



The State Chapter of the Federation of Families

## STATE OF EMERGENCY: CHILDREN'S MENTAL HEALTH CARE IN CRISIS

A 2011 comprehensive investigation of Mississippi's mental health system by the U.S. Department of Justice (DOJ) revealed what we, the families of [Families as Allies](#), have known for many years and unfortunately remains true today:

***"The State of Mississippi fails to provide children with disabilities with [Medically Necessary](#) and [Educational](#) Services, in violation of federal law, which further exposes children to unnecessary institutionalization. Many Medicaid-eligible children enter psychiatric facilities in Mississippi because they are not receiving medically necessary services that the State is required to provide." (Dec. 22nd, 2011 DOJ letter to Governor Barbour, p. 28 and 30)***

For the ***past four years***, totally hidden from public view and absent public input, the State of Mississippi has negotiated with the DOJ and Southern Poverty Law Center (via [Troupe v Barbour](#), March 2010) regarding the State's abject failure to serve our children. These negotiations have excluded us, our children, and related state systems and departments essential to our children's success.

Month after month during these protracted and secreted negotiations, families have continued to face horrendous and tragic situations - sometimes, even while fruitlessly begging the parties involved in negotiations for help. This is a snapshot of what we and our children face: ***a young child with psychotic symptoms being held in an adult jail; a child missing school for many months because no agency or institution knows how to serve them; a toddler being put at risk for abuse because the right type of treatment for an older sibling who needs care simply isn't available in Mississippi.***

Some of us have lost precious children to foster care, long term institutionalization, and even jail as a result of Mississippi not having an effective, coordinated and accessible way for families to find help.

It doesn't have to be this way. Mississippi can do better. We know that with an array of [flexible and practical services and supports](#), coordinated between the systems and agencies that affect their lives, our children can succeed. Such a coordinated approach, focused on the real-life needs of children, is called a [system of care](#) and it has helped children and families in other states. What are the results? Children do better in school. Parents keep their jobs. Families stay together. States save money over time. Everyone benefits.

[Family-driven](#) care, defined as families having "a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community and state.....", is the bedrock of a successful system of care and the key to system reform in Mississippi.

Families must be partners not only in our own children's care but also with our state

and other stakeholders to develop a system of care that works. That only makes sense - we know better than anyone what our children need and what initiatives and services help them do better in reality. Sadly, family-driven care is not the norm in Mississippi. In fact, it often seems that the State goes to great lengths to hide information from families and block us from partnering in decisions concerning children's systems and services.

As the only statewide organization run by and for families of children with mental health challenges, [Families as Allies](#) has a wealth of knowledge about how to design family-driven systems of care. We have met with all of the parties involved in negotiations and advised them that, in our opinion, any settlement agreement which seeks to benefit our children, families and the state must include the following terms:

- Enforcement of and adherence to Mississippi state law ([Miss. Code Ann. § 43-14-1](#)) which requires a family-driven, culturally responsive system of care for children's mental health. The oversight bodies mandated by this law must meet and function (the Interagency Coordinating Council for Children and Youth that is mandated to meet twice a year and coordinate oversight last met in December 2012).
- An objective way to assure that the board and executive leadership of the Department of Mental Health possess the skills, training and capacity to lead the Department in a manner consistent with federal mandates (such as [Public Law 102-321, Section 1914](#), page 60), best practices, and a patient-centered/family-driven philosophy, as reflected in agency practices (including its certification processes and requirements), policies and strategic planning.
- Mandated, meaningful coordination among child-serving systems, including the Division of Medicaid and the departments of education, child welfare, juvenile justice, and health.
- Comprehensive reform in the provision of school-based mental health care, coordinated with education mandates (IDEA, RTI and PBIS, for example). As most children are in school, necessary services and supports must be provided there, where they are.
- Coordination with the systemic restructuring of the Department of Human Services (DHS) given the overlap between the populations and needs of the children in the [Olivia Y](#) settlement and those that are the subject of these negotiations.
- Provision to families of accessible, responsive and beneficial services delivered by qualified providers.
- Assurance that all aspects of the settlement are family driven, and families and family organizations are equal partners both for their individual children and at the systems level in all settlement activities, including those delineated in the definition of family-driven care.
- An independent monitor appointed by the court with input from families, who will continue to coordinate closely with families and family organizations on settlement activities and assessing compliance with settlement terms.
- Parent-to-parent support certification, training, delivery and evaluation that are developed and coordinated by families and family organizations in collaboration with all stakeholders.

In his election night speech Governor Bryant said: "*...as long as I am governor we will do all in our power with the Good Lord's might to make sure that no child takes that first step into darkness in this great state.*" General Hood's campaign website opens with the [statement](#) "*I am committed to protecting the families of Mississippi*"

But this is the stark Truth: our children are in darkness; our children are unprotected.

We implore our elected officials and the heads of the agencies that serve our children to stop pretending that we, our children, and this crisis do not exist. We

are real. Our children are real. This crisis is real. ***Our broken system is real too.***  
Families as Allies will pursue all avenues possible, including any salient legislative and legal remedies, to guarantee both a system of care that actually helps children and families, and an expeditious and meaningful settlement agreement on which such a system of care can be built. We urge all Mississippians to stand with us and our children.

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