assessed to be able to live in a community-based setting if intensive services are provided.

- g) The child/youth is at high risk for juvenile justice involvement or has a recent history of juvenile justice involvement (e.g., arrest, incarceration) *and* has a SED diagnosis.
- h) The child/youth is involved or at risk of being involved in child protective services.

E. Discharge Criteria

1. To discharge from MYPAC services, children/youth must meet one (1) or more of the following criteria:
 - a) Have successfully reached individually established goals for discharge, and when the individual/family and the agency provider mutually agree to the termination of services.
 - b) Have successfully demonstrated an ability to function at home and in the school setting without ongoing assistance from the agency provider, without significant relapse when services are withdrawn, when the person requests discharge, and the agency provider mutually agrees to the termination of services.
 - c) Move outside the geographic area. In such cases, the agency provider must arrange for transfer of mental health service responsibility to another agency provider and maintain contact with the child/youth and family until this service transfer is implemented.
 - d) Decline or refuse services and request discharge, despite the agency provider's best efforts to develop an acceptable Individual Service Plan with the child/youth and family.
 - e) Not deemed clinically appropriate for service, and treatment elsewhere would be more beneficial.
 - f) Have reached the age of twenty-one (21) and will be referred to an appropriate service for adults.

F. Contact Requirements

1. The agency must have the capacity to provide multiple contacts during a week with children/youth being served through MYPAC. These multiple contacts may be frequent and depend on individual need and a *mutually agreed upon* plan between the family and agency provider staff providing services.
2. All children/youth must be evaluated for appropriateness for psychopharmacological treatment by the on-staff psychiatric provider within forty-five (45) working days of entering the MYPAC program. Only those who are actively prescribed psychotropic medication will be required to see the on-staff psychiatric provider at least every ninety (90) days. Children/youth not taking psychotropic medication will be re-evaluated by the on-staff psychiatric provider when there is a significant change in symptoms, environment (e.g., foster care), and/or loss/trauma.

3. Children/youth receiving MYPAC must participate in at least three (3) individual therapy sessions per month and at least one (1) family therapy session per month provided by the MYPAC therapist for a total of a minimum of four (4) therapy sessions per month.
4. A Peer Support Specialist and/or Community Support Specialist must contact the family at least two (2) times per month via telephone or face-to-face.
5. If the child/youth is participating in Wraparound Facilitation, the MYPAC provider must be a participating team member and attend the monthly Child and Family Team Meetings. The MYPAC provider must show evidence of attendance of the Child and Family Team Meeting in the child/youth's record (e.g., copy of sign-in sheet).
6. All sessions and contacts and/or visits must be documented in the case record.

G. Documentation Requirements

1. Employee records must indicate that within ninety (90) days of hire/placement employees receive orientation on the MYPAC program and supervised on-the-job training prior to being assigned independent responsibilities. This requirement is separate from any other orientation specified elsewhere in the *DMH Operational Standards* document.
2. Employee records must indicate weekly supervision provided by the MYPAC supervisor.
3. Agency provider must maintain a roster for each MYPAC therapist of children/youth who are served.
4. The following documents must be provided to the individual, family, and/or legal guardian and be included in the child/youth's record:
 - a) Consent to Receive Services
 - b) Rights of Persons Receiving Services
 - c) Acknowledgment of Grievance Procedures
 - d) Individual Service, Individual Crisis Support and Recovery Support Plans
 - e) Wraparound Plan of Care (if applicable)
 - f) Medication/Emergency Contact Information (if applicable).
5. The provider agency must complete an Initial Assessment within fourteen (14) working days of admission, if not already on file.
6. Each child/youth receiving MYPAC services must have an Individual Service Plan completed in its entirety on file (*no blank fields*). The following information must be included:
 - a) Signatures:
 - 1) Individual/Child/Youth
 - 2) Parent and/or Legal Guardian

- 3) MYPAC Therapist
 - 4) Peer Support Specialist and/or Community Support Specialist
 - 5) Psychiatrist and/or Psychiatric Nurse Practitioner.
- b) Timelines:
- 1) Developed within fourteen (14) working days of admission
 - 2) Document review at least every thirty (30) days and as needed on Periodic Staffing/Review of the ISP
 - 3) Periodic Staffing/Review of the ISP reviewed, approved, and signed off on by psychiatric staff at least every six (6) months
 - 4) Updated at least annually.
- c) Reviews and updates must include the following changes in specific detail and applicable signatures:
- 1) Change in diagnosis
 - 2) Change in symptoms
 - 3) Change(s) in service activities
 - 4) Change(s) in treatment/treatment recommendations
 - 5) Other significant life change
 - 6) Signatures of individual; parent/legal guardian; MYPAC therapist; psychiatrist/psychiatric nurse practitioner (if ISP rewritten).
7. Each child/youth receiving MYPAC services must have an Individual Crisis Support Plan completed in its entirety on file (*no blank fields*). The following must be included:
- a) Signatures:
- 1) Individual/Child/Youth
 - 2) MYPAC Therapist.
- b) Timeline:
- 1) Developed within thirty (30) days of admission.
- c) Required Elements:
- 1) Documentation that all team members have a copy (to refer to when needed)
 - 2) Documentation that individual receiving services has a copy (for reference).
8. Each child/youth receiving Peer Support Services and/or Community Support Services must have a Recovery Support Plan completed in its entirety (*no blank fields*). The following information must be included:
- a) Signatures:
- 1) Individual/Child/Youth
 - 2) Parent and/or Legal Guardian
 - 3) Peer Support Specialist and/or Community Support Specialist
 - 4) MYPAC Therapist
 - 5) Any other individuals who participated in plan development.

- b) Timelines:
 - 1) Developed within thirty (30) days of admission.
- 9. The child/youth's record must contain documentation of Peer Support Specialist and/or Community Support Specialist contact at least two (2) times per month either via telephone or face-to-face contact.
- 10. Each child/youth who receives both Wraparound Facilitation services and MYPAC services must have in the record:
 - a) Wraparound Plan of Care (current copy)
 - b) Crisis Management Plan (current copy)
 - c) Monthly Child and Family Team sign-in sheets (documenting MYPAC provider's participation by evidence of the provider's signature)
 - d) Medication/Emergency Contact Information (if taking/has taken psychotropic medication).
- 11. Psychotherapy Services:
 - a) A minimum of three (3) individual therapy sessions and at least one (1) family therapy session per month for a total of a minimum of four (4) therapy sessions documented and signed by a master's level therapist.
- 12. Any child/youth on psychotropic medication must have a Medication/Emergency Contact Information form completed in its entirety (*no blank fields*) and included in the record:
 - a) Medication recorded during the admission process
 - b) Current medications listed
 - c) Form updated when medications are added, discontinued and/or changed
 - d) Form updated annually
 - e) MYPAC therapist signs/initials all changes made to the form.
- 13. The child/youth's individual record must contain documentation that the child/youth is being seen by the psychiatric staff at least every ninety (90) days (if actively taking psychotropic medications), or as often as needed based on the child/youth's needs. If any child/youth who is not taking psychotropic medication is re-evaluated, the record must contain documentation pertaining to the significant change in symptoms, environment (e.g., foster care), and/or loss/trauma.

H. Service Review

- 1. DMH will conduct scheduled fidelity reviews of MYPAC services and may also conduct on-site compliance monitoring on a schedule as determined by DMH.
- 2. DMH may develop supplementary policies, procedures, and forms to work in concert with these rules. Providers will be notified of any such applicable policies and procedures (and subsequent updates), along with corresponding timelines for

implementation. Moreover, any provisions not expressly covered by these rules will be handled at the discretion of DMH.

3. DMH reserves the right to amend or repeal any rule or requirement (or adopt a new rule or requirement), with appropriate prior notice to providers. Changes made under this provision will be incorporated into the current *DMH Operational Standards* document in a timely manner, according to customary rules making procedures.

Source: Section 41-4-7 of the *Mississippi Code, 1972, as amended*