



Mississippi's State of Mental Health Services

Mississippi disAbility Megaconference

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Today's Goals

- Provide an overview of current mental health litigation in Mississippi and its relationship to living in the community as protected by the American's with Disabilities Act (ADA)
- Gather feedback from participants about their experiences with Mississippi's mental health system and its consistency with the ADA.



Families as Allies Overview

- Founded in 1990, we are the only statewide organization run by and for families of children with mental health challenges in Mississippi. We support each other and work together to make things better for our children.
- Our vision is that all children will have the opportunity to reach their potential and succeed.
- Our mission is that families are partners in their children's care.
- Our core values define us. We value: every child and family, excellence, partnership and accountability



What We Believe About Families

- You Know Your Child Better than Anyone
- You are your Child's Strongest Advocate
- **Systems should follow laws and policies about families' and children's rights.**



Disability Rights Mississippi

Disability Rights Mississippi (DRMS) is a private, non-profit corporation with a federal mandate to protect and advocate for the rights of individuals with disabilities across the state of MS. DRMS has been providing advocacy services for almost thirty years, free of charge, to Mississippians with disabilities and has helped improve the lives of thousands of our state's most vulnerable population by championing their rights. DRMS is the only disability advocacy agency in MS that has attorneys on staff to pursue legal remedies if necessary



Mission of DRMS

The mission of DRMS is to promote, protect and advocate for the legal and human rights of all persons with disabilities and to assist them with full inclusion in home, community, education and employment



The Americans with Disabilities Act

“The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that ***prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places*** that are open to the general public. The ***purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else***. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is divided into five titles (or sections) that relate to different areas of public life.”



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US Justice Department Lawsuit Against the *State of Mississippi*

The US Department of Justice sued the ***State of Mississippi*** over its adult mental health system in 2016 after five years of failed negotiations. The lawsuit alleged that there were not enough of the right kinds of services and supports to help adults with mental illness live and work in the community if they choose to, a violation of the ADA.

The case went to trial in June 2019 and the ***state*** lost. In 2021, the judge issued the final remedial order and appointed Dr Michael Hogan to monitor the ***state mental health system's*** compliance with the order.



The State hasAppealed the Lawsuit and Alleges:

- The State was never in violation of the ADA.
- If the State was in violation of the ADA, it has already fixed all of the violations.
- The federal government does not have the right to sue the State over this matter.
- The ADA only requires that the State offer the indicated services, not that individuals actually receive the services.



What Does the Remedial Order Require?



Mobile Crisis Teams

The State 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.

The State 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 require the Mobile Crisis Teams to work with law enforcement personnel to respond to people in crisis who come in contact with law enforcement and will seek to coordinate the regional crisis hotlines with 911 dispatch to ensure the appropriate response involving Mobile Crisis personnel and/or law enforcement/Emergency Medical Technicians.

The State will monitor performance of Mobile Crisis Teams



Crisis Residential Services

The State will provide Crisis Residential Services in each Region as except Region 11. Mississippi will sustain its existing Crisis Residential Services capacity — i.e., a capacity of 172 beds. The State will fund Crisis Residential Services in Region 11 through the Region 11 CMHC or another DMH certified provider so that these services are available before the end of FY22; The State will continue providing access to Crisis Residential Services for Region 15 in neighboring Regions and will evaluate the access of Region 15 citizens to Crisis Residential Services.

The State will monitor performance of Crisis Residential Services



Intensive Community Support

- Programs of Assertive Community Treatment (PACT): 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. 10 teams
- Intensive Community Outreach and Recovery Teams (ICORT). ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for adults with a severe and persistent mental illness. 16 teams
- Intensive Community Support Specialists (ICSS). ICSS are clinical professionals who work with a small caseload of individuals with the most serious mental illness (maximum 20), generally in communities where PACT and ICORT services are impractical. 35 specialists



Peer Support

- At every main CMHC Office
- Peer Bridger programs at the state hospitals.



Permanent Supported Housing

Mississippi will sustain the current capacity of CHOICE including \$150,000 in additional funding provided to CHOICE Providers in FY 21 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.



Supported Employment

The State will provide 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 using one of these methods.



Medication Access

- These funds will be used to provide medication access to people in the community who have a serious mental illness 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.
- CMHC will document that it 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 and eligibility can be renewed for up to one year.



Diversion from State Hospitals

During the pre-evaluation screening process, CMHCs will determine if a person meets the criteria for intensive community services —and arrange those services if appropriate. During the pre-evaluation screening process, CMHCs will 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 has ordered the person to be committed to a State Hospital.



**Connecting individuals with serious
mental illness to care.**

Offer services to people included in original clinical review



Discharge Planning

- Begin within 24 hours and identify persons strengths, preferences and desired outcomes
- Referral to appropriate services, including intensive community supports
- Assistance with securing or reactivating public benefits
- Coordination with community provider so that medication access is not disrupted
- Identify crisis supports
- Include an anticipated discharge date



Discharge Planning

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.



Discharge Planning

Prior to the person's discharge from the State Hospital, staff of the CMHC that will be serving the person upon discharge will meet with the person, either in person or via videoconference, to conduct assertive engagement and enroll the person in appropriate services.



Technical Assistance

The State will provide 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 Hospitals.

Mississippi will provide technical assistance to providers including competency-based training, consultation, and coaching. The technical assistance shall be provided by persons who have demonstrated substantial experience implementing the Core Services.



Data

- Admissions to Residential Crisis Services locations, by location broken down by CMHC region and by county, and admissions to State Hospitals from Residential Crisis Services and where Residential Crisis Services were not provided;
- Calls to Mobile Crisis Teams, with the number of calls leading to a mobile team visit, the average time from call to visit, the number of calls where the time to visit exceeded limits in the DMH Operational Standards and disposition of the call and/or Mobile Team visit;
- Civil commitments to State Hospitals by CMHC region and by county;
- 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);
- Individuals who remain hospitalized in State Hospitals for over 180 days;
- Persons receiving each Core Service by CMHC region and by county;
- Number of units of each Core Service reimbursed through Medicaid by CMHC region and by county.



Website

Beginning at the end of FY22, and until the case is terminated, Mississippi will post on agency websites and provide on an annual basis to the DOJ and Monitor the data described



Audience Feedback for the Panel



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