

MISSISSIPPI MENTAL HEALTH SERVICES FOR CHILDREN:

AN OVERVIEW

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A. INTRODUCTION

Mental health is a significant issue for youth both nationally and in Mississippi. In order to grow into productive citizens who contribute to society, children must experience healthy mental development. While a variety of agencies offer noteworthy services to ensure that this healthy development is achieved, many children who need mental health services never receive the appropriate care.

If we are to take steps to tackle this problem, understanding the scope is essential. In 2003, the Department of Health and Human Services reported that twenty percent of children across the United States have a mental disorder that could be diagnosed. Furthermore, ten percent of children ages 12-17 have a mental health problem that is critical enough to interfere with daily functioning.¹ A serious mental problem can develop as early as seven to 11 years old, and many of factors that indicate mental illness can be recognized and isolated at a young age.² Unfortunately, most mental health systems do not reach these vulnerable children at the early stage of development. The American Journal of Psychiatry has estimated that a vast majority – 75% to 80% – of children do not receive the mental health services necessary to address their specific mental issues.³ In addition, it is important to note that the type of health insurance does little to affect the delivery of services – 73% of children with some kind of public health insurance and 79% of those with private insurance have mental health needs which have not been addressed.⁴

¹ Mental Health America, “Children’s Mental Health Statistics,” 2009. *Available at:* <http://www1.nmha.org/children/prevent/stats.cfm>.

² Rachel Masi and Janice Cooper, “Children’s Mental Health: Facts for Policymakers,” National Center for Children in Poverty. Nov. 2006, p. 1. *Available at:* http://nccp.org/publications/pdf/text_687.pdf.

³ Ibid.

⁴ Ibid.

In Mississippi, analyzing information about suicide among youth provides one indicator of the severity of mental health issues in the state. In 2005, the Centers for Disease Control and Prevention reported suicide as the third leading cause of death for children in Mississippi ages 11 to 18 – the suicide rate for teens is almost as great as the rate of death from all natural causes combined.⁵ In 2007, the National Survey on Drug Use and Health Promotion revealed that eight percent of Mississippi children ages 12 to 17 had experienced a period of major depression within the past year.⁶ This rate is comparable to other states in the South: for Georgia the rate was also eight percent; for Tennessee and Alabama, the rate was slightly higher at nine percent; and for Louisiana, the rate was slightly lower at seven percent.⁷ Finally, for secondary school students in Mississippi, 28.2% feel depressed enough over a two-week period to stop engaging in their normal course of activities, and 13.4% sincerely contemplate suicide.⁸

B. THE MISSISSIPPI MENTAL HEALTH SYSTEM

Mississippi has established significant measures to help combat mental health issues among its youth. The (modern) Mississippi Department of Mental Health was established in 1974, and it is charged with addressing problems of mental illness, mental retardation, developmental disabilities, and substance abuse and dependence.⁹ In terms of services for children, the Department currently operates two psychiatric in-patient facilities that admit children: the East Mississippi State Hospital in Meridian and the Mississippi State Hospital in Whitfield. The Department also operates the Specialized Treatment Facility for the Seriously

⁵ Teen Screen: National Center for Mental Health Checkups at Columbia University, “Mississippi Youth Mental Health Fact Sheet,” July 2008. *Available at:* <http://www.teenscreen.org/mississippi-youth-mental-health-fact-sheet>.

⁶ *Ibid.*

⁷ Teen Screen: National Center for Mental Health Checkups at Columbia University, “South/Southeast Mental Health Fact Sheets,” July 2008. *Available at:* <http://www.teenscreen.org/south/southeast>.

⁸ “Mississippi Youth Mental Health Fact Sheet.”

⁹ The Mississippi Department of Mental Health, “DMH: About Us,” 2007. *Available at:* http://www.dmh.state.ms.us/about_us.htm.

Emotionally Disturbed which is located in Gulfport.¹⁰ As for services which can be accessed on a daily basis, the Department certifies and funds privately-run Regional Community Mental Health Centers – there are fifteen such centers throughout the state.¹¹

1. DEPARTMENT OF MENTAL HEALTH FACILITIES

To be admitted to a Department-operated psychiatric facility, an individual must complete an affidavit at Chancery Court. He or she must also undergo a pre-evaluation at a mental health center; if such a screening implies that a commitment is necessary, the next step is to be examined by either a physician and a licensed psychologist, or two physicians. Based on the recommendation of these experts and any other evidence presented, a judge will then decide if hospital treatment should follow and whether it should occur at an inpatient or outpatient facility.¹²

The East Mississippi State Hospital serves thirty-one counties in the eastern part of the state, stretching from the border with Tennessee down to the Gulf Coast.¹³ Services for adolescents are located in the Bradley A. Sanders Complex, which has been open since July 2002. The Complex treats acute psychiatric illnesses for adolescent males aged 12 to 17 years, 11 months.¹⁴ Treatment for substance abuse and dependence is also offered for male youth from any county in the state. Court orders for admission must come from the Chancery, Family, Youth, or Tribal Court.¹⁵ The Complex includes fifty residential beds and an education center,

¹⁰ The Mississippi Department of Mental Health, “DMH: Mental Health Services,” 2007. *Available at:* http://www.dmh.state.ms.us/mental_health_facilities_children.htm.

¹¹ The Mississippi Department of Mental Health, “DMH: Children and Youth Mental Health Services,” 2007. *Available at:* http://www.dmh.state.ms.us/children_community_services.htm.

¹² The Mississippi Department of Mental Health, “DMH: Mental Health Services,” 2007. *Available at:* http://www.dmh.state.ms.us/mental_health_admissions.htm.

¹³ East Mississippi State Hospital, “Mission,” 2009. *Available at:* <http://www.emsh.state.ms.us/>.

¹⁴ East Mississippi State Hospital, “Adolescent Services: About Us,” 2009. *Available at:* http://www.emsh.state.ms.us/Adolescent_Website/index_files/Page365.htm.

¹⁵ East Mississippi State Hospital, “Bradley A. Sanders Adolescent Complex,” 2009. *Available at:* http://www.emsh.state.ms.us/Adolescent_Website/index.htm.

the Magnolia Grove School. The school provides instruction based on individual client needs and helps with transitions back to regular school settings.¹⁶ Recently, the Complex, in conjunction with the Weems Community Mental Health Center, was awarded a Strategic Prevention Framework State Incentive Grant from the U.S. Substance Abuse Mental Health Administration. The grant provides funds to local agencies with plans to reduce and prevent underage drinking.¹⁷

The Mississippi State Hospital has 915 certified psychiatric beds in total (with 60 beds at the Oak Circle Center for youth)¹⁸ and 418 nursing home beds; it also offers a variety of community service programs.¹⁹ The Oak Circle Center at the Hospital serves children of both sexes from age 4 to 17 years, 11 months.²⁰ The Center has five units: one for young children, two for adolescent girls, and two for adolescent boys.²¹ It provides acute, short-term treatment for individuals who are experiencing critical issues in functioning academically, psychologically, socially, or emotionally. The Center also offers educational instruction through the Lakeside School, and admissions are authorized by the Youth Court rather than the Chancery Court.²²

Finally, the Specialized Treatment Facility opened in September 2004 and offers residential services for adolescents of both sexes from ages 13 to 21. The Facility has space for 48 clients from any part of Mississippi.²³ In order to be admitted, the individual must have a

¹⁶ East Mississippi State Hospital, "Adolescent Services: About Us," 2009. *Available at:* http://www.emsh.state.ms.us/Adolescent_Website/index_files/Page365.htm.

¹⁷ The Meridian Star, "Local Agencies Awarded Grant to Prevent, Reduce Underage Drinking," Jan 16, 2009. *Available at:* http://www.meridianstar.com/local/local_story_017002220.html.

¹⁸ Mississippi State Department of Health, "Directory of Mississippi Health Facilities," Dec. 2008. *Available at:* http://www.msdh.state.ms.us/msdhsite/_static/resources/451.pdf.

¹⁹ Mississippi State Hospital, "Home Page," 2005. *Available at:* <http://www.msh.state.ms.us/>.

²⁰ Mississippi Hospital Association, "Miss. State Hospital Focuses on Mental Health of Children," April 29, 2004. *Available at:* <http://www.mhanet.org/i4a/headlines/headlinedetails.cfm?id=1221&archive=1>.

²¹ Mississippi State Hospital, "Child and Adolescent Services," 2005. *Available at:* http://www.msh.state.ms.us/tour/child_adol_services.htm.

²² Mississippi State Hospital, "Admissions Information," 2005, p. 2. *Available at:* <http://www.msh.state.ms.us/admissions.pdf>.

²³ Specialized Treatment Facility, "Home Page: About Us," Sept. 2008. *Available at:* <http://www.stf.state.ms.us/>.

diagnosable psychiatric disorder and show a need for long-term residential services. The Facility cannot provide services for children who have pending criminal charges, who are diagnosed primarily with substance abuse or dependence, or who need emergency psychiatric care.²⁴ Admitted patients are expected to attend individual, group, and family therapy sessions and receive educational instruction from an on-site institution.²⁵

2. REGIONAL COMMUNITY MENTAL HEALTH CENTERS

There are fifteen Regional Community Mental Health Centers throughout the state of Mississippi which offer comprehensive services to both children and adults. The Department of Mental Health describes a variety of programs offered by these centers, including: prevention and early intervention; crisis intervention and emergency response; day treatment (often at schools); case management; family education and support services; respite services; therapeutic group homes; psychiatric residential treatment facilities; and inpatient acute psychiatric care.²⁶ Together, these centers offer a statewide system of services and are the first line of public mental health resources through which children's mental health issues can be addressed (via the State Department of Mental Health).

Each mental health center is certified by the State Department of Mental Health and funded through an amalgamation of federal, state, and local monies. Individual centers are administered by regional commissions whose membership is representative of each county in the

²⁴ Specialized Treatment Facility, "Admissions," March 2009. *Available at:* <http://www.stf.state.ms.us/Admissions.htm>.

²⁵ Specialized Treatment Facility, "About Us: What We Do," Sept. 2008. *Available at:* <http://www.stf.state.ms.us/AboutUs.htm>.

²⁶ The Mississippi Department of Mental Health, "Children and Youth Mental Health Services," 2007. *Available at:* http://www.dmh.state.ms.us/children_community_services.htm.

area covered by the center.²⁷ Thus, while each center must meet the same licensure requirements, the facilities are unique in the programming they offer to the children served.

Although each facility is distinct, describing a few of the major activities will help to illustrate the types of programs and services typically offered by the regional community mental health centers. The centers may offer psychological testing to youth who display behavioral issues, who have difficulty learning, or who respond inappropriately to typical situations and stresses. A staff psychologist may administer tests to identify specific needs for a child; after interpreting results, the psychologist may offer recommendations for further treatment in targeted areas.²⁸ Many centers also offer case management services to children who have been diagnosed as seriously emotionally disturbed. Case managers are utilized in order to help these special cases benefit from clinical services more fully. Case managers often perform home visits to educate family members on aiding in a child's treatment, to assess familial relationships, to observe a child's behavior in a non-clinical, and to help a child follow through with treatment recommendations. Case managers also recognize and obtain necessary health and social services for patients. They are meant to be a link between the child and the treatment professional.²⁹

Regional community health centers also offer a variety of therapy services to youth in their care. For individual and family therapy, children receive direct, personal help with their issues; other individuals who are involved in a child's daily routine also benefit by learning how to help promote positive mental health development. Therapy sessions may take place in either the home or school environment. Children may also participate in group therapy at school,

²⁷ State Department of Mental Health, "FY 2009 Division of Children and Youth Services' Directory," Sept. 15, 2008, p. 1. *Available at:* <http://www.dmh.state.ms.us/pdf/CYSDirectory-Arial-9-15-08.pdf>.

²⁸ Warren-Yazoo Mental Health, "Child and Adolescent Services," 2008. *Available at:* <http://www.warren-yazoo.org/services.htm#C&AS>.

²⁹ Communicare, "Outpatient Treatment," 2009. *Available at:* <http://www.communicarems.org/outpatienttreat.html>.

where trained therapists can focus on more common mental health issues.³⁰ School-based services are another key component of regional community health center programming. Several public schools throughout the state offer outpatient day treatment options, in which children receive treatment for their particular issues from professionals who make on-campus visits. Children are often placed in sessions for a couple of hours on several days throughout the week. Day treatment programming is geared toward helping children function well both in school and in society at large.³¹

Additionally, regional community mental health centers may perform outreach services, providing educational information to teachers, clergy, and other professionals who come into contact with youth on a regular basis. These programs are designed to help adults recognize signs of poor mental health in children and to give these adults the tools to address such issues.³² Centers also engage in crisis intervention, in which trained professionals intervene in the lives of children who may have become a danger or are in danger.³³ Finally, a few community mental health centers, such as the Region One Center in Clarksdale, offer residential treatment for adolescents who have substance abuse issues.³⁴

3. MEDICAID RESOURCES

The Mississippi Division of Medicaid covers a number of services related to mental health. This coverage encompasses programs, such as treatment at Regional Community Mental Health Centers, which have been discussed previously. However, Medicaid also offers

³⁰ Life Help: Region 6 Mental Health, "Children's Services," 2006. *Available at:* <http://www.region6-lifehelp.org/>.

³¹ Delta Community Mental Health Services, "School Based Services," 2000. *Available at:* <http://www.dcmhs.com/school.html>.

³² Warren-Yazoo Mental Health, "Child and Adolescent Services," 2008. *Available at:* <http://www.warren-yazoo.org/services.htm#C&AS>.

³³ Life Help: Region 6 Mental Health, "Children's Services," 2006. *Available at:* <http://www.region6-lifehelp.org/>.

³⁴ Region One Mental Health Center, "Alcohol and Drug Services," 2009. *Available at:* <http://www.regionone.org/alcohol-and-drug-services.html>. Region One is also noteworthy in that it offers residential substance abuse treatment for expectant mothers and for parents with young children.

additional options in both the private and public realms, such as the EPSDT program. Below is a comprehensive bulleted summary of mental health services for youth covered by Medicaid.³⁵

- Acute Freestanding Psychiatric Facilities: Prior authorization is required for services at these institutions, but such facilities serve kids under age 21 and have an average stay of 7-10 days;
- Regional Community Mental Health Centers and Community Services Divisions of State Hospitals: Services offered by these institutions are described in the previous section;
- Federally Qualified Health Centers and Rural Health Clinics: Coverage is based on visits – an individual is allowed a medical visit and a separate mental health visit. Children under 21 can receive more visits with prior authorization and proof of medical necessity;
- Outpatient Hospital Services: Medicaid covers mental health services only when offered by an outpatient division of a general hospital;
- Psychiatric Residential Treatment Facilities: Services are covered with prior authorization for youth under age 21. Stays average a length of six months;
- Psychiatry Services by Physician or Nurse Practitioner: Twelve visits are covered for children under 21, and more may be received with proof of medical necessity and prior authorization;
- Psychiatric Units at General Hospitals: Acute psychiatric services are covered for children under 21; the average stay is 7-10 days. There is a general limit of 30 days, but more may be covered with proof of medical necessity and prior authorization;
- Inpatient Detox for Chemical Dependency: Only detoxification is covered, but the policy outlined above for psychiatric units applies if a patient receives a primary mental health diagnosis;
- Intellectual Disabilities/Developmental Disabilities: This waiver program covers patients who would be placed in an Intermediate Care Facility for the Mentally Retarded if not for the provision of community- and home-based programs. Such patients must also qualify for TANF, SSI, or Disabled Child Living at Home, or have an income up to 300% of the SSI Federal Benefit Rate;³⁶
- Therapeutic and Evaluative Mental Health Services for Children: Therapeutic and evaluative services are covered under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The EPSDT program is also known as the “Cool Kids”

³⁵ This information is taken from the Mississippi Division of Medicaid website. The citation is as follows: Mississippi Division of Medicaid, “Get Connected with your Mental Health Services,” 2009. Available at: <http://www.medicaid.ms.gov/MentalHealthServicesDetails.aspx>.

³⁶ Ibid.

Program and is essentially preventive, aimed at identifying health concerns for youth at a young age.³⁷ All services provided by the program must be medically necessary and receive prior authorization;³⁸

- Mississippi Youth Programs Around the Clock (MYPAC): This community- and home-based waiver program is an alternative to conventional Residential Treatment Facilities and serves youth under age 21 with Serious Emotional Disturbances.³⁹

C. ISSUES WITH THE PRESENT SYSTEM

Various problems emerge in taking a closer look at the mental health system in Mississippi. The Mississippi Department of Mental Health has itself identified a number of weaknesses in the system, especially with the workforce of mental health providers.

PROBLEMS WITH MENTAL HEALTH PROVIDERS: The Mississippi Department of Mental Health noted several issues related to the providers of mental health services. For example, there is a high rate of turnover for providers of children's community health services.⁴⁰ This issue is critical because continuity of care enables providers to form stable and committed bonds with children in need of mental health services. Related to this issue is the constant difficulty of finding additional staff, especially psychiatric and medical personnel at the local level, who specialize in children's services. In addition, the Department also cites the importance of increasing the knowledge and skill-level of those individuals who interact with children in the mental health system. This concern was echoed in a conversation with David Cook, Clinical Director at the Region One Community Mental Health Center.⁴¹ Mr. Cook noted that staff

³⁷ Mississippi State Department of Health, "Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)," 2009. Available at: http://www.msdh.state.ms.us/msdhsite/_static/41,0,164.html.

³⁸ Mississippi Division of Medicaid, "Get Connected with your Mental Health Services," 2009. Available at: <http://www.medicaid.ms.gov/MentalHealthServicesDetails.aspx>.

³⁹ Mississippi Division of Medicaid, "Mississippi Youth Programs Around the Clock," 2009. Available at: <http://www.medicaid.ms.gov/mypac.aspx>.

⁴⁰ Mississippi Department of Mental Health, "FY 2009 Mississippi State Plan for Community Mental Health Services," 2008. Available at: <http://www.dmh.state.ms.us/pdf/FY2009MississippiStatePlanCommunityMentalHealthServices.pdf>.

⁴¹ Conversation with David Cook, Clinical Director of Region One Community Mental Health Center, Feb. 27, 2009.

development and the quality of staff are ongoing concerns. While continuing education development programs have been established, they are insufficient to meet the needs of the community.

LACK OF COMPREHENSIVE TREATMENT OF MENTAL HEALTH NEEDS: There are also various problems related to dealing with mental health issues in a more comprehensive manner. One concern in this realm is the capability of the Department to address the specific needs of youth with co-occurring disorders in an effective and comprehensive manner. Furthermore, the Department identifies a need to enhance the ability of the system to prepare children and their families for the transition into adulthood.⁴² Finally, improvement of the information management system is vital to data collection, quality, and analysis that would support better long-term care.

LACK OF EMERGENCY MENTAL HEALTH SERVICES: Another issue with children's mental health services arose during a conversation with David Cook, Clinical Director at the Region One Community Mental Health Center.⁴³ Mr. Cook reported that there do not seem to be adequate emergency services for children in mental health crises. For example, there are no crisis centers for adolescents in Region One, which covers Coahoma, Quitman, Tallahatchie, and Tunica counties. Unfortunately, children in crisis who do not have access to funds to afford services are subsequently held in detention centers.

STIGMA AGAINST THOSE WITH MENTAL HEALTH PROBLEMS: Mr. Cook also mentioned that stigma is a big impediment to providing services to children in need. In addition, while day

⁴² Mississippi Department of Mental Health, "FY 2009 Mississippi State Plan for Community Mental Health Services," 2008. Available at: <http://www.dmh.state.ms.us/pdf/FY2009MississippiStatePlanCommunityMentalHealthServices.pdf>.

⁴³ Conversation with David Cook, Clinical Director of Region One Community Mental Health Center, Feb. 27, 2009.

treatment programs have been established in many public schools, more affluent youth are often not reached because no such public services are offered in private educational institutions.

FAILURE TO IDENTIFY CHILDREN WITH MENTAL HEALTH NEEDS: Another issue, as mentioned in the statistical data presented earlier, is that it seems as though a considerable number of children with mental health issues never receive the treatment they need. Mississippi Families as Allies for Children’s Mental Health estimates that in 2007 there were 28,000 to 36,000 Mississippi children between ages 9 and 17 who were identified as having serious mental health problems; however, only as many as 20,000 were served through the community mental health system.⁴⁴ Moreover, this statistic does not take into account children who were not properly recognized or diagnosed. Related to this issue is the fact that there are so few beds at state hospitals for children with severe mental disturbances – of the three institutions that provide mental health services for youth, there are a mere 158 beds for residential treatment. This problem may be compounded because children, as well as the adults in their surrounding environment, may not understand the various ways in which mental health issues are manifested.

PROBLEMS WITH LEGAL DEFINITIONS OF MENTAL HEALTH ISSUES: Another concern might be the manner in which laws define mental health issues, particularly conditions like severe mental disturbances – children’s needs might be ignored because they do not fall under the legal definition that is linked to the provision of services.

D. POSSIBLE IMPROVEMENTS

1. CURRENT EFFORTS

⁴⁴ Mississippi Families as Allies, Inc., “Mississippi Families as Allies for Children’s Mental Health,” 2009. Available at: tacenter.net/state_profiles/mississippi/SFN%20Presentation%20Template-%20MS%20x.ppt.

With regard to the issue of stigma, the Mississippi Department of Mental Health has recently taken steps to combat this problem. The Department has formed a partnership with the Substance Abuse and Mental Health Services Administration (SAMSHA), and together, these organizations have begun an anti-stigma campaign.⁴⁵ The campaign is entitled “What a Difference a Friend Makes,” and its primary aim is to address negative viewpoints which are associated with mental illness. Furthermore, the campaign hopes to motivate young people to provide emotional support to friends who may be facing mental health issues.⁴⁶

2. POSSIBLE INTERVENTIONS

The California “Fight Crime: Invest in Kids” Program has identified several model programs that have been incorporated as a part of mental health services for children.⁴⁷ This organization offers a “toolkit” which describes a number of measures which have proven to be effective. One of the interesting aspects of these programs is that they are not part of the traditional mental health system of the state, but they offer methods of supplementing and strengthening state resources. A brief description of each program is provided below:

- Nurse Family Partnership (NFP): The NFP is an early home visitation program that sends nurses into the homes of low-income, first-time mothers. The program is important for mental health because the nurses teach these mothers about promoting the healthy emotional development of their children. In addition, the mothers enrolled in the program receive screenings for depression and substance abuse.
- The Incredible Years (IYS): The IYS is a program that identifies children from ages 2 to 8 who are at risk for conduct issues or who act out aggressively. The program focuses on

⁴⁵ The Mississippi Department of Mental Health, “DMH: Public Information,” 2007. *Available at:* http://www.dmh.state.ms.us/anti_stigma.htm.

⁴⁶ Ibid.

⁴⁷ Fight Crime: Invest in Kids California, “From Promise to Practice: Mental Health Model that Work for Children and Youth,” 2005. *Available at:* <http://www.fightcrime.org/ca/toolkit/fcikatoolkit.pdf>.

More detailed information on each program listed can be found at the above site on pages 5-9 of the toolkit.

teaching improved parenting skills to parents, anger management skills to children, and problem-solving skills to teachers.

- **Multidimensional Treatment Foster Care (MTFC):** MTFC focuses on placing youth, ages 11 to 18, who have mental health issues in supportive home environments rather than residential treatment or juvenile justice facilities. MTFC recruits families in the community and trains them to care for these youth, and the program also offers therapy services to the youth's biological family.
- **Functional Family Therapy (FFT):** FFT is aimed at helping youth from ages 11 to 18 who have a history of substance abuse or behavioral problems. Counselors from the program work with a child's family to discover internal strength that can help transform negative behaviors.
- **Multisystemic Therapy (MST):** MST serves children aged 12 to 17 who are at a high risk for out-of-home placement due to behavioral or substance abuse problems. The program focuses on intensive family therapy and the development of informal support networks, and it aims to effect long-term change.⁴⁸

3. STRUCTURAL CHANGES - MODEL LEGISLATION FROM OTHER STATES

Other states vary widely in terms of the manner through which they offer mental health services. However, several states have been identified by the Child and Adolescent Action Center of the National Alliance on Mental Illness (NAMI) for producing key legislation which promotes the development of improved mental health systems.⁴⁹ A few of those states can serve as an excellent model for legislation in Mississippi.

First, the Arkansas "Systems of Care" Legislation is an important law in establishing a more effective mental health system in that state. The law focuses on ensuring that the system is "family-driven, child-centered, and youth-guided."⁵⁰ This piece of legislation also sets aside up

⁴⁸ Ibid.

⁴⁹ National Alliance on Mental Illness – Child and Adolescent Action Center, "Model State Legislation," 2009. Available at:

http://www.nami.org/Template.cfm?Section=Federal_and_State_Policy_Legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=66569.

⁵⁰ Arkansas. 86th Gen. Assembly, Regular Session 2007. *Arkansas System of Care for Behavioral Health Care Services for Children and Youth Act, Act 1593*. Available at: <http://www.nami.org/Content/ContentGroups/CAAC/act1593.pdf>.

to \$2 million per year to cover extraordinary, non-Medicaid reimbursable needs of children with mental health issues. Finally, the law advocates the clarification of service definitions to ensure that descriptions of mental health problems correlate to the actual need of children in the community.⁵¹

Another state with noteworthy legislation is Nebraska, which amended its children's mental health legislation in 2007. This law now mandates that the Office of Juvenile Services provide mental health treatment for youth offenders through two specific rehabilitation and treatment centers. Moreover, admission to these centers requires the development of a treatment plan within the initial two weeks.⁵²

Massachusetts has addressed the need for greater accountability and oversight in its children's mental health system by requiring a monthly report from the Secretary of Health and Human Services which details information about youth awaiting mental health services. This report must offer information on the number of children awaiting emergency mental health services, the average length of this wait, and the total number of psychiatric beds available to children throughout the state.⁵³

Lastly, recent changes to Virginia legislation now require that mental health education and awareness be an integrated part of the education curriculum for students in grades K - 12.⁵⁴

4. ADDITIONAL RESOURCES

Below is a list of additional helpful websites with the name, site link, and what kind of information can be found there.

⁵¹ Ibid.

⁵² Nebraska. 100th Legislature, First Session 2007. *Children's Behavioral Health Task Force, LB 542*. Available at: <http://www.nami.org/Content/ContentGroups/CAAC/LB542.pdf>.

⁵³ Massachusetts. 2008 Session. *An Act Relative to Children's Mental Health, S2518*. Available at: <http://www.nami.org/Content/ContentGroups/CAAC/st02804.pdf>.

⁵⁴ Virginia. 2008 Session. *Family Life Education, S640*. Available at: <http://www.nami.org/Content/ContentGroups/CAAC/legp504.exe.pdf>.

- National Alliance on Mental Illness -- <http://www.nami.org/>
 - Offers information about mental illness, option for treatments, and other concerns facing families affected by mental illness – also has Mississippi-specific affiliate
- Fight Crime: Invest in Kids -- <http://www.fightcrime.org/ca/toolkit/fcikatoolkit.pdf>
 - Organization offers a toolkit which describes a number of measures which have proven to be effective in addressing children’s mental health issues
- Mental Health America -- <http://www.nmha.org/>
 - Provides general information about mental health as well as a link to a website designed specifically for use by adolescents and young adults
- Substance Abuse and Mental Health Services Administration (SAMSA) -- <http://www.samhsa.gov/index.aspx>
 - Provides information on resources, programs, policies, and grants related to substance abuse and mental health services
- SAMSA Registry of Evidence-Based Programs and Practices -- <http://www.nrepp.samhsa.gov/find.asp>
 - Provides searchable database of evidence-based programs that have been successful in mental health and substance abuse treatment