MISSISSIPPI LEGISLATURE REGULAR SESSION 2011

By: Representative Clark

To: Public Health and Human Services

HOUSE BILL NO. 950

AN ACT TO AMEND SECTION 43-14-1, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE MISSISSIPPI STATEWIDE SYSTEM OF CARE FOR CHILDREN WITH SERIOUS EMOTIONAL/BEHAVIORAL DISORDERS SHALL BE DESIGNED TO REDUCE THE RELIANCE ON STATE-RUN AND PRIVATE INSTITUTIONS FOR CHILDREN AND YOUTH AND EXPAND THE AVAILABILITY OF INTENSIVE HOME- AND COMMUNITY-BASED SERVICES; TO PROVIDE THAT ONE OF THE OUTCOMES OF THE SYSTEM OF CARE IS TO PERMANENTLY REDUCE THE NUMBER OF STATE-RUN PSYCHIATRIC BEDS AND DIVERT FUNDING TO COMMUNITY-BASED SERVICES; TO PROVIDE THAT THE COMMUNITY MENTAL HEALTH CENTERS AND COUNTY FIELD OFFICES OF THE DEPARTMENT OF HUMAN SERVICES SHALL BE RESPONSIBLE FOR CONDUCTING EPSDT SCREENINGS AND ENSURING THAT ELIGIBLE CHILDREN AND YOUTH RECEIVE MEDICALLY NECESSARY SERVICES UNDER THE SYSTEM OF CARE; TO REMOVE THE LIMITATION ON "A" TEAMS PROVIDING SYSTEM OF CARE SERVICES ONLY FOR NONVIOLENT YOUTHFUL OFFENDERS WHO HAVE SERIOUS BEHAVIORAL OR EMOTIONAL DISORDERS; TO PROVIDE THAT THE INTERAGENCY SYSTEM OF CARE COUNCIL SHALL DEVELOP A PRE-SCREENING EVALUATION TOOL TO IDENTIFY CHILDREN AND YOUTH WITH SERIOUS BEHAVIORAL AND EMOTIONAL DISORDERS WHO CAN BE SERVED WITH INTENSIVE HOME- AND COMMUNITY-BASED SERVICES AND DIVERTED FROM A STATE-RUN OR PRIVATE INSTITUTIONAL PLACEMENT; TO PROVIDE THAT THE DEPARTMENT OF MENTAL HEALTH MAY NOT ACCEPT ANY CHILD FOR AN INSTITUTIONAL PLACEMENT WITHOUT A COMPLETED PRE-SCREEN EVALUATION; TO PROVIDE THAT THE INTERAGENCY SYSTEM OF CARE COUNCIL SHALL PROVIDE EDUCATIONAL AND PROMOTIONAL ACTIVITIES REGARDING THE PRE-SCREENING TOOL THAT ARE AIMED AT REDUCING THE COMMITMENTS TO OAK CIRCLE CENTER, THE BRADLEY A. SANDERS ADOLESCENT COMPLEX AND THE SPECIALIZED TREATMENT FACILITY FOR THE EMOTIONALLY DISTURBED; TO PROVIDE THAT THE INTERAGENCY SYSTEM OF CARE COUNCIL SHALL DESIGNATE PERSONS TO SERVE ON AN INTENSIVE HOME-BASED SERVICES TEAM, WHICH SHALL PLAN AND IMPLEMENT AN EXPANSION OF INTENSIVE HOME-BASED SERVICES TO FACILITATE DIVERSION FROM HOSPITALS AND RESIDENTIAL FACILITIES AND REDUCE INSTITUTIONAL COMMITMENTS AND BEDS; TO PROVIDE THAT THE INTENSIVE HOME-BASED SERVICES TEAM SHALL REDUCE THE OCCUPANCY OF STATE INSTITUTIONS BY IDENTIFYING YOUTH WHO HAVE BEEN IN A STATE FACILITY FOR NINETY DAYS OR MORE AND DEVELOPING FOR EACH CHILD A UNIQUE TEAM THAT SHALL IDENTIFY THE SERVICES THAT WOULD BE REQUIRED TO RETURN THE YOUTH TO HIS OR HER HOME COMMUNITY; TO PROHIBIT THE DEPARTMENT OF HUMAN SERVICES FROM USING PUBLIC OR PRIVATE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES AS A PLACEMENT FOR CHILDREN WHO COULD BE SERVED IN A LESS-RESTRICTIVE ENVIRONMENT; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 43-14-1, Mississippi Code of 1972, is amended as follows:

43-14-1. (1) The purpose of this chapter is to provide for the development, implementation and oversight of a coordinated interagency system of necessary services and care for children and youth, called the Mississippi Statewide System of Care, up to age twenty-one (21) with serious emotional/behavioral disorders including, but not limited to, conduct disorders, or mental illness who require services from a multiple services and multiple programs system, and who can be successfully diverted from inappropriate institutional placement. The Mississippi Statewide System of Care is designed to reduce the reliance on state-run and private institutions for children and youth and expand the availability of intensive home- and community-based services. The Mississippi Statewide System of Care is to be conducted in the most fiscally responsible (cost-efficient) manner possible, based on an individualized plan of care which takes into account other available interagency programs, including, but not limited to, Early Intervention Act of Infants and Toddlers, Section 41-87-1 et seq., Early Periodic Screening Diagnosis and Treatment, Section 43-13-117(5), waivered program for home- and community-based services for developmentally disabled people, Section 43-13-117(29), and waivered program for targeted case management services for children with special needs, Section 43-13-117(31), those children identified through the federal Individuals with Disabilities Education Act of 1997 as having a serious emotional disorder (EMD), the Mississippi Children's Health Insurance Program and waivered programs for children with serious emotional disturbances, Section 43-13-117(46), and is tied to clinically and functionally appropriate outcomes. Some of the outcomes are to reduce the number of inappropriate out-of-home placements inclusive of those out of state; permanently reduce the number of state-run psychiatric beds and divert funding to community-based

services; and to reduce the number of inappropriate school suspensions and expulsions for this population of children. This coordinated interagency system of necessary services and care shall be named the Mississippi Statewide System of Care. Children to be served by this chapter who are eligible for Medicaid shall be screened through the Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) and their needs for medically necessary services shall be certified through the EPSDT process. The community mental health centers and county field offices of the Department of Human Services shall be responsible for conducting EPSDT screenings and ensuring that eligible children and youth receive medically necessary services. For purposes of this chapter, the Mississippi Statewide System of Care is defined as a coordinated network of agencies and providers working as a team to make a full range of mental health and other necessary services available as needed by children with mental health problems and their families. The Mississippi Statewide System of Care shall be:

(a) Child centered, family focused, family driven and youth guided;

(b) Community based;

(c) Culturally competent and responsive; and shall provide for:

(i) Service coordination or case management;

(ii) Prevention and early identification and intervention;

(iii) Smooth transitions among agencies and providers, and to the transition-age and adult service systems;

(iv) Human rights protection and advocacy;

(v) Nondiscrimination in access to services;

(vi) A comprehensive array of services composed of treatment and informal supports that are identified as best practices and/or evidence-based practices;

(vii) Individualized service planning that uses a strengths-based, wraparound process;

(viii) Services in the least restrictive environment;

(ix) Family participation in all aspects of planning, service delivery and evaluation; and

(x) Integrated services with coordinated planning across child-serving agencies.

Mississippi Statewide System of Care services shall be timely, intensive, coordinated and delivered in the community. Mississippi Statewide System of Care services shall include, but not be limited to, the following:

(a) Comprehensive crisis and emergency response services;

(b) Intensive case management;

(c) Day treatment;

(d) Alcohol and drug abuse group services for youth;

(e) Individual, group and family therapy;

(f) Respite services;

(g) Supported employment services for youth;

(h) Family education and support and family partners;

(i) Youth development and support and youth partners;

(j) Positive behavioral supports (PBIS) in schools;

(k) Transition-age supported and independent living services; and

(l) Vocational/technical education services for youth.

(2) There is established the Interagency Coordinating Council for Children and Youth (hereinafter referred to as the "ICCCY"). The ICCCY shall consist of the following membership:

(a) The State Superintendent of Public Education;

(b) The Executive Director of the Mississippi Department of Mental Health;

(c) The Executive Director of the State Department of Health;

(d) The Executive Director of the Department of Human Services;

(e) The Executive Director of the Division of Medicaid, Office of the Governor;

(f) The Executive Director of the State Department of Rehabilitation Services;

(g) The Executive Director of Mississippi Families as Allies for Children's Mental Health, Inc.;

(h) The Attorney General;

(i) A family member of a child or youth in the population named in this chapter designated by Mississippi Families as Allies;

(j) A youth or young adult in the population named in this chapter designated by Mississippi Families as Allies;

(k) A local MAP team coordinator designated by the Department of Mental Health;

(l) A child psychiatrist experienced in the public mental health system designated by the Mississippi Psychiatric Association;

(m) An individual with expertise and experience in early childhood education designated jointly by the Department of Mental Health and Mississippi Families as Allies;

(n) A representative of an organization that advocates on behalf of disabled citizens in Mississippi designated by the Department of Mental Health; and

(o) A faculty member or dean from a Mississippi university specializing in training professionals who work in the Mississippi Statewide System of Care designated by the Board of Trustees of State Institutions of Higher Learning.

If a member of the council designates a representative to attend council meetings, the designee shall bring full

decision-making authority of the member to the meeting. The council shall select a chairman, who shall serve for a one-year term and may not serve consecutive terms. The council shall adopt internal organizational procedures necessary for efficient operation of the council. Each member of the council shall designate necessary staff of their departments to assist the ICCCY in performing its duties and responsibilities. The ICCCY shall meet and conduct business at least twice annually. The chairman of the ICCCY shall notify all ICCCY members and all other persons who request such notice as to the date, time, place and draft agenda items for each meeting.

(3) The Interagency System of Care Council (ISCC) is created to serve as the state management team for the ICCCY, with the responsibility of collecting and analyzing data and funding strategies necessary to improve the operation of the Mississippi Statewide System of Care, and to make recommendations to the ICCCY and to the Legislature concerning such strategies on, at a minimum, an annual basis. The System of Care Council also has the responsibility of coordinating the local Multidisciplinary Assessment and Planning (MAP) teams and "A" teams and may apply for grants from public and private sources necessary to carry out its responsibilities. The Interagency System of Care Council shall be comprised of one (1) member from each of the appropriate child-serving divisions or sections of the State Department of Health, the Department of Human Services (Division of Family and Children Services and Division of Youth Services), the State Department of Mental Health (Division of Children and Youth, Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual and Developmental Disabilities), the State Department of Education (Office of Special Education and Office of Healthy Schools), the Division of Medicaid of the Governor's Office, the Department of Rehabilitation Services, and the Attorney General's office. Additional members shall include a family member of a child, youth

or transition-age youth representing a family education and support 501(c)3 organization, working with the population named in this chapter designated by Mississippi Families as Allies, an individual with expertise and experience in early childhood education designated jointly by the Department of Mental Health and Mississippi Families as Allies, a local MAP team representative and a local "A" team representative designated by the Department of Mental Health, a probation officer designated by the Department of Corrections, a family member and youth or young adult designated by Mississippi Families as Allies for Children's Mental Health, Inc., (MSFAA), and a family member other than a MSFAA representative to be designated by the Department of Mental Health and the Director of the Compulsory School Attendance Emforcement of the State Department of Education. Appointments to the Interagency System of Care Council shall be made within sixty (60) days after June 30, 2010. The council shall organize by selecting a chairman from its membership to serve on an annual basis, and the chairman may not serve consecutive terms.

(4) (a) As part of the Mississippi Statewide System of Care, there is established a statewide system of local Multidisciplinary Assessment, Planning and Resource (MAP) teams. The MAP teams shall be comprised of one (1) representative each at the county level from the major child-serving public agencies for education, human services, health, mental health and rehabilitative services approved by respective state agencies of the Department of Education, the Department of Human Services, the Department of Health, the Department of Mental Health and the Department of Rehabilitation Services. These agencies shall, by policy, contract or regulation require participation on MAP teams and "A" teams at the county level by the appropriate staff. Three (3) additional members may be added to each team, one (1) of which may be a representative of a family education/support 501(c)3 organization with statewide recognition and specifically

established for the population of children defined in this section. The remaining members will be representatives of significant community-level stakeholders with resources that can benefit the population of children defined in this section. The Department of Education shall assist in recruiting and identifying parents to participate on MAP teams and "A" teams.

(b) For each local existing MAP team that is established pursuant to paragraph (a) of this subsection, there shall also be established an "A" (Adolescent) team which shall work with a MAP team. The "A" teams shall provide System of Care services for youthful offenders who have serious behavioral or emotional disorders. Each "A" team shall be comprised of, at a minimum, the following five (5) members:

(i) A school counselor, mental health therapist or social worker;

(ii) A community mental health professional;

(iii) A social services/child welfare professional;

(iv) A youth court counselor; and

(v) A parent who had a child in the juvenile justice system.

(c) The Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council shall work to develop MAP teams statewide that will serve to become the single point of entry for children and youth about to be placed in out-of-home care for reasons other than parental abuse/neglect.

(5) The Interagency Coordinating Council for Children and Youth may provide input to one another and to the ISCC relative to how each agency utilizes its federal and state statutes, policy requirements and funding streams to identify and/or serve children and youth in the population defined in this section. The ICCCY shall support the implementation of the plans of the respective

state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children.

(6) The ICCCY shall oversee a pool of state funds that may be contributed by each participating state agency and additional funds from the Mississippi Tobacco Health Care Expenditure Fund, subject to specific appropriation therefor by the Legislature. Part of this pool of funds shall be available for increasing the present funding levels by matching Medicaid funds in order to increase the existing resources available for necessary community-based services for Medicaid beneficiaries.

(7) The local interagency coordinating care MAP team or "A" team will facilitate the development of the individualized System of Care programs for the population targeted in this section.

(8) Each local MAP team and "A" team shall serve as the single point of entry and re-entry to ensure that comprehensive diagnosis and assessment occur and shall coordinate needed services through the local MAP team and "A" team members and local service providers for the children named in subsection (1). Local children in crisis shall have first priority for access to the MAP team and "A" team processes and local System of Care services.

(9) The Interagency Coordinating Council for Children and Youth shall facilitate monitoring of the performance of local MAP teams.

(10) Each ICCCY member named in subsection (2) of this section shall enter into a binding memorandum of understanding to participate in the further development and oversight of the Mississippi Statewide System of Care for the children and youth described in this section. The agreement shall outline the system responsibilities in all operational areas, including ensuring representation on MAP teams, funding, data collection, referral of children to MAP teams and "A" teams, and training. The agreement shall be signed and in effect by July 1 of each year.

(11) The Interagency System of Care Council shall develop a pre-screening evaluation tool to identify children and youth with serious behavioral and emotional disorders who can be served with intensive home- and community-based services and diverted from a state-run or private institutional placement. The tool shall be developed to identify youth who are (a) at risk for unnecessary institutional placement; and (b) have a medical need for community-based mental health services.

(12) The Department of Mental Health may not accept any child for an institutional placement without a completed pre-screen evaluation, to evaluate youth referred for inpatient commitment or residential treatment to prevent unnecessary institutional placement and reduce the overall use of inpatient treatment throughout the state. The following entities are responsible for administering the pre-screen evaluation: case managers with the Department of Human Services, community mental health centers and crisis stabilization units.

(13) The Interagency System of Care Council shall provide educational and promotional activities regarding the pre-screening tool that are aimed at reducing by thirty percent (30%) the commitments to Oak Circle Center, the Bradley A. Sanders Adolescent Complex at East Mississippi State Hospital, and the Specialized Treatment Facility for the Emotionally Disturbed by July 1, 2013. It is the intent that the Department of Mental Health reduce by thirty percent (30%) the total number of beds at Oak Circle Center, the Bradley A. Sanders Adolescent Complex at East Mississippi State Hospital, and the Specialized Treatment Facility for the Emotionally Disturbed by July 1, 2013.

(14) The Interagency System of Care Council shall designate one (1) individual from the Department of Mental Health, Department of Human Services, the Division of Medicaid, State Department of Health, State Department of Education, the Department of Rehabilitation Services, a child advocacy 501(c)(3)

organization, and a family member designated by Mississippi Families as Allies for Children's Mental Health, Inc., to serve on an Intensive Home-Based Services Team. The Intensive Home-Based Services Team shall plan and implement an expansion of intensive home-based services to facilitate diversion from hospitals and residential facilities and a thirty percent (30%) reduction in institutional commitments and beds by July 1, 2013. The Intensive Home-Based Services Team shall review commitments to state-run facilities to identify youth who should be served through intensive home-based services and shall identify youth currently in a state-run facility who should be served with intensive home-based services. The Intensive Home-Based Services Team also shall review the placement of foster children in private psychiatric residential treatment facilities and therapeutic group homes to identify youth who should be served through intensive home-based services and/or therapeutic foster care.

(15) The Intensive Home-Based Services Team also shall reduce the occupancy of state institutions by identifying youth who have been in a state facility for ninety (90) days or more and developing for each child a unique team comprised of the child, his or her family, a Department of Human Service social worker (when appropriate), a youth court counselor (when appropriate), an attorney (when appropriate), and a representative from the community mental health center/service provider. The team shall identify the services, such as in-home supports or therapeutic foster care, that would be required to return the youth to his or her home community. The Department of Mental Health shall implement policies and procedures to ensure that on or before his or her ninetieth day of commitment, a unique child and family team is developed for each youth committed to the custody of the department that, within ninety (90) days, identifies the services needed to support the youth in the community and accesses those services for the youth, if available.

(16) The Department of Human Services is prohibited from using public or private psychiatric residential treatment facilities as a placement for children who could be served in a less-restrictive environment; and is required to provide children in department custody with medically necessary home- and community-based services. The department is further prohibited from using secure detention facilities to hold children in its custody that are awaiting placement at a group home, shelter, therapeutic group home or treatment facility.

(17) The expansion of intensive home- and community-based services will be funded directly through the money saved from the closure of state-run facilities and/or reduction of inpatient beds.

SECTION 2. This act shall take effect and be in force from and after July 1, 2011.