

**Mississippi's Report
Submitted Pursuant to Court Order (ECF 253)**

I. Overview

1. The State of Mississippi (Mississippi) provides the following core community-based services: Intensive Community Services, Crisis Response Services, Peer Support Services, Supported Employment, and Permanent Supportive Housing (collectively, for purposes of this Report, Core Services). These services are described in DMH's Operational Standards.¹

2. As of the trial evidentiary cut-off date of December 31, 2018, Mississippi had 14 Community Mental Health Centers (CMHC) Regions, but the area that was Region 13 as of December 31, 2018, is now operated by Region 12. Mississippi now has 13 CMHC Regions as shown on Exhibit 1.

3. This Report shows how Mississippi has and is addressing the violations the Court identified in its Memorandum Opinion and Order (ECF 234).

II. Intensive Community Services

Mississippi provides Intensive Community Services through three programs: (i) Program of Assertive Community Treatment (PACT), (ii) Intensive Community Outreach and Recovery Team (ICORT), and (iii) Intensive Community Support Specialists (ICSS). Mississippi will provide Intensive Community Services in each Region as set out in paragraphs 7-9 below.

A. Definitions

4. PACT is an individual-centered, recovery-oriented intensive mental health services delivery model for facilitating community living, psychological rehabilitation and recovery for people who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefitted from traditional outpatient services. The Operational Standards for PACT are set forth in Rules 32.1-32.8 of DMH's Operational Standards.

5. ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for adults with a severe and persistent mental illness. The Operational Standards for ICORT for adults are set forth in Rules 32.9-32.13 of DMH's Operational Standards.

6. ICSS have direct involvement with the person and attempt to develop a caring, supportive relationship with the person as part of Mississippi's Intensive Community Support Services. Mississippi's Intensive Community Support Services are designed to be a key part of the continuum of mental health services and supports for people with serious mental illness (SMI) or emotional disturbance. The Operational Standards for Intensive Community Support Services are set forth in Rule 32.18 of DMH's Operational Standards.

¹ In this Report, the Mississippi Department of Mental Health's (DMH) Operational Standards for Mental Health, Intellectual Developmental Disabilities, and Substance Use Community Service Providers, effective September 1, 2020, is referred to as "DMH's Operational Standards."



B. Capacity

7. PACT. Mississippi had 8 PACT teams as of December 31, 2018, but now has 10 PACT teams. Mississippi will sustain a total of 10 PACT teams. The PACT teams will provide intensive community services in the Regions and counties identified in Exhibit 2. In order to be admitted into PACT, people must meet the criteria outlined in Rule 32.3 of DMH's Operational Standards.

8. ICORT. As of December 31, 2018, Mississippi had no ICORTs. Mississippi has since developed ICORT as a modification of the PACT model to provide Intensive Community Services in less densely populated/rural counties. Mississippi is implementing and will sustain a total of 16 ICORTs in the Regions and counties identified in Exhibit 2. In order to be admitted into ICORT, people must meet the criteria outlined in Rule 32.12 of DMH's Operational Standards.

9. ICSS. Subject to ordinary workforce turnover which could cause the number of ICSS to fluctuate from time-to-time, Mississippi will fund and sustain 35 full time ICSS. The ICSS will provide intensive community services in the counties identified in Exhibit 2.

III. Crisis Response Services

Mississippi provides Crisis Response Services through Mobile Crisis Teams and Crisis Residential Services.

A. Definitions

10. Mobile Crisis Teams (also known as Crisis Response Services) provide face-to-face interventions at the site of a mental health crisis, including at the person's home, to de-escalate the crisis without unnecessarily either removing the person from the community or referring the person to a hospital for psychiatric treatment. The Operational Standards for Crisis Response Services including Mobile Crisis Services are set forth in Rules 19-19.4 of DMH's Operational Standards.

11. Crisis Residential Services (also known as Crisis Stabilization Units) provide time-limited residential treatment to persons who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. The Operational Standards for Crisis Residential Services are set forth in Rules 19.5-19.7 of DMH's Operational Standards.

B. Capacity – Mobile Crisis Teams

12. Mississippi has and will sustain one Mobile Crisis Team in each Region except Region 12. Region 12 is operating and will sustain two Mobile Crisis Teams – one in Hattiesburg and one in the former Region 13.

13. Mississippi will maintain its regional crisis hotlines that are staffed 24 hours per day, seven days per week, with staff who assess a crisis by phone, assist with immediate stabilization efforts, and help a caller identify and connect with ongoing local services. Mississippi

will continue to require the Mobile Crisis Teams to work with law enforcement personnel to respond to people in crisis who come in contact with law enforcement.

C. Capacity – Crisis Residential Services

Mississippi will provide Crisis Residential Services in each Region as stated in paragraphs 14-16 of this Report.

14. Mississippi now has Crisis Residential Services available for every Region (see paragraph 16 below regarding Region 15), except Region 11. Mississippi will sustain its existing Crisis Residential Services capacity – *i.e.*, a capacity of 172 beds as shown on Exhibit 3.

15. Mississippi will make funds available to implement Crisis Residential Services in Region 11 through the Region 11 CMHC or another DMH certified provider; this unit will have the capacity to serve at least 12 persons at any given time. Mississippi will sustain that additional Crisis Residential Services capacity.

16. Mississippi will continue providing access to Crisis Residential Services for Region 15 in neighboring Regions.

IV. Peer Support Services

A. Definitions

17. Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow a person receiving mental health services and substance use services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues, and challenges associated with various disabilities while directing their own recovery. The Operational Standards for Peer Support Services are set forth in Rules 42.1-42.3 of DMH's Operational Standards.

B. Capacity

18. Subject to ordinary workforce turnover which could cause the number of Peer Support Specialists to fluctuate from time-to-time, Mississippi now provides and will sustain Peer Support Services in every Region by providing Peer Support Services at the primary CMHC office in each Region.

19. Starting in FY 22, Mississippi will provide Peer Bridger Program services at each State Hospital and integrate such services into discharge planning for persons discharged from a State Hospital.

V. Supported Employment

A. Definitions

20. Supported Employment is an evidence-based service that assists persons with severe and persistent mental illness in obtaining and maintaining competitive employment. The

Operational Standards for Supported Employment are set forth in Rules 24.4-24.6 of DMH's Operational Standards.

B. Capacity

21. Mississippi provides Supported Employment Services by two methods: (i) Individual Placement and Support (IPS) services, and (ii) Supported Employment Specialists that partner with Mississippi Department of Rehabilitation Services Office of Vocational Rehabilitation (MDRS). Mississippi will provide Supported Employment services in each Region as stated in paragraphs 22-24 of this Report.

22. Mississippi now has and will sustain existing IPS services in CMHC Regions 2, 7, 10, and 12.

23. In FY22, Mississippi will develop IPS in Regions 4, 8, and 9. Mississippi will sustain IPS services in those Regions.

24. In Regions without IPS services, Mississippi will offer supported employment through Supported Employment Specialists that are partnering with MDRS through an MOU between the Region and MDRS.

VI. Permanent Supportive Housing

A. Definitions

25. Permanent Supportive Housing (supportive housing) is an evidence-based practice that provides an integrated, community-based alternative to hospitals, nursing facilities, and other segregated settings. In Mississippi, supportive housing services are delivered through the CHOICE program. The rental assistance component of the CHOICE program is operated by the Mississippi Home Corporation (MHC).

B. Capacity

26. In FY 2021, Mississippi is providing \$150,000 in additional funding for CHOICE Providers to conduct assessments of people discharged from the State Hospital and CSUs who have been in a State Hospital for 90 days or more, are or were recently homeless, lived in an unlicensed boarding home prior to admission, or have had another hospital or CSU admission in the last year.

27. Mississippi will fund additional CHOICE housing vouchers in FY 2022 not to exceed a \$400,000 increase of the FY 2021 MHC CHOICE budget. Mississippi will continue to assess the need for future additional funding for CHOICE housing vouchers, subject to funding from the Mississippi Legislature.

VII. Diversion from State Hospitals

28. During the pre-evaluation screening process, CMHCs will use their best efforts to determine if a person meets the criteria for intensive community services – specifically, PACT, ICORT, or ICSS, as applicable – in accordance with DMH Operational Standards and refer the person to the appropriate service.

29. During the pre-evaluation screening process, CMHCs will use their best efforts to consider all persons who are civilly committed in their Region for Crisis Residential Services in lieu of State Hospital placement, except when a chancery court orders the person to be committed to a State Hospital.

30. On or before October 1, 2021, the United States will provide Mississippi with information concerning the whereabouts of persons included in the United States' Clinical Review of 154 persons conducted for purposes of the June 2019 trial.

31. Mississippi will provide to the CMHCs information from the United States concerning the whereabouts of Clinical Review participants. Mississippi will provide funding for an intake to each CMHC to:

- a. make reasonable efforts, including phone calls and letters, to contact the persons and conduct assertive outreach, as appropriate, in order to engage persons in treatment; and
- b. screen persons for eligibility for the Core Services included in this Report, document the screening in the persons' records, and offer the Core Services for which persons are eligible and appropriate.

VIII. Discharge Planning

32. Discharge planning at the State Hospitals will begin within 24 hours of admission to a State Hospital and best efforts will be made to:

- a. Identify the person's strengths, preferences, needs, and desired outcomes;
- b. identify the specific community-based services the person should receive upon discharge;
- c. identify and connect the person to the provider(s) of the necessary supports and services;
- d. refer the person to PACT or ICORT when the person meets the criteria for PACT or ICORT in DMH's Operational Standards;
- e. include, where applicable and appropriate, assistance to the person in securing or re-activating public benefits;
- f. prior to discharging the person from a State Hospital, coordinate between the State Hospital and the community provider so that, upon discharge, the person continues to receive prescribed medications in the community as appropriate for the person's ongoing clinical needs;
- g. identify resources for the person to access in the event of a crisis and educate the person about how to access those services; and
- h. include an anticipated discharge date.

33. Discharge planning for persons who have previously been admitted to a State Hospital within the prior one-year period includes review of the prior discharge plans, the reasons for the readmission, and adjustment of the new discharge plan that accounts for the history of prior hospitalization.

34. Prior to the person's discharge from the State Hospital, staff of the CMHC that will be serving the person upon discharge will use their best efforts to meet with the person, either in

person or via videoconference, to conduct assertive engagement and enroll the person in appropriate services.

IX. Medication Access

35. Mississippi will allocate \$200,000 annually in FY22 and FY23 for a medication assistance fund. These funds will be used to provide medication access to people in the community who have a SMI and who are receiving services through a CMHC who could not otherwise access prescribed medication that they need to avoid a serious risk of hospitalization. The fund can be accessed for a person once the CMHC has provided documentation that the CMHC has: (i) assisted the person in initiating the enrollment process for Medicaid, and/or (ii) submitted a request to enroll the person in a prescription assistance program. Persons will be eligible for medication assistance for a period of 90 days. The 90-day eligibility period may be renewed, for up to one year, upon a showing by the requesting CMHC that attempts to secure alternative medication access are ongoing and have not yet been successful. Further funding of medication access will be subject to appropriation by the Mississippi Legislature.

X. Technical Assistance

36. Mississippi provides the chancery courts in each county with an annual overview of mental health services provided in their area, including alternatives to civil commitment to State Hospital.

37. Mississippi provides technical assistance to providers as necessary, in Mississippi's discretion, including competency-based training, consultation, and coaching. The technical assistance shall be provided by persons who, in Mississippi's discretion, have demonstrated and substantial experience implementing the Core Services.

XI. Data Collection and Review

38. On a monthly basis, Mississippi will collect, review, and analyze person level and aggregate data capturing:

- a. Admissions to Residential Crisis Services locations, by location broken down by CMHC region and by county;
- b. Civil commitments to State Hospitals by CMHC region and by county;
- c. Jail placements pending State Hospital admission by CMHC region and county, including length of placement (Mississippi will collect this data, as to each person, when a State Hospital receives the commitment order for the person);
- d. Persons receiving each Core Service by CMHC region and by county; and
- e. Number of units of each Core Service reimbursed through Medicaid by CMHC region and by county.

39. In FY 22, Mississippi will begin collecting, reviewing, and analyzing – on a monthly basis – person level and aggregate data capturing the number of units of each Covered Core Service reimbursed under DMH grants, excluding Purchase of Service grants.