BW

I am the Division Director for the MYPAC Program.

KP

I am the Bureau Director for Medicaid Mental Health Programs.

WHEN DID THIS PROGRAM BEGIN AT MISSISSIPPI MEDICAID?

KP

The waiver was approved by CMS on October 1, 2007. We went live with MYPAC November 1, 2007. Our fist three children were enrolled November 28, 2007.

HOW MANY CHILDREN WERE ENROLLED AT THE BEGINNING OF THIS CALANDER YEAR?

KP

Twelve children.

WHAT IS THE CAP FOR YEAR ONE OF THIS PROGRAM?

KP

For the first federal fiscal year, our cap for the MYPAC program was 120 children. Our actual count at that time was 118 children.

WOULD IT BE FAIR TO SAY THAT THE GOALS YOU SET OUT FOR THIS FIRST YEAR OF THE MYPAC PROGRAM HAVE BEEN FULFILLED?

KP

Yes.

WHEN YOU BEGAN THIS PROGRAM WHAT WERE YOUR EXPECTATIONS?

KP

To change the world (as we know it) as far as children's mental health programs are concerned. In Mississippi, we wanted to make sure our children and families had better choices to access services at home of the same level and intensity as they would have had available to them from a standing psychiatric residential treatment facility. And to have wrap-around services , flexible funding, and supports in place, so families could stay intact.

BW
In addition to what Kristi mentioned, I really thought we should service all the children and families in Mississippi who actually needed this service but after discussing this with Kristi, and we spoke with CMS, I realized there were a number of support services that had to be in place for that to happen. So we settled for what we thought we could handle, and that was to cap the first year at 120 participants.

WHAT ARE YOUR FOUNDEST MYPAC FIRST YEAR MEMORIES?

KP
We kid a lot about "pixie dust". It could be "pixie dust," it could be Divine Intervention. Everything associated with this project has just worked like a miracle. Things that should have been hard to do just did not materialize. All the roadblocks we planned for, and the things we built in time for, happened better than we expected. We've had so much support from everyone. From Executive Director Dr. Bob Robinson, from our Bureau of Enrollment, from [our fiscal agent] ACS, from other state agencies, from our providers, from getting people in to recruitment,…

BW
… to getting the staff in. I mean just everything just fell into place.

KP
Human Resources helped us get positions in place and getting all the paperwork through. And that's all been internal . A lot of it has also been external, with the community providers, the judges, the AG's office, and the Department of Mental Health. Not that it was easy, it was a lot of hard work. But the things that we expected to go wrong in the first year of a program really didn't go wrong. The challenges that should have stopped us, or at least slowed us down, or caused some issues, really never materialized. And when they did [slow us down]they were solved in twenty-four hours. We would just look at each other and shake our heads. We said it must be the "pixie dust."

Everything went so smoothly. We submitted a CSR [Computer Service Request] to make the provider claims payments for this project in May, and we had claims paying in December. Nothing went wrong, we've yet to find any claims errors as of this date. Everything that usually goes wrong went right. You don't often see that. That's the thing for me that's been overwhelming. Because it's all for the good of the kids and the good of their families. To have everything go right to benefit people who need everything to go right has been very awesome.

BW

The exciting part for me was to see how so many state agencies have collaborated to work together. We talk about reaching out and doing things together, with this project it is actually happening. The Department of Human Services, The Department of Mental Health, other top agencies, Mississippi Families as Allies have all come together to work to create a new system of care in the state of Mississippi for children where mental health actually worked. Not only is that fact recognized in the state of Mississippi, but when we go to national conferences where other states are involved in similar projects, to identify is that Mississippi has actually done this while other state have not, is just wonderful.

KP

One of the common things we ran across at a recent national conference (held in Annapolis) that other states were struggling with was, "we can't talk with our partner agencies, we can't get them to help us with this." Those issues have not been barriers with our project. That to me is a remarkable thing. Because it's not my project, it's not your project, it becomes everyone's project. That is what I think has made the difference between us and many other states.

SHARE A FEW MYPAC SUCCESS STORY

KP

Just before Christmas last year there was a child who was in MYPAC. For some reason there was SOME confusion in the court system and the judge ordered the child into a detention center. The child was going to be in that detention center

over the Christmas break thus missing out on having time with their family . They called us, I got in touch with the Attorney General's Office, The AG's Office got in touch with the judge, and one of our MYPAC providers wrote a contingency plan that was 7 pages long stating how they were going to care for that child and submitted it to the judge. The judge then changed the order and released the child from detention to the MYPAC provider's group home so the child could spend time with their family. Because of MYPAC that child did not have to spend Christmas in a detention center. I thought that was pretty amazing.

BW

We had the opportunity to go into one MYPAC child's home to perform an on-site compliance review to make sure services are actually being provided and to make sure things we put into place were actually working. This young man had been in trouble in school, could not keep his grades up, and was not in school most of the time prior to MYPAC. Once MYPAC became involved, towards the end of that year they were saying this same child had become honor-roll material! because of the support system MYPAC put in place.

Another mother told us that she did not know how her child would have made it through the year without her MYPAC support systems. She's a single mom and really needed the support to maintain a positive outcome for her child.

WHAT WOULD YOU LIKE TO SEE IN THE PROGRAM'S SECOND YEAR?

KP

We hope to serve more children in the second year than we did in the first. We're looking at serving up to 400 children if we can get an amendment to our waiver. We would like to keep our daily census at around 225 across the state. One of our providers is looking at expanding into north Mississippi. We're hoping that's going to help with some of the access issues in the delta and also in north Mississippi in general. We've had more children served in central and southern Mississippi than we have had in north Mississippi. We really would like to see that pick up. We

know there is need in that part of the state. We would like for services to be able to meet those needs. The providers are ready but the referral sources are not quite ready yet. We would like to see more growth in that area.

We would also like to see more people successfully discharged from MYPAC transition back into regular services. We've had some discharges already, but we would like to see more success stories.

WHAT ABOUT MYPAC APPEALS TO PARENTS OF THESE CHILDREN?

KP

Many parents do not want to make the choice to remove their children from their home for treatment. They just felt they did not have a choice and prior to MYPAC that was true. I think most parents who are concerned about their children want to keep their children close to them but were conflicted because they felt ill equipped to handle their child's behavioral issues. We hope with this program that not only is the child supported, but so too is the family strengthened. A big component of our MYPAC provider model is a multi-systemic therapy where we are working with the family for the benefit of the children, and the children for the benefit of themselves and their families. Teaching the family how to monitor them [the children] more effectively, how to work with them [the children] behaviorally, how to communicate with them [the children] when communication gets tuff, having crisis management plans in place so they know who to call when things blow-up. It might not necessarily be a therapist. It could be a person in their community, a church support system, or possible a school teacher, or someone who is a support person for that child and family that's close to them. Being able to learn how to do that, to keep that going, when MYPAC is no longer there, is a very important thing. This is because when you change that family's system, and their interactive dynamic improves, and everything is more functional, then the parent's happier, the siblings are happier, therefore the client [child] who is much happier.

WHERE WOULD YOU LIKE TO MYPAC IN FIVE YEARS?

KP

I would like to see MYPAC approved as a permanent waiver. Right now we are a under demonstration, so this is temporary. We would have to get Congress to change the law in order to continue to have this program funded after this five-year demonstration period is over. Then, I would like to see this approach be the model for how services will be provided in the future. I would like to see this as the norm and not just an isolated program. More specifically, I would like to see all children's mental health program's have the same flexible funding, the same focus on the family, the same client centering, the same strengths based, and all the other concepts that are currently included in MYPAC.

BW

I would also like to identify more services that are needed for our transition- age children. We have children 18-21 who seem to just fall through a crack after they turn 18 pertaining to their mental health issues. We have to identify some new avenues that theses children can utilize. That is one of the things we are currently looking at right now to be able to deliver those services a little differently.

KP

The mental health system changes for these children when they turn 18, the laws regarding legal guardianship change when they are 18, rehab services changes when they turn 18, every single system that was serving them when they were 17 changes on the day they turn 18. Many of these children just get cut loose to sink or swim on their own. We are looking at specializing part of MYPAC for these transition age kids. We think this needs special attention.

HOW DO YOU MAKE THE CASE FOR MYPAC IN THESE LEAN BUDGET TIMES?

KP

We make a very good case as far as budget neutrality is concerned. We can serve a child one year in MYPAC for what it would cost to serve that child six months in an institution. From SFY 2007 to SFY 2008, we sent about 50 fewer children out of state for treatment because of MYPAC.

BESIDE THE FINANCIAL ASPECTS OF MYPAC'S SUCCESS, WHAT OTHER SUCCESSES CAN BE ATTRIBUTES TO THE PROGRAM?

KP

Prior to MYPAC, it was very common to put these kids into a box so to speak. This was done by removing them from the general population and segregating them by virtue of their placement in mental institutions. MYPAC wanted to find a way to remedy this by thinking outside that box. By doing this, we feel we are helping our clients become better conditioned to return to the general population instead of "yo-yoing" in and out of the institutional environment. MYPAC offers this choice, this pathway, [for these children] to rejoin their family, their community, and the support systems they need to become and continue to be more stable.

BW

That's so true. In many current programs providers are not empowered to continue their much needed work with the families once the child is sent away to a facility. They would have to remove their services once the child was removed.

KP

Again, we believe in working with our MYPAC families to reinforce that all of them belong together as a family. We reinforce families to be together, not broken apart due to conventional institutional therapies. Families belong together!

HOW CAN INTERESTED PARENTS FIND OUT MORE ABOUT MYPAC?

KP

They can contact our current providers by going to http://www.medicaid.ms.gov/MYPAC.aspx where there are telephone numbers for our staff and links to our two providers. They may also call the Mississippi Medicaid toll free number 1-800-421-2408, Monday through Friday, from 8am to 5pm, to ask to be connected to MYPAC. Screenings can be arranged via telephone. We want to caution that MYPAC is for a higher level of care than simple misconduct issues.

BW

We also have brochures available through our providers that describe the program.

KP

Our MYPAC program is truly a 24/7 program that gives unique guidance that makes a difference for the child and for the child's family.