



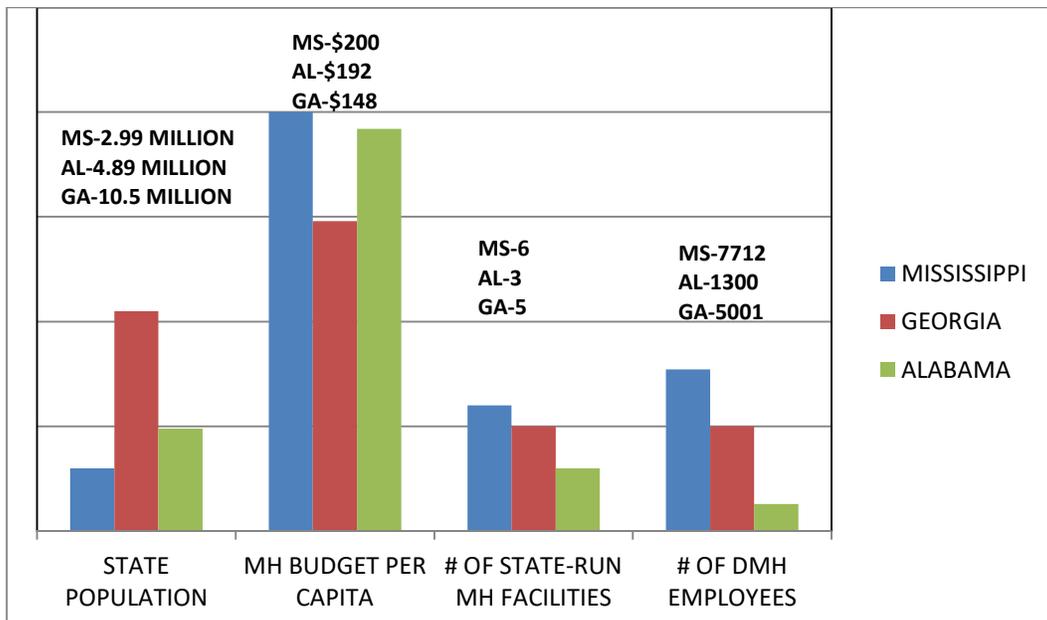
SHARING OUR VISION FOR 2020: A COORDINATED SYSTEM OF CARE FOR MENTAL HEALTH IN MISSISSISSIPPI

For 30 years and through five presidential administrations, multiple legislative PEER reports, repeated system evaluations and longstanding federal legal action, Mississippi has been under scrutiny for its care of people with mental illness. *Although there are differing perspectives on how to improve Mississippi's mental health system and the role of the federal government in doing so, we encourage all policy makers to unite in these actions.*

Investigate Options for Better Coordination of Mississippi's System of Care for

Mental Health: Information presented at the recent mental health trial revealed that the same people are often cycling in and out of the institutions due to a lack of coordination with the community system. Evidence also showed that some people who currently qualify for Medicaid benefits are not being assisted to obtain them and that funds the legislature appropriated for community services are sometimes being left on the table. These problems appear to be due to there not being an overarching infrastructure to coordinate the Department of Mental Health, the Division of Medicaid, the State-run psychiatric facilities and the community providers.

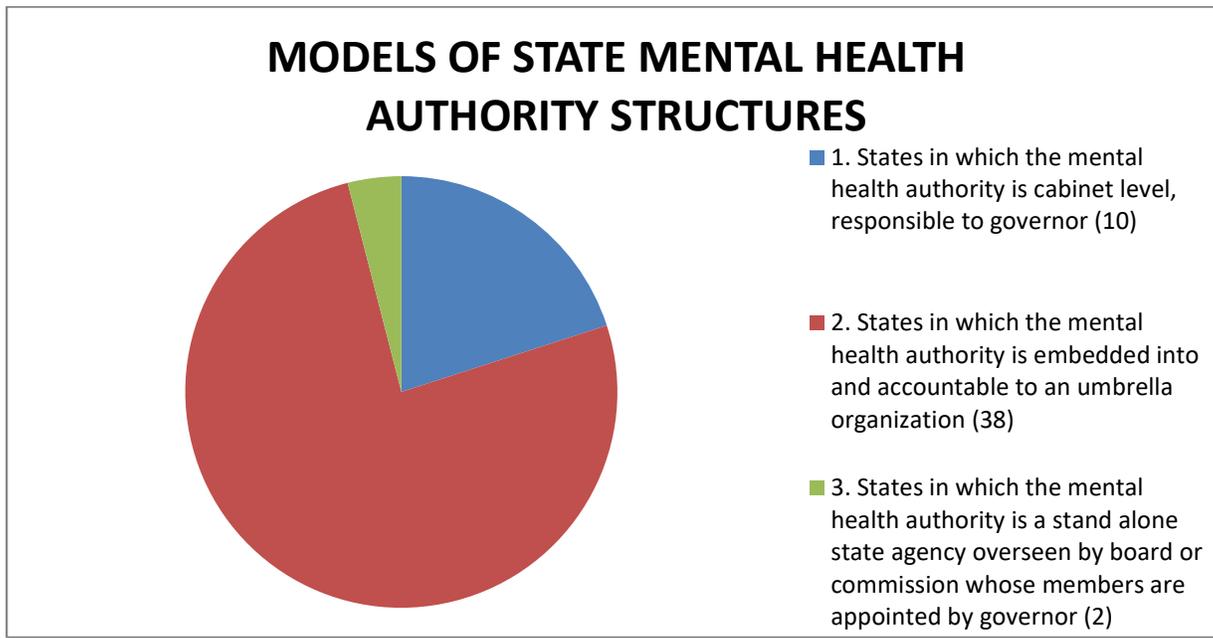
Examine the Current Use of Funding: A Snapshot of Mental Health Systems In Three Southern States



Use Relevant PEER Reports and Other Documents:

- [June 2008 PEER Report, *Planning for the Delivery of Mental Health Services in Mississippi: A Policy Analysis*](#)
- [2014 PEER Report, *A Review of the Closure of the Mississippi State Hospital's Community Services Division*](#)
- [Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Service Delivery Environment](#)
- [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, October 2017, A Joint Report with the Treatment Advocacy Center and National Association of State Mental Health Program Directors](#)
- [Independent Assessments of the Adult and Children's Systems](#)

Explore Different Models of State Mental Health Authority Structures:



1. AL, CT, MA, MO, NY, OH, OK, RI, TN, VA (10)

2. AK, AR, AZ, CA, CO, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MT, NC, ND, NE, NH, NJ, NM, NV, OR, PA, SD, TX, UT, VT, WA, WI, WV, WY (38)

3. MS, SC (2)

Think Best Use of Beds rather than Beds vs. No Beds:

"A full continuum of care includes a sufficient number of beds to meet the acute, intermediate and long-term needs of those individuals with mental illness who require more intense or specialized services than are available in the community." Beyond Beds, October 2017

Demand a system that ensures that beds across all sectors of the mental health system are used in the most helpful way for those who most need them and that the system can account for their use.

Consider Possible Next Steps for the Legislature:

1. Start by creating a partnership with people with mental illness, their families and the organizations that represent them to plan and implement next steps and to participate in the legislative task force process.
2. Conduct statewide town halls to learn how citizens experience the system.
3. Hold legislative public hearings with the DMH board and leadership to learn their plans to better coordinate the mental health system.
4. Conduct a review of structural recommendations from the 2014 independent assessments and the Mississippi Health Agency Reorganization Act of 2017 to determine their current relevance, including exploring how Mental Health Authorities are structured in other states and if any of these models would be helpful to Mississippi.
5. Request that the PEER committee provide a progress update to the recommendations made in its 2008, 2014 and 2015 reports to the legislature, and that the committee conduct a study of the best way to structure Mississippi's system of care for mental health.