

Families as Allies  
840 E. River Place, Suite 500  
Jackson, MS 39202  
June 1, 2021



Drew Snyder, Executive Director  
Division of Medicaid, Office of the Governor, Office of Policy  
Walter Sillers Building, Suite 1000,  
550 High Street,  
Jackson, Mississippi 39201

Dear Mr. Snyder:

Thank you for the opportunity to submit public comments on proposed policy changes to Title 23: Division of Medicaid Part 206: Mental Health Services Part 206 Chapter 1: Community Mental Health Services. I am respectfully submitting these comments on behalf of [Families as Allies](http://www.familiesasallies.org).

- As you know, Mississippi's mental health system was found in violation of the Americans with Disabilities Act in September 2019. Barring an appeal that we are concerned would only further delay people with mental illness receiving the services and supports they need to live in the community, a remedy will soon be imposed on the state's mental health system by Judge Carlton Reeves. This remedy is likely to have implications for how Medicaid is used and how the Department of Mental Health (DMH) will coordinate with the Division of Medicaid (DOM). ***We recommend that no changes be made until it is known what coordination, services and supports this remedy requires and then update the policies accordingly.***
- Both sides in the lawsuit (the State of Mississippi and the United States) were ordered by Judge Reeves to submit proposed remedial plans. [The remedial plan that the US Department of Justice \(DOJ\) proposes](#) relies only on the nationally recognized, evidence-based practices that the DMH currently certifies. If the judge chooses to accept the DOJ's proposed remedial plan, it would make some of the services (for example, Intensive Community Outreach and Recovery Teams) included in this policy irrelevant, unless they could be shown to be evidence-based. Regardless of whether or not those services are eventually found to be evidence-based, that process would take time and the standards would not be applicable during that time. As stated above, ***we recommend that no changes be made until it is known what coordination, services and supports this remedy requires and then update the policies accordingly.***
- The goal of a responsive system of care for mental health is for people with mental illness to be able to live and work (and for children to go to school) in the community. There is evidence that when [housing](#) and [employment](#) are the first areas of focus, adults with mental illnesses do better overall, including managing their symptoms. The proposed policies focus heavily on therapy and treatment and do not

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explain how providers will be accountable for approaches such as [supported employment](#) and [supported housing](#) that have been shown to help people live in the community. If the plan is simply to refer individuals to another agency for supported employment, that is not likely a robust enough approach to meet the true demand for such supports given the ongoing support and flexibility that are required. ***It would likely be more clinically and cost effective in the long run to consider supported employment as a Medicaid reimbursable service. At a minimum, the policies should require that providers coordinate with supported housing and supported employment in an accountable manner***

- ***The Employment Specialist is removed from PACT teams. This role is essential to the fundamental purpose of PACT teams and we believe it should be restored.***
- [According to its website](#), "in FY19, DMH piloted an Intensive Community Outreach and Recovery Team (ICORT), with the Region 2 CMHC, Communicare. In FY20, DMH provided four grants for ICORTs in regions that did not have a PACT Team. ICORTs are able to target more rural areas where there may be staffing issues or clients are spread out over a large geographical area." This is somewhat confusing given that there are models for rural PACT teams and it is unclear if the composition of ICORT teams is consistent with those models. Dr. Michael Hogan, the Special Master in the mental health lawsuit and a national expert on community-based services is submitting his report on the parties' proposed remedial plans by June 4, the same day these public comments are due. ***We recommend delaying the inclusion of ICORT in these policies until it is known if Dr. Hogan advises that ICORT teams appear to be an evidence-based version of rural PACT teams.***
- These policies appear to propose that ICORT teams could be used for children, possibly in place of Wraparound. This would mean that children would receive a service that is a yet unproven adaptation of an intervention meant for adults rather than wraparound, a nationally accepted best practice for children with agreed upon standards of fidelity and a practice that is being examined and can likely be improved upon through a related DOM policy that is currently open for public comment. ***We recommend that if children meet the current definition of eligibility for ICORT, that Wraparound that is delivered with fidelity to all of its fundamental values, including family voice and choice, be considered instead. If ICORT teams are used with children, they should be separate teams from adult teams and require a parent peer support specialist rather than the more generic term of peer support specialist. This also means that the requirements for a Wraparound facilitator should not be removed unless this is covered by another policy.***

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- These proposed policies eliminate language that includes families and other caretakers in the care of their loved one. Families are often their family member's greatest advocates and one of their most essential supports. ***We urge the DOM to not remove any language involving the inclusion of families and caretakers.***
- These policies replace the word acquisition of skills with restoration of skills. This is not consistent with a resiliency/recovery-based system of care. In a resiliency/recovery-based system of care, individuals should be supported in acquiring new skills, especially those associated with living, working and going to school in the community. ***We recommend that acquisition not be deleted in any place that it occurs, even if restoration is added to the phrase.***
- We submitted feedback on these policies to the DMH in June 2020 when they were open for comment as part of the updated standards. We understand that the DMH certifies the services and the DOM is the payment source. We are not always clear to whom and how concerns should be directed. ***If any of the comments we just shared should be directed to other parties in addition to or instead of the DOM, please advise us in that regard.***

Thank you again for the opportunity to share these comments. If we can provide further information or support, we are happy to do so.

Sincerely,

A handwritten signature in black ink that reads "Joy Hogge".

Joy Hogge, PhD  
Executive Director